

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

STANDING COMMITTEE NEWS

No. 40, August 1984

ACHCEW Survives

Kenneth Clarke, Minister of Health, has offered a payment of up to £27,500 to clear the Association's projected deficit for the current financial year. This was the deficit estimated by the Officers. He also wants the change if there is any. "I remain of the view", Mr Clarke added "that the Association must provide a service that the majority of CHCs are prepared to support at a reasonable level from their own budgets". He had received yet more financial information and a detailed presentation of the functions and scope of the national body for CHCs but clearly was attracted by the "postbox" function which was implicitly preferred by the AGM when confronted with the prospect of dissolution. He had indicated to the ACHCEW deputation that the DHSS saw no reason to fund another "campaign". The Standing Committee, which met on the 8th August, was grateful for the offer of financial help to resolve the financial crisis which had built up since the withdrawal of central government funding in 1981 but remained apprehensive about future prospects given that a survey of CHC members had revealed that, on whatever formula, the subscription income from members for the next financial year 1985/86 would be between £60,000 and £70,000 which, of course, is less than the DHSS grant we were receiving in 1981.

The Standing Committee agreed to recommend to the Special General Meeting on the 29th September a subscription system which would maximise not only income but also membership. It estimated that the Association could keep 155 members yielding an income of £66,000 through a banding system, the details of which will be conveyed to member CHCs immediately.

The Standing Committee discussion reflected the exasperation felt by many member CHCs about the impact of a continuing financial crisis on the work of the Association. It was hoped that the budgets and constitutional changes to be presented to the SGM would resolve immediate problems and enable the Association to develop an active programme within its limited means.

What We Need from Member CHCs

In order to give you the best possible service we can in Standing Committee News, we would like from you:

Letters - as brief as possible for obvious reasons and, preferably, typed. The editor reserves the right to edit; Information of interest and information required; Views on policy matters; Notice of publications, with their price and the address from where they can be obtained; Notice of events with relevant information; Notice of meetings, workshops, seminars, etc. local, regional and national; Examples of good practice, success stories and failures; Information on relations with Regions, Districts and FPCs; Copies of exchange of correspondence with RHAs, DHAs, FPCs, the DHSS and Ministers if this is of general interest; Plans for surveys, special activities, public relations; Copies of: Minutes, Annual Reports, Surveys, Leaflets and other publications; Changes of addresses or Officers.

As members know, our resources are somewhat limited, so it will help us to help you if you can draw attention to items of particular interest in minutes, surveys, correspondence, etc. which you think might be included in Standing Committee News.

Response to Survey on CHC Information Needs

Copies of the survey carried out for ACHCEW by the National Consumer Council have been sent to all Health Authorities.

The response from Northampton was that "it made fascinating reading" and that the Authority was gratified to note that it came within the category of those authorities who have a happy and productive working relationship with the local CHC.

North Tees Health District also found it interesting and then went on to explain at length its difficulties in giving adequate time for consultation with CHCs on closures. The authority accepted many of the criticisms made but said "unless there is some move from the centre to stop the quite dramatic changes which are taking place in resource allocations during the financial year, regrettably the potential for the difficulty you are drawing attention to, namely, consultation, is likely to continue".

Parliamentary Support for ACHCEW

A strong defence of ACHCEW was made by Jack Ashley, Labour MP for Stoke on Trent, in a debate on the NHS in Parliament on July 5th. Having taken the Secretary of State, Norman Fowler, to task for the lack of understanding of the crisis facing the NHS, Jack Ashley turned to ACHCEW and its problems.

"One sign of the Government's lack of concern for the Health Service was their handling of community health councils, which represent the interests of patients regardless of professional or political considerations - they are the only bodies which look after the interests of patients regardless of politics or profession. The councils are now being attacked by the Government who are trying to starve to death - I challenge them to deny it - ACHCEW". He went on to detail the withdrawal of funding from the DHSS, and the closing of CHC News. "Strangulation and starvation are mean-minded weapons to use against an organisation that is speaking for the consumer. It is also wholly inappropriate because the Griffiths Report, which the Secretary of State quoted a moment ago, said the consumer should have a stronger role. The Government should hang their head in shame and stop trying to gag legitimate comment by an association for the consumer. They should restore proper funding to the association".

Jack Ashley also asked Health Minister Kenneth Clarke a barrage of questions on CHCs to which he received Written Replies on 17 July. He asked for the Department's figures for support of ACHCEW and if, in the light of the information received, he would restore the provision of regular grants, to which the Minister replied that he was still considering the position following a meeting with ACHCEW officers on July 4.

He asked if steps could be taken to ensure that the DHSS and all health authorities consult CHCs and ACHCEW on matters of interest to NHS users, if the DHSS will consult ACHCEW

when publishing information about the NHS and on how many occasions since 1979 had his Department consulted ACHCEW and on what issues.

The Minister's response was that ACHCEW and individual CHCs were contacted both by the DHSS and health authorities but he gave no figures for this nor did he respond to what issues the department had taken up with ACHCEW.

In response to a question on what representations he had received regarding the funding of ACHCEW, the Minister said he had heard from four CHCs, two regional associations of CHCs, 44 MPs and three national organisations.

The Minister said there were no plans to change the general lines of communication between CHCs and DHAs but the Health and Social Security Bill provides for a more direct relationship between CHCs and FPCs. Finally, Jack Ashley asked what examination the Minister had made of CHC budgets to see if they could possibly fund ACHCEW through subscriptions to which the Minister replied that the subscription agreed at the ACHCEW AGM "is only the equivalent of less than 2.5 per cent of the budget of the average CHC for England and Wales."

