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Association of Community Health Councils for England and Wales

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NEWS

Hospital Closures, CHCs and the Law

On the 27 April the Queen's Bench Division gave its judgement that a decision by Tunbridge Wells Health Authority to close a cottage hospital, albeit only temporarily, was a decision involving "a substantial variation" in the provision of health services in the district. Accordingly, said Mr. Justice Hutchinson, before making such a decision the DHA had a statutory obligation to consult the relevant CHC. As the proposed closure was to take place two months after the decision was made, the Health Authority could not reasonably claim that the decision had to be taken "without allowing time for consultation".

The Queen Victoria Cottage Hospital, which was founded in 1902, has 28 beds of which nine are for long-stay patients and 19 for acute, rehabilitation, hospice or respite patients. On 12 January last the Tunbridge Wells Health Authority decided to close it temporarily, in order to help balance its budget. The closure was to take place on 1 April.

On 8 January the general manager of the authority sent a letter marked "strictly confidential" to a number of selected people, enclosing details of funding proposals which were to be discussed during Part II of a forthcoming Health Authority meeting. The letter pointed out that not all of the proposals in the document had been previously discussed and that the writer was most anxious that "other levels of staff are not unduly disturbed and that the authority is able to take decisions which reflect service needs rather than local or sectional pressure". The letter and enclosures were received by, among others, a Dr. David Goodridge who, with 25 other GPs, was later to seek a Judicial Review.

Speedy "consultation" then ensued - only three days after sending his letter the DGM met the Nursing, Midwife and Health Visitors Advisory Committee at 2pm to discuss the plans, the District Consultants Committee at 5.30pm and the District GP Committee at 7.30pm. The following morning the District Executive Committee considered advice based on the DGM's "extensive consultation process". The Committee agreed that whilst temporary closure should still go ahead, formal consultation should begin in respect of the use to which the hospital should be put in the future. This resolution was to be put to the next regular meeting of the District Health Authority which was scheduled for that afternoon. The proposals were duly discussed by the DHA in private session; although exceptionally the chairmen of the District Consultants' and GPs' Committees were allowed to remain; and formally adopted.

It was following this that Dr. Goodridge and 25 other GPs sought leave for a Judicial Review of the Health Authority's decision on the grounds that a) the decision had been taken during the

private session and the DHA had no grounds to exclude the public; b) that the GPs had not received the three months notice which their contracts required; c) that the CHC had not been consulted.

Mr Justice Hutchinson ruled that the first and second of these reasons did not, by themselves, justify granting the "relief" against the Health Authority's decision that the applicants sought. The case turned therefore on the requirement to consult the CHC. The judge rejected the contention that, since the proposal was not a substantial variation in services, the authority was under no obligation to consult. It was still however within the discretionary powers of the authority to decide to proceed with the closure, provided that it was satisfied that in the interests of the health service, the decision had to be taken without allowing time for consultation. In order for the authority to be "satisfied" that the decision had to be taken in such a manner, it must, of course, give proper consideration to the question. The judge decided that, in this case, it had not done so. The insufficiency of the Health Authority's argument was compounded by the fact that the proposed closure was not immediate, but two months hence. The object was to make savings, not in the then current financial year, but in the subsequent one.

GPs in Crisis over Hospital Cuts

Doctors in Birmingham are warning of an impending crisis in the community health services, with acutely ill patients waiting for hospital beds, sick patients being sent home too early and a lack of places for psychiatric patients. The GPs say that this has resulted in many of these problems being "shunted" on to them, and that they are being forced to advise patients to seek private treatment. The GPs were responding to a questionnaire from Birmingham Consultants Rescue of the NHS, a group set up in January by 119 senior doctors in response to increasing bed closures and staff shortages.

One GP asked "how can we explain the 18-month waiting list for an orthopaedic outpatient appointment - one patient turned up a year too soon!" In their second report on Birmingham's hospitals the consultants revealed that none of the 500 beds closed "temporarily" to meet the crisis in the last financial year have yet been re-opened and a further 82 closures are proposed. The district in which the Queen Elizabeth teaching hospital and the Birmingham Children's Hospital are situated (Central Birmingham DHA) has been told it has to cut its spending by £2.7M. Medical staff in North Birmingham, where the average waiting time to see an orthopaedic surgeon is 75 weeks, have voted unanimously that the consultants should not accept any more cutbacks. Doctors in West Birmingham speak of a "crumbling service" where, among other things relief beds to relieve carers are now being cut back.

Dr. Ken Taylor the leader of the consultants' campaign says that the number of women who can be treated on the cervical cytology

programme in his district is to be limited to 1,700 a year, "this prime example of a government initiative insufficiently funded from central sources does not merit further comment", he says. The West Midlands RHA plans to take a further £11M from the city's budget over the next eight years to pay for developments in Lichfield, Tamworth and Solihull.

Cashing in on the NHS

A new Income Generation Unit has been set up as part of the NHS Management Board and its initial ideas for raising money are contained in a letter recently sent to General Managers. GMs are advised to draw on available experience in the NHS and to evaluate commercial opportunities to develop additional sources of income. Suggested areas for consideration include; commercial concessions to retailers for leasing space; static and filmed advertisements; development of catering services for staff, visitors and other local organisations; and the sale of services such as health screening, child minding and conference facilities. Authorities are being asked to prepare action plans identifying business opportunities ready for discussion with the head of the IGU who hopes to visit each RHA later in the year.

