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Association of Community Health Councils for England and Wales

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NEWS

NHS FUNDING

Proposals and pronouncements on NHS funding have been coming thick and fast over the last few months. As the Government conducts its private review, the rest of us either engage in or watch a more public debate. The Institute of Economic Affairs, the Centre for Policy Studies, Leon Brittan, ex-health minister Ray Whitney, the King's Fund and the National Association of Health Authorities have all published reports on the supposed need for structural change in the method of funding the NHS. Health Maintenance Organisations, hypothecated taxes, compulsory insurance, internal markets, vouchers encashable in the private sector, flexed budget resource management, lotteries and "hotel" charges have each been canvassed as solutions to the funding problem. The problem itself is seen as having various aspects: costs need to be contained; the method of resource allocation to different parts of the service is inefficient; there must be a means of increasing the total amount of money spent on health care without raising taxes. Some schemes claim to deal with all these problems, others address only one or two. The erstwhile members of the Royal Commission on the National Health Service have reminded us that these arguments were rehearsed in the Commission's 1979 report - in which it was agreed to keep general taxation as the funding base. In 1981 Patrick Jenkin commissioned a report on alternative methods of funding the NHS. It was completed, though never published. At the moment the "Times" is putting the hot money on HMOs (Health Maintenance Organisations) - based on an unattributed briefing from Downing Street. More sceptical commentators wonder if we should put such a straightforward interpretation on the tantalising scraps that are occasionally thrown to the press.

The Social Services Committee of the House of Commons was brisk and expeditious in its inquiry into the short-term financing problems facing the NHS. The report does not address the question of the need for structural change in the method of funding the NHS. Rather it proposes immediate measures to deal with immediate or imminent problems of cash shortages. The proposals include full central funding of national pay awards and an additional allocation of funds over two years to remedy an accumulated shortfall of £1.9 billion. This figure is arrived at by taking 1980-81 as a baseline and asking what should have been spent in each successive year if a 2% annual growth rate in real terms is the minimum required to maintain services, cope with demographic and technological change, and implement Government priorities. The Government immediately accused the Committee of pulling numbers out of a hat, though in this case the hat belonged to Barney Hayhoe, who acknowledged the 2% figure in a 1986 letter to the Institute of Health Services Management. With sensible caution the Committee points out that this figure is the only decent estimate available. If it can be improved on, so much the better. The Committee has now already started its inquiry into the long-term issues of NHS funding.

In a similar vein, the King's Fund report Health finance: assessing the options considers three options for 1988-89 expenditure. Its favoured choice would provide nurses with a 9% pay award funded by central government and a 2% real increase on 1987-88 expenditure. Although it does not propose that the cumulative shortfall since 1980-1 should be met in full, it does suggest that a further £400-500 million should be released to finance needed improvements in patient care. This amounts to approximately £700 million in the current financial year.

More recently the BMA has published the results of a survey into bed closures and NAHA has publicised research into the costs of locum doctors and agency nurses. The BMA survey of hospital consultants estimates that over 3000 acute beds were closed in England and Wales in the last year as a "response to present financial circumstances". Walsall Health Authority collected information on agency costs from 104 authorities. In some cases agencies were charging as much as three times the NHS rate. One authority had increased its agency spending from £14,000 in 1982/3 to £450,000 in 1987/8. NAHA recommends that budgetary controls are introduced to check this form of spending.

Finally for those who are tempted to cast the runes, it's worth looking at a speech of John Moore's to the Young Conservatives at Eastbourne on 13.2.1988. "We must not be afraid to consider all options in this area", he said. "We must not be trapped by dogma nor must we be trapped in the past". He continued with an enigmatic turn of phrase, "I want to keep that vision, the vision of a health service for all, free from fear of money needed at the time of health need."

First Legal Action Over HIV Infection

The first legal action in this country over a blood transfusion contaminated by the HIV virus has just been launched and a second is likely to follow very shortly. The claimant, a single woman in her twenties, is suing the driver of a car which knocked her down and if she is successful the driver's insurers will have to pay compensation not only for her injuries but for the fact that she became infected with the HIV virus when she had a blood transfusion. The second case is rather different. It concerns a man who received a blood transfusion because of an incorrect diagnosis. He, too, was given contaminated blood.

Both cases will pose complex and new problems for the courts. Neither of the two claimants has yet developed AIDS, although both are HIV positive. Lawyers are also considering suing the DHSS for not acting quickly enough to ensure the safety of blood transfusions and blood products but they are aware that this could be difficult.

Last year the government agreed to give £10M to the Haemophilia Society to help haemophiliacs who had developed AIDS from contaminated Factor 8. However, in spite of this some 50

haemophiliacs and wives who have become infected are about to issue writs against John Moore and the Committee on the Safety of Medicines. But, so far, the government is refusing to offer any financial assistance to non-haemophiliacs who have become infected through blood transfusions. At least eleven people have been infected, according to official figures, and nine of them (seven men and two women) have developed AIDS and all but one have died. The survivor is a single parent with four children who lives in Birmingham. She contracted AIDS after a blood transfusion given to her in 1983 following an ectopic pregnancy. Her case has been taken up by MP Clare Short who wants to know what will happen to her children when she dies. Commenting on the case an AIDS specialist said: "At least the haemophiliacs have an organisation to fight for them. The poor people who got infected through blood transfusions have no one". The comment of the DHSS, via Anthony Newton, is that compensation in such cases is "not appropriate".

