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Association of Community Health Councils for England and Wales

30 DRAYTON PARK, LONDON N5 1PB (TEL: 01-609 8405)

No. 46. September 1989

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NEWS

White Paper Polls

The National Consumer Council, has produced a survey on consumer views of the NHS and the Government's proposals in "Working for Patients". On general issues the poll showed that waiting times in GPs' surgeries and hospitals had got worse over the last ten years and that people would be prepared to travel if this meant that they could have necessary treatment faster by so doing. They did not, however, consider "saving the NHS money" was a sufficient motive.

However there were widespread misgivings about the main thrust of the White Paper. Those questioned were not convinced that the reforms would improve the quality of their health care. Only 13% thought giving GPs budgets to buy hospital treatment would improve quality and almost half thought it would only make matters worse. The majority thought decisions should be made by the GP with full consultation with the patient. Proposals to limit drug budgets were treated with "considerable scepticism". Only one in three believed this would result in GPs prescribing the best drugs and nearly a quarter thought they would not do so even if it was necessary. On the question of opting out there was a large majority in favour of comprehensive consultation if it was to be considered - 65% thought this should include local people served by the hospital, 43% existing patients, 39% local councils and CHCs, 38% hospital workers, 70% doctors and nurses, 57% local GPs, 16% local consumer groups. The NCC concludes its report to Kenneth Clarke by saying that it hopes he agrees that the survey results suggest the need for better information to patients, more consultation with the people who will be affected by the proposals and a stronger system for monitoring and evaluating changes. (NCC Poll. August 1989)

(Copies of the poll are available free of charge by sending a stamped addressed A4 envelope marked NHS Poll to the NCC, 20 Grosvenor Gardens, London SW1W 0DH.)

These results have been broadly supported by a consumer survey sent to us by Doncaster CHC and carried out for the Doncaster Borough Council by MORI. There was widespread support for the two local hospitals, great concern at insufficient funding for the NHS, a great desire for local people to become more involved in the running of local hospitals, opposition to hospitals opting out and very wide consultation before any decision to opt out was taken. 75% thought that local people should be consulted.

The Health Divide Grows Ever Wider

The latest figures for infant deaths appear to show that the health divide between the richer and poorer regions of the country is growing ever wider. While the East Anglian RHA returned a record

low figure for 1988, becoming the first to register an infant mortality rate of less than 7 per 1000, figures for the West Midlands and North West rose to more than 10, almost half as high again.

Official statistics published on 22 August showed the national rates for England and Wales in 1988 were record lows of 8.7 per 1000 for perinatal mortality and 9.0 for infant mortality. However the regional breakdowns show the great variations which make up these figures. In East Anglia the figures fell from 7.9 to 6.7. But in five of the fourteen English regions the figures are worse than before, led by the West Midlands at 10.3 per 1000. There were also rises in the Northern, South Western, South East Thames and South West Thames RHAs. The town with the worst record is Bradford and the best is Huntingdon. The Isle of Wight has a three-year infant mortality rate of 13.5, Exeter 12.5 and Salisbury 11.5.

Last December the Commons Social Services Committee expressed concern that Britain's infant mortality record was not improving as fast as it should be and called for further research on links between baby deaths and social deprivation. In answer, David Mellor rejected the call and said no causal link between unemployment and ill-health and a high perinatal and infant mortality rate had yet been proved.

Infant Mortality Rates (per 1000)	Perinatal	Infant
Bradford	13.5	14.3
Burnley, Pendle & Rossendale	13.1	12.8
Wolverhampton	12.6	11.0
East Birmingham	12.5	9.7
Scunthorpe	12.3	9.9
Powys	12.3	7.3
Gateshead	12.1	10.2
West Lancashire	11.9	11.6
Newham (London)	11.9	12.9
Lancaster	11.8	9.3

(The Guardian 23.8.1989)

Complaints

The number of complaints about hospital services upheld by the Health Service Commissioner, Sir Anthony Barrowclough, has reached a record 61.4 per cent. An all-party House of Commons Select Committee says the main reasons seem to be inadequate staffing and medical records and poor communication. The MPs on the Committee said that although the total number of complaints has fallen since 1983 to 794, the Ombudsman's office has become more expert in weeding out weak cases and the public - "through the Community Health Councils" - have become more aware of their rights. Surprise was expressed that 51% of all complaints came from five health regions covering London, the home counties and the West Midlands with only few received from Wales and Scotland.

The Committee criticises the Treasury for removing the discretion of Health Authorities to pay small amounts of compensation when recommended by the Commissioner, with payments of as little as £8.65 now having to be referred to the DoH for approval. They describe this as smacking of "excessive bureaucracy". Attention was drawn particularly to cases in north Staffordshire, Islington, Bromley and Enfield DHAs where patients had suffered through inadequate staffing. The report also calls for the re-introduction of suicide caution notes after the suicide of a psychiatric patient.

(Second Report of the Select Committee on the Parliamentary Commissioner for Administration. HMSO £5.60).

