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Association of Community Health Councils for England and Wales

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CONTENTS

NEWS	1 - 5
FROM THE JOURNALS	5 - 8
AROUND THE CHCs	8 - 10
CHC PUBLICATIONS, REPORTS & SURVEYS	10 - 12
GENERAL PUBLICATIONS	12 - 16
COMING EVENTS	16 - 18
DIRECTORY CHANGES	18 - 19

NEWS

The Ethics of Private Medicine

The BBC's **Watchdog** programme and **New Statesman Society** magazine recently undertook a joint investigation and have uncovered what can only be described as a truly horrendous situation. People dying of AIDS have been encouraged to believe it could be more or less cured, if they undertook experimental treatment for which they had to pay large sums of money. Over thirty people were the victims of an unscrupulous doctor and a vet operating out of the private London Bridge Hospital.

Victims included Suzy Brown, one of the first women in Britain diagnosed as having AIDS, who died last November leaving her parents penniless, having paid thousands of pounds to the clinic run by Dr. James Sharp and his employee Abdul Jabar Sultan. Until the beginning of April, they ran the private London Bridge Hospital's "Adoptive Immunotherapy Unit". The treatment was worthless and is not recognised or established anywhere in the world. Sharp had never formally treated an AIDS patient before starting out on his money-making racket and both he and Sultan had repeatedly been warned by other doctors not to experiment on human beings, as what they were doing might well be harmful. Sultan's only medical qualification was as a vet in Iraq.

Sharp left King's College in 1986 to go into private practice. Sultan (who styled himself "doctor") had tried to qualify at King's College hospital but had been asked to leave as his work was found worthless. He tried to interest doctors in his immunotherapy treatment and they warned him against attempting to use it. He and Sharp set up Brownings Clinical Pathology Services in 1986 in lush premises at Wimpole Street and in Devonshire Street. A brochure, circulated internationally, advertised the "treatment" both for cancer and AIDS at a cost of £20,000 a year. Articles in papers like The Daily Express alleged Sharp and Sultan were "beating the virus". Desperate young people, dying of AIDS, believed them or at least thought it was worth trying. Many are now dead, some having sold their homes to pay for the treatment. In some cases their illnesses were actually made worse. Brownings continued pursuing the parents of some AIDS victims for money even after they had died. Duncan Campbell and a male nurse posed as AIDS patients to expose the situation (they were not even examined before being told they were suitable for treatment).

When the truth was finally revealed Sharp admitted he had made thousands of pounds out of his "experiments". London Bridge Hospital was asked to justify how they had allowed Sharp and Sultan to work there as they did and why over a period of two years their work had not been scrutinised. Hospital director John Rabjohns said the hospital had no Ethical Committee and that the hospital's own Medical Advisory Committee had simply accepted the claims made to them. "In view of what you are telling me", he said, "we will review our procedures and I will consider setting up an Ethical Committee".

The bank which backed Sharp's clinic has pulled out and he is now at the centre of a medical investigation. Interviewed on TV Dr. Sharp did not understand some basic medical terms nor even know the clinical definition of AIDS. Descriptions by doctors of the treatment he offered varied from "naive, ill-thought-out and flawed in concept" to "an unethical and unscientific shambles".

NHS Links With the Private Sector

A new private hospital has opened in Crewe, in the grounds of an NHS hospital and is hailed in **The Daily Telegraph** (9.4.89) as "the first fully fledged partnership between the NHS and the private healthcare sector." The £1.5M hospital is linked to the existing Leighton Hospital and has been built by Bioplan, a privately owned Surrey-based private health care group. Other schemes are now in the pipeline - a deal will be struck by Oxfordshire DHA with Bioplan who has funded redevelopment of a day surgery unit at the Churchill Hospital, in return for use of the facilities for its private patients when they are not needed by the NHS. Bioplan claim to have 40 other collaborative projects in the pipeline. Southampton Hospital is shortly to announce the developer who is to install a shopping mall in its entrance hall and there is already a similar scheme jointly funded by the British Airports Authority and DHA at Addenbrooke's in Cambridge. (**The Guardian** 15.4.89).

* An excellent one day conference on the NHS and collaborations with the private sector was held by the Oxford Regional Association of CHCs on 26 April 1989, at which representatives from Bioplan and BUPA explained how they saw the NHS and the private sector working together. A report of this conference is currently being prepared.

Extra Cash for 100 New Consultants

Kenneth Clarke has announced plans for 100 new consultant posts in the NHS. DHAs are being invited to "bid" for the extra resources of up to £500,000 a year for each new post and can put forward a case for any specialty where they can demonstrate a waiting time problem for in-patient, day-patient or out-patient treatment which could be tackled by an additional consultant. (100 new consultants works out at around 1/2 a consultant per DHA)

The Care of the Mentally Ill and Mentally Handicapped

The Government is likely to announce plans shortly to set up an agency to deal with the crisis in the care of mentally ill and mentally handicapped people. This is allegedly to "buy time" for a more controversial decision on care in the community, particularly for the elderly. Thousands of mentally ill people have been discharged from psychiatric institutions and many end up walking and sleeping on the streets; critics argue that this is the direct result of the Government's failure to respond to

the Griffiths Report. It is increasingly obvious that there is simply not enough funding to cope with the results of 25,000 bed closures in mental hospitals in the last ten years.

