

## ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

### STANDING COMMITTEE NEWS

No. 39, JULY 1984

#### ACHCEW's Future

The Officers met the Minister of Health, Kenneth Clarke MP, on 4th July following the AGM. He expressed interest in the final results of the survey of member CHCs and asked for an updated assessment of the financial position in writing. Although an early reply was promised, it has been necessary to postpone the next Standing Committee and the Special General Meeting which had been provisionally arranged for 8th August.

Member CHCs will be advised of ACHCEW's change of address in advance of the move which is likely to take place later in July.

#### Steering Group on Health Services Information

Chairman replies to NCC/ACHCEW Report on CHC Information Needs.

Mrs. Edith Korner writes: "Considering the practical and behavioural difficulties which tend to inhibit information flows within and between organisations, the picture is not too bad. (It is an interesting commentary on such difficulties that 47% of your potential respondents did not produce the information you required of them.)

My own work over the past four and half years was confined to the data about patient activity in hospital and the community, manpower and finance. We have (or are about within weeks) published 6 main Reports - with a 7th Consultative Document on Patient Privacy and Confidentiality of Patient and Staff Data. The Secretary of State has promulgated the implementation of all our Reports within the next 5 years. This will mean that all district authorities will collect, process and analyse the same data everywhere, so as to derive common indices, etc. This is not now the case and I note that certain items of information requested by CHCs are not at present being collected. When implementation is complete, CHCs will know exactly what is being collected and will be able to ask for it, e.g. about waiting experience of patients, costs of individual specialities, etc.

None of our work was concerned with information (in the sense of prior knowledge) about policy areas, e.g. closures, changes of use.

It would have been interesting to find out how useful, usable and used the information which reached CHC actually was. In this context you may be interested to know that we have commissioned a 'primer' for members of authorities, CHCs and the public, to assist them in using, interpreting and applying the statistics currently being collected and what they may expect from the reforms proposed by the Steering Group. The book is to be published in autumn by the Oxford University Press and may prove useful to you and your members.

I sympathise with the general remarks about relations with authorities and FPCs. But that, as they say is life: and only patient negotiations, growing trust and time can help towards a solution."

cont/2

### King's Fund support for Community Health Councils

In its Annual Report the King's Fund said this of CHCs:

..."these are very difficult times for CHCs. Patients First, the consultative document issued by the Government before the 1982 reorganisation of the NHS, expressed doubts about their continuance. In the event the decision was that they should continue, but they have remained very much under threat. The creation of more numerous, smaller health authorities at the district level has made it possible for health authority members to have closer contact with the services for which they are responsible and with the community. The reductions in membership of the CHCs have increased the load on their most active members. Finance has in many cases been very tight, since most regional health authorities, which are responsible for CHC budgets, have not seen them as a high priority. Consequently, CHCs have little staff support - two full time equivalents would be typical - and almost no money for non-staff items such as consumer surveys. The national organisation of CHCs is in financial difficulty and its newsletter, CHC News, has been forced to close.

"Yet there is a real case for CHCs, and the best of them have a track record which deserves respect. As watchdogs for consumers and the community, they can ask questions about how services are actually working, and about their relevance. Through their composition they have extensive contact with organisations outside the NHS and can therefore help to offset its inherent parochialism: health is, after all, about much more than health services. They can, and often have, promoted a whole range of community activities (such as voluntary projects, advocacy schemes and community development) that complement the work of the statutory authorities.

"Whatever one's views, it is wrong to seek to discredit the CHCs by starving them into submission. The Griffiths report called attention to the need for the NHS to be more aware of consumer views. This is a concern that health authorities and CHCs can properly share. So long as CHCs exist, they must be enabled and encouraged to do the job they have been given".

### Freedom of Information Campaign

North Devon CHC has asked the Standing Committee to re-consider its decision not to be associated with the Freedom of Information Campaign which now has the support of politicians of all parties and of many organisations - including the National Consumer Council.

Among the type of issues it takes up is that of patients' records and their access to them. Obviously, the idea of a patient being able to demand access to his/her records is still a controversial one in many quarters in this country (although it already operates in the USA and Canada) but one suggestion being made and considered by the BMA is the system which operates under the Australian Freedom of Information legislation where provision is made for disclosure of medical records to an independent physician when the doctor holding the patient's records feels that disclosure to the patient would be unwise.

