

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

STANDING COMMITTEE NEWS

No. 37, APRIL 1984

Standing Committee Meeting

The meeting on the 4th April was, once again, taken up largely with ACHCEW's financial problems and the implementation of decisions taken at the SGM. John Butler was elected Vice-Chairman until the AGM. The report of the SGM was received and appreciation expressed to the Chairman for his handling of such a difficult occasion. It was reported that the Minister of Health had offered £15,000, without conceding any legal duty, to help offset ACHCEW's deficit and it was decided that this should be gratefully accepted without prejudice. Thanks were recorded to the Solicitors who had acted for ACHCEW. A meeting between Officers and the Minister had been postponed but it was then agreed that a meeting before the AGM would be useful. The Chairman reported actions he had taken relating to CHC NEWS.

It was reported that a Committee of Inquiry should be set up immediately and Dr Berson (N E Thames), Mr Butler (S E Thames), Mrs Monk (Wales) and Mrs Mullineaux (Yorkshire) were elected. Mr Evans (Weston) was nominated by the CHC Secretary/Observers. The Committee began work on April 11th. The King's Fund and Nuffield Centre have agreed to nominate two external advisers. The Committee will appoint its own Chairman. A request from GLACHC (Greater London Association of CHCs) that the GLC be asked to transfer the research grant from ACHCEW to them was agreed with the hope expressed that access to equipment provided under the grant and the possibility of sharing office accommodation be favourably considered.

At the request of Oxfordshire CHC it was agreed to re-nominate Jean Robinson for the General Medical Council.

Support for ACHCEW

Support for the continuation of ACHCEW came from the Consumer Congress when it met in Liverpool on April 1st. The following resolution, proposed by Matt McManus of the Association of Scottish Local Health Councils, seconded by Dame Elizabeth Ackroyd of the Patients Association and presented by ex-ACHCEW Secretary, Mike Gerrard, said:

"This Congress

Recognising the importance of sustaining and strengthening the role of Community Health Councils, locally and nationally, in representing the public interest within the NHS

Concerned that the continued existence of the Association of Community Health Councils for England and Wales as a statutory national consumer organisation has been placed in jeopardy as a result of the Government's decision to cut, and subsequently to withdraw totally, financial support, leaving the Association entirely dependent on the voluntary subscriptions of its member CHCs

Deplores the Secretary of State's refusal to exercise or even acknowledge his statutory duty to provide funds on a regular basis

and calls upon the NCC and accredited organisations to make vigorous representation through Parliament and other appropriate national bodies to secure recognition and sufficient continuing financial support to enable the Association to operate credibly and effectively. "

It was overwhelmingly carried by the Congress.

National Consumer Council

The survey on the information needs of Community Health Councils carried out by the National Consumer Council has now been completed and a Report on its findings will shortly be published jointly by the NCC and ACHCEW.

Now the Good News !

How about organising a celebration in praise of our Health Service? The Manchester CHCs are joining a Campaign Core Group in the city which is organising a carnival on July 5th - the anniversary of the founding of the NHS. Central Manchester CHC Secretary, Nick Harris, says he wants to see a celebration, a day when people can have fun by joining in an enjoyable event, while also showing support for the NHS.

Exeter CHC announces that twelve West Devon residents have been named to represent the public point of view about how health services in the Okehampton area should be developed. The twelve, chosen from nearly thirty applicants, will constitute the Okehampton and District Health Forum. Eight were elected either by Parish Councils or voluntary organisations, the rest being appointed by Exeter & District CHC. CHC Secretary, Tony Day, says: "The CHC and I are delighted with the wealth of interest and experience which is shared by those who will take part in this exciting new body. The Forum's job is to tell the NHS - at grass roots level - what patients think the problems and priorities are and to suggest any changes that might be wanted. Looking at the calibre of the local folk who have come forward I believe our view that local problems are best solved locally will be quickly borne out".

Deputising Services

On December 19th Kenneth Clarke announced consultation procedures for tighter controls on the use of deputising services. These were designed to avoid excessive use and FPCs were to be asked to establish better monitoring arrangements and to include non-medical members in the process. There was a strong response and considerable opposition from the medical profession, as a result of which the Minister appears to have stepped back from the stance he took initially, especially on the question of random monitoring. It will, therefore, be necessary to keep the service constantly under review to see what happens.

