

ACHCEW is in the process of trying to streamline communications with members. This will mean a change of content, design and frequency for Standing Committee News. It would seem preferable to put as much information and requests for comment or action in one mailing rather than deal with each topic as it arises. Members have complained, with some justification, about the volume of paper received from ACHCEW and it is certainly difficult to process the responses at the centre. The attempt to make Standing Committee News the main vehicle for communication may present some difficulties which will have to be ironed out. Many CHCs do read and act upon the contents of Standing Committee News and some circulate it to all their members. We hope that all CHCs will in future take careful note of the points raised in Standing Committee News and we shall try and improve its presentation to make it more clear which items require action or comment. To save time and money we have suspended sending out formal acknowledgements to correspondence from CHCs unless a response is required. For the same reasons we are trying to deal with more matters by telephone than by correspondence.

#### 1984 AGM - Norman Fowler Invited

The Arrangements Committee also decided to invite a major figure from the World Health Organisation which has launched a campaign "Health For All by The Year 2,000". The aim is to promote the development of primary health care. Suggestions for other themes are invited from Member CHCs. So far ideas include workshops on CHCs and primary care with particular reference to GPs and FPCs, CHCs in urban areas and CHCs in rural areas. Members and other agencies are asked to take responsibility for organising fringe meetings, workshops, seminars, exhibitions and audio-visual displays. We have booked sufficient space including 6 extra rooms to encourage a wide range of activities during and after plenary sessions.

City and Hackney and Islington CHCs have agreed to assist the office and the Arrangements Committee.

Arising out of comments made about this year's AGM the Arrangements Committee proposes:

Members be requested to exercise moderation when they consider submitting motions. The more resolutions passed and the larger the number of issues raised the more difficult it becomes for ACHCEW to seriously negotiate their implementation and for others, most obviously the DHSS, to respond.

On timetabling, preference be given to motions supported by Regions while motions confirming existing policies should be formally proposed and seconded and placed towards the end of the agenda.

The text of motions should be scrutinised by the Arrangements Committee and, if appropriate, drafting improvements negotiated with proposers.

Proposers and seconders be urged not to cover the same ground. If no opposition to a motion is signalled to the Chair it should be formally seconded and the vote taken. Proposers and seconders of motions should be noted on the order paper and seconders should not move or second amendments to their own motions.

Formal notice of the AGM will be issued before the end of January. Closing dates for motions and amendments will be confirmed then and a conference fee fixed.

### National CHC Week

Judging by local newspaper cuttings and reports from many members the Week was successful although not in every case. The "Thank You" idea does not appear to have come off in all the districts it was tried. It would be helpful if all CHCs which participated in the Week could send ACHCEW an evaluation of the Week including details of their most and least successful activities and some indication as to whether they feel that national back-up from ACHCEW was sufficient, appropriate or useful. Some CHCs have commented that November is not a very good time of year to which the answer is that there are now so many "Weeks" that there is not much choice if clashes are to be avoided. The central questions are - should the Week become an annual event, never be repeated or organised occasionally - say every 3 years?

### Your views please

Angie Mason, Senior Education Officer (Programme Support to Development) at the Independent Broadcasting Authority, has provided us with this, probably incomplete, list of ILR coverage for the Week:

#### Plymouth Sound

Monday 14th November 1430-1530, with Doreen Sinstadt, secretary, Plymouth CHC and other guests.

#### Herewood Radio (Peterborough) -

During CHC week there was daily feature at 1100 on each of the 5 CHCs in their transmission area.

Radio Orwell (Ipswich) and Saxon Radio (Bury St. Edmunds) - both did pieces with representatives of their local CHCs.

#### Piccadilly Radio (Manchester) -

A day long Community Health Workshop was held on Tuesday, 15th November.

#### BRMB (Birmingham) -

CHC week was the subject of a morning phone-in on Monday 14th November with Garth Richards, Bromsgrove and Redditch CHC and David Baldwin from North Birmingham CHC.

### What Can CHCs Offer Ethnic Minorities?

On the evidence of the Black Report, ethnic minority organisations and many black citizens, members of ethnic minorities have particular health needs or may suffer discrimination or disadvantage in using or being employed by the NHS to which they make an outstanding contribution.