More money for Medical Research

The government is coming under mounting pressure to increase funds for medical research. The House of Lords Committee on Science and Technology says in a recent report* that unless this happens there will be a "disastrous effect which will take years to overcome". It suggests that a National Research Authority be set up outside the DHSS to define what research is needed and to ensure that the results are systematically transferred into the health service. Such a move would, says the Committee, "repay the investment."

The Medical Research Council itself says that the brightest doctors are turning away from careers in vital areas of medical research because of cuts in spending. (Times 12.4.88). During the past year the Council rejected 200 of the 600 alpha-rated applications for grants covering a whole range of essential research into understanding viral infections, cardiovascular disease, genetic disorders and immunology. The Council needs between £5M and £10M to solve its immediate problems in funding. Additionally a study published recently by the Association of the British Pharmaceutical Industry says it needs an extra £40M a year on top of its budget of £140M to make up the accumulated shortfall in Britain's basic biomedical research. This view is backed up by senior doctors, who have said that unless medical training and research receive a higher priority, standards of medicine could rapidly fall.

* House of Lords Committee on Science & Technology 3rd Report 1987-88 HL54-1 Available from HMSO price £6.30

Foetal Brain Cell Transplants

The announcement last month by Professor Edward Hitchcock that he had successfully implanted brain tissue from aborted fetuses into two Parkinson's Disease sufferers and that their condition is now showing a definite improvement has been followed by heated debate.

The medical profession and many outside are divided on the ethics of such transplants. Dr. Richard West, Chairman of the hospital ethical committee which approved Prof. Hitchcock's work, claimed that preliminary research had shown the transplants to have a reasonable prospect of benefiting severely affected patients, with a low risk of doing them any harm. He said that as there are currently no government guidelines for such procedures it had been for the committee to decide that they were legally and ethically acceptable. It is not only anti-abortionists who are expressing concern at the proliferation of such operations. Other professionals and lay people have argued that women should be informed of any possible use of fetuses when considering abortion.

In the USA all foetal transplants have been banned pending further ethical and medical examination. There is some doubt as to the medical value of the procedure, but the ban probably owes more to President Reagan's hostile views on the use of federal money for any areas connected with abortion. Concern has also been expressed that a large commercial market for foetal tissue could develop and that women from poorer countries would be encouraged to have abortions simply to supply this market. These issues are only just beginning to be aired in the UK, but already a number of MPs have tabled questions to John Moore asking for clarification of the government's view and the BMA is currently considering its own policy.

Help for Ethnic Minority Carers

Birmingham City Council is backing a local scheme to support informal carers in ethnic-minority communities. Meetings for carers organised by the Council's community care special action project were found not to be attracting carers from black and ethnic minority groups. It was suggested that this could be due to individuals failing to identify themselves as "carers"; previous failures by council services to meet needs; and a reluctance amongst women to attend meetings alone. A project worker is being appointed to liaise directly with carers to ensure that they make contact with all available support and assistance services.

Health Authorities and Agency Fees

After growing criticism of the locum rates being charged by medical staff agencies, health service managers are launching

their own schemes. Two RHAs have announced separate plans to directly recruit locum doctors. N.W. Thames said it has allocated £50,000 to its own agency, Crossmatch, which is to be launched this month. It is hoping to cut £2M from its £8M bill for locums. Trent region has also disclosed that it is in negotiation with private agencies to find ways of pooling information and cutting costs and is forming a consortium with regional authorities in Yorkshire and the West Midlands.

According to Mr. Roger Askeff, Trent's Medical Personnel Officer, prices paid for locum doctors can range from 25% to 250% above NHS rates with a senior house officer costing up to £800 a week. Last year NAHA called for a limit on agency charges and health managers also demanded reform of the junior doctors' career structures which causes staff shortages. (Telegraph 9.5.1988).

American Style Damages

A Scottish solicitor is to offer "American-style" representation to British accident and injury victims. Mr. Frank Lefevre from Aberdeen is spending £25,000 advertising a "No Win, No Fee" service on TV and radio and in the press. He describes the response he has already had as "considerable". If this interest is maintained, he hopes to expand the service into England possibly in partnership with other personal injury lawyers. He is aware that this would mark a radical departure from usual British procedures. He is the first lawyer to try and circumvent the profession's own ban on contingency fees and he has not sought the approval of the Scottish Law Society. The move was inspired, he said, by the fact that people were often unable to obtain legal aid to help them fight claims or were experiencing long delays in aid coming through. He is not offering what he terms "Hollywood-type settlements" but rather the same kind of service and settlements he operated prior to setting up his new service. He would take 15% of the damages from £10,000 - £50,000; 12.5% from £50,000 - £100,000; and ten per cent over £100,000.

Crown Immunity and Nuclear Tests

The House of Lords has dismissed an appeal by the Ministry of Defence claiming crown immunity against an action for personal injuries brought by a serving soldier on Christmas Island between December 1957 and October 1958, when a series of British nuclear tests were carried out. This is something of a victory for the test veterans, who have been campaigning for years on the grounds that a variety of cancers, leukaemias and birth defects in their children were caused by exposure to radiation during the tests. However, this is just a beginning as it will be extremely difficult for them to prove that specific cases of cancer were actually caused as a result of exposure to radiation during those particular nuclear tests.