Twenty CHCs responded to ACHCEW's most recent request for information on the deputising services (the subject had been raised on numerous occasions before), three of whom said there was no deputising service in their area. While a portion of those who responded felt that the deputising services worked satisfactorily others had reservations and/or complaints.

South Gwent CHC felt there should be guidance to doctors using the service on information to be left on telephone answering machines as this could produce difficulties and they also felt that the deputising service operator should specifically enquire if the person calling wanted a doctor to attend a patient, following a case going to appeal which concerned a disagreement over an urgent call as to whether a specific request was made.

Southend CHC voiced a recent concern and also one that had come up in the past, that doctors should take more responsibility for the treatment provided, as patients often do not wish to lodge a complaint about a deputising doctor as their own GP is responsible.

Rotherham CHC did a spot check one evening on 35 doctors and discovered 32 were referring patients to a deputising service. They had a second check which produced a result of 28 using it. Rotherham's Secretary wrote to the Minister saying it seemed quite clear the service was being used more than guidance suggested.

South West Herts CHC pointed out to the Minister that some practices in the area were using "London Locums" and instances had been reported of doctors taking over an hour to reach a patient in towns such as St. Albans and Watford. "An investigation into the reason for hospital admission by ambulance may uncover certain of the most serious difficulties".

Preston CHC noted there were practices where every GP used the service in rotation at night and at weekends, so that none of them were ever on call at these times.

Victoria CHC made the point that, before 1978, the FPCs reviewed the operational arrangements of the services and provided a lay component in the machinery.

Circular HC(CP)(78) set up professional Advisory Committees "doctors appoint doctors to supervise doctors. There was no lay representation". It was also noted that there is no mention of financial interests having to be disclosed or precluding membership of such Committees and that the FPCs, while technically continuing to be responsible for the services, "in fact now act as rubber stamps in the vetting procedure" and that there is no means of checking how often a doctor uses such a service.

If, after backing away from his original position, the Minister still receives a substantial number of complaints over the way the service is used, presumably the whole question will have to be reviewed again.

Miscellany - Notes from CHCs

Delays in FPC transfers

Harrogate CHC is taking up directly with Social Services Secretary, Norman Fowler, the question of the very long delays in the transfer of medical records from one GP to another even when the move is made within the same town. Harrogate's letter cites three examples where the transfer took five months or more including one case of a couple aged 88 and 84 respectively where the wife had been on medication which was changed by the new GP as he had no idea of her previous treatment. Enquiries by the CHC among local doctors produced the information that delays of up to nine months were not that uncommon and it would appear similar delays may occur in other District and FPC areas. An FPC officer admitted that the normal time for transfer of records is four months and that computerisation might reduce this but would not be widely available nationally for seven years. Harrogate CHC members consider the 35 year old system unnecessarily elaborate and call for more urgent action. John Lee, the Harrogate CHC Secretary, asks if any other CHC has taken action on this topic?

Dental Charges

Shropshire CHC has raised the question of dental charges, pointing out with examples how rising charges can actually be a false economy. The DHSS view is that the number of those patients who stop attending for dental checkups after increased charges is largely temporary but Shropshire's response is that, even if this were the case, by the time they do need treatment and visit a dentist they are likely to need far more treatment which, in the long term, means a greater drain on resources since the cost is likely to be far higher than the £13.50 maximum charge. Shropshire endorses the views of the British Dental Council, which rejects higher charges, and asks if this is an issue ACHCEW should take up.

CHCs at FPC Meetings

Both North West and South West Herts CHCs have taken up with Hertfordshire FPC its decision to restrict questions asked by CHC Observers sitting in on meetings only to those of which they have given notice in writing. N W Herts Secretary, Ms Gill Fenner, points out that matters can, and often do, arise at meetings but are not on the agenda which invite discussion. S W Herts CHC Chairman, Mr Peter Riches says the decision "will stifle this CHC from expressing our views on behalf of the quarter of a million people we represent".