According to **The Independent** the Government is embarrassed by its failure to produce a response to Griffiths (delivered 12 months ago) and efforts to find a solution to the problems of care in the community are, according to one "ministerial source", proving "intractable". One idea being trailed is that DHAs would be given direct responsibility for the mentally ill and mentally handicapped in the community and that the same team of social workers should care for them whether they are in hospital or in the community. The Prime Minister has let it be known that she is opposed to the Griffiths' recommendation that local authorities should take a leading role in looking after people in these sections of the community and that there should be a specific minister responsible for community care. The immediate plan is said to be an agency set up outside the NHS designed to tackle the crisis many authorities are now facing over those released from long stay hospitals.

Meanwhile the alternative to community care was spelled out recently in a report by the Health and Social Services Inspectorate of conditions at St. Edward's Hospital for the mentally ill, near Leek in Staffordshire. It appeared to suffer from all the worst failings of the old workhouse-style hospitals, rows of beds without screens between them, inadequate toilet facilities, lack of staff, substandard kitchens, dirt, lack of comfort and lack of funding. The annual furniture and equipment budget for this 700-bed hospital was £19,500. "The effect of the professionally isolated, drab, depressing and depersonalising wards for elderly people on newly-admitted patients, relatives and new staff is one of shock and anger", says the report.

(**Independent** 20.4.89, **Independent** 27.3.89), **The Times**

30.3.89 and **The Guardian** 30.4.89).

Ms. Fisher

Smear Test Backlog

Some 43 DHAs have reported backlogs of cervical smear test reports exceeding one month at December 1988, according to Health Minister David Mellor in the House of Commons on 21 March. The figures compare with 54 last September. The average length of backlog was, he told the House, 6.93 weeks as against seven weeks in September.

Vote Deal on Kidney Bill

Arguments to restrict time limits on abortion are likely to continue. In an attempt to ensure that the Bill outlawing the sale of kidneys passes rapidly through Parliament, a deal has been struck with "pro-life" MPs who want to add on to it an amendment banning the sale of foetal tissue. The latter have been promised a free Commons vote in this session of Parliament on the upper time limit for abortions provided they give the kidney Bill

a free run. The free vote will take place on a clause in legislation on the Warnock report on experimentation with human embryos and would suggest reducing the upper limit for abortion from 28 weeks to 24. However, pro-life MPs would be at liberty to amend this down to 22 or 20 week limits. (**The Times** 10.4.89).

Irradiated Food

A test developed at the Polytechnic of North London may be used to help combat illegal imports of irradiated food. It is believed to be the first to detect such treatment and it will be available at a price most public laboratories can afford. As well as indicating whether irradiation has occurred, it can also detect harmful or toxic properties in food. At present no one knows how much irradiated food is coming into the country and the Government is still considering banning it. (**Independent** 11.4.89).

Helpline at Risk

"Care Search" is a specialist computer service set up to help families find residential homes for people with mental handicaps. It provides details of these private, voluntary and local authority homes and is the only one of its kind in the country. It is now in danger of closing through lack of funds. With information on 740 homes, it can, for a fee of £10, provide details of which homes are best suited for caring for those with specific disabilities such as Down's Syndrome or Alzheimer's. Set up in 1983 it was originally run by Manpower Services but this scheme ended last August and the scheme is currently being run by one part-time worker. It will need £15,000 to keep it going for the next three years and those involved are trying to obtain funding from the Department of Health and local authorities.

* Care Search can be contacted at Kew Bridge House, Kew Bridge Road, Brentford, Middlesex TW8 0ED. Tel 01 847 3971.

Rise in Reports of Child Sex Abuse

Child sex abuse allegations made to the NSPCC increased by 24% last year in spite of fears that the Cleveland affair would deter people from reporting suspected cases. The number of allegations of sexual offences against children rose from 2,327 in 1986-87 to 2,876 in 1987-88. (**Independent** 13.4.89).

Advertising Services

It is expected that the Director General of Fair Trading will seek undertakings from the General Medical Council, BMA and Royal College of GPs that they will revise their guidance on the question of advertising services along the lines proposed by the recent report of the Monopolies and Mergers Commission and that the form it will take will be agreed within the next six months.

Information on Drugs

Over the next year explanatory leaflets will be dispensed with prescribed drugs explaining how the medicines work, possible side effects and what to do should they develop. After 1992 such information will become obligatory.