Waiting Lists Are Still Rising...

Waiting lists for hospital in-patient treatment increased between 1981 and 1986 according to recent DoH figures. In England they went up from 13.4 per thousand population to 14.3., while in Wales the increase was from 11.8. to 14.9. In the N.E. Thames Region the rise was from 13.8 to 18.4. However, up to 1986 the number of people waiting for more than a year decreased overall from 29.2 to 24.2 per cent in England and from 26.4 to 23.1 per cent in Wales. As can be seen these figures are hardly up to date. (Guardian 6.7.89)

GPs to be Vetted

Kenneth Clarke has revealed further restrictions on GPs' rights of referral under the white paper. Any GP wanting to refer a patient to hospital with which the DHA does not hold a contract, will have to apply to a committee for permission. The committee, consisting of a consultant and a DHA manager, will have powers to block the request. Commenting on this, GMSC negotiator, Dr. Peter Kielty, said: "The worms are really crawling out of the can here. Having to go before a committee for a second opinion creates additional delays for patients and uncertainty as to whether they can see the specialist of their choice. This is reducing patient choice, not increasing it." (Pulse)

Benzodiazepines: Funding Crisis of Self-Help Group

The self-help group TRANX (UK) who work with people wishing to withdraw from using benzodiazepines are facing a financial crisis which if unresolved will signal their closure. In the past Tranx have received money from the North West Thames RHA. This funding has come to an end and will not be renewed as the Region say that Tranx's work is national. Neither will the Department of Health fund Tranx as they say that they have already given Regional Health Authorities (RHAs) money for drug work including tranquilliser dependency with the implication that RHAs collectively should fund Tranx. Tranx have approached RHAs with no success. Tranx have already made their first redundancy. If no solution is offered to this funding anomaly which bears

resemblance to the game "piggy in the middle", Tranx will close and its highly valued work will end with it.

Further information from TRANX at 25a Masons Avenue, Wealdstone, Harrow, Middlesex HA3 5AH.

Aids Cash Deadline

Haemophiliacs infected with the HIV due to contaminated blood or Factor 8 have been given until 2 February 1990 to sue the Government for compensation.

NHS Indemnity for Medical Negligence

The Department of Health has drawn ACHCEW's attention to the fact that new arrangements for Health Authorities to take financial responsibility for the negligent acts of their medical and dental staff in the course of their NHS employment did not come into operation on the proposed starting date of July 1st 1989. It is not likely that these new procedures will commence as of 1st January 1990.

FROM THE MEDICAL JOURNALS

Greening the NHS

Concern over the greenhouse effect and hole in the ozone layer is spreading to the NHS via concerned community physicians. Suggestions in the **BMJ** 1.7.1989 include encouraging local staff to travel by bike instead of car, to encourage the conversion to lead free petrol or, better still, buying new NHS cars which are fitted with catalytic converters. The NHS should stop using aerosols containing CFCs and buying foam blown packaging. The journal points out that some of these decisions may cost more in conventional accounting terms. It is in this context that the writers call upon the Government for a clear lead, claiming that it will be difficult for health authorities to divert more of their precious resources into sustaining the environment without adequate compensation. The NHS with its enormous purchasing power is ideally placed to stimulate environmentally friendly practices elsewhere in the economy and, with its vast consumption of resources and energy, could make an important impact even by small policy changes.

In fact it appears that the NHS has already made a start for the Audit Office in a report, **National Energy Efficiency (HMSO £7.10)**, praises it for its energy savings since 1983. Figures supplied to the National Audit Office show that for the two years to 1987 consumption of energy by the NHS in Great Britain declined by 4.1%, with a reduction in energy expenditure over the two years of £71.5M, or 20.6%. However these figures are not all they seem. Apart from the fact that wards, indeed whole

hospitals, were closed down during that period it appears the NHS's energy conservation programme, begun in 1978-79 has faltered. A Commons Public Accounts Committee said recently that potential NHS savings of £1.3bn over 15 years could not be reached unless funds were allocated specifically for energy conservation. (**The Lancet** 12.8.1989).

Women GPs

It has been said that women doctors do not fulfil the same role as their male colleagues in general practice but, as the **Journal of the Royal College of GPs** (July 1989) points out, this is inaccurate as previous studies of GPs' workloads have not excluded women principals who are part-time. In a recent postal questionnaire to which 308 women principals replied, an analysis showed that the women GPs did an equal workload to their full-time male partners in terms of numbers of surgeries, their length and the number of home visits. Equal numbers of full-time women did out-of-hours work as their male counterparts and the number of nights and weekends on-call as well as use of deputies, were similar. On top of that the women did more specialised clinics than men "thus emphasising the special role of women doctors in preventive care". Not surprisingly the survey came up with the conclusion that women GPs are "an invaluable asset".

