CHC NEWS

A newsletter for community health council members and staff

Who Pays for Nursing Care?

The Court of Appeal judgement in the Coughlan case will force health authorities to look again at their eligibility criteria for long-term care, but does little to clear up exactly where to draw the line between NHS and local authority responsibilities. Here, Marion Chester, ACHCEW's legal officer, explains the ruling.

The High Court judgement

Pamela Coughlan challenged North & East Devon Health Authority's decision to close Marden House, a purpose-built rehabilitation/nursing home in which she lived, and move her and other residents into nursing homes under the auspices of the local social services authority. At the end of 1998, the High Court found in Ms Coughlan's favour concluding that the health authority decision to close the home was wrong for a number of reasons:

- Some years ago, the health authority (HA) had promised the residents that Marden House would be their home for life.
- HAs are by law required to provide specialist and general nursing care and social services authorities do not have the legal power to provide nursing care.
- The HA was in breach of Article 8 of the European Convention on Human Rights in failing to respect Ms Coughlan's home life.

The Appeal

The Department of Health, clearly worried about the costs to the NHS if all nursing care had to be provided as a free service, supported the HA as the case went to appeal. The Royal College of Nursing sought to ensure that the part of the judgement which placed the duty for the provision of nursing care on the NHS was upheld.

The Court of Appeal found in favour of Ms Coughlan on the grounds that the HA could not lawfully break its promise that Marden House would be a home for life and that it was in breach of Article 8 of the Convention. However, the Appeal Court moderated the earlier judgement in respect of the general duties of health and social services authorities to provide nursing care.

The Court of Appeal held that:

- The Secretary of State for Health has the power to place limits on the sorts of services, including types of nursing services, that are to be provided by HAs at no charge.
- Social services authorities are permitted to make arrangements for the provision of care in nursing homes and to charge for that provision.
- Where the primary need is a health need, the responsibility for provision of nursing care stays with HAs even when the individual has been placed in a home by the local authority.
- Where the provision of a nursing service is merely incidental or ancillary to the provision of a home which a local authority has a duty to provide, and of a type that a social services authority can be expected to provide, those services may form part of a care package supplied by the social services department rather than by the HA.
- HAs must publish eligibility criteria for long-term NHS care in a form which ensures that they do not seek to avoid responsibility for the provision of NHS care for those whose needs are primarily health needs.

There are no plans for this judgement to be appealed.

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In this issue:

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News From ACHCEW

CHCs and cash – how to get it

At the last meeting of Standing Committee it was agreed to ask CHCs to share their experiences of getting non-NHS money. It was recognised that most CHCs now know how to obtain money from within the NHS or joint finance. However, it was thought that money may be available to CHCs through Regeneration Funding or other schemes accessed through local authority or voluntary sector partners.

Graham Girvan, the Honorary Treasurer, volunteered to collate your responses, so please let him know of our ideas and how your bids fared.
phone: 01325 254848; fax: 01325 254844
email: chief-officer@ms.darlington-chc.north.nhs.uk

Performance and clinical indicators: meaningful information for patients?

In July the Health Secretary launched new quality and performance indicators designed to monitor and improved standards of care. In this Health Perspective, ACHCEW assesses the value of the indicators and sets out what information it suggests should be available to patients.

Can you help at party conferences?

ACHCEW is holding fringe meetings on the Monday lunchtime of the Labour Party and Liberal Democrat conferences. If you are going to be at either conference and could help hand out leaflets on the Monday morning outside the conference and in the Hall, please contact Diane Jones at ACHCEW on
phone: 0171 609 8405, fax: 0171 700 1152
or email: diane.jones@achcew.org.uk.

The Hutton Commission

The Interim Report of the Hutton Commission on Representing the Public Interest in the Health Service was launched at the ACHCEW conference in July and was the subject of an interesting question-and-answer session. Although the report describes the NHS as being "the outstanding example of a successful public institution", it also accuses the NHS of being "the least accountable of Britain's major public institutions". The Commission is not yet ready to set out firm conclusions but is beginning to trace a path towards better accountability, more equity and increased economic efficiency. The Commission is still taking evidence and has some months to go before completing its work.