We do not know how many members of ethnic minorities there are on CHCs but very few were in evidence at ACHCEW's last AGM.

Some CHCs make vigorous efforts to service the needs of the ethnic minority populations in their districts. The Manchester CHCs have recently translated two of their basic leaflets into Urdu and are considering others in Bengali and Gujarati. Paddington and North Kensington CHC have just published a general statement on the function of CHCs in Spanish, Portuguese and Arabic. There are many other examples. The DHSS has announced that, in co-operation with the Commission for Racial Equality, it is planning to produce a new leaflet on social security benefits in Gujarati, Urdu, Punjabi, Bengali, Hindi and Chinese. The new leaflet "should be available in April". Clearly, those CHCs with significant constituencies using foreign languages, and particularly those who have little or no knowledge of English, would wish to meet such needs in presenting information available in English. They may feel that it is equally important to persuade the Health Authorities to do likewise.

ACHCEW has been asked to consider publication of materials in foreign languages which could be used and adapted by its members. Before reaching a decision it is important for us to know which members already do this for their own purposes and to decide, on the basis of their experience, if nationally produced material would be useful. Inevitably, such publications are more expensive; so we would also have to be sure that sufficient quantities would be purchased by our members to cover all the necessary costs.

Printed information is only one aspect of the issue. We would like to know from members:

Do you have a good working relationship with your community relations council? If not, why not?

Does your health authority have any special programmes to assist ethnic minority patients and staff?

Are interpreters needed, available?

Are special diets available?

Are you aware of any special out-reach programmes to contact groups such as ethnic minority women and elderly people who may have difficulty in gaining access to services available to them?

These are some of the more obvious questions but let us know if you would like us to gather information on others you know to be important. Finally, do you think ACHCEW has a role to play nationally in this area?

### Prison Medical Services

South Manchester CHC, with the aid of Alf Morris MP, has been investigating the notorious inadequacies of the prison medical service and the role of CHCs. The Home Secretary's position was outlined in a three-page letter to Mr. Morris (obtainable from ACHCEW): "I do not accept (the) suggestion that the arrangements for monitoring the standard of medical care in prison are inadequate .... I do not think .. that it would be appropriate for CHCs to regard their role as extending to the prison medical services."

We would like to hear from other CHCs who have taken up or are concerned about this issue.

Dr. John Kilgour has just been appointed Director of the Prison Medical Service. His priorities are "to boost morale in the Prison Medical Service; to convince the public that medical treatment in prison is no different to that on the NHS; to ensure that medical personnel increase at the same rate as the Government's prison building programme; to press for better hospitals." Faced with this difficult tasks he has our sympathy but he must check his facts.

#### Using Radio and TV in Promoting Health & the Work of CHCs

Broadcasting services are vital. Opportunities for collaboration with the BBC, Independent Companies and Production Companies are expanding rapidly while new technology will bring other opportunities which should be explored while new services are being planned. The Media Project of the Volunteer Centre (29 Lower Kings Road, Berkhamstead, Herts HP4 2AB) provides an invaluable information service with such publications as "Media Project News", "The Directory of Social Action Programme", and occasional papers such as "The Implications of Cable and Satellites for Social Action and Educational Broadcasting". Channel 4 issued a study guide on "The Nation's Health" and has published a wealth of material to back up health promotion programmes on such subjects as "Coping with Cancer", "Womens' Health", "Diabetes"; lists and copies can be obtained from Broadcasting Support Services, PO Box 4,000, London, W36 XJ. Channel 4 and ACHCEW are planning a joint publication on measuring health in your district to support a programme in the Well-Being series featuring Walsall and its CHC.

#### Regional Liaison Committees for CHCs

After months of deliberation and consultation, CHCs in North West Thames have decided to establish a statutory\* liaison committee to undertake CHC functions in relation to "services of a regional nature".

Following NHS restructuring, North West Thames CHCs (along with others throughout the country) recognised that a gap would emerge in strategic planning relationships when AHAs were abolished. CHCs were also keen to improve their own effectiveness and efficiency - it was therefore decided to review existing arrangements. Support for the move has been given by the Regional Health Authority and the first meeting of the Liaison Committee has been organised for late January.

