

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

STANDING COMMITTEE NEWS

NO. 36, FEBRUARY 1984

Standing Committee Meetings

The meeting on the 11th January was preoccupied with ACHCEW's financial situation - but you will have heard all about that. Members asked for more feed-back from the Royal College of GPs' Liaison Group. The ACHCEW/Greater London Association of CHCs Research Project is well under way and Andrew Thompson (from Manchester) has been appointed Senior Researcher/Co-ordinator. Some 60 CHCs have sent ACHCEW copies of their response to the Griffiths Report and an overview is being prepared by the Vice-Chairman. The proposal from the Yorkshire Regional Council of CHCs to reduce the size of Standing Committee meetings was deferred until the next meeting. It was agreed to take up the issue of consultation on new developments (raised by Camberwell CHC), Clinical Medical Officers (Airedale CHC) and the upgrading of CHC Secretaries in consultation with the Society of CHC Secretaries. The Secretary reported on a Channel 4/ACHCEW publication "How Healthy is your Community?", largely drafted by Mark McCarthy, and due to be issued in connection with a programme about Walsall due to be screened on the 9th March in the Well-Being series.

The Emergency Meeting of the Standing Committee convened on the 1st February decided to set up an ad hoc Financial Sub-Committee "to consider prospects for the financial year 1984/85 in the light of ACHCEW's financial position in the current financial year based on the following options: 1. The continuation of ACHCEW and its magazine, CHC News, at more or less the same level of activity assuming a) an ACHCEW subscription of £300 p.a. and £350 p.a. and b) a CHC News subscription of £12.00 p.a. and £15.00 p.a. 2. A reduced level of activity based on the membership subscriptions in 1(a). 3. The cessation of the publication of CHC News while maintaining existing forms of communications between ACHCEW and its members or closing down ACHCEW as a national organisation. Members of the Sub-Committee are: John Butler (S.E. Thames, Canterbury), Gladys Monk (Wales, Aberconwy), Sheila Laws (West Midlands, Shropshire), Cliff Clulo (Merseyside, Southport and Formby), Edgar Evans (Secretary Observer - Weston). Its recommendations will be debated at the Special General Meeting on the 25th February which will decide ACHCEW's financial future.

Generous Government Funding for Consumers

The provision for funding national consumer bodies (the only figures we have available) was:

	<u>1982/83</u>	<u>1983/84</u>
Nationalised Industries Consumer Councils	£3,729,000	
Domestic Coal Consumer Council	£ 50,000	
Electricity Consultative Council	£1,300,000	
Gas Consumers Council	£1,535,000	
Post Officer Users Council	£ 305,000	
Transport Users Consultative Committees	£ 499,000	
National Consumer Council	£1,267,000	
National Association of Citizens Advice Bureaux	£5,757,000	
ACHCEW	£ 25,000	NIL

"Patients' Needs First" - Report of the Emergency Conference held on the 15th November 1984

An 18 page report, inelegantly presented because of recent pressures on the office, is now available. If you want one please send £1.00 towards the cost of transcription, production and postage.

ACHCEW Evidence for House of Commons' Social Service Committee

Community Care - On January 25th the Social Services Committee decided that its next major enquiry should be into Community Care, with special reference to the adult mentally ill and mentally handicapped. Conscious of the need to limit the scope of such an inquiry, the Committee had decided to concentrate primarily on the policy and practice of community care in respect of the mentally ill and mentally handicapped between the ages of 16 and 65. Although, that will not exclude some consideration of older patients, the Committee does not intend to inquire in depth into the particular problem of elderly people with mental illness. The Committee has also decided not to give separate consideration to the specific issue of alcohol and drug dependence.

The Committee intends to visit several Regions within England, and also to include Wales and Northern Ireland within the scope of the inquiry.

