

HEALTH NEWS · COMMUNITY
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Association of Community Health Councils for England and Wales

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NEWS

At Last - More Money For The Health Service

Toby Harris writes:

The Chancellor's autumn statement brought the announcement of extra money for the NHS next year. As usual the precise significance of the figures announced in the House of Commons is obscure. However, it would seem that in 1989/90 there should be around £130 million extra in real money for the NHS. This excludes the £150 million that the government expect to be released by "cost improvements" and the £25 million to be achieved by "income generation". The £130 million estimate is also based on a more realistic rate of cost inflation for next year of 6%, rather than the 5% figure used in the Chancellor's calculations.

The effect of this bonus will vary from District to District depending both on RAWP calculations and on the distribution arrangements adopted by RHAs. Nevertheless, the extra money is to be welcomed and should at the very least ensure that there is no further deterioration of services during 1989/90.

The importance of the announcement is, however, the acceptance by the Government that there was an element of under-funding in NHS resources. The statistical reassurances previously offered by Ministers that more was being spent than ever before have now been replaced by hard cash. It will be for CHCs to monitor how the extra money is spent and to keep watch to ensure that the quality of patient services is maintained and improved.

Waiting Lists Still Rising

Figures published in October confirm that despite an injection of £30 million by the Government, hospital waiting lists continue to rise. A survey in The Observer shows that 704,000 people are now waiting for treatment - the highest number since 1983.

This figure is based on recently published figures from the Department of Health. These give detailed regional and district summaries for hospital in-patient waiting lists for 31 March 1988. They also give a breakdown of the waiting times for each speciality within each district, and may be very useful to CHCs wishing to compare districts. The information contained in the Department's report, if used properly by health authorities could enable local GPs to refer patients to districts with shorter waiting lists depending on need. This is something that the Department has been urging health authorities to do for 13 years, but according to a recent report in The Sunday Times, NHS managers have consistently ignored this guidance. The Sunday Times also highlights some of the waiting list 'black spots'. In East Cumbria 48% of those people waiting for general surgery have been waiting over a year. In North Beds it is 43%, Basildon & Thurrock 41%, West Lambeth 60% and Richmond 49%.

In only three regions have waiting lists gone down, but in North West Thames they have increased by 10% and within some districts the number of people waiting over a year has gone up dramatically. For example by 250% in East Herts and 211% in Riverside.

Hospital In-Patient Waiting Lists - England at 31 March 1988 is available from the DoH, Branch SR2, Room 804, Hannibal House, Elephant & Castle, London SE1 6TE. Price £10.50

NHS Lottery Relunched

The NHS lottery was relaunched on 21 October, after legal problems delayed its start last May. It is being organised by the National Hospital Trust who expect to raise more than £17 million over the next twelve months. The size of the weekly prize will depend on the number of people taking part but is guaranteed to be not less than £50,000. For every £1 stake, 35p will go to the NHS. (Daily Telegraph 22/10/88)

The Question of Junior Doctors' Hours - Yet Again

A new Bill is about to be introduced into the House of Lords to limit the number of hours a junior doctor can spend on duty to seventy-two. It is sponsored by Lord Nicholson, an ex-GP, and backed by the BMA. Latest figures show that 75% of junior hospital doctors work more than 76 hours a week and 15% work more than 100 hours. An 80-hour weekend when a doctor is on call from 9 a.m. Friday to 5 p.m. Monday is still common. Tiredness may be a factor in many medical accidents but is rarely investigated. Examples have been given of tired doctors injecting the wrong drug, operating on the wrong eye and falling asleep while answering the telephone. (Sunday Times 30.10.88).

Doctors Paid to Do Nothing

There is growing concern over the large payments made to doctors suspended on full pay, whilst disciplinary action against them has been painfully slow. One East London doctor has been paid £150,000 over six years, one in Derby £170,000 and a third, in Yorkshire, £100,000. It is estimated that there are around fifty doctors in this situation currently. New proposals to speed up the disciplinary system and introduce a separate procedure for dealing with personality clashes have now been put to Kenneth Clarke. (The Sunday Times 23.10.88).

Rift Between HEA and Department of Health

It appears that a serious rift has developed between the DoH and the Health Education Authority over the launch of a new national AIDS campaign. The HEA took over the responsibility for developing AIDS campaigns from the Department and feels it is now coming under increasing pressure to change its strategies.

Conflict has arisen over the HEA's decision to drop TV advertising from this winter's campaign and to concentrate on press and other media outlets. Ministers, however, feel that TV advertising is all-important.