Currently, representatives of the Campaign are in consultation with the BMA over the implications of such a step with the BMA undertaking to provide specific examples of situations where they feel full disclosure of records would be harmful while other organisations, such as the Patients Association put the case for the harm which is also done when patients feel suspicious and worry about what is on their file. There have been a number of instances where such information has been found to be incorrect.

Other issues with a health bias taken up the Campaign include agrochemicals and their residues, health and safety at work and aspects of mental health care.

### Pesticide Poisoning

Winchester and Central Hampshire CHC has become increasingly concerned over reports brought to them by members of the public claiming they have experienced ill health as a result of coming into close proximity to crop spraying. The difficulty, as the CHC points out, is to find evidence of a connection between a particular pesticide and the variety of illnesses experienced by residents.

The CHC would like to exchange information with other CHCs who might have experience of this problem.

There is, in fact, a survey currently under way funded by the Agricultural Workers Trade Group of the Transport and General Workers Union of people who feel they might have been harmed by coming into contact with the weedkiller 245T - banned in most other countries. 245T is the chemical, with its dioxin contaminant, which was dropped as Agent Orange in Vietnam (the first claimants in America have just received the biggest ever out-of-court settlement there - over £200,000) and which featured at the Seveso disaster in Italy. Any CHC interested can get a copy of the interim report on the survey "How Many More?", plus a copy of the questionnaire which possible victims are asked to fill in, from The Record, Transport and General Workers Union, Transport House, Smith Square, London S.W.1.

### Optical Services

This is a subject which is still of great concern to many CHCs. Hounslow and Spelthorne Canterbury and Thanet, and East Herts CHCs are among the latest which have contacted ACHCEW. Hounslow expresses anxiety over the effects of the change to the 1958 Opticians Act on elderly people who are not on supplementary benefit and on children between the ages of 16 and 19 still in full time education, the altering of "recent prescription" to mean two years, not one, and the serious financial effect on patients following cataract operations. It is also pointed out that there appears to be no complaints procedures regarding unregistered people dispensing glasses.

Canterbury and Thanet CHC wrote to Secretary of State, Norman Fowler, with a list of queries on how he intends to control unregistered suppliers: if there will be a complaints procedure, what monitoring powers are proposed; what price and quality control and complaints mechanisms will operate for the supply of ophthalmic lenses; if, in fact, the effective state subsidy to optical dispensing will be removed by the new Act, will the

public be expected to pay more for higher lens power than under the present NHS arrangements. Also, overall, is this not bound to result in increased charges? The CHC is still awaiting a reply.

East Herts wrote to Health Minister Kenneth Clarke asking how his Department would be monitoring the effects of the changes and received the following reply:

"It is certainly the case that once glasses are no longer supplied under the NHS the involvement of CHCs will also cease. The consumer protection arrangements needed for provision by the state of a service in kind are quite different from those needed when the state is providing financial access to the services of private sector supplier. As such they will have the protection of the normal redress available to consumers and of the additional measures we are contemplating for glasses. However, the best guarantee of a good service is the existence of healthy competition among the suppliers. This we are aiming to achieve by liberalising the current restrictions on advertising by opticians and on who can sell glasses."

It is unlikely from this that he will allay the fears of concerned CHCs - in other words he is saying the person buying spectacles will be in the same position of those who buy gumboots, soap powder and electric kettles...

The North Western Regional Association of CHCs is backing the opticians in opposing the Bill, principally, it says, because the proposed legislation would substantially reduce the number of people eligible for NHS lenses and frames and that those most likely to suffer would be pensioners and others on fixed incomes. According to opticians, 3.25 million NHS optical patients (64%) will be ineligible for the service after April 1985 if the government goes ahead with its intention to withdraw NHS lenses and frames from everyone except children and those on supplementary benefit. Another reason is that it will be difficult to monitor or check the validity of prescriptions and those who interpret them should be qualified. The Regional Association would like ACHCEW's support for their stance.

#### Mental Health Services in London

Ten CHCs took part in a survey organised by the Health Panel of the GLC on this subject, a report on which has just been published. The CHCs involved were Waltham Forest, Kingston & Esher, Victoria, Haringey, Hampstead, Bromley, Harrow, Lewisham, Newham and Islington. Numerous individuals and organisations were also involved, including national organisations such as MIND and the National Schizophrenia Fellowship.

The survey looked at the definition of the problem, the range of services for mental illness, local authority services, housing and mental health, employment and rehabilitation, co-ordination of the different services and many other aspects.