Government Restraint in Contracting Out

Rumours that the Government were to force health authorities to put pathology, ambulance services, pharmacy and other parts of the NHS out to tender are unfounded according to John Moore, Secretary of State for Social Services. Speaking at the Manchester Business School, Mr Moore said, "We have no central initiative in mind to extend the range of services subject to mandatory tender action, since it is clear that managers can and will use this powerful tool without regular prompting from Whitehall". (Independent 29.2.88)

Trust Fund to Help Disabled People - "A Tragic Decision"

RADAR (The Royal Association for Disability and Rehabilitation) along with other major disability organisations has condemned as "a tragic abdication of responsibility" a new government scheme which places financial help for severely disabled people on a discretionary footing outside the main social security system. The scheme, announced in the House of Commons on 9.2.1988, by Nicholas Scott will set up a Trust Fund to be managed by the Disablement Incomes Group and its Scottish equivalent from which they will make payments to those very severely disabled people who need extensive help to live independently. RADAR is extremely concerned as the scheme will be cash limited and the DHSS estimate that only a very small number of people will be eligible.

George Wilson, Director of RADAR says: "Thousands of people will lose under the new system. Yet the Government only seems prepared to help less than 300 people. RADAR believes that the government has seriously underestimated the number of people affected. Because the scheme is a Government Fund, managed by a voluntary organisation, there will be no Parliamentary scrutiny of the regulations and we can see the Scheme running into serious difficulties. The Scheme treats severely disabled people as

Second Class Citizens, not important enough to be part of the Welfare State System. I believe that it could well be the first move towards transferring responsibility for all disability payments to voluntary organisations."

Disabled Persons Act - Where Is It?

The Disabled Persons Act received the Royal Assent on 8 July 1986. Seventeen months later - where is it? This is the question being asked by ACT NOW, a Steering Committee set up to press for the full implementation of the Act. It is made up of representatives from 35 voluntary organisations and they are pushing for all of the Act to be implemented and quickly. ACT NOW has produced a leaflet giving a range of advice on how to bring pressure for the Act to be implemented. Details from David Parratt, RADAR, 25 Mortimer St, London W1N 8AB,

Evidence on Irradiation - It's Still Secret

The London Food Commission, while welcoming the government decision to keep the current ban on irradiation of food, has called for the expert evidence to be made public. Public pressure was such that Edwina Currie, the Under-secretary of State, announced that the ban would continue because abuses could not be prevented. Nevertheless she accepts the view of her Advisory Committee that irradiated food is safe. The London Food Commission has said that the public will not be persuaded to accept these assurances unless they see the evidence for safety. The EEC is currently considering a draft directive which would compel all EEC countries to permit it, despite a decision of the European Parliament in 1987 not to give general clearance "on precautionary grounds".

The Drug Trap

For years now, it seems, responsible individuals and organisations have been banging on about drug addiction and pointing out that the average drug addict is likely to be a respectable older woman and she has been made an addict by being given endless repeat prescriptions for tranquillising drugs. The results of a recent pilot study into the physical and psychological health of long-term benzodiazepine users in one GP Practice (BMJ Vol. 296 27.2.1988) bear this out.

The study looked at the psychological and physical self-reported ill health of a population of long term (one year and more) users of this family of tranquillisers in a south London general practice. Of the self-selected sample, three times as many women were on long term prescriptions as men and of the whole sample 73% were working class and 40% lived alone. The average length of time they had been on the drugs was five years. A small proportion were taking more than one tranquillising drug. 80% claimed they had been started on the drugs by their GP and 83% of

the sample took them once a day. A proportion were also on other drugs for physical conditions such as cardiovascular disorders.

"There is evidence", continues the report "that long term users of benzodiazepine and other tranquillisers report high levels of emotional distress", which is ironic because the survey also showed that the majority of those using them had been prescribed them for depression in the first place although the patients had first sought help for physical rather than psychological disorders. The findings continue the authors "give little support to the popular stereotype of the long term tranquilliser user as being a young woman with a host of social difficulties". Long term treatment with benzodiazepines is not necessarily optimum management, it concludes, but "may reflect the realities of General Practice".

Using these figures the BMJ concludes that if they were applied across the UK, they would show that up to 1.6 million people are regular takers and that in many cases the drugs will not alleviate the conditions for which they are prescribed. In a separate analysis, doctors at Nottingham University Medical School say that up to a million old people take a sleeping pill every night although experts reckon they lose their effectiveness within three to fourteen days of continuous use. "From our data, therefore, it seems that many users of hypnotic drugs are unnecessarily exposed to the risks of drug accumulation or daytime withdrawal effects."

However, those harmed by tranquilliser use and others are taking a radical step against inappropriate and over prescribing. Eighty firms of solicitors across the country are getting together to sue the drug companies and doctors for negligence in supplying drugs increasingly known to be addictive on behalf of some 1000 drug users. It will be the biggest court battle of its kind ever mounted. Tranquilliser use has fallen from its 1979 level but it is still very high indeed. The latest figures (for 1985) show that 26 million prescriptions for valium and similar substances were written during that year. Benzodiazepines are the most commonly prescribed type of drugs and it is now certain that comparatively short periods of use have been linked with a range of side effects, including personality changes.

But it is not enough for people just to be refused drugs, they need real help and in February a new unit, the Slade Road Tranquilliser Unit, was opened in Birmingham specifically to help users come off by using psychological methods. There is no argument now that these drugs are addictive and the Committee on the Safety of Medicines and even the drug companies are, belatedly, giving public warnings but the prescribing still goes on. No one underestimates the difficulties those suing will have, especially in the light of the Opren case which showed all too clearly how our laws in this country lag behind those of the States.

