

HEALTH NEWS · COMMUNITY
NEWS · COMMUNITY HEALTH
COMMUNITY HEALTH NEWS
HEALTH NEWS · COMMUNITY
NEWS · COMMUNITY HEALTH

Association of Community Health Councils for England and Wales

30 DRAYTON PARK, LONDON N5 1PB (01-609 8405)

No.39 December 1988

CONTENTS

News	1 - 4
Around the CHCS	4 - 6
From the Journals	6 - 7
General Publications	8 - 14
Information Wanted	14 - 15
Coming Events	15 - 16
Directory Changes	16

NEWS

Are Mental Hospitals Closing Too Fast?

Are our large mental hospitals closing too fast, long before there is adequate care in the community? The issue has come to a head following massive publicity and a lobby of Parliament by members of the National Schizophrenia Fellowship. The Fellowship claims that closures are now running out of control with devastating consequences for those discharged. The director of the Fellowship, Ms. Judy Weleminsky says that "seriously ill people are being tossed out on to the street with little or no backup or proper supervision."

The Fellowship says that four mental hospitals listed by Edwina Currie as among those supposedly staying open have already closed, a further 77 are closing or are subject to closure plans whereas the government claims that only 55 are to go. It seems that there are 22 hospitals closing that the government does not know about, states Ms. Weleminsky. Regional Health Authorities were "racing ahead" with closures without there being any real alternatives and general managers were under pressure to sell off hospital land to fund new developments. She notes - as was first revealed by ACHCEW a couple of years ago - that managers have the incentive of bonuses for closing wards and hospitals.

However, according to Chris Heginbotham, the Director of Mind, these claims were "negative and misleading." He said the Fellowship's list of hospital closures included schemes for planned reprovision and sensible rationalisation. He went on to say that "instead of campaigning for effective mental health care, the NSF wants to turn the clock back twenty years".

Following the publicity, Mrs. Currie has said that she will look into the situation again and Regional Health Managers are to be told that community care services must be adequate before districts close and sell off mental hospitals. She claims that most families would prefer their relations to be returned to the community than kept in hospital. According to the Daily Telegraph (28.11.88) the government admits privately that the service is, at best, patchy but nothing can be done until it decides who should run community care.

A discharge study carried out by Dr. Nigel Goldie at the Department of Social Sciences of the South Bank Polytechnic on residents from just one hospital showed that out of 50 discharged, only 26 could actually be found of which 19 were suffering from schizophrenia. Community Care, he said, consisted of injections from a community psychiatric nurse and an occasional visit from a social worker for only the most fortunate ones. Families trying to cope with schizophrenics with little support were at breaking point. Schizophrenics without families were ending up in hostels if they were lucky and walking the streets if they were not.

Buying Care from Hospitals in Powys

GPs in Wales are to be given budgets to "buy" hospital care for their patients in an experiment which could provide a national model for the NHS. The plan is that the GPs will hold the purse strings for routine hospital care as part of the government's NHS review. Money would be allocated by the doctor to the hospital when the patients are referred to it. Hospital doctors who attract many patients would thus get the money for treatment, while at present treating patients more efficiently can lead to their overspending fixed budgets. GPs could also choose private hospitals instead of the NHS if they wished or develop their own services, for instance, undertaking more minor surgery themselves. The three-year experiment will cost at least £250,000 and will be tried out in Powys. Dr. Danny Bevan, general manager of Powys Health Authority says that the idea is not just that the cheapest care should be bought but about what is best for the patient and that it might well be shown that some patients can be treated better and more cost-effectively by investing the money in community hospitals. (Independent 28.11.88.)

Dalkon Deadline

December 31st 1988 marks the deadline for women wishing to make compensation claims for damage caused by the Dalkon Shield. Only 3,700 of the 9,000 women estimated to have suffered after using the device have claimed so far. Women who think they have a case should write IMMEDIATELY to Breland Matter, Clerk to the US Bankruptcy Court, PO Box 1598, Richmond, Virginia 23213, U.S.A. (Independent 28/11/88)

Danger to Bottle Fed Babies

Thousands of bottle fed babies may be at risk of long term brain and bone damage from aluminium contained in their milk powders, according to a growing number of scientists. Surveys show that such formulas are often contaminated with at least 100 times more aluminium than natural breast milk. Older babies probably excrete most of it but younger ones can absorb substantial amounts, especially during the first few weeks of life. Relatively small amounts of aluminium can affect the brain once it gets into the bloodstream as it interferes with enzymes vital to cerebral activity. The Ministry of Agriculture has now launched an investigation into aluminium in infant feeds. Striking evidence of contamination was announced in April this year by researchers from the University of Surrey. (Sunday Times 20/11/88)