The HEA's view, backed up by considerable research, is that TV advertising has little or no lasting effect, fails to change sexual behaviour and is not cost effective. However, David Mellor, Minister of State for Health, says he is "highly sceptical" of any campaign which does not include TV. (The Times 28.10.88).

Increased Use of Condoms Leads to Abortion Rise

The Sunday Times (13/11/88) carried a story suggesting that the 17% rise in abortions over the last year, could be put down to the increasing number of young people switching from the contraceptive pill to condoms because of the publicity surrounding the spread of AIDS. Whilst the failure rate of condoms is theoretically small, the article suggests that many young couples do not fully realise that they do not offer the same degree of protection as the pill.

New Video to Improve Smear Test Take Up In Asian Women

A new Health Education video has been launched aimed at Asian women to increase their uptake of cervical smear testing. It has been produced by Dr. Brian McAvoy, senior lecturer in General Practice at Leicester University, who discovered that only 35% of the at-risk Asian women in Britain appeared to have had the test, well below the national average. The cause seemed to be poor knowledge of cervical cytology. This is particularly worrying as this is the most common form of cancer in Asian women.

The video is available in English, Gujarati, Punjabi, Urdu, Hindi and Bengali and costs £20 from the Health Education Video Unit, Clinical Services Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX. (Pulse 15.10.88).

Durham DHA Adopts Our Charter!

Durham DHA has adopted a patients' charter, based on that produced by ACHCEW in 1986, which has been distributed to all staff and placed in patients' bedside lockers in its hospitals. General Administrator David Baggott says: "The 15 point charter shows that the authority is striving to provide the best service and a service that is acceptable to the patient. He said that managers had consulted with staff and the CHC before drawing up a charter. So far, he says, there has been nothing but support for the idea with no negative reaction whatsoever.

Bias Over New Benefit

Following two Government reports which show not only that the disabled are amongst the poorest in our society but also that people with broadly similar disabilities are receiving widely differing benefits, Disability Alliance has criticised the Severe Disability Allowance (SDA) which they say is not being paid to married women.

To qualify for SDA claimants need to be defined as 80% disabled. Of the 52,700 claims lodged for the benefit, 63% of claims submitted by men have succeeded, 69% of claims by single women, but only 45% of those submitted by married women. Married women are also twice as likely as men or single women to have to undergo assessment of their disability. (Independent 30.10.88).

Pill and Sex Virus Link to Cervical Cancer

A key constituent of contraceptive pills has been implicated as a cause of cervical cancer, according to Canadian researchers. They have discovered that progestogens have a carcinogenic effect on tissue cells of the same type as those found in the cervix when the human papilloma 16 virus (HPV-16) is also present in the cells. "Our work strongly indicated that infection with HPV-16 along with the presence of progestogens in a woman's body, pose a danger of causing cervical cancer", says the head of the team, Dr. Mary Pater.

The research team considers that progestogens, which occur naturally in women, particularly when pregnant, trigger off a particular sequence of genes inside the virus which causes them to release chemicals that cause infected cells to proliferate wildly. The research was published in the October issue of Nature Magazine which also ran a letter from Dr. D.J. McCance of Guy's Hospital saying that he does not find the Canadian research completely convincing.

Independent Living Foundation

ACHCEW circulated details of the Independent Living Fund to CHCs in September this year. A recent report in New Statesman & Society suggests that the Fund is proving more successful than was anticipated.

Originally there were long delays in processing claims - the ILF did not even have a proper office until well after the new benefits were introduced. However, the Fund has now received over 1500 applications (four times more than expected) and it would appear that needs are being met which would not have been in the past. The advantage of the ILF is that it does not involve any criteria about the kind of care needed. Payments have varied from between £60 and £400 per week. ILF can be contacted at P.O. Box 183, Nottingham NG8 3RD.

AROUND THE CHCs

Canterbury and Thanet CHC has criticised the Government over its failure to ensure that sufficient supplies of the new MMR vaccine are available to meet the demand created by its own vaccination campaign. Chairman of the CHC, John Butler, says: "The local DHA has played its part in co-operating with the national campaign launch date and it is understood that local health education workers and Health Visitors have invested a good deal of hard work in promoting this campaign. The DoH led everyone to believe that there would be sufficient supplies of the vaccine. 4000 doses were ordered by the DHA some time ago. To date, only 1000 doses have been received. This has led in some cases to some local clinics and GP surgeries receiving a mere four or five doses."