There is alarming public ignorance about drugs and a corresponding failure by the medical profession to convey vital information, perhaps because, until recently, patients have been prepared to play the passive role allotted to them. Some people who forget what the doctor or pharmacist has told them about the drug are too timid to ask again and printed information will act as a reminder. A survey of 9,000 Boots customers carried out in 1986 showed that over half did not know when or how to take their drugs and over 80% had not been warned against any side effects. 90% wanted more information regarding any risks. In the USA there has been concern over drug companies advertising the merits of their products along with information and it will be necessary for the new leaflets to be strictly monitored. (Guardian 12.4.89).

FROM THE JOURNALS

Fear of the Dentist

A postal questionnaire was sent at random to a sample of dentists of which nearly 60% responded. Anxiety was reported as a significant problem by 66% of dentists and information was gained regarding the techniques they used to try and allay patients' fears. The most common were "patient management" where every effort was made to put the patient at ease (something which, the report notes, does not seem to figure hardly at all in the post graduate training of dentists!) and anaesthesia. The frequency of the use of either intravenous or inhalation sedation varied according to the age of the patients, but only 55.3% of dentists in general practice had had any training in sedative techniques. (British Dental Journal 8.4.89)

High and Low Incomes in General Practice

The Review Body on Doctors' and Dentists' Remuneration deals with average incomes and costs but provides little evidence of the differences in income between practices. A recent study shows that high income practices (income per partner of more than £35,000 a year) are more likely to be larger, have younger partners and be located in affluent areas. Low income practices, where doctors earned less than £20,000, were smaller, located in urban areas and more likely to have Asian partners. High income practices have higher costs per patient and more staff resources, whereas low income practices have lower costs and fewer resources. General practice, says the report, is becoming increasingly divided between high income, high cost practices and the rest - perhaps another example of the Health Divide? BMJ 8.4.89)

Bone Density in Women and the Risk of Osteoporosis

Postmenopausal bone loss is now a major public health problem in developed countries and there is much debate on preventive measures which might effect a large reduction in this condition. A recent article in the *BMJ* (8.4.89) examines the results of tests carried out on 284 healthy women volunteers. Minor factors affecting bone loss included alcohol and cigarette consumption, very low body weight, lack of use of oral contraceptives and lack of exercise. Conversely women who breast fed their children and took regular exercise seemed marginally less at risk. However, the single most important method of preventing bone loss was the use of hormone replacement therapy. The trials also appear to indicate that taking calcium does not, in fact, affect loss of bone. However, the trials did not identify a way of showing which women were most at risk although alcohol intake in young women does have a hitherto unrecognised deleterious effect.

Information for Patients

An experiment was carried out at University Hospital in Nottingham to see if patients given a booklet, containing details of their admission and treatment, increased their knowledge and recall of what had happened when reviewed later in outpatient clinics. 65 patients were given booklets and 66 were not. Most of those who received the booklet showed an intelligent awareness of what had happened to them and knew what to do if, for instance, their drug supplies ran out. Most GPs thought the booklet a good idea and the experiment was considered a success. (*BMJ* 1.4.89)

Hepatitis B

Hepatitis B is rarely seen by most GPs as it is not endemic in the West but the problem is now serious enough for there to be community-based policies for education, testing, immunisation and follow-up treatment. There are two high risk-groups. The first are those at risk from blood borne or sexual transmission, e.g. intravenous drug users and homosexuals and those who care for them. The second group includes the Vietnamese and Chinese boat people, two fifths of whom in the UK are now carriers of the disease. Some 20,000 are now scattered throughout the country, most with young families. Hepatitis B is a disease of intimacy and often of the family unit which is why a community team has a unique role in tackling it. (*BMJ* 8.4.89).

Choice of GPs

Asian patients use of and relationship with GPs has not been well documented, although it has been shown (particularly by CHC studies) that relative lack of fluency in English causes problems, particularly for Asian women who often have to use relatives and children as interpreters.

The Journal of the Royal College of GPs (April 1989) carries the results of a study of 241 patients of Caucasian, Indian and Pakistani origin, attending a mixed gender and ethnicity general practice in Bradford to try to determine how patients choose GPs.

The results showed that patients less fluent in English were more likely to consult one of the Asian doctors fluent in their own language. Whereas two thirds of the white male GPs' patients were also white, two thirds of the Asian male GPs' patients were Indian or Pakistani. Although 62% of Pakistani women said they objected to being examined by a man they were more likely to consult the Asian male doctor who was fluent in a number of minority languages, than the white woman GP who was not. The report concludes that Asian women could have better access to female GPs if interpreting services were more widely available.

Assessment of the Needs of the Very Elderly

A survey was recently undertaken among GPs, Health Visitors and Community Nurses in Bath to see if they felt that those over 75 should be assessed for health care and if so, who should do it and what that assessment should consist of. The majority opinion was that such assessment was important and that it should be done at home, concentrating on the problems of daily living as well as the person's medical condition. None of the group felt they alone should be responsible for assessment but that it should be a primary health care team effort with the Health Visitor playing a prominent role. (**Journal of the Royal College of GPs** April 1989).

