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Association of Community Health Councils for England and Wales

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Does Moore plan more big changes for the NHS?

Toby Harris writes:

"Immediately before the Conservative Party Conference a number of newspapers carried major stories to the effect that a further fundamental review of the NHS was on the way. Indeed, 'The Independent' quoted the Prime Minister on 5.10.87 as saying that the Government will be taking a "fundamental look to see what the ageing population means to the health service" and that some of the immediate problems of the health service will be cured by using the same principles of competition that Kenneth Baker, Secretary of State for Education, is to apply to schools.

"This spurred the Institute of Health Services Management to send an open letter to John Moore. This urged him to recognise that competitive tendering at best only releases small percentage savings, that continued underfunding of pay and prices was eroding resources needed for the maintenance of services, that better pay and conditions were required to enable the NHS to staff essential services, and that more of the country's GNP should be spent on health. Their view was that the problems of the NHS were not going to be solved by yet another restructuring.

"In the event, John Moore's speech to the Conservative Party Conference was long on rhetoric and short on specifics. We do know, however, that a White Paper on Primary Care is to be published within the next month. This may well be followed immediately by legislation. Sir Roy Griffiths will report at the end of the year on Community Care and again major changes may follow.

"All of this implies another period of uncertainty for the NHS. But the IHSM is right: organisational change will not in itself solve anything. Indeed, the process of change may end up being so disruptive that any benefits that there might have been will be dissipated, and lead to further problems in morale.

"Institutional changes or another policy review will not produce any more money and the Chancellor's autumn statement offers little consolation. Spending on hospital and community health services will rise next year by £700 million, of this more than £500 million will be accounted for by inflation (which the Government assumes will be only 4.5%). In addition £50 million is to be earmarked for AIDS treatment, £30 million to reduce waiting lists, £15 million to assist health authorities in London and £13 million for breast cancer. This leaves less than £100 million to pay for demographic pressures and technological advances.

"The increase is £235 million less than the National Association of Health Authorities said was needed and has been described by the BMA as "not enough". The Government argues that the shortfall is to be made up by "cost improvement programmes" totalling £40 to £150 million and an extra £10 to £20 million from running shops in hospitals and selling advertising space.

"Institutional uncertainty plus financial cheese-paring seems to be the order of the day for the NHS and it bodes ill for the patients and all who are working so hard to provide services for them."

Cervical Cancer and the Liverpool Scandal

The story of the appalling mismanagement of the cervical cancer screening programme in Liverpool first broke during the general election. The internal review, or rather a summary of the conclusions, was published in September. Locum pathologist, Dr. Kathleen Lodge, called out of retirement, wrongly diagnosed a very large number of smears with the result that 487 women had to be traced for further tests. That this was discovered at all was due firstly to the laboratory technicians who realised something was wrong and secondly to the prompt action of Dr. Peter Smith when he replaced the previous consultant in July 1985.

A national and international search was needed to find these women. All but six have been traced. 157 required immediate medical treatment, 4 needed emergency hysterectomies, 133 needed cone biopsies and 20 received laser treatment.

The internal review undertaken by the health authority draws attention to the fact that the abnormalities were found first by laboratory staff, who then approached Dr. Lodge. She rejected their suspicions and passed the slides as negative. So they then reported this to the senior consultant, Dr. P.O. Jones, who "does not recall being advised of the problem"... "but", says the review "we are satisfied that he was told but took no action." When the newly-appointed Dr. Smith did take action he did so "against a considerable element of professional antagonism." In a strikingly frank conclusion the review says: "The scale of the missed tests was very large and can only be described as a massive error of professional judgement for which we can give no logical explanation." Management arrangements covering the laboratories were shown to be extremely weak.

At least 58 of the women involved are planning to take legal action against the HA and two have already served writs. Already the medical defence societies are gathering their forces and the deputy secretary of the Medical Defence Union, Dr. Kathleen Allsop, told The Guardian on 25.9.87 that even if the cases succeeded compensation was likely to be low - somewhere between £2000 and £8000. She added that even the fact that the HA had said there had been a massive error of professional judgement "would not carry much weight in court."

There are obviously many lessons to be learned about the management of pathology laboratory services. That the service is underfunded we already know, that we need more technicians and more laboratory space we know too. There seems to be agreement that a better system of checks needs to be introduced, not just in Liverpool, but nationally. The report itself recommends that

the use of locum doctors be reviewed after six months and is of the view that if the proper procedures for the appointment of a locum had been followed, this disaster could well have been avoided.

Computer Guidelines

The Royal College of GPs and the General Medical Services Committee have issued joint guidelines for the extraction of data from GP computer systems by organisations external to the practice. This follows the news that some drug companies have been giving computers to doctors in exchange for receiving information. The guidelines do not refer to the normal transfer of clinical and administrative data between one doctor and another.

The most important guidelines are:

- * any organisation seeking to obtain data from the system should have appointed a medical officer assuming overall responsibility for the confidentiality of the data and for maintaining the validity of its analysis;
- * whenever a GP or group of GPs enters into a contract for the release of data to an outside organisation, the operation should be monitored along with the uses to which the information will be put;
- * ownership of that data remains with the GP;
- * no patient should be identifiable other than to the GP;
- * before data is supplied, the organisation must provide the GP with a statement which will be retained explaining what records are being taken and what they are being used for;
- * the automatic remote interrogation of the practice computer by the external organisation's computer is not acceptable;
- * that the purposes for which data will be used, the classes of data and the sources and disclosures, must be registered under the Data Protection Act of 1984.