A constitutional framework has been agreed and other practical arrangements are in hand for servicing of the committee - including the appointment of a part-time Secretary.

Further information and details can be obtained from Penny Grondona at Ealing CHC.

\* para 13(2) of Statutory Instrument 2217 (1973) as amended by SI 32 (1982).

### Time-Off For Public Duties

Bexley CHC has pointed out that the Employment Protection Act 1978 does not require employers to permit employees who are members of a CHC reasonable time off to perform the duties associated with their public position. Members of CHCs do not enjoy the protection afforded to members of Regional and District Health Authorities. In the past ACHCEW has made representations on this issue. They have been unheeded. We know that some members are not satisfied with the present position; however, to be realistic it would be unprofitable to resurrect our policy objective unless members felt sufficiently strongly to request further action by ACHCEW and, if possible, giving examples of cases in which the lack of protection seriously affects members of CHCs in fulfilling their responsibilities. Commonsense and experience suggests that wage-earners in non-managerial posts are placed at a considerable disadvantage as compared with other workers who can regulate their own working day. This would seem to inhibit the achievement of a proper balance of occupational groups within CHC membership. Your views please.

### Good Ideas Request from the DHSS

"As you will know, the Department recently issued Performance Indicators to authorities under cover of HN (83) 25. The purpose of this letter is to seek from you and your colleagues suggestions and "good ideas" for the development of Pls in the future.

The Secretary of State established a joint HNS/DHSS group (the Joint Group on Performance Indicators (JGPI)) to advise him on the future development, publication and use of performance indicators. At its second meeting the Joint Group decided that eight working groups should be set up to carry forward the detailed development of Pls in the following areas:

- Services for Children
- Services for the Elderly
- Services for Mentally Ill
- Acute Services (including A&E, Obstetrics & Regional Specialties)
- Support Services (ambulance services, hotel services (excluding Supplies), Medical Records, Pathology, Pharmacy and X-Ray Services)
- Estate Management
- Manpower

The working groups will concentrate initially on revising the present set of indicators, building on these and attempting to fill the obvious gaps. Further work will consider Pls which seek to measure performance in relation to the quality and adequacy of services.

The Joint Group is anxious to canvass a wide range of organisations in order to obtain as wide a spread of "good ideas" as to how it should undertake its tasks. It has not attempted to define a "good idea" in order to avoid self-censorship of potentially valuable suggestions.

But the sort of thing the Group is interested in are suggestions about how the recently published PI package could be improved in terms of content, obvious omissions, unhelpful commissions, presentation of data, guidance on use of indicators and so on. It is also keen to receive ideas about how best new indicators might be developed, tested, presented and used. And in any good ideas that do not fit easily into these categories. "

Suggestions should be sent to Malcolm Jefferies - Room 1406,  
Euston Tower,  
266 Euston Road,  
London, NW1 3DN

as soon as possible, but not later than 31st January 1984.

## REMINDERS

Very few responses have been received from members who were asked to submit information on their own and the patients' experience of complaints for the proposed Working Party on Complaints Procedures which was agreed at the AGM. ACHCEW is investigating the possibilities of funding to service the working party and of collaboration with a university.

Only 55 names of parliamentarians known to take an active interest in health services and CHCs have been submitted to date. If we are to establish a presence for CHCs in Parliament it is essential that we start with a comprehensive and politically balanced list. We believe that parliamentarians will respond more positively if in our first mailing we can say that everyone approached has been positively recommended by a local CHC. During the period necessary to compile the list ACHCEW has not engaged in any parliamentary lobbying, although there have been a number of issues for which this would have been appropriate. Now, the most immediate and outstanding issue concerns the Health and Social Security Bill (Bill 69) which amends the Opticians Act 1958 to enable specific exceptions to be made to the law which allows only registered opticians or medical practitioners to sell optical appliances; amends the National Health Service Act 1977 to provide for changes in the status and construction of FPCs and makes a technical amendment to section 97 of the 1977 Act, as amended by the Health Services Act 1980, and "removes an ambiguity in respect of Community Health Council accounts". We are assured by the DHSS that this last amendment is purely technical and implies not material change to the position of CHCs. An explanation promised by the DHSS will be circulated shortly. Historically, ACHCEW has opposed the changes on optical appliances but we note that one or two CHCs have welcomed the provisions of the Bill. ACHCEW was also opposed to the change of status for FPCs but there must be some doubt about the practical worth of opposing the changes now before Parliament in general terms so that more attention should be given to detailed amendments supported by members.