Dentists and Ethnic Minority Communities

It is estimated that 4-5% of the UK population originates from the New Commonwealth but the distribution is not equal. For instance, two thirds of all young children in the inner wards of Birmingham and one third of those in inner London, have parents who were born outside this country. Uptake of dental services is low in some of these areas yet here, as elsewhere, it should be accessible, acceptable and appropriate. But how are these objectives to be achieved? One major problem is lack of communication which results in delay in diagnosis and hampers treatment. Failure to understand different lifestyles, naming systems, dress, diet, ideas about personal hygiene and modesty can all lead to problems and irritation, leading some dentists to think of patients as "problem" patients. Dentists should, therefore, be trained in social and cultural skills as well as scientific and technical capabilities. It is important to study the needs of individuals of groups and adapt accordingly. The withdrawal of CDS facilities and of routine screening in schools could prove to be a backward step for people of Asian origin. (**British Dental Journal** 25.3.89)

Customers in the Dark?

A new series of booklets produced by York University's Centre for Health Economics, but commissioned by the DoH was launched at a conference of the same title last month: "The NHS and its Customers: Which way Forward?" One of the speakers, Sir Roy Griffiths said that the White Paper highlighted the need to make services more responsive to patients' needs. He added it will have "Failed abysmally if the patient doesn't end up getting better health care than at present."

The booklets centre on the efficacy of user surveys, how to get the best out of them and how they can sometimes go wrong. Badly thought out surveys with particular dimensions not specified and questions insensitively targetted, result in meaningless data.

The answer to good customer relations for Professor Ian McColl, Director of Surgery at Guy's Hospital, could be found in the new White Paper. "It will give the customer power and good service." He argued that the problems of the NHS could be largely put down to over-staffing and too much job security which "demeans the individual and results in poor service."

ACHCEW Director, Toby Harris, argued that managers can never fully represent consumer interests and that despite the encouragement of Sir Roy Griffiths, too little attention is paid to users' experiences. In assessing quality and satisfaction managers often omitted key areas and then needed to draw on CHCs; "The process of quality assurance is bogus without CHC involvement" he said.

AROUND THE CHCs

Darlington CHC is very concerned that children are being put at risk by the unsolicited delivery through letter boxes in Darlington of samples of Haliborange tablets. Parents are concerned that their young children might open the sample and consume tablets beyond the stated dose. The brightly coloured cardboard on which the tablets are mounted states that they should be stored out of reach of children. The CHC is taking the matter up with the drug company concerned and is worried that other tablets might be distributed in a similar fashion with disastrous consequences.

Central Birmingham CHC has raised a concern which is indirectly connected with the effects of the White Paper. One member, visiting his dentist for a routine check-up, was offered a scheme called "Denplan" which is a health maintenance scheme. He felt very uneasy at the possibility of "well-heeled" clients being offered private dental insurance under such schemes and suggested that although this matter is not directly connected with government proposals, it does raise anxiety about the general direction in which the NHS might move as a result of them. Have any other CHC members had similar experiences? If so, Central

Birmingham would like details. "Denplan Company Care" is advertised in a glossy pack complete with colour leaflets, charts, data and gives details of variations on the basic scheme, including one for companies.

Central Notts CHC has sent us details of an incident which has aroused its concern. The case is that of a woman, due to give birth on 4 May which is the date of the local elections. Her GP refused to sign her postal vote form, thus effectively disenfranchising her. The CHC contacted the FPC and was told the midwife could sign the form without permission from the GP, which she did. Pregnancy - and even childbirth - is not a condition listed as a reason for not attending the polling station as it is not considered to be an illness. But if you are in the middle of giving birth, says the CHC, it is pretty difficult to get along to the polling booth to vote. Has anyone else encountered this?

Hounslow & Spelthorne CHC has been trying now for nearly a year to find out the attitude of the Department of Health towards repeat prescriptions by GPs. The correspondence began in April of last year and elicited only a standard response that GPs were advised only to prescribe drugs for a 28-day period and to establish a review procedure for repeat prescribing. Following a suggestion that the CHC listed examples which concerned them the CHC sent details of a number of cases to the DoH last January. They include a stroke patient whose GP has not seen her for two years and whose husband collects her repeat prescriptions and a partially sighted, frail man who is the sole permanent carer of his wife (who is housebound) and who has collected her prescriptions unchecked for two years. A response from the DoH is still awaited.

Huntingdon CHC recently experimented with a new style format when visiting a local ward for elderly people. Instead of a CHC group arriving en masse and staying only a few hours, single members took turns as ward helpers in shifts throughout the whole day and evening.

The helpers did specific jobs such as serving meals and helping the nurses, but also had plenty of opportunity to chat with patients and their visitors. Overall the CHC was very pleased with the new format, feeling that it gave them a clearer insight into the services received on the ward.