Rosemary Nicholson, Secretary of Riverside CHC represents ACHCEW on a Disabled Living Foundation working party on personalised clothing in hospitals. She has submitted the following report which may be of interest to other CHCs:

"Knickers may be a word to giggle at - but it's no laughing matter when you don't have any. Is this the opener to a story about naked children in the third world? Prepare yourself for a shock - this is about adults in this country, not out on the street, but in our "caring" institutions.

Even today, many older people are deprived of their fundamental right to knickers, and with them the right to the last vestiges of dignity and comfort or their right to maintain some measure of self-worth. While health service staff would no more dream of making their families go knickerless or of allowing their own elderly relatives to have their knickers taken away, than dancing naked in the High Street, they are prepared to accept bare bottoms on their wards.

This is why "Knickers: a fundamental right" was the title of a conference attended by representatives from 30 different organisations - consumer, professional, governmental and advisory - which was held at the Kings Fund Centre on 22 November 1988. Resulting from the conference, a national working party has been set up by the Disabled living Foundation to be chaired by Mr David King the DGM of Exeter Health Authority.

The Disabled Living Foundation has been involved with enabling people permanently resident in hospitals to wear day clothes since 1964. But despite the efforts of many staff working in such hospitals and the many exhibitions, conferences, books and lectures, the provision of clothing for long stay patients is still a cause for concern. Dr Peter Horrocks, formerly of the Health Advisory Service, said in May 1987 that in the thirty consecutive visits paid to Health Authorities during his chairmanship not one had a system which enabled both male and female patients, throughout the authority to wear their own pants; and Mr G V Marsh, Deputy Health Service Commissioner, said in November 1987 that a substantial volume of complaints to his

office were on the subject of clothing.

Horror stories about knickers - or lack of them - are still all too common. Ginny Jenkins, the Disabled Living Foundation's Clothing and Footwear Advisor, reports that she has 'seen a woman patient with an open back dress and no knickers underneath, and men with trousers round their ankles, because they don't fit and no underpants on.'

Progress has been made. 15 years ago long stay patients would often not have worn anything but nightclothes. Yet even today it is common to see women wearing cardigans with a label the size of a saucer saying 'This is the property of X Health Authority' and left in nightclothes on rehabilitation wards where there is no other clothing available, according to the DLF. The working party hopes to draw up a Code of Practice for the provision of clothing worn by individuals within NHS hospitals/units which each health authority could adopt and implement in the light of its own individual circumstances. The Code would cover such issues as laundering, storage, flammability of clothes, infection, labelling, choice, purchasing, sufficiency and sources of supply.

As a first step the working party needs to review how different districts cope around the country, to earmark best and worst practices. Amid the catalogue of knickerless zones there must be hospitals, units and community homes which have discreet labels, a laundry system which doesn't shrink clothes and gets them back in patients' lockers neatly and within a short time, and which have come up with ways of enabling patients to go out and buy their own clothes no matter how disabled they are. The working party is anxious to hear about any health authorities who have found solutions - either in part or entirely - to the problem. Enough people with one thing right could be a start to getting it all right. The working party appreciates that health authorities are short of resources but dressing patients in shabby ill-fitting clothes is a gross affront to their self esteem and self image and impairs their rehabilitation.

If you care for someone then you have to take care of their personal appearance and personal property. It must not take another 15 years before the last is heard of care staff saying; 'I wouldn't wear it, but its lovely for the patients'. CHCs which know of any good practices in the provision of personal clothing and footwear services please contact Rosemary at Riverside CHC."

(Note - ACHCEW is always very happy to print articles written by CHCs, especially those who represent the Association on any working parties etc)

Cambridge CHC are concerned that a large local private psychiatric hospital is no longer informing relevant CHCs when an NHS or Social Services funded patient is transferred to it. Apparently this is due to one CHC secretary stating in a local

paper that NHS patients were being transferred to the hospital - the hospital managers felt that this was a breach of confidence! The only option now for CHCs who want to represent NHS patients in private hospitals, is to press their DHAs when such arrangements are made.

Monday 31 October saw the opening of Weston CHCs Health fair. A wide variety of groups were present at the fair, including "community services" representatives from the HA who offered free eye tests and stress counselling. Other health tests also on offer proved very popular. The fair provided a holistic approach to health with information available on hazards in the home, lead free petrol, leisure services and much more. The fair marked the beginning of a week of activities which included a conference on residential care, a "meet-your-chiroprapist" open day and a sensible drinking exhibition. The CHC were particularly pleased that the Princess Royal had been able to formally open the fair.