(The Times 18.2.1988, Observer 14.2.1988, Observer 21.2.1988)

Leukaemia and Nuclear Power

The link between childhood leukaemia and nuclear installations based on the discovery of clusters around various installations at rates higher than the national average, has been challenged by a report by the National Radiological Board (NRB)* and a study published in the Lancet (6.2.88). The NRB claim that whilst the carcinogenic properties of radiation may be greater than previously thought the local radiation levels in the Seascale population and environment were still many times too low to account for the number of leukaemia cases. Work done by researchers from Manchester and Newcastle universities reported in the Lancet showed clusters of childhood leukaemia not previously identified and the largest of which being 35 miles from the nearest nuclear installation. Both groups are looking to other environmental factors, possibly pollution related, as the cause for leukaemia clusters.

*The Risk of Childhood Leukaemia near Nuclear Establishments.
Published by HMSO.

PARLIAMENTARY NEWS

Asked about the possibility of legislation being brought in to empower CHCs to visit private homes, Edwina Currie responded by informing the House of Commons that it had been agreed "with representatives of the private sector" that CHCs can have access to appropriate parts of premises where NHS patients receive services under contractual arrangements but there are no plans for legislation for anything else. (Hansard 5.2.1988)

FROM THE JOURNALS

Incontinence

This is a sensitive, under-discussed and very common problem. According to Health Trends (Volume 20 1988) at least 10% of women suffer two or more episodes of urinary incontinence per month and 12% of people in the 75 years and over age bracket have urinary dysfunction, with 8% suffering from severe incontinence. A little under 50% of DHAs do have special advisers who can offer assistance to those who have to deal with the problem, such as GPs and community nurses and, indeed, to those attending urinary clinics. Methods can include exercise and, sometimes, surgery. It is, says Health Trends, a "profound social problem aggravated by the shame and embarrassment which accompanies it". ACHCEW will be happy to inform any CHC who wants to know if their DHA has such an adviser.

And A Fresh Look At Other Kinds Of Drugs

The Journal of the Royal Society of Health has published a paper

based on a lecture given by Dr. Philip Fleming, Consultant Psychiatrist and Director of Wessex Regional Drug Dependency Services which he gave recently to the Royal Society.

In this sensitive and, with the onset of AIDS, timely article, Dr. Fleming discusses firstly the three categories of users - those who experiment, those who use drugs for recreational purposes and those who have become dependent. "Drugs" in this context also mean drink and tobacco. Experimental drug use produces risks due to lack of knowledge about the drugs effects which can result in accidents. Recreational or controlled drug use can vary from alcohol to heroin. Dr Fleming gives the example of a client who used heroin at weekends for ten years, until a crisis in his life led to increased use and eventual addition. The problems of dependent drug use, especially on hard drugs, can be financial, legal, medical and social.

Dr Fleming outlined three areas in which drug users can be helped: harm minimisation, coming off drugs and staying off drugs. Harm minimisation means reducing the problems that arise as a result of drug taking, in situations where drug use is taking place ie. warn solvent abusers not to put plastic bags over their heads, clean needle schemes, and substitute prescribing. Irrespective of the problems of drug use the motivation to get off drugs is not a fixed quality but rather "a changing condition, the basis of which is each individual's weighing up for himself/herself the costs and benefits of continued drug use". Part of the task of a drug counsellor is to foster this motivation. However, it must also be accepted that a ex-user may return to drugs through a revaluation of the costs and benefits of drug use. Dr Fleming also points out that the ex-user may have difficulty facing situations without the use of drugs and needs further support in these areas if a relapse is not to occur, ie. coping with relationships, feelings of anger, depression or anxiety, being assertive, saying 'no' to old friends on the drug scene, finding occupation ie. employment or non-drug scene contacts.

It is often thought", concludes Dr. Fleming "that the outlook for drug users is not very good. Although it is sometimes necessary to take a long view, we can be optimistic; most drug users eventually get off and stay off their drugs".
(Journal of Royal Society of Health. Volume 108 No. 1 Feb.1988)

AROUND THE CHCs

Kidderminster CHC has sent us what is described as "yet another report on trials besetting one corner of the NHS". A visit to two local geriatric unit showed an under-used occupational and physiotherapy room (CHC members never have seen it in use!) in one and, in the other, "awful conditions" in "this outdated, cramped and in parts dilapidated building", a building in which

elderly people live out the last months and years of their lives. The devotion of the staff, says the CHC, is obvious but it must be demoralising for them to "continually try and put into effect good practices in such awful conditions". Meals have to be taken within a few feet of beds and in order to provide something approaching a day area, beds have to be cramped together hardly two feet apart. There are no dividing curtains. Plans for improvement are shelved awaiting a new building programme but, says the CHC "this cannot go on much longer. Patients have a right to expect better than this in their declining years, and staff have a right to expect to work in decent surroundings". The report makes dismal reading. A copy has been sent to the MP for Kidderminster asking for him to do something about it and another has gone to the HAS.

Rochdale CHC is claiming a victory following a government proposal to alter labelling on all medicines. Two years ago, following reports of allergic reaction to colourants in some children's medicines, Rochdale Healthwatch wrote to the DHSS asking that information sheets should be available at chemists' shops listing all the constituents of medicines. At the time the DHSS said this information was commercially confidential but it seems that they have now changed their minds by announcing the publication of proposals which would require that all medicines should have clearer label warnings and instructions, more information about composition and manufacturer site identification. Consultations are taking place on what should be covered on the information sheets but generally CHCs do not appear to have been involved in this. Any CHC wishing to obtain the consultation document can do so on request from Ms E Hopkins, Room 2108A, DHSS, Market Towers, 1 Nine Elms Lane, London SW8 5NQ. Letters supporting the general proposal can also be sent to Ms Hopkins.