Liverpool Central and Southern CHC writes to tell us that earlier this year it was decided that the CHC office would be closed at 12.30 p.m. each working day while a backlog of work was cleared and a review of its normal workload carried out. The results of the review were reported to its March meeting and it was reluctantly decided that the office would continue to close each afternoon for an indefinite period as lack of a third member of staff has meant that there is no other way of catching up on the

workload. The CHC feels that the only way it can offer full public access to its advice and information service - for which there is an ever increasing demand - would be if it were to receive more resources because as it is, it cannot provide such a service full time and carry out its necessary monitoring role as well.

North Bedfordshire CHC has written to its MP, Sir Nicholas Lyell, asking him to support the passing of the Citizens' Compensation Act. The CHC feels that any measure which makes it easier for compensation to be assessed in cases of disability and a fair sum agreed, would actually reduce the burden on the NHS by allowing, for instance, a patient to be returned to a home which has been fully adapted for their needs. In cases of bereavement it is obvious that money cannot compensate for the loss of a loved one but at least adequate financial compensation can help relieve the financial burden of the relatives of the person who has died.

Macclesfield CHC has worked with its Health Education Officer to produce an alternative to the FPC letter inviting women to have a cervical smear test. They had had a lot of consumer feedback about the FPC letter, one of the biggest drawbacks of which was that it was obviously a computer printout. The CHC felt that the letter should be simple and friendly to encourage women to attend for the smear test.

CHC PUBLICATIONS, REPORTS & SURVEYS

Take up of Cervical Smears and Other Women's Health Issues. The Institute of Nursing Studies at Hull University undertook a research project for **Grimsby CHC** on this important topic. The objective was to find out from women how important they felt smears to be, their knowledge of services provided, attitudes to health in general and to women's health in particular, attitudes towards authority, towards those whose opinion on health matters women value, whether they experienced any difficulties and how important they felt individual action is in determining their future health.

Two groups of women between 16 and 65 were chosen. The first, contacted via Well Women's Clinics, the FPA, Health Service workers and those concerned with occupational health, were invited to fill in a questionnaire. The second consisted of random interviews where interviewers called on women in council housing estates in their own homes. One of the interesting findings of the survey is that while there was some difference between the attitudes of the two groups and a slightly lower take up of services between the women on the estates (who also had more practical problems about seeking advice. e.g. large young families, husbands out of work, etc.) the differences were not as marked as might be expected which, say the writers, is a reasonably optimistic finding. It is hard to do justice to a report like this in such a small space so it is well worth getting hold of a copy from Grimsby CHC.

Plymouth CHC has written up two reports based on a series of visits to assess firstly Physiotherapy services and secondly Occupational therapy services across the district.

Generally both reports point to high quality services and caring attitudes amongst staff but also a need for more established posts and better facilities.

In relation to physiotherapy services the CHC noted that more clinics were needed and action needs to be taken over existing ones which are housed in out dated-premises and are poorly equipped. In relation to occupational therapy the CHC noted that inadequate funds meant that patients had to stay in acute beds longer. They recommended that a better service for the housebound, in particular, could prevent re-admission to hospital and short term convalescent beds in a peripheral hospital could be used to free acute beds.

West Birmingham CHC has produced edited transcripts of its seminar last April (1988) on District Ethical Committees. The seminar was intended mainly as a discussion and sharing event rather than presentation and prescription and was, therefore, strongly weighted to descriptions of local situations and trying to decide on "best practice" arrangements arising from these individual experiences. The seminar also covered confidentiality, consent, special interest groups and monitoring. A great deal of discussion centered on openness of proceedings and, interestingly, the use of placebos. The report also includes a number of very useful appendices which outline the terms of references and guidance of a number of local ethical committees. Available from West Birmingham CHC, price £3.00.

Croydon CHC has produced a report into Community nursing in the district which highlights how severe staff shortages are putting the existing staff under great pressure. A questionnaire sent out to GPs showed that 40% felt that the number of community nurses available was inadequate. This has had severe implications for patient care which has had to be rationed. The CHC uncovered examples of patients forced into residential care because of a lack of community support as well as poor responses to requests from carers for emergency help. Nurses too complained of cutting corners and no planning - "We stagger from one problem to another."

"What is Needed for the Disabled?" is the title of the report on a seminar held by **Great Yarmouth & Waveney CHC** last February. It threw up interesting discussions and the main recommendations were that there needed to be more occupational and physiotherapists, that disabled people should be far more involved in the planning of services (and in the design of buildings), that all staff should undertake disability awareness training, that there should be a Disability Clinic and Community Health team for the disabled and that the DHA should commission

relevant voluntary organisations to provide a whole range of advice and advocacy services.

Aylesbury Vale CHC has produced a Self Help Directory for People with Long Term Needs which is based on material provided by the organisations concerned and on known needs of those within that category. The CHC has found that it is particularly beneficial for people to be put in touch with others in similar situations and the Directory aims to do this.

Sunderland CHC has produced a Health Care Information leaflet based on an analysis of what contact with the public showed was needed. At present it is requesting comments and views on the leaflet from local Advice Centres and Voluntary Organisations which, so far, has been favourable. Copies from the CHC.