The report of the survey concludes that there is very little co-ordination between regional strategies for the development of mental illness services, between health and local

authorities in discharging their separate responsibilities, and between the London boroughs themselves. More co-operation "might ease some of the problems of the transfer of care from large hospitals to community-based services." Current funding, it continues, is inadequate as is residential and day care provision.

### The Psychiatric Services

Similar conclusions have been reached in a report by the Confederation of Health Service Employees (COHSE) on the future of these services. COHSE's working party also stresses the need for better liaison and co-operation to establish local requirements, for more funding for non-institutional residential facilities and day care specialised facilities for alcoholics, drug abusers and others at special risk and, where in-patient care is the only option, better therapy and long term facilities.

Mental Health Services in London is available free from the GLC, County Hall, London S.E.1 and The Future of Psychiatric Services from COHSE, Glen House, High Street, Banstead, Surrey.

Those wishing to take the matter further can attend a public meeting on July 25 at 7 p.m. at County Hall, London on the subject of Mental Health Services in the Capital in the light of the GLC report.

### Good Practice in Devon Again

On June 26 Mr. Murray French, Chairman of Exeter Health Authority, led a small Devon party into the finals of a nationwide competition. Exeter's health services were competing for the RIPA-HAY award given for "serving the customer better", against five other public bodies short-listed from all over the country.

Exeter was disappointed to come third but was pleased to have achieved at least national recognition for its scheme. The project is called "Grassrooting for better health services" and is designed to let people right down at the grassroots say what they want - and get it. The scheme is already operating in Okehampton, Honiton and Sidmouth and will be extended all over Devon later in the year.

Groups of people including councillors, voluntary organisations, vicars, policemen, doctors and nurses decide what special problems exist in their area and how they and the NHS can help solve them. Patients are consulted through special Forums already set up at Okehampton, Seaton and St. Thomas, by Exeter CHC.

Exeter CHC itself actually nominated its Health Authority for the Award. Secretary Tony Day said: "We have often complained in the past about the distances people have to travel for treatment in rural Devon. Now the Authority is taking steps to give people what they want and where they want it. I think they deserve all the encouragement we can offer."

### Drugs and Driving

Gareth Wardell, MP for Gower, has approached the BMA, ACHCEW and other organisations to ascertain what support there may be for his proposals. He writes: "For some time I have been very concerned at the growing evidence which establishes the dangers of driving whilst possibly affected by the side effects of some drugs. I am particularly concerned that while some countries, notably Norway, have responded to this evidence by alerting the public to the dangers of some drugs and driving, in Britain there seems to be a low level of awareness and concern for the dangers and a reluctance to accept the need to take steps to improve the situation.

I have had correspondence with Mrs. Chalker on this matter. The Minister feels, firstly, that there is insufficient evidence available to mount anything but a general campaign to alert the public to the dangers of drugs and driving. I feel that a general campaign is what is needed: people need to know to ask their doctor about any risks. Secondly, the Minister has informed me that the DHSS feel that to request doctors to mark prescriptions so that the pharmacist can place a warning label on the container would be an intrusion on a doctor's professional judgement. However, GPs in my own constituency feel that this measure is long overdue, both in the public interest and in bringing medication by prescription into line with the warnings on over-the-counter obtained medication.

At meetings of the Parliamentary Advisory Committee on Transport Safety, the A.A. has made clear its long-standing interest in this area, and they have asked me to pursue the issues further."

### The Decision Makers

Who makes the decisions in the NHS? The answer is simple, according to Rudolf Klein in the BMJ of June 2 - the NHS "is an organisation remarkable for the fact that almost everyone working in it - whether as a doctor or as a nurse, as an administrator or as a ward orderly - is a decision maker. For what makes the NHS unique is precisely the fact that health care is the product of countless individual decisions made every day by men and women with a wide range of professional and occupational skills, each of whom tends to enjoy a large degree of autonomy or discretion in his or her own particular domain of activity...the NHS seems to be an example of what may be called the law of inverse decision making. Those at the top with the greatest authority to take large scale decisions often have the least power to make them effective in practice, while those at the bottom have the most effective power but the least scope." No mention of CHCs, still less patients.