Judith Cook writes: In July of this year, a tanker driver discharged a tankful of aluminium sulphate into purified drinking water at an unmanned water treatment plant in North Cornwall. 20,000 households were affected, 70,000 people made ill and for two weeks the water authority refused to admit that there was anything wrong with the water or that it was not fit to drink -

in fact they put an advertisement into a local paper saying the water could be drunk with impunity. Now there is a full scale outcry as the people involved have not only drunk water with aluminium in it - at its worst at 200 times what is considered to be a "safe" level - but the aluminium sulphate also leached lead and copper out of the pipes themselves making a cocktail of the tap water. As well as immediate illnesses there are long term problems with those suffering from arthritis and real concern for pregnant women and babies who drank the water as well as for the elderly as there now seems to be a possible link between aluminium in water and Alzheimer's Disease. Over 80 victims are suing the water authority whose chairman, in spite of calls from, among others, all the local MPs, refuses to resign.

Life of Luxury

Top Civil Servants from the Department of Health will soon be working in a luxurious office at the top of the Adelphi Building in the Strand. The rent for this desirable residence is a staggering £55 per square foot and commercial firms are leaving the building as they cannot afford it. Initially the Department plan to rent the top floor at a cost of £5M a year. The cost is the highest ever paid by a government department. Commercial firms have shown surprise at the Department's decision to take on the property, the managing director of an advertising and marketing company said "When successful commercial capitalists like us can't afford this sort of rent, I can't comprehend how the Government can countenance featherbedding their bureaucrats while arguing with nurses over their meagre pay." The Observer (20.11.88).

Claimants "too poor" for Social Fund

Claimants are having their applications for loans from the Social Fund turned down on the grounds that they are "too poor" to repay them. This will mean that many of the elderly and disabled will now go through the winter without essential items such as heating or cooking equipment, bedding or furniture. Even those given loans from the Fund will fall below the poverty line once repayments of 5 to 15% have been deducted from their benefit. According to the National Association of Citizens Advice Bureaux (NACAB) those most desperately in need of help now cannot get it and in at least one DHSS office, staff have been told to turn down applications from anyone who does not supply written proof that they have been refused a loan from two credit companies and one charity or welfare organisation. (Observer 20/11/88)

The Exeter Radiation story

In July 1988 it came to light that a number of patients - then put at 153, had received radiation doses 25% above what they should have done. Now it transpires that a further 54 people

suffered the increased dosages bringing the total to 207. The official inquiry report condemns the way patients learned of what had happened - most of them hearing of it for the first time on Radio 4 - as "insensitive". Others were not told what had happened until October 1988.

An Official Inquiry into the incident published in December notes that staff numbers in the physics department where the errors had been made were reduced at the end of 1987 despite a written warning from that department that the cutbacks would be "fundamentally detrimental" to standards of care*. The errors were caused by a wrongly calibrated TeleCobalt Machine where "the calculation appears not to have been checked at all."

A second report by Professor Charles Joslin, a consultant radiologist at Leeds University, into the effects of the blunder estimates that ten victims are at very high risk of suffering very severe radiation damage which could be life threatening, forty more are at high risk and twenty are more moderate risk. These figures have, however, been questioned on the grounds that Professor Joslin does not appear to have examined each particular case in detail. Thirty patients who received the overdose are already dead although it is considered likely that some of these people would have died in any event.

On the 23 November an Exeter coroner recorded a verdict of death by misadventure "aggravated by lack of care" on one of the victims. The Health Authority has accepted liability and has said it will pay out interim compensation to victims following criticism as six overdosed claimants have already died while awaiting compensation. A further sixty-two patients are planning to sue the Health Authority. Professor Sir Bryan Thwaites, who headed the official Inquiry team says: "It is extremely rare, if not unprecedented, for patients numbered in three figures to be inaccurately treated over a period of some months in an area as potentially dangerous as radiotherapy."
(Guardian 6/12/88, Independent 6/12/88)

* The Institute of Physical Sciences in Medicine recommends that 210 medical physicists are needed to support radiotherapy but claims there are only 150, of whom a quarter are in the training grade.