Still with Rochdale, depressed by lack of any apparent commitment by the DHA and local authorities in the area to create an Alcohol Abuse Service, the Council for Voluntary Service and the CHC have sent an open letter to local brewers, distillers and major sellers of alcoholic beverages (including supermarkets) asking for some financial support for an Alcohol Information and Counselling Service. Secretary David Dawson says: "Everyone in the field of alcoholism treatment is depressed at what is not happening in Rochdale. The Council and DHA have repeatedly failed to do anything without being given extra money. The cost of alcohol dependency in a place like Rochdale is massive - far more than AIDS or drug abuse - in terms of ill-health, crime, social disorder and family breakdowns as well as all the road accidents associated with drinking too much."

Problems with Hypnotherapists

North Tees CHC are currently investigating an organisation, called the Institute of Hypnotherapy and Parapsychology, operating in their area. The CHC are concerned primarily by the dubious marketing methods of the Institute, but also because there appear to be no recognised professional standards for hypnotherapists.

This particular Institute offers training courses in hypnotherapy to unemployed people for £4000, which can be repaid from subsequent earnings, advertised as a potential £20,000 per annum. In an area of high unemployment, such as the North East it is understandable that people respond to this offer. The high levels of stress also associated with unemployment may mean that many turn to turn hypnotherapy for relief. Whilst such therapy may benefit some people, the CHC are concerned that the "Institute's" therapists may not be properly trained, charge high fees and also dabble in dubious therapies such as near-death and out-of-body experiences. The founder of the Institute a Mr P Goodwin has taken to calling himself Doctor, even though he has no medical or postgraduate qualifications of any sort.

As a result of CHC representation to the Advertising Standards Authority (ASA), Mr Goodwin has been advised that he is not entitled to use the title "Doctor" and that to do so in his advertisements may constitute an infringement of the ASA's rules. Mr Goodwin has so far ignored this advice. The local trading standards department has also taken up the investigation as has BBC's "Watchdog" programme.

Mr Goodwin is known to work in other parts of the country and North Tees would be grateful for any information other CHCs may have.

The problems currently being experienced by North Tees illustrate the need for some form of recognised standards within hypnotherapy. After briefly scanning the directories of alternative therapists, there appear to be at least a dozen "British Societies"/"British Associations" and "UK Colleges" of hypnotherapy and psychology; all claiming to be the representative organisation. All offer training courses and their own diplomas and there seems to be no way to differentiate between the responsible and the bogus operators. There are, therefore, no recognised channels for complainants against hypnotherapists except through common law.

In 1978 the Royal Society of Medicine inaugurated a new section, the British Society of Medical and Dental Hypnotherapists, which represents only medically qualified doctors and dentists who acknowledge the benefits of hypnotherapy as a medical tool in treating some patients. The Society's Secretary told ACHCEW: "There is no recognised diploma in hypnotherapy and no law against anyone setting themselves up as a therapist. The Society advises people to avoid therapists who advertise in local papers etc and those who claim degrees and diplomas in hypnotherapy." As a long term objective the Society would like the medical profession and academic bodies to come together to establish a recognised training course and qualification in hypnotherapy.

It may well be that these problems - lack of any recognised standards and qualifications - beset other fields of alternative medicine, leaving the consumers task in finding a responsible and

competent therapist increasingly difficult. This is an area, which ACHCEW intends to research further.

CHC PUBLICATIONS

Rhymney Valley CHC - Maternity Services Survey The CHC conducted this survey because of its concern over a number of complaints made by patients about conditions at the Maternity Unit in Caerphilly Miners' Hospital and because of the difficulties the DHA was experiencing in trying to attract midwives to the unit to make up a shortfall. Information was taken directly from patients.

During the period covered by the survey there was a severe shortage of midwives which caused a variety of problems. But the most common complaints were long delays in waiting for the first ante-natal examination - up to sixteen weeks in some cases and criticism of the waiting times and the appointment system at the ante natal clinic. The CHC had already received many complaints about this and considers average waiting times of from one to one and a half hours to be unacceptable. Patients also complained of lack of continuity in care and not seeing the same doctor and the CHC, while recognising that this might be difficult, felt that every effort should be made to ensure a one to one relationship during pregnancy. At the very least it saves the patient having to continually repeat the same information to different doctors. Other complaints included lack of support or information regarding patients' family responsibilities, especially during the times that they would be admitted as in-patients and this should also be given serious consideration. All in all this is a very good report and Rhymney says there are a limited number of copies available from them at £5, to cover re-print and postal charges. Cheques should be made payable to Rhymney Valley CHC.

Gt. Yarmouth and Waveney CHC has published a report of a Conference it held on "Health for All by the Year 2000" last December. The CHC invited members and officers of the DHA, the Local Authorities, the FPCs, and voluntary/community organisations to the conference to stimulate local action on the objectives of HFA 2000. Following speakers in the morning, participants broke into workshops according to their organisational background. Firstly individuals in each group were asked what they were doing to promote health in their own work and as part of their organisation. Small groups were then formed to consider how the aims of HFA 2000 could best be achieved. Recommendations for action, which could easily be translated to any health district, are written up in the report. This was a really well-structured conference (aided on the day by district health promotion officers) and is an example of the constructive role that CHCs can play in stimulating the incorporation of health promotion policies across a wide field. Perhaps other CHCs could copy the format.