Chris Ham, lecturer at Bristol University, in his speech to the ACHCEW AGM on "Democracy and the NHS" had more to say on consultation and the role of the CHCs: "the writing is very much on the wall. If we follow the spirit of Griffiths and delegate decision making powers to the local level, and if we take note of what Griffiths says about the labyrinthine consultation procedures which currently exist, then it is hard to escape the conclusion that you will lose your one real power in relation to closure proposals. The tendency will be for you to move much more strongly into market research, identifying gaps in service provision and carrying out surveys of patient and consumer satisfaction. This is a vitally important role and a task which many of you already perform to good effect...the best possible answer to those who argue that CHCs are not representative of the public.

More market research by CHCs would also help to counterbalance the undue emphasis on efficiency in the NHS at the moment. The NHS is suffering from a crisis of policy direction because the preoccupation with efficiency has led to a neglect of what the service was set up to do and the basic objectives of the NHS have taken a back seat while ministers attempt to root out waste and inefficiency. A major task for CHCs is to prevent the policy agenda being hijacked in this way. One obvious area where this could be done is the field of performance indicators which encourage health authorities to increase productivity and reduce costs without considering whether the result is a healthier or more satisfied population.

When it comes down to it, changes like those proposed by Griffiths are really about power and control. So who are the winners and losers under Griffiths? The framework I find most helpful sees the health service as being made up of three major sets of interest. First, there are the professional groups who are dominant. Second, there are the planners and administrators who are challenging. Third, there are the patients and community who are repressed. In these terms, Griffiths is saying "Let's enhance the position of the planners and administrators so that they can challenge the doctors more effectively". We are seeing then the continuation of changes in the role of administrators who are now expected to play a much more active, managerial role, seeking to challenge professional dominance. That also means that we keep the community where it has always been - in a repressed position.

The NHS is one of the least democratic public services. There is a strange paradox here in that as state involvement in the provision of health services has increased in this country so democratic control has declined. Sir Keith Joseph has recently published a consultative paper suggesting that elected parents should have a majority on school governing bodies. If we can do that with education, why not health? Apparently, Joseph won the battle on ILEA because he persuaded his colleagues that the right calibre of people wouldn't come forward if the ILEA were an appointed body. Can we be sure that we don't already suffer from this problem in the NHS? And wouldn't separately elected health authorities really be a better model than the very odd appointment system we currently have? Again, if parents are to have a majority on school governing bodies, why shouldn't patients have a majority on governing bodies of health centres, clinics and hospitals?"

#### Community Health Initiatives for Older People: A Directory

Chris Cloke at Age Concern England is compiling a directory of community health initiatives for older people and will be grateful if Community Health Councils or anyone involved in such projects would complete the questionnaire enclosed with Standing Committee News. Community health initiatives might include pensioners health days, health courses, self-health and self-help projects, discussion groups, patients participation groups, preventive health initiatives and health awareness courses. Many of these projects will originate in the community and be run by older people. They may, however, be set up by or in association with health and social service personnel although the projects will tend not to be part of the formal NHS. All agencies included in the directory will receive a free copy. The questionnaires should be returned to Chris Cloke, Information Department, Age Concern England, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL, by Friday 28th of September, 1984.

### An Inactive Response to Multi-Racial Society

Few national voluntary organisations are taking positive steps to further the cause of this country's four million ethnic minority people according to a report from the National Council for Voluntary Organisations. The voluntary sector, renowned for its pioneering approach, is trailing behind many statutory services in promoting racial harmony and less than 10% of the organisations which took part in the survey which formed the basis of the report had any close contact with ethnic minority groups. Its author Michaela Dunlop says: "Despite the gloomy picture conveyed by the survey, the report does highlight examples of effective work carried out by some voluntary organisations", but the report concludes that organisations are likely to be failing in their aims and objectives if their services are being used only by white people or by a disproportionately small number of black people - a problem which can arise with Community Health Councils as well.

A Multi Racial Society - The Role of National Voluntary Organisations is available from NCVO, Bedford Square Press, 28 Bedford Square, W.C.1, price £3.95 or from book-sellers.

### DHSS Support for Voluntary Groups

Still on the subject of voluntary organisations, John Patten, Parliamentary Secretary for Health, stressed the Government's increasing commitment. In 1983/84 the DHSS gave over £23M to about 300 organisations for hundreds of different projects, as against half that amount the year before. The government, says Mr. Patten, is "continuing to improve standards of care with the increased expenditure on the NHS... but there is always more that can be done. There is no room for complacency. Local voluntary groups have a vital part to play working with central and local government to get the right care." On 5th July Norman Fowler announced a further £10.5 million over three years for the "Helping the Community to Care" scheme. This will help mainly voluntary organisations to improve care for elderly, mentally ill, and mentally handicapped people by mobilising volunteers, families and neighbours.