URGENT - Threat to Home Confinement

Chorley and South Ribble Secretary, Andy Beckingham is considering taking legal advice over a document which he was able to obtain. Issued by the U.K. Central Council for Nurses, Midwives and Health Visitors it is described as a "consultation document". It would appear to be a backdoor way of getting rid of a woman's right to choose to have her baby at home - already difficult enough, although many more women are wanting to take this option if there are no medical contra-indications. The document says there should be a rule change which would say that a midwife can attend a woman for a home delivery unless otherwise instructed by a supervisor. In effect this could mean that a supervisor could overrule the midwife even if the midwife is willing to attend the woman in a home confinement. There is no suggestion that this over-ruling should only apply for sound medical reasons, it is merely on the say of the supervisor. This could mean that, if a certain supervisor so wishes, all home confinements could be forbidden. Andy Beckingham asked the Central Council who they had consulted for this consultation document. Had they consulted any CHCs? They said they had not. In fact the only people they admitted to having consulted were the very supervisors the paper says will make the decisions on home confinements. Chorley and Ribble feel that this may well contravene the existing legal position on home confinements which is why legal advice is being sought.

Andy Beckingham emphasizes that the consultation paper specifically says that "The Act also lays a responsibility on the Council to consult the National Boards (Section 4 (3)) and representatives of any group of persons who appear likely to be affected by the proposed rules (Section 22.3(a)) ". This document was apparently sent out in May with a closing date for comment of September 21 and Andy Beckingham is calling for CHCs to take whatever action on this they feel appropriate - urgently! The address of the Council is: 23 Portland Place, London W.1. Copies of the consultation paper cost 80p.

A detailed article on Holland's policy of home confinements appears in the August issue of The Journal of the Royal College of General Practitioners which concludes: "The increasing medicalisation of obstetrics has given rise to the notion that it would be 'safer' to deliver

in hospital. The safety aspect is emphasized in many publications, both in the professional literature and the lay press. The fact that in hospital or maternity clinic the very surroundings and equipment may give rise to iatrogenic complications is apparently overlooked. This study has shown clearly that, in the region examined, it was a wholly responsible decision for a normal healthy woman who is given the right kind of ante natal care to have her baby at home. It also showed that morbidity was lowest among infants born at home."

Radiation Risk at Sellafield

The publication of the Black Report into cases of leukaemia and cancer occurring near to British Nuclear Fuels' plant at Sellafield (Windscale) in Cumbria did not give the plant the clean bill of health some commentators would lead us to believe. The survey did confirm that there were more cases of cancer locally than the average and that this was by a factor of ten times in the case of Seascale village itself, the nearest village to the BNF plant. However, Sir Douglas emphasized that there was no proof that these cases had arisen through the operations of British Nuclear Fuels and he said that he could offer local residents "qualified reassurance". The report came in for a considerable amount of criticism as did Sir Douglas's television interview in which he said that people were frightened of nuclear radiation in the same way they used to be of electricity.

Health Minister, Kenneth Clarke, said the Government accepted the recommendations of the Report and that a study would be carried out on the records of those cases of leukaemia and lymphoma which have been diagnosed among young people up to the age of 27 in Cumbria; and that a further study should be carried out on records of children born since 1950 to mothers resident in Seascale and of those children who have attended schools in the area.

British Nuclear Fuels have repeatedly denied that the operation of the plant has had anything to do with local cancer cases and has kept stressing its safety record, in spite of a catalogue of incidents.

Ten days after the publication of the Black Report the Director of Public Prosecutions announced that British Nuclear Fuels were to be taken to court on charges relating to the leakage of radiation from the plant during the autumn of 1983 and the contamination of the beaches.

In 1981 in a report by the Health and Safety Executive - Windscale, the Management of Safety, the HSE made two strong criticisms:

1. "By the early 1970s the standard of the plants at Windscale had deteriorated to an unsatisfactory level. We consider this represented a poor baseline from which to develop high standards of safety. We are strongly of the opinion that such a situation should not have been allowed to develop, nor should it be permitted to occur again".
2. "Incidents, including the two major leakages of radioactivity into the ground, have been a cause of concern to us because of the implications of multiple failures of safety precautions. There is evidence of failure to learn from previous events which should have been recognised as indications that these incidents might occur".

After this report BNF said it had put its house in order and no such incidents could occur again. That was two years before the Sellafield beach leakage.

As the link between the Sellafield plant and local cancers remains unproven, the three CHCs in the area are hoping to get together and organise a seminar in the light of the Black Report, which will look at it critically and also at questions it raises.

The Risks of Leukaemias and Other Cancers. HMSO Price £13. Command No. NRPB-R171
Measurements of Caesium 137 in Body Contents of Residents of Seascale. HMSO Price £4.
Command No. NRPB - R172.

The Warnock Report

Twenty-four CHCs gave their views to the Warnock Committee on Human Fertilisation and Embryology. They were: Burking, Havering & Brentwood, Bassetlaw, Chorley & South Ribble, Durham, East Cumbria, East Herts, Exeter, Gloucester, Grimsby, Isles of Scilly, Lancaster, Medway, Merton & Sutton, Newham, Nottingham, Peterborough, Richmond, Twickenham & Roehampton, Rochdale, Solihull, South Beds, South Warwickshire, West Berks, West Birmingham, and Weston.

This is obviously a subject which arouses deep feelings, concerning, as it does, moral and ethical issues. Views range from those who feel that there should be no interference whatsoever in the human reproductive process to those who see it as just another area of scientific research and that doctors and scientists should be allowed to get on with it without outside control. Most views, however, are less clear cut.

After considering evidence from several hundred organisations as diverse as the BMA, Campaign for Homosexual Equality, Catholic Marriage Advisory Council, Church of Ireland, Birmingham Maternity Hospital, Health Visitors Association and the Royal Colleges, the Committee, chaired by Dame Mary Warnock, made sixty recommendations.

The key one is that there should be a statutory body to license and inspect all infertility services where the new techniques are used and also any use of human embryos in research. Next that this body should also be responsible for ensuring that the criteria of good practice which they recommend for the control of infertility services are implemented; i.e. the anonymity of semen and egg donors, the screening of both for genetic defects, the limitation to a maximum of ten children born as a result of individual donations.

The Committee recommended that the AID child should be a legitimate child of a marriage where the husband has consented to it and that legislation should provide that in every case where a woman has given birth to a child, she should be regarded as the mother, regardless of whether birth resulted from egg or embryo donation.