Screening Health Education Programmes

With the help of a patient participation group, video recordings of health education programmes were shown in the waiting area of a health centre. Patients could choose whether or not to see them. When asked their views on the project 87% were in favour and 50% could recall the specific facts presented. There were no significant differences in age or sex between those choosing to watch and those who did not. However, unemployed patients and those in social classes 4 and 5 were significantly less likely to watch than those in social classes 1 to 3. Those organising the experiment felt the idea could provide a useful means of extending health education but that further research is needed on the response of different social classes to different forms of health education. This experiment seems to go directly against the current government premise that advertising and videos do get information across to those who need it, rather than community health projects and counselling. (**Journal of the Royal College of GPs** August 1989).

Future of Occupational Health Research

The provision of independent advice to industry and adequate postgraduate training are now in jeopardy because support by universities and the Medical Research Council has been reduced and British Coal has decided to phase out core support for the Institute of Occupational Medicine, the only large occupational health unit independent of government. In view of the circumstances all those involved in the subject agreed at a

meeting in Oxford last May to approve the University Grants Committee's recommendation to concentrate university support on two or three departments, even though this means that undergraduate teaching of the subject will virtually disappear elsewhere. This is particularly worrying as occupational health is becoming ever more complex and really requires large, multidisciplinary - and independent - teams. (*The Lancet* 22.7.1989).

NHS Review: Unresolved Problems is one of a series of Briefings in Medical Ethics from the Institute of Medical Ethics, to which we have drawn attention previously. The paper notes that there has hardly been any ethical analysis of the White Paper, most having concentrated on practical aspects as to the possible consequences of its implementation. There appears to be a wide consensus on the practical aspects but beneath this, says the paper, there are serious uncertainties and unresolved problems. "Above all, there is a question of just how much a good health service should do and an adequate resolution of many of the issues raised by it depends on the answer to this question". Available from the Institute of Medical Ethics, 11-13 Cavendish Square, London W1M 0AN. The project is funded by a grant from the Leverhulme Trust.

PARLIAMENTARY NEWS

Community Health Councils

We figured on a number of Parliamentary Questions just before the recess. On the 24 July David Mellor was asked what reviews or surveys were being carried out or planned into CHCs, with what terms of reference and if he would make a statement. David Mellor replied that no such review was being carried or planned by the Department. "I understand that ACHCEW has recently endorsed a report from a panel of inquiry into the role and organisations of CHCS and we will be considering this carefully." (*Hansard* 24.7.1989)

The overall role of CHCs in relation to contract funding under proposals in the White Paper "Working for Patients" is under consideration, David Mellor told Parliament on June 21. "However they will continue to be consulted on substantial developments or variations in health care provision. CHCs will, as now, have the opportunity to comment on the overall pattern of services which DHAs will secure on behalf of their residents including, in future, any provided by the NHS hospital trusts." CHCs, in fact would continue to play an important role in representing the views of the local community on health matters. He also stated that the Department of Health has no plans to change existing guidance on the appointment of members to CHCs. (*Hansard* 19.6.1989 and 21.6.1989).

Cancer-Screening

*Medical
Notes
dated
11.2.89
13.1.89
13.1.89
13.1.89
13.1.89*

MP Jo Richardson asked Kenneth Clarke if the Royal Marsden Hospital had consulted with his department before embarking on a leaflet campaign, advertising mobile breast unit screening at a cost of £50. Mr. Clarke replied that he was aware of the Royal Marsden's private screening service and had been asked his opinion on it as a means of income generation. The matter was still under consideration and he would shortly be informing DHAs of the types of screening procedures which should be excluded in future from such schemes. He was also aware of a number of other similar income generation schemes. (Hansard 18.7.1989).

— for women under age of 50 want cancer screening for nothing

AROUND THE CHCs

North Devon CHC draws attention to another money-making scheme - the decision of its DHA to impose parking charges on those visiting its General Hospital. The CHC objects. The CHC believes that the charges will "detract from the DHA's image in the community" (par. 23 of the DoH Income Generation booklet) and that income generated will not compensate for this. If the DHA goes ahead regardless then the CHC states there should be change machines in the car parks, a note to the effect that parking will be charged for should accompany admission letters and appointment notes for out-patients, there should be exemption or reimbursement to those on low incomes, and wheel clamping should only be used where vehicles actually cause an obstruction, otherwise it is an "excessive form of policing".

North Devon also feels it will be a deterrent to parents who wish to stay and help with their child's hospital care - a practice encouraged by this DHA and place additional burdens on Ward Staff who will have to deal with relatives concerned about the charges. It also points out that the hospital car park might then well become a public one as people will argue that a payment entitles anybody to use it, whether or not they are attending hospital.

Hastings CHC has drawn our attention to a case of a patient being supplied with drugs, quite legally, at a slimming clinic. The doctor had not taken a full medical history or contacted the patient's NHS GP. The GP was in fact treating the patient for an unrelated condition and mixing the two types of drugs could have serious consequences. The FPC were told that the GMC were emphatic that a private doctor or specialist must keep an NHS GP fully informed of his treatment of a patient. Hastings considers this is likely to be a national problem and its FPC has been aware of several instances recently where a private specialist has not informed a GP in the event of problems arising and it is felt that it is only luck that has prevented very serious problems with possible fatal consequences. Hastings feels that this is something CHCs should be made aware of.