AROUND THE CHCs

South Bedfordshire CHC is initiating what it describes as a "unique opportunity" to share in health care planning. The idea is that a Health Care Forum should be set up in Leighton Buzzard (following a public meeting), where providers and consumers of health care can come together on a regular basis to discuss how best to meet the town's health needs within predictably limited resources. The CHC is working in co-operation with, the CVO, the local authority, the town's GPs, and the DHA. Both the DHA

and CHC were anxious to build on momentum generated within the town for a community hospital and to gain better access to consumers so that services provided would be more in tune with their needs. Once the decision to establish a Forum has been taken, members will be elected to it.

Central Nottinghamshire CHC held a meeting of their members in the House of Commons on Tuesday 13th December 1988. Representatives from a number of other CHCs were present and about 10 Members of Parliament were present for all or part of the meeting. The discussion centred on problems CHCs were facing with the consultation process and the MPs present had already tabled a number of Parliamentary Questions on the subject. It was suggested that other CHCs might want to ask their MPs to table Questions if difficult issues arose in their districts.

Clywd North CHC has drawn attention to an article in The Observer of 2nd October last indicating that thousands of students, the unemployed and people in low paid jobs are being offered substantial sums of money to act as "guinea pigs" in research experiments. These include injecting healthy volunteers with strong drugs for epilepsy and schizophrenia. A number of doctors are becoming seriously alarmed at the ethics of the situation. Dr. Richard Nicholson, editor of the Medical Ethics bulletin, told The Observer that the claim that these drugs had been given to volunteers with "no adverse results" was very dubious as it was virtually unheard of for any drug given to a large number of persons to have no harmful side effects at all. Advertisements for such guinea pigs have actually appeared in local Job Centres and students who applied were not even told what the drugs were supposed to do or how safe they were. Two students have died as a result of undertaking drug trials. It is now claimed that it is easier to test drugs in Britain on humans rather than animals.

Clywd North suggests that perhaps CHCs should try and gather information from within their own areas so that we can build up a picture of what is happening.

South Tees CHC recently had talks with a consultant gynaecologist and during these he asked if there was a way to publicise his services in other areas. The consultant is Philip Taylor of the South Cleveland Hospital and he says that there are regular infertility clinics and patients from any area can be seen at them. Normal diagnostic facilities are available including a much upgraded semen assay service. The following facilities are available: Donor insemination; Tubal Surgery using Microsurgical Techniques; Induction of Ovulation (using different methods); Counselling both at the clinic and by a special "infertility" Sister and there is also a Patient Support Group functioning.

The service is financed by the South Cleveland unit and the doctor is happy to see and treat patients from anywhere but those undergoing donor insemination, GIFT (Gamete Intra Fallopian

Transfer), or treatment with gonadotrophins or LHRH infusion pumps will need to be paid for by their DHA. The scale of charges is available from Dr. Taylor and money taken from other DHAs will be ploughed back into the Infertility Unit to allow further expansion. It is hoped to offer IVF by 1990.

Medicine Commission ACHCEW has been asked to put forward names for consideration by the Department of Health for membership of the Medicine Commission, the Committee on Safety of Medicines, Committee on the Review of Medicines and the Committee on Dental and Surgical Materials. Any names (with brief biographical details) should be forwarded to the ACHCEW office by the end of January.

FROM THE MEDICAL JOURNALS

Breast Self Examination

A doctor in Aberdeen, writing in the Journal of the Royal College of GPs (October 88) felt strongly that breast self-examination should not be ignored in the rush to start mammography screening. She therefore sent a questionnaire out to 200 women in a semi-rural practice to establish their current self-examination practices and future expectations. 125 women replied (63%) and of these 52 (42%) reported an adequate frequency of self-examination. However 20% never examined their breasts and 37% said they had never been properly taught how to do so. 70% said they would gladly have their breasts checked when visiting the surgery for other reasons, possibly by the practice nurse, and 87% said they would appreciate breast examination leaflets in surgeries. The doctor notes that the proportion of women carrying out adequate examinations remains low but that many more would welcome opportunistic teaching and more information on the subject.