The Committee were not unanimous on the possible use of human embryos in research but all were agreed that any such use must be regulated by law and those who undertake such research must be strictly controlled by the statutory body. It recommended: an absolute limit of 14 days after fertilisation as the maximum age to which embryos may be grown in vitro; any use or handling of human embryos without a license for the purpose to which they are put, should be prohibited; certain types of research should be prohibited altogether, such as trans-species fertilisation beyond the two-cell stage of development; the statutory body should have power to decide what types of research might be undertaken using in vitro human embryos, but that this should only be permitted where the information could not be obtained from research involving other animal species. Any use of human embryos outside the above criteria should be a criminal offence.

THOSE BODIES INTERESTED IN THE INQUIRY'S FINDINGS MUST COMMENT ON THEM BY THE END OF THE YEAR AND SUCH COMMENTS SHOULD GO TO: Room B1208, DHSS, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

Report of the Committee of Inquiry into Human Fertilisation and Embryology. HMSO £6.40p
Command No. 9314.

Birmingham's Financial Crisis

Birmingham Central CHC has joined in the battle over the city's health services' £5.5m cash crisis. The recent pay awards to nurses and the forthcoming ones to the ancillary services, are likely to result in the Central Birmingham Health Authority having to find a further £600,000 a year out of a budget which already does not balance. This has resulted in immediate temporary closures of vital radiotherapy beds at the Queen Elizabeth Hospital, a whole ward at the Women's Hospital (and possibly the future closure of the hospital), a two-week closure of the day care unit at a general hospital and the 'temporary' closure of the outpatients department of the Children's Hospital, the latter announcement being made in the form of a press release which drew the comment from the CHC that a press release "to prevent children being brought to hospital was, to say the least, regrettable".

Ian McCardle, Secretary of Central Birmingham CHC says that the temporary closures plus the publicity given to the financial crisis has produced an unprecedented response not only from the various health bodies but from the general public as well. Jill Knight, MP for Edgbaston, (where the Queen Elizabeth Hospital is) and a staunch supporter of government policy, has now expressed her own concern over the declining standards caused by current staffing levels. "This shows just how wide the area of concern has now gone", says Ian.

The response of Kenneth Clarke has been to blame the Health Authority for the crisis which he feels has arisen over the way they have handled budgeting. In view of this, Birmingham Central CHC has written to him trying to explain, in detail, why the problems have arisen pointing out, among other things, that the new salary scales were not taken into account when fixing budgets, that the encouragement of private hospitals in the area has led to a decrease in the use of NHS facilities by the private sector and subsequent loss of income, and that every sector is suffering, in particular the services for mentally ill and mentally handicapped people.

"We hope to try and show that the policies of both central government and the regional health authority are totally unrealistic". In spite of its cash shortage, the RHA has announced it will be sponsoring the West Bromwich Albion football club this season to advertise its Stop Smoking Campaign. Ian McCardle comments that while the campaign is, in itself, an excellent thing, it seems ironic that a sporting body should have to be paid to promote it and that, in present circumstances, perhaps football should be helping to subsidise the NHS rather than the other way round.

The RHA has refused to tell anybody, including the CHCs, the press - including Standing Committee News - and anyone else just how much this is costing from its scarce resources. "This is just not good enough", says Ian. "This is public money and the RHA should be accountable to the public as to how much money it is spending on this project and how it feels it will be".

FPCs and Computers

The firm of management consultants called in by the DHSS and the Welsh Office has now published its very detailed report on FPCs and the use of computers.

The terms of reference were to examine the functions of FPCs and other bodies, with particular reference to patient registration and records and to review the potential for measures, including the use of computers, to promote efficiency and effectiveness of administration in the Family Practitioner Services and to facilitate the exchange of information.

Five CHCs met the consultants - Bath, Bristol, Maidstone, Southmead and Weston, written comments being received from Harrogate and ACHCEW.

Michael Quinton, Secretary of Bristol CHC, comments that this is a report that CHCs should buy and read for themselves as it is both important and written in a readable form. The introduction of computers should result first, in the saving of manpower and second, improved access to information. If the strategy suggested in the report is implemented then this should provide "a firm foundation for improved and closer working relationships with the Hospital and Community Health Services".

The consultants estimate that a proper use of computers could cut down manpower by as much as 50%. Michael Quinton comments that this is something which is no doubt of more interest to government than to CHCs but it is something which is likely to come in the long term.

Few CHCs would disagree, however, that anything which helped to speed up the transfer of records could only be good as the present system and the length of time taken can cause problems for both doctor and patient. A computerised system, however good, will not, though, overcome the problem of those doctors who simply will not get a move on.

The report stresses that confidentiality must be a prime concern when computerisation is considered (what Michael Quinton describes as the "Big Brother Syndrome") and this calls for great care in the consideration of the Data Protection Bill currently before Parliament. Computerising patients' records may well mean too that a patient has to carry around a card which contains all his medical data and this raises a number of issues. It means that she/he should be able to read the information off it him/herself, from the right technical equipment - i.e. a doctor could put the information on a card which the patient takes to the chemist, who also reads the information to make up a prescription. But the patient will need to be able to check if the information is correct. Michael Quinton points out that the two groups to which this would be most useful would be the elderly and the chronic sick who probably would be the least ready to accept it. While emphasising that such stored information would enable FPSs and the Health Authorities to exchange information more efficiently, this raises again the question of the wisdom of separating the FPSs from the DHAs. To work properly, both bodies would need compatible schemes.

Michael Quinton says that there was no obvious use of CHC input in the Report except indirectly in the emphasis put on the fact that the use of computer information could help FPSs in forward planning as these Services have taken little part in planning previously. It would also enable CHCs to discover if plans for dealing with such matters, as what happens when a practice becomes vacant, are sensible in terms of local needs. As to the need to speed up the transfer of records, the DHSS hardly needed CHCs to tell it this it this needed to be done'. The report is available from the DHSS Price £4.70p and the Department will be considering responses to it up until October 31 - as usual the timescale is very brief.



Highcroft Hospital

East Birmingham CHC's report on Highcroft mental hospital in Birmingham (which was leaked to the press - not by the CHC) resulted in massive media publicity. The report detailed appalling physical conditions (lavatories without doors, bare floorboards in wards, nowhere for clothes or personal possessions, minimal washing facilities, etc) and gross understaffing. The rehabilitation ward was described in the report as "misleading". "Backward" might have been a better word, it said. "The patients we saw on these wards were doing nothing and learning nothing that could in any way be described as therapeutic or rehabilitative."