N.W. Regional Assoc. of CHCs recently met to discuss private care for the elderly and draws attention to the following issues -

that in some districts consultant geriatricians are also running private homes and discharging their elderly patients into them; that the care that appears to be offered often seems to run counter to what is considered good practice - for example the minimum size of unit considered by one particular private concern is 90 beds; that there appears to be a trend of private companies building hospitals on NHS land and then the NHS contracting beds in that hospital for care of the elderly. The N.W. Region feels that we should perhaps be considering collecting such information here for future use.

Macclesfield CHC is anxious to correct an inference in an item on page 6 of CHNews 42 which might lead readers to think there had been a change in policy with regard to the availability of spare limbs. All the Disablement Service Authority has done is to remind their own doctors that the prescription of a spare limb should not be a routine matter but should be subject to individual requirements. However it still is, and has always been, a matter for the doctor concerned. We understand that the reason why it should not be routine is that about two thirds of users now have modular legs which can be repaired locally; they don't have to be returned to the manufacturer. This can be done while the user waits.

CHC SURVEYS, REPORTS AND PUBLICATIONS

Hampstead CHC has surveyed GPs in its area on whether or not they allowed their patients to have access to their medical records. 56% GPs responded to the questionnaire, i.e. 32 of the 57 asked. 19 allowed patients access to their records, seven permitting full and unrestricted access, the remaining twelve partial access. Eight did not allow access under any circumstances, but of these five are considering partial access in the future. Five GPs would not say yes or no, saying they decided on an individual basis and did not have a common policy. Common themes emerging as to why there was no full access were references to confidentiality, patient misunderstanding, patients suffering from psychiatric illness and the fact that they had never, or seldom, been asked by patients to see their files. There were some abstainers on the lines of "this is a stupid questionnaire.." The CHC concludes that as a rule patients have to struggle to see their records, even though they should have access as of right. In one third of all the complaints the CHC receives about GPs and hospital staff, the denial of access to records is a principal factor, even if it is not the major item of complaint. Hampstead believe the doctor-patient relationship can only be improved by greater access as an important obstacle to communication is removed and intends to pursue the matter with vigour.

GLACHC has published a detailed study of referrals to London hospitals and concludes that London's health services need better co-ordination, not a market "free for all". The report assesses the present situation in London where in some hospitals less than 40% of patients live in the local district, these hospitals will

be under particular pressure to sell their services in the health market. Several Outer London districts are major exporters of patients and are heavily dependent on Inner London for basic inpatient care. If present referral systems are allowed to continue London HAs will be involved in hundreds of contracts for patient care. If they are not, patient care will suffer. The report, **Whose Choice?** by Paul Brotherton & Bridget Dickinson, argues that health authorities must guarantee freedom of choice for patients when they implement the White Paper and expresses concern that accessibility will suffer when the internal market is implemented. The report calls for - a health strategy for London, DHAs to guarantee choice for patients, better information for health service users and a stronger role for CHCs. Copies obtainable from GLACHC, 100 Park Village East, London NW1 3SR. Price £5.

The Manchester CHCs have brought out a report on their Information Service, compiled by their Information Officer, Linda Doyle. The service has grown steadily and it is hoped that it will continue to expand in the future but currently finances are restricting it somewhat as budgets are tight and the CHCs are unable to increase the Information Officer's hours to cope with extra demands from the public. Copies can be obtained from the CHCs at 2nd Floor, Lancaster Buildings, 77 Deansgate, Manchester M3 2BW.

Still with Manchester, Manchester North CHC offers **Having a Voice**, a report on its conference on User Involvement in Mental Health Services in North Manchester. The conference aimed to encourage people who use the mental health service to come together and discuss common experiences and to encourage recognition of these experiences as an enormously valuable resource in developing and improving services. Subjects covered in the report from the users point of view include; use of the industrial therapy unit, rights in hospital, information for users, support when leaving hospital, hostels and homelessness and medication. The speeches of the three guest speakers are also included. The CHC will be happy to provide copies for any other interested CHCs. Available from the address above.

South Birmingham CHC has evaluated the success of a booklet for Patients and Carers on services for the elderly. The most striking finding was that very few people seem to have even seen the booklet confirming suspicions that at one major hospital in particular the booklet has just not been reaching either patients or their relatives. Eleven recommendations are given for improving the booklet, these include more information on the clothing and laundry system and when doctors are available to see relatives. South Birmingham sees the need for such a booklet but that in itself is only secondary to the main purpose of hospital admission which is care. Information is not a substitute for it, but can be a valuable contribution to the quality of service overall.

