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**COMMUNITY HEALTH NEWS**  
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Association of Community Health Councils for England and Wales

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### Recognition for ACHCEW Chairman

ACHCEW knows it speaks for all member CHCs when it expresses warmest congratulations to our Chairman Mrs Wyn Pockett, who was named in the birthday honours list on June 17th. Mrs Pockett's MBE reflects her high standing over 15 years in the CHC movement and 3 years as ACHCEW Chairman.

### Scottish Health Councils

The Scottish Health Councils may be reprieved after all, says Labour's Scottish health spokesman, Sam Galbraith. Following talks with Scottish Health Minister, Michael Forsyth, Mr. Galbraith said the Minister had now agreed in principle that Health Councils should be retained despite the conclusions of a report from management consultants Arthur Young to the Scottish Home and Health Department, which is understood to have recommended scrapping them. If they are to stay then they are likely to be reduced from 45 to one for each of the Health Boards but with special consideration given to Boards covering large areas such as the Highlands and Islands and areas of large population such as Glasgow. A Scottish Office spokesman has, however, said that no decision has yet been taken as the Young Report is still being considered. The possible reprieve has been welcomed by the Association of Scottish Local Health Councils, the Scottish TUC and other bodies, not least ACHCEW as there have been fears that the scrapping of the LHCs could bode ill for CHCs. (*Health Service Journal* 8.6.89).

### Complaints and the GMC

The General Medical Council's decision only to tinker about with its complaints machinery has been greeted with almost universal disapproval outside the profession and with criticism from within it. Yet again the GMC has resisted pressure to introduce a charge of "professional misconduct" to deal with the cases which fall short of **serious** professional misconduct, the only charge the GMC can bring. Jean Robinson repeated her belief that the Council is failing to protect the public. "Shoddy practice can kill patients. Yet while the GMC refuses to alter the high threshold for serious professional misconduct, highly unsatisfactory doctors cannot be dealt with."

Certainly the GMC's proposals look like nothing more than minor adjustments - it will take another lay member on the Council to say that when the new machinery is set up (which will take up to two years...), no complaint would be concluded without any proceedings against a doctor, unless the lay members had first had an opportunity to consider the case and express a view. Just what good that will do if the lay members disagree is not made clear. David Bolt, a surgeon who chairs the Conduct Committee, said that the GMC often saw cases of "grotty" and "shoddy" work but these did not amount to serious professional misconduct. On the other hand, Terence English, the heart transplant surgeon who is soon to become President of the Royal College of Surgeons says that members know perfectly well when a doctor before them is

incompetent and that machinery to tackle this could undoubtedly be found if the will was there. The GMC's decision has revived the possibility of a Private Member's Bill aimed at changing the disciplinary procedure for doctors whether they like it or not, a move backed by Nigel Spearing, Labour MP for Newham South and Sir Anthony Grant, Conservative MP for Cambridgeshire South West. (**Independent** 3.6.89, **Times** 27.5.89 and **GMC Press Release** dated 25.5.89).

#### Botulism Research Centre to Close

The Government is to close a research centre investigating botulism and other food-related diseases. The Institute of Food Research, at Langford, Bristol, will be closed by the end of 1990. Most of the 115 scientists are likely to lose their jobs, although some may be transferred to other posts in Reading and Norwich. The decision was described by the BMA as "totally illogical" and the Institution of Professional Civil Servants said the closure was "disastrous in terms of the public interest".

Most of the 80 projects under way will be scrapped, including the studies of the risks of botulism in the food and catering industries. The Bristol Centre was opened by the Queen 21 years ago and has been at the forefront of research into the current epidemics of food poisoning and has rare facilities and expertise. It has already suffered funding cuts which brought to an end a project to design a cheap method of preventing salmonella infection in eggs. The closure is due to the withdrawal of Government funding for "near market" research, based on the policy that research which could be exploited commercially should be paid for by the relevant industry. At the time of writing 26 people are suffering from botulism poisoning and the number of food poisoning cases is 48% higher this year than last, with 16,844 cases reported by local authorities. (**The Times** 15.6.89).

#### Smoking is Killing Women

Lung cancer has now overtaken breast tumours as the leading cancer killer of women in Scotland and North West England and the rest of England and Wales is catching up fast. ASH (Action on Smoking and Health) and the Cancer Research Campaign are calling on the Government to ban all tobacco advertising, increase tobacco taxation above the rate of inflation and raise the legal age of tobacco purchase to eighteen. Dr. Bobbie Jacobson, Vice-Chairman of ASH, says that death rates from breast cancer had hardly changed, while terminal lung cancer in women increased. The death toll is worse in Liverpool where lung cancer killed 177 women in 1987 as against 132 deaths from breast cancer. Cigarettes are now killing nearly 100 women a day in the UK - more than any other single cause. Dr. John Dawson of the BMA commented: "If we stopped tobacco companies advertising and put into practice a sensible fiscal policy that would discourage young people from buying cigarettes, then we wouldn't have to suffer the illnesses."

### Fears over Maternity Services

More than half the branches of the Royal College of Midwives have difficulty providing a satisfactory level of maternity service. A report based on the College's Maternity Watch Campaign carried on during April 1989 and based on 184 branches in England, highlights a wide range of problems which have resulted in fears that the level of service provided now borders on the dangerous. Problems include: inadequate staffing levels, increases in the number of midwife vacancies, workloads that are too high for the number of midwives available, high levels of pressure and low morale, clinical grading problems and worries about the service being offered to mothers and their babies.