Following confirmation of East Birmingham's findings by Central Birmingham CHC and the Mental Health Commission, plus interest by MPs and the House of Commons Select Committee on the Social Services, there was an internal inquiry into conditions at Highcroft by the RHA which has resulted in their promising to allocate £1m for improvements at the hospital.

Paul Rooney, Secretary of East Birmingham sees this as a qualified victory. Obviously the money is welcome. It means that the physical conditions of the hospital will be upgraded. It also means that there should be a real rehabilitation programme and hopefully the appointment of a rehabilitation consultant if one can be found. The qualification is that the CHC does not want this injection of cash to be seen as the sole remedy. The RHA must look for more than the physical renovation of a Victorian workhouse-type building, to be thinking of a future where the patients are properly cared for in their communities either in their own homes with real support or, where this is not possible, in small, domestic-sized residential homes. The most positive spin off, says Paul Rooney, is that the RHA and all the other services concerned have been alerted to what happened at Highcroft and this has produced a better climate of activity.

Two Major CHC Reports



1. The Right to Access

East Suffolk CHC has published its report on Access to Buildings providing a National Health Service for Disabled People. It is, says Secretary John Hatfield, "one of the most comprehensive undertaken". The CHC took on the project following an approach to the Ipswich Disabled Bureau by a disabled person seeking information on access to dental practices in the town. The CHC saw a plan to establish what sort of access for the disabled was available in all other health service buildings. The survey and report covers opticians, medical practices, dental practices, pharmacists, and hospitals - general, acute, psychiatric, mental handicap units, community units, obstetric and gynaecology units. It was extremely thorough and dealt with a very large rural area and Ipswich and Felixstowe. The CHC found that one of the most impressive aspects of surveying the hospitals was the high level of co-operation from all levels of staff and many saw the benefit of "outsiders" undertaking such a project. This is important as lack of communication was seen as one of the reasons why facilities were either lacking or insufficiently publicised. Among the conclusions is that there should be better planning for access to buildings and services and more consultation between all departments, with the view of disabled people sought. The detailed surveys of individual practices and hospitals are excellent.

East Suffolk intends circulating the report as widely as possible and it will also be supplemented in the near future by leaflets which will explain the information it contains

and how individuals can use it. It would be of use to CHCs and can be obtained for £2.50p including p & p from East Suffolk CHC, Room 36, County Hall, St. Helen's St, Ipswich.

* 2. Primary Health Care in Trinity

Salford Community Health Council has prepared a comprehensive report on primary care in a very poor area even by inner city standards. There is a high incidence of chronic illness in the area and people with such illnesses make more visits to their GPs than in less deprived areas, but they tend to go to the local A & E Department for accidents/injuries and to their GPs for illnesses. One in ten residents were put off by the journey to the GP and less than two thirds were never put off. "These figures are far worse than in any similar study", says Salford. Residents were not happy about either GP Appointments Systems or the community nursing services, and few seemed to know that there are community services for "minor" psychiatric problems such as depression and anxiety. Communication between GPs and patients is poor and deputising services are unpopular.

As a result of the survey, Salford CHC makes a number of recommendations and says: "We are looking forward to a positive response from the DHA, FPC, the City Council and any other interested bodies. The response by the residents, who were asked to complete a lengthy questionnaire, was magnificent. People are rarely given the chance to voice their opinions about the Health Services - especially people in the less well-off areas. We think the people of Trinity have something to say - something valuable, but disturbing at times".

Some of the quotes prove this all too well. "If you go to visit him (the GP) he's real quick. He's got the prescription written out before you've told him what's wrong."

"The doctor said to me 'I don't know why you've brought me out'. I said 'That's OK but I'm just a mother and you're a doctor and you know what's wrong and whether something's serious. All I know is my child is vomiting and can't stop.'"

Salford feels that many of the problems found in Trinity could occur elsewhere. Copies of the report, price 57p are available from Salford CHC, 1 Hulme Place, The Crescent, Salford M5 4QA.

Pesticide Poisons Alert

Friends of the Earth is launching a campaign against the use and sale of over 170 pesticides containing seven active chemical ingredients - dichlorvos, dieldrin, aldrin, thiram, captan, aldicarb and 245T about which they believe there to be serious cause for concern until the government and/or manufacturers make public the results of scientific health and safety tests. The seven active ingredients include probable carcinogens, teratogens (causing birth defects), mutagens (causing mutations of cellular genetic material), skin irritants and "nerve poisons" (nerve gas derived insecticides). Recent government proposals for pesticide legislation fail to introduce such disclosure of information which is freely available in the USA under its Freedom of Information Act. The proposed legislation which the Government is bringing in, under pressure, has been criticised by numerous scientific bodies and by the unions whose members handle the chemicals. A list of the brand names of agricultural and garden chemicals containing the seven ingredients, along with those companies who make them, can be obtained from Friends of the Earth, 377 City Road, London EC1V 1NA, preferably enclosing a stamped addressed foolscap envelope.

Involving the Public in Major NHS Decisions

Lewisham and North Southwark Health Authority has published a document "Your Health: Local Services for Local People" in an attempt to involve people in the tough decisions which have to be made in the area.

"The Health Authority faces some difficult choices over the next ten year", it says. "Should it cut services in a piecemeal fashion with no additional money for health promotion and priority care developments? Or should it seize the initiative to create a service that responds more closely to local needs?".

The Authority has already stated that it is "not prepared to accept the inevitability of cuts in acute services and will continue to campaign against them". The financial situation poses a major challenge over the next ten years as a result of Government policy to move NHS resources out of London. The South East Thames RHA has determined that acute services in Lewisham and North Southwark should be reduced and £11m should be cut from its present budget. A £60m package to improve priority care services and develop Guy's and Lewisham Hospitals over the next ten years is proposed in the document, along with the closures of New Cross and Hither Green Hospitals. Copies of the document can be obtained from the Authority at Mary Sheridan House, St. Thomas St, London SE1 9RT.