The Committee is inviting submissions generally but in accordance with its normal practice is also issuing specific invitations to submit evidence to many of the bodies providing care for the adult mentally ill or handicapped. ACHCEW is being asked to submit evidence to the Committee, if possible BY EASTER. The Committee will decide on an oral evidence programme when it has had the opportunity to study the written evidence submitted, but it is unlikely that oral evidence will begin before the end of March.

In view of the timescale and our "domestic problems", we suggest that member CHCs should send evidence direct to the SSC with copies to ACHCEW. The SSC has also been holding sessions on the Griffiths Report. Evidence to: The Clerk of the Social Services Committee, House of Commons, London SW1A 0AA.

DHSS

Kenneth Clarke has set up a joint working group with NAHA and the local authority associations "to consider the state of joint planning between health and local authorities and to offer suggestions and guidance on how it might be sustained and improved." He wrote to ACHCEW: "One of the matters that will clearly need to be considered at an early stage is the contribution that other organisations may be able to make and how this can best be arranged, and your Association's interest will be borne in mind along with others which have been drawn to our attention."

Draft Circular: Representation of Voluntary Organisation on Joint Consultative Committees

Some member CHCs have reacted by pressing the case for CHC representation and questioning the inclusion of voluntary organisations. ACHCEW's initial response suggested a primary role for CHCs supplemented by voluntary organisations which were major service providers locally.

The DHSS response: "Thank you for your letter of 19 December 1983. I am sorry to have taken so long to reply. CHCs are, as you say, statutory, not voluntary, organisations and therefore excluded from the scope of the new provisions in the Health and Social Services and Social Security Adjudications Act. The draft circular is concerned only with the administrative arrangements for bringing into effect the existing legislative provision. The question of CHC representation on Joint Consultative Committees raises separate points of principle which are outside the scope of the draft circular. Your letter also suggests appointing voluntary organisation representatives from CHCs in the first place and then seeking further representation if this appears necessary later. However, the intention is that there should only be three additional members on each JCC, the interests of the JCCs also vary according to the statutory authorities represented on them. We therefore feel that all voluntary organisations have an interest in the work of the JCC should be involved from the outset in the appointment of the additional members. This would include housing and educational organisations as well as those in the health and social services fields. Having separate arrangements for voluntary organisation appointments to the two bodies is an additional complication but we feel it is the only way to be fair to all the interests concerned. If you do decide that it is appropriate for ACHCEW to submit comments on the draft circular I would be grateful if you could let me have them as soon as possible." M.T. Skinner, Community Services Division DHSS.

This is the sort of issue which underlines the wisdom of the National Association of Councils for Voluntary Services when its AGM in 1983 carried a resolution calling for closer collaboration with ACHCEW. Inter-agency discussions are pending.

CHC Week

Reports on the Week are still coming in. Warrington CHC's "You and Your Health" exhibition brought in 700 visitors including secondary school children studying the material to find answers to an exhibition quiz for which the first prize was a £10 book token. Almost all aspects of health care were covered from ante-natal care to home and road safety. Various professional health staff were on hand to answer queries and the role of the primary care services was explained by the CHC. Other displays and information were provided by the Regional Blood Transfusion Service, the Ambulance Service, the Accident and Emergency Department of the local hospital, and bodies connected with mental illness.

South Birmingham CHC felt that a National Week should be held only every 2 years. The Secretary was interviewed on local radio at the start of the Week and the CHC produced new leaflets and posters which were distributed within the area. Display boards were put up in the local Co-op Superstore and CHC members were on hand to answer queries from members of public. After the Week, copies of the literature were sent to all hospitals, and libraries have taken display boards which are circulating around the area.

Cardiff felt that the Week stimulated continuing action in respect of publicity but that such a Week should only be undertaken once every 3 years. Mid-Essex CHC had stalls and displays but the most success came from a major item in the local press. Should there be another such Week it was felt this must have a national emphasis, possibly with the assistance of a P.R. company used to handling this kind of thing.