To pick out just a few examples at random... St. George's Hospital - staffing problems due to grading and appeals procedure, in-service education not provided because of work pressure, midwives unable to maintain team concept of care. Medway - morale very low, service being held together by staff doing overtime. On one maternity ward 50% less midwives than there should be. Midwives now thinking of refusing to work overtime. Wirral - 27% of staff not available for duty at any one time. Rotherham - mothers being discharged early. County Durham - low staffing levels which "can lead to dangerous situations" on Labour Wards.

Copies available from: Malcolm MacMillan, **Royal College of Midwives**, 15 Mansfield Street, London W1M 0BE. Tel: 01 580 6523.

### Drop in Organ Donors Leads to Deaths

Up to a hundred people might have died last month as a result of a drop in the number of donors of hearts and kidneys, following the publicity given to the Turkish "kidneys for sale" scandal. According to figures released by the UK Transplant Service, the number of heart donors since January has dropped by 20% and the number of kidney donors by 11%. There are now 480 people awaiting heart transplants, an average of one in five on the waiting list dying before they can get one. Most of the kidney patients who died while waiting were on what is called the "silent" waiting list, i.e. they are elderly so cannot get a place on scarce dialysis machines. Nearly 1600 patients had kidney transplants last year, but there are now 3,800 waiting and the number is increasing. Some MPs are asking for a "required request" clause to be inserted into the bill outlawing the sale of kidneys which is presently before Parliament.

On the same subject the **Institute of Medical Ethics** has published a paper on the buying and selling of kidneys written by Dr. Raanan Gillon which might well prove somewhat contentious. He argues that outlawing one possible means of increasing the supply of much-needed organs places a heavy obligation on the Government to find other ways of meeting the needs and that while selling an organ say, to buy a new car, would not be acceptable, receiving a financial reward for giving a kidney to a relation or friend

might well be acceptable so long as the offer was entirely voluntary. "If someone wants money in order to help a dependent in real need, then selling a kidney to someone else would not be a selfish act". For this and details of other Briefing Papers contact Briefings: Institute of Medical Ethics, 4th Floor, 11/13 Cavendish Square, London W1M 0AN.

### Rubbish in, Rubbish Out!

That's what they say about computers.... Errors in the DoH computer programme have, apparently, reduced to "gibberish", indicators used to monitor DHAs' performance. The 2,500 indicators measure the number of patients treated per consultant, cost of services and how efficiently they are managed. The extreme variations thrown up in the past have enabled Health Ministers and Tory MPs to state that the NHS is inefficient. Publication of the "improved" indicators had been promised to MPs before the Parliamentary session ends in July. But it seems some 1000 of the first 1200 indicators checked contain errors and it is too late to check the remainder before release. Errors range from simple mistakes in multiplication to incorrect denominators and numerators for figures - e.g. a total population of 153,000 comes out as having 1,300,000 children... Another DHA is said to be employing 140,000 hospital consultants. A spokesman for the DoH says: "There are some problems with the software and we are putting them right". (**Independent** 5.6.89)

### Medical Mishaps to Women

The number of women dying from mishaps during medical care rose by nearly 40% during 1988 according to the report of the Office of Population Censuses and Surveys. These are deaths from medical accidents, abnormal reactions or late complications. However the number of male deaths actually dropped. (**Doctor** 15.6.89)

### GP Budgets

The first workshops for GPs interested in budget holding have given away little further information as to what the scheme will mean in practice for those involved. The workshops have been set up by South West Thames RHA to give GPs the opportunity to discuss the concept. The RHA will then be choosing practices that want to be budget holders and fit the criteria by December. (**Pulse** 17.6.89)

### Old People and Dependency

Many elderly people who are cared for in the community are more physically and mentally dependent than those in residential and nursing homes according to a survey carried out in Cheshire. The survey, conducted by the DHA and local authority, looked at dependency levels among people in both local authority and private homes and compared it with those in the community. It was concluded that the issues raised by Griffiths must be addressed urgently. (**Community Care** 15.6.89).

### GPs Bar Addicts for Fear of AIDS

Drug addicts are being turned away from GP surgeries because of the AIDS risk they carry, according to a survey of GPs in England and Wales. Less than half were prepared to take injecting drug users on to their lists. 6% of GPs told addicts to find another doctor. The survey showed that half the GPs found it hard to talk to drug users about their lifestyles and most were nervous about counselling gay men with HIV. Most had difficulty, in fact, in talking about sex with patients regardless of their sexual orientation. GPs were also less likely to offer advice about HIV to low-risk patients, and only a very small proportion were likely to broach the subject with women who were pregnant, seeking contraceptive advice or who had presented for a cervical smear. The survey was carried out in Newcastle. (Doctor 15.6.89).

### Health and Safety Blitz

Health and safety inspectors carrying out a blitz in Sunderland found employees at risk in 358 companies they checked. In 17 cases they ordered dangerous machinery to be switched off. The survey was being carried out as a national test bed to discover how health and safety conscious both employers and workforce were. The result, which revealed widespread ignorance of legal requirements, will go before the Chief Inspector of Factories. As well as machinery like circular saws running without protective guards, the inspectors found building scaffolding not tied to walls, underground excavations being carried out without supports, unprotected inflammable gas tanks and a dangerous lift. 25 people had no access to hot water. (Independent 14.6.89).