Accountability in London's Health Services

The Health Panel of the GLC has produced two documents on this subject, a long one giving a detailed account of the present structure of services and how they have evolved, and the other a consultation document which takes up some of the issues raised in the first paper and indicates lines of thought which those responding to it might find it useful to consider. There is also a questionnaire.

The Health Panel is interested in responses both from organisations and individuals to any or all of the questions raised in the consultation document. In particular it is looking for examples of good and bad practice, possible changes in the present structure, and longer term developments. Copies of the papers can be obtained from the Director-General's Department of the GLC, County Hall, London SE1 7PB. Views by return (September 14) to the Council, reference DG/ISG/A, Room 511a.

Support Wanted

The British Society of Hearing Therapists says that, as of next year, there is a strong possibility that the central funding of Hearing Therapy from the DHSS will cease. As a body of people trained and holding hospital posts around the UK, it is concerned for future expansion of the discipline and that, without funding, training of future recruits will end. Present posts may also be in jeopardy as hospitals cut budgets. The BSHT would like a show of support for "what has been a vital service for the deafened adults of this country". Comments to: John Patten MP, House of Commons - and copies of letters of support would be appreciated by the Society c/o Audiology Department, Royal Ear Hospital, Huntley Street, London WC14 6AU.



News from the DHSS

Diet

The DHSS seems finally to have moved towards the recommendations of the belatedly published NACNE Report on diet - that heart disease could be reduced if people ate less fat, less salt and no more sugar than at present. The report makes recommendations to doctors and to members of the public. It does not, however, support the theory that eating more fibre helps protect people from disease although it recommends fibrous foods as a way of making up for eating less fat. It is published by the Committee on Medical Aspects of Food Policy available from HMSO Price £3.35p.

The DHSS has published the fourth Körner Report. This is on information on Radiotherapy, Paramedical, Maternity and Family Planning Services and makes recommendations about the information needed by health authorities and the DHSS on these subjects. Comments on the report are sought by the DHSS.

Steering Group on Health Services Information: Fourth Report available from HMSO Price £3.00

Replies to: D. Rees, Room 1014, Euston Tower, 268 Euston Road, London NW1 3DN

Whooping Cough Vaccination

Having studied the advice of the Department's experts, Kenneth Clarke sees no reason for the DHSS to change its present view that whooping cough vaccination should be offered to children, provided there are no contra-indications, as possible dangers from the disease outweigh possible risks. No new evidence has come to light to alter this view.

Circular No. 84/263

Prescribing of Withdrawn Drugs

Following an inquiry into the prescribing of four withdrawn drugs - Zomax, Zelmid, Flosint and Osmosin, Kenneth Clarke announced that 77 GPs in 45 FPAs had prescribed them. The DHSS say that, from interviews with the doctors, it appeared that the majority of prescriptions were written as a result of "informed clinical judgement" and not because of failure to read warnings. In the light of this the Medicines Commission does not advise any change in the law but that in the interests of good practice "this should require a doctor to endorse a prescription for a withdrawn drug to indicate that he had prescribed it in full knowledge of its status". No mention was made as to the reasons why the rest of the doctors canvassed had prescribed these withdrawn drugs.

Circular No. 84/259

Cervical Screening

The DHSS and the Welsh Office reaffirm existing policy which gives priority screening to older women although the Department admits there has been some concern about the observed increase in the number of cervical cancer registrations among women under 35. The DHSS says that although the programme has been in existence for 15 years "it has had very little demonstrable impact on the number of deaths in England and Wales from cervical cancer". Apart from referring to the phasing out of the national recall scheme, the circular makes no reference to how this phasing out might have had an adverse affect on the number of cancers picked up.

Circular No WHC (84)14 30.7.1984

Glue Sniffing

Junior Health Minister John Patten gave a progress report in July on Government initiatives to tackle the problem. There seems little new since the Minister last reported and they consist of consultation with professional and voluntary bodies, and assistance to parents and relevant services by the use of existing resources, powers and skills. The Minister mentioned the new guidelines for the "voluntary restraint" on retail sales, which have been distributed as a poster. The Minister does say, however, that his department is under pressure from numerous bodies and organisations, including the police, to introduce legislation which would make the selling of such substances to under-sixteens, if there is a reasonable chance they could be used for such a purpose, a criminal offence and that the Government was considering this.

Meanwhile children continue to die. The same DHSS circular states: "More people died from solvent misuse last year than the previous year". It goes on to say "But the Government is taking a wide range of measures to tackle the problem".

Support for more Freedom of Information

Kenneth Clarke has announced arrangements for publishing the reports of two independent advisory bodies - the Health Advisory Service, which looks at hospitals and services for mentally ill and elderly people, and the National Development Team which looks at services for the mentally handicapped. The Minister said he felt very strongly that these reports should, in future, be published. "There can be no case for withholding informed comment on public services from the public themselves and, in my opinion, publication of reports will benefit the services and public understanding of them". Detailed information and views given in confidence will not be published, nor will individuals be named. Both bodies' reports will be concise and will highlight good practice as well as shortcomings and there will be only one document, no separate confidential one. The same system will also apply in Wales and similar information was issued by the Welsh Office.

Mrs. Körner retires

Mrs. Edith Körner retired as Chairman of the Steering Group on Health Services Information on July 31. Norman Fowler thanked her for her "hard, productive and inspiring work" over the past four and a half years. Expressing his regret at her decision the Secretary of State said: "Your name is synonymous with the task of equipping NHS managers with the information they need to do their job, and the fulfilment of that task will be harder without your leading role in it. It is difficult to believe that anyone else could have put information concerns as firmly and effectively as you have into their rightful place on the NHS management Agenda".

Nuclear War

Junior Health Secretary John Patten announced in a recent DHSS circular that he was approaching the BMA and Royal Colleges to ask for contributions to a draft circular which brings up-to-date guidance to health authorities on civil defence planning. The new contributions are needed because of the re-organisation of the health authorities, says the Minister. Before final guidelines are issued he will also be consulting Health Authorities and other bodies with a planning or liaison role. From the last circular on

this subject, CHCs will remember that it said that in the event of nuclear war the activities of Community Health Councils would be suspended! So it is unlikely that the Minister will be inviting comments from CHCs on their role following the holocaust.