Patient Charges and Dental Care

Analysis of the effects of higher charges for dental treatment both in the UK and USA indicates strongly that patient charges influence the use of services in the long term as well as in the short, according to the British Dental Journal (19.11.88). In the UK the main effect has been on the volume of treatment provided, rather than the number of patient consultations. However this is likely to change for the worse with the introduction of charges for dental examination. Lessons could be learned, says the Journal, from other countries which use the charging system to foster rather than discourage preventive dental care. A recent Gallup Poll survey carried out for the British Dental Association showed that 17% of respondents had put off arranging a dental appointment in the past year on the grounds of cost. The report concludes that contrary to what is sometimes claimed, there is now ample evidence that charges deter patients from seeking treatment. "Ironically, given the emphasis of the White Paper on

promoting health, dental care is one of the very few types of health care for which adverse effects of patient charging on health have been clearly demonstrated. Unlike the charging policies operated in some other countries, the recent proposals are likely to have a deleterious effect on the use of dental services and the prevention of dental disease."

Cervical Screening

A recognised problem with the cervical screening programme is its failure to include women who have never had a smear test and who are a high risk group. In 1986 East Berkshire implemented a district based call scheme where women aged 20 to 64 with no record of smear testing by their GP were sent a personal invitation from their GP to attend for a test. A list of high risk unscreened women was kept in each practice and a duplicate sent to the cytology laboratory to update central records. Six months after each batch of invitations had been sent out, the resulting number of women having smears was assessed. 43 practices out of 51 agreed to take part, although some needed "considerable persuasion" to return up-to-date lists to the cytology labs. Of 972 identified unscreened women from the total of 3757 women listed, 247 (25%) had a cervical smear test in response to the invitation, representing a 7% increase in the general screened population. The findings would seem to show that screening can be improved by a systematic call scheme. However co-ordinated support from the RHA in health education, monitoring of screening and feedback of data from the scheme to practices, is required to reduce the proportion of unscreened women. (BMJ 26.11.88).

Why Are Parents So Poorly Informed?

This is the question posed about the school health services in "Health at School" (3.11.88). The basic answer seems to be sheer lack of communication - parents and even teachers working in schools appear often not to know what services are on offer. Most health authorities are now moving away from routine medical examinations in favour of selective medicals for children who warrant special attention, backed up by nurse monitoring of children's general health. Teachers and parents should, therefore, be made aware of the advisory nature of the health service and feel free to refer children for medical examination. School nurses are, therefore, the key figures. The lack of knowledge of what the service had to offer came to light following a survey carried out in the Nottingham area by a research worker employed by the DHA but attached to the University Department of Adult Education. Parents wanted simple basic information - e.g., the name of the school nurse and doctor and how to contact them; what screening services were available and how they were organised; what school clinics were for, where they were and how to use them; what their own responsibilities were (what to look for and tell the doctor, what they should do about head lice, etc.) and more information about their own child clearly presented.

GENERAL PUBLICATIONS

In 1984 the DHSS commissioned the Office of Population Censuses and Surveys to carry out research into the position of disabled people in Britain. Four surveys were carried out covering adults in private households, children in private households, adults in communal establishments and children in communal establishments. These surveys will be published in four or more separate reports. The first two reports have now been published.

The first report "The Prevalence of Disability Among Adults" has been widely used to show that Department of Health statistics under-estimate the number of disabled people in our society.

The report uses the following definition of disability, as "a restriction or lack of ability to perform normal activities, which has resulted from the impairment of a structure or function of the body or mind". Attempts were made to include all types of disability, whatever their origin, from very slight to very severe. This relatively low threshold enabled the survey to cover as wide a range as possible, with the consequence that a high level of prevalence was recorded. It is important to note how disabilities vary by level of severity.

The survey estimates that there are just over 6 million adults with one or more disabilities in the UK, of whom around 400,000 (7%) live in some kind of communal establishment. Almost 14% of adults living in private households have at least one disability. This is a substantially higher estimate than that obtained by the last national survey of the disabled in 1969. However the figures are lower than those obtained from the General Household Survey of people with long-standing health problems and/or disability. Over one million adults in the lowest category of disability were living in private households and about 100,000 at the top of a scale of one to ten were also living in their own homes. Many of the disabilities were caused by the natural ageing process.

There are more disabled women than men. Prevalence rates for those aged under 75 are roughly equal, but amongst those over 75 the rates are consistently higher for women than for men, largely due to the fact that women live longer than men. The North of England, Wales and Yorkshire had the highest rates of disability in their population and the old GLC area, the South East, East Anglia and the South West the lowest.

