

# HEALTH NEWS · COMMUNITY NEWS · COMMUNITY HEALTH **COMMUNITY HEALTH NEWS** HEALTH NEWS · COMMUNITY NEWS · COMMUNITY HEALTH

Association of Community Health Councils for England and Wales

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## ALTERNATIVE DELIVERY AND FUNDING OF HEALTH CARE

In 1987 the IHSM set up a working party to report on the future delivery and funding of health services. The working party commissioned seven research reports to consider specific options and issues, and has now published its own final report. Together these documents make a valuable contribution to the current debate on NHS finance. The IHSM may be a less powerful lobby than the doctors, but as the flag-bearers of general management, there is little doubt that the government will take its views very seriously.

On the whole, the Institute is tentative and undogmatic in its conclusions. Having cast aside private health insurance, increased user charges and 'opting-out' schemes, the authors are unwilling to make a final choice between general taxation and an hypothecated tax/compulsory insurance as the main source of NHS funding. They consider the evidence to be inconclusive. "However, if public insurance were ultimately to appear more effective in obtaining higher levels of funding, and could be designed in an equitable fashion or were a better match for a delivery system that offered higher quality of care, then it might be worth paying the price of disruption." The same caution is displayed when they consider supplementing public expenditure on health by increased private health insurance, topping-up schemes and income generation. If this can be done without damaging the NHS, it is to be welcomed. The report is agnostic on the question whether or not this can be done.

The IHSM clearly wants to see changes in the way NHS funds are disbursed to providers and looks favourably enough on 'internal' or 'provider' markets to propose that a number of experiments are set up on these lines. If we are to judge the relative importance of various issues by the space allotted to them, then the inefficiencies of the present methods of disbursing funds to health authorities stand very high on the managers' agenda.

The report concludes by looking at some of the managerial and organisational implications of encouraging 'the more competitive environment of a mixed economy' in health care delivery. Managers will need more freedom of manoeuvre, more power to ensure the efficient use of resources, including control over clinicians' contracts. Within central government, there should be a clear separation of functions between an executive management board accountable through the Secretary of State to Parliament, and the chief Civil Service policy advisors to the Secretary of State. Local health authorities should be reformed and streamlined so as to avoid the tensions that arise from being both agents of the Secretary of State and advocates for the health needs of the local community. IHSM favours the former role. They would become 'local boards of management', whose members are selected solely on the basis of personal capacity, relevant knowledge and experience. The function of representing local interests would pass to a separate, 'truly powerful' body. "The community health councils have the foundation for such a significant 'counter-bureaucracy' but at

present have neither the constitutional nor the financial base to service this function." A further organisational change foreseen by the IHSM is the growing need for quality assurance in such a 'mixed economy'.

Following our submission to the ministerial review, Financing the NHS, we were asked by one CHC to consider making a further submission on organisational and managerial issues. Added point has been given to this request by the IHSM's proposals and we would welcome any CHC comments on the future role of general managers, health authorities and CHCs.

The likely outcome of the ministerial review continues to generate occasional puffs of speculation in the national press. John Moore's lengthy television interview on Sunday 12th June would appear to have confirmed the views of those commentators who are predicting that the government will adopt a cautiously reformist approach to the financial problems of the NHS. An expansion of the private sector and the development of some kind of 'internal' market seem to be increasingly favoured and achievable options.

### Testing for HIV Infection

The working group on the monitoring and surveillance of HIV infection and AIDS has published its report\* to the government and, as has been extensively reported in the press, its major recommendation is: "that, as a first step in the surveillance of the general population, appropriate antenatal testing programmes be undertaken on a voluntary named basis. There should also be provision for voluntary unnamed testing". A one-year study is proposed of three sample groups of women, two from high risk areas in London and Scotland and one from a low risk area in England or Wales. The group is aware of the drawbacks to this approach - e.g. the results could be biased by women refusing to take the test - and the sample groups may be over representative of married women in stable relationships, but it is believed that the results could still be cautiously extrapolated to the population at large, to provide "a baseline for the prevalence in the general population from which future changes could be detected".

Advantages of the scheme are that the cost would be low, comparability of groups is reasonably high and contact tracing would permit discovery of the spread into the male heterosexual population, although surveillance may be extended to separate studies of the heterosexual active male population. The report stresses the need for greater epidemiological knowledge about HIV gathered within an ethical context. The Faculty of Community Medicine has issued a statement urging the anonymous testing of pregnant woman as the only way of finding out the true spread of HIV infection in the population, while the Royal College of Midwives claims that pregnant women are a captive audience when attending antenatal clinics and that it is morally wrong to use them in a surveillance exercise for HIV. They are also concerned

about the counselling back-up which will be provided for any new initiatives (Lancet 4.6.88). Tony Newton has already stated that the government accepts the recommendations of the working group in principle. He is also willing to listen to views on anonymous testing without consent and has asked for these by the end of August this year. Comments are to be sent to Room D608, DHSS, Alexander Fleming House, Elephant and Castle, London SE1 6BY .