Preston CHC recently responded to their health authority's campaign to persuade householders to hand in unwanted and unused drugs, by asking whether any good use could be made of the surplus medicines collected. They managed to get in contact with a reputable charitable organisation which arranges for professionally qualified pharmacists to sort out unwanted drugs, (disposing of the unsafe ones) and then repackages the useful ones and sends them on to third world countries where the price of drugs is high but the need is very great. The CHC suggests that if other CHC are asked to participate in a drug dumping campaign they might wish to suggest that the drugs collected be donated to charity. The charity which organises this project is called Medical Missionary News, 11 Roundwood Grove, Hutton Mount, Brentwood Essex. The person to contact for further information is Mr Lane, Norman Tats and Dyes Ltd, Bates Rd, Harold Wood, Essex. Telephone 0277 221457 or 04023 40096.

FROM THE JOURNALS

Educating Diabetics

Non-insulin dependent Diabetes Mellitus is the main cause of amputation and blindness among those living in European cities. Life expectancy in such cases is reduced by 30% and the prevalence of the disease is increasing in industrialised countries. Yet many patients are poorly treated and often undiagnosed. At a recent conference it was suggested that too little attention is paid to educating patients with this condition.

Major acute episodes can be prevented by proper education and training. For example, an experiment in London showed a 78% decrease in hyperglycaemic comas and in Switzerland education led to a 74% decrease in amputations below the knee. Other speakers suggested that helping patients to take care of themselves does not form part of classical medical training.

Professor K.G.M. Alberti of Newcastle University outlined specific measures to improve this including: distributing desktop guides to doctors throughout Europe, producing booklets for doctors and patients, publishing a book for health care professionals, and distributing material to national diabetes associations, patients groups and HAs. (BMJ Volume 297 1.10.88).

Empowering Breast Cancer Patients.

A recent article in the BMJ (5/11/88) gives the results of a nine year project which involved asking women to decide their own treatment for breast cancer: mastectomy or conservation.

Recent medical evidence has shown that the recurrence and survival rates for the two forms of treatment are broadly similar. Women taking part in the project who were newly diagnosed with breast cancer were given detailed information about each form of treatment and extensive counselling with their partner or friend and were then asked to make the decision themselves. Of the 153 women in the project 54 chose conservation and 99 mastectomy, no patient refused to decide for herself. The age, menopausal state and size of tumour in the two groups were similar. Only 24 women said that they had not found the decision difficult to make, but only two were unhappy about their decision in retrospect. The reasons for choosing conservation were complex and the authors were unable to classify them. The reasons for choosing mastectomy centred around the desire for quick treatment and the fear of needing a mastectomy in the future anyway.

The report concludes that the women welcomed the opportunity to discuss and choose their treatment and that they were perfectly capable of being able to do so, given adequate information and counselling.

Relaxation and Imagery in the Treatment of Breast Cancer.

Another article in the same copy of the BMJ (5/11/88) reported on the work of researchers at St. Mary's Hospital, London, who attempted to determine whether stress could be alleviated in patients being treated for early breast cancer. Evidence has shown that women undergoing radiation therapy experience stress and mood changes. To try and combat this, researchers offered one group of women relaxation training and another relaxation and simple imagery training. A third control group received no training. At the end of six weeks not only were women trained in relaxation plus imagery more relaxed than those trained in relaxation only, who in turn were more relaxed than the untrained controls; but also the mood of the women in the control group had significantly worsened whereas the moods of the women in the other two groups had improved.

Explanations for the success of relaxation plus imagery training suggest that the simplicity of the imagery made it a resource

which every woman had within her. Interestingly, older women responded better to treatment.

Self referral to A & E

A trainee GP recently undertook a study into why his patients referred themselves to the local casualty department and whether or not they approached a GP first. Of the 217 patients interviewed 157 attended the casualty department whilst the GP surgery was open. 89 said that they did not contact their GP first because their condition was an emergency, 53 thought that their doctor was not available and 16 said it was quicker going to A & E. 12 patients said that they did not want to bother their GP.

The author suggests that increased patient education could reduce inappropriate hospital attendance; including practice information leaflets and GPs spending time explaining their role and hours to patients. The increased use of nurse practitioners in A&E was highlighted as a way of may treating minor injuries and reassuring patients. (British Medical Journal 5.11.88).

Self-Help in Primary Care

The medical profession has all too often dismissed the part played by self-help groups. A paper in the Journal of the Royal College of GPs (October 1988) looks at the origins and history of a number of self-help groups in Liverpool. The groups were identified from information received from the local CHCs and CVOs. Thirty two groups were studied ranging from the Arthritis Care Group to a Women's Health Group.