CHCs and Ethnic Minorities

This item produced a good response - Liverpool Central & Southern CHC, City & Hackney, Huddersfield, Hillingdon and Glamorgan all have close links with their Community Relations Councils, Liverpool having a joint sub-committee and Hillingdon two CHC members on a CRC sub-committee.

Health Authority programmes varied considerably although the need for interpreters, special diets and information in ethnic minority languages is being given greater importance. Liverpool has a list of interpreters and Hillingdon DGH one on call during morning sessions at the hospital, while Peterborough CHC actively campaigned for an interpreter for Asian sub-continental languages, obtained a grant from the EEC Social Fund and persuaded the DHA to run a three year pilot scheme which resulted in an appointment by the Health Authority in 1982. A number of CHCs provide leaflets and other material in a wide variety of languages, and CHCs have taken up questions of diet with the Local Health Authorities, on the whole, successfully. One particularly interesting venture is that of City & Hackney which employs 4 women on a special project to act as advocates for non-English speaking women. It has reservations about the use of interpreters, preferring outreach workers to facilitate access. Hackney is arranging a conference at the King's Fund in June on the advocacy scheme and is also preparing a publication.

Some CHCs have found their local Community Relations Council to be very divided (Huddersfield and East Berkshire) which has not been helpful to the problems they have to overcome. East Berkshire has been successful in the getting of special diets introduced into hospitals and a "Rickets Campaign" brought close links between the Health Authority and different Asian groups.

As to the role of ACHCEW nationally, N.W. Herts CHC felt its role should be to stimulate and co-ordinate possible action in this area, i.e. to act as a clearing house but should not itself produce leaflets for ethnic minorities. Glamorgan too thought the most useful role for ACHCEW was that of a clearing house, putting out initiatives which would be helpful to CHCs all over the country.

Training in Health and Race (co-ordinator, Mavis Clarke, 18 Victoria Park, Bethnal Green, London E2 9PF) has prepared a checklist on health and race for CHCs which will be launched in the near future.

Member CHCs may like to display their posters and publications for ethnic minorities at the AGM. A workshop or seminar for the exchange of information between concerned CHCs would be useful.

Well Women Centres

This is obviously an important issue for CHCs, as was shown at the 1982 Manchester Special Seminar.

Calderdale CHC began pressing for a Centre immediately after the seminar and this has resulted in the setting up of a Management Committee to launch a pilot scheme in Halifax, possibly followed by five others within the area. Cardiff CHC draws attention to a new Well Women Advisory Centre in Cardiff "not the Clinic that was hoped for but it is a start." It operates once a month for a two-hour evening session and is run by trained counsellors, state registered nurses and lay helpers with doctors in attendance for advice. Financial support has come from individuals, organisations and commercial undertakings.

Swindon CHC has conducted a survey since the Manchester seminar, the results of which were presented to the District Management Team in December requesting the setting up of a working party. Since then the DMT has authorised an experiment at a local health clinic to determine the need, to consolidate existing services and develop staff skills. The DHA has established an ad hoc committee on health promotion and to review the need for a Well Women Centre.

Wirral CHC pushed the DHA for a pilot scheme and, in spite of initial opposition, a working party was set up which included the CHC Secretary. Although for some time the DHA maintained there were no funds for an additional clinic, finally, by closing certain under-used clinic facilities and transferring them to the Well Women Centre, this was shown not to be the case. The Clinic is in a deprived inner city area designed to cater for the neighbourhood because of the limited amount of staff available. The CHC provides lay counsellors, paying their travelling expenses, and the DHA pays for heating, telephone, postage, etc. It operates once a week, the first two hours being used for appointments and the last for "walk in" patients. The Clinic is very popular, providing cervical smears and counselling for psychological and psychiatric problems, menopausal and menstrual difficulties and family planning. Wirral, which had dropped the word "Well," calling their clinic the Women's Clinic, feels that in spite of the continuing opposition of some GPs they have more than proved its value.