Barking, Havering and Brentwood CHC has published a brief report of a survey on ante-natal clinics at Rush Green Hospital. This, too, notes complaints about waiting times and calls for, among other things, the provision of creche facilities and an ample supply of reading materials for those who have to wait.

North West Durham has published a report on a consumer survey on the NHS within N.W. Durham, which the assistance of the Manpower Services Commission. The aim was to represent the views of the actual users of the service to the Health Authorities, indicates areas of further research and provide an overview of the use of services and experience of ill health in the district. The report is not meant to be prescriptive but descriptive hence there are no solutions to the problems identified. The survey covered six main areas; primary care, the elderly, carers, out-patients, inpatients and maternity care. A demographic profile was also constructed and interviewees were asked about their previous awareness of the CHC. A major section covers the survey methodology, detailing how the adult members of 963 households (representing 1,199 individuals, 1.7% of the area's population) had been interviewed over nine months by a team of six part-time workers. The findings will no doubt prove an invaluable tool in securing improved health provision. It would be useful to any CHC either considering such a major undertaking or any part of its brief and those interested in seeing a copy should contact North West Durham CHC.

GENERAL PUBLICATIONS

The Cervical Cancer Campaign Factsheet, is a free booklet produced by TV-am with the help of BACUP, Cancerlink and the Women's National Cancer Control Campaign. The leaflet is easily readable, informative and aims to enable women to be assertive in their position as patient. Strong emphasis is given to voluntary organisations and the help they can offer. There is a county by county list of support organisations as well as a list of national ones. Multiple orders are available to voluntary organisations and health workers. For copies of this excellent booklet contact: Sylvia Sheriden, Community Liaison Officer, TV-am, Hawley Crescent, London NW1 8EF.

Old and Cold is another TV-am leaflet, this time aimed at elderly people, offering advice and information on ways to improve heating in a cost effective way (information on grants and extra payments is also given). The print is large and well spaced for easy reading. The "Further help section" gives details on telephone-helplines and voluntary organisations which offer help to the elderly with heating. Copies available as above.

NAWCH (National Association for the Welfare of Children in Hospital) has produced a Quality Check List based on the NAWCH Charter launched in 1984. Described as the "most innovative and valuable tool for the psychosocial aspects of care for children in hospital and their families in the UK" by RCN adviser in paediatric nursing, Sue Barr, the list covers HA policy,

information to parents and children, privacy, dignity etc. The check list produced in a "YES\NO" format, enables the user to monitor the degree to which good practices in the care of children are being achieved in any particular hospital. Copies are available at £4 each or 10 for £30 from NAWCH, Argyle House, 29-31 Euston Road, London NW1 2SD.

It's now March 1988 and women are still sitting in at the Bolitho Maternity Hospital in Penzance, as they have for the last four months, trying to prevent its permanent closure. Presumably triggered by women's enthusiasm in opposing such decisions, AIMS (The Association for Improvements in Maternity Services) has published a paper called How to Oppose a GP Unit Closure.

It is a step-by-step guide to help those who want to keep their local GP maternity unit open; pointing out that the most common reason for closure is money. It tells those who want to protest how to plan their campaign. First they should try and find sympathetic professionals (although it says you should not be surprised if this is not forthcoming as an HA might well have issued an edict to midwives forbidding them to involve themselves with such issues), then contact the Radical Association of Midwives and similar organisations.

Next they should contact their local CHC. We are, says AIMS, "the ONLY body with a right of access to the Secretary of State" which can oppose closure. However as CHCs have to offer viable alternatives, as much research and help should be offered as possible to help the CHC in its task. It is important to get the CHC involved and "on your side" not least because it can get hold of relevant statistical information. However, AIMS - whether or not from past experience - also claims that some CHCs can be as reluctant to get involved as their HAs and AIMS members should turn up and ask questions at CHC meetings on the lines of "why it is the CHC, which is meant to be the public watchdog, is failing in its duty to fully investigate this issue? The press will love it and you will probably make the front page of the local paper the following day" (!!)

Passing over this (and hoping it isn't necessary) the paper makes sensible suggestions on how to tackle the DHA, RHA, local MPs, the Press, etc. and what information is needed on the medical, social and practical side to fight a successful campaign. It is a useful document for those who want to put up a fight and who are not members of CHCs. It costs £2.50 and is available from AIMS, 40 Kingswood Avenue, London NW6 6LS.

Informing health consumers is the title of a detailed review of consumer health information needs published jointly by the College of Health and the British Library. It looks, first, at the extent and causes of that need, via analysis of current research findings and through discussion with groups of consumers established specifically for the review. The review concludes that many people are dissatisfied with the amount of information they receive from doctors and other health care staff - either because the full facts are simply not given, or because most of

the information is given at a time when patients are in no state to assimilate it. The main area on which people require more information is specific medical conditions. Many people seek information to supplement that offered them by medical staff. There are some draw backs to this as information may be misleading, out of date or too technical. The study calls for a network of consumer health information services, rooted in the NHS to provide information on a broad spectrum of health matters, as well as other services such as data-banks of national and local self-help groups, patient libraries and enquiry services to respond to specific requests. An analysis of two current consumer health information services was carried out which concluded that although they performed an extremely useful function, the present level of funding - and hence staffing - was insufficient to provide the kind of service needed. The report proves the need for such a service, logically sufficient funding should follow.

* Informing Health Consumers by Elaine Kempson is available from the College of Health, 2 Marylebone Road, London NW1 4DX for £5.