HIV testing

Having sought counsel's opinion, the BMA council will not be implementing the decision of the Annual Representative Meeting "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." The BMA was informed that as the law stood at present doctors implementing the ARM decision would be exposing themselves to the possibility of civil and criminal proceedings.

Joint Finance

In the last issue of the newsletter, we mentioned problems that had arisen over the interpretation of Health Notice HN (86) 11 on the continuing funding of voluntary sector schemes receiving joint finance. NCVO and Bradford CSV have now been assured that "it matters less who agrees to pick up the tab - than that there is agreement" and that "there is no objection to a local authority progressively taking on financial responsibility for a voluntary organisation led scheme once 100 per cent funding by a health authority ceases." NCVO has asked the Department to make this clear to Bradford DHA and any others seeking advice on this matter.

Telephone doctors

A London company called the Harley Corporation has launched a "custom-call Doctor Line", offering telephone consultations with a doctor for £9.95 plus VAT. The service has already had a brief trial launch in Manchester. Callers will be told if they need to see their own doctors or go to hospital. Advice will be given on treating minor illnesses or wounds. The BMA has already criticised the service and Labour MP Terry Lewis, has asked the Secretary of State to ban it. (News on Sunday 18.10.87).

Abortion Delays

One in five women who need a late abortion - after the 20th week of pregnancy - do so because of delays and difficulties within the NHS itself, according to the Birth Control Trust. Speaking at a conference organised by the Trust, Dr. Wendy Savage said such delays increased risks by 60% and that the medical profession often did not recognise the agony caused by making the decision to have an abortion. The majority of abortions are still performed outside the NHS. Dr. Savage argued that, if abortions were carried out early enough, the NHS could do all of them at no extra cost.

Private Nursing Homes and Supplementary Benefit

Some private nursing homes are now refusing to take elderly patients in receipt of supplementary benefit, according to the Registered Nursing Home Association (Guardian 16.9.87). The chairman of the Association, Mrs. Carole Alford, said she personally could no longer afford to take in such patients when their basic benefit is only £175 per week. Nearly half of all beds in private homes are occupied by patients on supplementary benefit.

Still on Benefits

Preston HA has had to postpone the transfer of mentally handicapped patients into the community because the local DHSS office has said they will not be eligible for benefits. This is because the local DHSS office regards residents living in homes staffed by the HA as NHS patients. As a result, Preston will have to shelve plans to resettle 12 mentally handicapped people in housing association property in the community. The Health Authority had made special arrangements with the Housing Association to buy properties which would have NHS staff. The decision highlights the urgent need for national guidelines, says Preston's community unit manager, as the local DHSS office seems to be making up its own rules as to what constitutes community care. Other HAs facing similar problems include Exeter and some districts in Scotland.

The Children Who Need Not Die

Doctors at 19 specialist centres for child cancer have issued a warning that increased pressure on the service is leading to "an inability to provide optimal care for children with cancer". About 1200 children a year develop cancer or leukaemia and advances in treatment mean that at least 60% can now be cured. But the UK Children's Cancer Study Group now says that because of inadequate funding some of these will not be able to be treated. Charitable funding is also drying up. The report says that units are under such pressure that it is now quite common for treatment to be delayed and children have to queue for admission until others are discharged to free a bed. Sometimes children have to give up their bed for the day to allow another child to be treated with transfusions or drugs as an out-patient.

More say in Mental Health Services

Since the World Congress on Mental Health two years ago, pressure has been increasing for patients to have more say in the way mental health services are organised. The various patient groups which have emerged across the country will now be linked through a national network called Survivors Speak Out. Mike Lawson and Peter Campbell, two of the organisers, say that even some health workers regard the movement as an embarrassment, as they feel all the pressure should be put on trying to get more resources. Survivors Speak Out intends to be a consumer group for mental patients and its founders are determined to pursue the idea, however difficult it might prove. Survivors Speak Out is based at 33 Lichfield Road, London NW2.

Fines for Waiting Lists?

Hospital consultants who have longer-than-average waiting lists should have their pay docked until they clear the backlog, according to a health service researcher quoted in The Daily

Telegraph of 17.9.87. The proposal was made by John Yates of the Health Services Management Centre at Birmingham after noting that the national list now stands at at least 752,000. He said there seemed to be no good reason why there were such enormous variations between different areas and different consultants, especially as many of the operations were relatively straightforward such as for hernias, varicose veins, hip replacements, etc. He suggests HAs might be made to compensate patients for their long waits while extracting financial penalties from consultants.

Informal Complaints System a Success

Leeds FPC's two-tier system for dealing with complaints allows patients to complain either formally, informally, or "pre formally" and is proving a considerable success (says Pulse 19.9.87). Doctors whose patients use the informal system are less likely to end up before a medical service committee. Patients were told that they had the right to complain formally whenever they chose, but "a surprising number of patients chose not to". This experience is borne out by Barnet FPC, which operates a similar system.

