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Association of Community Health Councils for England and Wales

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CONTENTS

	<u>Page</u>
News	1 - 3
Parliamentary News	3 - 4
From the Journals	4 - 6
Around the CHCs	6 - 8
CHC Publications & Surveys	8 - 11
Information Wanted	11
General Publications	12 - 16
Video Reviews	16 - 18
Coming Events	18 - 20
Directory Changes	20

Money for Health - Under Review Again

Toby Harris writes: The money injected into the NHS just before Christmas has done nothing to stem the tide of concern about the state of the health service from consultants, GPs, health workers and patients. The Prime Minister has now set up an ad hoc Cabinet Committee to review the NHS and its finances. All options are up for discussion.

A number of ideas (apart from inviting people to postpone their second holidays) are reportedly being considered. They include hotel charges, tax relief on private health insurance, various voucher schemes and financing the NHS through a special national insurance stamp. It is not obvious how some of these would actually help the NHS, particularly if no new money was put into the system, and some of them run the risk of reinforcing a two-tier system of health care.

In considering any of the options it is to be hoped that a number of principles are born in mind. The first is that health services are essential life-preserving or life-enhancing services. They should be organised and financed in a way which recognises this, which implies funding arrangements should not place barriers in the way of access to high quality health care for any member of the community. It also means that they should not involve any disincentive to seeking or obtaining health care or medical advice.

As the Charter of the World Health Organisation lays down: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being". ACHCEW's policy is clear: we strongly support the continued existence of the NHS as a comprehensive, national service for the prevention and treatment of ill-health, free at the point of need and readily available to all. Financing the NHS from general taxation is the most efficient, equitable and economic method. Any departure from this would not be in the interests of patients and would be detrimental to the health of the nation."

NEWS

The Complaints Procedure - A Step Forward?

Oxford RHA has agreed to allow people pursuing complaints against doctors to be helped by someone with knowledge of the procedure. According to a report in the Oxford Times (4.12.1987) this undertaking was made before a Parliamentary Select Committee when Sir Gordon Roberts, chairman of the RHA and Dr. Rosemary Rue, the Region's General Manager and Chief Medical Officer, were questioned by the committee. This followed a serious complaint made five years previously against Dr. Rue, following the death of a two-year-old girl. A meeting had been set up between the consultant, the child's grandfather and her mother but Dr. Rue

had cancelled the meeting after the family had insisted on having CHC Secretary Tom Richardson present to help them.

The health service ombudsman, Anthony Barrowclough, expressed his surprise and concern at the decision and stated that people needed help to pursue complaints. Tom Richardson sees this as a major victory in trying to get a degree of public accountability from the RHAs and the medical profession. "The family has been on this trail for five years and this time justice has been done".

Registered Home Closure - The First of How Many?

The Harlow Heath Home in Harrogate, North Yorkshire, is the first in the country to be shut down under the "risk to life" section of the 1984 Registered Homes Act. The £180-a-week home was closed down on New Year's Eve under an emergency order. It had been suspended two years earlier for unsatisfactory management and failing to provide adequate staff and was finally evacuated when health officials found no qualified nursing staff were there to look after eleven residents, three of whom were seriously ill.

Mr. Graham Saunders, the health authority manager, confirmed that the home was suspended from the register back in 1986 when it was known as the "Lancaster Nursing Home", after inspectors had found "malfunctions in management and inadequate staffing arrangements". The home had not been closed then because the law allowed it to continue operating pending an appeal - a provision not available under the procedure now used for closure. At that time the HA had allowed the home to go back on the register after a new matron had been appointed. The eleven patients removed on New Year's Eve, aged between 75 and 92, had to be found beds in local hospitals or other nursing homes. (Guardian 6.1.1988)

Asbestos - The Deadly Killer

As long ago as 1930 a government enquiry confirmed the link between asbestos dust and serious disease. Unfortunately the subsequent report was quietly shelved and there was little public discussion on the risks of asbestos for the next forty years. In 1976 the issue finally surfaced at Acre Mill in Hebden Bridge where it was found that between 1930 and 1970 at least 300 workers had contracted asbestos-related diseases of whom many had died. Whole families had suffered, some cases included the wives of workers who had merely washed their overalls.

Asbestos fibres get into the lining of the lungs and cause a special form of cancer, mesothelioma. Despite repeated denials by the asbestos industry, it finally became accepted that even a brief contact with asbestos dust could cause an agonising death. As late as 1983 ex-asbestos workers were still being turned down for industrial injury benefit by doctors who refused to accept that contact with asbestos was the cause of severe illness. Many of these cases have been taken up by SPAID, the Society for the

Prevention of Asbestos and Industrial Diseases and its founder Nancy Tait, whose own husband died of mesothelioma. Claiming compensation is difficult, not least because the DHSS insists that the claimant states which of the four accepted asbestos diseases he or she is claiming for and will deal only with that precise condition. Many patients have never been told which condition they have. So complicated is the procedure many claimants have lost DHSS appeals. SPAID offers advice to victims and the families of victims and will help them to claim the compensation to which they are entitled.