According to the Royal College of GPs, the minimum amount of work in general practice associated with emotional disturbance is now to be about 7% but some GPs think it is as high as 30%. Yet it is very difficult for a busy GP to spend the necessary time with such a patient. A few, however, recognising the problem, have taken on counsellors to help. The Royal College has, therefore, published a paper The Work of Counsellors in General Practice, which explores both the advantages and disadvantages of having a counsellor in general practice, based on visits to fourteen practices and discussions with seventeen counsellors. This is an area of work with great potential for expansion, not least because early identification of emotional problems may prevent more serious disturbances and the use of a counsellor may avoid psychiatric referrals. The paper is available from the Royal College's Central Sales Office, 14 Princes Gate, Hyde Park, London SW7 1PU Price £3.50.

North Birmingham HA has developed a relax pack aimed at helping people, including NHS staff cope with anxiety and stress. It has been developed in response to requests from GPs who want alternatives to tranquilliser prescriptions. It costs £3.95 which includes leaflets, a cassette tape, and other material all aimed at helping people to control their anxiety and so feel better. The price, the HA points out, is slightly less than for one prescription of valium and is far less harmful! If you want to order a copy or find out more about it ring Mr. D. Chester on 021-355-6031. ext.157.

In Preventing Mental Illness, published by MIND, Dr. Jennifer Newton, Mind's Prevention Research Officer, reviews the literature relating to prevention and focuses on depression and schizophrenia as examples of what might be possible. She summarises what is known about their distribution and causes, and considers the extent to which it may be possible to prevent their onset or recurrence. The book, which costs £25, is published by Routledge Kegan Paul and can be obtained from any bookshop.

Re Shaping the National Health Service edited by Robert Maxwell (the Chief Executive of the King Edward's Hospital Fund) is one of a series of Policy Journals published by an organisation called Transaction Books. A compilation of eleven papers written by various researchers in health and economics, the book seeks to provide an assessment of changes in NHS management since 1979 in the context of the Conservative government's aims and objectives. The two broadest conservative aims are identified as cost effectiveness and consumer choice, although referred to frequently, neither remain unchallenged at least in some of the articles. Authors enlarge upon what they see as the governments aims ie. "dilution of union power, efficiency in public services and creating opportunities for the expansion of the private sector". However, it is only in the chapter entitled "Managing the Capital Programme" that direct reference to the negative effect of financial restraints on the implementation of management plans is made.

The individual papers are more objective than the unfortunate wording of the introduction may lead one to believe. The articles look at a broad range of NHS initiatives in various areas such as purchasing supplies, primary care, general management, employment policies, contracting out, estate management and community care (chapter entitled 'off-loading responsibilities for care'). Last but not least there is a chapter on independent consumer representation, centred on the history and workings of CHCs. Ellie Scrivens, author of the article and a lecturer at the London Business School, says "CHCs have survived. Their role is somewhat imprecise, their style and performance variable, and their finances weak. But they are, whatever their weaknesses, the only official consumer watchdog organisation around".

In the introduction it is claimed that the 1979 report of the Royal Commission on the NHS was "backward looking, or seems so in 1987, for it reasserts the soundness of the principles on which the national health service was founded, with little premonition of the different era into which the Welfare State was about to move". However, the book itself does not discuss the funding of the health service resulting in an incomplete analysis of the government's objectives for the NHS, whilst remaining instructive on the recent history of NHS management. The book, which costs £25 for 199 pages, is obtainable from Policy Journals, The Old Vicarage, Hermitage, Newbury Berks RG16 9SU.

Action for Health - Initiatives in Local Communities is published jointly by the Community Projects Foundation, Health Education Authority and the Scottish Health Education Group and aims to compliment the Guide to Community Health Projects produced by the recently established National Community Health Resource. Through looking at 25 "experienced" projects the establishment and running of projects as well as some of the key issues which will be encountered, such as access and accountability, the needs of the elderly and of ethnic groups, are discussed. A useful handbook for anyone interested in the field. It is available from the

Health Education Authority, 78 New Oxford St, London WC1.

A new report* on the social causes of cancer published by the OPCS identifies, amongst the more well known cancer risks, a lack of green and yellow vegetables as an important dietary component effecting the causation of cancer. Apparently green and yellow vegetables along with various essential nutrients have a "protective effect" against cancer. Needless to say those in the highest income groups consume most vegetables and fruit and those in the lowest income groups the least. However, the report shows that social class is not a defence against all types of cancer, with, for example, brain cancer and hodgkin's disease more frequent in higher social classes.

*Longitudinal Study - Social Distribution of Cancer by David Leon of the London School of Hygiene and Tropical Medicine. Series LS no3. HMSO. Price £9.80

The Management Response to Childhood Accidents has as its main themes the importance of epidemiological analysis of accidents and the multidisciplinary approach to their prevention. The author looks to the setting up of local multidisciplinary groups responsible for designing the environment to be safe for children. The groups would include voluntary organisations as well as local authority staff, ie environmental health and road safety officers, as well as planners, architects etc.

*The Management of Childhood Accidents by P Constantinides. Price £3.50 (inc P&P) from the Kings Fund Centre, 126 Albert Street, London NW1 7NF.

The prevention of childhood accidents is the subject of a free HEA research report Health Visiting and Preventing Accidents to Children. The report is described by Sir D Acheson in his forward as making "sound suggestions for improving, monitoring and following up accidents and provides examples of effective approaches to prevention. The challenge to NHS staff is to apply these lessons more widely and lay a firm foundation for collaborative efforts to reduce accidents to children".

*Health Visiting and Preventing Accidents to Children (Research Report no 12) by P Laidman. Free from the HEA, 78 New Oxford Street, London WC1A 1AH.