Nursing AIDS sufferers

Nurses who refuse to treat AIDS victims could be reported to their colleagues by a watchdog committee which has been set up by the Royal College of Nurses. Offenders would then either be removed from membership of the College or, if they were not members, referred to the DHSS. Richard Wells, adviser to the Committee, said that 60% of care did not come up to standard and it was going to be many years before there was a vaccine. And so, "it is nursing, not medicine, which will count in the initial stages". The watchdog committee would not deal "brutally" with nurses but in extreme cases they could be struck off the UK Central Council. (Telegraph 26.9.87).

GPs Preferred to Family Planning Clinics

The number of women going to their GPs for family planning advice has doubled over a ten year period, from 1,260,300 to 2,354,000. Attendances at FP Clinics have risen by only 57,100. One possible explanation for this was given by GP Dr. Allen Hutchinson of the joint working party on family planning of the RCGP and Royal College of Obstetricians, namely that in 1975 contraceptives began to be available free of charge on NHS prescription. (Pulse 19.9.87).

The Health Services Journal of 17.9.87 drew attention to the large number of health authorities who are cutting family planning services in order to balance their budgets. The whole network is now seriously threatened, according to the Family

Planning Association. In Brighton the HA is planning to reduce its clinic sessions from 17 to 11 and there are plans to dismiss half the family planning nursing staff before Christmas. North Herts HA is proposing a 50% cut in FP services, having already cut its services back in April this year. The services were only reinstated after North West Thames RHA found some extra cash. CHC Secretary, Charles Schreiber, said he was shocked to find the proposals emerging again. Similar problems are being experienced in East Anglia, Yorkshire, Inner London, Wessex and Bristol. Are such cuts contributing to the drift towards GPs or are they a result of it?

Managers Bias Against In-House Bids

While General Managers strongly support the Government's competitive tendering policy, they show a clear bias against in-house bids. Not only do some of them impose conditions apart from those allowed by the Government, but 32% had actually accepted tenders from private firms which were dearer than those from in-house. This is the result of a survey by the pro privatisation MPs pressure group PULSE. (HSJ 17.9.87).

Crisis Time for Citizens Advice Bureaux

The Annual Report of the National Association of Citizens Advice Bureaux makes depressing reading. Social Security, says NACAB, has become "social insecurity" for the 1.4 million people a year who are now seeking the advice of CABx on social security matters. This is an increase of 17% on 1985/86. Benefits problems are now outstripping all other enquiries, representing 21% of total calls for help. Director Elizabeth Filkin speaks of the harsh social climate which is resulting in bureaux "reporting an endless stream of frustrated and demoralised clients who are experiencing interminable delays at the DHSS offices, who often do not receive their full benefit when assessed and who are bewildered by the new legislation which could well make them worse off". It's the sheer scale of the problem and the overwhelming pressure on CABx which is leading the Association to take legal action against the DHSS to improve its service to the public. Total enquiries to CABx nationwide have reached nearly 7 million (6,781,000), which is equivalent to over one enquiry per second per working day. 1000 CAB offices are approaching a breaking point owing to cash shortages which are severely limiting their ability to meet the enormous increase in the public demand for help. There are fears that without more cash CABx will have to turn people away and already some clients are having to wait up to three hours for an interview.

In the Today Programme of 7 October 1987 new government plans were revealed for cutting back sharply on "green form legal aid" offered by solicitors. CABx, according to the report, would be asked to deal with the benefit, social security and housing queries currently being dealt with under legal aid. Still more work!

National Food Commission

The London Food Commission, an independent body providing information, education, advice and research on food, is considering transforming itself into a national organisation next year. If anyone would like further details or would like to be involved in the idea, they should contact Tim Lang, the Director of the London Food Commission, 88 Old St. London EC1V 9AR.

Oral hearings of Service Committee appeals

The Department is preparing new guidance on the procedures governing the appeals' system. ACHCEW has been asked to comment on the draft memorandum. We were originally asked to submit our views by 2nd November. This date has now been revised by the Department so that the matter can be discussed by the newly convened ACHCEW Complaints' Working Party on 26th November. Any CHC wishing to comment on the draft can obtain a copy from the ACHCEW office. Unfortunately we will only be able to make use of comments passed on to us before this date.

FROM THE JOURNALS

Leukaemia Cases and Sellafield

When Sir Douglas Black's report on leukaemia and other cancer cases in and around Seascale in Cumbria was published, it received widespread criticism. Close study showed that not all known cases had been included (for reasons still not explained), that the basis of some of the data was not correct - e.g. insufficient account had been taken as to how plutonium specifically attacks bones - and that its conclusion that the higher incidence of leukaemias could not be attributed to radiation from Sellafield was not valid. The report had correctly stated that for the leukaemias to have been caused by radiation, the radiation would have needed to be forty times the amount British Nuclear Fuels admitted to releasing from the nuclear re-processing plant. However, Sir Douglas Black and his team had not been told something - some months after the publication of his report a whistle-blowing scientist who had worked at Sellafield revealed that during one crucial period emissions had, in fact, been exactly forty times more than the public had been told. This was later confirmed by BNFL.