The Interim Report is available at CHC offices.

Conflicts over a Child's Treatment: The Glass Case

In a case of a conflict between a mother and doctors over the treatment of her son, the Appeal Court recently refused to declare that doctors could not in the future treat the child or withhold treatment against the mother's will. However, they ruled that if there is "grave" conflict over a child's treatment, the court must be asked to decide. Antonia Ford, ACHCEW's legal assistant, explains:

Mrs Carol Glass's 13 year old son, David, is severely handicapped and cared for by his mother and other family members. Although there is little chance that David will survive for more than a few years Mrs Glass wishes her son to live out his natural life span.

In St Mary's Hospital, Portsmouth, morphine was administered to David without his mother's consent or an authorising court order on 20 and 21 October 1998. On 21 October, family members took it on themselves to resuscitate David. That evening a "do not resuscitate order" was put on his medical notes. David returned home on 21 October and has been successfully treated by his GP despite predictions by various hospital staff that David was dying.

Mrs Glass sought Judicial Review of the policies at St Mary's and of decisions relating to David's treatment. A High Court judge concluded that Judicial Review was not the most satisfactory procedure and declined jurisdiction. Mrs Glass sought permission to appeal.

On appeal it was held that:

- Judicial Review was a procedure of last resort and it would be inappropriate for the courts to make decisions as to what the hospital could or couldn't do as a matter of law;
- it was inappropriate for the courts to try to anticipate what would be right for the hospital to do in the future when circumstances may have changed;
- proceedings in the family division of the High Court could deal with specific issues of the type before court under s8 of the Children Act 1989.

The appeal was therefore refused.

The court went further by stating that in the judges' opinion the best way forward was for David's parents and his doctors to agree a course of action. If this is not possible, the disputed issues should be brought before the court to decide what was in David's best interest.

A Miscellany

Protection for whistleblowers

The Public Interest Disclosure Act 1998 came into effect in July. The Act gives protection to workers (including agency staff and trainees, but not volunteers or self-employed workers) who raise genuine concerns about malpractice in a constructive and effective way. The Act covers disclosures to managers and employers, sponsoring government departments, "prescribed" regulatory bodies and, in some circumstances to the police, the media, MPs and non-prescribed regulators. The rights in the Act override gagging clauses in employment contracts.

The criteria for procedures and definitions use are outlined in

Public Interest Whistleblowing
Public Concern at Work
phone: 0171 404 6609; fax: 0171 404 6576
www.pcaw.demon.co.uk.

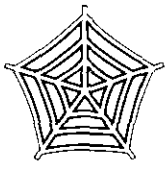
Front bench changes

The reshuffle in July brought some new faces to the Government's health team. They are:

- Lord Hunt of King's Heath, Minister of State
- Gisela Stuart, Parliamentary Under-Secretary of State. Ms Stuart will have responsibility for CHCs.

The Conservative Party has also been making changes, and has brought in Liam Fox MP as its health spokesperson.

On The Web



This recommendation has come from Chris Dabbs, chief officer at Salford CHC:

"I would like to commend *Community participation in Local Health and Sustainable Development: a working document on approaches and techniques*, an Internet-only document on the website of the WHO Centre for Urban Health, Healthy Cities Project, which is at: http://www.who.dk/healthy-cities/pdf/book4.pdf

I recommend it because it has very practical examples, with contact points about innovative and effective ways of engaging local people in health and sustainable development issues. It offers a good starting point and also suggests approaches that might not otherwise be known and/or considered."

Dignity on the Ward

Dignity on the Ward is a Help the Aged campaign to improve the standards of care for older people in hospital. The campaign works on a number of levels. It provides information to patients and relatives, it lobbies for national standards of NHS care and it works with professionals to develop good practice.

We are working on a project to identify "clusters" of poor treatment. We are interested in hearing about any acute hospital wards where there seem to be particularly bad conditions for older patients – perhaps there has been more than one complaint or perhaps a ward is obviously neglected in some way.

Help the Aged would intend to investigate further to find out about patient experiences.