Cervical Smear Tests

Weston CHC's Maternity and Child Care Working Party is concerned that women have to be at least 35 or have had three or more pregnancies before being called for a smear test. It understands this to be Government policy and that GPs are only entitled to claim payment for this category. Weston CHC would like to know the reaction of other CHCs and whether women under the age of 35 are better served in their districts?

Charging Patients for Stamps

Sue Jenkins, Secretary of Leeds West CHC took up with the DHSS the question of doctors charging patients for stamps on referral letters. In his reply, a DHSS spokesman said that while the DHSS could not comment on a specific instance, it could do so in general terms. Under a doctor's NHS terms of service, she or he is required to provide all necessary and appropriate medical care for patients. "This includes referral to the NHS hospital and specialist services without demanding a fee. This would mean that in those cases where a letter is required to introduce a patient to a consultant for an NHS hospital diagnosis or treatment then the act of sending the letter (either by hand or by post) could be considered to be part of general medical service and no fee could be charged. The cost of postage is an item accepted as a practice expense and is reimbursed to the profession" The spokesman goes on to say that if a patient feels that the doctor has failed to comply with these terms of service, they should make a formal complaint in writing to the local FPC. A copy of this ruling has been sent by the DHSS to the local FPC.

Allergies

Tunbridge Wells CHC has been contacted by a woman detailing the medical and other problems encountered by those unlucky enough to suffer severe allergic reactions to foods and other substances. The patient in question is allergic to a wide variety of plastics and apart from chronic ill health, from tooth abscesses to skin sores and rashes, is faced with

the inconvenience of a life where even the frames of her glasses or the telephone handset causes severe problems. She says it is financially impossible to make all the necessary adaptations to the home and meet the cost of special glasses, diets, clothing and so on. As her problem is not an uncommon one and growing numbers of people appear to be allergic to a wide range of products, she feels that there should be official Government recognition of the plight of such sufferers and that they need practical help. Tunbridge Wells Secretary, Ms Geraldine Russell, asks if other CHCs which have encountered this problem will get in touch with her so that she can assess how widespread this problem is.

Underpayments to GPs Attending Single Homeless

Oxford has more homeless single people attracted to it each night than anywhere else in the country outside the inner cities. Oxford CHC Secretary, Mr Tom Richardson, draws attention to "splendidly socially conscious GPs" attending people staying in night shelters who are considerably underpaid as most patients are by definition temporary residents and cannot be placed on their registers. The FPC Administrator is exploring ways of increasing payments to these doctors and Oxford CHC would like information from other CHCs who might have encountered this problem and to know if they have succeeded in improving the situation.

Kettering CHC has published a Patient Satisfaction Survey carried out at Kettering General Hospital. The questionnaire used was the established model from the King's Fund. It was agreed between the hospital authorities, trade unions and the CHC that the format for the survey would be that each discharged patient from 1st September 1983 onwards would be handed a questionnaire, a letter from the CHC and a Freepost envelope. 1500 were handed out in the wards between 1st September and the end of December, of which 435 were returned. No names were required. The conclusions were that while the vast majority of patients praised consultants, doctors and nurses, if some of the comments made lead to some small improvements in "this obviously appreciated hospital", then the survey will have produced valuable results.

Copies from: Kettering CHC, 92 London Road, Kettering, Northants, NN15 7JB

Coventry CHC's visit to its maternity hospital and subsequent discussions with staff led members to the opinion that the people of Coventry have a maternity hospital "to be proud of". The hospital had obviously taken note of public feeling on the management of hospital births and were offering a more homely and less clinical approach along with more flexible discharge arrangements. Among a number of interesting points which emerged was that the perinatal mortality figures for Coventry have been misleading as this hospital does try very hard to save babies who would be regarded as a miscarriage in some areas and it was this fact that had seemed to make figures compare unfavourably.

City & Hackney CHC notes in its Newsletter that while the District Administrator had put a timetable to the February DHA meeting for contracting out catering, laundry and cleaning services, at least one DHA member felt that managing private contracts required more skill than was available among local management and that there was more to efficient organisation of these services than drawing up tenders. The DHA finally agreed to postpone action on privatisation until a new hospital complex is completed.