Since then the nuclear industry has continued to quote Black as evidence that any leukaemia clusters around nuclear plants are purely coincidental - in spite of their occurring all along Severnside (Berkeley, Oldbury and Hinkley Point), close to Winfrith, Sizewell, Hunterston, Aldermaston, Burgfield, etc, etc. Two recent studies reported in the British Medical Journal (3.10.87) corroborate the view that the problem around Sellafield is real enough. One is a follow-up study of children born to

mothers resident in Seascale. Records on 1068 such children born during the period 1950 to 1983 were examined, although there was some difficulty tracing some of them as there was a large degree of mobility among families. However the use of the NHS Central Register enabled the researchers eventually to trace all the children's records regardless of place of residence. The death rate from leukaemia for those born in and around Sellafield was just over nine times the national average. Deaths from other types of cancer ran at just over twice the national average. A second study looked at children who had attended schools in Seascale, but had been born elsewhere. In this case, the incidence of leukaemia and other cancers did not differ from the national average.

Patient Participation - How To Do It

This is the title of an article in the same issue of the BMJ advising doctors how to set up a Patient Participation Group. It comes under the sub-heading "a new collection of useful advice on topics that doctors need to know about but won't find in medical textbooks"...

The principle, says author Tim Paine, is "as old as the hills", that the best results occur when client and craftsman confer and co-operate over the job to be done and pool their resources in carrying it out. Old as the hills it may be, but it is a view which has certainly not percolated through to all GPs. The author explains that there are many different types of PPG in operation, but the basic structure is that of a committee of patients, either elected or co-opted along with one GP and possibly another member of a practice team. It is suggested that before a doctor sets one up he consults with other doctors, his team, reads literature on the subject and possibly talks to one or two "likely" patients... Active participation should be encouraged on the setting up of the PPG and there should be plenty of publicity and then you are off. The first year, says Dr. Paine, is "usually straightforward" and "trouble making patients on the committee are seldom a problem". He suggests that if they are then the other patients can soon sort them out. Although some CHCs may consider the article rather naive, it is heartening to see patient participation being promoted in such an august journal as the BMJ.

Link between unemployment and health

An article published in the September issue of the Journal of the Royal College of General Practitioners uses the results of a ten year survey into the health of two groups of employees in a small Wiltshire market town to illustrate the connection between unemployment and ill health. The control group was in full-time employment for all ten years of the study. The other group was employed for six out of the ten years, and for two of these the threat of redundancy loomed large.

The results tend to confirm the widely held opinion that the stress of threatened and actual redundancy leads to higher rates of consultation with GPs and a higher incidence of illness. The women in the study adapted more readily than their male colleagues to unemployment in that their health appeared to suffer less. Whilst the authors of the study conclude that "the loss of income, status and purpose, compounded by the despair of repeated rejection may reduce the ability to adapt, and impair health", they are also mindful that theirs was a small survey. It is their view that research work on a national scale should be undertaken as a matter of urgency.

AROUND THE CHCs

All CHCs will be aware that many health authorities seem currently to be facing "death by a thousand cuts". ACHCEW will soon be circulating information on this. In the meantime.....

Harrow CHC reports that back in July its HA was told it faced a deficit of £731,000 in 1987/88 unless it took urgent action. As a result, it deferred a large number of developments and cancelled others. In September it announced "with regret" a further package of cuts amounting to the closure of 29 beds at one hospital and a reduction in caseload of 1000 people and some staff cuts. The HA has not tried to conceal that these cuts will have a detrimental effect on patient services. They will produce longer waiting lists, patients will have to be discharged earlier and more pressure will be put on community and social services, GPs and nurses. Harrow CHC is asking people to write directly to Mrs. Thatcher, John Moore and both of Harrow's Conservative MPs to express their concern.

Basildon & Thurrock CHC are facing similar problems. The health authority "package" includes the temporary closure of the A & E Department at Basildon Hospital, a reduction in the establishment of Community Psychiatric Nurses and the introduction of car parking charges for visitors at two hospitals. The Director of Finance of the HA gave CHC members the details saying that the financial crisis was now acute if the HA was to remain within its budget.

Rochdale CHC has highlighted a problem facing those patients, particularly the elderly and physically handicapped, who are being returned home much earlier than used to be the case. In some cases the discharged patient will be supported by local authority services and NHS District Nursing services. In others, however, it is necessary to involve private care and nursing agencies. Patients and relatives are being given lists of such agencies before they are discharged.

The NHS is not directly responsible for the conduct of agency staff, as was brought home to Rochdale by a recent complaint. Any complaints must, in the first instance, be registered with

the agency. Nursing Agencies are registered under Acts of Parliament by the local authority, involving the DHA and they are mainly staffed by qualified nurses. Care agencies, on the other hand, do not have to register in the same way and do not have to have any qualified staff. If anything goes wrong as a result of the acts or omissions of agency staff, there is nothing the NHS can do about it. It becomes a legal matter between the patient and the care agency. Rochdale has been dealing with the case of a patient who had been put in touch with such an agency. According to the patient's daughter, the agency employee was at least partly responsible for her mother falling and sustaining a nasty injury. The employee had also been unable to cope with the results of the fall. The CHC wants to see all local authorities and HAS providing these lists of agencies make it quite clear that home care agencies are not registered in any way, so that at least the patient knows what the position is.