The authors were impressed with the diversity and energy of the groups they contacted and concluded that they represented an important resource for primary health care: "In specific localities self-help groups are providing services which overlap with, complement and sometimes challenge statutory health care provision. They constitute an important element in community participation in health care, a major objective of the WHO's strategy of health for all by the year 2000." The report also stressed that medical education is still failing to prepare doctors for inter-professional teamwork let alone for the more problematic area of community participation in health care.

Dental Health

The 1985 OPCS General Household survey included dental health was in its remit. The survey showed that between 1968 and 1983 there was been a steady decline in levels of tooth loss among adults. The loss was greatest among women. Areas where the improvement has been particularly marked are Wales and South West England. Between 1968 and 1983 attendances for regular checkups also rose. (British Dental Journal October 1988)

CHC PUBLICATIONS, SURVEYS, etc

The Wandsworth Women's Health Book (2nd ed.) is an excellent and extremely comprehensive guide, covering a wide range of subjects from sexual problems and pregnancy care, baby care, abortion, gynaecological problems, the menopause, sexually transmitted and inherited diseases to emotional well being, and violence to women. It also contains a glossary and a directory of useful groups and organisations.

It looks good, is well designed with a clean type face and written in a way that is understandable to all without being patronising. It is published says the CHC "in the belief that simple, accurate information about women's health should be easily accessible." Available from Wandsworth CHC. Price: £4.00.

AIDS - What You Need to Know is published by Clwyd North CHC and sets out useful and basic information on problems connected with AIDS gleaned from a number of recent articles and reports. Available from the Clwyd North CHC.

Barnsley CHC was concerned that its Health Authority's policy of a 5 year call and recall programme for cervical cancer screening may not have been adequate in identifying pre-cancerous lesions; the early detection of which would mean that many more women could be successfully treated. They therefore set about an extensive research project into all the available literature on optimum screening policies and then applied this to the local conditions in Barnsley.

Recent research has shown a very strong causal link between men in dirty jobs and wives with cervical cancer. In Barnsley miners wives have been found to be particularly susceptible to cervical cancer; whereas in the past this has been put down to their promiscuity (!), the CHC was able to use the evidence it had amassed to argue that the high rates were more likely to be related to the dirty jobs of their husbands. This being the case the CHC concluded that it was of enormous importance that Barnsley's screening programme be as efficient and effective as possible. After analysing the evidence, Barnsley CHC recommends that regular smear tests at intervals of no longer than three years are necessary.

This is an excellently researched paper which would certainly be of great help to any CHCs wishing to investigate their own HA's policy. Available from Barnsley CHC.

Hampstead CHC has published a report on out-patient waiting times at the Royal Free Hospital. As is often the case they found that, on the whole the clinics ran smoothly, with the exception of the much complained about block-booking system. The CHC says that if it is really impossible to stagger appointment times then, at the very least, patients should be

kept informed of what is happening; they need to be told how many doctors are on duty, how long it might be before they are seen, whether a doctor has been called away to an emergency, etc. Available from the Hampstead CHC.

Wandsworth CHC has produced a very good leaflet for the public on making a complaint about the health service. They have said that they are very happy for any other CHCs to use the printing plates to run off their own copies. (Minor alterations for different addresses etc would also be possible.) The approximate cost of a 3000 print run is £334. Any CHCs wishing to take up this offer will also be asked to make a donation to Wandsworth's Patients Right to Complain Fund. Details from Wandsworth CHC.

East Birmingham CHC has published a useful guide to services for older people which gives details about local services, who runs them and how to access them. Copies have been sent to local GPs, councillors and libraries, additionally copies are available to the public for 50p. The guide covers caring for people, accommodation, mobility and financial help and sections are colour coded for easy reference.

The Yorkshire Region of CHCs has recently produced a report into the needless secrecy of Yorkshire's DHAs. The report shows that 15 of the 16 DHAs have sub-committees not open to the press or public, whose agendas are never made known and in 69% of cases nobody outside the Health Authority even knows when they meet. The report questions why items such as DHA members visits and a review of the services for the mentally handicapped have to be discussed in private. It concludes by reminding DHAs that issues surrounding the NHS are the legitimate concern of all users.

Warrington CHC has published a comprehensive guide to private nursing and residential homes for elderly people in its area. The CHC hopes that the information contained in the guide will help people to make the very important decision of where to live when they can no longer manage without residential support. In addition to details of individual homes; including charges, facilities and amenities the guide also includes two fact sheets produced by Age Concern which give additional information for the elderly.