GPs and Child Surveillance

25% of GPs are unwilling to undertake paediatric surveillance, one of the key Primary Care White Paper proposals, even if financial incentives are offered, says a survey reported in Pulse (30.4.88). Lack of time was given as the main reason for their reluctance. The survey was carried out by Dr. Anne Wilson, community medical officer for Winchester, who surveyed 100 GPs in her area and had a 75% response rate. The survey corroborated similar studies by Professor John Bain of Southampton University's Primary Care Department. The White Paper says FPCs would be asked to boost the contribution of "suitably trained" doctors to health surveillance of the under-fives and suggests that the government would be willing to introduce an allowance for GPs who had received appropriate training.

Plutonium in Children's Teeth.

The government is funding research into how much plutonium children have in their teeth and whether it is linked to the high incidence of cancer around the Sellafield nuclear plant in Cumbria. Every DHA has been asked to send at least 100 freshly extracted or newly shed teeth to Bristol university which is co-ordinating the project with the assistance of the UKAEA. If necessary, cases will be followed up. Although the project has not been publicly announced a DHSS spokesman said that it was "by no means secret". (Guardian 6.5.1988).

Loss of Women GPs

The Medical Practices Committee has voiced its concern over the number of women GPs leaving the NHS - which currently stands at around 2-3 per week. Dr. Ann Thomson, who highlighted the trend, has said that whilst women "continue to join the profession in droves they are resigning in a steady trickle". No research has yet been undertaken to discover why this should be happening, although Dr Thomson feels it may be related to incompatibility with family commitments and poor job satisfaction. The MPC is now seeking more factual information.

A New Watchdog?

A proposal for a monitoring agency emerged in the pages of the Mail on Sunday, 1 May. According to Industrial Editor, Christopher Leake, the Prime Minister wants to establish "a new health watchdog to boost 'patient power'" and she is looking for a "high-flying business executive or a top lawyer to head an Office of Patient Care."

PARLIAMENTARY NEWS

New Contracts for Consultants

DHAs are "largely defenceless against a tiny minority of troublesome, under-performing and incompetent consultants", the Conservative M.P. for Gravesham, Jacques Arnold, told the House of Commons on 23 March while introducing a Private Member's Bill to transfer consultant contracts from RHAs to DHAs. This change had previously been recommended by the House of Commons Social Services Select Committee on the grounds that it would improve planning for the development of services. At the time the government had replied that no medical professional body was in favour of the change, but, said Mr. Arnold during his speech: "they would say that, wouldn't they?" The Bill received a second reading but is likely to fall through lack of time.

Medical Records Crisis Claim

Health service treatment in Wales is being delayed because DHAs there have only half the number of medical records staff they need, MPs were told on March 21. Montgomery M.P., Alex Carlile, asked for a statement from Peter Walker on NHS staffing levels. The Welsh Secretary obligingly replied that the arrangements being made for manpower surveillance over the whole health service would help ensure resources were available where they were needed.

CHCs Spend Money on Party Political Purposes...

Chris Butler, MP in a question to Secretary of State, John Moore, (12.4.88) asked if the Minister would seek powers to "prevent CHCs from using public money for party political purposes". The Minister explained how CHCs were funded and added: "A CHC must, however, remain within the law and is accountable to the RHA for the way in which its funds have been used. If my Hon. Friend has evidence of the misdirection of CHC funds to party political purposes, I will arrange for it to be considered."

CHCs (Access to Information) Bill

This Bill received its third reading on the 28 April. During the debate, Edwina Currie M.P. made a number of points regarding CHCs. One was that CHCs should take the growing ageing population into account and ensure that at least some of their members are drawn from the older age groups.

CHCs, she reminded the house, had been set up to represent the consumer who was at a considerable disadvantage when dealing with the medical and allied professions. The job of CHCs is to look after the interests "of patients".

Pointing out that CHCs had "almost a right of veto" on major changes in health care within the DHA, she claimed to have

supported some CHCs in their disputes with DHAs and put on record a case where she had supported a CHC (in Liverpool) who were protesting against the closure of a minor injuries day centre and had managed to persuade the DHA that the CHC was right. However it bothered her that "some of them oppose everything as a matter of course". "I hope", she continued, "that CHCs - particularly in areas where the Health Service has been neglected, but is now rapidly coming up to scratch - will realise that they are not Her Majesty's Opposition".

She singled out a number of CHCs and their activities for praise and noted that many CHCs had signed up for the Look After Your Heart campaign.

The Government's neutrality with respect to the bill was reiterated and it was firmly stated that no additional funds would be made available to assist CHCs in fulfilling its provisions. The Bill now passes to the House of Lords.

FROM THE JOURNALS

Rape and Sexual Abuse

A paper in The Lancet (16.4.1988) reported on a survey carried out on a random sample of 2000 New Zealand women. Subsequently it was ascertained that 9.9% of the women had been victims of sexual abuse in childhood and 3.5% as adults. 10% of the women had suffered repeated battering from male partners and 4% needed medical attention for this.

The survey sought to find out what the long term effects of this on women are, as research studies have tended to concentrate on trauma suffered in weeks immediately following abuse. Women with a history of being abused were found to have significantly raised scores on measures of psychopathology and were more likely to be identified as psychiatric cases. 20% of those who had been exposed to sexual abuse as children were identified as having psychiatric disorders, mostly of the depressive type, compared with 6.3% of the non-abused population. These findings indicate that the deleterious effects of abuse can continue to contribute to psychiatric morbidity for years.