NAHA has published an index of over 200 new income generating schemes operating within the NHS from retailing opportunities and fund raising to commercialisation of NHS services... It's available from NAHA at 47 Edgbaston Park Road, Birmingham B15 2RS and it costs £6.

Also from NAHA, a paper on the "rights of people with mental handicaps to live as ordinary citizens". NAHA argues that unless issues such as income, employment, housing and leisure are addressed the rights of people with mental handicap will be denied. Called Steps to Independence it is available from Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

Keeping it Local is a new wall chart from MIND showing how mental health services can be run. It details the needs of a

typical population of 60,000 and includes principles for the sort of service Mind says should be provided, ways in which existing staff from differing agencies can work together and provision for all users of the services.

* From MIND Mail Order, 4th Floor, 42-31 Stephenson Way, London NW1 2HD Price £1.20.

Mental Hospital Closures, sub-titled What the Run Down Means to People with Schizophrenia and To You, is published by the the National schizophrenia Fellowship and SANE (Schizophrenia: A National Emergency). It paints a grim picture of what is in store as the mental hospitals close down without adequate alternative provision being made. Some of the other kind of alternatives are, listed as: prison, squalid bedsits, back to Mum, sleeping rough or even suicide. Areas of action needed to stop deterioration in the life styles of people with schizophrenia are also listed along with several examples of good practice.

*Available from the Fellowship at 78 Victoria Rod, Surbiton, Surrey KT6 4NS. Free with SAE.

The Alcohol Counselling Service has produced a new leaflet aimed at gay men and lesbians who are worried about their drinking. They are also offering a new counselling service every Tuesday evenings. Copies of the leaflet and further information about the service, can be obtained from the Alcohol Counselling Service, 34 Electric lane, London SW9 8JT. Tel: (01) 737-3579 or 737 3570.

Working Women's Rights - An Update, is the first guide to pregnant women's rights at work with details of the new benefits payable from this April. It gives details of statutory maternity pay, maternity leave, time off for antenatal care, maternity allowance, maternity payments from the new social fund and job protection. Available from the Maternity Alliance, 15 Britannia Street, London WC1X 9PJ. The guide costs 10p for bulk orders, inc. p & p. or free with an SAE for single copies.

A new publication Guide to Mobility Allowance is available from the Disability Alliance, 25 Denmark Street, London WC2H 8NJ price £2 or £1 if you are a claimant.

A guide* to the Registered Homes Act has been published by the National Federation of Housing Associations (NFHA) and the Special Needs Housing Advisory Service (SNHAS). The voluntary sector welcomed the Act in the hope it would stamp out abuses and lead to an improvement in the quality of care in residential homes but experience appears to show that many registration authorities have relied on outdated and traditional concepts of residential care which ignores the philosophy of voluntary sector schemes and worked against innovative housing. The guide is means as a tool for negotiation, as the regulations are open to local interpretation. Some voluntary organisations have been able to negotiate more appropriate standards for their schemes and a couple have successfully challenged a registration authority's decision using the tribunal system.

*Guide to the Registered Homes Act from NFHA, 175 Gray's Inn Road, London WC1X 8UP. Price £6.50.

Nothing Special is the title of a report from the National Federation of Housing Associations which looks at a cross section of housing schemes providing for people with special needs. Many of them have been developed in partnership with voluntary organisations.

* Available from the NFHA, 175 Gray's Inn Road, London WC1x 8UP. Price £3.

INFORMATION WANTED

We have been asked by South Beds CHC to find out about the development of health care associations for neighbourhood nursing. N.E. Thames has allocated funds to S. Beds HA for the development of neighbourhood teams. The CHC wants to ensure the ideas on consumer involvement contained in Cumberledge are not ignored. If any CHCs know of, or are involved in, similar developments in their own district, could they please let ACHCEW know?

Richmond Twickenham and Roehampton CHC are concerned about the way the continence service is being run in their district. Draw sheets and disposable sheets are no longer being received by patients in the community and their carers. These are, according to the DHA, unnecessary if body worn incontinence aids are supplied. However, the CHC have also received increasing complaints about the delivery and disposal of body-worn aids to continence. The CHC would be very grateful if other CHCs could supply them with information about the position of continence services in their districts and any ideas for pressing for a better service, as soon as possible.

Rochdale CHC says that the DHSS has earned itself the nickname "the Department of Stealth and Total Obscurity" because of the delays in replying to letters from CHCs and others and for the large number which it is claimed were 'not received'. ACHCEW would like to know of problems that other CHCs might have had in this regard.

COMING EVENTS

West Birmingham CHC is to hold a Seminar for CHC Members on District Ethical Committees. It will be held on 21 April at a venue close to New Street station in Birmingham. The format will be one of discussion and exchange of experiences, rather than presentation and prescription but it is hoped that among the areas covered will be - review of composition, modus operandi and how decisions are made; assessing confidentiality and consent procedures; working with special groups; types of procedure; exclusions; compensation arrangements; monitoring. West

Birmingham CHC proposes to cover the cost of accommodation and food and to publish a report in due course. Those attending from other CHCs should, therefore, have to meet only their travel costs (plus overnight stay where necessary). As West Birmingham has now idea how great the demand for places will be, they would appreciate early indications from CHCs who are likely to want to take up a place.

A Symposium on Cancer in Women is being held by the Tenovus Cancer Information Centre and the Women's Cancer Control Campaign on Wednesday 27th April in Cardiff at the University of Wales. The conference, entitled "A health concern", costs £15.00 with an optional £5.00 for lunch. Further information is available from the Tenovus Cancer Information Centre, 11 Whitechurch Road, Cardiff CF4 3JN. Tel 0222-619846.