The time-lag between exposure to asbestos fibres and the onset of disease can be as long as 30 years. About 645 people die of asbestos related diseases each year and another 5,400 cases go undetected. SPAID's files are full of cases where a postmortem has proved the diagnosis made by a doctor to have been wrong. The organisation has access to facilities for special examination of specimens of lung tissue and now owns its own electron microscopes, the last one bought for them by the London Boroughs' Grants Scheme (LBGS). "We can repay the ratepayers by using it to monitor the environment when old asbestos is being dismantled and to check around suspect asbestos dumps", says Nancy Tait. SPAID also receives a grant from LBGS and is able to employ seven part-time staff and a researcher. SPAID can be contacted at 38 Drapers Road, Enfield, EN2 8LU.
(Information from New Society 20.11.1987 and The Price of Freedom (Judith Cook) published by NEL.)

Apology: Judith Cook writes: I must apologise for an item in CHC News No. 27 (October 1987) where it was stated that DHA General Managers were biased against in-house bids and in favour of private tenders. The report was based on a survey by the pro-privatisation body PULSE. In fact the reverse was true, there was a clear bias in favour of in-house bids. Our attention was drawn to this by Barnet CHC.

PARLIAMENTARY NEWS

NHS Pays out over £9M in Compensation

Health Authorities paid £9.3M in compensation in 1986/87 according to a Parliamentary Answer on November last. Not all the payments related to accidents suffered by patients. According to Edwina Currie "In addition, hospital doctors pay subscriptions to defence societies which are taken into account by the Doctors' and Dentists' Review Body when they review their salaries.

She's still on our side!

Christopher Butler, Conservative MP for Warrington South, recently called for a review to see whether CHCs should be

scrapped as they cost £7M a year. He said their use should be questioned at a time of such scarce resources. They were, he continued, pressure groups which took a political and localised view of issues compared with district and regional health authorities "which see more of the picture". Replying, Edwina Currie said there were no plans to abolish the CHCs. "Community Health Councils were established to represent the interests of the public in the health service in their districts". Hansard 18.1.1988.

The Cost of Agency Nurses

The cost of agency nurses employed by the NHS has risen from £30,348,000 in 1979/1980 (£50,517,000 at today's prices) to £70,788,000 in 1986 Tony Newton told the House on 13 January.

Cervical Screening

It would cost an extra £22M a year to increase the frequency of cervical screening of 20-64-year olds in England and Wales from once every five years to once every three, Edwina Currie told the House on 14 January. Extending the age range down to 17 years would add another £4M to the cost. The figures assume a 100% acceptance of screening. She added: "Ensuring that all results were available within one week would require considerable over-capacity in laboratories in order that they could cope with fluctuations in demand. The further cost that would be required has not been calculated since maintaining such over-capacity would not seem to be the best use of resources." She added that epidemiological studies indicate that women in the 20-64 age group who are screened "are 84% less likely than unscreened women to develop invasive cervical cancer". Hansard 15.1.1988.

FROM THE JOURNALS

Audit and Analysis of litigation in the West Midlands

Featured in the BMJ of 12/12/87 are the results of a three year study into medico-legal cases in the West Midlands. 100 files were taken at random from the total of 324 cases brought in 1984 and the progress of these followed. All the cases involved NHS patients none of whom were under the direct care of their GPs. At the end of three years 73 actions had been withdrawn, of these 16 were complaints about minor and unavoidable consequences of treatment, 39 were found to relate to conditions which occurred due to natural causes and 12 where negligence was obvious had been settled out of court. A further 14 cases were still pending and one had been lost by the plaintiff in Court.

The authors of the report state that a great deal of the time, money and effort spent on medicolegal cases is unnecessary. This

begins with plaintiff's and health authority solicitors withholding information and delaying investigations rather than cooperating for the greater good of all. They also assert that many unwarranted cases are brought due to bad handling of patients or a failure by clinical staff to communicate with patients. As remedies to these problems the authors suggest that either a doctor should sit on the legal aid panel to clarify medical issues or that an independent medical opinion should be sought by the plaintiff's solicitor and that consent forms should be extended and made more informative to give details of what can reasonably be expected from treatment and any possible risks.

Delays in Transferring Patients' Records

The results of a survey into why it takes so long to transfer the records of elderly patients registered at new practices are contained in an article in the BMJ, 30/1/88. Taking one practice as an example it was found that it took an average of 141 days before records were received by the new office (although sometimes it could take as long as 296). The long delays were caused by the processing of records at the NHS central register and then their transfer between FPCs and GPs, but mainly because GPs delay in forwarding acceptance documents and medical record envelopes to FPCs to get the whole process started. The elderly are a particularly vulnerable group, who often have multiple illnesses that present complex problems of management and the absence of medical history records can only hamper continuity of care.

The authors of the report advocate the use of summary cards, written and updated by the GP and retained by the patient to facilitate continuing care, such cards would list the patients medical problems, provide information of next of kin and details of any treatments.

