COMMUNITY HEALTH NEWS

Association of Community Health Councils for England and Wales

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NEWS

Waiting Lists At A Record High

Hospital waiting lists in London and the South East have reached record levels according to analysis of Government statistics carried out by the Observer (Observer 15.1.89). Experts, says the report, fear that the situation can only worsen as the population of the South East continues to increase.

The number of children waiting to be seen at the Great Ormond Street Hospital rose by two thirds at the beginning of 1988 due to lack of operating theatre time and a shortage of nurses. Teaching hospitals like St. Thomas's and University College now have some of the longest waiting lists in the country almost entirely because of bed closures. Outside London, Sheffield has some of the longest waiting lists in the country, partly accounted for by the fact that its district population is almost twice that of others.

Hospitals which suffered the worst increases in their waiting list figures in the six months up to March 1988, were the North Middlesex (67%), Great Ormond Street (60%), and Queen Elizabeth, Welwyn Garden City, Herts (56%). Mr. Frank Dobson, MP, pointed out that these figures had grown in spite of the fact that there had been five adjustments to the way the figures are collected.

...And Great Ormond Street Bans Referrals

The famous children's hospital has stopped accepting patients directly from GPs. A prominent GP is looking for ways to sue Kenneth Clarke for failing to provide "adequate health cover" for his patients. (Independent 14.1.89).

Dr. Arnold Elliott, a member of the BMA council and secretary of his local medical committee, said it was becoming increasingly difficult for GPs to refer patients to the hospitals they consider best. Great Ormond Street will now only accept patients referred by a local paediatric consultant and the BMA confirm that it is the first specialist hospital to take such a step. Dr. Elliott says this makes a nonsense of Department of Health advice to family doctors to refer patients to the hospital of their choice where waiting lists may be shorter. He claimed that consultants at the hospital were quite willing to take his patients but were being prevented from doing so by administrators. A spokeswoman for the hospital said the decision had been made because of bed space. "We were having to turn away children with specialist needs."

Rising Costs of Residential Care - and What Happens Next?

The gap is widening between the running costs of residential and nursing homes and what people are able to pay, and the position

is likely to worsen rapidly if the Government goes ahead with its plan to cap expenditure in this area. Already some homes have closed and the residents moved out to wherever accommodation can be found for them.

Yet new homes continue to open - some 1200 in 1988 alone, offering 30,000 extra places. Financial losses begin to be incurred and homes can close if residents become less independent and increasingly need specialised services. The amount paid from the Social Security budget for residential home places has risen from £10m in 1979 to £200m in 1984 and now thought to be as much as £1 billion. The average cost of a home with adequate staff and facilities is now in the region of £210-£220 a week, yet the maximum grant allowed by the Department of Social Security is only £165. This is already causing acute problems where patients' families have no money to top up the amount. Frequently, local authorities cannot help either.

According to the National Council of Voluntary Organisations unless there is a radical change in public funding "the voluntary sector providers teeter on the brink of financial collapse", leaving such provision open only to those who can pay the full cost for it. Professor Alan Maynard, Professor of Health Economics at York University has warned that if the Government went down the road of cutting back on publicly-funded residential and nursing homes it would have a "knock on effect in terms of bed blocking in the acute sector and on the efficiency with which it can operate, particularly as health authorities in many cases have cut down their capacity to care for geriatrics by passing it on to the private sector." Also, one vital factor which appears to have been almost overlooked is that there is no method of assessment of the needs of those going into residential homes to see if they are going into the right kind of accommodation. (Sunday Times 8.1.89 and Independent 22.1.89)

Private Child Care Packages

Private organisations are offering "parents for sale" to look after disturbed or damaged children in direct competition with state run homes. (Sunday Times 8.1.88). The organisations offer children a family, tutors and therapists as part of a complete "package" of care. One organisation, Integrated Services Project, started by former foster parents, has 43 children on its books placed there by social service departments at £460 per week per child. The situation has developed because of the low remuneration offered to foster parents by local authorities, especially in London - some boroughs paying as little as £30 a week for fostering a child up to five. Foster parents are now, it seems, queueing up to join this new scheme and social workers from as far afield as Northern Ireland competing to place children who are difficult and disturbed in their care. The next private project is to be set up in Cornwall and will take up to thirty children at a fee of £400 a week. (Sunday Times 8.1.89)

Sterilisation of Adults with a severe mental disability

At the end of last year a High Court Judge decided that doctors would not be acting unlawfully by sterilising a 35-year-old mentally handicapped woman, living in hospital, who was having a sexual relationship with a fellow patient. The patient has a mental age of 4-5 due to a respiratory infection at nine months. An operation performed without consent constitutes a battery in law. The High Court can consent for patients under the age of eighteen in wardship proceedings but no one can consent on behalf of an adult patient too handicapped to give valid consent.

Although the judge in this case acknowledged the judiciary's powerlessness to consent to the operation, he gave a declaration that doctors performing it would not be acting unlawfully. Psychiatric evidence was that it would be "catastrophic" for the woman to have a child. All methods of contraception were either impractical or detrimental to her health and abortion could not be regarded as an option. The judge said it was "surprising and inherently unsatisfactory" that the court had no powers over the mentally handicapped once they had reached the age of eighteen and called for a speedy introduction of a Royal Warrant, under which the court had such powers until 1960, when it was revoked under the 1959 Mental Health Act. (New Statesman & Society 16/12/88)

In a subsequent Court of Appeal hearing on the same case, the original court's decision was upheld, permission has been given to seek appeal in the House of Lords.

The Mental Health Act Commission held a conference recently to discuss what action should be taken when a person is incapable of consenting to treatment. At present general medical treatment can only be given in 'emergencies', i.e. life threatening situations if consent cannot be given. This means that severely mentally impaired people who are not capable of giving valid consent, may not be able to receive dental treatment for example. Ideas for future action included the establishment of a structure which would be able to make decisions about treatment for patients unable to consent themselves; possibly this would involve relatives as well as clinicians. The legal situation about what is 'emergency treatment' also needs clarification.