Opposition from GPs has been a strong feature against the setting up of such a clinic in the Medway Health District although a detailed plan by the Medway Women's Health Campaign and also a petition showed the necessity for one. However, the DHA now agree that some kind of information and counselling service is needed and is hoping to set up a "drop in" advice and information service eventually, to be combined with an existing family planning and cytology clinic.

Southern Derbyshire CHC initiated a survey into the need for a menopausal clinic in Derby. 257 copies of a questionnaire were sent to GPs to discover their attitude, 49% of whom replied. Some GPs were doubtful about its usefulness and a few seemed unaware that such clinics were operating successfully elsewhere. However, just under half of those who replied felt such a clinic might be helpful and three were positively enthusiastic. The usual response invoking the need for financial stringency was put forward by the DHA and other bodies. A number of GPs commented that they would prefer to refer women to consultant gynaecologists rather than such a clinic, since when the CHC has discovered that gynaecology has the longest waiting list for treatment in the Area with 1940 women awaiting treatment, from 35 listed as very urgent, to 1164 considered to be non-urgent who have waited for more than a year for an appointment.

Mid-Essex CHC asks for co-ordinated information on efforts to establish clinics and on where there is now some kind of a service and Norwich CHC is circulating CHCs to try and compile such information; so too is Victoria CHC.

What has emerged strongly is the value of the initial seminar in both clarifying objectives and suggesting effective methods of pursuing them.

See: "Establishment of a Menopause Clinic in Derby" (Southern Derbyshire CHC)
 "Plan for a Well Women Clinic" (Medway Women's Health Campaign)
 "A Women's Health Centre" (City & Hackney CHC)

Miscellany - Notes from CHCs

Closures

Bloomsbury CHC draws attention to CHC consultation (or lack of it) over the proposed closure of the Lugana Nursing Home in the North East Thames Region. The N.E. Thames RHA meeting stated that West Essex CHC whose district it is in "has the legal right to approve or object to the proposed closure." The DHA then went on to state that "while Health Authorities should take account of their comments, CHCs, other than the Council in which the facility is geographically situated, do not have the right to insist on the proposal being referred to the RHA and Ministers for decision." In a letter to H and SSJ on the 26th January, Margaret Wheeler, Chairman of Waltham Forest CHC points out that this now appears to mean that the DHSS has given the right of referral only to those into whose boundaries the hospital falls, regardless of where its patients come from and that while West Essex CHC might have agreed to such a closure, other CHCs did not. Alan Berson, Chairman of Bloomsbury CHC, draws attention to what he sees is a major change in consultation procedure, therefore, which could have far-reaching consequences for CHCs. "The whole consultation power is being eroded more and more, with more DHAs deciding unilaterally that "significant changes of use are not that evident." CHCs might give their comments on this. Legal action is being considered in Islington and Richmond while Mid-Downs CHC is engaged in a long-running, well-documented battle with its District.

Confidential Papers

West Birmingham CHC draws attention to the problem it has encountered regarding its right to copy "In Committee" papers of the DHA in confidence to allow its Observer to consult and report back to the CHC. Although there are no restraints on the Observer remaining for most "In Committee" business and consulting or reporting back and there are no real problems with business allocated to Parts II and III of the agenda, the CHC considers the bar on copying "petty" and "hyper-cautious". Information from other Regions requested. West Birmingham would like to hear from other CHCs with similar problems before proceeding further.

Unsolicited Advertising

Mid Staffs CHC was approached by a member of the public who complained about unsolicited advertising with a medical connotation being pushed through doors. The instance in question was a handout for VITASAFE tablets obtainable from Lawrence House, St. Andrew's Hill, Norwich. The advertising seems questionable and Mid Staffs CHC is worried about it, saying, that while the company concerned may well be acting within the law, something should be done to limit indiscriminate advertising of this type, as it may persuade people to use the product as a panacea instead of consulting their GP for essential treatment. "If the law permits advertising of this kind should some move be made to curtail it with regard to medicinal type products." Mid Staffs would like the views of other CHCs who may have come across the problem or any research carried out by them.