### Consultants back only six "opt outs".

Only six of the hospitals which have applied to become self-governing have full support for the application from their consultants, says the BMA. In most cases, hospitals were being put forward for self-governing status because of pressure from hospital managers or because of fears that they might not otherwise attract funds. Following Government announcements that 200 hospitals were interested in opting out, the BMA conducted its own survey. Some on the list included tiny hospitals, like that at Much Wenlock, marked down for closure. Mr. Paddy Ross, chairman of the BMA Consultants said that many of the perceived advantages of opting out, such as money "following the patient", could be achieved by properly executed resource management. "I believe we are entering a period of potential destabilisation of the NHS and there is only one group who can counteract the adverse effects and that is the consultant body". The BMA is sending out an information pack to hospital consultants on the implications and pitfalls of opting out. (Independent 16.6.89)

### Health Mobiles

A fleet of ten mobile eye-screening units has been launched to

help prevent blindness among Britain's one million diabetics. The first units, run by the **British Diabetic Association**, will go to East Anglia, Merseyside, Scotland and Ulster. The following authorities are also using mobiles to promote good health - Peterborough HES, East Herts HED, Mid Essex HPU, City & Hackney HED, Eastbourne HA, Swale Borough Council, East Dorset HEU, North Devon HPU and North Staffs HEU.

## **PARLIAMENTARY NEWS**

### Future of Welsh CHCs

MP Barry Jones asked the Secretary of State for Wales if he would indicate which CHCs would be merged on the proposed reorganisation of the NHS in Wales and if he would make a statement on the subject. The reply was that the proposal in the White Paper was for the establishment of one CHC per DHA. However, no decisions had yet been taken and a consultation document on the matter would be published in the summer. Mr. Jones also asked how many Welsh Hospitals had expressed interest in "opting out?" The answer was "none". (Hansard 25.5.89).

## **FROM THE JOURNALS**

### GP Practice Annual Reports

The Royal College of GPs sent out questionnaires to those practices known to produce annual reports, and doctors were asked what data they included, to whom they circulated the report, what problems and benefits they encountered and their opinion of the Government's proposal to encourage such reports. The information most frequently included in the reports, apparently concerned the practice workload and the main benefit mentioned was facilitation of planning within the practice. It appeared that few practices made use of data from outside and several commented on the difficulties of obtaining good quality data from the practice. The report concludes that although annual reports are useful as internal documents for the use of the GPs, it will be necessary for there to be standardisation of definitions and format, along with support from FPCs and HAs if more practices are to be encouraged to produce them and if the information they contain is to have a broader role in planning for primary health care. (Journal of the Royal College of GPs June 1989).

### Teenage Health Concerns

485 students aged between 12 and 17 years, attending nine comprehensive schools in the London borough of Brent, completed a questionnaire about health-related behaviours and health concerns. The survey was set up and funded by St. Mary's Hospital Medical School. Altogether 313 girls and 172 boys completed the questionnaire, 450 of which were between 13 and 15 years old, the average age overall being 14. 156 described themselves as black Asian, 112 as white, 91 as Afro-Caribbean, 59 as Irish and

67 as belonging to other ethnic groups. The parents at one girls' school objected to their answering questions relating to sexuality and the students there were instructed to omit them. The overall response rate for the remaining questions was 97%.

The areas about which they most frequently reported being quite, or very, concerned with were nutrition, unemployment, acne, overweight, menstruation and exercise. After sexually transmitted diseases, these were the subjects - apart from unemployment - they most frequently expressed a wish to discuss with a doctor or nurse. Girls were more likely to want to discuss contraception than boys. Sexual abuse was reported by 34 girls and five boys (although few wanted to discuss it) and 26 students wanted to discuss fears of homosexuality. 23% of girls and 19% of boys confessed to smoking, over half reported drinking under age and 29 drank every day. (The higher proportion of smoking among the girls appears to mirror other surveys). 31 students reported illicit use of drugs (one or two admitting to using cocaine, heroin and/or LSD) and eight were into solvent abuse. Interestingly, most of the schools had no formal health education programme at all and in none of them were health professionals available for discussion of the issues under study. This report concludes that there is a need for more comprehensive health education in schools and for primary health care professionals, particularly GPs, to raise these issues with their teenage patients when an opportunity arises. (**Journal of Royal College of GPs** June 1989).

### Backpain

A randomised controlled trial was used to find out how useful patients found an educational booklet on back pain. The patients attended five group practices over the course of a year. While the booklet had no immediate effect on the number of consultations for back pain, in the period from two weeks to a year after receiving it, fewer patients in the group receiving the booklet consulted the GPs about back pain. Referral to hospital, physiotherapy, admissions to hospital and laminectomies were all less common in the booklet group, the reduction in the combined referral rates being statistically significant. Replying to a questionnaire at the end of the year, 94.1% of patients said they had read the book and 84% found it useful. They also knew a good deal more about the causes of back pain. The result suggests that the booklet had an effect on the patients and was appreciated both by them and the GPs. (**Journal of the Royal College of GPs** June 1989).

### Insufficient Access to Treatment Centres

Many drug dependence treatment centres have not moved to achieve the flexible and responsive services called for in the Advisory Council's first report on AIDS released over a year ago, according to the **Release Newsletter** (June 1989).