GENERAL PUBLICATIONS

Living Options Lottery - Housing and Support Services for People with Severe Physical Disabilities 1986/1988 by Barrie Fiedler
This project was launched by the Prince of Wales Advisory Group on Disability with a brief to document good practices in the way housing and care support services are provided for people with severe disabilities. The reality of housing and care support options revealed by the project investigations is, it says,

"alarming". Investigations revealed that quality housing and support services for severely disabled people are few and far between. Instead of being able to choose the best from among abundant good services, the project had to seek out isolated examples of successful services "from a wasteland of inadequate or non-existent provision." The ideals of inter-agency collaboration and consumer participation rarely featured. "The housing and support requirements of people with severe physical disabilities remain unacknowledged by those with the power and resources to bring about change".

So awful was the picture that the project had to alter its brief to consider why so little progress had been made and what prevents good practice. The team found there were no minimum standards of provision of services and even within the same authority the circumstances of people with similar disabilities differed enormously. Provision of services was "a lottery". There was a massive shortage of suitable public sector housing and few incentives to the private house builders to build adapted homes.

In addition, the report highlights lack of comprehensive information, haphazard information, lack of liaison and joint planning and, above all, lack of consumer consultation and even less consumer control. This results in "low expectations, dissatisfaction and anger". The modest section on Good Practices looks at a variety of specialist homes and housing schemes, care attendants' schemes, the Oxford "crossroads", family support services and flexicare schemes.

Available from: Prince of Wales Advisory Group on Disability, 8 Bedford Row, London WC1R 4BA. Price £6. Also available in Braille and on audio tape.

Age Well - Planning and Ideas Pack

This excellent pack of support materials for the national Age Well Campaign was produced by Age Concern. The Age Well Campaign aims to:-

- (i) encourage a positive approach to health in old age
- (ii) stimulate and support self-help projects aimed at health promotion and elderly people
- (iii) support informal carers of elderly people.

The overall emphasis is on increasing the expectation of good health in later life among older people and all those in touch with them and that people can best decide for themselves what they need to keep healthy as they get older. The pack is designed to help those who want to encourage them to do so.

The pack includes a set of 'Fact Sheets' on aspects of health care for the elderly, with special reference to ethnic groups and people with special needs. "Ideas Sheets" covers all kinds of things from coping with bereavement to self-help groups. A special mention is given to Oxford City Council's special strategy for elderly people. There is a report on a special

workshop for Dental Health Initiatives for Older People; a booklet "Challenging the Myths" on activities which promote healthy living, and a variety of leaflets and information sheets including details of the Health Education Council's "Health in Old Age" programme launched in 1987.

The pack is available free from Age Well, c/o Age Concern, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL.

Health Care UK - An Economic, Social and Policy Audit 1988

This series of excellent articles are written in the context of the increasing political crises in the NHS. The first paper examines the recent lack of commitment to community care, characterised by the Government's deafening silence in response to the Griffiths report. It suggests that the reasons for this may be that Griffiths' solutions - adequate funding and resources - are just not palatable.

Other papers include "The Future of Health Care"; "DHAs as Trading Organisations"; "Midwives and their role"; "Policy on Drug Misuse"; "Nurse Training" and "Health Maintenance Organisations".

Available from The Old Vicarage, Hermitage, Newbury, Berks RG16 9SU. Price £19.50.

Frameworks for Change

This review of RHAs' strategies for promoting community-based services to people with learning difficulties was published by the Independent Development Council for People with Mental Handicap, a group created in the summer of 1981 to promote nationally the development of appropriate services for people with mental handicap and their families.

RHAs are only beginning to get to grips with meeting the needs of the increasing number of mentally handicapped people being cared for in the community. Liaison between RHAs and DHAs appears to be tentative. The report suggests that "current financial strategies for funding community care services to people with learning difficulties are piecemeal, inadequate, and the present system acts as a deterrent for some agencies." Although some progress has been made within current financial restraints, the lack of a coherent (national) funding strategy means that some decisions about services are being made on the basis of financial expediency rather than on what is most suited to individuals' needs and wishes (an echo of the Prince of Wales Advisory Group Report).

From IDC, 126 Albert Street, London NW1 7NF. Price £3.

THE HOSPITAL PATIENTS' HANDBOOK - A Guide to Benefits for Hospital In-Patients, Out-Patients and Advisers.

Disability Alliance have produced this comprehensive guide

through the maze of regulations and guidance covering benefits for those in hospital taking into account the new benefits system and how it works. It includes National Insurance contributions, Christmas Bonuses and allowances to "boarders", i.e. those in hostels, residential or nursing homes, local authority or private.