### Health and Deprivation in Bristol

The University of Bristol has produced a review on this subject by Peter Townsend (who proved such a popular speaker at ACHCEW's Patients Needs First conference), Don Simpson and Nigel Tibbs.

The survey is the result of collaboration between the Health Authority, Avon County Council Planning Department and the Department of Social Administration at the University. It found that people living in some city wards suffered two to three times the number of still births and infant deaths than did those living in more favoured areas, that there were significantly more deaths before the age of 64, and from two to three times more babies born with a very low birth weight. The major explanation appeared to be material and social deprivation with unemployment in the "unhealthy" areas being, on average, six times as high as that in "healthy" ones. Forms of deprivations which have increased include unemployment, electricity disconnections and poverty as indicated by the number of children receiving free school meals.



Inequalities of Health in the City of Bristol is available from Department of Social Administration, University of Bristol, 40 Berkeley Square, Bristol V8B 1HY, price £3 (inc. postage).

#### Consultation on a Hospital's Future

Lewisham and North Southwark Health Authority has published its proposals for St. Olave's Hospital, Rotherhithe and has asked for public comment on its recommendations on how best the site could be used to help the local community, especially the elderly and elderly mentally frail. This follows an enthusiastic public response to the Authority's previous paper on the subject. The HA points out that all local hospitals are having to reduce the number of acute beds and recommends that this service should not be re-opened at St. Olave's. Public response suggested support for using the hospital for better care and facilities for the groups mentioned above and that the site would be ideal for this purpose. As well as holding a public meeting on July 4, the HA asked for comments by September 29 for final consideration by the Authority.

The acute patient services were closed by Health Service Commissioners acting on the instructions of the Secretary of State for Health in 1979 as Lambeth, Southwark and Lewisham Area HA refused to do so.

#### Health for a Change

This is a new publication from Child Poverty Action and is a study of preventive health care in pregnancy and early childhood. The author, Sue Dowling, argues that the NHS still fails to reach those most at risk from ill health and premature death (as shown in the Bristol report). Pregnancy and early childhood are critical periods for the prevention of disease and the promotion of good health and ways are examined to see how we can ensure the most vulnerable groups are reached.

Health for a Change is available from CPAG, 1 Macklin Street, WC2B 5NH, price £3.95.

#### Prison Health Care

This is something which has cropped up on a number of occasions among CHCs and Dr. Richard Smith, assistant editor of the British Medical Journal, has now written a book on the subject, published on June 27. "After spending 18 months investigating prison health care I believe there is ample scope for improving both the health of prisoners and the quality of the prison health service. The single change that would probably do most to improve both would be to reduce drastically the number of prisoners", he says. Compared with those outside, prisoners are much less healthy. About half have something wrong with them when they arrive in prison and a tenth of the men and a fifth of the women have major mental health problems - which raises the question of why they are

there and not in special hospitals. Dr. Smith expresses concern that the service within the prisons is run by the 90 doctors who work full time for the Home Office and are not in the mainstream of the medical profession. (One prison doctor who wrote to The Guardian was sacked immediately the day that the letter was published). His conclusion is "there is ample room for improvement". Prison Health Care by Dr. Richard Smith is available from BMA Publications, BMA House, Tavistock Square, London W.C.1, price £8.

In the past CHCs have been more or less told that medical care in prisons is none of their business but in the light of the interest taken by Dr. Smith and the BMA, possibly it would be a good idea if CHCs found out about health provision in their local prisons and then did their best to remedy any defects and demand a role in representing this deprived section of the community.

#### Latest on the Freedom of Information Campaign

The campaign has prepared an Access to Personal Files Bill which will be introduced in the House of Commons shortly. The Bill gives individuals the right to see - and where necessary to correct - information held by various public authorities about themselves. In particular, it will include medical, education, social work, housing, probation and social security records. The campaign is looking for support from organisations, for information about people who have been adversely affected by unseen information on their files and for the experience of authorities or institutions which normally allow individuals access to their records.

#### Guide for the Disabled Traveller 1984/85

The Automobile Association has just published its latest guide which, for the first time, includes information on Europe. It is available, free for AA members and at £1.50 for non-members at all AA centres.