Far from providing an easy access service attractive to drug users, waiting lists, motivation-testing assessments, and



reduction only prescribing are still commonplace. This has been confirmed by questionnaires returned to the Institute for the Study of Drug Dependency by 24 treatment centres in the UK. Instead of revamping their procedures, many centres now allow people known to be HIV infected to bypass the restrictions and waiting lists, flying in the face of advice that all clients should be treated as if they were infected. One chilling finding was that some patients appeared dismayed at having a negative HIV test and some sought to become infected in order to jump queues and gain access to prescribed drugs denied to non-infected patients. One reason given for the inadequate changes in some treatment centres was "the deeply entrenched attitudes on management of drug misuse by withdrawal".

#### Patients "left in the dark"

Patients' rights are going to the wall because doctors have neither the time nor the inclination to explain medical and surgical treatments to them, according to **WHICH** (June issue). As a result many do not understand their rights. It wants the Department of Health to make it clear on consent forms that patients have the absolute right to know about proposed treatment, the alternatives, and the risks of operations. The DoH is currently revising guidelines on the subject. Medical students rarely get training in medical ethics, continues **WHICH** and underestimate how much patients want to know. Surgeons in Dundee did a survey of 100 patients following operations and 27 did not even know which organ had been operated on. The magazine asks for a commitment from doctors and courts to the doctrine of informed consent and fact sheets on different operations and procedures.

Non-Attendance or Non Invitation? is the title of an interesting paper in the **BMJ** (20.5.89). It details a study, undertaken by the Department of Community Medicine at the University of Wales, into why people did not turn up for appointments at out patient clinics. The reasons given were compared with those received from people who did attend. The first finding was that there was no significant difference between attenders and non-attenders as regards severity of the illness, symptoms, clinical characteristics or social background although those not attending did tend, slightly, to be younger, marginally less disabled, employed and suffering from marginally less serious clinical conditions. However, the overriding reason for non attendance appeared, quite simply, to be due to the very short notice given to patients of their appointments. Half reported a week's notice or less which, says the paper, "is clearly inadequate". Longer notice would permit patients to reschedule other commitments. Some patients too did not seem to have any clear understanding as to why they were being referred and this ignorance can only be remedied by improved communication between patients and their referring doctors. The study suggests, says the **BMJ**, that client factors may not be as important in explaining failed appointments as is commonly supposed. Better organisation is what is needed to prevent low non-attendance rates, something already proved in the USA and Canada and this should be tried before attributing it to,

in the words of the then Under Secretary of State for Health, John Patten, "the need for patients to recognise their moral responsibility to turn up on time for appointments in order not to waste valuable NHS resources...".

### Reforming Death Certification

The BMA, Coroners' Society and Office of Population Censuses have approved proposals to reform the system of death certification. The BMA has been pressing for changes for 25 years. The aim is to reduce stress on relatives, a main worry being the delay in issuing a certificate which occurs when a doctor who has been treating a patient is not available to sign the certificate. Such cases must be reported to the coroner by the doctor who views the body, via the registrar. Under the new system the doctor would report directly to the coroner to speed the issue of a certificate. The new proposals will also bring registration of stillbirths into line so that it can take place up to five days afterwards, not three as at present. This means the family could treat what has happened as a death in the family and even name the child if they found this helpful. It is also proposed to lower the gestational age from 28 weeks to 24. All that is needed now is Parliamentary time for the proposals to become law. (BMJ 13.5.89).

### AROUND THE CHCs

Calderdale CHC has asked us to draw attention to the Maternity Alliance Premium for Pregnancy Campaign. The "premium" would be an additional allowance to be paid on top of income support. Calderdale supports the proposition largely on health grounds - for example, the cost of the kind of diet recommended to a pregnant woman to ensure her health and that of her baby is estimated to be at least £14.06 at 1988 prices. This amounts to:

26% of income support for a couple aged 18 or over  
40% of income support for a single woman aged 25 or over  
51% of income support for a single woman aged 18-24  
68% of income support for a single woman aged 16-17

The CHC points to growing concern over perinatal mortality and notes that contributory factors could be the woman's health before and during pregnancy and dietary deficiencies. Apart from health and diet, a single woman may also suffer from extra mental and emotional stress while the cost of providing a basic layette for a baby is now put at £250 even including second-hand items. If these two amounts are put together, plus the cost of essential maternity clothes, the total weekly cost is about £25.16, nearly 75% of income support for a woman over 25, while single women under 25 would not even have enough money to meet the costs. Calderdale has raised the matter with its MP.

Warrington CHC has been in correspondence with the Health Education Authority with regard to the availability of testicular self-examination leaflets. This came about following an approach

by a local GP for financial support for the purchase of such leaflets as some are available from a private company, McCormack Ltd., Health Care Marketing and Information, at a cost of £70 for 500 leaflets. Warrington notes that it is not in a position to provide the necessary finance but considers that such leaflets should be freely available to patients, as are the Breast Self-Examination leaflets produced by the HEA, as the dissemination of information on this subject is vital if the disease is to be detected in its early stages. As well as suggesting that this should be something the HEA takes on board, Warrington would like to hear from any other CHCs if they are aware of leaflets on testicular self-examination being freely available for GPs to give to patients.