Central Nottingham CHC has presented a paper to the DHA reviewing nurse staffing requirements in view of the fact that there had been general dissatisfaction with nurse staffing levels in the district. It was felt, therefore, there was need for an objective assessment. The results largely confirmed the subjective professional judgement of those officers who had an overview of the district services with inadequacies in some areas and over-provision in another. The paper gives reasons for this and suggests a course of action.

Walham Forrest CHC in its Bulletin draws attention to two issues in particular. One is the possible closure of a hospital and the change of another, the Lugano, from an NHS hospital to a private nursing home. However, the CHC shows that if the guidelines issued by the Government for the DHSS to pay fees to private homes - £215 per week for a residential home place and £295 for a nursing home, plus a possible £27 per week attendance allowance - it is actually more expensive to do it this way than to keep the hospital open under the NHS.

Another concern is that of cytology services. Women were having to wait four months or more for their results to come back from the laboratory and, since 1st February, no smear tests have been carried out to enable the backlog to be cleared. The CHC finds this just not good enough and calls for a further cytology technician to be appointed. The DHA is currently advertising for a temporary post, but the CHC finds this unsatisfactory.

West Lambeth CHC has written to the Secretary of State for Social Services, Norman Fowler, on a subject of concern to a number of CHCs, namely the Government's proposals contained in the Health and Social Security Bill in respect of optical dispensation costs and charges. Groups particularly at risk, says West Lambeth, are post cataract patients who need up to four pair of spectacles in the first year after the operation, people who are not receiving rent and rate rebates and others receiving hospital care for poor eyesight. "We feel that many of these people will be unable to afford the increased cost of NHS spectacle frames and lenses and that they are likely to tolerate poor eyesight as a result and the quality of their vision is likely to deteriorate".

East Herts CHC "At last we seem to be getting somewhere!" says East Herts CHC, reacting to the proposals for hospital services put out for consultation by the North West Thames RHA in March. The CHC has been fighting for years to get health authorities to recognise that the area is deprived and underfunded and it has been arguing for more realistic assessment since 1978. Now, finally, the Regional Health Authority has recognised the need to divert money into East Herts and some benefits have already been felt. At least one hospital, Welfield Hospital in Hatfield, has been saved from closure and the possibility of a new hospital in the Hertford or Ware area is under consideration. The CHC does not under-estimate the problems caused by the decision to both divert resources and to fund a new hospital. It is now working on a detailed study of the needs of the parts of the district which would be served by the latter, as its contribution to the debate.

Wandsworth CHC publishes its Annual Report, it says, "at a critical time for Wandsworth's health services". The health authority has been forced into more closures through cash cuts and the CHC has been part of the fight to keep the South London Hospital for Women and its 140 beds. There are two excellent Working Party reports included, one on Maternity, Child Health and Women's Health which takes in the need for the South London Hospital. "In particular", says the report, "the cut in the number of maternity

beds fills us with horror". Over 50% of those living in Wandsworth do not own a car and women from North Battersea will have to travel all the way to Tooting by public transport for ante-natal care. Further maternity bed cuts at St. Thomas's could lead to a situation where "too many pregnant women are chasing too few beds". The CHC is pushing for a scheme where a woman comes into hospital with her own midwife for delivery and can then return home, but this depends on increased community care. Another Working Party on services for the elderly reiterates this point. The CHC expresses concern over lack of support for "carers" in the community, those who spend all their time looking after an elderly person with no financial help - they need more support including holiday and weekend relief.

General Optical Council

There was widespread feeling among CHCs that when the membership of this Council was reviewed it should include a lay member, several CHCs suggesting that the nomination should be made through ACHCEW in line with the procedure adopted by the General Medical Council. This has, however, been rejected by the Privy Council, additional Council places remaining within the optical profession, apart from one member involved in the training of examination of Ophthalmic opticians, to be nominated by a University or College.

Leaflets on Electoral Registration Procedures for Longstay Patients

In a letter to the Secretary of ACHCEW, Mr R Myers of the Mental Health Division of the DHSS says that the DHSS leaflets on registration of patients in mental illness and mental handicap hospitals were generally welcomed but there have been criticisms that these should be simpler and also that the layout and typeface could be improved. A revised version of the leaflet has, therefore, been produced and is now available.