Islington CHC has discovered that the London Ambulance Service Liaison Officer for its district has been sent to another authority - without consultation and without any indication that there will be a replacement. Non-emergency ambulance services are provided by the LAS, which is itself not accountable to the individual. When Islington's Liaison Officer was whisked away the District was told it would have to share an officer who operates from the Royal Free Hospital. CHC Secretary, Penny Garnett, says it is a direct result of having an ambulance service which is not properly accountable either to the HAS or to its users.

Non-emergency ambulance services within the area have steeply declined since April 1986 when S.W. Thames RHA informed Districts that they must reduce by 40% the number of patients categorised as "walkers", i.e. one who is able to walk with some assistance. Since then there has been a steady flow of complaints coming into CHCs about waiting times and non-arrival of ambulances and Islington expects to be swamped now there is no co-ordinator. Is any other CHC experiencing a similar problem?

Rhymney Valley CHC has taken up the case of a miner, Fred Hall, who had a life-saving heart operation carried out privately. Mr. Hall was told that he would have to wait up to a year to have a by-pass operation on the NHS. As a result, Mr. Hall decided to enquire about private treatment. Ten days after a private consultation, the operation was carried out. Although a £1,200 bill for hospital accommodation charges was paid before the operation was performed, Mr. Hall is refusing to pay the outstanding charges, which include the surgeon's bill, on the grounds that the operation should have been carried out as an emergency. (News on Sunday 18.10.87).

Merthyr and Cynon Valley CHC has written to us about problems caused by the withdrawal of the death grant. Extra hardship, says the CHC, is being experienced in places like the South Wales valleys, where there is widespread unemployment and poverty.

When people try to get a grant from local DHSS offices, they are asked questions about borrowing money from other sources or whether money can be donated from relatives or friends or, indeed, whether furniture and personal effects could be sold to cover the cost of the funeral. The CHC believes that, if there has to be such a "selection process", it must be possible to organise it in such a way that this additional sting of humiliation is removed.

Liverpool (Central & Southern) CHC writes:

"For two-and-a-half years Liverpool (Central and Southern) CHC has closed its doors and telephone lines to the public every afternoon. The closure was a response to a rising flow of requests for help (reaching 4,500 in 1984/5) which the two members of staff could no longer handle while continuing to perform the other aspects of CHC work - monitoring services, participation in planning groups, surveys and reports.

"After closure in June 1985 the CHC submitted applications for an increase in staff, without success, until this year. Another application submitted with budget estimates in February 1987 resulted in approval for one year's funding of a full-time HCO post, bringing the staff complement to 2 HCOs and 1 Scale 9. We believe that success this time has come through submission of a good case of need supported by statistical evidence of demand for our services, plus something less quantifiable - a little quiet support from a sympathetic Manager.

"Everyone who has tried to contact us by telephone after 12.30 p.m. will be pleased to know that from Monday 26 October 1987, we will be answering in person - not via a recorded message."

Ealing CHC featured in a report in New Society (2.10.87) about a dispute between Ealing Health Authority, the CHC and the Ealing Mental Health Action Group. According to New Society, the CHC and EMHAG accused the health authority of trying to protect psychiatrists from press exposure for over-use of ECT. It went on to say that the CHC had been pressing for statistics concerning the use of ECT at St. Bernard's Hospital for two years. Statistics recently released showed that ECT was used 1454 times at St. Bernard's in the first nine months of this year. There was however no breakdown of its use by consultant, ward or diagnosis. Dr. David Hill of Mind said ECT usage at this hospital was about three times the average for the N.W. Thames Region and well above the national average. The New Society report also suggested that both the CHC and the Action Group thought there had been a cover-up regarding statistics.

Ealing's Secretary, Mrs. Josephine Barry-Hicks, says that the CHC had, in fact, fought an earlier six-year battle for all ECT services to be centralised in one suite within the hospital and in this they had finally been joined by the Health Authority

chairman and members of the Health Authority. This had been agreed to along with a request that detailed statistics be kept on those treated. A year after the centralised suite came into operation it was found that the only statistics being kept were contained in an exercise book and were of a very primitive kind. Among the details not taken into consideration was the ethnic origins of those needing treatment. After this discovery it was agreed, last November, that the hospital would provide better statistics but it seems that through lack of time and resources these have not been kept up to date. Mrs. J. Barry-Hicks does not think that this represents a cover-up, merely lack of resources and poor organisation. However the CHC is setting up a working party to look into exactly what kind of statistics need to be kept.

West Birmingham CHC has found itself in a legal impasse in its attempt to challenge a decision of the West Midlands RHA. The only way the CHC could do this was to obtain a legal opinion regarding the legality of advice given to the RHA on this particular matter and also on the importance of this advice in influencing the decisions of the RHA members. The RHA has obstructed all attempts by the CHC to obtain such a legal opinion.

A report of the RHA Management Team had argued that it would be a contravention of the Sex Discrimination Act for the RHA to accede to a CHC request that the RHA, as a matter of policy, appoint a female consultant gynaecologist and obstetrician. The CHC's view is that this post falls clearly within an exception provided for in the Act. Although the CHC does not want to re-open this particular case, it insists that the RHA should not be able to cover up maladministration if this did, in fact, occur.