### "Building a Healthy Birmingham" Needs More Than Words

So says the joint Committee of Birmingham CHCs commenting on the RHA's "Building a Healthy Birmingham" proposals. The CHCs note that there is a real danger that community staff just will not have the resources to care for the increased numbers of patients being discharged from hospital under the new plan. The £10M it is proposed to transfer to community care will not be sufficient to cope with the extra work the community services will be faced with and as there will be a corresponding loss of hospital beds, patients will have to be discharged earlier to keep up with the workload. Consequently there will be even more pressure on the community services as staffing levels are already well below accepted norms. The CHCs' response is part of a consultation process which is finishing on the 31 July, and they will be putting their counter proposals to the RHA. These will include comments on the level and nature of community care as the success or failure of the proposals - so far as patients are concerned - rests on the ability of the RHA to provide sufficient resources. The CHCs feel that far more work on the subject is needed before the new proposals take place.

### **CHC REPORTS, PUBLICATIONS, SURVEYS, ETC.**

Monitoring The Closure of Middleton Hospital is a report published by Leeds Western CHC monitoring the closure of the hospital and the opening of "new" wards at another. This is a very detailed report which looks carefully into the run up to closure (which the CHC agreed to), the closure, the transfer of the patients and how they got on once moved and, once again, this is a report which should be read in full. The CHC points out that frequent changes of plan at both District and unit level created an atmosphere of uncertainty which made it difficult for patients and staff to decide on their futures. Initially there were problems in the provision of information for patients about moves and discharges. However, most of the elderly patients involved seemed to prefer the new hospital as it had more facilities and was more conveniently situated than the old. However, there is a list of recommendations arising from the move, including better liaison and preparation for care in the community.

**Waltham Forest CHC** has produced an excellent Women's Health Directory covering a very wide range of problems including fertility, infertility and sex, cancer, physical disability, incontinence, chiropody, relationships, mental health problems, addictions, preventive health and complementary medicine, along with listings of statutory, voluntary and self-help groups. It is both well written and very well designed and on its back cover gives a note of what is inside in eight ethnic minority languages which details who will be able to help with its translation.

**East Dorset CHC** has published A Report on Four Day Hospitals in its area and finds the work they do very valuable. But there are problems, including the obvious ones like staffing. However, East Dorset highlights transport as causing special difficulties particularly as there is so little public transport. Patients travel by ambulance, hospital cars, private cars (usually driven by relatives or carers) and if none of these are available it does mean that patients' attendances and overall occupancy of these hospitals are limited. Among its recommendations the CHC suggests that the day units might consider having their own transport.

**GLACHC** has published a report by Rory O'Kelly entitled Pricing the NHS - A Resource Management Initiative. The GLACHC paper suggests that this system neither improves services nor saves money, that it confuses responsibility within the Health Service and that it creates an unnecessary division between staff and users. It is summed up as, "Paying people public money to play monopoly." Price £1.00 from Greater London Association of CHCs, 100 Park Village East, London NW1 3SR.

#### **GENERAL PUBLICATIONS**

**NHS Fighting for Its Life** is a leaflet produced by Health Rights, the national co-ordinating campaign set up to defend and improve the NHS. It sets out clearly and simply the issues raised by the White Paper. It gives a possible case history where a woman, suffering from stomach pains, is given an anti-ulcer drug by her GP who has "opted out", controls his own budget but has overspent it. As he has to economise this is cheaper than sending her for a diagnostic test. A month later the patient collapses - she has stomach cancer, not an ulcer. Fictional yes, but it could happen. This leaflet and other publications from Health Rights, 344 South Lambeth Road, London SW8 1UQ.

**So Bircheater Needs a Hospice..** is a guide for those concerned with the establishment and operation of hospices published by the Department of Community Medicine of Sheffield University and sent to us by Sheffield CHC. It really is an A to Z of what to do, from setting the project up to how best to operate it, based on the experiences of those who have actually been involved and it should be very useful. Obtainable from the Department quoted above, University of Sheffield Medical School, Sheffield S10 2RX.

The rising incidence of smoking among young girls of all social and economic backgrounds should be worrying us all. It is the only group where there has been such a marked rise; smoking is actually decreasing almost everywhere else. The ASH Women's smoking group has produced a booklet on the issue **Teenage Girls and Smoking** and it notes that whatever the tobacco industry might say about its advertising not influencing young girls (if not, one might ask, then why bother to advertise?), it is clear that it does - even very young girls can actually identify specific brands without being shown their names, so potent is the imagery. Price £1.50 from ASH, 5-11 Mortimer Street, London W1N 7RH.

**Drinking Problems - A Challenge for Every Doctor** is a booklet from the Department of Health aimed at raising awareness among GPs. However, if it is as influential as the similar one on smoking instanced previously, one does wonder as to its value, especially as it is couched in terms worthy of the old **Janet and John** primary readers! Available from Leaflets Unit, P.O. Box 21, Stanmore, Middlesex HA7 1AY.

**Living Options in Practice** is a brochure from the King's Fund about a project undertaken through the Fund's Centre and the Prince of Wales Advisory Group on Disability, to encourage the development of comprehensive local services for people with severe physical and sensory disabilities. For copies of the brochure and further information contact: Living Options in Practice, 126 Albert Street, London NW1 7NF.