At the same time 450 doctors from 32 countries were attending a conference on the subject in Helsinki. They discussed whether such a war was inevitable, the implications of the "nuclear winter" which many scientists now think would succeed such a war in areas not totally obliterated, the effects of nuclear weapons on the economy and the effects of such a threat on children. The doctors were in agreement that such civil defence planning as was projected was totally inadequate and unrealistic. A summary of the meeting appears in the British Medical Journal, Volume 288, June 23 issue.

Around the CHCs

Manchester CHCs

The RHA's proposals to close hundreds of hospital beds in Manchester has provoked a "Save a Saint and Two Royals" campaign which is being supported by the CHCs. This has resulted in a 27,000 signature petition being presented to Sir John Page, Chairman of the RHA, opposing the proposals. Manchester North CHC took part in the consultation process on the future of the Jewish Hospital. The options were either complete closure, to close all in-patient beds and leave only an out-patients service, or to leave the hospital as it is. The CHC received a variety of responses from the public which showed not only the high regard felt for the hospital and its staff but also a concern about the future of other local hospitals. The CHC has asked the Health Authority to defer any decisions to allow time for wider discussions on the implications of any closure.

Wakefield CHC

This CHC opens its monthly meetings to the general public and has also circulated locally details of four study groups specialising in different areas of health care which organise events at which they want to meet the public to hear their views and to disseminate information about health and health services. Examples of these events have included Women's Health Days, Open Forums for the elderly, a mobile caravan touring the area and seminars and public meetings on Good Practices in Mental Health, Hospice Care and Well Women's Centres.

Harrogate CHC

A recent survey by the CHC revealed that out of 52 households with children surveyed, only seventeen had a safe place in which to store drugs and chemicals. This information is given in their newsletter under the heading "Where Do You Store Your Household Chemicals?". During the year in the CHC's district there were 45 cases of accidental poisoning of children aged 0-4 and of these no less than 29 were due to the intake of household chemicals rather than drugs or medicines. This would seem to be a good issue to take up as such accidents are avoidable. Note, too, that many garden chemicals are even more dangerous.

Breast Cancer

* Leeds West CHC has produced a splendid pamphlet* (which could be adapted for other areas) on the symptoms, treatment and facts. There are diagrams on self-examination, emphasis on the importance of seeking help as soon as a lump is found (9 out of 10 lumps are not malignant), what happens if the lump is found to be cancer, alternative methods of surgery and other treatments (or a combination of treatments), coping with the loss of a breast. Details are given of useful associations and information and prostheses stockists.

*"Doctor - I have this lump" is available from Leeds West CHC, 61 Gt. George St. Leeds LS1 3BB

CHC Advice Accepted

The Secretary of State for Wales has accepted the advice of Clywd South CHC and Prestatyn and Rhuddlan Councils, that a new hospital for Prestatyn should not be proceeded with and that services required in the area be consolidated on the Chatsworth House Hospital site.

CHCs and Residential Care

Rochdale CHC is concerned about the growth of transfer of residential care from health authority institutions to those administered by local authorities, charities, housing associations and private institutions and organisations. Secretary David Dawson has written to Kenneth Clarke, with copies to MPs Frank Dobson and Michael Meadowcroft, expressing the CHC's concern that the protection of standards and advice available to consumers which is provided by the statutory rights of CHCs with regard to this provision, is being diminished for an ever increasing number of people, especially the elderly.

Rochdale is asking the Minister to urgently consider the need to expand the remit of CHCs to cover these sectors and for an early amendment of the appropriate statutory instruments. Particular concern is expressed over the monitoring of complaints from consumers in the growing private health care sector. Without CHC involvement it will be impossible to provide an overall view of comparative standards of care between facilities in the public and the private sector.

Good Ideas

* Central Birmingham CHC has produced a Tape-Slide programme to explain to the public how CHCs work and what they are. Although some members had reservations about the presentation it was felt the idea was a good one and a useful aid to explaining about CHCs. Members would find it useful when asked to give talks on the subject.

Dispensing of Spectacles

Harrogate CHC (Park Square Chambers, 50 High Street, Knaresborough, North Yorkshire NG5 0EQ) has issued an important statement on this matter. Given that other CHCs have reacted to the new legislation on the dispensing of spectacles we would like to see them brought together in one document which could be circulated to MPs and press. Unfortunately, we cannot undertake this work at the moment but we would certainly

be grateful if one CHC would undertake this task on our behalf.

Side Effects of Dental Anaesthesia

Prompted by Depressives Associated, an approach by Milton Keynes CHC to their Local Dental Committee produced a constructive response and action. The Honorary Secretary writes: "The members of the L.D.C. felt that the whole subject of medication and patients' reactions is becoming much more complicated nowadays with the enormous and increasing variety of drugs used in treatments. As dentists we have all accepted the need to take a full medical history before administering a general anaesthetic, although I would accept that some colleagues are as conscientious about this as they might be. The legal and ethical requirements of the dentists in this matter are of course as stated by the DHSS: e.g. 'It is the clear duty of all dentists to find out and satisfy himself before administering an anaesthetic agent or any other drug whether or not the patient is taking other tablets or medicines'".

With regard to local anaesthetics, it is thought to be extremely rare for a true allergy to exist. However, up to a few years ago, local anaesthetics incorporated a small amount of a chemical like adrenaline which was essential for the anaesthetic to be effective: It was known that this chemical could cause side-effects in patients with certain medical conditions or taking certain drugs.

More recently, a number of different local anaesthetics have been produced which do not incorporate this chemical, but are still just as effective. However, even with a careful medical history it may not be possible for a dentist to predict exactly which type of anaesthetic will best suit a particular patient.

The best advice to give a group like "Depressives Associated" would seem to be that any member suffering a side effect should report this immediately to the dentist so that the details can be written on his record card. Then an alternative can be tried the next time it is needed. There may of course be unfortunate people who react to every type of local, in which case they have to decide whether the side effects are worse than suffering pain. There may also be those who are not reacting to the local, but to the stress of a visit to the dentist!