South Warwickshire CHC has produced a report called **A Study of Primary Health Care Services**. The CHC found standards throughout

its area very high with GPs, dentists, pharmacists, primary health care teams and opticians all in close contact with the community, extending a service which is "vast" and growing with the emphasis now on Care in the Community. This is particularly so in the case of doctors who are now having to deal with the increasing numbers of the elderly, mentally handicapped and mentally ill living outside hospital. There appears to be a growing awareness too of alternative therapies such as acupuncture. The CHC feels that emphasis must be placed on continuing co-operation and liaison between various disciplines along with the training of staff to cope with new challenges and, overall, that there should be greater emphasis on prevention rather than cure and that should be the way forward.

HELP is the title of a Directory from West Berkshire CHC aimed at all who are handicapped and their carers. It is a well laid out and comprehensive guide covering amongst other things; health, education and social services, equipment, finance and recreational activities. It also gives listings of useful organisations both nationally and locally.

Islington CHC has looked at chiropody services provided in its area as of June this year. Its questionnaire was circulated with the help of voluntary groups and in day centres and other places where there was access. It was also translated into Greek, Turkish, Bengali, Gujarati, Urdu and Vietnamese. Care was taken to try and track down the housebound. 92% of those answering the questionnaire had trouble with their feet and 96% of them were over 65. While 86% said they were satisfied with the services, although a significant number of these respondents mentioned issues of concern. Of those who were unhappy with the service, over half said the time between appointments was much too long. The CHC found wide spread ignorance about what was available, many elderly people are living with foot discomfort not aware of what the health service can provide. Islington CHC concludes first and foremost that more chiropodists are needed. The recommended "norm" is one per 1000 residents over 65. Islington has 32,000 people in that category which would mean 32 chiropodists - in fact it has eleven. The situation could be helped by employing "Foot Care Assistants" for less complicated work.

Problems of non attendance at clinics can be put down, at least in part, to long waiting times and poor transport. A chiropody clinic in a local Day Centre is suggested as a way forward, coupled with a greater focus on prevention along with wider publicity, particularly to the ethnic minority communities. The CHC also recommended a maximum waiting time for appointment of one month. 58% of respondents had to wait 2-3 months for a first appointment, 61% had to wait this long for subsequent treatments.

Last year Yorkshire Regional Council of CHCs undertook a regionwide survey on the then levels of secrecy adopted by DHAs and the methods used to prevent public access to certain parts of their meetings. Following publication of their results, the

Regional Council decided to undertake a similar study, this time of FPCs. The result is an interesting one.

On the whole FPCs were more open than DHAs and scored good points on consulting on relevant matters such as relocation of pharmacies, GP surgeries and by publishing the names of members of sub-committees. But although the decisions of these meetings are eventually made public, the agendas are not. There are, however, areas which the CHCs would expect to see rapid improvement. For example the Statutory Joint Meeting between the FPC and CHC is not open to the Press and Public in 13 cases out of 17, yet the meeting is required by law to be held in public with press present. Even the already published CHC Annual Report is discussed in private, along with other CHC reports and Service Committee Reports of complaints. Gordon Mullis, Chairman of Yorkshire Region, says: "We are publishing this report now and sending it to Kenneth Clarke and Andrew Foster, General Manager of the Yorkshire RHA. We hope that with the Government's proposals for the NHS where FPCs would come under the the authority of the RHAs steps will be taken once the new General Managers are appointed to ensure that needless secrecy is eliminated!".

S.E. Thames Regional Assoc. of CHCs undertook a survey, similar to that of Yorkshire Region, on secrecy in DHA and CHC meetings. It found that while all DHAs regularly exclude the public, only six CHCs did not. DHAs have discussed matters in private that the CHC believed should have been made known to the public and the Association feels it would be interesting to know how many CHCs have challenged their DHAs secrecy or appealed to the RHA for the information to be made available to them. There appears to be excessive secrecy surrounding DHAs' sub committees. It was felt that some CHCs needed to question and examine their own practices regarding the exclusion of the public before criticising DHAs for doing the same and that they should also challenge inappropriate use of Part II in Committee meetings.

South West Durham CHC has published a report on the views of Out-patients attending its DGH in March this year. The CHC describes the response to its questionnaire as "disappointing", but some 492 patients did give their views. 58% of patients appeared to have been seen either on time or within 15 minutes of the time given to them and some were even seen early although this compared badly with the figure of 62% in 1982. Patient identified areas for improvement included the type and number of chairs available, arrangements for calling patients to doctors, facilities for children (or lack of them), the attitude of some receptionists, pharmacy provision and missing notes.

Barking, Havering and Brentwood CHC has received a report directed to them specifically from an HA official working party on the feasibility of using facilities at two local hospitals for day centres. The feasibility study grew out of discussions between the CHC and DHA.