GENERAL PUBLICATIONS

We have received three new publications all on residential care.

Who Pays? Who Cares? is from the NCVO. It notes that some 315,000 people are now in residential homes, about half of them in those run privately. Once living in a residential home, the report points out, "individuals become totally reliant on the expertise, efficiency and goodwill of those caring for them. It must be the task of government, local authorities, voluntary organisations and the general public to protect the vulnerable people in residential care. Yet it is the contention of this report that the position of many of these people is being constantly thrown into jeopardy by the perilous and inadequate methods of public finance available for those in independent (private and voluntary) homes." Without sufficient funds voluntary sector providers teeter on the edge of financial collapse because they cannot obtain an adequate income. Individuals are being denied access to residential care and, in some cases, are now facing eviction from private homes. The report provides a strong critique of current funding and calls urgently for a new funding system. Available from the NCVO, 26 Bedford Square, London WC1B 3HV. Price £3.

Residential Care for Elderly People: The Consumer Viewpoint is published by the **National Consumer Council** and was a joint submission to the DoH by the four UK Consumer Councils. It calls for implementation of the Griffiths Report, for better registration and inspection of residential homes, for more information for consumers and for better complaints procedures. It recommends, among other things, that the systems of registration and inspection should be independent of service-providers and of registering authorities, that there should be two tiers of inspectorate (local and central), that the central inspectorate should set and review minimum standards and local inspectors have full powers to visit homes regularly and monitor

standards. All residential homes should be required by law to produce brochures or handbooks giving as much information as possible and should be required to operate a well-publicised complaints procedure. Available from NCC, 20 Grosvenor Gardens, London SW1W 0DH. Price £2.50

Health in Homes comes from the **Social Services Inspectorate** and is published by the Department of Health. Basically it sets out what the homes are supposed to provide and the standards they are supposed to operate, along with a Memorandum of Guidance. While not being as critical as the independent reports, it does pick up some very real problems, not least a shortage of outside nursing help in some areas. There is a list of topics on which "discussions" should be held from better facilities for the partially sighted to inadequate laundering of soiled clothing. However, there is no mention of the most important subject of all - the need for adequate funding. Available from the Department of Health.

On a similar topic, Caring by Day by the **Centre for Policy on Ageing** examines day care services for the elderly, concluding that these services have had an even lower profile than residential care. The book starts with a very useful definition of what good day care should be all about and then goes on to compare this with the reality; including analysis of current provision, co-ordination of services and transport arrangements. The book finishes with a very helpful chapter on monitoring and evaluating day care services, which may be of particular interest to CHCs. This includes discussion not only on measuring the service providers' objectives but also the value of testing consumer opinion and monitoring individual users. The appendix contains a checklist for the evaluation and development of day care services. Available from the Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Price £11.

Citizen Advocacy is a handbook produced by the **Citizen Advocacy Service** for people involved in setting up and running schemes, in which volunteers help those whose rights and wishes are being ignored. Examples are given such as that of the Down's Syndrome boy whose sister fought for his right to stay and be helped towards some kind of independence in his own home. It is well written, clearly set out and full of useful information. Available from National Citizens Advocacy, 2 St. Paul's Road, London N1 2QR. Price £6.

The **Association of British Pharmaceutical Industries** has undertaken an exercise in self-assessment and published the results in The Pharmaceutical Industry and the Nations Health. Much of the report is devoted to showing how valuable the pharmaceutical industry is to the national economy. Concern is expressed over the move towards "expanding generic medicine" as the industry feels that this might bring about a loss of funds

for continuing research. The report also includes some interesting statistics, for example in 1987 £2,162M was spent by the NHS on medicines - this averages out at 10p per person today and compares with 17p per person per day on newspapers, 37p on tobacco, 83p on alcohol and £1.87 on food. On the whole the industry appears pleased with itself, although it expresses concern over the "distress and social costs inflicted by premature death and disabling diseases on the British community". Most of the information is given in a simple question and answer form. There does not appear to be anything on iatrogenic (i.e. drug-induced) diseases. Available from ABPI, 12 Whitehall, London SW1A 2DY. Price £5.

Contractors' Failures from the **Joint NHS Privatisation Research Unit** should provide plenty of ammunition for those who are worried about how those basic services put out to tender are faring. Among the incidents reported is one involving Healthtex UK workers in Bristol, twenty one of whom were gassed last year and had to be taken for treatment themselves following an accident caused when the wrong chemicals were delivered and then mixed. They were being used for laundry. There are many instances of poor quality services, particularly with regard to cleaning, lack of clean sheets and clothing, shoddy work. Some catering contractors have been fined thousands of pounds for breaking hygiene regulations while other private firms have had their contracts terminated long before they were supposed to end. Airdale CHC is quoted as having visited a hospital "cleaned" by Taylorplan and finding silverfish, cobwebs and dust on wards, urine on furniture and carpets (some growing mould) and nursing staff who complained of the amount of cleaning they had to do. The report is available from the Research Unit at Civil House, 20 Grand Depot Road, Woolwich, London SE18.