From the dentists' point of view obviously communication is everything. In the next edition of the L.D.C. newsletter which is sent to all dental practitioners in Buckinghamshire, I shall remind my colleagues of their legal and ethical obligations in this matter, encourage them to improve their communication where possible, and stress the advisability of displaying a notice in their waiting rooms asking patients to tell them about all medication".

Freefone on Safety

A new 24-hour Freefone service has been introduced by the Committee on Safety of Medicines at their headquarters, to take calls from doctors about adverse reactions to drugs. To use the new service, doctors will simply dial the operator and ask for "Freefone Committee on Safety of Medicines". Out of office hours, there will be an answering service. Any doctor can use the new service to seek advice on reporting such reactions from the CSM's medical assessors, and will also be able to obtain information. This new service will not replace the "yellow card" but will implement it in a case where a doctor who has identified a particularly serious and unexpected adverse reaction feels it essential to notify the Committee immediately. This is a long overdue service.

College of Health News

The College is initiating a Healthline, in London, Exeter and Gloucester which members of the public can dial for advice on a wide range of topics. In London, the College is running the line itself, but in Exeter it is being manned by local ambulancemen and it will be available around the clock. College president, Michael Young, says the Healthline was designed to enhance the doctor-patient relationship, not to replace it, and that the service was to inform and provide background information. It was not a diagnostic service. It is hoped to provide tapes for the service on special subjects such as sickle cell anaemia and thalassaemia.

The College publishes an excellent and lively magazine Self Help. Its most recent issue covers, among other topics, Food and Health, Attitudes to Medicine in France - "gentle medicine", an investigation into British Oxygen and a section on How Much Do You Know about the Health Service? The magazine is published quarterly and is covered by the College membership fee of £10. College of Health, Director, Marianne Rigge, 18 Victoria Park Square, London E2 9DF.

Coming Events

The Society of Community Medicine is holding a symposium on Disability in the Community on September 28 at the Oliver Thompson Lecture Theatre, City University, London EC1. There will be speakers from both professional and voluntary bodies. The registration for non members, including lunch, is £18, for members £11. Details from: Dr. P.A. Gardner, Dept. of Community Medicine, Huddersfield Health Authority, St. Luke's House, Blackmoorfoot Road, Huddersfield.

Age Concern is holding a training course (residential) on Confusion in Old Age, aimed at helping to increase understanding of this problem and ways of dealing with it, including the provision of support for elderly confused people and their families within the community. It will be held at the Age Concern Training Resource Centre, Seeborn House, Maryland Drive, Northfield, Birmingham and it runs from October 1 to 3. The cost of the course is £50. Application and details from: Training Dept., Age Concern, 60 Pitcairn Road, Mitcham, Surrey, CR4 3LL. Tel: (01) 640-5431. Closing date September 3 1984.

The Royal Society for the Prevention of Accidents is holding a National Home Safety Conference on "Fire and Medicines" at the Birmingham Metropole Hotel, National Exhibition Centre, Birmingham B40 1PP from November 13 to 15. Delegates fee including accommodation at a first class hotel and all meals is £115. Details and applications to: RSPA, Cannon House, The Priory Queensway, Birmingham B4 6BS. Tel: 021-233-2461. Applications by 26 October.

Change of Address

The Women's Health Information Centre has moved to: 52 Featherstone Street, London E.C.1. Tel: (01) 251-6580. The Centre apologises for having had to close throughout July due to the removal.

Understanding the NHS

Qualified support for an actual strengthening of the role of Community Health Councils comes in a report* from the Office of Health Economics. The OHE was founded in 1962 by the Association of the British Pharmaceutical Industry.

Taking what it says is an "optimistic outlook" on the NHS in the 1990s and, in particular, the role of the Family Practitioner Service, the report says: "One possibility relevant to the internal structure of the NHS of the 1990s is that CHCs might be strengthened. This could perhaps be done by giving them more extensive powers in relationship to complaints about hospital and FPS services and enhancing the resources they might be able to contribute to local health educational efforts, especially in the sphere of prevention.

"Although such ideas obviously conflict with those of commentators who question the value of CHCs, the reality is that it would be politically difficult to disband such bodies, and that some of them, at least, have already proved capable of conducting very worthwhile work".

On FPCs Deputy Director, David Taylor said: "It is understandable that governments may wish to check the Family Practitioner Service costs by limiting manpower and keeping a close watch on items like practice expenses; but at the same time care must be taken to build on, rather than undermine, the strengths of the existing system. Even including the cost of medicines prescribed, total expenditure on the GP services still amounts to no more than £1 in every £6 spent on health care in this country".

The OHE recognises that "questions like 'how much should Britain spend on the NHS?', have an undeniable political content". It also recognises that suggestions that NHS contracts should be put out for private tender not only on "hotel function areas like catering" but "also for professional services like pathology" "may be repugnant" to some people...

*Understanding the NHS in the 1980s - an Optimistic Outlook for the 1990s, is obtainable from: OHE, 12 Whitehall, London SW1 Price: £1.50p

New Publications

Health Education & Resources on Women's Health - a new directory on all aspects of the subject published by the Health Education Departments of Paddington & North Kensington and Victoria. The Directory is free to people living in those areas, and costs £2 inc. p and p to those outside. Obtainable from: Victoria Health Education Dept., 1a Thorndike Close, London SW10. Cheques and POs made out to Victoria Health Authority.

In September Routledge and Kegan Paul plc are to publish "Health and Health Services - an Introduction to Health Care in Britain". Within it references are made to CHCs and, although we are unable to review the contents at this late stage, we commend it to the attention of our members. The price is £6.95p.

Addendum to Response to Survey on CHC Information Needs (Page 2)

Replies continue to flow in and we shall try to do a general assessment of them all. However, we cannot resist including the following responses: - from Salisbury Health Authority "I am only too pleased to provide the CHC with everything I can but unfortunately the amount of information they require is infinite whilst my resources of time and manpower to produce are finite! I cannot therefore do all that I would wish including the production of a very detailed district profile currently being sought by the Salisbury CHC".