\*Available price £2.00 from Canons Park, DHSS Leaflets Unit, PO Box 21, Stanmore, Middlesex HA7 1AY

### Measles Epidemic

A measles epidemic in England and Wales has already killed six children in the first 19 weeks of this year. During that period there were 39,000 notified cases compared with 17,000 for the same period last year. Dr. Norman Begg of the Communicable Diseases Surveillance Centre in London told The Observer (29.5.1988) that the outbreaks "which occur every two or three years are unacceptable, given that the disease is completely preventable by vaccination. If the vaccination rate were higher we would not be getting these outbreaks. Parents and health professionals are not fully aware of the serious side-effects of measles. Less severe ones include ear infections while the more serious include pneumonia, convulsions and encephalitis."

Only 71 per cent of children are being vaccinated against the disease compared with over 80 per cent for diphtheria, tetanus and polio. The target set by the World Health Organisation is 90 per cent by 1990. Although vaccination is not recommended for children with weakened immune systems, those on high-dose steroids or those suffering from malignant conditions, it is considered perfectly safe for the vast majority of children. In a small number of cases children who have been vaccinated have developed measles-like symptoms for 24-48 hours and in a number of "extremely rare" cases there has been some encephalitis but no deaths are reported as being caused by vaccination.

### More Do It Yourself..

More people are now treating their own minor ailments, according to a recent report\*. The result is that over-the-counter drug sales have increased by 50 per cent since 1982. The report by a market research firm says that the public's "growing responsibility for its own health", together with rising prescription charges, has fostered more self-medication. A trip to a GP is increasingly seen as an expensive way of treating everyday complaints. Nearly £600M was spent on unprescribed medicines in 1987, compared with £400M on prescribed drugs. Two out of every three women surveyed said they went to their GPs only if symptoms persisted, and nearly three quarters thought that pharmacists were as effective as doctors at giving advice on minor illnesses.

The survey showed that those least likely to go to the doctor were working mothers in the upper income groups and women aged 25-44. Younger and older women, aged 65+ and those in lower socio-economic groups, were most likely to visit their doctors. The report suggests that the upward trend in self-medication will continue.

\* Home Health Care 1988. Mintel Special Report. (Mintel, KAE House, 7 Arundel St, London WC2R 3DR. Price £550!)

### Is There A Link?

A report by the Medical Research Council to be published later this summer highlights a possible link between aluminium in the water supply and Alzheimer's disease. A document leaked to The Observer (12.6.1988) reveals that a meeting of the chairman of the ten water authorities in England and Wales last month ordered a top official to examine ways of reducing aluminium pollution after seeing copies of the report. More than 3.5 million people in Britain drink water with higher levels of aluminium than are allowed under EEC regulations and new research would appear to show that even the EEC limits might well be set too high.

The MRC examined levels of aluminium in the drinking water in 95 districts in England and Wales over a period of ten years and found that the risk of getting the disease increased with the levels of the metal in the water. The government admits that about 1.15 million people in Birmingham and nearly a million in the Newcastle and Gateshead areas drink water with levels well in excess of EEC limits and that levels are high in many other areas of the north, midlands, Wales and East Anglia. The study does not prove beyond doubt that aluminium can cause the disease but it does provide evidence of a strong link. Some of the aluminium gets in by leaching off the land, more from acid rain and some is actually added by water boards to clear the water. The question of a possible link between the metal and the disease was first raised several years ago, but it has never been conclusively established.

### Mastectomy and Wrong Diagnosis

A woman has received £27,500 in an out-of-court settlement after undergoing a radical mastectomy for a non-existent breast cancer. She was admitted to hospital for what she was told would be a biopsy to discover whether or not the lump on her breast was cancerous. It was not until four days after her operation that she found she had undergone a mastectomy. Later still the consultant told her husband she had nothing to worry about as, after all, the lump had been merely a piece of fatty tissue. The surgeon had assumed the lump was cancerous without doing a biopsy. The couple complained to the health authority and received "an evasive" reply to the effect that the surgeon had regarded the lump as "unequivocally malignant" and that the operation had "confirmed the diagnosis".

The couple then took legal advice, but their solicitor told them they could not win if they tried to take on the medical profession. In the end their case was taken up by the Action for Victims of Medical Accidents Association and, after a long fight, the Medical Defence Union settled the case. However AVMA consider the settlement "a disgrace" in view of the length of time it took to settle (five years) and the mutilation the woman had suffered. A report in The Times (30.5.1988) claimed that Mrs. Thatcher herself was calling for an inquiry into similar cases and into alternatives to mastectomy for breast cancer.