A most interesting publication comes from Mrs. Gill's Indian Kitchen, a private organisation which has produced **A Short Guide for NHS Catering Staff** to help them provide nutritious food for ethnic minority groups. It would be useful to anyone catering in this way but, more than that, it would also help health visitors, etc., to give advice on diet as it explains clearly which groups eat which foods and why. Too many assumptions are made, it says, about what people eat "it cannot be assumed that because a person is from Ireland he must like Guinness or eat snails if he comes from France..." If you would like a copy write to Mrs. Gill, Mrs. Gill's Indian Kitchen, The Spice House, Hastingwood Trading Estate, Harbet Road, London N18 1HR.

The Screening Helpline run by the Women's National Cancer Control Campaign continues to offer information and emotional support on cervical and breast cancer screening with experienced female health workers to answer all calls, which are treated in the strictest confidence. Topics covered include details of tests, explanation of results, further investigations and treatment results require it and all information has been checked for accuracy by medical experts. Callers with diagnosed invasive cancer are referred on to appropriate agencies. **Free publicity leaflets and posters are now available.** From Helpline, WNCC, 1 South Audley Street, London W1Y 5DQ.

**Getting Out, Staying Out** is the title of a book published by the Council For Voluntary Service on the subject of care in the community. It looks at it from the user's point of view and how

he/she sees problems, needs and facilities and how best to live as near normal a life as possible. Available from CSV, 237 Pentonville Road, London N1 9NJ. Price £2.50.

**The Disability Rights Handbook** has now reached its 14th edition and is currently available. It is a guide to rights, benefits and services for all people with disabilities and their families and carers. Three quarters of all people with disabilities - i.e. 4.3 million people - depend on state benefits as their main source of income which are way below those of people without disabilities. The authors of the guide point out that as the guide is based on material collected back in 1985 it takes no account of the massive benefit cuts that have hit over a million people with disabilities since the 1988 benefit changes. 40% of people interviewed said it was hard to get any information on what benefits they were entitled to, 45% had not even heard of Attendance or Mobility Allowance. The Guide is available from Disability Alliance, 25 Denmark Street, London WC2H 8NJ. Price £3.75 post free.

**The Health of Doctors** published by the Kings Fund is obviously aimed specifically at doctors but might well be of interest to CHCs coping with complaints about GPs, etc. Available from King's Fund Publishing Office, 14 Palace Court, London W2 4HT. Price £2.50.

**Medical Libraries, A User Guide** is published by the BMA, and includes sections on finding your way around, understanding the classification system, computer searching and availability of libraries. Price £6.95 (including postage) from Professional Division Publications, P.O. Box 295, London WC1H 9TE.

Also from the BMA, **Aids and Human Rights, a UK Perspective** by Paul Sieghart. This really is very good indeed and long overdue. It is also extremely comprehensive. It should be required reading for all those who come into contact with AIDS on a professional level but, more than that, it really should be required reading for us all. The author, who was chairman of the European Human Rights Foundation, Honorary Visiting Professor of Law at King's College, London, and involved in many organisations, learned just before he died in December 1988 that he had been nominated for the Human Rights Prize of the Council of Europe. The book costs £10.50 but it is something that, perhaps, should be on the library shelf of all CHCs. Available from BMA Foundation for Aids, the BMA, at the address given previously.

The Health and Social Welfare Department of the Open University has produced a range of educational packs, initially designed for their students but also considered to be useful to other interested groups. They include **Child Abuse and Neglect, Caring for Older People, Mental Handicap - Patterns for Living and Education for Health**. Full details of courses, these and other packs and publications from Jennifer Rook, Department, of Health & Social Welfare, Open University, Milton Keynes MK7 6AA.

The Health Education Authority has produced various publications aimed at women as part of its ongoing Health Education for Women project. These include: **Women and Health: Activities and Materials for use in Women's Health Courses and Discussion Groups** (£5. + £1.50 postage) and **Health Education for Women: A report and evaluation of work in the WEA North Western District** (£3 plus postage). Available from: WEA North Western District, 4th Floor, Crawford House Precinct Centre, Oxford Road, Manchester M13 9GH.

**Women and Depression: Lets Start Talking** is written by two women, Jo Rosenthal and Brid Creally who combine their experiences of working with depressed women with those of having depression themselves as women. They look at the personal experiences of depressed women along with the social context of being a woman in a male-dominated society and how this increases the likelihood of women experiencing depression. The booklet plans to take knowledge out of an "expert" setting and share it with women so that they can begin to understand and thus act to deal with their depression. The booklet hopes to do this by encouraging women to talk together about loss, anger, events in childhood and where to look for support. A list of useful organisations is included. Available from MIND Mail Order, 4th Floor, 24-32 Stephenson Way, London NW1 2HD, price £1.50

**Psychological Problems in Primary Health Care** looks at the role of clinical psychology in the primary care setting, although written by a clinical psychologist. The author, Eric Button, intends that the skills/lessons set out in the book could be used to assist whenever the primary care team worked with psychosocial problems, GPs, health visitors, district nurses etc. This book look at types of problems experienced in primary care, noting that anxiety and fear, along with long-term stress or repeated anxiety are the most frequent, although phobias, depression, addiction, relationships and social problems are also discussed. The development of the personality across the life span and a section on how to stay healthy as a helper ends the book. The book is written in a simple and jargon-free manner, concentrating on sharing basic information whilst giving plenty of references for further reading. Very much a good 'first reader' for anyone wishing to increase their knowledge of this subject. Price: £12.95. Published by Croom Helan Ltd., Provident House, Burrell Row, Beckenham, Kent BR3 1AT. ISBN 0 - 7099-5053-5.