The second report is on the "Financial Circumstances of Disabled Adults Living in Private Households". Those who are disabled have, on average, lower incomes than the rest of the population as a whole, they are less likely to work and if they are able to do so, are likely to receive lower wages than adults in general.

State benefits go only part of the way to compensate for lower incomes. The majority of the disabled incur extra expenditure as a result of being disabled, the amount of which is related to the nature and severity of their disability and their ability to pay.

The average net income from all sources (except housing benefit) was £82.20 for all disabled adults and their families and varied between different types of family from £53.80 for an unmarried pensioner to £130.00 for non-pensioners with children. Disability cost benefits - attendance allowance and mobility allowance - were paid to 8% and 7% of all disabled adults respectively. Overall disabled adults are likely to experience some financial problems and to have lower standards of living than the population as a whole.

The first report costs £10.70 and the second £11.50, both are available from HMSO.

On the State of Public Health for the Year 1987

The Annual Report of the Chief Medical Officer is an interesting - and readable - document. It is only possible to look at it briefly here and pick out a few points. Smoking remains the single most important preventable cause of premature death and sickness in Britain, shortening the lives of 100,000 people a year and in spite of the fact that it is diminishing as a habit in the population as a whole the uptake rate remains high, particularly among schoolchildren and young women.

Infant mortality fell each year from 1970 to 1985, increased in 1985/1986 due to a rise in postnatal mortality from 3.9 to 4.2 per 1000 live births (which the Chief Medical Officer attributes to the Sudden Infant Death Syndrome, SIDS, associated with the "cold snap" in February and an increase in deaths from respiratory diseases) and a smaller fall in neonatal deaths from 5.3 to 5.2 per 1000 live births. Over the decade it appears that neonatal mortality is "levelling out" and postnatal mortality "changed little". "Until 1986, therefore, a decline in infant mortality in the face of an almost unchanging postnatal mortality was maintained by a continuing, although diminishing, fall in neonatal mortality."

The number of reported cases of AIDS continues to rise but there has been a dramatic fall in the number of cases of hepatitis B which, it is suggested, is due to the extra care now taken by homosexual men because of AIDS but also to the fact that not so many drug misusers are presenting with the disease.

The report draws attention to the cases of leukaemia near to Sellafield in Cumbria and Dounreay in Scotland but decides that it is still not possible to point up a direct link between low level radiation and these cases but further research should be undertaken.

Report is available from HMSO Price £11.25.

Hearing Aids - the Case for Change This report produced by the Royal National Institute for the Deaf sets out a strong case for improved services to the hard of hearing. An estimated 3.9

million adults in England and Wales could benefit from a hearing aid. At present they can face extreme difficulties in obtaining one:

- * GPs may be insensitive/uninformed about hearing loss, thus the GP may fail to refer the person on to ENT, effectively blocking their chance of obtaining assistance via the NHS.

- * On referral to an ENT consultant, the person has an average wait of 16 weeks but possibly as long as two years for an appointment.

- * Referral to the Hearing Aid Centre may not be immediate, a second visit will be necessary for the aid to be fitted.

- * Domicillary services and follow-up services to check that the aid fits and works properly are rare. As many as 20% of people do not use their aid after the initial fitting.

The process can be speeded up by a policy of accelerated referral, whereby a GP can refer the person straight to the hearing aid centre. This policy is only operated in one out of every five centres. By-passing the ENT consultant in this manner carries little risk to the patient, as surveys have shown that only in a minority of cases is the ENT examination medically justified. There exists a further problem in recruitment and retention of audiology technicians.

The report also discusses the difficulties of obtaining an aid through the private sector.

The solution the report argues for includes the establishment of "community dispensers" working in the primary care setting who would carry out tests, fit aids, provide information on the aids available and carry out follow-up work. Other solutions, voiced at a King's Fund conference held to discuss the report, included a major development of existing hearing aid centres via the creation of satellite clinics away from the hospital setting. The RNID suggestion that the management of hearing loss should be the subject of a major campaign met universal agreement.

A further aspect covered by the conference was the role the private sector would play. Several major private companies, including Boots, are thinking of developing a national private hearing aid service. If they do, this may pre-empt developments in the NHS to the detriment of less well off citizens who could not afford the £300 plus cost of a private aid. If the NHS hearing aid service is to be developed, now is the time to promote it.

The report is available free of charge from: The Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH.