Narrowing the Health Divide

A 15-month campaign was launched by a primary health care team in Stockton-on-Tees to increase the uptake of preventive care by patients in a severely deprived area beyond that of a more prosperous neighbouring community. This was achieved by asserting the benefits of preventive care whenever it was possible; during unrelated consultations, writing twice to each household with a list of its outstanding items necessary for preventive care, using health visitors to encourage attendance and occasionally undertaking preventive care in patients' homes. Extra clerical staff were needed to implement the new records and monitor the procedures introduced. The scheme shows that with rigorous monitoring and organisation GPs can improve the uptake of preventive health care by their more deprived patients. (Lancet 16.1.1988).

Medical Accidents

The Prime Minister has personally redefined the government's view on this subject in response to concern about the first £1M award in a medical negligence case. In a letter to Michael McNair-Wilson MP she expresses her sympathy with the problems involved but appears to have been persuaded against making any radical changes to the present arrangements for compensating the victims of medical accidents, or altering the balance between doctors who are sued and their patients who suffer. She seems to feel that the profession is well able to take large awards in its stride and that the best way to help the patient is to look at ways of reducing the delays and expense of going to court. A lengthy review of all aspects of the civil justice system was completed at the end of 1987 and the Lord Chancellor is shortly expected to receive recommendations to cut the cost and complexity of legal proceedings in personal injury cases. No fault compensation appears to be ruled out. (BMJ 16.1.1988).

Who's for Health?

The results of a recent survey of public attitudes towards health policies undertaken by the N.W. Regional Health Authority shows that the public would like to see more action by government, industry and the NHS to create a healthier nation. The survey which involved 1800 people from 103 randomly selected parts of Britain revealed public demand for changes in education, local facilities, fiscal policy and other government action to improve health. Improved food labelling came high on the list of suggestions along with a desire to see smoke-free areas in all public places (90% of those interviewed wanted this). Also popular were policies to increase tobacco taxes and action on health issues by employers and trade unions. (NAHA News January 1988).

AROUND THE CHCs

Cuts and Shortages Continue to be highlighted by CHCs

Last November all five Birmingham CHCs wrote to John Moore requesting an urgent meeting with him to discuss the NHS crisis in the city. At the time of writing, they are still awaiting a response from his office, to the questions they would like answered, which include why he will not fully fund pay awards and price increases, what he is he doing about a national staffing supply strategy for nurses, whether he will be providing money for HAs to meet the costs of the removal of Crown Immunity and the implementation of recent government initiatives and if he accepts that hospital and community care services in Birmingham are being reduced.

High Wycombe CHC has informed us of another worrying consequence of NHS staff shortages. Due to the continuing shortages of medical secretaries at local hospitals discharge summaries containing details of in-patient care and investigations are not being sent out to GPs. The CHC is sure that this will adversely effect the level of care afforded to patients. "It seems tragic", says Secretary Steven Carter, "that, due solely to the uncompetitive nature of NHS salaries patients are being directly affected by clerical staff shortages that could be rectified by a simple solution everyone - except the government - can see". Is anyone else experiencing this particular problem?

Dewsbury CHC has written to its HA expressing its "anguish and anger" at the report brought back by its observer, of the HA's programme of cuts. The CHC says has lost confidence in its health authority which unanimously agreed to cuts in services, apparently, without any protests. It is asking the authority to join with it in working effectively together to achieve a satisfactory solution to what is rapidly becoming a serious problem. However, the CHC has told the HA that this will be impossible if the authority continues to disregard the rules on consultation. Furthermore the CHC wants to know why the authority has failed to consult or even notify the CHC of its proposals and decisions, as laid out in the statutory instruments.

Finally, Harrow CHC is concerned that the its authority's share of the recent £88M government "handout" is only £367,000. Because this is only a one off payment it cannot even be used to reopen 32 beds closed in October. Nor says the CHC will this limited amount encourage nursing staff to stay in the NHS.

Amniocentesis Results

South Manchester CHC has asked us to bring to the attention of other CHCs a possible problem relating to amniocentesis testing. A pregnant woman was recently told after having the test "we are pleased to inform you that the results of your test are through and you are going to have a very normal and healthy little baby". This may not always be true and the suggestion is that any information given by the hospital should be more specific, so that women can be reassured that their babies are unlikely to be affected by for example Down's Syndrome or Spina Bifida (depending on which tests have been done).

A form of compromise

A complainant being helped by Calderdale CHC has been given a form to sign by Yorkshire Regional Health Authority. Signing the form is a precondition of obtaining an independent review under the clinical complaints' procedure. It is an agreement to accept a nominal sum of money (£1) in full "satisfaction, settlement and discharge of all claims of whatever nature caused by or arising directly or indirectly from the treatment or care

provided for myself...." It is not an undertaking by the complainant not to pursue further legal proceedings; it is in effect, an out-of-court settlement. ACHCEW would like to hear from CHCs who know of similar practices.

Promoting Better Health?

Liverpool East CHC, one of many we imagine, has written to Tony Newton pleading with him to think again about charges for eye tests and dental check-ups. The CHC does not see how these charges fit in with the Government's policy on promoting better health and preventive medicine.