Information Wanted

1) On the Elderly

Age Concern England is seeking information from Community Health Councils on the health needs of the elderly and, in particular, details of the type of problems concerning the elderly brought to them by the public. What sort of questions are asked? What sort of help is sought? What aspects of health care crop up most frequently in this area? Is it finding a GP or chiropodist? Are there many requests regarding aids for the disabled? Is there local concern over residential care for those in need?

The aim is to discover whether CHCs receive requests for assistance which differ from those received by Age Concern or whether the worries and concerns they hear about are broadly similar.

In addition Age Concern would very much like to receive a copy of any specific reports brought out by individual CHCs concerning the welfare of the elderly for comparative purposes - to see whether, or to what degree, care differs throughout the country.

Any information that you can give should be sent to:

Evelyn McEwen
Head of Information
Age Concern England
Bernard Sunley House
60 Pitcairn Road
Mitcham Surrey CR4 3LL

2) On Menopause Clinics

Mid Essex CHC has been requested by a local group to obtain information on Menopausal Clinics either set up independently or as part of a Well Women Clinic. Would any CHC send any relevant literature to them as soon as possible?

What You Might Like to Know

- i) The Hester Adrian Research Centre of Manchester University is carrying out a study to determine the feasibility of conducting a National Census of Community Residential Facilities for the DHSS. It hopes to test a questionnaire on a sample of identified residential facilities during the next few months with a report to be presented to the DHSS in October.
- ii) The Committee on the Multi-Handicapped Blind has produced a set of recommendations from a seminar held in September 1983. It was felt that multi-handicapped blind people are not likely to get the benefits they need, in part, due to sheer lack of knowledge at both community and hospital level. Multi-disciplinary teams would be needed to run resource centres and this would require financial decisions. Special training is needed and special facilities such as different kinds of accommodation, recreation facilities and units. Details of the recommendations are being circulated to the DHSS, DES, DHAs and Social Services Departments.
- iii) The Royal Association for Disability and Rehabilitation (RADAR) points out in its most recent Bulletin that all the main organisations of, and for, disabled people are opposing the replacement of non-contributory invalidity pension and housewives non-contributory invalidity allowance by a severe disablement allowance as proposed in the Health and Social Security Bill. Under the terms of the Bill anyone who falls ill over the age of 20 and does not qualify for sickness benefit would be asked to pass the 80% test of disablement on the scale used for Industrial Disablement Benefit instead of the Household Duties Test. Anyone capable of work will be categorised according to the extent of their disability or what a doctor believes constitutes the equivalent loss of faculty. The new test will exclude the vast majority of married women who are incapable of work, students and those in their 20s who have never been in employment.
- iv) Social Organisation Ltd has prepared a report evaluating the Griffiths Report's proposals from the points of view of the NHS, of the community and of NHS management. Copies can be obtained from: M. Davidmann, Social Organisation Ltd., 32 Copley Road, Stanmore, Middlesex HA7 4PF. It is called "Reorganising the Health Service - An Evaluation of the Griffiths Report".

- v) Social Action in Broadcasting Conference - The Media Project and Centre for Mass Communication Research at Leicester University are organising a conference at Loughborough University on December 11th-13th 1984. Details from: Eileen Ware, Media Project, Volunteer Centre, 29 Lower Kings Rd., Berkhamsted, Herts.
- vi) The DHSS has issued new guidelines and proposals to ensure good standards of care in private nursing homes which are, says Health Minister, Kenneth Clarke, intended to "tighten the checks that Health Authorities make upon these homes to ensure that all of them are kept near to the excellent standards that most already achieve."
- vii) The NHS Consultants Association has published a lively leaflet "Thinking About Going Private?" putting the arguments against private practice and joining one of the sickness insurance organisations. It points out that 74% of private hospitals do not have a resident doctor, in nearly one case in ten BUPA subscribers find the costs of treatment are not fully covered by their insurance; and, when Mrs Thatcher had her eye operation in a private hospital, vital equipment had to be borrowed from an NHS hospital. Copies from: Dr Paul Noone, 39 Wykeham Hill, Wembley, Middlesex HA9 9RY, at 10 for £1, 100 for £6, and further reductions for quantities.
- viii) RADAR has set up a Working Party in conjunction with the Society for Research in Rehabilitation. Its terms of reference are to consider the rehabilitation process for physical disability, to make proposals for the better use of resources, to recommend improvements in services and to identify areas where further research and training are required.
- ix) The BBC is currently repeating its series on women's health, Well Women, on Monday afternoons at 2 pm. Information packs distributed by the Scottish Health Education Group will be trailed after each programme.