Could any CHCs with relevant information please contact Jonathan Ellis on 0171 250 4405, or jonathan.ellis@hta.org.uk or write to Dignity on the Ward Campaign, Help the Aged, Clerkenwell Green, London EC1R 0BE.

A confused patchwork

A doctor who has been disqualified from employment with the NHS can still work in the private sector or even, through an agency, as a locum for the NHS. A doctor who has been struck off by the General Medical Council can still work in health care, for example in a health farm, so long as he or she does not claim to be registered. Anyone at all can call themselves a nurse, a psychotherapist or a hypnotherapist. A psychologist struck of the register of chartered psychologists can still use the title psychologist and continue to practice. These are just a few examples from *Self-regulation of Professionals in Health Care*, a report which calls for current statutory schemes of self-regulation to be revised and for more professions to be covered by statutory provisions. Among the recommendations are that there should be more in common between various schemes and that there should be substantial lay and consumer involvement.

As well as arguing the case for more consumer protection, the report sets out clear profiles of current statutory bodies – information that would be useful to CHCs in dealing with public enquiries.

Self-regulation of Professionals in Health Care: Consumer Issues
National Consumer Council, £14, NCC, 20 Grosvenor Gardens, London SW1W 0DH.

Health authority wins a battle, but loses the argument

South West Herts CHC is delighted with the outcome of its referral of a local consultation to the Secretary of State for Health. Although health minister, John Denham, did not uphold the CHC's formal objection about the nature of the consultation, his conclusions about the future of health services in West Hertfordshire address the major concerns the CHC had about the outcome of the consultation. In particular the minister has advised the West Hertfordshire Health Authority that it should not pursue a greenfield site option for a new "superhospital", but instead should develop services across the two main existing acute sites: Watford and Hemel Hempstead Hospitals. This will involve retaining A&E departments at the two sites for the foreseeable future. He supports the development of a network of care involving primary and community services around the two main acute sites, and stresses that any such development work should involve PCGs, CHCs and other local stakeholders.

S W Herts CHC is now looking forward to a busy few months in discussion with the health authority and others about where local health services go from here.

Consent, but not always informed

This report from Newcastle and North Tyneside CHCs examines perceptions of informed consent procedures at two local hospitals. As the graphs below show significant numbers of patients are not told of benefits and risks of procedures or of possible alternatives. There are also interesting differences in the information provision to in-patients and day case patients.

Following up a hospital closure

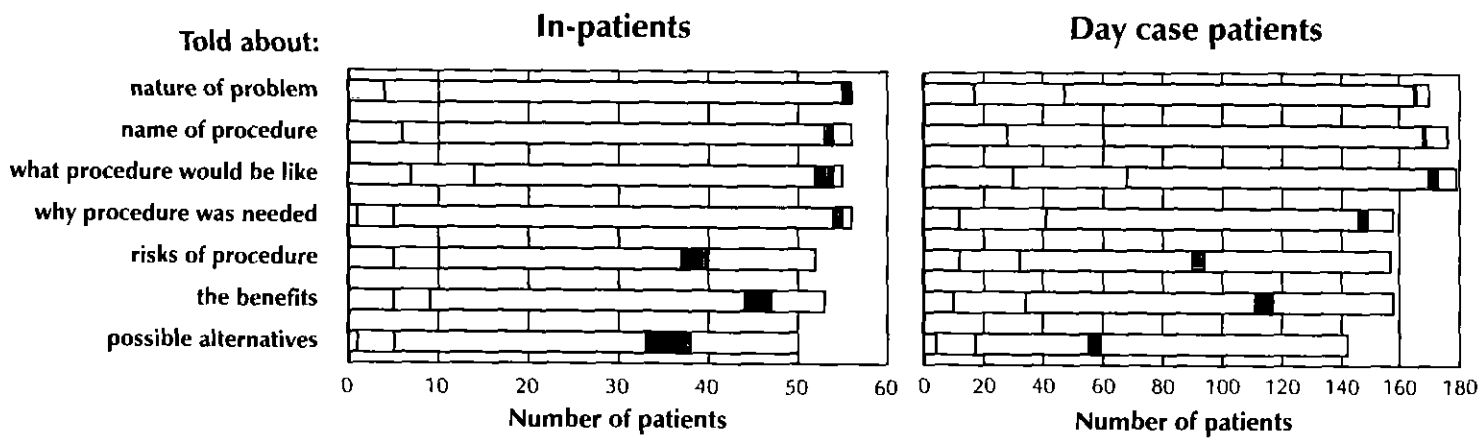
One of the difficulties faced by CHCs responding to proposals to close a hospital is that the health authority invariably predicts in rosy terms the benefits of the closure – and it is not possible to prove whether they are right until after the event.