In a recent debate in the House of Lords on Respite Care, Baroness Jeger tried to elicit why calculating benefits was now so difficult after the system was supposed to have been simplified and whether some hope could be given to those suffering hardship because of changes made in payments for hostel charges. The reply, from Lord Skelmersdale, was not very satisfactory (he thought the system had been simplified) and, as to hostel charges, it was a matter of "swings and roundabouts", some people had benefited and others lost out. The Baroness pointed out that children going into respite care lost their benefit if they went into voluntary organisation care rather than local authority to which, again, there was a less than satisfactory answer but the noble Lord agreed to look into it. (Hansard 19.10.88 column 1121/3.)

The Hospital Patients' Handbook is available from: The Disability Alliance, 25 Denmark Street, London WC2H 8NJ. Price £3.30 or £1.80 for all claimants.

Public Health in London

The Association of London Authorities recently held a conference to discuss how local authorities can become involved in promoting public health. The report of the Conference Public Health in London is available from ALA, 36 Old Queen Street, London SW1H 9JF. Price:£3.00

A.I.D.S.

The AIDS Education and Research Trust (AVERT) has published two leaflets. The first "The Best Hope Yet" details the work of AVERT and the second "AIDS and Childbirth" explains the problems facing women who are pregnant and are either HIV positive or have AIDS. Available from AVERT, PO Box 91, Horsham, West Sussex RH13

The Handbook of Preventive Care for Preschool Children is published by the BMA and Royal College of GPs and is aimed mainly at professionals. It takes a preventative approach to childhood illness and explains the importance of early screening.

Available from the RCGPs, 14 Prince's Gate, London SW7. Price £5.00

Room to Talk is a beginner's guide to analysis, therapy and counselling. It explains the development of therapy, what it aims to do, the choices available and how counselling works. It

is published to tie in with a Radio 4 series, "Room to Listen, Room to Talk". Price £4.95 from Bedford Square Press

Managing Incontinence - A Guide to Living With Loss of Bladder Control. This is a useful book about an almost unmentionable subject designed to be of help both to sufferers and those who look after people with the problem. While retaining a sense of humour is extremely important you might find the relentlessly jokey style of what was originally an American publication rather off-putting. Available from: Human Horizon Publications Price £8.95.

FORTHCOMING EVENTS

The West Midlands CHC Research Support Group in conjunction with the Social Administration Department of the University of Birmingham have organised three study days around the theme "Studying Services Effectively".

Wednesday 22nd March 1989 What's the Problem - an introduction to study design.

Wednesday 28th June 1989 Where's the Evidence - data collection methods explained & examined.

Wednesday 20th Sept. 1989 What do we do now? - a guide to following up service studies.

The cost for the March and June seminars is £17.50 per person and for the September seminar £15. Details from Sue Gilbert, Department of Social Administration, Birmingham University, Edgbaston Birmingham B15.

Alcohol Concern are currently preparing for National Drink Wise Day which is planned for 20 June 1989. Details from Sarah Berger, Alcohol Concern, 305 Grays Inn Road, London WC1X 9QF.

The Society of Community Medicine is currently planning next year's conferences. Dates so far confirmed are:-

24/2/89 Child Abuse - Post Cleveland
Venue, London.

?/5/89 Children with special needs, including school leavers
Venue, London or Nottingham.

21/4/89 Assessment of Disability
Venue, London.

Further details are available from: Dr. P. Gardner, 31 Battye Avenue, Huddersfield, HD4 5PW.

The Health Education Authority is currently preparing for National No Smoking Day which is to be held on March 8 1989. A campaign pack is available to support any events held on the day. It costs £2.50 and is available from: National No Smoking Day, Dept. 8, Winterhill, Milton Keynes MK6 1HQ.

The Royal College of GPs is holding a one day workshop entitled "What do patients want to know: information, advertising or education?" to be held on Wednesday 25 January 1989. Price £35. Details from Janet Hawkins RCGPs, 14 Princes Gate, London SW7 1PO. Tel: 01 581 3232.

Positive Smear - A Positive Approach is a one day conference being organised by Women And Medical Practice, aiming to bring together professionals and women to set up a dialogue and encourage real understanding of the problems. It is being held on 3 March 1989 at the Robin Brook Centre, St. Bartholomews Hospital, London EC1 and costs £35. Details from Manika Schwartz, WAMP, 666 High Road, Tottenham, London N.17. Tel: 01 285 2277.

The Mental Health Act Commission and Cardiff Law School are holding a joint one day conference: "Consent and the Incompetent Mentally Disorder Patient" on Monday 12 December at the University of Wales, Cardiff. Speakers include, Mr. Louis Blom-Cooper, QC, Chairman of the Mental Health Act Commission and William Bingley, Legal Director of Mind. Cost £57.50. Details from: Cardiff Law School, P.O. Box 427, The Law Building, Museum Avenue, Cardiff CP1 1TXD. Tel: 0222 874348.