The Health Education Authority has produced a new cervical screening invitation leaflet. It is specially designed to accompany women's letters of invitation to attend for screening via the new call/recall system and is therefore not suitable for general publicity use. It is available in bulk to those operating call/recall schemes but small quantities can be

supplied to health professionals or other interested bodies. Available from the HEA at Hamilton House, Mabledon Place, London WC1H 9TX.

On 20 September 1988 British Association of the Hard of Hearing launched a campaign, sponsored by British Telecom, to draw attention to the various ways in which noise in our man made environment contributes to hearing loss. It estimated that some ten million people in this country suffer impairment and that over the next decade 15% of 30-35 year olds will be affected. The organisation has produced some interesting leaflets and other literature obtainable free of charge from BAHOH, 7/11 Armstrong Road, London W3 7JL.

Vitiligo is a skin complaint which it is estimated about half a million people in the UK suffer from. It affects all ages and races. Patches of skin turn white because of an absence of pigment cells and although there may be periods of remission when the skin regains its normal colour, it is overall a progressive condition. However the lack of melanin, the substance which determines the colour of skin, hair, etc., can produce problems as it is the skin's natural protection against the sun and, therefore vitiligo sufferers are vulnerable to sunburn or other harmful effects from the sun's rays. Its cause is unknown but sometimes it seems to be triggered off by emotional trauma such as bereavement. An organisation has been set up to press for further research into the condition and the Vitiligo Group has produced leaflets explaining what the condition is and how to deal with it, as well as emphasizing the need for research. It also produces a newsletter at the cost of £5 a year. For further information contact the Vitiligo Group, PO Box 919, London SE21 8AW.

Health and Medicines Act 1988

This is not an easy document to understand because of the arcane language in which it is couched. The biggest outcry over its provisions has centred on charges being imposed for both dental examinations and sight tests. Under the less publicised section "Extension of Powers of Secretary of State for Financing Health Care" it seems that the Health Secretary has taken on a whole range of these to cover;

- * the acquisition, production, manufacture and supply of goods
- * the acquisition of land by agreement and manage and deal with it
- * the supply of accommodation to any person
- * the supply of services and provision of new ones
- * the development and exploitation of ideas and exploitation of intellectual property
- * and "to do anything whatsoever which appears to him to be calculated to facilitate, or to be conducive or incidental to, the exercise of any power conferred by this subsection and to make such charge as he considers appropriate for anything that he does in the exercise of any such power and to calculate any such charge on any basis that he considers to be the appropriate commercial basis."

Two restriction apply to these powers, firstly that by acting on the above powers none of the duties of the NHS Act 1977 or NHS (Scotland) Act 1978 are significantly interfered with and secondly, that the proposed actions will not operate to a significant extent to the disadvantage of people seeking or given admission/access to accommodation/services at NHS hospitals.

It also proposes the abolition of the power of local authorities to charge for their staffs' services to health authorities.

Available from HMSO £4.80.

Annual Report of the Family Planning Association

Two quotations appear on the cover of this annual report, both dated 1988, the first from the DHSS states: "The Government's policy is that people should be free to choose their source of family planning advice (family planning clinic or GP)". The second, from the Royal College of Obstetricians and Gynaecologists, sums up the worries expressed in this report as the organisation looks forward to the next decade: "There is evidence that family planning clinics are being closed.. this trend will deprive the country of essential training centres which must be maintained for the future of the service". The report also covers the current work undertaken by the FPA along with its publications. Mention is made of a survey of CHCs' assessments of local family planning needs.

The death of the FPA's Press Officer, Romie Goodchild, a particularly effective campaigner against the "Gillick" ruling until the ultimate success of the House of Lords' judgement in late 1985 is recorded in the report. Her husband, Trevor Goodchild, has donated a sum to establish the Rosemary Goodchild Memorial Prize for Journalism. The prize, of £550, will be awarded each year for the best article published in a newspaper or magazine on women's health and family planning topics.

The Report is available from the FPA, 27/35 Mortimer Street, London W1N 7RG

Growing alarm is shown by two bodies in their published evidence to the Pay Review Body - these are the Chartered Society of Physiotherapy and the Society of Chiropodists.