When health minister, Alan Milburn, accepted Birmingham Health Authority's arguments for closing Northcroft Hospital (a hospital for elderly patients), he asked the health authority to work with North and West Birmingham CHCs to monitor the actual outcome. Just over a year on from the transfer of services to Good Hope Hospital, North Birmingham CHC has published a *Report on Services Re-located from Northcroft Hospital*. As the table below shows, some of the predicted benefits have materialised, but not all. In particular the integration of elderly services with the rest of the trust (supposed to be facilitated by using one site) has some way to go.

Criterion	Met/Unmet
Closer integration of medical services for elderly people	Yes, but more could be done
More effective use of medical beds	Yes
Reduction of fixed costs	Yes, but slightly less than originally stated
Resolution of recruitment problems	Not entirely
Ringfencing of beds for elderly	Yes
Additional therapy staff	No
Increased medical cover	Yes, but out of hours cover under review
Accessibility	No significant change
Capacity and suitability of buildings used for outreach	Largely satisfactory

Information given to patients and who gave it

Source: Newcastle and North Tyneside CHCs



Location of pharmacy services

From Dave Brown, member of Mid Staff CHC

I agree with James Turner that the practices of pharmacists are often not in sympathy with the needs of the consumer. He highlights the restricted hours of opening, especially on a Sunday. However, allowing supermarkets to open pharmacies is probably not the answer to that problem. CHCs and their members are trying to act in the best interest of users of the health service. Of prime concern to most people using pharmacy services are the accessibility of the service and the trust they have in its provider.

We know that supermarkets lead to the closure of small local shops. They are also geared towards the shopper with a car who wants to do the week's shopping and is planning to spend a lot of money. Such services disadvantage people on low incomes, those who rely on public transport and those who are frail.

In Stafford we have been encouraging the opening of local pharmacies to service the centres of population where there are none. We have been trying to encourage as wide a spread as possible. The dispensing of medicines is not about high turnovers and large volumes. It is about the knowledge and skills of pharmacists and the trust consumers have in them. It is difficult to see how having a single pharmacy linked to a supermarket to replace several pharmacies scattered around the town can be any advantage to the consumer at all. Certainly not if he or she depends on public transport and is on a low income. What we should be looking at is lifting the obstacles to restricted opening hours in pharmacies. Some of these obstacles are ones imposed by health authorities or planning authorities rather than because of commercial or other considerations.

Dave Brown is writing in a personal capacity.

Investing in people

Congratulations to Blackburn, Hyndburn & Ribble Valley CHC on becoming the first CHC to achieve the "Investor in People" award. The award acknowledges that an organisation has shown that it believes in and recognises the value of the people involved with it.

Making contact with local groups

West Surrey & North East Hampshire CHC is currently developing the skills of CHC members and staff in facilitating group discussions. The intention is that going out to hear the views and experiences of local people will be as much a part of routine business as visits to local NHS premises. There are many local meeting places where groups of people gather every day, mostly for social reasons.

The model will be that pairs of people from the CHC (members and staff) go, with prior agreement, to sit and talk with people, one facilitating the discussion, the other acting as scribe. Groups could be chosen to fit in with PCG boundaries, or to be users of particular services or as part of a general "sweep" of the CHC area. Issues raised by members of the public would be passed on to trusts, practices, PCGs or the health authority as relevant, with whatever degree of anonymity is requested. The CHC would then get back in touch with the group concerned – perhaps with a follow up visit, perhaps with a news sheet – to let them know what was done with the information they gave and what the results were.