"The Management Agenda" is a one day conference organised by the Institute of Health Service Management to look at the targets and key issue of the Health for All by the Year 2000 movement and to discuss ways of establishing intersectoral collaboration. It is being held at the Civic Centre, Mansfield, Nottingham on 1st December 1988. Price is £51.75. Details from: Sephie Disken, IHSM, 75 Portland Place, London W1N 4AN. Tel: 01 580 5041.

Alcohol Concern's Annual Conference is being held from 1-3 February 1989 at the Dyffryn Conference Centre, Cardiff. The theme is Charter-for Alcohol and Health. The price including board is £170 or £75 per day for non-residents. Details from Lesley Clatt, Alcohol Concern, 305 Grays Inn Road, London WC1X 8QF.

INFORMATION WANTED

Plymouth & District CHC has set up a group to monitor patient care and patient services during the period of change that follows the decision to close a large psychiatric hospital and provide services in the community. They would be grateful for any help or advice from CHCs who have undertaken similar projects.

West Surrey and N.E. Hampshire CHC recently expressed concern to Mrs. Currie that the rigorous application of food handling regulations means that ward kitchens cannot be used by long stay patients to prepare food. Neither can ward kitchens be used for rehabilitation teaching. The CHC would like to hear from any colleagues who have also come across this problem.

Darlington CHC are concerned that tablet and tablet containers are increasingly being standardised to the same shape, size and colour. The concern is that people who have to take a number of different tablets may be confused. ACHCEW would be interested to hear other CHCs' views on this matter, especially as the DoH has recently issued a consultation paper on the standardisation of dispensing packs for pharmaceutical products.

Worcester CHC would be interested to hear from any CHCs with experience of health authorities making charges for treatment received following a road traffic accident. Whilst it is common for HAs to make charges for non-emergency ambulance services, ACHCEW has no information about charges for actual health treatment.

Southend CHC are currently involved in a dispute with their HA who want to get rid of all medical records after 15 years. Any CHCs with any knowledge on guidelines on the storage of medical records and the period for which they must be kept, please contact Southend CHC.

Cheltenham and District CHC would be interested to hear from any CHCs who have experience of Drug Dumping Campaigns by FPCs. In particular where drugs are dumped, what sort of drugs are returned and how effective these campaigns are. (See Around the CHCs from Preston)

East Cumbria CHC is concerned about the withdrawal of financial support to its DHA for convalescent beds in a private nursing home. The home is used by several health authorities. The RHA had provided "earmarked" money to the DHA, which covered the cost of half of the beds that the DHA used. The RHA is now withdrawing this money which could lead to the closure of the home. CHCs with similar experiences of "earmarked money" for convalescent home beds are asked to contact East Cumbria.

ACHCEW would like to hear of any examples of complainants being deterred from pursuing a complaint because they have been threatened with some form of legal action.

Threats of legal action by patients claiming to be addicted to tranquillising drugs prescribed by their GPs is causing some GPs, afraid of American-style 'defensive' family medicine, to 'strike off' patients who have complained.

A BMA representative said that doctors do feel "very threatened by the hidden menace contained in letters from lawyers. In such circumstances the relationship of trust can be irrevocably broken down." Paul Bates, a Nottingham solicitor helping addicts says he has found that some patients have been afraid of taking legal action for fear that they may not find another doctor. Others, addicted, are afraid of being struck off and of being unable to get further prescriptions.

ACHCEW is currently undertaking some research on tranquilliser addiction and would welcome any information CHCs might have on this or other aspects of the problem.

The Royal College of GPs has set up a working party to examine the health care of older people in the community and in particular quality of care. Changing patterns of need will also be explored as will the services old people feel they require themselves from GPs. The working party wants to receive as many opinions and comments as possible about what constitutes good care and ways in which this care can be delivered. Of special interest will be new and successful innovations. If you think you can help, please contact Professor E.I. Williams, Department of General Practice, Queen's Medical Centre, Clifton Boulevard, Nottingham NG7 2UH.

The Society of Chiropodists would like to hear from any CHCs with details of shortages in chiropody services and the effects these are having amongst vulnerable groups in the community. Evidence of problems to: Mr M Collins, Asst Secretary, Industrial Relations, The Society of Chiropodists, 53 Welbeck Street, London.

DIRECTORY CHANGES

Page 7: Islington CHC
New Secretary - Tom Easterling

Page 11: Sheffield CHC
New Secretary - Amanda Forrest