MPs Call for Action to Cut Baby Deaths

A Commons Select Committee has called for the Government to take an initiative to reduce baby deaths. The committee particularly expressed its concern at the slowing down in the improvement in infant mortality rates due to stillbirths and in the first month of life, and said the number of deaths in poorer families was "unacceptably high". The Committee proposed that RHA should be required to improve perinatal and infant mortality rates via target setting for individual DHAs and aim for a rate of less than 8.0 deaths per 1,000 births by 1992/3. (East Anglia RHA has already achieved this target). The programme should be particularly aimed at poorer families where the death rates among

babies was two to three times higher than for those in higher income groups. (Guardian 14.12.88)

Lost Data May Affect IUD Victims

Hundreds of women injured by the Dalkon Shield may lose out on compensation because their medical records are incomplete. Many of the 3,700 British women who have filed claims are unable to produce the records needed. In addition, dozens of women hoping to make claims on a special fund set up for late claimants have been unable to find out whether the IUD they used actually was the Dalkon Shield. Some of the women had had the device inserted by Family Planning Clinics who destroyed their records after five years. In these cases, very often the woman's GP had no record of what had happened. (Guardian 17.12.88)

Mastectomy Now Used Less Often for Breast Cancer

Two-thirds of surgeons now offer minor surgery instead of mastectomy to women with early breast cancer, compared to only 18% five years ago. A survey of nearly 300 surgeons reported in the Journal of the Royal Society of Medicine also shows that most now offer women a choice of treatment. But only 52% of women had access to a breast-care nurse, skilled in explaining treatments and allaying fears. Only 5% of surgeons said they never offered women alternatives but of those who did, few offered follow-up advice to help a woman decide while 74% said they never provided written information. Women had variable lengths of time with the surgeon to learn of their disease and treatment - 34% of women only had five to ten minutes! (Independent 17.1.89)

Home Confinement

ACHCEW has often highlighted in the past the way that GPs use removal of patients from their register as a punitive measure against patients who complain or are "difficult". It also seems that GPs will strike off patients who challenge their doctor and want to get more involved in the management of their care. An article in a recent issue of PULSE carried the following statement by Dr John Gray, a GP in Chessington, Surrey: "Sometimes a registered patient is determined against the advice of her GP to have a home confinement. It is unwise for the GP simply to ask her to find another doctor prepared to undertake the arrangments. The best course of action is for the GP to remove her from his ordinary list altogether..." (PULSE 14.1.89)

But not all doctors are the same...

Judith Cook writes: Having moved to a strange city and not knowing which practice to register with, I eventually went to a partnership recommended by someone I knew. I was impressed to be asked if I would mind coming back, accompanied if possible by my

husband, to see the nurse practitioner who would take a "health profile" of both of us and talk over anything we felt we needed to discuss. We did just that and had our details put on file after a health checkup. This would seem to be a very good idea, saving the doctor time when it is necessary to consult him as he will already have a great deal of information.

Medical Accidents

Controversy continues to rage over whether or not there should be a "no fault compensation" scheme. The BMA has outlined proposals for a scheme which would halt increases in medical defence subscriptions and remove the adversarial nature of medical negligence litigation. But David Bolt, chairman of the BMA working party on the subject, says that progress on the matter will hardly be possible without Government help in exploring what the possibilities of its cost would be. He said the medical profession would only back this type of scheme if its financial arrangements did not erode the resources that were available for patient care in the NHS. He also suggested that drug companies should set up their own compensation schemes. The scheme proposed by the BMA would only cover physical, not psychological, injury.

Meanwhile the Government is being urged to consider giving compensation automatically to parents of about 1800 babies born brain-damaged each year, without the need for action in the courts. The proposals for this "no fault" scheme come from the Medical Protection Society, one of the two doctors' defence organisations. Dr. Roy Palmer, the Society's deputy secretary, says that some 80% of its liability was in respect of brain-damaged patients but far and away the most are in respect of infants damaged at birth. The proposed scheme would remove the majority of high value claims at a stroke, claims "which can cost us £1M in one afternoon in the courts." From 1985 to 1988 the Medical Protection Society paid out £7.8M in respect of claims in gynaecology and obstetrics. (If these figures are correct then there must be very few cases that cost £1M in an afternoon. Many cannot come to court at all and those which do must "cost" considerably less.)

The other defence organisation, the Medical Defence Union, said that only a minority of injured patients' claims showed negligence or mismanagement by medical or nursing staff. Its spokesman, Mr. Andrew Morrison, said that the remedy was to improve standards, not bring in no-fault compensation. The same medical mistakes occurred repeatedly "and most were indefensible", he told the BMA Conference on the subject. He put the fact that there were so many mistakes down to there being too many unsupervised junior staff, too many inexperienced senior staff and insufficient specialisation.

Speaking at the same Conference, Mr. Arnold Simanowitz of Action for the Victims of Medical Accidents, accused the BMA of ignoring doctors' accountability for their errors which injured patients

considered more important than compensation. By failing to take account of victims' views "the medical profession has forfeited any moral authority it may have had to put forward proposals for the compensation of victims of medical accidents." He was followed by Des Wilson of the Citizens Action Compensation Campaign who called for improvements in the present system of compensation pending an acceptable no-fault scheme and that that scheme, if introduced, would need to encompass a procedure for medical accountability which was both independent of the medical profession and involved a significant lay input. (Daily Telegraph 14.1.89, Independent 14.1.89, Guardian 14.1.89, Guardian 15.1.89 and Pulse 21.1.89).

Scottish GPs Oppose Changes to Allow Rudeness Complaint

The Scottish GMSC is strongly opposed to indications from the Scottish Secretary of State that GPs manners and attitudes could be included in their terms of service. Concern arose following an appeal to the Secretary over a service committee hearing. The Scottish Secretary suggested discussions with health boards and the profession on new proposals under which cases of proven rudeness by GPs could be acted upon. The GMSC has described the idea as "unworkable", saying it was not possible to define rudeness and that no account would be taken of a doctor being under stress. If sanctions were to be introduced against doctors then they should also apply to patients. (PULSE 21.1.89).

Dentists Causing Harm with X-Rays

Dentists who operate their X-ray equipment too frequently and incorrectly are putting patients at unnecessary risk from radiation according to experts. Now the Department of Health is sending a video to all 20,000 dentists explaining the possible hazards, along with a booklet on "Radiation Protection in Dental Practice". The number of dental X-rays has doubled in the past decade to 8 million a year, much faster than increases in courses of treatment. Dentists can make up for poor quality of x-ray film processing by using more radiation and a survey undertaken by the National Radiological Protection Board found that 10% of the 7000 practices checked between 1979 and 1985 were using too wide an X-ray beam, inceasing the likelihood of sensitive organs such as the thyroid being irradiated. A further 10% had inadequate filtration which also increased the dose. On the whole, however, the situation appears to be improving but an expert from the National Radiological Protection Board said there was concern about dentists because they were not part of the hospital service and so not under the same control as hospital X-ray departments. (The Times 11.12.88).

More Turn to Private Surgery

One in six of all non-emergency surgery is now carried out privately - a rise of a quarter in just five years. In 1986 over

320,000 operations were performed in private hospitals or NHS pay beds, a near 50% increase on 1981, according to Laing's Review of Private Health Care 1988/89. In 1987 the number of people coverd by private health insurance rose by 6.7%, double the rate for the previous four years. The number of operations in private hospitals has risen to 286,700 while the numbers carried out in NHS pay beds fell over the same period from 57,500 to 35,700. The figures were released just as health authorities had been freed by the Health and Medicines Bill to make profits out of pay beds. (Independent 19.12.88).