Women and AIDS is the title of an important booklet from the **Health Education Authority** which looks at the problem as it affects women, considers the implications of AIDS and women, assesses the scale of the problem and considers a number of aspects including heterosexual contacts, reproduction, contraception, sex education, preventive medicine and how AIDS affects women as carers. While women have hitherto been considered as least likely to be affected, the booklet points out that already the total number of women with AIDS in Scotland has increased six times in the last three years, accounting for 6.9% of all Scottish cases. In the USA women now account for ten per cent of total cases nationally and in New York City AIDS is now the leading cause of death for women between the ages of 20 and 29 and will be the single largest killer of women of childbearing age by 1991. Available free from the HEA, Hamilton House, Mabledon Place, London WC1H 9TX.

Making a Splash is a really useful little leaflet of tips for publicity and distribution of information to carers. It sets out

clearly and simply what to do and how to do it so that you do not end up by producing publicity material which sits on shelves gathering dust! Available free from **King's Fund Informal Caring Support Unit**, 126 Albert Street, London NW1 7NF.

What is Community Care? comes from CMH and is a question-and-answer booklet about community care for people with learning difficulties. Available from CMH Publications, 5 Kentings, Comberton, Cambridgeshire CB3 7DT. Price 40p each, £3 for ten.

The National Council for Carers has produced an Information Pack which covers general information, help available to carers, caring for the elderly and the benefits involved. Available from NCCED, 29 Chilworth Mews, London W2 3RG. Price £1 to non-carers, free to carers.

Helping People with Poor Sight is an information pack intended for home helps and other staff working in the community. It is based on identified training needs and is particularly related to the problems of the elderly. It is, however, very expensive. The basic pack of slides, handbook and cassettes costs £79.20 plus VAT and the basic pack plus aids to daily living £140 plus VAT. From Visual Handicap Advisory Service, **Disabled Living Foundation**, 380/384 Harrow Road, London W9 2HU.

Soothing Pain Electrically is the title of a paper in the **Drugs and Therapeutic Bulletin** about the use of electric stimulation as an alternative to pain-relieving drugs. The Bulletin calls for long-term studies to determine whether this technique should be made more widely available. The equipment, which costs between £60 and £90, has been used to relieve pain in a variety of circumstances including childbirth, after amputation and in cases of malignant disease. Some patients use it continuously, others only when they are aware of their pain or to help them sleep. However, many clinical studies are poorly controlled with a lack of follow-up which is why long-term trials are necessary. The Bulletin is published fortnightly by the Consumers' Association and is available on subscription from the Consumers' Association at PO Box 44, Hertford SG14 1SH.

Help Yourself to Health by Imy Brown is about the **Catford Community Health Project** and is aimed specifically at women's health. It covers most female health problems from the onset of menstruation to the menopause and also looks at alternative medicine, stress and illnesses such as AIDS and Sickle Cell Anaemia. A useful booklet based on a useful project, to be particularly commended for its concentration on the problems of ethnic minorities and infertility as well as the more obvious areas. Available from Catford Community Health Project, 120 Rushey Green, Catford, London SE6. Price £2.95.

Good Practices in Mental Health Publications has produced a booklet on Mental Health Care for Ethnic Minority Groups. Available from GPMH, 380-384 Harrow Road, London W9 2HU.

The Rights and Responsibilities of Doctors from the **British Medical Association** is an extremely useful handbook containing information on the many aspects of doctors legal responsibilities. There are ten main areas covered including consent, confidentiality, drugs, medical practices, negligence, medical records and birth and death, all written in a clearly understandable style. The book was published in July 1988 and therefore does not include the Access to Medical Reports Act 1988, highlighting the need for frequent updating. However, the book should prove a concise and valuable guide in this complex area. Available from the British Medical Association, Tavistock Square, London WC1H 9JR. Price £7.95.

The CLEAR Guide to unleaded petrol outlets is available from the **Campaign for Lead Free Air**, 3 Endsleigh Street, London WC1. It is published in association with Volkswagen and is free.

Chaplaincy in Mental Illness and Mental Handicap looks at the increasing demands being placed on churches due to the inadequacies of the community care initiative. Many hospital chaplains are developing their ministry to mentally ill and handicapped people and this new booklet by the **Joint Committee for Hospital Chaplains** sets out guidelines for Health Authorities, Social Services Departments and CHCs on how chaplaincy can be integrated into community care. Copies from Rev. D.M. Main, 27 Tavistock Square, London WC1H 9HH.

A Plan for Patients - or Profits? is the title of a leaflet from the **Socialist Health Association** launched to alert the public to the implications of the White Paper. Available from SHA, 195 Walworth Road, London SE17 1RP. Price £1.50 per 100, £11 per 1000.