Delays in Dealing with Dental Complaint

East Herts CHC has written to us with an example of a dental services complaint that has gone to the appeal stage, a step which has spun out the process to an extraordinary degree. The original Service Committee hearing was held in May 1986. The dentist was granted leave to appeal in August 1986. The oral hearing of the appeal took place in February 1987, and so far nothing has been heard about the fate of the appeal. This is in spite of the efforts of the CHC to expedite the matter.

Although we are confident that this is not an isolated case, ACHCEW would like to hear from other CHCs about the time that the appeals procedure can take.

CHC PUBLICATIONS, SURVEYS, REPORTS, etc.

As a submission to Sir Roy Griffiths' enquiry into community care The Association of CHC Secretaries in the South West Region has produced a major report on Monitoring the Quality of Community Care. The remit was:

- a) to identify problems with regard to mentally handicapped persons, with particular regard to movement into community care;
- b) to highlight shortfalls in the monitoring;
- c) to draw up a document highlighting problems and shortfalls with constructive recommendations as to how they should be overcome.

Inevitably, say the CHC Secretaries in a letter they sent with a copy of the report to Sir Roy, there must be further changes if a reality is to be made of community care but they ask that incorporated in any changes there should be some formal mechanism for seeking the consumer's views and debating them.

Among the report's recommendations are that the Health Advisory Service should be directed to undertake specific enquiries into services provided for care groups currently within its remit, and that its role be extended to cover "investigation" of other care groups, or alternatively that organisations such as

the National Development Team for the Mentally Handicapped should have the power to "inspect" rather than visit by invitation only. Further a national organisation directly responsible to the Government should be set up to co-ordinate the monitoring of services, assess the quality of provision, make recommendations to Government on policy changes and catalogue and disseminate information on good practices

Plymouth CHC has recently published two reports. The first, by Dr. Pamela Abbott and Professor Geoffrey Payne of Plymouth Polytechnic is on hospital visiting at maternity and gynaecology wards at two hospitals. It would seem that, on the whole, patients welcome the open visiting system currently operating and that restrictions, such as the husbands-only rule in the wards in the evenings is found to be quite acceptable. Acknowledging the difficulties staff experience from having open hours such as visitors staying too long or excessive noise the authors feel that staff should be adequately briefed and trained to deal with visitors.

The second report is of a conference on Services for Mental Health and Mental Illness held last October. Speakers from voluntary groups, the Health Authority and the clinical professions outlined different aspects of evaluating local needs and developing services. Delegates were asked to fill in questionnaires stating what they felt was needed and their own recommendations. As these are very lengthy there is insufficient room here to do the report justice. However, copies of the report are available from Plymouth CHC.

Weston CHC has published a report on the use of the non-urgent ambulance service in its area. Despite recurrent suggestions of abuse of the service, the CHC concludes that abuses are not significant. On the contrary, it seems that people go to considerable lengths to make their own way to hospital even where this involves inconvenience or expensive journeys by public transport or relatives taking time off work to transport them. The survey found a definite drop in the number of patients carried by the Non Urgent Ambulance Service since 1983. Discussions with hospital and ambulance service personnel led the CHC to the conclusion that there has been a resource-led tightening of the criteria for transport leading to reduced provision. It was felt that DHSS circular HC(78)45 "fails to address adequately the relationship between medical and social need. Administrators, as well as being committed to the provision of a service, are in the position of having to match a limited and inelastic supply with the demand that comes from patients and medical personnel". The CHC recommends that a proper system of review be instituted.

This is an important and well-written report on a subject of interest to many CHCs. There are a limited number available from Weston at £3 each.

Another report on the same subject comes from Milton Keynes CHC. Like Weston, Milton Keynes thinks it vital that there should be regular performance reviews of the service and find it unacceptable that the Ambulance Service management feel no need to undertake any regular monitoring of the operation of non-emergency transport. "There can be no excuses for running a modern service industry without basic management information..." By refusing such a review the management are, says the CHC, playing into the hands of those who want to put such services out to private tender.

From patient responses it seemed that priority should be given to improving the punctuality of delivery to appointments, that existing arrangements for delivery to block-booked clinics needs to be reappraised, that realistic pick-up times should be communicated to patients and steps taken to keep them properly informed if these are changed. The appointment of an Ambulance Liaison Officer at the DGH would help to simplify the arrangements for patients to be picked up and ensure they are not forgotten.

S.W. Durham CHC has produced a report of a survey on provision for the elderly and handicapped and their carers. Whilst the survey shows a high level of satisfaction with GP services it also shows that few elderly or handicapped people receive regular visits from a professional Primary Health Care Worker, with only 14% seeing their GP and only 10% seeing a social worker at least once a month. The report also highlights the views of carers and shows how greatly family lifestyles are affected by caring for an elderly or disabled relative with very little in the way of support from professionals.

Promoting Health in the Northern Region - The CHCs Role is the report of a conference held last October which has been published by Sunderland CHC. The conference raised many interesting issues and provoked a good deal of discussion as to what role CHCs can play in health promotion and how best they might set about it. Copies obtainable from Sunderland CHC.