Well Man Clinic

A Well Man clinic which opened in northwest London three years ago has found an unmet need for pyschosexual counselling in men of all ages. Men are shy of entering family planning clinics and tend to be infrequent attenders at GPs' surgeries. The clinic was set up by the Parkside Health Authority in Willesden. Most men ask for health screening when they first attend but many also turn out to have psychosexual problems which require counselling. The clinic has a specialist psychosexual counsellor and two male psychiactric nurses on its staff. Clients come from all social groups and all ages, with the majority being over forty. The Saturday morning clinic sees eight or ten men for full appointments each week, with more coming in for condom supplies. (Health News Nov/Dec 1988).

A Killing Fear

About 1000 men develop testicular cancer every year in the UK and over 90% of those diagnosed can be completely cured. The deaths that do occur are usually due to late diagnosis. Professor Alan Horwich of the Royal Marsden Hospital says that these delays are often because of fear or embarrassment. Testicular cancer is by far the most common tumour in men aged 20 to 34 and the number of cases seen each year is rapidly rising in all western countries for reasons which are unknown. Once diagnosed the tumour can be removed without any change in sexual function or fertility. Further treatment is carried out dependent on the type of cancer and its spread. About 50% of patients require chemotherapy, 40% radiotherapy and 10% no treatment apart from the operation. A video explaining testicular self-examination is available from Professor Horwich, Royal Marsden Hospital, Sutton, Surrey (Tel 01-542 6011 ext 3274). (The Guardian 11.1.89).

Access to Medical Reports Act

The Access to Medical Records Act came into force on 1st January 1989. Under these rules, doctors must allow patients who wish to see a report, 21 days to do so before it is sent to the applicant, give them a copy if it is requested, and maintain a copy of the report at the practice for six months to which the patient has access. All doctors who are, or have been,

responsible for the clinical care of a patient are bound by the Act. The doctor need not heed a patient's request to alter a report but must agree to attach a letter from the patient about the contested information. If the patient, having seen the report, decides against sending it, the doctor must comply as, effectively, the patient is withdrawing consent to the release of that information. (PULSE 7.1.89).

Women's National Cancer Control Campaign National Helpline

The WNCCC launched a national helpline in January 1989. The 'helpline' is designed to deal with some of the counselling, support and information needs that women want answered if they are to benefit fully from the cervical and breast screening programmes. Information will be given about the treatments of abnormal smears and the practical preparations necessary, if invasive cancer has been diagnosed, callers will be referred on to the appropriate agency.

The Helpline number is 01-495 4995. It will operate Monday - Friday from 9.30am - 4.30pm. Callers will be answered by women experienced in health work.

There will also be a 24-hour 'information only' lines which will offer taped information on cervical screening (01-493 8878) and breast screening (01-493 6060).

Family Planning Clinic Campaign

In December 1988 the Family Planning Association (FPA) sent a briefing paper to all MPs. The FPA claim that 25% of DHAs have made, or are planning to make, cuts in their Family Planning Services, which means that the cost of patient care is moved from DHA's often tight budgets to the national budget. This the FPA claim is a dis-economy as the cost of contraceptive care is much higher via General Practice, i.e. the provision of the Pill by GPs costs £23.89 compared to £14.40 via Family Planning Clinics. The briefing paper points out that Family Planning Clinics offer more than contraception, including menopausal advice, cytology checks, psycho-sexual counselling and much more.

FROM THE JOURNALS

Aluminium and Alzheimer's Disease

Further support for the idea that there might be a relation between aluminium in drinking water and Alzheimer's disease has come in a widely publicised article in The Lancet of 14 January. A survey of 88 county districts in England and Wales looked at the cases of the disease in people under the age of seventy in conjunction with the levels of aluminium concentration in water obtained from water authorities.

Aluminium sulphate is now widely used by water authorities as a means of clarifying water. The survey concluded that the risk of Alzheimer's disease was 1.5 times higher in districts where the mean aluminium concentration exceeded 0.11 mg than in districts where that concentration was less than 0.01 mg. (both these amounts are per litre). The EEC limit is 0.2 mg per litre. The highest concentrations were in Northumberland, Tyne & Wear, Durham and Devon & Cornwall.

The report points out that epidemiological evidence from Norway has previously suggested a link between the concentration of aluminium and Alzheimer's. The results of this latest survey, says The Lancet, provides "evidence of a causal relation between aluminium and Alzheimer's disease" although care is needed in the interpretation of the results.

Breast Screening for Cancer

The BMJ of 15 October last carried a report of a survey conducted in Sweden to see if mortality from breast cancer could be reduced by repeated mammographic screening. A group of 21,088 women were screened against 21,195 in the control group. All were over the age of 45. Women were screened at intervals of 18 to 24 months and five rounds of screening were completed. Breast cancer was treated according to the stage of diagnosis.

All women in both groups were followed up and classed at the end of the study as - alive without cancer, alive with breast cancer, dead from breast cancer and dead from other causes. 588 cases of breast cancer were diagnosed in the study group and 447 in the control group. In the study group 100 cancers appeared in intervals between screenings and 107 in women who had been invited to attend as part of the study group but did not attend. Fifty-one of these women died from breast cancer out of a total of 63 women who died of breast cancer in the study group. Sixty-six women died of breast cancer in the control group. More women in the study group died from breast cancer in the first seven years of the trial than in the control group, after that the trend reversed especially for women aged over 55. Women aged 55 and over on entry to the trial had a 20% reduction in mortality from breast cancer. Although the authors of the study admit that the evidence shows mammographic screening is still controversial as different studies seem to show different outcomes, yet all seem to agree that mammographic screening may lead to reduced mortality from breast cancer, at least in women aged 55 and over.

And the Debate Continues in the UK

The same edition of the BMJ carried a report from Ruth Warren, consultant radiologist at St. Margaret's Hospital in Epping, stating that worldwide evidence was now pointing to the importance of mammographic screening for breast cancer and that Britain now "heads the world's league table for mortality from this disease".

Dr. Warren expressed various concerns about the British screening programme: firstly the interval between screens, Britain has decided upon three-yearly screening whereas other countries have opted for twice-yearly screening. However an increase in compliance amongst women (of 80% plus) may more than make up for the loss in breast cancers detected due to the longer screening interval. Other aspects which worry Dr. Warren are inadequate resources for training and for the setting up of the scheme. Dr. Warren notes that a high degree of commitment is necessary if trial results from specialist clinics are to be matched countrywide. "Britain's tight budget means that scrupulous attention needs to be paid to good specificity and high predictive values to avoid unnecessary recalls and high rates of biopsy." Mass screening, she continues, is the only way by which this country's severe problem of breast cancer can be properly tackled, but notes, "Sufficient resources should be allocated for effective results. From Europe and the US there are those who wait to see this programme fail .... The critics can be proved wrong if everyone respects the difficulty of the task. If we do not intend to succeed we should not start."