### Consultants who abuse the NHS

The government is likely to introduce a system later this year aimed at curtailing the abuse of NHS contracts by consultants who do an excessive amount of private work. After talks with the British Medical Association, the DHSS has agreed to support review procedures under which doctors will face a committee of consultants if they fail to put in sufficient hours on NHS work. It is part of a general overhaul in disciplinary procedures. The BMA has also agreed to carry out a survey of the hours worked by all consultants working in the NHS. Under the BMA scheme a standing committee of four will be set up in each of the country's 198 DHAs and it will be designed to allow junior doctors to complain if their seniors consistently fail to show up at NHS sessions. If allegations against a particular consultant stood up he would first be warned that he was under review and would be re-assessed in six months time and if this failed the matter would be referred to the health authority which already has the powers to discipline, suspend or even dismiss consultants who are abusing their contracts. (Times 5.5.1988).

### BUPA seeks to attract those on low incomes

BUPA has launched a new scheme aimed at increasing the numbers opting for private health care. It is designed - says The Independent (5.5.1988) - "to allow the elderly, the young and low income earners to avoid the NHS waiting list at minimum cost". The scheme only covers surgery, in both NHS pay beds and 85 of the present 200 private hospitals. Subscription costs are approximately one-third less than full private insurance cover. The hospitals have agreed that patients are to be treated at a fixed rate and they (the hospitals) have to bear the costs if unexpected complications arise. All forms of transplant are excluded, as are childbirth, psychiatric care, any conditions resulting from alcohol or drug abuse, kidney dialysis, oral surgery, leukaemia or bone marrow diseases, AIDS and fertility treatment... It does cover such operations as hip replacements and varicose veins surgery. Premiums range from £7.5 a month for those under eighteen to £21 a month for someone aged 65.

### Cancer screening for men

Men are being urged to examine their testes regularly for cancer in order to recognise early signs of the disease. More than 100 men between 15 and 40 get testicular cancer every year but many delay going to their doctors so treatment starts too late. If testicular cancer is treated early there is a 100% recovery rate and all those treated early survive at least five years without recurrence of the cancer. The signs to look for are small lumps or irregularities, slight enlargement or a change in firmness. The campaign has been launched by a group of cancer specialists and the Yorkshire Regional Cancer Organisation.

### Help the Hospices

The recent pay award to nurses could cripple many of Britain voluntary hospices, according to the charity Help the Hospices. (Guardian 3.5.1988). The government has promised to bear the cost to health authorities of the 15.3% pay increase and the charity is calling for them to fund the pay rise for hospice nursing staff as well.

### Nuclear war survivors would be left to die

The latest BMA report on the effects of nuclear war\* states bluntly what was already accepted by the medical profession - that the majority of those injured would have to be left to die. Only those with relatively minor injuries could expect to be treated. Anyone who needed drugs for chronic conditions such as diabetes would also soon die. The BMA had already accepted what is known as the "triage" system, where casualties would be divided into three groups - those left to die because of their serious injuries, those who would have to fend for themselves with self-help and those with minor injuries who could be treated. Casualties following a nuclear attack would be far higher than acknowledged by the government, according to Dr. James Payne of London University, a member of the BMA working party which produced the report. The BMA also suggests that it may be better for doctors to participate in mercy killings than to leave this to a free for all. So far the government has not commented on the report.

\* Selection of casualties for treatment after a nuclear attack. £5.95 from Professional Division Reports, PO Box 295, London WC1.

### Health relays launched

The TUC has launched a series of "Relays" to mark the anniversary of the NHS. Beginning on 1st June and lasting for five weeks, four relays of torches will carry a message of support for the NHS. One route begins in Scotland, another in Liverpool, a third in Swansea, and the fourth in Cornwall. The torches will reach

Alexandra Palace on 3rd July and Congress House on 5th July.

### Recommendations on Antenatal Care

The Maternity Alliance has published a summary of the recommendations made at its conference on antenatal care held last November. The Conference was the initiative of the Maternity Alliance Black and Ethnic Community Working Group and the groups are particularly keen that these recommendations are made known to CHCs. There 40 recommendations in all, covering liaison between different parts of the service, training for professionals, the development of the role of the midwife, information for pregnant women, consultation and service monitoring. One of the recommendations urges CHCs to improve black and ethnic minority representation. For a copy of the summary please contact the Alliance, 15 Britannia Street, London WC1X 9JP.

### Compensation and personal injury

On 19th May Citizen Action, a group founded in 1981 by Geoffrey Bradman and the Des Wilson, launched a campaign "to press for reform to enable citizens harmed by the actions or products of others to obtain fair and prompt compensation at a reasonable cost". This grew directly out of the group's involvement with Opren victims in their action against the drug company Eli Lilly. The president of the new campaign, CITCOM, is Lord Scarman and its chairman is Des Wilson. Asked at the launch how it felt about "no fault compensation", spokesmen for the group said that they were "lukewarm" about it, although they would not rule it out. (Lancet 28.5.1988)

### Attitudes to the NHS

According to the results of a Marplan poll published by NAHA, 8% of the population had an "extremely good" opinion of the NHS, 21% very good, 38% fairly good, 10% neither good nor bad, while 17% ranged from fairly bad to extremely bad. When questioned on personal experiences, 57% said they were very satisfied with the treatment they had received and 30% were fairly satisfied. Only 4% were 'very dissatisfied'. 40% of those questioned were prepared to travel long distances if it meant quicker treatment. 30% thought more money should be raised through lotteries although 64% were in favour of taxation as a source of more money for the NHS. 59% said that if there were to be a separate health tax it should be levied progressively (like income tax), less than a quarter (23%) thought it should be levied on a flat rate. Most importantly perhaps - only 3% of those questioned thought that no extra money should be spent on the NHS.