Six Out of Ten is the title of a report from Southampton and

S.W. Hampshire CHC on Health Visitor Services for Mothers of Young Babies. The general feeling by those who used the services was that they were just about all right. Health Centres and GP surgeries came out better than other venues though none rated higher than "good" and most merely "satisfactory". Lack of pram shelters and refreshments were causes for complaint. Lack of time and lack of privacy featured high on the list of complaints - "she hurries me", "you wait too long and discussions are not private", "doctor in too much of a rush", "saw several Health Visitors and so not able to build rapport" and again and again "no privacy" and "no time for discussion". The CHC points out that generalisations are hard to make on the strength of a single survey but the general impression first "is one of moderate satisfaction - in terms of marks, perhaps six out of ten or a B-". Yet the CHC feels that this could be greatly improved at little cost if more care was taken with organisation. There should certainly be greater emphasis on privacy as "this factor alone deters many mothers, especially the young and experienced, from asking questions or raising problems about intimate or embarrassing topics. It probably deters some mothers from going at all." Finally "perhaps the most important recommendation to arise from this report is that the Health Visitor Service should take a very close look at its objectives and methods of service delivery to see if they are consistent with what is required".

North Devon CHC has produced an interim report on physiotherapy services being provided across the country. As might be expected there are widely differing standards. There are some examples of good practice - two areas are providing a mobile service while another two offer evening clinics. Two DHAs provided liaison with local and private residential homes and, on one case, made no charge to the private sector. A comment made by two CHCs on the project was that advice and assessment was no good unless treatment could be provided. One practitioner said that her domiciliary work was only made possible by the willingness of the staff to do it. The work so far has shown that it would not be unrealistic to ask for a review of services with the emphasis on whether they are adequate although the CHC feels it will be necessary to look at the service in its entirety before it can come to any conclusions.

East Dorset CHC has produced two reports, **Outpatient Physiotherapy Services** and the other on **Outpatient Services** at its local DGH, Poole Hospital. It seems that the physiotherapy services are highly regarded, patients describing them as "excellent or very good". Appointments systems seemed to be working and there was good communication between patients and therapists. The satisfaction rate for physiotherapists was an all time high - 90%.

Patients response to outpatients in general as instanced at Poole General Hospital was not as glowing, long waiting times for appointments featured large along with more facilities for toddlers and young children. The CHC recommends providing additional consulting suites and reducing the number of patients attending for follow-up appointments (or directing these to other

local hospitals) as ways of shortening outpatient waits.

Have a Say in Your Health Service is the title of the new leaflet from Bloomsbury CHC to show the public what it is there for and what it does. It also lists addresses and telephone number of Self Referral Clinics, organisations for Mental Health Advice and Support, Advocacy and Interpreting Services, Casualty Departments, Emergency Dental Treatments and Late Night Chemists. The leaflets are also available in a number of ethnic minority languages including Chinese.

South Western Association of CHCs Secretary, Ann Morecraft, along with a colleague has produced a summary of the White Paper, Working for Patients, and the extra working papers. She will be happy to send copies to any CHC who would like them at a cost of 50p per paper to cover photocopying and postage from S.W. Association of CHCs, 94 Sidwell Street, Exeter EX4 6PH.

GENERAL PUBLICATIONS

Handbook for CHC Members by Christopher Ham. This really is a must containing as it does absolutely essential information for members so that they can do their job properly. It covers How the NHS Works: a guide to its organisation including the roles of DoH, RHAs, DHAs and FPCs, along with information on finance. How CHCs Work: An introduction to their work, including the role of chairmen, members and secretaries along with members' rights and duties. CHCs in Action: An outline of CHCs' work in seven areas, with case studies. Policy Guide: A summary of DoH policies for health services, etc. It is designed to be both informative and easy to use and costs £6.50 inc. p & p. or five copies for £26.00 inclusive. Available from: School for Advanced Urban Studies, Rodney Lodge, Grange Road, Bristol BS8 4EA. Tel: 0272-741117. Cheques payable to "University of Bristol".

No Place Like Home, written by Harriet Harman MP and Sarah Harman a solicitor, is a report of the first 96 cases brought before the Registered Homes Tribunal. The Registered Homes Tribunal hears appeals by proprietors of private homes against decisions taken by a local authority in deregistering or refusing to register a home.

The report orders the cases according to the reason action was initially taken by the registering authority. The categories are these:

- "A fit person": Section 9(a) of the Registered Homes Act 1984 allows a refusal to an application on the grounds that a person running or involved in the home is not a "fit person". In these cases the term tends to apply to a person with a past criminal record.
- Emergency proceedings. Section 11 of the 1984 act allows for an authority to apply to a magistrate to close a home or make its continuation subject to conditions on the grounds that there will be serious risk to the life, health and well-being of the residents.

- Standards of care. Once a home is running the burden of proof is on the authority to show that standards of care are so poor as to merit closure. Often authorities try to encourage improvements, only closing the home when these fail. The report urges more vigilance about standards at the time of initial registration.
- Too many residents. Numbers have to be kept within recommended limits. Cases show the lengths some proprietors go to, to 'hide' extra residents.
- Accommodation. Standards for homeliness, space etc have been set by a group 'Home Life'. Many authorities have their own guidelines based on these.
- Location of the home.
- Staffing levels.