Her article is followed by one by Dr. Peter Skrabanek, of the Department of Community Health, Trinity College, Dublin, who takes the opposite viewpoint. He admits his is a minority view. He does not accept the findings of the Swedish surveys and is doubtful of their validity. He notes that there has been a divergence of opinion on screening in Sweden. Screening, he posits, might well lead to "overdiagnosis" and that to "overtreatment", unnecessary biopsies, fear and alarm. Before a mass screening programme is undertaken it should be established that it really does alter the course of breast cancer. Who will be blamed, he asks, if in ten years time mortality from breast cancer shows no improvement despite screening? He offers no positive alternative however.

Female Incontinence - The Basingstoke Project

The project grew out of discussions between physiotherapists at Basingstoke District Hospital who felt that patients would benefit from inter-disciplinary advice.

Patients were therefore referred to a new clinic where each was assessed to diagnose her specific incontinence problem. Urinary stress incontinence is estimated to affect 22% of the female population over 18, many of whom are under 50 years of age. It quickly became apparent that all too often what was described as the "mop and bucket" approach was all that had been previously suggested, i.e. incontinence pads. This can be a negative response as it does not indicate that a return to continence is possible and which should be the main aim of care. Many patients had suffered for a long time and given up all hope of help. All patients were given exercises to strengthen the pelvic floor, with clear guidelines as to how this should be done. In some cases it was found that the incontinence was due to an infection which could then be dealt with. The results of the

new approach have been dramatic. After two years 62% of patients were discharged from the clinic with a dramatic improvement in their symptoms. Some of them had been on the gynaecological or surgical waiting lists and such intervention was no longer found to be necessary. (Journal of the Royal Society of Health, December 1988).

Vaginal Examinations

A letter in The Lancet of 10 December 1988 notes that patients feel that explicit permission should be obtained for pelvic examinations undertaken by medical students on women under general anaesthetic. The doctors who have signed the letter say that the use of anaesthetised and uninformed patients for teaching medical students pelvic examination skills simply cannot be justified and consent should therefore be sought. The argument that anaesthetised patients are easier to examine suggests that students learn more when patients are asleep - a concept rejected by many experts. In a survey of 198 final year students in the UK, 46% had had their first experience of a vaginal examination on anaesthetised patients; in the US, 2% of 2411 students obtained their initial experience in this manner. In the UK 87% of students gained their first experience on patients, in the US, 70% of students gained their first experience with volunteers.

The letter concludes by saying that as many UK medical students are still gaining their experience of vaginal examination on unconscious women and since the views of patients are not known, it is now time for a systematic re-examination of the whole issue.

Is Patient Power Coming to Britain?

On September 25th East Sussex Social Services and Brighton DHA hosted an international conference on the mental health consumer movement. It concentrated particularly on how patient power and self-advocacy groups had grown in the USA, acquiring influence at all levels in the mental health system. In the States these groups also provide "alternative" mental health services run entirely by ex-patients. Similar groups are now emerging in Britain.

The Conference heard from the Nottingham Patients Council Support Group (which was started with Dutch assistance to replicate similar groups functioning in Holland) and the Milton Keynes Mental Health Advocacy Group, started with help from Nottingham. Initially its ex-patient members worked on in-patients complaints, but now they are also involved in improving aftercare. Group members try and assist in finding accommodation for discharged patients, pressing for social work input for patients with benefit problems, and guiding users on the services available to them. The Exeter Mental Health Service Users' Group began as a drop-in club at weekends with a hot-line to an emergency social worker and is now at work on a full-blown survey of patients' needs and concerns.

There appeared to be wide disparity as to how helpful groups found their respective DHAs. Concern was also expressed as to whether in some cases authorities had a real commitment to consumer rights or whether they were merely saying that they had because it has become a fashionable thing to do so. (Community Psychiatry Nov 1988)

A Disabled Living Centre

A survey has been undertaken of users of the Leeds Disabled Living Centre (BMJ 10.12.88). The first Disabled Living Centre was set up in 1971 since when there has been little published research about their work and effectiveness. Seventy-five patients were questioned and there was no doubt that the centre was a useful resource but there was wide scope for improvement. Forty-eight people had been recommended specific aids but only 33 had actually received them by the time the survey ended. Even worse, only ten of the twenty-eight people recommended various adaptations in their homes had actually had them carried out. Less than half of all those who were recommended for simple equipment had received it, although all the measures suggested were relatively simple and inexpensive and a quarter of these aids were, in the end, obtained privately by patients. The survey also discovered that although the centre was very widely advertised - on television, radio and the local press - only a few referrals were made to it by doctors. "It is important that they tell their patients of this useful service."

Black Nurses

The New Statesman and New Society carried a disturbing report in its October 7th issue of overt racism expressed by patients against black nurses. One nurse told of racial abuse from a newly-delivered mother who did not want her to touch her baby with her "filthy hands". Another nurse, working in a district, was denied access to some homes and accused of stealing. A growing number of black nurses are now complaining that they do not receive sufficient support from colleagues, health unions and health authorities and that some professional bodies appear to act in discriminatory ways towards ethnic minority nurses. This means a continual drain of such nurses from the NHS and also a growing reluctance of black nurses to take up the profession.

Some health authorities have employed equal opportunity officers which have proved helpful. Anita Sharda, the officer at Camberwell, has been responsible, on the other hand, for producing a radical equality policy which ties in service delivery with employment practices and also looks at racial harassment from patients. This could be a model to emulate.

Osteoporosis: prevention and treatment

The Drugs and Therapeutics Bulletin for January 1989 is dedicated

to a discussion of prevention and treatment for osteoporosis. It suggests that GPs consider prophylaxis for women with two or more 'risk factors' including previous fractures, early menopause, lean build and being white or Asian race. Treatment with oestrogen is considered the most effective, the length of treatment is debatable but ten years is quoted as reasonable. One in five women cannot tolerate oestrogen therapy. Women who have not had their uterus removed need to be given concurrent progestagen therapy. Calcium supplement on its own is also effective in reducing fractures, although not as effective as oestrogen and calcium combined. The paper notes that many people's diet contains much less than the recommended 800mg/day. Supplements to dietary calcium are recommended, although it is pointed out that a pint of skimmed milk contains 700mg of calcium. Exercise is also recommended - 30 minutes of daily walking reduces bone loss in postmenopausal women. Flouride may also play a role in preventing further fractures although the paper warns that it should only be given in centres with experience in skeletal metabolism.