### Arts for health

This is the name of a new centre which has recently opened at



Manchester Polytechnic to give advice to all who are concerned with using the arts as a fundamental part of health care, including hospitals, hospices, residential homes and other community health care centres throughout the country. Its aim is to encourage everyone responsible for health care to commission the work of artist and designers to enrich both the health environment and lives of its patients, staff and visitors. For further details please contact Peter Senior, Director, Arts for Health, Loxford Tower, Lower Chatham Street, Manchester M15 6HA. Tel: 061:236:8916.

### Advertising by doctors

The Monopolies and Mergers Commission has been asked to investigate the rules governing doctors advertising their services and report back to the Office of Fair Trading within 9 months. (Lancet 4.6.1988). The General Medical Council permits only the provision of limited information about general practices in response to public inquiries and the Council, backed by the BMA, argues that any relaxation of this rule would be against the public interest. However Sir Gordon Borrie, Director General of Fair Trading, told the Lancet that, as a number of professions had relaxed their rules regarding advertising and this had improved competition, he saw no reason why the GMC should not allow doctors to follow suit. Evidence and views on the subject are now being sought by the Commission.

### New support group

The Tracheo-Oesophageal Fistula Support Group is a relatively new organisation which has just become a registered charity. The group supports parents who have had a baby with this problem, known as TOF for short. The baby is unable to swallow in the normal way and needs special attention during early life until the condition can be corrected surgically. The condition develops very early in the growth cycle of the foetus - between the 23rd and 28th days. At the beginning of pregnancy the windpipe and gullet are just one single tube which then divides into two - the trachea leading to the lungs and the oesophagus leading to the stomach. But if something goes wrong with this division - about once in every 3000 pregnancies - the baby is born with TOF. The oesophagus has a gap between its upper and lower segments so that nothing can pass through. Many babies born with this malformation have other medical problems too - all associated with organs that were being formed during the same stage of pregnancy. These include heart and kidney defects, limb malformations, spinal defects and blocked anuses.

The support group has produced some excellent literature on the condition designed to help parents, along with details of how to contact them. Those who want to get in touch should contact Chris Ballard, The Bungalow, Hall Road, Walpole Highway, Wisbech, Cambs. PE14 7QD. Tel: 0945:880586.

### A welcome for ISAAC

A new organisation has been launched for people with speech impediments. It is called ISAAC (International Society for Augmentative and Alternative Communication). It aims to draw together sufferers, those specialising in the field and both suppliers and users of communication aids. For further information contact Jo Stracey, ISAAC UK, 25 Mortimer Street, London W1N 8AB. Tel: (01) 637 5400.

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### PARLIAMENTARY NEWS

A first reading has been given to a private member's bill introduced by Tony Banks "to require the display of a health warning on all products containing alcohol and to require the display of such notices in licensed premises." (Hansard 8.6.88)

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### FROM THE JOURNALS

#### Who sees the patients in outpatients?

A study of all 4,275 outpatient consultations over one month in a district general hospital showed that the clinics in surgical specialities had the largest number of patients. In general surgery less than half of new patients, and only one third of all patients attending a clinic, were actually seen by a consultant. A check some nine months later showed that a third of all new patients had still not seen a consultant at the clinic.

In medical clinics just over a quarter of patients were seen by doctors who had had less than six months experience in their present specialty after registration. Overall, doctors had been on continuous duty for at least 24 hours before a third of consultations and doctors in training had actually worked during the previous night before attending a quarter of the clinics. These are the findings of a survey reported in the British Medical Journal 28.5.1988. Much of the work therefore, say the authors who are themselves a registrar and consultant respectively, "is performed by tired, incompletely trained doctors". More effort should be put into organising outpatient clinics, say the doctors and "a greater proportion of outpatient work should be performed by fully trained staff. The present heavy reliance on doctors in training must be considered when planning medical staffing in hospitals.