GP Services for Old People

Barking, Havering and Brentwood CHC is experiencing difficulty in helping old people to find a GP. Although the individual has the right to select a GP and a GP to accept or reject such an application, it appears that in the case of the elderly too many are prepared to reject them.

Recognising that the elderly may have more demanding needs such as night and weekend visits, etc, the CHC would like to know the views of other CHCs and the Standing Committee on whether there is the need for existing regulations to be amended to meet this ever-increasing demand.

General Ophthalmic Services

Bromley CHC have found that severely disabled people requiring an optician to visit them at home must rely on their generosity since opticians do not get a fee for providing such a service. This can lead to disabled people suffering lengthy waits or indeed having no service at all. Bromley would like ACHCEW to pursue this matter to ensure that such cover can be provided at a commensurate fee.

Relationships with DHAs and DMTs

Wakefield CHC would like more regular contact with these bodies and suggests, among other things, regular, or even occasional attendance at full CHC meetings by Officers of the DMT or DHA and contact between CHC and DHA members in addition to a Statutory Annual Meeting. They would also like to make evening, night, early morning or weekend visits to hospitals, extended visits to a particular ward or unit, unaccompanied or part unaccompanied visits and unannounced visits or part unannounced visits (i.e. giving date but not time etc). Wakefield would welcome information from other CHCs as to their experience in these fields.

National Development Team

This was set up by the then Secretary of State for Social Services in 1976 to advise Health and Local Authorities and voluntary bodies on the planning and development of services for mentally handicapped. As the DHSS recognises the interest of parents, relatives and the local community in what is provided, it is seeking comments on the proposal that in future the Team should routinely publish, as soon as possible after each visit, a summary of the main conclusions and recommendations which will appear in its reports on services, the authorities themselves publishing full reports later. Comments are welcomed on this move by the end of March. A consultative document is available from Mrs. V.M. Demmery, DHSS, Alexander Fleming House, London SE1 6BY.

Response Roundup

The following are responses to the wide variety of topics raised in the last issue we hope you will find helpful.

Time Off for Public Duties

Overall response showed this was something ACHCEW should continue to pursue. Brighton, South Birmingham, Calderdale, Cardiff, Leeds West, South Gwent, Plymouth and South Derby represent those who actively wanted this. On the other hand Hillingdon and Lancaster did not agree, Lancaster saying "they imagine there are more pressing subjects requiring ACHCEW's attention."

Supra Regional Services

South Birmingham CHC expressed concern about the burden of financing them falling unfairly on one authority and has written to the DHSS asking for a response to the problems of appropriate funding. The District's speciality is treatment of bone tumours.

Insurance Cover

The Association of Welsh CHCs have had confirmation from the Welsh Office that meetings of its Management Committee would be "approved duties" and included in the general cover provided for CHC members while on CHC duties. However, the Welsh Office did not accept that Secretaries' meetings fell into the same category and therefore, a separate insurance policy has been taken out to cover this with the Royal Insurance Company at just under £2.00 per member. It is suggested ACHCEW seeks clarification from the DHSS.

Privatisation/Contracting Out

Gateshead CHC is fully supporting the Health Service Representatives Committee in opposing staff cuts and moves to privatise. Cardiff CHC has made very detailed observations on the draft Welsh Office circular and appendices on the use of commercial contractors for domestic, catering and laundry services. It disputes many of the findings and feels there are far too many unanswered questions (which it specifies) and would therefore, ask for an independent assessment of the costs and benefits of privatisation.

Committee on Safety of Medicines

Coventry CHC is giving its support to Crosby Women's Action Group (Liverpool) demanding proper labelling of drugs which may be harmful in pregnancy or possible pregnancy.