**Equality in Practice: A guide to Equal Opportunities** by Barashada Sinacenta, is written specifically for community groups who wish to draw up an equal opportunities policy to fit their organisation, emphasising the need to ensure the policy and make it work. The pack contains: an equal opportunities statement giving profiles of different people and beliefs which experience discrimination. Each sheet has a series of questions designed to highlight the accessibility or otherwise of the organisation for each specific group and hopefully induce action where procedures or attitudes discriminate. There are guidelines on recruitment policies, how to be a good employer, along with a section on how to ensure services provided by the group are

accessible to all those who fall into their client group, i.e. all elderly people, all tenants etc. This set of papers is excellent for any group wishing to begin to address the issue of equal opportunities. Voluntary groups in Sheffield, price £4.00 plus 55p. p & p. Voluntary and non-voluntary groups outside Sheffield, price £9.00 plus 55p. p & p. Available from: Non-Statutory Co-ordinating Groups, 2nd Floor, Sheaf House, Leadmill, Sheffield SL 2BP.

**Anti-Racist Resources: A guide for Adult and Community Education** compiled by P. Gordon, A Massil and D. Rosenbery. The resources covered in the guide intend to be useful for teaching about issues of race and anti-racism, but also for integrating an anti-racist perspective into the work of community and adult educators. Resources range from: bibliographies, books, pamphlets and articles, journals and magazines to bookshops, films, videos and their distributors, posters, exhibitions and their distributors to photographic agencies, museum galleries and theatrical groups. Three interpreting agencies are listed along with a host of other organisations, some specialists such as the Black Health Workers and the Standing Conference of Ethnic Minorities; Senior Citizens and others more general like NCVO and Pensioners Link. Price £3.25 p & p inc, from: King's Fund Publishing Office, 14 Palace Court, London W2 4HT.

#### A.I.D.S & HIV issues

**A.I.D.S: models of care** edited by M Bould and G Peacock gives 24 view points on care for people with A.I.D.S looking particularly at the statutory services approach in Edinburgh and London, but also assessing voluntary sector initiatives. Hospital services are covered but the emphasis is on care in the community and effective links between hospital and community. The principle of choice, cost and finance, joint planning and management commitment in developing district strategic plans are explored. As with so many areas of care, "funding" is identified as a major hurdle even when trying to co-ordinate and make best use of existing services. Two people with A.I.D.S write about their direct experience of service delivery. One was treated in a very caring manner, the other an ex-addict felt his care to be poor and the distrust he experienced resulted from stereotypes connected with drug use. The book is a useful resource for anyone looking at planning service provision for people with A.I.D.S. Available from the King's Fund Publishing Office, 14 Palace Court, London W2 4HT. Price £3.25 inc P&P.

**Housing is an A.I.D.S issue** looks at the present provision of housing for people with A.I.D.S and the predicted future needs, within the context of present housing policy and provides a strategy for future action. The writers talked to a wide variety of individuals and organisations involved in housing, A.I.D.S or both, ie the A.I.D.S and Housing Project set up to investigate such issues. The report also looks at the need to



involve consumers in planning the development of services and improve public education so that housing projects are not blighted by public hostility or fear.

The report assesses special projects set up to provide housing to people with A.I.D.S, emergency housing for the homeless such as hostels, housing provision through drug projects, local authority housing, housing association provision, home ownership and the private rented sector. Many of these areas prove problematic at the best of times but for people seriously disabled by life-threatening illness these problems are exacerbated and their need for support services are often greater. The report concludes that: "While a number of important initiatives are taking place in the housing field, we are concerned that the level of specialist provision is entirely inadequate to meet the predicted level of demand in the next five years". The provision of adequate housing for people who are seriously ill is a very real issue and this report is a useful resource upon which to base discussions aimed at increasing provision.

Written by Raynsford and Morris the report is available from The National A.I.D.S Trust, Room 1402, Euston Tower, London NW1 3DN. Price £7.

A variety of reports have been produced by the **Local Authority Associations Officer Working Group on A.I.D.S** on a number of subjects pertinent to the needs of people with HIV infection. Although written from a Local Authority view point there is much in these reports which is highly pertinent to health authorities and voluntary organisations.

**Housing and HIV Infection** sets out guidelines for housing authorities on how to work with people with HIV or A.I.D.S. The report clearly identifies HIV infection as different from other people with a life-threatening illness due to the level of discrimination they face. The report's guidelines cover planning co-ordination, confidentiality, training, harassment, homelessness and advice and information amongst many other topics. Price £3.50.

**Local and Regional Networks and HIV Infection** looks at the ways local authorities can network informally with other groups such as health authorities to produce effective joint responses and practical help, support and information for people with HIV infection. The report uses five case histories, such as the Manchester City Council - Manchester A.I.D.S Forum and the work in Bradford. Price £3.50

**HIV Infection: Women and Children** This report looks at the routes of HIV infection for women and children and then refers to various authority departments making recommendations for action; these include housing services, environmental health, leisure and recreation services, education, social services and social work. Particular reference is made to collaboration with the health authority concentrating particularly on ante-natal clinics. Price £3.50.