In 1984 West Birmingham CHC encouraged ACHCEW to adopt a policy resolution stating that in certain circumstances a CHC should be free to pay for independent legal advice. This was accepted by the DHSS. No attempt was made to define what these circumstances might be, but the CHC was thinking of cases where the RHA's legal advisor had already advised a party with whom the CHC was in dispute. It seemed to the CHC a basic ethical point that a person should not act as legal advisor to both parties in a dispute.

In the case under consideration the RHA legal advisor had advised the authority of their position. A dissenting note written by a member of West Birmingham CHC who is a lecturer in law was then submitted to the authority. As a result the CHC sought permission to obtain a formal legal opinion. The RHA refused. The CHC then went to the DHSS, who in turn refused to instruct the RHA to reverse its decision. The Department did ask the Regional General Manager to arrange for the CHC to receive a considered legal opinion, but this was not acceptable as that opinion would have come from the very legal advisor who had already advised the RHA. However, this would at least have

ensured that the CHC knew the argument on which the opinion had been based. In the event, the RHA turned down the DHSS's request and the DHSS has not pressed the matter. The CHC briefed both local MPs and, after a two-stage correspondence, they received a letter from Edwina Currie, but signed by Baroness Trumpington, declining to intervene in the dispute. There the matters rests, and there, so it seems, will it continue to rest.

Calderdale CHC has written to ACHCEW expressing concern about a feasibility study commissioned by the DHSS to look at the extended use of the Youth Training Scheme in the NHS. The Association would like to hear the views of member CHCs on this matter so that we are in a position to comment on any future report or consultation document.

Several CHCs have expressed concern about the voucher scheme for spectacles. The DHSS are now considering an extension of the scheme to cover contact lenses. If any CHC has evidence which could be usefully incorporated in a submission to the Department, ACHCEW would be pleased to hear from them.

Correction Community Health News 26 p.8

It was Bexley CHC, not Bromley, who recently dealt with a complainant who wanted a woman doctor to be one of the assessors at the hearing of her complaint.

CHC REPORTS AND SURVEYS

Milton Keynes CHC has published the results of a survey of local child health clinics. The CHC thought there was much room for improvement and hoped the document would form the basis of useful discussions between the DHA management, health visitors, midwives, CHCs and representatives of parents. The report notes that there seems to be no overall DHA management policy on the needs which clinics are supposed to be meeting, nor indeed any reliable management information about the numbers or pattern of clinic sessions. The CHC concludes that the existing arrangements for managing child health clinics are inadequate, a view which appears to be shared by health visitors. Clinics should also broaden their appeal, become more sociable and provide more privacy when this is needed. There is a real need for more information and improvements in what the CHC describes as "problem clinics", clinics in inadequate buildings and/or with inadequate facilities.

Salisbury CHC has published a survey of services at the Outpatients' Department of Salisbury General Infirmary. As so many CHCs have found before, the interviewees were on the whole appreciative of the service and offered only praise for the work done by doctors and nurses. They were very unwilling to

complain, and as a result endured long waits and poor facilities. The CHC believes that patients and management should be encouraged to recognise that complaints play an important role in improving the service for everyone. They are worried that the goodwill of consumers should be taken for granted and want to see a more constructive attitude from management. Copies of the report can be obtained from the CHC with a small charge for photocopying.

"Good Health in Retirement" is the title of the report of West Essex CHC's Health Promotion Day replete with sensible advice which may well prove useful to other CHCs, including a contribution from ACHCEW's Director, Toby Harris.

Bolton CHC has looked at the care of the elderly at home and has produced yet another excellent report to which a brief summary like this cannot do justice. It recommends amongst other things: far greater emphasis on health education and programmes of self-reliance for the elderly, more recreational facilities to tempt people out of their own homes and far more widespread health screening facilities. They also want to see a telephone link set up to enable the elderly and their carers to obtain up-to-date information about the services, aids and welfare benefits which are available.

In 1986 Southport & Formby HA asked the CHC to carry out a survey of the hospital visiting arrangements in the Southport General Infirmary from the point of view of the patients. On the whole visitors and patients appeared to be satisfied with the system being operated. As in most hospitals, the normal rule was that visitors are restricted to two at a bedside, although this was obviously treated with some flexibility. It is interesting to note that most patients found two quite enough (one said "twelve visitors to a bed on a Sunday afternoon is too much!"), a view no doubt echoed by anyone who had had to try and entertain a bunch of kind friends the day after major surgery...

Community Health Councils and Health Promotion: a study of CHCs in the Yorkshire Region by Lesley Pattenson, Secretary of Wakefield CHC. This survey is the result of growing interest in health promotion among CHCs in the Yorkshire Region. In 1986 the Yorkshire Regional Council of CHCs invited the Regional Health Promotion Officer to address it. Subsequently CHC representatives were co-opted onto the Regional Health Promotion Group and it was decided to undertake a survey into the extent and type of health promotion activities undertaken by CHCs in the Region. The survey did not specify what was to count as health promotion work, nor was a time limit set on how far back CHCs could include activities. 57 different projects or activities are listed for the 15 districts.

These included the establishment of self-help groups, the production of educational material and the organisation of displays or health days.

The lack of formal evaluation was noted, the difficulties commented on and the hope expressed that regional profiles of this kind would help to spread ideas and good practices among CHCs which time and money restrained individual CHCs from attempting. The report was also seen as a public relations exercise, impressing on DHAs the degree of CHC activity, expertise and enthusiasm. Copies of the report are available on request from Wakefield CHC.