The report discusses the cases commenting on the Tribunals' decisions and how they were arrived at. Some of the decisions are quite worrying, i.e granting registration to homes where, although the Tribunal denied such a scenario, it was quite apparent that a person with a history of criminal activity would have over easy access to the home, as he was the proprietors husband. The final chapter gives an overview of points of law which need clarification if residents are to be guaranteed consistently high levels of care. Many of the cases emphasise the vulnerability of residents and the need for registering authorities to be vigilant in their standard setting and monitoring to ensure that abuse and harm do not occur. It makes 18 recommendations for improving the system, including national guidelines of material standards in homes including staffing levels and qualifications and that the fee per bed for inspections should be raised from £28 to £50. A list of the membership of the registered homes tribunals is included.

The report costs £1.50 and it is cheap at the price. All CHCs should get it. Nalگو hopes that this book will be a start of a nationwide campaign to improve quality and standards of residential care in all sectors. Available from NALGO, 1 Mabeldon Place, London WC1H 9AJ. (Tel: 01-388-2366)

Survivors speak out - a self advocacy action pack is full of useful information designed to give help and advice to those involved, or interested in being involved, in what has come to be known as mental health self-advocacy. It covers all the basic steps beginning with the position today as regards self-advocacy and then going on to how to start setting up a group, how to organise it, where to find funding, the resources that will be needed, worker involvement in self-advocacy, the place of mental health workers and a useful book and address list. Copies of the pack can be obtained from "Survivors", Secretary Peter Campbell, 33 Lichfield Road, London NW2 2RG. Membership costs £1 a year for survivors and £5 for "Allies".

The Government has published its response to the Social Services Select Committee report on **Perinatal, Neonatal and Infant Mortality**. The main newsworthy item is that the Government believes there should be a new initiative into researching cot

deaths and wants the regions, particularly those with the highest levels, to turn their attention to the subject. However when David Mellor was questioned by the media after publication as to whether this would mean extra resources being made available the answer apparently is "no". Other than that the response to recommendations is either completely negative or the buck is passed to the RHAs and DHAs when it comes to the allocation of resources. It costs £3.40 for just 13 small pages.

AIDS Dialogue is a new Health Education Authority publication for all those working in HIV prevention in the statutory and voluntary sectors. It will be published bi-monthly and include news of the HEA's AIDS Programme activities, reports of educational initiatives from all over the UK, reviews and the opportunity to share views on HIV related issues in its letter pages. Available from HEA, Hamilton House, Mabledon Place, London WC1H 9TX.

Cleaning and caring is a study of the effects of competitive tendering on cleaning and laundry services in the NHS on the jobs of women working in West Yorkshire. It makes grim reading. It shows that already low paid workers have found a reduction in take-home pay, along with deteriorating conditions, staff morale and quality of service to patients. There is an increased workload and shorter hours, stress and pressure have increased too. A large number of redundancies have taken place and staff turn over is high. The women in this survey have had very little final say over the changes which have affected their work and life so greatly, often leaving the service demoralised from losing the fight to maintain what they saw as a high quality public service. Furthermore an important part of patient care, ie the dignity imparted to elderly long term patients in wearing properly ironed clothes has been undermined. Members of the public who both pay for, and use, public services should be kept fully informed of alterations which can affect the efficiency of those services. Author Maggie Hunt, of West Yorkshire Low Pay Unit says that this is not a means of "restricting, distorting or preventing competition" (Local Government Bill 1987) but a way of ensuring the quality of staff in a caring service. Available from WYLP, Field Hill Centre, Batley Field Hill, Batley WF17 0BQ. Price £1.50.

Assessing elderly people for residential care: a practical guide. is published by the National Institute for Social Work and its title is self-explanatory. It is based on a detailed study of elderly people who were applying to enter residential care which was carried out by the National Institute Research Unit. It covers the principles which apply to assessment of very old people, whether for residential care or care in the community, the conflicts of interest and views between old people and their carers and some of the components of "good" decision making. It costs £4 and is available from the National Institute at Mary Ward House, 5-7 Tavistock Place, London WC1H 9SS.

Thames Television has produced **A guide to choosing an old people's home** based on its TV series The Treatment. Useful, but not as comprehensive as some of those produced by CHCs.

Available from Bridget Cass, Community Education Officer, Thames TV, 306 Euston Rd, London WN1 3BB. Free of charge.

The sixth sense is a report on eight people, four single people and two couples showing the realities of life in the community for people with mental health problems, published by the Scottish Mental Health Forum. Although examples of good practice are included, the sub text to all the cases is that of sheer lack of money. People in this category, the report concludes, are among the poorest and most vulnerable members of our society and they have not benefited from the Social Security and Housing Benefit Changes - many have even lost. Access to extra income is severely restricted and dependent on "extremely unsympathetic tests" and anomalies within the system penalise them still further. The author quotes Somerset Maugham "money is like a sixth sense without which you cannot make complete use of the other five". Available from Scottish Association for Mental Health, 38 Garner's Crescent, Edinburgh EH3 8QD. Price £2.50.