**HIV Infection and Confidentiality** This paper looks at the guidelines and principles surrounding confidentiality and HIV infection and their implications for policy implementation. The report sees the ownership of information about an individual's antibody status to be that of the individual in all but defined excepted cases and therefore, in the majority of circumstances, any release of information about the client's anti-body status requires the informed consent of that person. An excellent book for anyone involved in setting good practice in care for those with AIDS. Price £3.00.

**HIV Infection and Drug Use** Again, this report stresses the need for organisations to collaborate in their efforts. Patterns of drug use are discussed and it is explicitly stated that "emphasis on a drug-free therapy is perhaps not a successful way of preventing the spread of HIV infection". Offering services to support drug users to come off drugs is obviously necessary but it is also important to stress the need to use clean injecting equipment and not to share equipment or "works". The possible link between drug use and prostitution is also made and hence the need for good information getting to drug users on how to prevent/minimise the risk of sexual transmission of A.I.D.S. The delivery of drug work services, "Needle Exchange" schemes, housing, taking children into care, and other services which are not the direct province of the Local Authority, such as provision of services in prison, prescribing and pregnancy. Price £3.50

All these reports are available from: the AMA, 35 Great Smith Street, London SW1P 3BJ.

#### **INFORMATION WANTED**

**East Cumbria CHC** is asking for information from districts where an epidural anaesthetic service is not available to mothers during labour. They have just had their service withdrawn from the City Maternity Hospital, Carlisle and whilst not advocating wholesale use of epidurals, the CHC feels it is important that women should have a full range of options of pain relief from which to choose. Mothers in Carlisle wishing for an epidural are now being asked to travel over 60 miles to Newcastle. East Cumbria CHC's Secretary, Peter Canham, would like CHCs whose districts do not offer this service to contact him, in particular with information as to why it is not available e.g. - is it because there is a split hospital site? Or a shortage of junior anaesthetists? Armed with this information, the CHC hopes it can argue for re-introduction as soon as possible.

**Cornwall CHC** is urgently wanting information on one aspect of hospital closure. Plymouth Health Authority, which is responsible for the north end of the county of Cornwall, is proposing to close down the popular St. Mary's Hospital at Launceston. It is a move which is deeply unpopular with the people who it serves, largely as a geriatric hospital. The CHC is far from happy, not least because Plymouth HA proposes to

replace it with a private hospital/home run by Westminster Health Care. The Authority will "buy" beds in the hospital. The new private hospital would then, for some reason, have to be registered with the Cornwall and Isles of Scilly DHA (which looks after mid and west Cornwall). The CHC is extremely concerned about the staffing levels in the new private hospital and the fact that there is no firm commitment to a rehabilitation unit in Launceston, only a "wish" to provide it. Cornwall would like to know if it is possible for there to be a legal contract between Plymouth HA and Westminster Healthcare before plans go ahead, not least because once the new hospital is built it will only have to meet the standards of the registering authority, which is Cornwall. In theory Westminster Healthcare could ignore any agreement reached with Plymouth. Cornwall CHC would like to know if any other CHCs have encountered a similar problem and, if so, what the outcome was as well as straight advice as to whether or not such a legally binding contract is possible.

#### COMING EVENTS

**24 June** Conference - The NHS vs The White Paper. Organised by N.W. London branch of Medical Practitioners Union. Venue: MSF Head Office, 79 Camden Road, London NW1 9ES. Fee £5. Low cost lunch and creche available.

**July 5** Public Meeting - Baby Food Hazards. Organised by Maternity Alliance. Speakers include Pamela Stephenson. Venue: NATFHE Council Chamber, 27 Britannia St, London WC1. 2 p.m. £5 but book in advance.

**10 - 12 July**. ACHCEW Annual General Meeting/Conference. Venue: University of Warwick.

**14 July, 17 July, 21 July, 25 July**. Consultation and Information Days on the subject of Community Health. Organised by Professional and Community Development section of the HEA. Venues: London, Newcastle, Exeter, Leeds. Details from Russell Caplan, HEA, Hamilton House, Mabledon Place, London WC1H 9TX.

**20 July** Conference - Working Together Organised by Community Projects Foundation. Venue: Huddersfield Polytechnic. Special workshop on "Community Development and AIDS". For more information phone CPF's Northern Office on 0532-460909.

**24 July** Conference Living, Loving and Ageing. For details of venue, etc. please contact Linda Simmons, Age Concern, 60 Pitcairn Rd, Mitcham, Surrey CR4 3LL.

**14 September** One day Conference on Income Generation to be held by The Disabled Living Centre's Council. Venue: Freeman Hospital, Newcastle upon Tyne. Topics will include the dilemma of short term funding and the portrayal of people with disabilities in fundraising. Fee £30, including lunch. Details

from Miss L. Sandles, The Dene Centre, Castles Farm Road,  
Newcastle upon Tyne, NE3 1PH.

#### **DIRECTORY CHANGES**

Page 9. HARROW CHC. New Secretary - Cathy Wood.

Page 19. MILTON KEYNES CHC. New Address:

The Food Centre  
795 Avebury Boulevard  
Central Milton Keynes  
Bucks MK9 3JS. Telephone number unchanged.

Page 22. COVENTRY CHC. Tel. No. 0203 251304.