Barriers to the Receipt of Dental Care

A research study published in the British Dental Journal (19.3.1988) found the main barriers to dental care to be anxiety and cost. Anxiety was expressed in both general terms - i.e. a feeling of vulnerability on visiting the dentist - and focussing on a particular aspect - e.g. fear of pain, fear of specific treatment. Anxiety could be lessened by the friendliness of

receptionists and the atmosphere and environment of the waiting room.

Treatment was thought to have become particularly expensive recently. People were confused and lacked knowledge about the new charging system. A separate section of the study showed that people thought of dentists as being impersonal, as well as being highly paid, concerned with money and as wanting to treat as many people as possible to retain a high income. Three recommendations regarding costs from those surveyed emerged as: 1) There should be an immediate reduction in charges. 2) There should be a clearer charging system. 3) Patients should be able to get an accurate estimate of costs prior to commitment. For the long-term non-attender, an incentive of a free initial course of treatment, or "amnesty period" of no cost was suggested.

Tobacco Smoking and Oral Health

The Health Education Authority has produced a report* to inform dentists about the links between some oral cancers and smoking, and between smoking and poor dental health (British Dental Journal April 23.4.88). Its conclusions are that smoking is an important factor in oral cancer and in a form of leukoplakia which is pre-malignant, that smokers have poorer standards of oral hygiene than non-smokers, that they have more severe dental disease due to poorer hygiene than they suffer more from acute ulcerative gingivitis and - lastly - they have fewer teeth! The report suggests ways in which dentists can start talking to their patients about the harm smoking does, e.g. by including information on smoking and oral health as a part of regular dental preventive programmes.

*Occassional Paper NO 6. Free from the HEA, Supplies Section, 78 New Oxford Stree, London WC1 1AH.

Health Care and Physically Handicapped Young Adults

According to the BMJ (23.4.88) little is known about the health needs of physically handicapped young adults after they become too old for the paediatric services. To assess these needs, 104 young people with physical handicaps were medically examined and interviewed. Handicaps were diverse and included spina bifida, cerebral palsy. The state of health of all them was generally poor with a wide range of problems from deformed feet to incontinence and respiratory problems. Although over half of them had health problems severe enough to warrant intervention, less than a third were receiving any form of regular hospital care. Regular contact with physiotherapists, speech therapists and dentists was also very poor. Original diagnoses and prescriptions were not reviewed regularly. Many of the interviewees showed deteriorating physical health of an extreme nature although their original handicap was not progressive. The survey concluded that teams for handicapped adults should be set up in all DHAs to provide a clinical and co-

ordination service for all adults with both mental and physical handicaps.

Hospital Visiting Hours

The BMJ (7.5.88) published the results of a survey of hospital visiting hours in general medical and surgical wards throughout the UK, in which a pattern emerged showing that many hospitals still have very restricted visiting. A quarter of the 404 hospitals that responded, permitted visiting for an average of two hours a day or less. In contrast, just over a third of hospitals allowed visiting for more than five hours a day. There was no relation between visiting times and the types of hospital involved, but a striking regional variation in visiting hours was found, with more liberal visiting in the South East and restricted visiting in northern England, Scotland, Wales and Northern Ireland. The author of the survey supported ACHCEW's recommendation that "open visiting should be introduced in all hospitals where it is not already common practice" because of the benefits visiting brings to the patient.

AROUND THE CHCs

North Birmingham CHC is having a publicity drive. It began in March with every household in the area receiving a leaflet explaining the CHC's role and seeking the comments of local people on the health services available to them. This is in the form of a tear-off slip which can be returned to the CHC office. The aim is to let people know how the CHC can help them and represent their interests. Other activities include a publicity display sited in health services buildings in North Birmingham and CHC posters which have been sent to every health centre, clinic and GP surgery.

Airdale CHC has written to all MPs in its area and also to its MEPs about possible imports of irradiated food. The CHC is opposed to the irradiation of food unless it can be proved that there are positive health advantages and no health disadvantages. The CHC also wants food labelling to indicate clearly whether or not the contents have been irradiated. This applies not only to this country if - or when - the ban on food irradiation within this country is lifted; the CHC is also concerned that food which is already irradiated has been imported without any such labelling, as this is not yet required and the process is undetectable. The CHC also points out that some irradiated foods require additives, and this is at a time when many UK food manufacturers are removing non-essential additives from their products.

Winchester CHC has carried out an unusual survey following appeals for help from some residents who were concerned that

their health was suffering, possibly because of crop spraying. It was the possible long-term effects of accumulations of pesticides in the body that was at issue and the nature of these effects led the CHC to contact an allergy specialist, who recommended that blood tests be taken for analysis in the USA. When the results of the tests were received, these were sent to various bodies, including the district and regional health authorities, Southampton University, the National Farmers' Union and the Soil Association.

Various pesticide residues were found in residents' blood. The chemicals common to all residents were DDE (a DDT derivative) and HCB (hexa-chloro-benzene). Taken as a whole levels of these two chemicals were not significantly higher than those found in the "norm" population samples although one person showed residues of DDT in their blood and high residues of DDE. The CHC working party concluded there was no evidence from those tests that crop spraying had caused abnormally high levels of pesticides in residents' blood and that what there was could have come from various sources. It was possible that careless crop spraying in the early 1980s, combined with other local factors, might have been a source. The CHC would like to see a larger epidemiological study and remains concerned that public worry over pesticide poisoning appears to receive a dismissive response from the many authorities local and national, whose legitimate concern this matter is. Controversy over a recent report from the House of Commons which strongly criticised the government's control of such chemicals, adds weight to their concern. They would be happy to give further details to any other CHC.