#### Diabetics

"Life with Diabetes" is the latest booklet published by the BMA in the Family Doctor series, price 60 pence.

#### Health Education

The Health Education Council has published a new booklet "Health Education in the Workplace" - a discussion document for management, unions, health workers and others who are in a position to influence the development of health education in the work setting.

### Solvent-Abuse

An advisory kit for retailers and others has been produced by the Solvent-Abuse office of the British Adhesives and Sealants Association, St. Mary's Chambers, 19 Station Road, Stone, Staffs, ST15 8JP.

### Services for Elderly and Handicapped People

Family Forum and Age Concern have recently published a "resource pack" intended for people who are involved at local level in providing or using services for handicapped and/or elderly people. They are convinced that the families of many handicapped or elderly people and other concerned with helping them, including professionals, need much more information than is readily available about the services that exist. The pack also helps to identify gaps and provides an opportunity for discussion about what can be done locally to fill them. They hope that the people who use the pack will approach their local authorities as necessary and also use the pack as a channel through which local groups can send forward their proposals and demands to central government through national organisations. Copies have been sent to CHCs and comments are invited to Family Forum, Cambridge House, 131 Camberwell Road, London SE5 0HF.

### Leaflet - Complaints against Family Doctors, Dentists, Chemists and Opticians

This long delayed leaflet will now have reached CHCs. Let ACHCEW know if you find it useful or if you have any comments or suggestions concerning the text. There was some consultation with ACHCEW and others at an early drafting stage but this is the sort of publication for consumers which could usefully be published jointly with space for information about the local CHC.

### A Health Service Strategy for Elderly People

The North West Thames RHA has set out 11 "strategic principles" for comment by experts (which must include CHCs) as part of their consultation procedure.

The booklet "Regional Strategy - Towards a Strategy for Services for Elderly People" makes interesting reading and copies are obtainable by telephoning 01-262-8011 Ext. 228

### Access for the Disabled

Following consultations conducted by the Centre on Environment for the Handicapped, the formation of the Access Committee for England, together with details of its membership, aims and purposes have been announced by Access director John Dobinson. The address of the Access Committee for England is 126 Albert Street, London NW1 7NF, telephone 01-482-2247.

### Contact Wales

Contact Wales is a new community unit within the BBC providing the back-up support services to community/consumer groups and programmes. CHCs with information they want broadcasting or with ideas about the BBC could help should approach Contact Wales direct at BBC, Broadcasting House, Llandaff, Cardiff, CF5 2YA, telephone Cardiff 555-050.

### Alcohol

A major new organisation, Action on Alcohol Abuse (AAA) is being established under the auspices of the Medical Royal Colleges to highlight the problems arising from the growth of alcohol abuse. More details from Don W. Steele, JP. MA. Director AAA, 26 Craven Street, London WC2, telephone 01'839-7344/5.

### Relationships between CHCs and FPCs

The text of an address to the AGM 1983 of the Society of Administrators FPS by John Austin-Walker, former ACHCEW chairman, was published in the March issue of "The Family Practitioner Services". Photocopies are obtainable from ACHCEW. Sue Thorne, secretary of West Lambeth CHC, is exploring the possibility of meetings between CHCs and representatives of FPCs to discuss matters of common concern in anticipation of changes in the status of FPCs.

### Channel 4

Broadcasting Support Services, 252 Western Avenue, London W3 6XJ, telephone 01-992-5522, an independent educational charity providing support and back-up services to broadcasting, has announced a new subscription scheme outline which is designed to inform community organisations about the materials available to them, on a subscription basis, on the issues with which they are most directly concerned. Contact Broadcasting Support Services for more information.

### Around the CHCs

### Well Womens Centre

West Essex and District CHC are involved in a campaign to establish a centre in their district and would like to find out what services are included in other centres throughout the country, what CHCs think about them, what else should be included and whether they operate satisfactorily. Contact the Secretary, Angela Alder, at Herts and Essex Hospital, Haymeads Lane, Bishop's Stortford, Herts CM23 5JJ.

Grimsby CHC has received a reply from the DHSS in answer to a letter asking for their definition of the role of "Patient's Friend" in complaint cases.