Still with the BBC, the public service announcement in a wide variety of languages, Broadcast in November/December 1982 trailing a booklet "Your Right to Health" resulted in 20,000 copies being sent out directly by Broadcasting Support Services while a further 300,000 were distributed via the Health Education network, surgeries, community centres, libraries and English as Second Language classes. Booklets in Chinese, Gujarati, Punjabi and Urdu were requested most. The reaction to the use of the media to promote the booklet was a favourable and positive one.
- x) The DHSS has produced a report "Helping the Mentally Handicapped People with Special Problems" looking into the needs of mentally handicapped people with additional handicaps or problems and considering ways of providing, from available resources, an effective service for them and their families. Copies are available from: Mental Health Division B, DHSS, Alexander Fleming House, Elephant & Castle, London SE1 6BY. Quote Code HN(84)4.LASSL (84)1.
- xi) The Socialist Health Association has produced its own Charter for Health. Copies (price 50p) available from SHA, 195 Walworth Road, London SE17 1RP.

- xii) The Association of London Authorities is looking into the possible health effects of rate-capping and consequent further cuts in public services. The report aims to
 - a) summarise the scope and depth of the relevant cuts in the member authorities of the ALA;
 - (b) review relevant scientific evidence;
 - (c) collate the professional opinions of local District Medical Officers and other relevant medical and scientific authorities.
 Assistance and comments quickly to : Peter Draper, 86 Ashburnham Grove, London SE10 8UJ.

- xiii) Channel 4 Series on "Sex Matters". Channel 4 is running six programmes under this heading beginning on May 11th at 10.30 pm. They will cover: The Role of Sex in Relationships, Couples, Sex and Babies, The Same Sex, Teenagers and Later Life. Free information packs will accompany the programmes, available from Channel 4, Charlotte Street, London W1, and a book "Coping With Sexual Relationships" by Judy Greenwood is published by McDonald, Edinburgh, price £3.95.

- xiv) Association for Improvements in Maternity Services (AIMS) Directory. A very useful Directory of Maternity and Post-Natal Care Organisations has been produced by the Ipswich Group of the Association for Improvements in Maternity Services, covering every aspect of care from Birth Centres to counselling after stillbirth and miscarriage and to whom to turn. It is available from Christine Rodgers, 163 Liverpool Road, London N1 0RF, price £1. inc. p & p.

- xv) The National Schizophrenia Fellowship with the backing of the Richmond Fellowship, Psychiatric Rehabilitation Association, the St Mungo Trust and the Salvation Army, has circulated Ministers, Regional and District Health Authorities, all the Royal Colleges and other appropriate bodies with a paper, "Community Care - the Sham Behind the Slogan". It details what the bodies feel is the truth behind the concept of community care if it is to be more than just a slogan and emphasizes that the current plans may close large mental hospitals before adequate alternative provision exists for the patients. This is a problem of planning and resources but the DHSS admits that 30 large mental hospitals have outlived their usefulness. Can the impetus for change be sustained?

- xvi) Health and Race: "Providing Effective Health Care in a Multi-Racial Society" is a checklist, in the form of a booklet, published jointly by the Health Education Council and the National Extension College for Training in Health and Race. It looks at current health service provision, communication, records, education, hospital care, maternity provision, foods and diets, family planning, the elderly and psychiatric services, etc. and gives examples of good practice. One of the specific aims of the checklist is, it says, "To provide concrete recommendations for CHCs and other community health organisations wishing to approach and encourage DHAs to develop a coherent policy on racial equality in service provision". Obviously it is a useful publication but one is left wondering why no mention is made of the enormous input of the ethnic minorities into the actual running of the NHS. Obtainable from: Training in Health and Race, 18 Victoria Park Square, London E2 9PF.