Have any CHCs tried anything similar? What were the results? Please contact Nick Buchanan, Chief Officer, phone: 01252 816020, fax: 01252 816030.

Your chance to put the consumer message across

From Maggie Rastall, Chair, Greenwich CHC

All CHCs should have received a flyer asking for contributions to the conference, *Research: Who's Learning?* to be held on 24 January 2000. The conference is organised by the NHS Executive Advisory Group on Consumer Involvement in Research and Development in the NHS. I have recently been appointed as the CHC representative on this committee and would therefore like to encourage CHCs to take an active part. A similar conference was organised last year and I was disappointed to find relatively few contributions from CHCs. As most CHCs are involved in carrying out consumer-led research and some excellent reports have been published, why not consider showing a poster about your work? Alternatively, there is the opportunity for a soapbox presentation or for you to make a 3-minute video putting forward your views about consumer involvement in research. Last year's conference was most enjoyable, so why not join in? For full details look at the flyer, or if you can't find it contact Consumers in NHS Research Support Unit on phone: 01962 849100 or 01962 849079.

News From Parliament

Regulation of private healthcare

The House of Commons Health Committee has recommended stronger regulation of private healthcare by an independent regulator outside the NHS. Regulation would be operated on a regional basis, though an Independent Regulator should ensure that consistent national standards of inspection apply to the sector.

In its original memorandum to the inquiry the Department of Health downplayed central regulation, mentioning instead requirements of professional bodies and market forces. Since then, there has been a change of mind. On 24 June, the Department issued a consultation document setting out options for regulation. The government favours a single independent body to regulate the private health sector. Private patients would have access to clinical and non-clinical information and to a clear complaints procedure.

A role for CHCs

ACHCEW and South East Kent CHC gave evidence to the Select Committee, both calling for a stronger inspection regime, including a role for CHCs. One of the recommendations from the Committee is that "the remit of CHCs should be extended to include the activity of the independent sector. We believe that any costs accruing from this should be met by the sector itself and come out of the licensing fee".

Welcoming the report, chair of South East Kent CHC, Paul Watkins, said "We are pleased that ... all of the recommendations proposed by the CHC and supported by others have been taken on board".

The regulation of private and other independent healthcare
HoC Health Committee, 5th report, Session 1998/99. Stationery Office, £10.60. www.parliament.uk/commons/hsecom.htm

Regulating private and voluntary healthcare
DoH, PO Box 777, London SE1 6XH. www.doh.gov.uk/regulate.htm

Closure of private nursing homes

Current legislation governing private and independent healthcare is mainly contained in the Registered Homes Act 1984. Darlington & Teesdale CHC recently wrote to Derek Foster, a local MP, expressing concern at the speed of the closure of a local nursing home. The health authority had told the CHC that the Act does not require nursing homes to give notice of closure. The CHC members believe that this anomaly should be changed. Mr Foster passed the letter on to the Department of Health and received a positive response from the Under Secretary of State, John Hutton. Mr Hutton pointed out that as private businesses, independent nursing homes can be closed at the decision of their owners. However, he understands the CHC's concern for the welfare of residents and believes that its intervention was "timely". Work is currently under way to develop proposals in the White Paper, *Modernising Social Services*. Mr Hutton has undertaken to pass the CHC's suggestion to the relevant officials for them to feed into the policy development process.

Clinical standards and complaints

The House of Commons Health Committee has now moved on to an inquiry into adverse clinical incidents. On 8 July, Michael Downing, vice-chair of ACHCEW, and Gary Fereday, policy officer, attended the Committee to give evidence.

Asked what changes ACHCEW would like to see in the NHS complaints procedure, Gary raised concerns about:

- the independence of convenors
- the fears patients have about making complaints about GPs
- the lack of feedback to patients and failure to reassure them that mistakes will not be repeated.

One suggestion from the Committee was that CHCs might produce a league table of GPs striking off patients and the presumed reasons. Michael said that the suggestion was worth thinking about, but pointed out that there could be legal problems.