### The role of community hospitals

The magazine Health Trends has looked in some depth at the role of community hospital care. (Issue May 1988 Vol. 2 No. 20). A postal survey undertaken by the University of Southampton in association with the Department of Community Medicine of West Berks DHA and the Service Development Officer of Mencap, shows that the regions with the highest number of all hospitals also have most community hospitals. Community hospitals throughout the country have a total of 9,050 beds; 201 have less than 50 beds and 48 have more than 50. The article points out that while it is difficult to compare costs and these hospitals lose on the economies of scale inherent in bigger hospitals, their low technology inpatient facilities are a less expensive alternative to the expansion of central hospitals. It is suggested that a detail study should therefore be carried out. The authors feel that the resource provided by such hospitals has been overlooked for many years and that many regional and district plans do not include coherent plans for them, leaving them vulnerable to cuts. It refers readers to a recent NAHA document, Good Practices in Small Hospitals.

### Diet and inequalities in health in three English towns

In the first major study to compare diets in areas of England and Wales with different mortality and morbidity rates for diseases thought to be linked to diet, the dietary intake of 2,340 men and women aged 35-54 from Ipswich, Stoke-on-Trent and Wakefield was assessed.

In Ipswich the standardised mortality ratios between 1968 and 1978 for those aged 35-74 stood at 92 for men, and 90 for women, while in Stoke the rates were 120 for men and 117 for women, in Wakefield 118 for men and 131 for women. Mortality rates for ischaemic heart disease showed a similar pattern. Socioeconomic indicators (such as the percentage of owner occupiers) for the three towns in 1981 showed Ipswich to be comparable to or slightly better than the average for England and Wales. Stoke and Wakefield, on the other hand, were below average, although the social class distribution was not dissimilar between Ipswich and Wakefield.

Attempts were made to standardise the dietary information which was collected using 24 hour diaries allocated to equal numbers for each day of the week. Participants in the study were visited as soon as possible by a trained interviewer who checked the diaries, clarified size of portions, measured household utensils and completed a food frequency questionnaire on fatty foods and vitamins A and C. Participants were also interviewed on smoking, alcohol consumption, occupation and residential history, measured and weighed. One of the research team also interviewed a third of participants from each town.

The survey found that while differences between the towns were

fairly small compared to international differences, intakes of energy, fat, carbohydrate, protein and total fibre for men and women were lowest in Wakefield. The polyunsaturated to saturated fatty acid ratios for men were also lowest in Wakefield at 0.29 for men and 0.33 for women according to the local interviewer. There was not a consistent trend of fat consumption by social class with the towns. Levels of alcohol consumption were lowest in Ipswich, smoking was highest among men in Stoke (43% smoked) and among women in Wakefield (39% smoked).

The survey concluded that differences in mortality rates for ischaemic heart disease could not be attributed to differences in fat consumption in middle age. Nor can they be accounted for by smoking habits, as the difference in the percentage who smoked was very small between the different towns (lung cancer, an indicator of cigarette smoking, has been found to positively correlate with ischaemic heart disease for men but negatively for women in England and Wales). A possible explanation put forward by the research group for the differences in ischaemic heart disease is the better development and health of the sample group from Ipswich when they were children, which would be in keeping with other recent findings. (British Medical Journal 14.5.88)

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#### AROUND THE CHCs

Southport and Formby CHC recently had to deal with a case which involved both health and civil liberties and is a most remarkable story. It concerned a woman whose assets and possessions were taken by her daughter by a former marriage through a Court of Protection order. Her house and car were then sold without her knowledge. The daughter, who paid the fees of the nursing home where she was admitted, disapproved of the man her mother had lived with for sixteen years. Not only that, the daughter had the common law husband barred from visiting her mother. This man approached the Citizens' Advice Bureau and two firms of solicitors without success. A QC consulted by the third firm of solicitors advised that litigation would be at great expense with no guarantee of success. Finally, the man approached Derek Wormald, Secretary of Southport CHC, and told him the whole story. On January 15 this year, after the husband had been trying to get assistance for nearly a year, Derek Wormald approached the DHA to clarify the law on the matter. The DHA pointed out that the Court of Protection Order did not extend to personal activity or relationships and that the mother was quite lucid and clear in her mind about her attitudes - she had had a stroke - and that the daughter had refused to meet DHA officers. The husband was subsequently allowed to visit but was not allowed to take the woman home and look after her. However, after the CHC advised the man to seek further medical advice, he was told he could take his wife home and the two are now living happily together again. Both have written to Derek Wormald expressing their "warmest thanks and heartfelt appreciation", and also to the two DHA officers involved in their case and Dr. Philip Lang,

the specialist in community medicine.

The CHC secretary says that "the misguided restriction on personal liberty highlighted by this complaint seems to call for the strengthening of national guidelines. We are going to take it up with NAHA hoping to get agreement that they will make specific mention of the rights and personal liberties of patients in residential homes. We shall also take it up with Sefton Borough Council and at the AGM of ACHEW".

Dewsbury CHC has written to Secretary of State, John Moore, on the question of patient choice of GPs. It points out that in some places doctors have geographical practice areas and that in these cases there is no effective choice of GP. Doctors also have the right to refuse to take a patient on to their lists or to remove patients without giving a reason. Patients, on the other hand, who are already resident in the district, may be required to justify their decision to join a GP's list. In view of the government's stated aims in "Promoting Better Health", the CHC wants to know what action the Minister proposes to take on these issues.