Prostitute Women and Public Health

Prostitute women have been allotted a key role in models of heterosexual transmission of the HIV virus, notes the BMJ (17.12.88). Prostitutes are assumed to be especially exposed to infection because of their greater number of sexual partners and therefore may play an important part in spreading the virus. The authors of the report note, however, that amongst women working as prostitutes in western countries the principal risk factor is sharing needles and syringes for drug misuse and not sexual activity.

Ninety-one young women attending a London clinic were followed up over seventeen months and questions about the use of condoms showed that the women regularly practised safer sex with clients, although not necessarily with boy friends. Only four of 34 women attending over the last three months of 1987 reported inconsistent use of condoms with clients. New male clients in particular continued to demand sex without the use of condoms. Of a total of 187 prostitutes tested, three were found to be HIV positive, two of these had shared needles and the other had a boyfriend who was already diagnosed as HIV positive. The evidence of the survey did not show, therefore, that the prostitute's way of life was placing them at special risk of infection. The women's safety at work depends on the use of condoms. The greatest risk to these women comes from their being either drug users or having boyfriends who will not practice safe sex. The organisers say they are encouraged by the trend towards universal use of condoms by prostitute women.

Uckfield Health Fayre

The Journal of the Royal Society of Health (December 1988) carried a report of a Health "Fayre" organised in Uckfield by the

Wealden District Council and Staff and Pupils at Uckfield School which might produce some useful ideas. The town's Leisure Centre was used for the venue and visitors encouraged to use all its facilities, with staff on hand to give advice on activities from which they could derive benefit. Fitness testing equipment, supervised by trained personnel, was also available.

Other services offered, included First Aid, Dental Health and Hygiene promotion, Diet and Nutrition, Child Health and Community Nursing, Health Eating, Health Foods, Education on AIDS, Assistance with giving up smoking, Leisure activities for the physically and mentally handicapped, "Looking your Best", and a wide variety of health education literature was displayed. Over 1300 people visited the Fayre and all the stands were very busy throughout the day. The benefits were two-fold - it proved an effective way of putting over health issues and it gave the pupils of the school experience in running such a project and many of them are going to use and talk about it when applying for jobs.

Women's Health Network News is supplied as a supplement to the National Community Health Resource's newsletter, and is produced by the women's health forum at NCHR. The newsletter carries much interesting information about forthcoming conferences, such as a National Women's Health Conference to be held in Liverpool in July, and information resources - this month's issue concentrates on Women and A.I.D.S and lists many useful contacts. The newsletter is part of associate membership or full membership of NCHR. Available from NCHR, 15 Britannia Street, London WC1X

PARLIAMENTARY NEWS

Closures

Before leaving her post as junior Health Minister, Edwina Currie was asked whether any adopted criteria existed within the central Nottinghamshire DHA or other health authority areas which gave financial incentives to managers of services for either closure or temporary closure of HA buildings. Mrs. Currie's answer was "no" and she said that managers instituted closures for many reasons and might be "essential to improve services". She was further asked whether in-use DHA properties could be closed on a temporary basis after consultation documents have been issued but before the expiry date of such consultations. To this she replied "yes". "Under the CHC Regulations 1985 a closure can be made without consultation if the DHA is satisfied that it is in the interests of the NHS".

AROUND THE CHCS

South Birmingham CHC has selected two health care schemes for its latest Good Practice Awards for making a significant contribution

to improving the quality of life of their patients - the Acorn Club at the Reaside Clinic and the Promotion of Continence Physiotherapy Clinic at Selly Oak Hospital. The Acorn Club, set up by patients and staff at the Reaside Clinic, provides intensive psychiatric care to promote social life in the clinic and a range of activities to get patients involved and build up their confidence and social skills. The Physiotherapy Clinic deals with a worrying, embarrassing and degrading problem which affects many women at some time in their lives and the clinic offers a practical service which cures or improves the condition in 70% of the women referred. The CHC Good Practice Scheme attracted 13 entrants and the CHC also highly commended three other services - the voluntary hostess scheme at Selly Oak Outpatients' Department, the use of the creche at Rubery Hill Hospital and the Health Roadshow run by the DHA's Health Promotion Department.

NW Herts CHC was informed by a complainant that Medical Service Committee members had been misled because the doctor produced a photocopy of a document which excluded a relevant section. The document was the Co-operation Card for Maternity Patients and the photocopy showed two parts only - The Post Natal Examination and Co-operation Record Card for Maternity Patients. The relevant first section, Confinement and Pueperium was excluded. The outcome of the hearing was not significantly affected as the doctor was found to be "in breach", but nevertheless an important issue of principal was raised. The CHC therefore asked Herts FPC whether in future the originals of all such documents could be produced to avoid a similar error.

The CHC were pleased to receive a positive response from Herts FPC which said it agreed entirely that original records should always be produced in such cases but it had no power to require the production of documents or original documents in part or in whole at service committee proceedings. However they were in the course of updating the letter sent to both complainant and respondent before a hearing and this will include a paragraph urging both parties to bring the original record with them when that is in their possession. Consideration is also being given to adding a sentence to the effect of "if you have the original in your possession but fail to produce it, or produce only a copy of it, the Committee might take an adverse view as to why the original was not produced." Have any other CHCs had a similar experience, asks NW Herts, and would it be a good idea to ask individual FPCs to ask that original documents should be produced at formal hearings?

Airedale CHC is pressing Donald Thompson of the Ministry of Agriculture to clarify the situation regarding the sale of imported, irradiated "fresh food". Current regulations prohibit the importation and sale of irradiated food in the UK with enforcement being a matter for local Trading Standards and Port Health Authorities.

There is, however, no scientific test which can prove whether or not food has been irradiated and according to some reports, food imported into the UK, especially soft fruit, may well have been irradiated. CHC Secretary Johh Godward says Airdale CHC is opposed to food irradiation until it can be proved scientifically that it has positive advantages to the consumer and no disadvantages. All food should be labelled to show if irradiation has taken place although if this was enforced it would mean no retailer could sell such food without risk of prosecution. So this might well rule out producers being honest with retailers. At least if the sale of irradiated food was legalised and labelling mandatory then the consumer could exercise real choice.

CHC PUBLICATIONS, REPORTS etc

Plymouth CHC has published two surveys, one on Material Deprivation and Health Status in Plymouth DHA and the second on Out Patients Departments.