Barnet CHC recently surveyed people who had undergone day surgery at Barnet General Hospital. In this time of complaints, concerns and worries it is pleasant to note that those surveyed expressed widespread satisfaction at the treatment they received and that, on the whole, they had not had to wait an excessive length of time for admission.

In order to promote the Patient's Charter and to initiate discussion with various groups, Wandsworth CHC has produced a poster of the front page of the booklet. As it was obviously cheaper and more worthwhile to print several hundred posters in one print run the CHC is now selling them to anyone on request. The cost is £1 per poster inc. p & p and 50p for each additional

poster. This is just to cover costs.

Newham CHC has published a report of a survey on Attitudes to Mental Illness. The CHC conducted street interviews to ascertain the public's attitudes to mental health and the role of GPs in dealing with mental and emotional problems. Respondents stated that they would go to their GP if they experienced persistent chest pains, although depression, tearfulness, anger and aggression were not seen as symptoms to be presented at the surgery. Parents would not consider approaching their doctor if a child missed school or stayed out all night, but were likely to seek a GPs help with a slow learning child. The report also examines the differences in consultation levels amongst three ethnic groups.

Salford CHC has produced an information sheet for prospective CHC members in the hope that it might have an impact on the biannual reappointment procedure. It explains what a CHC is, how it works and how to become a member and it is being distributed through voluntary organisations and local political party networks. Salford would be happy to send a copy to any CHC who would like to see one.

INFORMATION WANTED

Rotherham CHC would like examples of any publicity/leaflets/posters, etc. produced jointly by CHCs and FPCs. They need ideas to improve patient access to information on most subjects, so everything and anything would be welcomed.

Bassetlaw CHC would like to know whether any CHCs regularly visit GPs' surgeries. If so, are these arranged through the FPC or directly with the doctors?

Harrow CHC does, in fact, visit GPs' surgeries and, having recently done so, has a query in relation to fire precautions. Many local surgeries, says the CHC, are small and cramped with only one entrance. They have no fire extinguishers and no written procedures for escape in emergencies. Brent and Harrow FPC, to whom the matter was referred told the CHC that GPs were not subject to fire regulations. Harrow would, therefore, like to know if any other CHC has explored this issue and if so what information has been obtained. Secretary Catherine Attlee says she finds it hard to believe that GP surgeries are treated as private homes for this purpose but that if this is the case, then the situation should be changed.

GENERAL PUBLICATIONS

Support for people caring for elderly or ill relatives is so patchy throughout the country that life for them is often "like Russian roulette", according to Iris Webb who researched the report People Who Care for the Women's Co-operative Guild. She found that many local authorities have no idea how many people in their areas are looking after elderly or disabled relatives and of those who do know, a quarter make no provision whatsoever to help the families concerned. The main problem, said Mrs. Webb in a report in The Guardian (12.1.1988) is that carers are "invisible" according to both the local and health authorities who responded to the survey.

"So many authorities said they would give more support to carers, like providing relief "relative sitters" to give them a break once in a while if they only knew where they were". The Guild has asked the Office of Population Censuses and Surveys if the relevant information can be collected during the next Census. An OPCS spokesman said this information had been collected during the last Census for the first time and would be published shortly.

The report recommends, among other things, that every county or district should appoint a Carer Information Officer so that carers know where to go for advice; that the DHSS run a carer awareness campaign to provide an agreed minimum of provision for the carers; and that the census is used in 1991 to discover up to date figures for carers.

People Who Care - A Report on Carer Provision in England and Wales, by Iris Webb. From Women's Co-operative Guild, 342 Hoe Street, London E18 9PX. Price £3.00 inc. p+p

A second publication on the needs of carers has been published by the Health Education Authority and the King's Fund: Caring at Home - A Handbook for people looking after someone at home - young or old, handicapped or disabled, ill or frail. The book, by Nancy Kohner, is the first attempt to bring together information about getting help from many sources and covers topics of importance to all carers. Available from Book Sales Dept., Kings Fund Centre, 126 Albert Street, London NW1 7NF. Price £2.50 (cheques payable to King Edward Hospital Fund for London).

Community physicians employed by HAs are confused about their responsibilities and are suffering a crisis of confidence as a result, according to a King's Fund Report: Community Medicine and the NHS in England. They have lost status through successive re-organisations of the NHS, their accountability is not always clear, they interpret their role in different ways and they just

do not have the resources to carry out their different tasks.

The report also found that community physicians attach more importance to advising HAs on medical issues and planning services than to health promotion, a view which appears to conflict with that of their academic body, the Faculty of Community Medicine which has been stressing the community physicians' role as an advocate for healthy public policies. Community medicine ought to be about providing a breadth of vision and should focus on the social and environmental aspects of health. There is also a difference in attitude between older doctors (trained before 1974) and new recruits with nearly a quarter of community physicians having no experience in controlling communicable disease. At HA level there is confusion over their role, with some authorities not including them on their management teams. 28% either do not know to whom they are supposed to be accountable or think that they are accountable to no one!

Community Medicine and the NHS in England by Sarah Harvey and Ken Judge. King's Fund Institute, 126 Albert Street, NW1 7NF. Price £4.95.