## College of Health

The establishment of the College of Health founded by Lord Young has met with a mixed reception from CHCs although the Standing Committee, at its July meeting, instructed the Secretary to explore areas of co-operation with Lord Young. The establishment of the College and the launch of its quarterly journal "Self-Health" has received very favourable publicity. Member CHCs will have noted from the Guardian and the Health & Social Services Journal the very positive attitude adopted by the College towards CHCs "Run as a non-profit making charity, the college actively

supports, and will be lobbying for more resources for Community Health Councils. The college plans to set up local branches to liaise with CHCs in their areas, and act as pressure groups".

Many members will have been impressed by the first edition of "Self-Health." The details of collaboration, taking into account any confusion or difficulties likely to arise, need to be worked out but ACHCEW would appreciate some feed-back from its members to assist in any further negotiations which may take place.

### Medicine Expiry Dates

As members raise this issue with us we approach the Pharmaceutical Society of Great Britain who said:

"The present legal requirements are that manufacturers must include an expiry date on those medicines which have a shelf-life of less than three years. A proportion of medicines are considered to be stable, i.e. unlikely to deteriorate significantly over a long period. The Society is not currently contesting this legislation, although we have taken the view in the past that there should be an expiry date on the packs of all medicinal products.

In relation to dispensing, the above information about expiry dates would be for the pharmacist, to enable him to ensure that no medicines are dispensed when there is any likelihood of them becoming "time expired" during the prescribed period of treatment.

It would not, however, appear to be in the interests of the patient to include the manufacturer's expiry date which could well be one, two or even three years after the date of dispensing. (In many cases the expiry date would not be available under the current arrangements.) If this expiry date was well after the time that a course of treatment should be completed, it would encourage patients to keep unused medicines, to be used by themselves or even their friends on some future occasion.

We have a very firm view that medicines should not be stored after the period of treatment, and patients are encouraged to take the full course of treatment in relation to acute conditions. We insist that any medicines which are left, for example when patients die or when treatments are ended, should be destroyed.

The Society is also actively promoting the concept that prescriptions should be written for a maximum 28 days treatment and that doctors should state the length of a course of treatment on the prescription.

We do not, therefore, consider that manufacturer's expiry date should be included on dispensed medicines, but we do feel that patients should continue to be encouraged to complete the prescribed treatment and to destroy any medicines which might remain for one reason or another".

### Any comments?

### Health Advisory Service

Members will have noted that after a long struggle and constant pressure from the press, notably the Guardian, the DHSS has now agreed that reports issued by the Health Advisory Service, which deals mainly with services for mentally ill and elderly people, will in future be published. Those members who have had the opportunity to study these hitherto confidential reports will appreciate the significance of the change. In the past action has not always been taken on the recommendations and, because the reports were not published, there has been little public interest or pressure to insist upon action in the interests of the patients concerned. Even the suggestion that CHCs, at least, should have access to the reports have been ignored. Now that they are going to be available, CHCs may well feel that they have a duty to insist upon implementation. Because the hospitals concerned serve more than one health district this may well require collaboration between CHCs. We suggest that our member CHCs may wish to plan to deal with this new situation recognising, of course, that your resources are limited and this new area of activity will place additional burdens on you. The patients concerned, however, represent probably the most inarticulate and deprived group within NHS hospitals.

### Psychologists' View of the Cuts (From the British Psychological Society)

"Though the cuts are affecting clinical psychology services very unevenly across the country, it is very good that the Association is prepared to co-ordinate a response to the problems being faced on behalf of the many organisations who are concerned about the present situation.