The first, is seen as part of an on-going response to the Black Report by assessing the relationship between deprivation and health status in a small geographical area where future services can be established to take note of these inequalities and begin to redress the balance. The report includes a review of the research into health inequalities in Britain, a review of the population structure of Plymouth DHA, 76.9% of whom live in urban areas, and there follows three chapters detailing the level of deprivation and its interaction with health status. The index used for measuring deprivation is discussed along with statistical methods employed. The three highest areas of deprivation are, however, in Plymouth city itself and the worst of these St. Peter's compares on deprivation indicators, with the worst wards in Greater London. A relationship between health status and deprivation was established. The report is edited by Dr. Pamela Abbott, Senior Lecturer in Sociology and Social Policy at Plymouth Polytechnic. This is an excellent report worth obtaining by other CHCs who may wish to carry out a study of this kind. The report does not suggest ways in which inequalities in health status can be addressed but this is an obvious next step for the DHA to consider.

The second report, on Outpatients' Departments, shows that Plymouth outpatient clinics and consultants, it seems, are still heavily into block booking patients who are drawn from a very wide catchment area. CHC members found "resigned" patients waiting two-and-half to three hours in some cases for only a very brief consultation. Only two clinics offered any explanation as to why clinics were running late. Patients turned up sometimes to find their appointments had been cancelled and they not informed. On the other hand consultants were only kept waiting on two occasions!

Space and conditions in some of the outdated Outpatients' Clinics

are known to be indequate and patients obviously dislike having to wait for long periods in corridors. The report points out that as space is so limited then surely the best use should be made of what is available by ensuring an appointments system that works. Other areas where improvements would be welcome were: parking space, facilities for disabled people and greater consideration for children's needs. However the CHC praises highly the outpatients' staff coping under very difficult conditions. The report concludes: "There are two clinics in Plymouth which approach this (i.e. good conditions, appointments systems, etc.). Many are struggling against lack of space and pressure of work and providing a surprisingly good service in the circumstances. Others appear to have given up." Presumably the "resignation" of patients, many of whom had to come back again and again, lead to lack of action on the appointments' system. Only a handful, says the CHC, "stormed out".

Another Outpatients' survey - this time from Mid-Essex CHC and looking in part at the question of the non-availability of patients' notes and the subsequent delays or even extra appointments needed as a result. The first part of the survey, answered by consultants, showed that from 1% to 20% had experienced difficulties with patients' notes and they were pleased the CHC was taking the matter up. The second part of the survey covered familiar problems. Again block booking was common and the CHC wants to know from the DHA why this is still necessary. The CHC noted that some patients do not turn up for appointments and waste hospital time. Mid-Essex recommends that its DHA looks into how other districts cope with appointments and suggests patients who do not turn up when they should might well be told they have to go back to their GP for a further referral. The CHC also thinks the DHA should review its patient information in view of the long waiting lists for some outpatient clinics - sometimes these have been so long that a patient has either died or moved.

East Birmingham CHC has conducted a survey into the need for interpreters at East Birmingham Hospital Outpatients' Department. The CHC's report establishes that it is not just older Asian people who require interpreting services, communication difficulty spanned all age groups and it is a long term problem, requiring immediate and effective solutions. Many of those questioned expressed a desire for an interpreter as they had to rely on friends and family for help. Some had to keep their children off school to go with them and others had to ask family members to take time off work to accompany them.

The CHC concludes that clinic and department signs need writing up in a variety of languages; that a clerical post should be created specifically to assist non-English speakers; that links are established with the local community to see what their needs are; to have well-trained male and female interpreters available who understand both medical terms and treatment and cultural needs; that doctors should be trained in the proper utilisation

of interpreters and that, ideally, health workers should be employed to act as patient advocates.

East Berkshire CHC and West Berkshire CHC have undertaken a joint publication - A Guide to Old People's Homes and Nursing Homes in Berkshire. It is an extremely useful guide - and anyone who has been faced with the decision of having to put an elderly parent into residential care knows just how difficult it is. It looks first at the range available, what should be looked for, how to enquire about admission, what to do before making a final choice, funding, and much else. The relevant homes are then detailed comprehensively from accommodation and amenities to patients' rights. Such a guide should be available in every area with funding provided to see that it is.

South Warwickshire CHC has looked at primary health care services in its area. Its aim was to determine how services are responding to the present needs of the consumer, to look at future needs, see how the services are administered and look at the services from the providers' point of view. CHC members visited GPs, dentists, Health Centres, Dental Clinics, Opticians and Pharmacists throughout the area, a good mix of large and small, urban and rural practices. It seems that on the whole the service provided in South Warwickshire is a high one with particular emphasis on being accessible for help and advice. The role of the pharmacist continues to expand with an increasing number of people consulting them for minor symptoms.
Primary Health Care teams located at Health Clinics/Centres are providing more extensive services and recognising consumer needs and co-ordinating health care but emphasis must be placed on continuing co-operation and liaison between the various disciplines. Greater emphasis on preventive treatments does seem to be being put over by dentists and primary health care teams which, says the CHC, should be the way forward. The CHC also notes with interest the growing move towards "alternative" therapies, particularly hypnosis and acupuncture which were being introduced into some practices.

Croydon CHC has published a report on Transport Needs - The Forgotten Factor and it has looked at non-emergency health service transport. It looks at the current level of non-emergency transport in Croydon for those attending NHS facilities, the modes of transport on offer, the problems people encounter and the eligibility criteria for free ambulance transport. The London Ambulance Service is covered.
Ambulancemen, NHS staff and, of course, patients are interviewed. Recommendations are made which include the need to take the views of transport users into account during all stages of planning a restructured service, the creation of a Transport Officer to liaise between NHS staff and members of the public, and an end to the anomaly which excludes patients attending clinics based outside the hospital from eligibility for free transport. The report also requests the DHA to explore new potential sources of

revenue to aid the implementation of the CHC's wide-ranging recommendations to improve the service.

Dudley CHC has published a report on Children in Hospital including a number of recommendations. It found some clinics exceptionally crowded and although no adults were actually standing, children had to be accommodated on parents' knees. They were concerned over the number of teenage children admitted to adult wards and also at the lack of written information provided for parents. They had been told that the production of a helpful leaflet was "imminent" but felt it unfortunate that the lack of information had gone on so long. They found staff helpful and were pleased that parents were encouraged to see the wards before taking their children in. Facilities for parents staying overnight were insufficient, however, with only reclining chairs available for them to sleep in.

Merton & Sutton CHC and DHA have produced a leaflet on Choosing a Nursing Home which outlines the essential differences between Residential Homes and Nursing Homes. A checklist is also included to help a would be resident or their family decide whether or not a particular nursing home meets their needs. It can be obtained from either organisation - the address of the CHC is 29 West Street, Sutton, Surrey SM1 1SJ.