Recently published, the Report on the Advantages and Disadvantages of Imposing an 18-week Gestational Age Limit on Legal Abortion (jointly produced by the Royal College of Obstetricians and Gynaecologists, the Royal College of GPs, the BMA, the British Paediatric Association, the Royal College of Midwives and the Clinical Genetics Society) opposes David Alton's proposals to reduce the legal limit for abortion from 28 to 18 weeks. Instead, the report recommends that the age of viability of the foetus should be reduced to 24 weeks. It explains that many abnormalities cannot be detected until mid-way through pregnancy and that technical and administrative delays often hold up termination procedures. Moreover it is usually very young and/or disadvantaged women who tend to present late. In making their recommendation the Royal Colleges expressed the fear that if the limit was reduced to 18 weeks, women would once again resort to clandestine abortions and thus suffer untold distress and possible permanent physical damage. "Mr. Alton's proposal would punish those women who, for no fault of their own, were carrying a child with a major abnormality or who were uncertain about their ability to cope with pregnancy".

Since then Mr Alton's bill has been given a second reading in the House of Commons, and is now being considered by a Standing Committee.

MIND is publishing its best selling Special Report Minor Tranquillisers: Hard Facts Hard Choices in eight languages, noting that in 1980 40 million prescriptions for them were written by family doctors alone. The report will now be available in Bengali, Cantonese, English, Greek, Hindi, Punjabi, Turkish and Urdu. It is available from MIND's Mail Order

Service, 24-32 Stephenson Way, London NW1. Price 25p each, ten for £2, 100 for 18.

Dr. Alan Berson, who is well known to many CHC members, has written a report Real Issues for Health Authority Members, based on his experience during two years as a member of Bloomsbury DHA. "I have experienced a growing sense of frustration with regard to the real role of HA members, one that has been heightened in the past year by increasing centralist control over HAs, and the sense of crisis management which has made it increasingly difficult for members, indeed even officers, to examine in depth their real role, both present and potential, in policy-making, allocation of resources and service evaluation".

It is available from: Hebden Royd Publications Ltd., The Birchcliffe Centre, Hebden Bridge, W. Yorks HX7 8DG. Price £1.

There has been a remarkable change in public awareness of the importance of diet says The Lancet (12.12.1987). Yet in the British diet 43% of food energy still comes from fat, whereas the Committee on Medical Aspects of Food Policy favour only 35%. For real dietary change, consumers need a proper breakdown of the nutritional content of processed food as it seems that much unwanted fat is found in such foods. The Coronary Prevention Group has produced a report: European Community: Barrier or Scapegoat? analysing the Government's attitude towards food labelling, which shows obvious ambiguities, not least that it maintains that a compulsory system of general nutritional labelling is impossible under EEC law. The CPG has taken legal advice which would seem to show that this view is incorrect. The report is available from CPG, 60 Gt. Ormond St, London WC1N 3HR

The Family Planning Association has published a number of Help Sheets on the following subjects: Family Planning Examinations, Planning a Pregnancy, Pre-Menstrual Tension, Common Sexual Problems, Unplanned Pregnancy, Infertility Tests and Treatment. They are available at 30p each or £1.50 a set but the FPA point out that they must be free to the end user.

The Health Education Authority has produced two publications, An Introduction to the AIDS Programme and Breast Screening - A Resource List. Both are available from the HEA at 78 New Oxford St, London WC1A 1AHG and are free of charge.

Alcohol Services: The Future is a report from Alcohol Concern on the progress that has been made in providing services for people with alcohol problems since the Kessel Report of 1978. It identifies widespread gaps in service provision, highlights the lack of progress made by statutory authorities in developing strategies to deal with the problem and calls for urgent action, including money from the government to develop new services.

Available from Alcohol Services, 305 Grays Inn Rd, London WC1X 8QF. Price £3.95 plus 50p p+p

A Place of Safety - Research into police referrals to the psychiatric services, is published by MIND and is the first volume of a three-part report into police referrals under the controversial S. 136 of the Mental Health Act. It is, says MIND, essential reading for anyone interested in mental health, the police, or the way in which society treats people who do not conform. The year-long research has produced a wealth of evidence which supports calls for urgent changes to be made in current procedures. It is available from MIND Mail Order, 4th Floor, 24-32 Stephenson Way, London NW1 2HD. Price £2.25.

The Chiropodist: A Specialist in the Medical Team, is published by the Society of Chiropodists and is available free from them at 53 Welbeck Street, London W1M 7HE.

The 3000 new cases of AIDS expected to be diagnosed during 1988 in the UK could give rise to therapeutic and care costs in excess of £80M according to a new briefing paper from the Office of Health Economics. This is the same amount that it takes to provide acute hospital in-patient treatment for more than 120,000 "average" non-AIDS patients, some one fifth of the current NHS hospital waiting list. This obviously has very serious resource implications for the already pressurised NHS. Mortality from AIDS is steadily increasing with nearly 60% of all deaths recorded from the disease occurring in 1987 alone. HIV and AIDS in the United Kingdom. Available from Office of Health Economics, 12 Whitehall, London SW1A 2DY. Price 50p.