The Institute of Health Services Management is organising a conference on 31 March on Management and Medicine - Collision Course or Collaboration? It will take place at the Royal Lancaster Hotel in London and costs £75. Details from the Institute, 75 Portland Place, London W1N 4AN.

A very under-discussed issue is the theme of a one day workshop to be held at Lady Anne Middleton's Hotel in York on 19 April next. It is Coping with Sudden Death and is being run by Bob Wright, Senior Charge Nurse in the Accident and Emergency Department of Leeds General Infirmary. He lectures internationally on crisis theory and is a trained and practising counsellor. The workshop will offer the opportunity to consider the crisis and process of bereavement from the point of view of the helper and to look at ways of coping. Among the spate of pricey conferences it is encouraging to note that this one costs only £20, including coffee, buffet lunch and tea! Details from Summerfield Conferences, Summerfield House, Outwood Lane, Horsforth, Leeds LS18 4HR and you are advised to book early.

The King's Fund is running a study day for professionals and self-help groups aimed at both informing them and helping them achieve their potential. It takes place on 20 April at the King's Fund Centre, 126 Albert St, London NW1 7NF and costs £25. Details and registration forms from the NCVO, 26 Bedford Square, London WC1B 3HU who are part sponsors.

Another King's Fund conference is Making the NHS More Responsive to Its Users and this takes place on 27/29 April. The event will consist mostly of workshops which will be examining different aspects of the subject and special emphasis will be given to the work of Community Health Councils. The fee is £250 for one person and £220 and £180 for second or other persons coming as a team inclusive of accommodation, tuition and meals. (£40 discount for non residents). Details from Programme Support Unit, King's Fund College, 2 Palace Court, London E2 4HS.

The Disability Alliance has sent us the following list of its courses:

5 May	<u>Attendance Allowance - Practice and Tactics</u>
16 May	<u>Mobility Allowance*</u>
23/24 May	<u>Income Support, Housing Benefit and the New Social Fund</u>
31 May	<u>Benefits and Community Care</u>

All take place at the 336 conference Centre, 336 Brixton Road, London SW9 7AA except for the one marked * which will take place at the Spastics Society, 12 Park Crescent, London W1N 4EQ. Both venues are fully accessible. One day courses are £40, two day £70 with reductions for under-funded organisations. Details from Training Assistance, Disability Alliance, 25 Denmark St, London WC2H 8NJ.

Great Expectations is the title of a one-day seminar to be held by the Institute of Social Welfare at the Ladbroke International Hotel, Birmingham on 10 May. The sub-title is "What do the Health Authorities and Social Services expect of each other and what does the 'man in the street' think?" The fee is £32. Details from Secretary, 239 Weston Road, Stafford ST16 3SL and completed forms should be returned NOT LATER THAN 29 APRIL.

To commemorate its 100 years of existence, the Journal of the Society of Community Medicine is organising a conference on Public Health Matters on 25 May at the Royal Society of Medicine in London. The cost, if you book before May 19 is £30, £35 if you leave it to the last minute! Details from Dr. P.A. Gardner, Society of Community Medicine, 31 Battye Avenue, Huddersfield HD4 5PW.

I don't want to die, I just don't want to live, is the title of a one-day symposium organised by The Samaritans also on 25 May. It is specifically geared to looking at society's response to suicide. In 1986 nearly 5000 people took their own lives, many of whom did not want to die but simply found their circumstances had become unbearable. The cost, including conference documentation and lunch, is £45. Details from The Samaritans, 17 Uxbridge Road, Slough, SL1 1SN.

Changing Children's Services is the title of a 25th Birthday Study Conference organised by the National Children's Bureau at the University of Manchester Institute of Science and Technology on 28/30 June. It appears to be very comprehensive and details can be obtained from the Bureau at 9 Wakley St, London EC1V 7QE. £63.25 non-residential, £109.25 residential for statutory organisations, £97.75 for voluntary organisations.

The National Children's Bureau are also holding a programme of seminars throughout the year, including on May 5th Food and Chemical Sensitivities in Children and on June 8th

Confidentiality and Informed Consent: Developments and Challenges for Families and Children with Disabilities. Further details as above.

The King's Fund is running a series of seminar for health authority chairmen and members. One which should be of particular interest is Working with Others: DHAs, FPCs, CHCs and Local Authorities. It takes place on 27/28 October next and the cost is £145. As places are limited to 20, early booking is advised. Details from King's Fund College, 2 Palace Court, London W2 4HS. If you want to discuss the seminar in more details please contact Terry Hanafin or Mary Wicks on (01) 727 0581.

May 15-20 has been designated National Smile Week for 1988 and aims to 'bridge the gap' in communication between dentist and patient. The British Dental Health Foundation, organiser of the week, hope that dentists across the country will participate in an "OPEN HOUSE" initiative, when surgery time is kept free and the public are invited to visit dentists to learn more about modern dental care in an informal atmosphere and without the possible fear which accompanies imminent treatment. Any CHC who would like more information on the campaign or willing to advertise it can contact the Smile Week Co-ordinator, Pauline Lamb, at BDHF, 88 Gurnards Avenue, Fishermead, Milton Keynes, MK6 2BL, or local dental committees or district dental officers, all of whom have been informed about the week.

European Cancer Week May 1-7 see national and local press for details of any events.

DIRECTORY CHANGES

Page 1: Newcastle CHC

New Secretary (from April) - Mr Bellis

Gateshead CHC

Telephone no. misprint - to read 091-4773565

Page 4: Hull CHC

New Secretary - Miss Lynn Johnson

Page 6: Rotherham CHC

New telephone number 0709-820083