The Chartered Society of Physiotherapy stresses that there is now a growing imbalance between the demand for, and supply, of physiotherapists. The demand forecast of a 28% overall increase in physiotherapy posts for the decade 1984 - 1994 is, it says, conservative. The society puts it at nearer 40%. The Society estimates that there is an existing shortfall of 2580 whole-time equivalent posts, almost 25% of the existing funded establishment. The drop in the number of school leavers will mean more competition to attract them into training. The three urgent requirements are to maximise the output of trained

physiotherapists, to retain more of them in the NHS and to attract qualified professionals back. The Society does not believe that DHAs are justified in "being apparently so complacent about recruitment of physiotherapists" and does not accept that discretionary payment of local premiums "will help correct physiotherapy shortages". Funded vacancies and frozen posts have continued to rise over the past three years, 10% of posts were unfilled at 31/3/1988, this trend is likely to continue, funded vacancies of 13% are estimated for 1990. Competitive starting salaries are, it says, a must to attract the maximum number of newly qualified recruits into the NHS.

Demand is fast outstripping supply with regard to chiropody services as well due to what is described by the Society of Chiropodists as "the silvering of the population". Evidence from CHCs is quoted to show that chiropody is one of the first services to be cut when DHAs run short of funds. "Hounslow and Spelthorne CHC have recently pointed out that cuts in community services are particularly damaging to ethnic minorities and children." The length of time vacancies remain unfilled is considered to be very worrying and "urgent action is required both to stem the outflow from the clinical grades and to make the profession more attractive to potential entrants. The Society puts the number of funded vacancies in England and Wales currently at 7.6% of the total and says that the shortage of posts to meet known needs is around 23.8%. The only answer if chiropodists are to be attracted back in sufficient numbers is a substantial increase in pay.

A Manual for Health Authority Chairmen and Members produced by NAHA/NHS Training Authority. NAHA and the NHSTA have produced an excellent training manual which is well designed and easy to use. It is intended to be more than an introduction to the work of the HAs, addressing as well the skills needed for authorities and members to work effectively. It is arranged in modular form and is designed to be used primarily in a group learning situation - each module contains exercises and issues for discussion to illustrate the points made.

The first two modules encourage members to be introspective, to look at the role and activities of the health authority itself and to judge critically the input and effectiveness of members. Many of these assessment exercises are applicable to and could easily be adapted, for use by CHC members. For example, the criteria used to assess performance include: (i) corporate loyalty (ii) what members bring (iii) support for members (iv) member involvement in policy-making (v) setting standards and (vi) making standards stick. The overall tone of the manual is to encourage health authorities to become more effective: not leaving all the planning to general managers and all the monitoring to CHCs.

The manual does include the ACHCEW "Patients' Charter" under the section "Putting the Consumer First" and does ask HA members to consider whether they have implemented any of the recommendations and how the authority informs itself of consumer opinions. The

approach to CHCs throughout the manual is positive, although their role in setting and monitoring standards is perhaps played down a little. For example, the manual does not implicitly state that HAs should draw on the expertise of CHCs other than through CHC reports or the Annual Statutory Meeting. The role of liaison and consultation is not stressed.

ACHCEW is currently holding discussions with the NHSTA firstly about how the existing DHA manual (and the one being prepared for FPC members) can be improved to take more account of the role of CHCs and secondly, whether the NHSTA will prepare a similar manual for CHC members. Discussions on this are at an early stage but ACHCEW would welcome information from CHCs which have drawn up their own training manuals. In the mean-time the Health Authority Members Manual could be very useful to any CHC who wanted to spend some time adapting it. It costs £32.50 and is available from NHSTA, St. Bartholomew's Court, 18 Christmas Street, Bristol BS1 3BT.

Stronger Nursing Organisation - A Working Paper for All Nurse Managers and General Managers by Dr. Warren of the Brunel Institute of Organisation and Social Studies.

This working paper may help CHC members gain a better understanding of the present difficulties facing nurse managers and possible solutions to them. Among the issues addressed are establishing stronger middle managers, special issues in community nursing and general management, as well as recurrent basic problems.

Available from The Administrator, Health Services Centre, BLOSS, Brunel University, Uxbridge, Middx. UB8 3PH. Price £6.86.

Stepping Out by Shirley Trickett SRN. A special booklet has been prepared to coincide with the BBC's DAYTIME LIVE campaign to help men and women recover from tranquilliser dependency. It is available from BSS, PO Box 7, London W3 6XJ and costs £1.50. Each Tuesday afternoon until April 1989 the programme will be operating a phone-in service for sufferers. Tel: 0345-500-800.