(Judith Cook writes: Many of the 1000 plus pesticides used in this country contain organo-phosphor or organo-chlorine nerve-gas derived constituents. Some of these can only be tested by using equipment at the government's research station at Porton Down. Both the London Food Commission and the Agricultural Workers section of the TGWU have excellent and informative literature on pesticides and their effects. As the matter stands the government's Advisory Committee on Pesticides say that the onus is on the consumer to prove individual pesticides are harmful.)

Plymouth CHC has responded to a request from ACHCEW asking for information on any FPCs who were having financial difficulties, particularly where this affected joint meetings. Plymouth emphasizes that it has always had an excellent relationship with its FPC (Devon) but recently the FPC asked for just one joint Annual Statutory Meeting with the four Devon CHCs instead of the previous four individual meetings. The reason given was the need to restrict its activities to remain within budget. The FPC has actually had to cancel many of its own meetings and has told its members they can no longer be given mileage allowances to attend CHC meetings. (So far FPC members have continued attending at their own expense).

Plymouth CHC feels that with a population of well over 300,000 (up to 412,000 with the "overlap" from Cornwall) there are more

than enough matters of interest to Plymouth to merit an individual CHC/FPC meeting and have pointed this out to the FPC. Plymouth CHC has received no support from Torbay, North Devon or Exeter CHCs which have accepted the joint meeting, although it seems that Exeter is not happy about it. When consulted the RHA claimed it had no "control" over FPCs, and the DHSS originally stated that 'FPCs have control over their own budgets and must remain within them'. The DHSS eventually confirmed that the CHC was within its legal rights to insist on its own individual meeting with the FPC. These will now take place - which the DHSS hope will lead to future "congenial and successful collaboration" - although the possibility of mutually agreed joint meetings has not been ruled out, due to the common interests shared by many CHCs.

Last April, in conjunction with Harrow Community Relations Council and the local Education Department, Harrow CHC organised a seminar on Sickle Cell Anaemia and Thalassaemia. About 50 people attended. Both blood disorders are congenital and affect mainly people from Asia, Africa, the Caribbean and Mediterranean. The meeting thought that urgent steps needed to be taken to limit the number of cases of these disorders in Harrow and agreed to call for a joint programme of action by the DHA, local authority, GPs and voluntary groups to increase awareness of these disorders among parents, teachers, health and community workers. The programme would include targetting GPs as the main source of information and support to families along with a multi-cultural education package for schools and an expansion and promotion of screening services. It was also agreed to contact local MPs and Under-secretary of State, Edwina Currie, who recently stressed the importance of services for these disorders when launching a new card scheme.

North Devon CHC have been informed by Lord Skelmesdale that the proposed charge for eye tests need not be the widely quoted figure of £10. This is the fee received by the optician from the FPC and represents the average cost nationally of performing the test. It is assumed that "strong competition" within the "optical market" will vary the charge when it is left to the discretion of opticians to set the fee. North Devon CHC writes that "it appears from our own discussions with opticians, that they intend to charge in excess of £10. Is the competition so bad in North Devon or is this likely to be the case elsewhere in the country?" They would be very interested to hear from other CHCs who have approached their local opticians for an idea of the charge likely to be made in their district.

West Essex CHC had a double success story on 12 May. Not only did they hold their twelfth very informative health promotion day, but Tony Newton Minister for Health, chose the event to make public his decision to up-grade Princess Alexander Hospital in Harlow to be the District General Hospital - something which the CHC has been fighting for for some time. £30 million is earmarked for the up-grading. Mr Newton went on to speak about

the Government's views on health promotion, stressing the need for people to be adequately informed about health risks, so that they could make the appropriate healthy choices.

District specialists spoke on the harmful effects of smoking and excessive alcohol consumption, and the breast screening service in West Essex (one of the most advanced in the country). A HEA Nutrition Officer spoke on the benefits of a healthy diet. Workshops on these subjects followed, all of which agreed that legislation and community support were needed to supplement the aim of a better informed public if improvements in health were to become a reality. Suggestions included a ban on the advertisement of tobacco products, and the establishment of an "encouragement system" via family, voluntary groups, neighbours and GPs to help women overcome fear or possible fatalism about cancer and to take up screening opportunities. The need for co-operation between organisations, a non-judgemental attitude and a system of beliefs throughout society which supported health was hammered home by the District Health Education Officer who summed up the day's discussion.

Private sponsorship for the event was gained via industrial and commercial concerns.

INFORMATION WANTED

Members of Hounslow and Spelthorne CHC's Care/Acute Services/Health Education Working Group would like the following information. In recent months the bed shortages in their health district have been so acute that its two District General Hospitals have had to place seriously ill patients in inappropriate beds. For example, male patients are in the gynaecological wards and females in male surgical wards. The CHC would, therefore, like to know if this is just a local problem or whether it is widespread throughout London and/or the rest of the country?

Southend CHC is in the very early stages of discussing with representatives of the DHA, the establishment of a bereavement support scheme. It would be useful, therefore, if they could hear of any such provision elsewhere in the country. Information should be sent to the Southend CHC Secretary, Mrs. Beryl Furr.

Sunderland CHC is seeking information from CHCs who have been involved in setting up Patient Participation Groups within their District.

Health Rights are currently undertaking research into NHS complaints systems and would be grateful to hear from any CHCs which have been involved with complaints to the GMC in the last 5 years. Contact Beverley Beech, Health Rights 344 South Lambeth Road, London SW8 1UQ. Tel: 01 720 9811.