Wirral CHC has been advised by one of its unit managers of the difficulties he is experiencing in recruiting speech therapists. Currently he has vacancies for five whole-time equivalents out of an establishment of twelve. This means that the existing staff cannot meet the demand and there is a shortfall in provision to the whole pre-school and school age population of the Wirral. Wirral CHC would like ACHCEW to take up the question of shortages at a national level and also suggests that more consideration is given to widely publicising the role of the speech therapist and that the career prospects be made for attractive to young adults.

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#### CHC PUBLICATIONS, SURVEYS & REPORTS

Barnsley CHC has produced a very useful report on the routine use of diagnostic scanning during pregnancy. The findings are based on research taken from the available literature and on direct discussions with those who use the technique. The author notes that while most material available suggests that any risks caused by its use are minimal there is, as yet, insufficient long term research to enable firm statements to be made about clinical safety. The advantages and disadvantages of its use are carefully weighed up and the report notes that the number of laboratory studies on the biological effects of ultrasound on cells, plants and animals, greatly exceeds those conducted on human beings. Evidence on the biological effects appears to be inconclusive and difficult to compare. Copies of the report are available from Barnsley CHC.

East Dorset CHC, in collaboration with the District Occupational Therapy Quality Assurance Team, has published a report on occupational therapy in its area. Questionnaires were distributed to both staff and patients and a fairly comprehensive picture emerges of the workings of the services, its strengths and its shortcomings. As the collaborative nature of the report suggests, the work was undertaken as part of the new drive towards quality assurance by management, who themselves acknowledge the accumulated expertise of the CHC in these matters.

Sharing the Caring is the title of a report from Harrow CHC, who surveyed the problems experienced by carers. Regular breaks and clear information were the two top priority requirements. Some sort of respite, says Harrow, whether it be a sitting in service, day care, an overnight stay or a week's break - is vital to keep themselves healthy and able to cope. Carers need to be recognised as equal partners with the statutory bodies responsible for care of the disabled. Those responding criticised the duplication of effort by the health authority and social services in assessing people and suggested that time would be saved and problems avoided if assessments could be co-ordinated. Although most carers were devoted to their dependants and willing to continue, there was nevertheless some bitterness at the lack of support provided by the statutory agencies.

"None of the answers to the questions can possibly inform you of the difficulties and frustrations which arise day and night caring for a loved one. Never have I a moment I can call my own and my fatigue goes on and on".

Copies of the report are available free from Harrow CHC.

North Tyneside CHC has co-ordinated a "Health for All" day to mark the 40th Anniversary of the NHS and has produced a poster and programme which might be of interest to other CHCs planning similar events. (The programme offers, amongst other delights, "A House of Horrors..")

Bolton CHC has published the results of a survey into the lives of mentally handicapped people supported by the Bolton Neighbourhood Network Scheme. The CHC is very aware that monitoring the quality of community care is a complex and difficult task, which is only beginning to be tackled. "Those working in the field of resettlement are particularly anxious that valuable ways of measuring the quality of life be developed in order that they can assess the extent to which the quality of people's lives has been, and can be, improved by resettlement in the community. At present there is no widely accepted method of making such a measurement." The research used participant observation rather than interviews, and should be of great interest to many CHCs as an attempt to come to grips with a methodological problem, which must be faced by those assessing the provision of community care. Single copies available free

from Bolton CHC.

Following a suggestion from Waltham Forest CHC, the borough's Women's Committee have funded a Women's Health Directory. The CHC's Families' Committee co-ordinated all the work which went into it and produced much of the information. The directory covers a wide range of women's health problems, preventive medicine, special problems of ethnic minorities, mental health problems, addiction problems, social services, organisations and voluntary groups which might be helpful with a clear listings section. Although it is printed in English, information on the back is in eight different languages and explains where help is available for translation of the information in the directory. It is available from Waltham Forest CHC at £2 inc. p & p.

South Cumbria CHC has produced a booklet giving information for children with special needs. Most information needs are covered, including help before schooling, schooling, leaving school, practical help, help available from health departments and social service departments, benefits and other financial help, respite care, holidays and recreation and sightseeing and ends with a listings section.

Bloomsbury, Paddington & North Kensington, and Riverside CHCs have jointly produced HIV News, a quarterly newsletter for those affected by AIDS or who work or live in the three districts. The newsletter aims to bring together the ideas and experience of those working in the area of HIV and AIDS in order to assist effective participation in planning services and making the most of existing services. The first edition carries information on the main voluntary organisations based in London working in this field and an article on care in the community for people who are HIV anti-body positive or who have AIDS. The CHCs would be happy for copies of this and other issues to go to CHCs on request. Single copies are free of charge. Paddington & Kensington CHC are co-ordinating a mailing list, so further enquiries to them please.