GENERAL PUBLICATIONS

Unemployment could cause up to 40,000 premature deaths before the end of the century. This is the conclusion of a new book by Dr. Richard Smith, based on a series of articles in the British Medical Journal. Evidence suggests that 3000 people a year are dying prematurely as a result of unemployment. These figures are derived from studies by a number of researchers, based on data provided by the Office of Population Censuses and from sample surveys of deaths among employed and unemployed people in different parts of the country.

Unemployment and health: a disaster and challenge Price £4.95
Oxford University Press.

A quarter of all children admitted to hospital are still being treated on adult wards in spite of DHSS recommendations. Blame is put on the low priority given to children's services by the Government although more children than ever are being admitted to hospital. A quarter of these are being inadequately nursed on adult or mixed wards even though almost half of all child inpatients are under five. The information comes in a report, Where Are the Children?, produced jointly by NAWCH, the RCN, NAHA and the British Paediatric Association. It is available from NAWCH at Argyle House, 27 Euston Road, London NW1 2SD. Price £4.

Another recent NAWCH publication is The child alone: a report on the unaccompanied child in hospital. This is the result of a survey into the number of children unaccompanied in hospital and hospitals' policies for dealing with their needs. Price £4.00

Voluntary Sector Forums on Community Care is the title of a topic paper from NCVO's Community Care Project. The paper makes a plea for greater co-operation and joint action by voluntary groups to produce a strong and co-ordinated voice. ACHCEW is mentioned in a directory of useful addresses. It is obtainable from NCVO, 26 Bedford Square, London WC1B 3HU. Price £2.

Food Intolerance Data Bank Information Pack. This databank has been created by the Royal College of Physicians working with dieticians and the food industry. Hospital doctors and dieticians can now obtain information from it to help devise better diets for people who are intolerant of certain foods. The databank will be run by Professor Alan Holmes of the Leatherhead Food Research Association who will obtain information from manufacturers about the ingredients used in their foods. As well as intolerance to additives, colourings, etc. some people have intolerance to natural foods such as eggs, wheat, milk, the pea/bean family or fish (although one wonders if, perhaps, some of the intolerance to natural foods is due to what has gone into them like pesticides, nitrates, hormones, etc.) The information pack and details of the Databank can be obtained from: The Food and Drink Federation, 6 Catherine Street, London WC2B 5JJ and it is free.

Health Action and Ethnic Minorities by Allan McNaught looks at the response of the NHS to the health needs of ethnic minorities in Britain and highlights some of the problems arising from cultural differences and racial discrimination. It also reviews the role of community health initiatives. Obtainable from: Bedford Square Press, 26 Bedford Square, London WC1B 3HQ. Price £3.95.

A Descriptive Bibliography of Books and Articles on Black and Ethnic Minority Mental Health in Britain is available from MIND, 4th Floor, 24-32 Stephenson Way, London NW1 2HD. Price £3.75.

A Blueprint for Urban Areas? is a report from the Association of District Councils based on research carried out by the Association. It argues that local authorities are not only meeting many of the challenges they are now having to face, but could do a great deal more given adequate powers and resources. The report surveys the work councils are undertaking to deal with the problems of inner city areas and offers recommendations on how this could best be done. It is available from ADC, 9 Buckingham Gate, London SW1E 6LE. Price £12.

Edited by Katia Gilhome Herbst and published by the Mental Health Foundation, Schizophrenia is an attempt to define the priorities for treatment and to encourage the different organisations concerned with schizophrenia to work more closely together. It is available from the National Schizophrenia Fellowship, 78 Victoria Road, Surbiton, Surrey KT6 4NS. Price £2 (inc. p & p.).

Begin at the Beginning is a report on early support for families with a handicapped baby. Published by CMH, the Campaign for People with Mental Handicaps, it reveals the haphazard and random nature of the support available to families. For example, less

than half the mothers are routinely visited by hospital social workers, only 37% of local social service departments are always told of the birth of a handicapped baby and only 12% of HAs have written guidelines for staff on providing support for new parents. Other issues dealt with include the development of parent support networks, the need for information, the involvement of parents in decision-making, the importance of co-ordinating services and the lack of any written policy statements on which services can be based. The report is a moving plea for early support and is most valuable. Available from: CMH Publications, 5 Kentings, Comberton, Cambridgeshire CB3 7DT. Price £2.

The RNIB has produced a report on services for people who have other disabilities in addition to being visually impaired. There are 23,200 adults in this situation and few of them receive appropriate services. Mental handicap hospitals are particularly criticised. Out of Isolation, RNIB, 224 Great Portland Street, London W1N 6AA. Price £8.

The Healthy Cities Resource Pack has been produced as part of the World Health Organisation Health Cities Project. Copies are available from: The Department of Community Health, University of Liverpool, PO Box 147, Liverpool L69 3BX. Price £10 including postage.

Taking a Break - a guide for people caring at home. This booklet is free of charge to people who are themselves caring for relatives or friends who are elderly, ill or disabled. Others (such as professional workers) should send 60p. to cover costs. Cheques/POs payable to King Edward's Hospital Fund for London. Leaflets are obtainable from: Taking a Break, Newcastle-upon-Tyne X NE85 2AQ.