CHC PUBLICATIONS, SURVEYS & REPORTS

Plymouth CHC has published its reasons for rejecting the proposals contained in Plymouth Health Authority's "Services for the Mentally Ill Development 1987-1994". These include the fact that it was not a joint plan, nor did it have a "structured approach dealing with the initial access of a patient to the service and following through the various forms of help and treatment." The CHC formed the opinion that the plan stemmed more from the need to close one particular hospital than from the needs of patients in the community and the hospital.

Nottingham CHC has published A Woman's Guide to Health in Nottingham*, which is comprehensive, clear and well-written. A great deal of work has obviously gone into this, particularly in the section on "hysterectomy" where the names of individual nurses are given to whom patients can go for advice, as well as the times at which they can be seen. Other areas covered include, abortion counselling, teenage health clinics, postnatal depression and cancer screening.

Nottingham CHC has also produced Letting Go* - the report of a workshop held jointly with local MENCAP which aimed to get parents together to offer them a chance to share ideas and feelings about issues relating to "letting go" and most of the material in the booklet reflects comments made by participants.

*Both publications are available from the CHC, the Guide costs 50p and "Letting Go" £1.

GENERAL PUBLICATIONS

Standards in Registered Homes

The Social Services Inspectorate has recently published the results of an investigation into the implementation of the Registered Homes Act 1984*. The Act lays down the respective roles of Local Authority Social Services Departments (SSDs) and home owners in ensuring regulation of standards in private and voluntary residential care homes. With a 30% increase in the number of such homes between 1984 and 1986, SSI feel that it is important to keep the impact and effectiveness of the legislation under constant review. In 1986 SSI produced its first report on

the initial arrangements being made by local authorities and home owners. This second report examines how policies and practices have been developed.

SSI visited 105 private and voluntary homes in eleven local authorities to assess the post-1984 arrangements for local systems of quality assurance in voluntary and private residential care. In particular, SSI looked at how standards were being determined and applied by SSD staff.

The principal finding of the investigation is that considerable variation in standards exists across the country: between statutory and independent sectors of care; between new and established independent sector homes; and between homes offering care to different client groups. SSI concludes that this degree of variation can not be justified by the need for local flexibility. The investigation also found: widespread confusion about the criteria and method by which the "fitness" of a prospective home owner should be judged; a clear divergence of view between home owners and registering authorities about the qualifications and skills required of registration staff; and considerable difficulty in implementing procedures for the exclusion of very small homes (less than 4 residents).

SSI's principle recommendation is that more needs to be done to clarify the criteria for registering homes - there should be a direct relationship between the standards achieved in local authority homes and the registration standards for private and voluntary homes. The determining of acceptable standards should involve SSDs in consultation with those providing and using residential care; and SSI suggest regional cooperation could be a way for SSDs to reduce the unacceptably wide differences in standards occurring in neighbouring authorities. At a national level, SSI recommends that clear guidance should be given to local authorities on the criteria for "fit person" assessment and the standards which should be applied to very small homes. Furthermore, SSI makes the case for an amendment to the legislation to increase the minimum size of a registered home and to provide more appropriate criteria for small establishments.

*Certain Standards - Inspection of the Implementation of the 1984 Registered Homes Act is available free of charge from SSI, c/o DHSS, Alexander Fleming House, Elephant & Castle, London SE1 6BY.

Action over Heart Disease Deaths

Thousands of people are dying unnecessarily from heart disease because the government does not have a co-ordinated policy for prevention says the National Forum for Heart Disease Prevention* in a recent report. With one in 11 men and one in 40 women dying of coronary heart disease before the age of 65, the United Kingdom remains at the top of the international league for heart disease. The report claims that the government has failed to co-ordinate the action of different agencies in fighting a disease equal in prevalence to "the major epidemics of cholera, typhoid

and smallpox of previous centuries". "There have been a number of isolated little run-ins but no attempt to make a consistent policy", said Anne Dillon, director of the Coronary Prevention Group. (Independent 21.2.1988). She instances the small increase in tobacco duty in the last Budget and the cut in the Sports Council's budget (£3 million taking into account inflation) despite the emphasis that the Look After Your Heart campaign puts on exercise. The report is also concerned that higher death rates in all the UK regions are associated with manual and lower paid social groups and with council housing and that campaigns aimed at individual healthy life styles do little to help these groups implement the advice given.

The Forum emerged from a conference in 1983 on action to prevent coronary heart disease and is made up of representatives of 30 organisations ranging from the TUC to the Royal College of Nursing. The Forum aims primarily to facilitate the co-ordination of activities between interested organisations in the field of coronary heart disease prevention, to identify areas of action and make recommendations. Their report reviews the action taken in recent years to reduce the level of coronary heart disease. It examines the scale of the problem, considers the key topic areas for preventive action, reviews current preventive programmes and discusses the potential for progress. A list of relevant reports and a contact name for each of the forum member organisations is also included.

* Coronary Heart Disease Prevention - Action in the UK 1984-87. £4.95 from the National Forum, 11 St. Andrew's Place, London NW1 4LE.

Changing School Health Services

Originating from a series of workshops in 1986 on the difficulties of improving school health services, the Kings' Fund has produced an information pack* to assist managers and others involved in the planning of community child health services. "Changing School Health Services" includes examples of existing good practices and shows how the challenge to create a revitalised school health service can be met. The pack is in 5 sections dealing with: current debates on policy and practice; case studies which highlight how to assess quality of service; guidelines for developing and reviewing policies; and two reference sections which include statistical data and a detailed bibliography.