Exeter & District CHC has just published a report on AIDS. Since October 1987 a special interest group has undertaken a programme of meetings with a variety of health professionals and voluntary sector workers to establish the present level of provision within the District and to solicit their views as to future needs. The chairperson of the group also attended meetings of the Exeter AIDS Forum. The health authority is still in the early stages of service planning, having only recently produced a document called "A strategy for AIDS" to which the CHC report is partly a response. Recommendations which the special interest group make include more staff and resources for health education, greater access to counselling, an adequately funded future for the Exeter drugs project and an extension of training for GPs. Copies available free to CHCs.

GLACHC has carried out a short survey of access by companions of pregnant women to obstetric ultra-sound departments. The report gives the reasons why some hospitals refuse such access but it was heartening to note that many had no restrictions and expressed surprised that any hospitals found it necessary to impose them. GLACHC suggests that departments with restrictions should have the quality of their service reviewed and that hospitals should make publicly available their policy on the use of ultra-sound in pregnancy as well as their policy of access to ultra-sound departments.

Price £1 for CHCs outside London.

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### GENERAL PUBLICATIONS

MIND has produced a information pamphlet on the controversial topic of Electro-Convulsive Therapy (ECT). The advantages and disadvantages claimed for this form of treatment by opponents and proponents are set out, as well as the guidelines laid down by the Royal College of Psychiatrists for the use of this procedure, and recognised side-effects. It suggests that patients and their families should ask four questions before agreeing to treatment:-

What alternatives are available instead of ECT?

What alternatives are available as well as ECT?

Will the guidelines issues by the Royal College of Psychiatrists be followed?

How many treatments are planned and at what intervals?

There is a short bibliography.

ECT - Pros, cons and consequences is available from MIND Mail Order Service, 4th Floor, 24/32 Stephenson Way, London NW1 2HD. Price 25 pence inc. p&p.

Two useful leaflets have recently been produced on the same subject. Living with Breast Surgery is published by the British Care and Mastectomy Association and briefly gives details of its organisation and where to contact it for support and help. Treatment of Primary Breast Cancer is based on a King's Fund seminar held last year and goes into more detail, stressing throughout the need to involve the woman in decisions about her treatment and the pros and cons of the various treatments that might be needed. It also suggests that there should be at least one surgeon in every health district primarily responsible for running and auditing a service for women with breast cancer who would also be aware of developments and advances in the field.



The first leaflet is available from Breast Care & Mastectomy Association of Great Britain, 26 Harrison St., King's Cross, London WC1 8JG - up to 200 copies free. There is no copyright on the King's Fund Consensus Statement, which is also free. Available from the King's Fund College, 2 Palace Court, London W2 4HS

Hysterectomy and Vaginal Repair by Sally Haslett and Molly Jennings. Judith Cook writes: This seems to me a prime example of how not to treat the subject and I write from personal experience. Admittedly some hospitals tell patients little or nothing but this tells you very little and that in a patronising manner. It makes sweeping assumptions as to why the operation is needed, talks of vague symptoms such as "heavy bleeding", without explaining any causes for it, never suggests alternatives and notes that "hysterectomy offers a welcome cure", for a variety of ailments. Explanation of the operation and how you feel is minimal nor is attention given to symptoms which are quite normal and often experienced afterwards but can be quite worrying.

Worst of all is the treatment of the menopause, either natural or advanced by hysterectomy plus ovary removal. "Skin, hair and bones are influenced by hormonal changes - the skin becomes dryer, hair less greasy, thinning and changing in texture and bones gradually develop a tendency to break more easily. Regular exercise is thought to have a beneficial effect." By whom? No authority dealing with the problem of bone loss in women suggests it can be halted or improved by exercise. At present the only method is by use of hormone replacement therapy (HRT) which is given only three brief paragraphs as something required - possibly - if both ovaries have to be removed. It rightly stresses the need for women to be regularly monitored, if they are put on to HRT but it is apparent that neither author considers it important. Yet, if there are no contra-indications and if a woman is regularly checked, it can prove beneficial to women whether or not they have had hysterectomies, in a variety of ways, not least in guarding against bone loss.

Hysterectomy and Vaginal Repair by Sally Haslett and Molly Jennings. Beaconsfield Publishers Ltd. £1.75.

Preventing Mental Illness: Mind's Research Results Published by Dr. Jennifer Newton (MIND'S Prevention Research Officer) reviews the research literature relating to prevention of mental illness, and focusses 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. It is published by Routledge and Kegan Paul and can be obtained, post free, from MIND'S Mail Order Department, 4th Floor, 24-32 Stephenson Way, London NW1 2HD. It costs £25.

North East Essex CHC has sent us copies of leaflets and a poster

put out by the General Dental Practitioners' Association which are very interesting. The leaflet called "Yes - But How Much Will It Cost?" sets out exactly what a patient may expect to pay for any treatment he/she might need in the clearest possible terms. The small poster, which is also a press release, states in no uncertain terms what the dentists feel about latest hike in dental charges saying, among other things, that the charges are now far too high and that the money raised will not even be spent on dentistry but is "robbing Peter to pay Paul". Available from Michael Watson, GDPA, 152 Maldon Rd, Colchester CO3 3AY. Up to 500 copies free. (Office tel. 0255-861829).