The reply says: "The decision as to who may act as a patient's 'personal friend', as mentioned in par. 27 of Part III of NC(81)5 is for the patient alone. If the patient chooses to invite a member or a secretary of a CHC to act in that capacity, that decision should be respected. The important point is that the second opinion review meeting is in the nature of a medical consultation and it would not be right for the 'personal friend', whether from CHC or not, to act as an advocate. We all want to avoid an adversarial approach to the clinical complaints procedure, and if a personal friend were to adopt the role of an advocate conducting a case and there was any question of litigation it would be open to the Regional Medical Officer to end the review."

Harrogate CHC provided a display stand on the work of CHCs at the Royal College of Nursing Congress held there recently. It was manned by CHC members and Harrogate's Secretary, Mr. J.K. Lee. Those who approached the stand were very interested and some lengthy discussions took place. "Generally speaking", says John Lee, "they were pro CHC although one person did take some convincing initially. Amongst others, the President of the Congress visited this stand and said that we were very welcome, adding that it was hoped this would be a regular feature at future RCN Congresses." John Lee says that while the static display was somewhat Harrogate-orientated, there were also general leaflets and copies of other CHC Reports "so we did our best to sell CHCs generally and not just Harrogate."

Cardiff and Vale of Glamorgan CHCs have produced a response to the draft publication for consultation on the 1984-1994 Strategic Plan issued by South Glamorgan Health Authority. The CHCs sent out letters to over 150 voluntary organisations telling them of the draft plan and also took advertisements in local newspapers. Copies of the plan were sent to every member of both CHCs. The co-ordinating body of the voluntary organisations said the Health Authority did not do enough to obtain the views of the general public and that insufficient time was allowed for the voluntary sector to respond, nor did they have the resources to consult sufficiently widely.

The CHCs also felt the Authority lacked the will to put the plan under public scrutiny when realistic consultation would actually lead to greater public trust for the Authority's decision.

The CHCs' response looks at over-centralisation of hospital services, the need to retain a casualty unit at Barry, community services, child health/womens' health/maternity services, care of the elderly, health education, community care, the terminally ill, mentally handicapped services and ethnic minorities and the health service.

East Cumbria CHC's interesting Summer '84 newsletter, as well as covering local issues, also draws attention to MIND's campaign for support groups for tranquiliser users. MIND's special report on the subject has, says Cumbria CHC, brought a heavy response from users seeking help. MIND have been working with the That's Life team on the subject and a 90-minute special television feature will be shown in November.

### Research into Cot Deaths

Chester CHC has protested to the Secretary of State about the recent announcement that the Medical Research Council has withdrawn support for research to save three million pounds. It was particularly concerned at the effect on the study of cot deaths at Addenbrooke's Hospital in Cambridge. "Over recent years the CHC has been .. involved with several parents who have suffered the tragedy of their baby dying in this way and the knowledge that the research group had made fundamental discoveries was of great hope to present and future parents".



### Ante Natal Services

South West Herts CHC has just published a report on Ante Natal Services in South West Herts which may be of more general interest. Copies are available from the CHC if you send 29 pence in postage stamps (to cover postage and packing).

### Good Practice in Shropshire

Shropshire CHC's response to the Health Authority's proposals for funding the Telford District General Hospital has recently been published and it shows how the CHC undertook itself the task of finding out what local people felt. Five working parties were set up to investigate the five districts most closely concerned and a series of public meetings were organised by the Council which were extremely well attended and "demonstrated", says the report "the strength of feeling in the country on the Health Service". Attempts were made to ensure there was opportunity for informing the public of the proposals and the thinking behind them and ample opportunity was given for questions to be asked, and comments received by the DHA. Shropshire feels this must be one of the most comprehensive public consultation exercises undertaken by a CHC and it led to positive and comprehensive recommendations.

### Greater London Research Project Takes Off

Andrew Thompson, Research Co-ordinator for the Greater London Association of CHCs, reports that his team has built up a comprehensive picture of London issues and the research work already carried out into local health services. The team is investigating the effect of cuts in public expenditure on the provision of services and the development of services to meet the needs of local communities more effectively. It is collecting facts on the level of provision for priority groups in terms of money spent, hours of service provided and the numbers of places or people served. The data relates to each DHA and London borough from 1976 until 1984 so that future projections can be made. The second phase of the research will concentrate on a detailed breakdown of the services provided for the elderly population from all quarters including the private and informal sectors. In view of the enormity of the task, a limited number of districts will be investigated. More information from Jean Greenshields, GLACHC, 124 Heath Street, London NW3 1DU.

### Coming Events

Autumn's conference season will soon be upon us.