South Bedfordshire Health Authority - "One cause of friction may be the difficulty for a member of a CHC in understanding fully his (sic) role on, for example, a planning team. If he raises no objection the staff of the Health Authority might assume the CHC, as a whole, is fully in support of the plan. If he asks for an alternative course to be considered this might inhibit the planning process. Perhaps your associates could help by describing, in more detail, the various roles that members of CHCs are required to assume. The role of the CHC as a body is reasonably well understood or even that of a sub-committee deemed to be acting for the CHC. The roles of individual members are not so understandable".

Death Grant

The Welsh Consumer Council (Cyngor Defnyddwyr Cymru) has issued an important report on the effectiveness of the state funded death grant. It examines the cost of funerals, ways of paying for them, the role of government and the changing needs of consumers. The WCC presents some policy options and asks CHCs, amongst others, to support them. The report will, no doubt, receive consideration by our Welsh members but it may well be of interest to other CHCs in England. The report can be obtained from the WCC, Oxford House, Hills Street, Cardiff CF1 2DR.

Databases for Disabled People

The Department of Trade and Industry has issued a report and papers on a forum it organised in February 1984 on this topic. It now wishes to broaden the discussions and offers two weighty documents for consideration by organisations like CHCs. These are obtainable from: Room 504, 29 Bressenden Place, London SW1E 5DT.

Information Wanted

The Medical Women's Federation is seeking to find out how many patients prefer to see women practitioners in all branches of medicine but particularly in general practice, obstetrics, gynaecology and paediatrics. Experience of contact with women practitioners is so limited that this preference is difficult to determine, so the Federation is asking if CHCs can help in tracing written evidence about consumer preference and sexual differences in the approach to men and women medical practitioners. The address is: Tavistock House North, Tavistock Square, London WC1H 9HX.

Amniocentesis Tests

Obstetricians in the West Midlands Health Region have called on the RHA to provide finance to enable them to offer this test, which detects Down's Syndrome (mongolism) and spina bifida in unborn babies. At present it is only offered routinely to mothers at 37+. This would bring the region into line with many others which have been offering the test to this age group for the last ten years. At present over 1000 tests are carried out at Birmingham Maternity Hospital and East Birmingham Hospital "a service which already stretches the laboratories to full capacity" say the doctors. To extend the service more laboratories and staff will be required. Down's syndrome babies are age-related: at the age of 35 it is about 3 in 1000 births, rising to 12 per 1000 at 40. There is considerable demand for women in the 35+ age group for the test.

Psycho-Geriatric Hospital Care

WI Chairman writes: "The following resolution was passed with an overwhelming majority by delegates of our 9,200 WIs at the recent Annual General Meeting of the National Federation of Women's Institutes: That this meeting urges the Minister of State (DHSS) and local Health Authorities to provide adequate hospital care for psycho-geriatric patients throughout Britain as stated in the National Health Service Act 1977.

Our members are very concerned about the ever-increasing numbers of elderly people who are not just forgetful but who become aggressive and dangerous both to themselves and those around them. As the DHSS pointed out in its report on *Care in the Community* (1981) there is a core of elderly people who requires residential or hospital care.

We understand that only about half of all the District Health Authorities have one consultant psycho-geriatrician, and we feel that greater encouragement should be given to medical students to enter this sphere. The argument that psycho-geriatrics should be a formally recognised medical speciality impresses us, and we feel that this would lead to the development of better training in psycho-geriatrics as well as proper planning, allocation of resources and monitoring of performance.

Whilst we appreciate the steps taken by the Government to support and develop care in the community, this cannot provide an alternative to hospital care for those who require constant and expert attention. Community care usually means a harassed relative, usually a daughter or daughter-in-law, herself of retirement age. Not only is this burden to be carried by the carer, but it extends to the entire family creating the enormous pressures of stress, guilt, depression and physical exhaustion which then lead to further ill health within that family unit. Although there is much that volunteers can do to help - an many WI members are involved in such activity - their support cannot be comprehensive and, inevitably, there are those who slip through the net".

We know that this issue is of great concern to your organisation, and we would be most grateful for your comments".

Drugs and Driving

Following our item on this subject in the last edition of SCN (No. 39), ACHCEW received a letter from The Pharmaceutical Society enclosing its Guide to Cautionary and advisory labels for dispensed medicines, published on 17 March of this year, in consultation with the BMA. The Society considers its own proposals go much further than those of MP Gareth Wrdell and are "quite revolutionary". These proposals are, however, recommendations and are not mandatory but they are very detailed and emphasis is given to the fact that verbal information is not enough "the label is what the patient will see when taking each dose. Leaflets may be discarded and verbal advice forgotten". Detailed labelling advice is given on those drugs which may affect driving. Copies of the Guide can be obtained from the Society at 1 Lambeth High Street, London SE1 7NJ.

CHC Directory: Changes

Page 7 : Mid Essex CHC. Address: Old Isolation Hospital, Off Baddow Road, Chelmsford, CM2 9QU.

Page 7 : Islington CHC. Secretary: Angela Greatley.

Page 8 : Haringey CHC. Address: 332 High Road, London N15 4BN.

Page 11 : Southmead CHC. Chair: Mrs D M Richardson.

Page 11 : Weston CHC. Chair: Mrs N P Turner.

Page 12 : Plymouth and District CHC. Chair: Mr R Bentley.

Page 16 : Clwyd North CHC. Chair: Mr Ernest Joyce.

Page 16 : Merthyr and Cynon Valley CHC. Chair: Mrs G Evans.

Page 16 : Cardiff CHC. Chair: Cllr Mrs M Matthewson.

Page 16 : Vale of Glamorgan CHC. Chair: Mr W M James.

Page 17 : Aberconwy CHC. Chair: Cty Cllr Mrs E M Pattinson.

A new CHC Directory is being prepared. Please let us know if your entry needs updating.

SC NEWS (No. 39) July 1984 - CHC Directory Changes

Please note that Page 6 should read Page 4.

ACHCEW

As we go to press we are still based at 362 Euston Road, London NW1. Tel: 01-388-4814. We have given up estimating the date of our departure after several delays but assume we are here until you receive notice of a change of address. This issue of SCN is long in case the next cannot be produced in September due to the move.