COMING EVENTS

Mental Health Promotion Conference The **Health Education Authority** is holding a Conference on this subject at Salford University from 23-25 July. It aims to raise awareness of mental health promotion among professionals from DHAs, local authorities and voluntary organisations, facilitating discussion about the most constructive strategies and disseminating good practice. Regional workshops will provide a continuing forum for this exchange. Each RHA is invited to co-ordinate a team to attend the conference. The suggested structure is - at least one Health Promotion/Health Education Officer, local authority representative and voluntary organisation representative, in addition to any individuals/professionals who may find the conference relevant to their work. Graham Holroyd, a Senior Health Promotion Officer in

Mental Health is organising the conference and can be contacted on Fridays only at Salford Health Promotion Unit (061-737-0566) for further details. Alternatively contact Lisa Browne, Adult & Family Health Programme, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX.

Transnet, the London Transport Technology Network is holding a seminar on Transport and Health on **25 May** at Friends House, Euston Road, London. It costs £25. Details from Transnet, 16 Warren Lane, London SE18 6DW.

Managing the Changes in Primary Health Care is the title of a conference organised by **NAHA** at Regent's College, London also on **25 May**. The cost is £86.25 for members, £109.25 for non members. Details, if you can recover from the cost, from Ann Mason, NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15

The Operational Research Society is holding a meeting on the setting up of Community Operational Research Networks on **5 June** at the Northern College, Barnsley, Yorks. Details from Diane Waring, London School of Economics, Houghton Street, London WC2A 2AE. The organisers would particularly welcome CHC input.

A study day for women living in London on the subject of HIV/AIDS is to be held at the **Terrence Higgins Trust** on **10 June**. It is particularly aimed at women not working in the field but who wish to know more. The day will include basic information in the morning, followed by group work in the afternoon on specific topics. It costs £10. For further details phone 01-831-0330 and ask for Women's Study Day Co-ordinator. If it is a success there may well be study days organised for women living outside London.

Blood Cholesterol Measure in the Prevention of Coronary Heart Disease is a development conference organised by the **King's Fund** from **26-28 June** at Regent's College, London NW1. The fee is £80 and details are available from the King's Fund, 126 Albert Street, London NW1 7NF.

Another **King's Fund** Conference. Acute Care At Home to be held on **29 June** at the King's Fund Centre. Details from Miss Pat Tawn, at the Centre, 126 Albert Street, NW1 7NF. Tel: 01-267-6111.

Contact-a-Family, the support group for children with disabilities and special needs, is holding a whole series of seminars nationwide. For details please contact them at 16 Strutton Ground, London SW1P 2HP.

The HEA's Community and Professional Development Division are helping to undertake a large public consultation exercise on the future direction of their work into the 1990s. At present public consultations are planned for:

London 14 July, Newcastle 17 July
Plymouth 21 July and Leeds 25 July

CHC members and staff are invited to take their comments on health promotion and community development to these meetings. For more details contact the Community & Professional Development Division at the HEA. Tel 01 630 0930.

INFORMATION WANTED

Harrow CHC would like to know of any surveys, etc. on CHC co-operation with local environmental groups re public health matters such as lead pollution, etc.

Hounslow & Spelthorne CHC ask if any CHCs have done surveys looking at why women attend Family Planning Clinics in preference to GPs under the auspice of a Family Planning Services Survey?

Greenwich CHC wish to know if any other CHCs have had reports of adverse reaction to the new M.M.R vaccine, particularly cases of paralysis.

South Manchester CHC want to know of any CHCs who have undertaken successful campaigns for the provision of local community facilities in areas of defined need.

North Devon CHC wish to know about other CHCs experience of five day wards, ie ones that close at weekends, how they work etc. They are particularly interested in how such wards serve the needs of people with a mental health problem, but feel comparisons could be drawn from wards serving other client groups, so all information is welcome.

DIRECTORY CHANGES

Page 1. NEWCASTLE CHC. New address:
13 Royal Exchange
The Bigg Market
Newcastle-upon-Tyne

Page 3. GRIMSBY CHC. New telephone no. 0472 354113.

Page 5. YORK CHC. New telephone no. 0904 630747.

Page 6. NOTTINGHAM CHC. New Secretary. Mrs. Hilary Gilbert.

Page 6. NORTH LINCOLNSHIRE CHC. New tel. no. 0522 545215.

- Page 7. SOUTH LINCOLNSHIRE CHC. New. tel. no. 0529 414195.
- Page 9. NORTH BEDFORDSHIRE. New Secretary: Paul Ethrington.
- Page 12. NORTH EAST ESSEX CHC. New tel. no. 0206 766599
" 757944
- Page 16. NORTH WEST SURREY CHC. Delete tel. no. 719 3635.
- Page 19. OXFORDSHIRE CHC. New Address. Tel No. remains the same.
Churchill House
St. Aldates Courtyard
St. Aldates
Oxford
OX1 1BN.
- Page 31. NORTH GWENT CHC. Mrs. Eira Barwood is Acting Secretary
since Mr. Kerry Charles' departure.