Comprehensive guidelines, to assist chairmen, members and managers of HAS assess the quality and the effectiveness of small hospitals have been published by NAHA. They are aimed at HA members, clinicians, manager, planners and - most importantly - consumers. Towards Good Practices in Small Hospitals, is available from NAHA, 47 Edbaston Park Road, Birmingham B15 2RS. Price £4.50.

The Maternity Alliance has published a leaflet in Bengali on promoting welfare milk. It is available from them at 15 Britannia Street, London WC1X 9PJ.

The National Consumer Council has published a report of the conference "Measuring Up" on performance measurement and the consumer, which took place on September 10 last year. It can be obtained from NCC at 20 Grosvenor Gardens, London SW1W 0DH and is priced at £8.00.

A Guide to Emergency Alarm Systems has been published jointly by Age Concern, Anchor Housing Trust and the Research Institute for Consumer affairs. It includes an outline on how they work and information on how to obtain one. Calling for Help: A Guide to Emergency Alarm Systems is available from Age Concern, 60 Pitcairn Road, Mitcham, Surrey, C24 3LL. Price £2.95.

VIDEO REVIEWS

This is a new section in the newsletter, in which each month we will review some of the health videos available to add to the resources information held by CHCs.

This month we have looked at videos relating to AIDS and HIV infection. There have been a huge number of videos on AIDS produced in recent years, here we review a cross section of them.

AIDS & Work

This video aims to dispel the myths surrounding HIV infection and AIDS for those at work. Its strengths are that it looks at the fear of AIDS from the perspective of the "ordinary worker", unfortunately it fails to adequately follow through and clarify common fears. Its images are unhelpful and the presentation veers towards a "doom and gloom" approach. It also contains some dated and unclear information at times. For purchase only: £138 inc. VAT form AMI Occupational Health Ltd, Priory Dene, 28 Priory Rd, Edgbaston B'ham (021 440 5640)

AIDS & Employment

Another video aimed at the work place, this one is far more reassuring and effectively clarifies the facts about how you can and can't catch AIDS. It is very strong on breaking down prejudices and dispelling myths about people with AIDS/HIV infection. However, it is rather service industry oriented and perhaps would not address some of the health and safety questions brought up by industrial workers. For purchase only: £41.50 inc. VAT. Made by the Industrial Society and the Wellcome Foundation. Available form the Industrial Society, 3 Carlton House Terrace London SW1 (01 839 4300)

The AIDS Movie

Aimed at young adults, this American video presents a school health educator's talk juxtaposed with interviews with three people with AIDS or HIV infection. The images are all fairly positive and cover a cross section of the community, the image of the drug user with AIDS particularly challenges normal stereotypes. The school scenes are strong on facts and the health message attempts to reach more than just the "high-risk"

groups. For hire £20 plus VAT and p+p from Educational Media International, 25 Boileau Rd, London W5 (01 998 8657)

Coming Soon

Again this video was made for young adults, although its challenging and uncompromising attitude means that adults too should gain a lot from seeing it. It looks at peoples' prejudices and fears and effectively challenges them. The teenagers discussing AIDS with two people one with HIV infection and the other with AIDS bring home our common humanity, particularly as both sufferers challenge the normal stereotypes of people with AIDS. The format of 5, 10 minute films makes the viewing easy and allows time for discussion. For purchase only £35 plus VAT form Guild Sound and Vision Ltd, 6 Royce Rd, Peterboro' PE1 5YB (0733 315315)

Let's See What Tomorrow Brings

In a very realistic and clear setting this video outlines many of the day to day aspects of living with and caring for people with AIDS or HIV infection. It introduces a range of people who come into contact with the infected person, including the doctor, health worker, hospital porters, vicar, neighbours and friends. It clearly emphasizes the need for love and support. The person with AIDS is portrayed as very responsible in going about many infection control procedures whilst emphasizing the absense of risk in many daily activities such as swimming, kissing the neighbour, drinking with friends and continuing to have a demonstrative relationship with young relatives. It offers a lot of useful information for anyone who supports or counsels people with AIDS or their carers. Purchase only £60.00 plus VAT from South Glamorgan Health Authority, St David's Hospital, Cowbridge Rd East, Cardiff. (022 44141 x218)

AIDS The Medical Documentary

Although this contains a good initial explanation of the nature of the AIDS virus, this video goes on to be a very technically detailed medical account of the disease, (some of the data is now out of date) which is presented in a very dry and clinical manner. For Purchase only £40 plus VAT and p+p from TVA Library Ltd, Oakfield Lodge, 6 Bryan Rd, Edgerton, Huddersfield. (0484 26017)

Your Choice For Life

A very clear and welcome health education message from the Department of Education. This video which contains teaching material is free to all local education authorities, but may also be of interest to CHCs and the general public. It contains up to date information, excellent graphics and explains how infection

occurs and how to prevent it. It is uncompromising and explicit in the way in which it deals with protection without being offensive. The images of those with the infection are varied. Unfortunately it does not tackle the implications for school children of fellow pupils with AIDS or HIV infection. These are important especially in relation to haemophiliacs, although they may be too complicated to deal with in one video.