- xvii) Birth Techniques. The Birmingham Birth Centre is running preparation classes on home/natural childbirth and they are open not only to expectant mothers but to fathers and prospective parents as well. The course of ten classes costs £10 and information is available from P Doneghan, 18 Mackenzie Road, Birmingham B11 3EL (phone no. 021 449 3747).
- xviii) The Association of Radical Midwives now has more details of its May 12th Conference, "Working For Change". The four main speakers are Caroline Flint on change in the ways of giving care, Jenny Sleep on change through research, Lea Jamieson on change through training and Jean Towler on change in our perception of ourselves. There will also be Workshops. The cost is £8 for an advance ticket (with lunch), £6 for students and unwaged. There is a creche and access for the disabled. Registration Forms from Community Midwives, Level 6, John Radcliffe Centre, Oxford. Mark envelope "Conference 84" and enclose s.a.e. Applications by first post May 2nd.
- xiv) Health in Old Age. The Health Education Council is developing a comprehensive programme of education for health in old age and has produced a consultation document, "A Programme of Education for Health in Old Age". It is designed to provide a forum for the aims and range of activities that may be included in the programme and to initiate comments and suggestions. Copies obtainable from the Health Education Council, 78 New Oxford Street, London W1A 1AH. Also, recent editions of the Council's Journal have looked at women's experiences of ante-natal clinics, why young mothers need cigarettes, and weighing the risks of immunisation.
- xx) Continuing Care Communities. Again on the subject of ageing, the Centre for Policy on Ageing has published a report, "Continuing Care Communities", by David Hearnden. This is a feasibility study of continuing care communities to see whether the concept of such care, well established in the USA, could be translated to Britain. Although it is an interesting document it appears that the kind of care envisaged, communities living in special housing and with special services, would be far from cheap for those paying "realistic service charges, as well as the entry fee". Also, how desirable is it to hive off the elderly into ghettos of their own, however well designed and comfortable? Copies from: Nuffield Lodge Studio, Regents Park, London NW1.

DHSS Roundup

The Care in the Community Scheme is to be strengthened, says Norman Fowler, by three new measures. One is that Health Authorities will be able to make payments towards the housing and education of mentally and physically disabled people in addition to the support they already give for personal social services.

Voluntary organisation will for the first time be represented on the Joint Consultative Committees of Health and Local Authorities. There will be three seats on each committee and the organisations will choose their own representatives.

There will be ten Care in the Community Pilot Projects starting in 1984 with £16 million set aside to provide finance for initial costs.

The DHSS has published the second Rayner Scrutiny of the NHS, this time on non-emergency ambulance services. Said Mr Fowler, "The estimated cost of this service is £93 million and the report demonstrates that substantial savings could be made in the cost of the ambulance service by improved planning and management, including the use of private transport for some journeys". The main recommendation is that each DHA should take financial responsibility for its use of the services.

More workers will soon be able to claim benefit if they have been exposed to asbestos at work and become ill as a result. The changes come as a result of a report by the Industrial Injuries Advisory Council, on Asbestos-related Diseases. The Government has accepted its recommendations. It is hard to believe that, as late as 1976, the asbestos industry undertook a massive advertising campaign to prove there was no hazard from asbestos.

Courts will have new powers from now on to remand people in criminal cases who appear to be mentally disordered and send them to hospital rather than prison. This is a recognition that many people in prison should not be there - something recognised by prison Governors for a very long time.

Adverse Reactions to Drugs

Reacting to the report of the Committee on Safety of Medicines Working Party on adverse reactions to drugs, Health Minister, Kenneth Clarke, has said that its recommendations either have been, or will be, implemented. A free-phone and answer-phone service for calls from doctors about adverse reactions will be installed in the DHSS to enable doctors to pass on information at any time, there is to be research into under-reporting of adverse reactions and possible direct computer reporting by GPs.

On the same subject the DHSS has announced that Phenylbutazone will now only be used for the treatment of arthritis of the spine and supply restricted only to hospitals. Stocks will be withdrawn from retail pharmacists. The licence for Oxyphenbutazone is to be completely revoked. Its makers, Geigy, are considering whether to appeal against this decision. The licence was revoked in view of growing concern over the frequency and severity of toxic effects, particularly on bone marrow, and because there were no over-riding clinical benefits to outweigh these risks.

.....