*Changing School Health Services is available from the King's Fund Centre, 126 Albert Street, London NW1 7NF Price £8.50 inc P&P

Inequalities in Community Care

A survey commissioned as part of the Griffiths review, and just published*, shows considerable geographical inequalities in community care. Using 6 contrasting but representative districts the survey concludes that spending on needy groups may vary by as

much as a factor of three between districts. For example, for the elderly, spending on community services was found to vary between £400 and £1200 per head. Health authorities and local authorities were found to be equally reluctant to spend money on community services. The survey concludes that whilst some variations are the result of local circumstances, much is due to a clear lack of policy and direction.

*Care in the Community by Charles Normand and Alastair Gray.
Centre for Health Economics, York University. £10.

The Right to Die

The changing circumstances of medical practice, in particular advances in technology and the increasing numbers of terminally ill patients, have prompted the BMA to look again at the legality and morality of euthanasia. The new report does not in any way revise previous declarations of the Association. Rather it supplements them with a more detailed consideration of those cases where the withholding of treatment may present itself to the doctor as a serious option.

The report therefore emphasises the importance of the distinction between what is sometimes known as 'active euthanasia' - which requires active intervention on the part of the doctor at the request of the patient - and 'passive euthanasia' - which requires no more than the withholding of treatment or nutrition. The BMA remains firmly convinced that the former should remain illegal, "we believe that human life is of great value and should be cherished. We accept that individuals have the right to decide what doctors will or will not do to them, but we question whether this right is sacredAny doctor compelled by conscience to intervene to end a person's life will do so prepared to face the closest scrutiny of this action that the law may wish to make". The report contends that there are however cases where it should be permissible to withhold not only active treatment but also nutrition. They refer in particular to patients in a 'persistent vegetative state' and certain severely malformed infants where the doctor may judge correctly that continuing to treat the infant would be an act of cruelty.

The Euthanasia Report is available from the BMA, Tavistock Square, London WC1. Price £7.50.

Quality in the NHS?

The work of the Health Advisory Service, the NHS's only institutional form of monitoring the quality of local services, has been analysed by the Social Policy Unit of Bath University and found to be in many respects ineffective. Despite a number of reports by the HAS in recent years on decaying buildings, poor sanitary conditions, inadequate staffing and a general atmosphere of "pervasive bleakness" in many NHS institutions, local health authorities have consistently managed to ignore HAS

recommendations and all too often Health Inspectors have been fobbed off by lame excuses and promises of reviews. The report* concludes that HAS should function more as an inspectorate operating to explicit criteria and insisting on set standards.

*Inspecting for Quality is available from the School of Social Sciences, Bath, University, Claverton Down, Bath BA2 7AY
Price £4.50

Reducing Late Abortion

The problems of late abortion have been emotively discussed in recent months by both sides of the abortion debate, particularly in relation to David Alton's Bill, which failed to get a third reading in the House of Commons on 6 May. The Birth Control Trust has now produced a useful booklet based on the proceedings of a conference it organised last September. "Reducing Late Abortions" sensibly outlines how this can best be achieved, something with which few would disagree. It stresses the need for better fast-testing facilities and the earliest possible diagnosis of foetal abnormality, and argues that declining health service facilities may lead to late abortions by forcing women into long waits for appointments. As Dr. Wendy Savage points out, even from the cost point of view this doesn't make sense - a late abortion is far more expensive than an early one. The booklet contains some interesting accounts from doctors on their feelings on abortion in general and late abortion in particular. The booklet is available from the Birth Control Trust, 27-35 Mortimer Street, London W1N 7JR Price £5.50.

Inadequate Care for Diabetics

"Care of Diabetics with Renal Failure" is the title of a report from the British Diabetic Association pointing out deficiencies in the provision of care. It includes the results of two surveys into what happens when diabetics suffer kidney failure and how renal units cope with such instances. Available from the BDA at 10 Queen Anne Street, London W1M 0BD.

Sex Education

The National Children's Bureau has published a comprehensive list of material currently available on sex education. The guide also includes information on 35 organisations which provide teaching materials, leaflets or provide speakers, as well as a short description from each organisation of its aims and activities. The booklet costs £1.50 and is available from: Book Sales, The National Children's Bureau, 8 Wakley Street, London EC1.

Confusion over Baby Foods

"Sugar in Baby Foods" is a joint publication by the Maternity

Alliance and the Health Education Authority. It looks at the amount of sugar in baby foods, information on labels and the extent to which commercial baby foods contribute to infants' overall sugar consumption. Among the findings is the fact that the increasing use of dried fruits and fruit juices as sweetening agents provides a way for manufacturers to attach a "no added sugar" label to products, which illustrates the need for clearer information on total sugar content to be included on all labels. The report is available from the Maternity Alliance, 15 Britannia Street, London WC1X 9PJ. Price £6.

Asians and Disabilities*

The Confederation of Indian Organisations (UK) has published two reports on the problems faced by disabled Asians. The first of these is the report of a conference held last year. Tara Mukherjee, president of the Confederation of Indian Organisations (UK) who ran the conference, writes in the report's forward: "Several small scale medical research reports in Britain have indicated that mental and physical disabilities are nearly three times higher among Asian adults and children than the average population. Yet despite this knowledge, the needs of Asian people with disabilities and their carers are ill catered for, ill researched and rarely vocalised". The conference aimed to act as a forum for Asian people to state their needs and recommendations for an improved care service. Recommendations included: the translation of information particularly from social services departments, the DHSS, LEAs and DHAs into Asian languages as a matter of course, and the implementation and monitoring of equal opportunities policies.