Prison Medical Services

Leeds West tried to discover if the numbers of mentally ill and handicapped people in Armley Hospital was going up in inverse ratio to those in the nearby mental hospital. It took nine months to receive a reply from the Home Office and only after the intervention of a local MP did Lord Elton reply saying, politely, that it was none of his business. The numbers at that date were, however, 6 mentally ill and three mentally handicapped people. As we said in the last issue, copies of the three page letter from the Home Office to Alf Morris MP, dealing with the position of CHCs re the prison medical service is available.

Information Wanted

One of the objects of Action for the Victims of Medical Accidents is to obtain statistics on medical accidents throughout Britain. Until the size of the problem is known it will be difficult to decide how to tackle it in the long term. A few district authorities give statistics to CHCs who have passed on the information to AVMA. Would all CHCs press their districts for regular statistics on medical accidents and pass on any information they can obtain to AVMA, at 135 Stockwell Road, London SW9 9TN.

Women's National Commission - This is an advisory body whose brief is to ensure that the informed opinion of women is taken into account when Government decisions are made. A current group "Women and the Health Service" is considering how the NHS meets the particular needs of women and wishes to identify examples of good practice and new initiatives. The Commission would like to have information from CHCs on surveys, etc, undertaken by them on this kind of project in the hope of bringing "their expertise" into the group's study. Information to: J.C. McGowan, Women's National Advisory Commission, Government Offices, Great George Street, London, SW1P 3AQ

Hospital Waiting Lists - Winchester and Central Hampshire CHC note that the CHCs in Wales are going to computerise waiting list information so that doctors and patients can find out where waiting lists are shortest. Winchester and Central Hampshire CHC would like to know what developments, if any, have taken place on these lines in England as this was the subject of one of the fringe meetings of last year's AGM.

Nuffield Foundation Pharmacy Inquiry - This is to consider "the present and future structure of the practice of pharmacy in its several branches and its potential contribution to health care and to review the education and training of pharmacists accordingly." The Committee would be glad to receive written evidence from organisations to be received by April 30th 1984. Details of terms of reference of the inquiry can be obtained from and observations sent to: The Secretary, Pharmacy Inquiry, The Nuffield Foundation, Nuffield Lodge, Regent's Park, London, NW1 4RS.

Meetings and Conferences

Rural Health Conference

Access to health facilities in rural areas is the theme of a major one day conference being organised jointly by Rural Voice - the alliance of national rural organisations - and the Association of Community Health Councils. The Conference on May 30th 1984 at the National Agricultural Centre, Stoneleigh, Warwickshire will provide representatives of CHCs, Rural Community Councils, Rural Voice members and other voluntary organisations an opportunity to discuss current issues in the provision of rural health services and review some of the solutions being tried out. The Conference will look at both the 'mainstream' health service (including general practice, dispensing and hospital services) and at community initiatives (such as Well Women Clinics) which are making an increasing contribution to health care. Further details can be obtained from: Stephen Woollett, Rural Department, NCVO, 26 Bedford Square, London WC1B 3HU. Tel. No: 01-636-4066.

Marriage Research Centre, Central Middlesex Hospital, Acton Lane, London NW10 7NS is holding its national conference on March 28th at the Royal College of Physicians, 11 St. Andrew's Place, London NW1 4LE. Anyone interested in attending should contact Mrs. Jean Bray, at the above address who also asks for anyone finding difficulties in obtaining funding should contact her on 01-965-2367.

The Association of Radical Midwives, 8a The Drive, Wimbledon, London SW19 is holding its Annual Conference on May 12th at the Academic Centre, John Radcliffe Hospital, Oxford. Tickets and information c/o Community Midwives, Level 6, John Radcliffe Maternity Hospital, Oxford.

Useful Publications

People First, Handicapped Second - Produced by the Community Unit, Central TV, Birmingham H12 ZJP

General Practice - A British Success - from the General Medical Services Committee of the BMA, BMA House, Tavistock Square, London, WC1H 9JP "comprises the most comprehensive collection of facts and figures on general practice ever put together in one cover, and demonstrates the need to increase the shape of resources from the minority health care section of the NHS." (J.G. Ball, Chairman).