Policies, Practice and Priorities. Speakers will include Professor L. Spitz, Dr. C. Walker, Professor C. Chantler, Dr. E.R. Bendall and other specialists, as well as parents. One session will, in fact, be devoted to changing patterns of care for sick children and their families and the problems parents encounter and what might be done to help them, such as the better provision of accommodation facilities for parents with very sick children in hospital.

Closing date for completed applications is 10th September 1984, applications to:  
Conference Secretary, 46 Crofton Road, Orpington, Kent.

The Foot Health Council is organising a seminar on "The Shape of Feet to Come" at the King's Fund Centre, 126 Albert St., London NW1 on 17th October from 9.45 a.m. to 4 p.m. There will be four themes introduced by four speakers and members of the seminar will consist of representatives from various health and commercial bodies, including the Consumers Association. The seminar is sponsored by Scholl and there is no charge. Applications as soon as possible to Peter J. Read, Foot Health Council, St. Leonard's Hospital, Nuttal Street, Kingsland Road, London N.1.

The Kings Fund in association with the Royal Colleges of Surgeons and Physicians, is sponsoring the first UK consensus development conference. It is on the subject of coronary bypass surgery, chosen because it is an issue of public interest and because there is controversy over its benefits. There will be a panel of experts chaired by Professor Bryan Jennett, Dean of the Faculty of Medicine of Glasgow University. It will take place at the Royal Institute of British Architects, Portland Place, London from November 21 to 23. The registration fee, including meals, is £25 (a limited number of places at £10, without, are available). Applications to Barbara Stocking, Kings Fund, 2 Palace Court, London W.2.

Doctors and the Courts The BMA is organising a one-day symposium for doctors and lawyers in London on the 24th of October 1984. Topics will cover medical evidence, confidentiality and the role of expert witnesses. The registration fee is £57.50 and details are available from the BMA.

Children and their Rights The Children's Legal Centre is organising a Congress on Children and their Rights for Tuesday, the 20th of November 1984 - the 25th anniversary of the adoption of the United Nations Declaration on the Rights of the Child. More details from the Children's Legal Centre Limited, 20 Compton Terrace, London N.1 2UN, telephone 01-359-6251.

ACHCEW Subscriptions 1984/85

A certain number of CHC members have not yet paid their full subscription as agreed at the Special General Meeting and endorsed by the AGM: "the total payments they made to ACHCEW and CHC NEWS together in the current financial year (i.e. 1983/84) plus any additional payments which any member CHC feels able to contribute...etc.". The thirty-eighth meeting of the Standing Committee passed the following resolution on 4th April, 1984: "All members which had paid a minimum of £250 would be deemed to be in membership and entitled to AGM credentials but would be reminded of the terms of the resolution. Minimum payments which did not include the full amount required to cover the equivalent of 1983/84 CHC NEWS subscription would be treated as instalments towards the full amount due during 1984/85."

Please try to pay what is still due as quickly as possible so that we can plan on the basis of assured income until the end of the year.

CHC Directory: Changes

Page 6: Lincolnshire North CHC. Address: 25 Newland, Lincoln, LN1 1XP, Telephone  
Telephone No. Lincoln (0522) 45215

Page 6: Nottingham CHC. Secretary: Simon Gilby

Page 7: Mid Essex CHC. Chair: Mrs. J. Aberdour

Page 10: Basingstoke and North Hampshire CHC. Chair: Mrs. Margaret Evans

Page 10: Southampton and South West Hampshire CHC. Address: 14/15 Hanover Buildings,  
Southampton SO1 1JX, Telephone No. Southampton 30283

Page 11: Kettering CHC. Chair: Mrs. D. Spengler Hall

Page 13: Central Birmingham CHC. Chair: Mr. Stephen Townsend

Page 14: Macclesfield CHC. Secretary: Mrs. P.M. Johnson

Page 15: Trafford CHC. Chair: Mr. M. J. Hammett

Page 16: Carmarthen/Dinefwr CHC. Address: 12 Lammas Street, Carmarthen, Dyfed  
SA31 3AD, Telephone No. will remain the same

Page 16: Rhymney Valley CHC. Chair: Councillor W. Kirk.

Page 20: Falkirk Local Health Council. Address: 2 David's Loan, Baineferd, Falkirk,  
FK2 7NR, Telephone No. 0324-34658

Page 24: The Association of Welsh CHCs. Chair: Mr. Lawrence Murphy