In its Annual Report Liverpool Central and Southern CHC, document the provision of GIFT (Gamete Intra-Fallopian Transfer) fertility treatment at the Assisted Conception Unit in their DHA. Trust funds had been obtained in 1987 to run a pilot project providing GIFT and 57 procedures were carried out. In 1988 a decision was made without consulting the CHC or seeking Health Authority approval to ask couples to pay a £500 contribution towards the cost. It was at this point that the Unit General Manager informed the CHC. Subsequent investigations of the regulations revealed that neither the proposed contribution nor a charge were allowable; the full cost of treatment must be paid by the patients, if payment for treatment within an NHS hospital is to be allowed at all. Subsequently the Health Authority voted for the Assisted Conception Unit to be run as an independent non-profit making unit with a management board with two seats for health authority members. The CHC is very concerned about this development; the success rate of 30% for carefully screened couples may mean that the costs mount as couples try for a second or third time to achieve a conception. The CHC see this as a piecemeal development of services and a gradual privatisation of the NHS, paving the way for charges being made for any new, innovative, and therefore potentially costly treatments. Patients in Newham DHA are being sent a written request for a contribution towards GIFT, although the Health Authority has been assured that "unwillingness or inability to pay would have no adverse consequences for patients in regard to accessibility".

GENERAL PUBLICATIONS

The Pimlico Patch Committee - An Experiment in Locality Planning

In the early 1980s ideas were discussed on the value of organising services on a "patch" basis serving a small geographical area or neighbourhood. The appeal to local managers of community health services was obvious - organising on a small scale appeared to offer a way of overcoming the continuing difficulties of co-ordinating and integrating care provided by a variety of professionals and of more closely matching the needs of a community. In 1986 The King's Fund, with financial support from the DHSS, established three experimental projects in inner London, one being in Riverside DHA. Funds were provided for a project worker to help develop a "patch" approach.

A "patch" committee was set up with much in common with the health care associations recommended by Cumberledge. The main aim of the committee was to break down the barriers between those working in the different fields so that a more cohesive policy could emerge. Although there were many obvious difficulties and although the committee had only been meeting for five months when the evaluation took place it was considered to have been very useful. In particular it had enabled members to identify priorities in that particular patch. It also gave members more understanding of each other's skills. Overall those taking part think the idea should be developed although much could be learned from the initial trials. Two important recommendations are that one person, or a very small group, should be given responsibility for doing the substantial amount of groundwork necessary to set up a committee and more time devoted to preparing health service staff who will be involved. Secondly, the role the senior nurse managers play in relation to patch committes has been found to be crucial and should be developed further. The patch committee's potential, as a vehicle for community consultation and participation in the health service should also be devloped more fully and in any future experiment this role should be given a much higher priority and ways found "to bridge the credibility gap between health services and the local population".

Pimlico Patch Committee by Helen Dunford and Jane Hughes is available from the Primary Health Care Group, King's Fund Centre, 126 Albert Street, London NW1 7NF. Price £5.00.

The 20th June has been designated National Drinkwise Day. Like the similar smoking initiatives it is primarily a preventative exercise. It aims to provide an opportunity for the general public to look at their drinking habits and consider healthy drinking choices. The Health Education Authority and Alcohol Concern have produced a Campaign Manual which covers promotional ideas, advice on how to organise such a day, how to work with the media, organise public events, etc. It also contains promotional material, a Quiz, contact lists and lists of further information and a questionnaire for you to fill in afterwards and see how it

all worked out. Copies of the Manual and further information can be obtained from National Drinkwise Day, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX.

Good Practice in Mental Health in Cumbria is a study of local mental health projects sponsored by East Cumbria Health Authority. The report sets out its criteria for "good practice", a working definition of a "mental health project" and an assessment of who provides mental health services in East Cumbria. A questionnaire was sent to each service/project and was used to assess each according to the good practice criteria. Statutory and voluntary projects were covered. Seven projects are featured including a support group for bereaved families and a drug and alcohol advisory centre, an arts project and a community development project based on a housing estate in one of the most run down areas of Carlisle. Available from:
8 Chatsworth Square, Carlisle CA1 1HB.

The Health Education Authority has published its submission to the Chancellor regarding tobacco duty and the forthcoming Budget. It calls for price increases beyond the rate of inflation and notes what it describes as an "epidemic" of teenage smoking. It also draws his attention to the growing evidence of dangers inherent in "passive smoking". The HEA would like to see a large increase in duty, ideally 16%, on cigarettes to bring their real price back to 1948 levels.

Another HEA publication - this time addressed primarily to CHCs is A Guide to the National Breast Screening Service. The booklet gives a brief, easy to read summary of the plans for the implementation of the breast screening service. The final section of this book - already sent free of charge to all CHCs - discusses supportive initiatives for local areas to inform women and encourage them to use the service. The HEA library has produced resource lists on breast screening and cervical screening which include details of books, reports, leaflets, videos and support groups working in these areas. The resource lists are free of charge, just send a SAE with a request to the HEA, Hamilton House, Mabledon Place, London WC1H 9TX.

The Society of Community Medicine has drawn our attention to the following publications. Those marked with an * are write-ups of previous conferences:

The Work of the Child Health Doctor in the Community (£1.25).
*Women's Health Issues (£2)
*Child Abuse (£2)
Alcohol Abuse as a Community Health Problem (£2)
*Public Health Matters (£3).
Available from 31 Battye Ave, Crosland Moor, Huddersfield.

INFORMATION WANTED

Plymouth CHC would like to hear from other CHCs which have experienced DHA proposals to close existing NHS facilities and instead buy beds from a private health care organisation.

Durham CHC would like to see the Welfare Food Order 1980 changed to allow tokens to be changed at pharmacies and other retail outlets, particularly to cover the situation where HAs have to open child clinics solely for the purpose of exchanging tokens. The DoH have, so far, been unpersuaded by arguments put by the Association on behalf of Durham and are now seeking further information. We would be grateful to hear from CHCs similarly concerned about the limited outlets for the exchange of tokens, and particularly those CHCs whose DHAs have to open clinics solely for the sale of welfare food.

Bloomsbury CHC notes that New Circular HC (88)43 of July 1988 on planning guidelines covers short-term planning and makes provision for CHCs to discuss proposals for short term plans and that after approval, plans should be made known to the public. (See Appendix 5, par.8). NETHRA are taking a very rigid attitude towards the guidance in par.8. Are other CHCs currently being consulted about short term programmes? What levels of discussion are going on between DHAS and CHCs on short term programmes? Any problems? Information to ACHCEW please.

West Birmingham CHC writes to say that the joint committee of Birmingham CHCs is concerned about the non-emergency ambulance service in the area. Patients are being delivered very late for their appointments and suffer long journey times and long waits for return journeys. West Birmingham would like to hear from other CHCs about the extent of the problem elsewhere in the country.