CPA Report 2 "The Hospice Movement in Britain - its Vale of Future" by Hedley Taylor, commissioned by Voluntary and Christian Service from the Centre for Policy in Ageing. Available from Bailey Bros and Swinfen Ltd., Warner House, Folkestone, Kent CT19 6PH. Price £3.50 + 45p postage.

Our First Year - First Annual Report of Action for the Victims of Medical Accidents. For a £4.00 (individual) or £8.00 (organisation) subscription, copies of its newsletter can be obtained for 12 months. Enquiries to: Alan Edwards, AVMA, 135 Stockwell Road, London SW9.

The Clapham Omnibus - Dealing with the Cuts - The National Consumer Council looks at the cuts and public reaction to them. 64% of a recent poll showed a majority disapproving of the way the Government was handling the NHS. Obtainable from the Consumer Council, 18 Queen Anne Gate, London SW1H 9AA but, the Council points out that all the views publicised in it do not represent NCC policy.

Training is in Your Hands. Is this for You? - Details of information and advice provided by Age Concern in a pack form including advance notice of a day seminar to be organised on June 11th. Details from Age Concern, 60 Pitcairn Road, Mitcham, Surrey.

Maternity Care in Action - Part I Ante-Natal Care - First report of the Maternity Services Advisory Committee. Price 55p. Part II - Care During Childbirth. Price 75p. Available from: DSPU (Leaflet Unit) PO Box 21, Stanmore, Middx.

Family Income Support - Children in Social Security - In view of the warm reception to Prof. Peter Townsend's contribution at our Patients Needs First Conference this should be of interest to CHCs. Obtainable from the Policy Studies Institute, 1/2 Castle Lane, London SW1. Price £4.00 plus 50p p and p.

Past ACHCEW Secretary, Mike Gerrard assisted with the report - The Contribution of the Primary Care Doctor to the Medical Care of the Elderly in the Community. Obtainable at cost from J.A. Muir-Gray, MD MRCP MRCP, Green College, Radcliffe Observatory, Oxford OX2 6HG

Advice and Legal Representation Project at Springfield Hospital - A report on the first year's work on a project set up to provide independent, confidential free advice and legal representation to patients in this South London Hospital, available from 61 Glenburne Road, Wandsworth, London SW17

The Health of Traveller Mothers & Children in East Anglia - This is a very special need which obviously affects some areas more than others. Obtainable from the Save the Children Fund, Marty Datchelor House, 17 Grove Lane, London SE5 8RD

Mind Fact Sheets - Recent ones on manic depression and schizophrenia now available.

Mind Special Report - "Tranquillisers-Hard Facts, Hard Choices" (4 page leaflet). For these and details of others contact Mind Bookshop, 155/157 Woodhouse Lane, Leeds LS2 3EF

Secrecy Protects the Polluter - Report by Friends of the Earth as part of the 1984 Campaign for Freedom of Information. Obtainable from the FOE, 377 City Road, London EC1

NHS and Private Treatment & Complaints Against Practitioners Common Problems with Dental and Optical Treatment and Prescriptions - Obtainable from the National Association of Citizens Advice Bureaux, 110 Drury Lane, London WC2B 5SW

The Volunteer Centre, 29 Lower King's Road, Berkhamsted, Herts, has a variety of video cassettes on aspects of health care including recordings of special health programmes. Most of the films first appeared on Channel 4. For details and further information contact Caryn Higgs at the above address.

A pamphlet based on an article which appeared in Choice Magazine, on Hip Joint Replacement - Notes for those waiting for, or likely to need this operation can be obtained at a cost of £2.75 for fifty copies from Choice Magazine, Bedford Chambers, Covent Garden, London WC2E 8HA. It is specifically written for lay people.