A brave new world for the patient of the future is envisaged in a new report published by NAHA. It is the theme paper for this year's NAHA AGM and looks at demographic trends, new developments in surgery, genetics and diagnostic services, all of which, says NAHA, point to major changes in the way services will be delivered. New techniques will supersede traditional surgery and there will then be a need for fewer beds more intensively used. New Horizons in Acute Care published by NAHA, 47 Edgbaston Park Road, Birmingham B15 2RS. Price £4.50 to non-members.

A clutch of excellent factsheets come from the Carers' Co-operative, based in Hove in Sussex. They cover a whole range of problems in an informative and friendly way. There is also a leaflet explaining the Co-operative itself, how it works and who runs it. It must be a Godsend to carers in its area. Leaflets from: Carers Co-operative, 54 New Church Road, Hove, East Sussex BN3 4FL. Tel: (0273:729365).

For those wanting a detailed statistical breakdown of how the new social security benefits affect those who need them, then London Welfare Benefits have produced it. It points out the wide disparities in London alone between the different boroughs. For instance two adjacent offices, Camberwell and Oval, have totally different social fund budgets (for the loans which have replaced one-off special needs payments). Camberwell received 80% of its old funding, but the Oval only 47% although the areas served have identical problems. Available free from LWB, PO Box 1119, London W3 6NJ.

New Steps in Qualifying Training. Training for staff working full-time with people with learning difficulties (social work staff and registered mental handicap nurses) is currently under review by both the Central Council for Education and Training of Social Workers and the United Kingdom Central Nursing Council. The Independent Development Council for People with Mental Handicap has reviewed the progress and changes currently underway in service provision, and in this pamphlet considers the need for a specialist worker and the difficulties for staff with the present training schemes. Obtainable from IDC at 126 Albert Street, London NW1 7NF. Price £2. inc. p & p.

The Access and Information Group has produced a set of symbols for facilities for people with disabilities. A number are in common use but to date only the wheelchair symbol is an approved symbol. Now, after lengthy negotiations with the British Standards Committee on Public Information Symbols, some sixteen symbols have been approved showing a variety of special facilities for the deaf and blind as well as those with other physical disabilities. These are now published by Letraset and should be available from any stockist at about 5.50 per sheet.

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### INFORMATION WANTED

North Bedfordshire CHC would like to hear from any CHC which has some good ideas on, or valuable experience in, successful consultation on GP applications to dispense for rural patients. The problem is how to reach a very scattered and ill-defined population so as to get their views in the month allowed for consultation and also how to judge the viability or otherwise of a local chemist who may be threatened by such an application. North Bedfordshire feels it would be useful to have a plan of action. Any assistance to the secretary, Mrs. Fiona Benson, please.

Merthyr and Cynon Valley CHC would like to know if any CHCs in England and Wales have registered under the Charity Act with the relevant charity commissioners for the purpose of securing maximum benefits on investments with local authorities, Building Societies, etc. in which ultimately the money is used to purchase equipment for the local NHS hospitals. This CHC has in the past raised extremely high sums of money - in the region of £300,000 but to date has not registered other than through the Lotteries and Gaming Act. Any information would be welcomed by the secretary, Mr. B. Williams.

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### COMING EVENTS

The Mental Health Film Council is holding a seminar on 29th June to view and discuss video material on the theme Care in the Community. This include a variety of housing schemes such as sheltered accommodation, hostels and a community for the emotionally disturbed and community neighbourhood schemes. It will be held in the Conference Room of the Disabled Living Foundation, 380-384 Harrow Road, London W9 and will last from 10 a.m. to 4 p.m. The cost is £24.90 (£18 for a subscriber to the Information Service). Details from MHFC, 380 Harrow Road, London W.9 Tel: (01)-286-2346.

After Cleveland is the title of a seminar to be held on 12 July on the subject of Child Sex Abuse. Organised by the National

Children's Home, it costs £49.45 for local authority members and £40.25 for voluntary organisations and similar bodies. Details from Michelle Nielson, NCH, 85 Highbury Park, London N5 1UD.

Working Together? Multidisciplinary Approaches to Caring for Elderly People is the title of this year's Age Concern England's national conference to be held on the 25 and 26 July in London. The conference costs £30 including VAT, lunch, coffee and tea. A limited number of rooms are available for those attending the conference for which you will be billed later. Details from Age Concern England, 60 Pitcairn Road, Mitcham, Surrey, CR4 3LL.

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#### DIRECTORY CHANGES

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Richmond, Roehampton & Twickenham CHC

new address:

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Twickenham, Middlesex TW1 4AW  
Tel. 01-744-1144