A Plague On You

Adopting a very different approach from the standard health education message, this video dramatically tackles the effects that the media's portrayal of AIDS/HIV infection and particularly gay men has had on our (mis)understanding of the disease. It examines the misuse of language to produce headlines such as "plague", "innocent victims", "time-bombs" etc. It is refreshing to see such a challenging video and should be of interest to anyone involved in AIDS education. Available for hire: £10 plus p+p from Albany Video Distributors, The Albany Centre, Douglas Way, London SE8 (01692 6322)

Heroism - A Community Response

This contains an interesting round up of the various voluntary caring projects set up in San Francisco in response to the increase in people in the city with AIDS/HIV infection and includes: meal providers, information support, art therapy, emotional support, practical/domestic support, massage and positive healing techniques. It is an informative and inspiring film which should be of interest to all concerned with the care of people with AIDS. For hire £10 plus p+p from Albany Video Distributors, The Albany Center, Douglas Way, London SE8 (01 692 6322)

COMING EVENTS

The Royal Institute of Public Health & Hygiene are organising a major conference on Health and Housing to be held at the Royal Society of Medicine on Monday 28 March. The conference aims to bring together experts from a wide range of disciplines including, health authorities, local authorities and voluntary organisations to discuss the links between housing and health. Approximately one third of the day will be set aside for discussion and it is intended that a report should be published after the conference. The programme includes sessions on building design and health, the effect of housing on mental health and homelessness and health. The fee for the conference which includes lunch and tea is £45. Further details are available from RIPHH, 28 Portland Place, London W1 (01 580 2731)

The Royal Society of Health has asked us to list the following lectures and venues:

3 March	The Care of Itinerants (Westminster Cathedral Conference Centre)
8 March	Female Incontinence (Royal Society of Medicine).
9 March	Health Aspects of Ethnic Diets (British Dental Association)
17 March	The Cost of Medicine (Royal Society of Medicine)
17 March	Calcium and Osteoporosis (Soc. of Chemical Industry)
24 March	The Role of the Hospital in Community Health (the Middlesex Hospital, London W1.)

All lectures cost £5 and further details can be obtained from the Royal Society, RSH House, 38A St. George's Drive, London SW1V 4BH, Tel: 01-630-0121.

Issues Relating to Women's Health is the title of a Conference to be held by the Health Visitors Association on 24 March at the Royal Society of Medicine, Wimpole St, London W1. It will cover topics such as planning health services for women, health needs of ethnic minorities, the importance of detection of infections and mineral abnormalities before conception in husband and wife, well women's clinics, osteoporosis and alcohol and women. The Conference fee is £30, details and application forms from Dr. P.A. Gardner, 31 Battye Avenue, Huddersfield HD4 5PW. Tel: 0484 653110.

The Radical Statistics Group, who produced the excellent report Facing the Figures, is now organising a conference on the use and abuse of statistics by government. Beyond the Statistical Smokescreen will look at NHS statistics in considerable detail. Amongst the topics being considered are performance indicators and monitoring care in the community. The conference is to be held on Saturday February 27 at the Friends Meeting House, St Martins Lane London W2. Price £5. Further details from David Bayat on 01 790 3460 or Janet Shapiro on 01 348 3485.

The West Midlands Assoc. of CHCs and Birmingham University Department of Social Administration are running three workshops for members and secretaries. These are:

29 February	<u>Getting to Grips with Quality.</u> This workshop aims demystify quality assurance and to enable CHCs to engage in discussion with their HAS in a more informed and confident way.
19 May	<u>Talking to Patients.</u> Ways of structuring contact with patients as a means of eliciting and understanding their views on, and preferences for, service provision.
27 September	<u>Effective visiting.</u> The different purposes and methods of visiting with a view to constructing

a visiting strategy and thus getting the most value out of them.

The cost is £15 per workshop including coffee, lunch and tea. Details from Kidderminster CHC, Burgage Lodge, 184 Franche Road, Kidderminster.

Family fortues - Adapting Support Services for Children in Changing Families, is the subject of a conference organised by the National Children's Bureau. It takes place from 13-15 March in Peebles, Scotland and will include items on coping with child sex abuse. Fees, on a sliding scale, are from £49 plus VAT and details can be obtained from the Bureau at 8 Wakley St, London EC1V 7QE. Tel (01) 278 9441. The first 100 applicants will be able to be accommodated at the reduced rate, strictly on a first come first served basis.

The Survey Research Centre is running a series of lectures on Aspects of Market and Social Research. They run from May 9 to June 23 and details can be obtained from Dr. William Belson, 58a Battersea Park Road, London SW11 4JP. (01) 720-4800.

The First "United Kingdom Healthy Cities" Conference will be held in Liverpool from 28-30 March. The Conference fee is £150 plus £33 for accommodation but there are a certain number of subsidized places available for those who respond speedily. Details from Dr. Alex Scott-Samuel, Liverpool Health Authority, 1 Myrtle Street, Liverpool L7 7DE.

Directory Changes

Page 22: Solihull CHC

New Secretary - Mr David Mattocks JP