BUY WHILE STOCKS LAST!

"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.

"Patients' Rights" Leaflets

10 copies (minimum order quantity)	@	£1.50	100 copies	@	£ 8.95
25 copies	@	£3.00	250 copies	@	£19.50
50 copies	@	£5.35	500 copies	@	£38.50
			1000 copies	@	£76.50

CHC Responses to Griffiths Report

1. The letter from the Secretary of State inviting CHCs to comment on the proposals contained in the Griffiths Report was dated November 18th and did not give CHCs much time to consider the matter before the reply deadline of January 9th 1984. Many CHCs complained about this undue haste in their replies.
2. ACHCEW has received copies of (latest figure) 71 of the replies; of these, 14 were mainly positive, 25 were neutral and 32 were hostile in overall tone. Many responses were necessarily brief, but more than a dozen offered comprehensive and detailed comments on the report.
3. The appointment of 'General Managers'. Replies were divided on the advisability of creating these new jobs and even those in favour added the caveat that the NHS needed time to recover from the 1982 reorganisation before another round of changes is imposed. The lack of a detailed job description made many CHCs cautious but problems were envisaged in the relationships between the new General Managers and the existing DMT members. Although some replies favoured the notion of outside appointment, more felt that the GM would have to be an insider, and probably an Administrator. It was widely felt that these appointments would add to administration expenses and it was feared by some that the GMs would be 'political' and would further limit the power of DHA members. Many CHCs felt that such a person was not necessary in their own District and a few suggested that trial schemes be carried out in a few Districts before the model be more widely applied.

4. Clinicians in Management. There was a general agreement that consultants should be subject to, and part of, the management process. This would, however, involve them in a certain amount of re-training and would, inevitably, divert them from their primary role of treating patients. To be more accountable, it was felt that consultants should be directly employed at District level. On the whole, however, there was little support for the notion that Clinicians might fill the General Manager role.
5. NHS Supervisory and Management Boards. The 21 replies that specifically mentioned this issue were evenly divided between support and opposition. Criticisms were that it involved over-centralisation, would be costly and could be 'political.' More constructive criticism included the suggestions that there should be Nursing and Patient (ACHCEW) representation on the Management Board.
6. Personnel Director. The four replies that mentioned this point welcomed the establishment of the post. The idea of management incentives were, however, rejected.
7. Appointment of DHA Chairmen. 6 CHCs strongly rejected the idea that RHAs should be involved in the appointment of DHA Chairmen. Instead it was suggested that Chairmen should be elected by DHA members who should themselves be chosen by some form of direct election.
8. Consultation. The replies were virtually unanimous in their insistence that the consultation process should not be weakened, at least in as much as it applied to CHCs themselves. Many CHCs pointed out that they are consulted formally at much too late a stage in the planning process; earlier involvement, possibly by membership of the Planning Teams, might improve this situation. The point was often made that, as the patients' representative, CHCs are the bodies to whom the NHS should be accountable; they should, therefore, be accorded more, not less, respect.
9. Market Research. 18 CHCs picked up the Griffiths suggestion that more market research should be carried out to establish consumer preferences and satisfaction within the NHS. All of them felt that, with better resources, CHCs are ideally placed to fulfill this role themselves.
10. General Points. Several replies argued that it is not management strength but long-term continuity of planning that is most required by the NHS. No service can run efficiently when its budget is constantly being changed and its priorities altered. It was also argued that the NHS needs to be seen, and managed, as a whole; the Report concentrates almost entirely on hospital-based services, but these must be integrated with Community and GP provision. The establishing of FPCs with full employing status is thought likely to hinder rather than help any such integration. Finally, 4 CHCs pointed out the dangers inherent in the Report's section on 'Property'; there must be no asset-stripping, and the money raised from sales should be distributed fairly.

Abstracted by Cliff Davies, Vice-Chairman, ACHCEW.