"At present, we are finding that the imposition of manpower targets on top of financial constraints is causing a particular problem. As you know, services to the various groups of patients with long-term handicaps is a manpower-intensive operation, and the current need to 'count heads' in every DHA makes it especially difficult to develop services for these priority groups. To some extent we can sympathise with Norman Fowler's view that manpower planning in the NHS is deficient, even though his remedy exacerbates the problem. NHS planning, in our view, is too much geared to capital projects with attendant revenue consequences. The NHS seems to lack an adequate machinery for estimating manpower needs independently of capital projects, and planning to meet them. This lack of adequate planning machinery hits the high-priority long-term groups, with their need for manpower-intensive, community-oriented care especially severely.

"In recent years an increasing part of the work of clinical psychologists has been carried out in conjunction with other direct-care staff. Staff morale with long-term groups is often low, and as you know the pattern of care can easily become merely custodial. There are many examples of places where relatively trivial expenditure on a few additional clinical psychologists has been able to enormously lift the level of expertise and sense of purpose in the direct care staff working with long-term patients. It is very frustrating to us as a profession that financial and manpower constraints make it difficult to realise this potent contribution more widely."



### Contraceptive Advice to Children: Solihull CHC writes to Minister

"I have been instructed by the Chairman of the CHC to write to you to give support to the retention of the current guidelines (HN(80)46) on counselling and treatment for children under 16 years of age. These guidelines appear to be in the best interest of the young person who requires the help of an adult in obtaining responsible advice but who is unable to approach their own parents.

There is only a small number of children in Solihull who seek contraceptive advice but it is known that these girls are almost always at risk of having an unplanned pregnancy and there is also the additional medical risk because of immaturity, both physically and mentally."

### Homeopathy

Solihull CHC asks for information on the level of interest among CHCs in alternative medicine and homeopathy.

### Clinical Medical Officers

Airedale and Bradford CHCs are concerned by a proposal from the Royal College of GPs that the work currently undertaken by Clinical Medical Officers should be taken over by GPs. They have prepared a useful paper on the subject with the Bradford Voluntary Council for Children with Handicaps or Special Needs and have asked ACHCEW to formulate a policy and assess Government intentions.

### Is the Standing Committee too Large?

The Standing Committee will also be discussing a proposal from the Yorkshire Regional Council of ACHCEW that "The Standing Committee should be constituted by one regional representative with a named deputy," in view of the size of the Standing Committee. It is for members to decide but ACHCEW has a number of structural problems which need to be resolved if we are to become more efficient.

### Guidelines on CHCs and Social Services Departments

South Manchester CHC draws your attention to guidelines on the relationship issued by Manchester Social Services Department via the joint consultative committee. Copies are available from ACHCEW but these extracts give the flavour - "The Social Services Department would wish to co-operate as far as possible by providing relevant available information and, where practical, to enable members of the CHCs to visit premises and discuss the nature of the service. Requests by CHCs for information or a visit should be channelled through the Director of Social Services who would arrange for a Senior Officer to provide any appropriate information . . . . . to accompany a CHC member to visit premises, subject to the convenience of these services . . . . Issues . . relating to services which are the responsibility of Social Services, or to the interface between Health & Social Services, should be taken up with the relevant Health Authority, so they may, if they consider it appropriate, discuss it with the Social Services Department, either through formal channels or in an informal way . . . . . it is not appropriate for CHC members as members of that body to take up the cause of individual cases with the Social Services Department as they have only the relationship of any member of the public with the Social Services Department or any other department of the Local Authority."

We occasionally receive reports of difficulties at the "interface" as in Croydon recently. South Manchester and ACHCEW would like to know whether or not similar guidelines have been issued in other parts of the country. On an indirectly related topic, "Health Trends", November 1983, carried a useful article "Community Services for Community Care - notes on joint planning for community physicians" by L.B. Hunt, Senior Medical Officer, DHSS.