Wigan and Leigh CHC would like to "twin" with another CHC on the organisation of a Well-Woman Campaign. Any offers?

East Birmingham CHC have had several complaints brought to them about GPs prescribing unsuitable or wrong medicines where subsequently the patient was unable to claim a refund for the prescription charge. Any CHCs who have had similar experiences please contact them.

Winchester CHC want to know how many CHC regional groupings have observer status on the RHA, i.e. are able to speak at meetings?

Salford CHC want to know what is the policy in other districts for provision of incontinence aids by DHAs? In Salford, paitnets needs used to be met in full and local authority run special schools also used or received supplies. "Needs" were rather haphazardly assessed. The DHA's budget was substantially overspent, so the DHA reviewed their policy. The DHA then stopped supplying special schools and reduced provision to half of assessed need up to a maximum of:

Incontinent	Sheets	-	15	per week
"	Pads	-	20	" "
"	Pants	-	1	" "
"	Rolls	-	1	" "
Nappies		-	10	" "
Slipads		-	18	per week.

Salford CHC have continued to press for a reversal of the policy. The systems is now under review again. In order to have an input, it would be useful to hear from other CHCs.

COMING EVENTS

The Self Help Alliance National Conference - 20 March. To be held at the Birmingham Medical Institute, 36 Harborne Rd, Birmingham. From 10 - 4.30 p.m. Conference fee £10. Details from Sue Yeomans, Self Help Alliance, 29 Lower King;s Road, Berkhamsted, Herts HP4 2AB. Tel: 0442:873311.

Coping with Sudden Death - a "Summerfield" Conference. On 21 February. To be held at Lady Anne Middleton's Hotel, York. From 9.30 a.m. to 3.30 p.m. Fee £25. Details from Summerfield House, Outwood Lane, Horsforth, Leeds LS18 4HR. Tel: 0532:584874.

Biotechnology and the Food Chain Conference run by the Assoc. for the Advancement of Biotechnology - sponsored by the National Farmers' Union and Ministry of Agriculture! It costs £95 and will be held at The Brewery, Chiswell Street, London E.C.1. Details from the Association at 1 Queen Anne's Gate, London SW1.

The Society of Community Medicine is holding a conference on Child Abuse - Working Together on 24 February at the Royal Society of Medicine, London W.1. It costs £32. Details from the Society, 31 Battye Ave, Huddersfield HD4 5PW.

The 8 MARCH IS NATIONAL NO SMOKING DAY!!!!!!

MIND is concerned enough about recent legislation to run a seminar on the implementation of section 136 of the Mental Health Act, a provision which gives the police the mandate to

take a person they believe to be mentally ill in a public place to a "place of safety". The seminar will take place on 8 March at the Institute of Complementary Medicine, 21 Portland Place, London W.1. It costs £25, including lunch. Details from MIND, 22 Harley Street, London W1N 2ED. Tel: 01:637:0741.

NAHA is holding a major NHS briefing conference on 14 March on the Government's review of the NHS. The major speaker will be Health Minister, David Mellor. The conference will be held at Kensington Town Hall and you need to apply early. It costs £75. Details from Ann Mason,NAHA, Garth House, Edgbaston Park Road, Birmingham B15 2RS. Tel: 021:471:4444.

Good Practices in Mental Health is running a one day conference on 15 March at the Small Hall, Kensington Town Hall, on Housing and Resettlement from Hospital. It costs £40. Details from 380-384, Harrow Road, London W9 2HU.
Leisure, Health and Wellbeing is the title of the Leisure Studies Assoc. Conference to be held in Leeds from 20-22 March. The cost is £88. Details from Jonathan Long, Leeds Polytechnic, Carnegie Department, Beckett Park, Leeds LS6 3QS.

The Royal Society of Health has sent us a list of its forthcoming lectures. They are:
Modern Concepts of the Role of Diet in Dental Disease
Venue: Royal Society of Medicine. Date: 22 February.
Time: 6.30 p.m. Fee: £6.
Acid Rain Venue: Bland Sutton Lecture Theatre, The Middlesex Hospital Medical School. Date: 21 March. Time: 6.30 p.m. Fee £6.
The Role of Dietary Fibre in the Diet - An Update Venue: Westminster Cathedral Conference Centre. Date: 13 April. Time: 6.30 p.m. Fee £6
Further details can be obtained from the Conference Department, Royal Soc. of Health, 38a St George's Drive, London SW1V 4BH, Telephone number 01-630 0121

The National Coalition for Neighbourhoods is holding a conference to lauch three publications to stimulate the debate on the role of community development. These are "Working Partnerships", the Assoc. of Metropolitan Authorities Comunity Development policy guidelines and A Manifesto for Neighbourhoods. It will be held on 22 March at the Westminster Cathedral Conference Centre, London SW1. It costs £25 for members of voluntary organisations, £50 for others. Details from Helen Goody, AMA, 35 Great Smith Street, London SW1P 3BJ. Tel: 0474:872843. (Telephone no. is different from AMA).

T.O.F.S - the Tracheo-Oesophageal Fistual Support group are holding a conference for families and professionals on Saturday 6th May at Sheffield University. The cost is £5.00, children are free. There will be a buffet lunch and

games/etertainment for children. Further details from Linda Morris, 124 Park Road, Chesterfield, Derbyshire S40 2LG. Tel 0246 237996.

Women's Health Training Weekend to be held on 17-19th March in Grimsby. This weekend is being run by the HEA and aims to help women develop skills for setting up and facilitating womens health courses or groups. There are 20 free places. Anyone interested should contact Mary Tidyman at the HEA as soon as possible at HEA, Hamilton House, Mabledon Place, London WC1H 9TX Telephone 01-631 0930.

The Royal Institute of Public Administration are holding a day seminar on Health Promotion and Race on March 3rd 1989 and an afternoon seminar entitled Rhetoric or Reality: the work of the Birmingham Community Care Special Action Project on February 28th 1989. Further details from The Conference Office, RIPA, 3 Birdcage Walk, London, SW1H 9JH. Tel: 01-222 2248. Community Health Councils may be treated as voluntary groups for conference charges.

Health care choices for women approaching the change is the title of an open meeting being held on Tuesday 21 February, at the Assembly Hall, Hackney Town Hall, Mare Street, London E8, from 12.30 until 2.00. The aim is for women to find out how hormones affect health in middle age, explore different ways of coping and assess different treatments. Speakers include Jean Robinson. For further information contact Margaret Page, Tel 01 986 3123.

Correction The telephone number given for Women and Medical Practice in the November 1988 issue of CHNEWS was incorrect. This should have read 01-885 2277