The second report looks at the problems of employment, disability and racism in the Greater London area. "As far as disability is concerned, people tend not to want to know about race or racism. In considering provision they do not think they will need to think any more specifically than in terms of disability alone", was the view of one interviewee. The report's major recommendation is for an increase in outreach workers to contact Asian families with disabled members and assist them in all areas of service provision, together with general awareness training for appropriate training and employment organisations.

The cost for the two reports together, Double bind: to be disabled and Asian and Asians and disabilities: the conference report is £2.50 from the Greater London Translation Unit, Confederation of Indian Organisations UK, 5 Westminster Bridge Road, London SE1 7XW.

Caring Together

Caring Together gives guidelines for carers' support groups and claims to be a first in this field. Carers' self-help groups can campaign for better services for carers, offer information on health and social services, provide an outlet for stress and loneliness, and offer an opportunity for the carer to have their

skills and organisational ability appreciated by those outside the home. The book gives helpful advice on everything from starting to closing a group, along with a set of sheets covering possible activities once the group is running.

Caring Together by Judy Wilson, available from The Kings Fund Centre, 126 Albert Street, London NW1 7NF price £3.95 (inc P&P). A cheque/PO to 'King Edward Hospital Fund for London' must accompany an order.

COMING EVENTS

Unemployment and Health is the title of a one-day national conference being organised by South Birmingham Health Authority on 8 June. The aim is to pull together evidence linking mass unemployment with ill health and speakers will include Professor Peter Townsend, Robin Cook MP and the Right Rev. Mark Santer, Bishop of Birmingham. It will be held at the Botanical Gardens and costs £60. Places are limited and applications should be made as soon as possible to quickly to David Elliott, Community Medicine Department, South Birmingham Health Authority, Oak Tree Lane, Birmingham B29 6JF.

The NCVO is organising a national conference entitled Which Way Residential Care, to be held on 17 June at International Students House, 229 Great Portland Street, London W.1. The cost is approximately £20 per person including lunch). Details from Christine Peak, NCVO, 26 Bedford Square, London WC1B 3HU.

The King's Fund is running the fifth of its consensus development conferences on 27/29 June. This one is The Treatment of Stroke, one of the commonest causes of disability in adults. The conference will seek to establish the appropriate treatment of stroke immediately and up to six months after the event. The chairman is Professor Anthony Clare, Professor of Psychological Medicine at St. Bartholomew's Hospital in London. The registration fee is £75 including coffee, lunches and teas, although some fees may be waived in special circumstances. Details from King's Fund Centre, 126 Albert Street, London NW1 7NF.

The National Children's Bureau is running a 25th Birthday Study Conference from 28-30 June at the University of Manchester Institute of Science and Technology (UMIST). The fee for statutory organisations is £109.25 (residential) and £63.25 (non-residential). Details from the NCB at 8 Wakley St, London EC1V 7QE.

NAHA is holding two one day conferences in June. The first Public Health - Everyone's Business has been convened to discuss the results of the inquiry into the future development of the Public Health Function which was published in January this year. Speakers from Local Authorities, Environmental Health

Departments, Community Health Councils and the Public Health Alliance will be taking part. The conference is being held on Friday 10 June at Regents College, London. The price is £96.60 (inc VAT) and applications should be made to Ann Mason, Conference Manager, NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS by 30 May.

NAHA's second conference Combating Violence in the Health Service will examine the nature of aggression, the facts about violence in the NHS, combating and managing violent situations and security and preventative measures. It is being held on 15 June at the National Exhibition Centre, Birmingham and costs £57.50 (inc VAT). Applications should be sent to Ann Mason at NAHA before 6 June.

MIND are holding a national conference on User Involvement in Mental Health Services at the University of Sussex, Brighton from 26-28 September 1988. Details and application forms are available from MIND Conference Organiser, 6 Pavilion Parade, Brighton, BN1 1RA.

The summer schedule of Royal Society of Health seminars has now been published:

25/5/88: Implementing S.135 & S.136 of the Mental Health Act

2/6/88: Essential drugs and the third world

9/6/88: The disabled living foundation

28/6/88: Loss and bereavement: medication or counselling?

All the seminars are being held in London, details are available from RSH, 38a St George's Drive, London SW1V 4BH. Tel: 01 630 0121.

Happy Birthday NHS

The TUC is celebrating the fortieth birthday of the NHS with a series of relay marches across Britain starting on June 1 in Scotland and ending in London on July 5. The object of the relays is to attract continuing media coverage at local and regional level to emphasize the positive contribution of the NHS to the health of the nation. 4 different routes have been agreed to cover the whole country; maps, details and full itineraries are available from the TUC, Congress House, Great Russell Street, London WC1B 3LS. Tel 01 636 4030.

DIRECTORY CHANGES

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Newcastle CHC Tel. 091-2610841

PAGE 9

From 23 May the new address of South Bedfordshire CHC will be:

4 Bridge Street
Luton

Beds LU1 2NF

The telephone number will remain the same (0582) 391666

PAGE 21 - Kidderminster CHC

New Secretary from the end of June
Mrs Jennifer Knowles