#### T.V. Licences

Somerset CHC writes "In Somerset Hospitals, a number of geriatric and psycho-geriatric patients own their own t.v. sets and, as the licensing laws stand at the moment, they have to pay the full t.v. licence fee. This CHC feels that this is very unfair as those in residential warden controlled homes only have to pay a nominal 5p for their licence. We are pursuing this matter through a local MP but it would be most useful if we could ascertain whether this is a problem that other CHCs have come up against."

#### Privatisation/Contracting Out

Salford CHC has opposed the contracting out of domestic, catering and laundry services. ACHCEW is asked to collate information on the advantages or disadvantages on moves in these directions. Any offers?

#### Well Women Centres

Waltham Forest CHC has repeated a survey originally carried out by East Cumbria CHC into local women's views on the centres. The report concludes: "The survey has been useful in confirming our view that women in Waltham Forest need a Well Woman Centre and would use it if one existed. We would wish to see a comprehensive range of health checks offered and advice and counselling on a variety of topics in a structured or more informal way, all under one roof instead of scattered or non-existent as is the case now. We suggest one such clinic be established centrally in the Borough to replace one cytology clinic. It should be open 5 days a week, 9-5 and one day, 11-8.

We feel that a Well Woman Centre, whilst perhaps initially costing money, would prove cost-effective in the longer term. It would also release GP time for other users of the health service. It has potential to encourage communication and co-operation between health service staff, GPs and women for the mutual benefit of all, and to generate a more preventive attitude to health care for women in particular and everyone else as well.

We call on the District Health Authority to initiate discussion with the CHC and other interested bodies on the setting up of a Well Woman Centre locally as soon as possible."

We are aware that many CHCs have been campaigning on this issue and would like to issue a progress report if we can gather in up-dated information from all of them.

#### NHS Management Enquiry

The DHSS invited CHCs to comment on matters raised by the Secretary of State's letter to Health Service Chairpersons (18th November) and on "other aspects of the report" by the 19th January 1984. Copies of responses from 10 members have been received by ACHCEW which would like to take account of members' views before submitting its own response.

### AGM Resolutions

Almost all required responses from Government Departments, mostly the DHSS. As they have been received they have been sent to proposers and seconders for comment. Where feasible these comments are being followed up with the officials concerned. Inevitably the process is fairly mechanical and long drawn-out. Progress will be reviewed in the New Year. ACHCEW will request a meeting with the DHSS to discuss outstanding issues and if appropriate the assistance of MPs will be sought.

### Patients Needs First

We apologise for the delay in publishing a report. The tapes were of poor quality making transcription difficult. Brian Rix's speech is available now and we hope to issue a full report in January.

### Is the NHS too Secretive?

Should Patients have access to their medical records?

The 1984 campaign for Freedom of Information will be launched on January 5th. It has been backed by 150 MPs, 50 Peers and 25 national organisations (but not by ACHCEW although Tony Smythe is a member of the Campaign Committee in a private capacity).

A handbook "Our Right to Know" (£3.50) and a newspaper "Secrets" (30p) are available from the Campaign, 2 Northdown Street, London, N1 9BG.

### Community Health Interests in Rural Areas

An NCVO proposal for a seminar on rural community health issues which was circulated to regions has met with general approval judging by responses to date. The NCVO want to improve co-operation between CHCs and rural community councils and believe that some CHCs are now aware of the new arrangements following the implementation of the Clothier Agreement for rural dispensing. Plans for the seminar have yet to be worked out but details will be circulated as soon as possible.

### Useful Publications

Mental Health: "The Court of Protection" (£1.95)  
 "Practical Guide to Mental Health Law" (£2.50)  
 both published by MIND and written by Larry Gostin.

Homeless People: "Housing and Supplementary Benefits - a Rights Guide for Single Homeless" (£2.80)  
 "In on the Act - the Homeless Persons Act: an action guide for Single Homeless People" (£1.80)  
 both published by CHAR

MIND: 22 Harley Street, London, W1N 2ED.  
 CHAR: 27 John Adam Street, London, WC2N 6HX

"Your Community Health Council in Action". Copies of the second reprint of this brochure are now available. £10.00 per 100, 25% discount for 1,000 or more.  
 Please send your orders to ACHCEW.

Best wishes to all CHC staff and members for Christmas and the New Year from  
 ACHCEW