MPs were interested in the role of CHCs in complaints work. Michael said that complaints handling should be made a statutory duty for CHCs as long as they get the resources to do it properly - a suggestion supported by Arnold Simanowitz of Action for Victims of Medical Accidents who spoke of the very varied approach CHCs take to handling complaints.

Monitoring adverse incidents

MPs asked about data collection an adverse clinical incidents. Gary pointed out that CHCs assist about 30,000 complainants a year and, with adequate funding for the role, could generate statistics to pass on to bodies such as the Commission for Health Improvement. However, to produce comprehensive statistics on complaints would require a body set up and funded by the government. In addition, complaints alone do not act as an adequate "early warning system" since many patients do not complain and some may not be aware of incompetent care or "near misses". In Bristol, for example, the CHC received no complaints about heart surgery on children.

Devolution In Wales

Responsibility for the funding and management of the NHS in Wales passed to the Welsh National Assembly on 1 July.

Cash injection, but deficit remains

Jane Hutt, the new health and social services minister for Wales, has announced a package of measures worth £24.9 m to alleviate the cash crisis faced by the NHS in Wales. This includes £15 m for family health services and almost £5 m for capital expenditure of which £300,000 is to be spent on making NHS forms available in Welsh. The money is equivalent to just over a third of the current deficit faced by the service.

Just before responsibility was devolved, the House of Commons Welsh Affairs Committee published a report warning of the huge problems the Assembly will face *(Welsh Affairs Committee, Health Issues in Wales, Stationery Office, £3.70)*. The report said that the NHS in Wales faced a deficit of £54 million and concluded that the National Assembly needs a bigger budget if it is to tackle the debt. A financial stocktake has since revealed that by the end of March, the cumulative deficit of health authorities and trusts in Wales stood at £72 million. Two health authorities (Dyfed Powys and Bro Taf) accounted for almost two-thirds of this figure. The stocktaking report blames the deficit on the internal market structure, short-termism, pressure to meet targets set by ministers and the difficulty of sustaining networks of small acute and community hospitals.

In the first meeting of the Assembly's health and social services committee Richard Thomas, director of the NHS Confederation in Wales hinted that some of Wales's 146 hospitals would have to close.

CHCs get a foot in the door

On 21 July, the Association of Welsh CHCs made a presentation to the Assembly's health and social services committee. The Association set out what CHCs can offer and what they need to make an effective contribution. They outlined priorities for the next 12 months – with cardiac services at the head of the list – and in the medium term. The overall message was that "CHCs can help you identify tensions and problems, and can often offer practical solutions – but they need the statutory rights and adequate resources to do the job."

A salaried GP service on the way?

One of the recommendations of the Select Committee was that the National Assembly should consider the potential for a salaried service for GPs. A primary care strategy, expected from the Assembly in the autumn, is likely to include such proposals. Eventually they may replace self-employed GPs across Wales. Professor Julian Tudor Hart, who has recently written a discussion paper for the Socialist Health Association on the issue, has predicted that there will be pilots later this year in which GPs may receive salaries of £55,000 to £60,000.

New faces

- **Jane Hutt**, Labour, health and social services minister. A former member of Cardiff CHC. Has been a non-executive director at Cardiff Community Healthcare Trust, where she was involved in complaints handling. Was director of the Chwarae Teg (Fair Play) initiative which supports women in the workplace and was vice chair of the Wales Council for Voluntary Action.
- **Kirsty Williams**, Liberal Democrat, chair of the health and social services committee. A former marketing executive and deputy president of Liberal Democrats Wales.
- **Dai Lloyd**, Plaid Cymru health spokesperson. Framed Plaid Cymru's health policy. Before being elected was a fundholding GP in Swansea and has presented a live TV medical chat show on the Welsh channel S4C.
- **David Melding**, Conservative health spokesperson. Formerly a researcher for the Welsh Conservative Party and manager of the

Early priorities

Jane Hutt has said that her early priorities will be to tackle health inequalities and to foster partnerships. She believes that partnerships and participation can tackle inequalities and that this in turn will reduce demand. An indication of the poor health status in some parts of Wales comes from the second Welsh Health Survey which found that 21% of respondents had been treated for heart disease. Rates of prescribing are also higher in Wales than they are in England.