Asbestos in the Community is a leaflet published by the General Municipal, Boilermakers and Allied Trades Union in association with the Institution of Environmental Health Officers (London Centre) to assist local authorities, tenant organisations, safety reps. trade unions, workers and the general public with asbestos problems in the Community. Price 20p each (inc. p. & p.). 10 copies £1.50. 50 copies & over £5.00. Obtainable from: Health & Safety Dept. GMBATU, Thorne House, Rusley Ridge, Claygate, Esher, Surrey KT10 0TL. Tel: Esher 62081.

INFORMATION WANTED

Bristol CHC would like to hear from any CHC which has done any research or other work on whether elderly people are effectively discharged from hospital to private nursing homes.

Rochdale CHC is thinking of compiling various patient information booklets and would like to hear from other CHCs if they or their Health Authorities have produced any of the following:-

1. Women's Health.
2. Children in Hospital booklet for parents/children.
3. General Hospital information booklet for patients on admission.

Rochdale CHC would like copies, particularly if these include good art work.

ACHCEW has had a number of discussions with the Society of Family Practitioner Committees about the quality of discussions between CHCs and FPCs and would like to have comments from CHCs on any problems they have had in their relationship with FPCs.

Hastings District CHC would like to know ways in which other CHCs are promoting 'The Patient's Charter'. Please contact Hastings CHC with ideas.

Dr. Ann Richardson is carrying out a project to develop a charter and practical guidelines regarding services for carers. This is sponsored by NCCED (National Council for Carers and their Elderly Dependants) in association with other national carer organisations. She is seeking information on schemes to help carers and would be particularly interested to learn of innovative arrangements set up by health authorities or local health professionals (general practitioners, health visitors, community psychiatric nurses and so forth). She would also be interested to learn of doctors who feel they have developed a particularly helpful approach to carers in their consultations.

Please contact: Dr. Ann Richardson, Co-ordinator, Carersa Charter Project, 39 Glenmore Road, London NW3 4DA. Tel: 01-722 7076.

COMING EVENTS

Weston CHC and the Weston branch of the Royal Collage of Nursing are holding a seminar to discuss The care of the dying and the bereaved. The seminar will take place on 26th November in Weston-super-Mare. It costs £5 for the day including lunch. Contact Weston CHC for further details.

Taking the right action is the title of a NAHA conference to be held at the Institute of Civil Engineers in London on 3rd December. It is a one-day conference which will debate the need for sensitive complaints procedures and for no-fault compensation. Price: £79.35. For further details contact: Mrs. A. Mason at NAHA. Tel. 021-471-4444.

IHSM Day Conference is to be held in London on 5 November. It is being staged jointly by the Institute of Health Services Management and S.W. Thames region of that Institute. It is aimed not only at managers, health professionals and health authority workers but at all those who try to provide high quality health care "under the full glare of attention by the media and scrutiny by politicians." It will be chaired by broadcaster Brian Redhead and speakers will include Sir George Young, Conservative MP for Ealing, Robin Cook, Labour MP for Livingston, Jill Palmer of the Daily Mirror, Niall Dickson of the Nursing Times, David Picken of Tyne Tees TV, John Hitchens director of public affairs for the new Health Education Authority and Roger Silver, director of PR for N.E. Thames RHA. Mr. Hitchens is going to explain "how the media can be manipulated to make sure a message is conveyed". (A message was certainly conveyed about present Government views on the report of the HEA's predecessor, the HEC's "The Health Divide"). It costs £70 for non members (that's the bad news) and details can be obtained from Jane Galaud, Institute of Health Services Management, 75 Portland Place, London W1N 4AN. The title of the Conference is A Tangle of Tightropes - Health, Politics and the Media. It is unfortunate that it is so expensive as it is an extremely important topic.

There is to be a series of regional seminars organised by the Personal Social Services Research Unit (PSSRU) on 'Care in the Community'. The aim is to disseminate information and experiences associated with developing Care in the Community by outlining some of the key issues which have emerged and some of the lessons learned so far in relation to services, resources and clients. They will be held in Newcastle-on-Tyne (3 November), Manchester (9 November), Bristol (18 November) and London (25 November). Fee per person is £20, details from Jackie Waller at PSSRU, Cornwallis Building, The University, Canterbury Kent CT2 7NF. Tel: 0227 764000 ext. 3872.

The London Association for Health Service Studies and London Health Services Studies Trust are getting in early with an invitation to attend their seminar on Care of the Elderly - Health and Social Aspects, to be held next year. It will be at the Pharmaceutical Society's headquarters, 1 Lambeth High Street, London S.E.1. on Monday 18 January 1988 and the fee will be £25 inclusive of lunch. Reservations: send remittance giving name, address and position held to LAHSS, PO Box 24, Beckenham, Kent BR3 3AL.

Abuse of Human Service Technologies: drugs and behaviour modification is the title of a two day workshop at the University of Manchester to be given on the 25 and 26 July 1988. The workshop will take a critical look at the way two "technologies" are applied to people. For further details, contact: Janet Dean, Montague Health Centre, Oakenhurst Road, Blackburn, BB2 1PP. Tel: 0254 679421.

DIRECTORY CHANGES - in the October 1987 edition

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