Health Films and Videos from the BMA/Blithe Film Library. The Library has produced a new catalogue of material they hold in their film and video library. Subjects covered include AIDS, cancer, childcare, stress, anorexia nervosa and disability. Available from BLITHE, BMA House, Tavistock Square, London WC1H 9JP. (Tel: 01-388-7976). It costs £2.95.

INFORMATION WANTED

Wigan and Leigh CHC, in conjunction with the Community Mental Handicap Team and Age Concern in Wigan, are investigating the

possibility of running a series of information-related training sessions for the elderly carers of people with learning difficulties. The issues that would be tackled revolve around service provision and current issues in the area of mental handicap. The CHC would be interested to hear from any CHC which may have such a scheme in operation in its district.

Barking, Havering and Brentwood CHC would like to hear from any CHCs who may have conducted surveys to obtain consumer views on "mixed wards".

Liverpool Eastern CHC would be interested to hear from CHCs who have been given representation on DHA teams visiting private hospitals.

Hampstead CHC is considering making a formal request to the DHA requesting that the CHC Observer plus the Secretary be allowed to attend for Part 2 items of the DHA. We know that many CHCs do do this, but we do not know how widespread this is. Hampstead would be pleased to hear about the practice elsewhere.

Warrington CHC recently wrote to ACHCEW expressing dissatisfaction with the way an Independent Professional Review was conducted. ACHCEW would like to hear from other CHCs who have experienced patients being left frustrated by the lack of explanation provided by consultants.

Redbridge CHC would like to hear from any other CHCs that have preserved their rights to visit homes for the mentally handicapped where managerial control has been handed over to the local authority but with the Health Authority retaining financial responsibility.

Measles, Mumps and Rubella Vaccine ACHCEW would like to hear from CHCs whose districts have experienced difficulty in obtaining sufficient amounts of vaccine to immunise 13-15 month old babies and 4-5 year old children in accordance with new campaign on vaccination. One CHC has notified ACHCEW that at one clinic in their district only five doses of vaccine were available.

TAGGING - Does any CHC know of a TAGGING system being used in their area? TAGGING is used as an aid to communication between community nurses and GPs. It involves attaching a coloured sticker to the outside of patients' notes to indicate that a community nurse is visiting and alerts the doctor to communicate his/her actions to the community nurse involved. Any information would be gratefully received by Lynne Williams, a research assistant who is currently involved in an action research project examining liaison between hospital and community. Contact address: 1 Llanberis Close, Tonteg, Pontypridd, Wales CF38 1HR.

COMING EVENTS

The Kellmer Pringle Fellowships. These Fellowships are designed to enable individuals from any of the relevant disciplines (i.e.

in the education, health, legal or social fields) to pursue some activity or objective which will further the interests of children. They are not available for the purpose of seeking qualifications. A premium will be placed by committee members on applicants who have imaginative ideas and innovatory proposals.

Each Fellowship will not normally exceed £2000 and will usually be awarded to one person and not for joint work. It will be expected to be completed within one year. Application forms for the 1989 Fellowships can be obtained from: Ms Anne Weyman, National Children's Bureau, 8 Wakley Street, London EC1V 7QE.

The National Children's Bureau has organised five seminars for January/February 1989. These are:

Thursday 26 January 1989: Very Young Disabled Children and their Families - A New Challenge for Community Services. Fee £34.50.

Tuesday 31 January 1989: Training to work with under fives: Issues and Developments. Fee £34.50.

Thursday 9 February 1989: The new childcare law. Fee £37.95

Wednesday 22 February 1989: Managing Child Sex Abuse Services. Fee £44.85.

Monday 27 February 1989: 1989 Child Care Conference. (Details from NCB).

All details from Seminar Office, NCB, 8 Wakley Street, London EC1V 7QE. Tel: 01-278-9441.

The Royal Institute of Public Administration are holding a series of seminars on health services and race.

February 1st 1989: Consumerism, health services and race

March 3rd 1989: Health promotion and race

The conference charge for voluntary organisations is £30, and RIPA have informed ACHCEW that they would be willing to consider CHCs as voluntary organisations in this context. Further information from Nicola Kerwood, RIPA, 3 Birdcage Walk, London SW1H 9JH.

DIRECTORY CHANGES

Page 8: East Suffolk CHC
New Secretary: Mike Stonard

Page 9: Harrow CHC
New address: 2 Junction Road, Harrow, Middlesex HA1 1NL.