The first meeting of the health and social services committee was presented with a draft programme starting with a stocktake of finances, a discussion of a children's commissioner and a national strategy for carers. However, committee members wanted to prioritise other items including communicable diseases, waiting lists, mental health and the North Wales child abuse inquiry. As a result, the forward work programme is to be redrafted.

Doctor 8 July, HSJ 1, 22 & 29 July, Healthcare Parliamentary Monitor 12 July, Assembly Website on www.wales.gov.uk

CABx In Health Settings

In *CHC News Issue 30* we asked for CHC experiences of working with Citizens Advice Bureaux. Thank you to the two CHC members who have sent in these responses:

From Sylvia Valentine, Manager Skipton CAB and member of Airedale CHC

Skipton CAB has held advice sessions on medical premises for many years and receives many referrals from health care professionals, especially for benefit advice. But of particular interest is a project that has been running at Airedale Hospital since September 1997. Project worker, John Anderson, started an advice and information session for one morning a week in a ward for patients with mental health problems. The CAB raised over £16,000 from charitable trusts etc. to provide the service until March 1999.

The welcoming attitude of ward staff and the provision of a space for confidential interviews has contributed greatly to the success of the project to the extent that Bradford Social Services awarded joint finance to Keighley CAB to run similar sessions on an adjacent ward. The Mental Health Act Commission commended the project when it visited the hospital last year.

In addition to the hospital sessions, John undertook home visits and saw clients after discharge at the CAB in Skipton. He took referrals from ward staff, community psychiatric nurses, psychiatric social workers and consultants, and advised on many issues – housing, employment rights, welfare benefits and multiple debt being the main areas of work. In the last year he developed a team of volunteer workers from the main bureau who joined him on the rota at the hospital.

Welfare benefits worth over £50,000 a year were secured for the clients, with successful claims being made for both components of disability living allowance and for the restoration of incapacity benefits after patients had been judged to be fit for work. Good working relations with hospital staff enabled John to secure the medical evidence needed to challenge unfavourable decisions at tribunals. Interestingly only one GP requested payment for the report. He also gave the patients the courage to attend tribunals personally and convince the panel of their entitlement to benefit.

All this is written in the past tense. Unfortunately North Yorkshire Social Services is unable to fund the project despite its success. The CAB has applied for funding to local trusts, but if money is not forthcoming the project will cease.

As a result of the CAB involvement at the hospital, I put my name forward to the CHC for election as a voluntary organisation representative and have been a member of Airedale CHC since September last year. Needless to say, the well being of patients with mental health problems is one of my particular concerns.

From Gill Brown, volunteer at Bedford CAB and member of North & Mid Beds CHC

Bedford CAB is funded by the Single Regeneration Budget. This allows us to provide an outreach service in two wards of the borough.

Research was carried out to find appropriate venues in which to operate advice sessions. Two community centres and one health centre were identified. The health centre sessions saw a number of clients from the very first session. The two other venues were a lot slower to pick up. After several months a decision was made to change one of the community centres and start a new session in a local GP surgery.

Again the sessions quickly attracted clients. The doctors have been very interested. They have referred clients to the outreach worker and have in some circumstances sought advice on behalf of their patients.

At the health centre, close links have been made with the health visitors who are often in contact with isolated and housebound people. This has enabled the CAB to assist people with claims for disability benefits and has sometimes revealed a need for our money advice service.

The CAB has found health care sessions an excellent way to bring the CAB to people who may not access the service in any other way. Health care sessions also help clients as they can approach two agencies in one venue.

CHC NEWS

This is the last time I am preparing *CHC News*, and just when I have at last achieved my aim of encouraging fairly regular contributions from readers! Please keep them coming – what interests you will also interest other CHC members and staff.

The preparation of *CHC News* will go in house, at least for a time. Please send any comments and contributions to Helen Eldridge, ACHCEW's new press officer.

Many thanks to all those who have helped me with *CHC News* over the years.

Nicola Bennett-Jones

Note: Items in *CHC News* present the views of contributors and do not necessarily reflect the views of ACHCEW.