Corrections

Anti Racist Resources: A Guide for Adult and Community Education published by Runnymede Trust costs (July issue page 15) costs £5.95. **A Challenge for Every Doctor** published by Department of Social Security (July issue p.12) costs £1. **Aids as a Housing Issue** (July issue p.18) can be obtained free but a voluntary donation of £2.50 is expected.

COMING EVENTS

Measuring the Impact Evaluating the NHS Breast Screening Programme organised by the Faculty of Community Medicine. Venue: National Exhibition Centre, Birmingham. **Date: 25/26 September** Cost £35. Details: Professional Briefings, 189a Old Brompton Road, London SW5 0AR.

National Lead Free Petrol Week **Date: Week beginning 25 September.** Nationwide events, special BBC "Blue Peter Poster Competition" winners announcement, public education programme on Radio 1, plus a host of local events. Look out for them.

Health Education/Promotion - Whose Responsibility? One day national Conference organised by Halton Health Education Advisory Service (Cheshire). Venue: Mollington Banastre Hotel, Chester. **Date: 11 October.** Cost: £60. Details: Mrs. Isabelle McFadden, Health Education Unit, Flat D, Block 10, Halton General Hospital, Runcorn WA7 2DA. Tel 0928 714567 ex 3415.

Good Practices in Mental Health - Forward to the 1990s. One day conference to explore the implications of the Government's proposals for mental health care. Organised by Good Practices in Mental Health. Venue: Westminster Central Hall. **Date: 12 October.** Cost: £45. Details: Good Practices in Mental Health, 38-384 Harrow Road, London W9 2HU. Tel 01-289 2034.

Health & Environment Workshop. Organised by H & E. Workshop. to try and bring together those working on health issues and those campaigning on the environment. Venue: Regent's College, London. **Date: 14 October.** Cost: £10. Details: Cathy Attlee, 16 Ranelagh Road, Wembley, Middx. HAO 4TP.

Joint Seminar on Self-Governing Trusts organised by NAHA and "Capita Training Ltd." Venue: Regent's College, London. **Date: 19 October.** Cost: £95.00 plus VAT. Details: Capita Training Ltd., Park Gate, 21 Tothill Street, London SW1H 9LL. Tel 01-799 1525. Capita Training will also be holding seminars in London on 17 **October** and in Leeds on 28 **November** on the **implications for information technology strategies of the NHS White Paper.** Price £97.75 or £109.25 if the fee does not accompany booking form. Further details from Capita Training as above.

Working for Users - Empowering the Users of the Health Services. A Clem Thomas Memorial Conference, organised by the Socialist Health Association. Speakers include Fedelma Winkler, Director of GLACHC, Sylvia Hikins, Chair of Liverpool Southern CHC and David Hill, Director of MIND. Venue: Essex Hall, London. **Date: 28 October.** Cost: £5. (£2 unwaged). Further info and tickets from: SHA, 195 Walworth Road, London SE17 1RP. (01-703-6939).

The NHS Review - Will it Work for Children? NAWCH Annual Conference takes this as its theme. Venue: Kensington Town Hall. **Date: 30 October.** Cost: £45 including lunch. Details: NAWCH, 29-31 Euston Road, London NW1 2SD.

Arts for Health is holding its first Annual Conference. Venue: Britannia Hotel, Manchester. **Date: 2/3 November.** Arts for Health is a new voluntary organisation set up in 1988 to provide advice and information for those whose responsibility is in the provision of arts programmes within healthcare environments - hospitals, hospices, healthcare centres, both new and old. Details of the organisation and Conference from: Arts for Health, Manchester Polytechnic, Loxford Tower, Manchester M15 6HA. The Conference will be opened by the president, Sir Richard Attenborough. Further info: Mr Peter Senior, Tel 061-236 8916 or 061-228 6171 ext 2654.

Providing care in the Community is the name of a conference being held by the Housing Centre Trust. The fee is £55 and will be held on 9th **November** at the Geological Society, Burlington House, Piccadilly, London W1. Further details from the Housing Centre Trust, 33 Alfred Place, London WC1E 7JU tel 01-637 4202 or 01-636 6796.

A two day workshop, **Clinical Audit: Can it work for Patients** will be held in Birmingham on 22nd and 23rd **November.** CHCs should be eligible for the lower price of £100. Over night accommodation must be organised independently by delegates. For further details contact Catheryn Stokes on tel.no 01-671 7521.

Sexuality & Physical Disability. A two-part residential course

aimed at addressing issues related to how physical disability can affect personal and sexual relationships and to identify ways of working with people to help overcome some of the problems. Organised by the Newcastle Council for the Disabled. Venue: Fairfield House, Stanhope, Bishop Auckland, Co. Durham. **Date: 21-24 November.** Cost: £300. Details: Miss Jill Cowen, Newcastle Council for the Disabled, the Dene Centre, Castles Farm Road, Newcastle-upon-Tyne, NE3 1PH.

Towards Responsive Services. Conference for Senior Public Sector Managers and Health Professionals. Organised by the King's Fund Centre. Venue: Brighton Metropole. **Date: 23/24 November.** Cost: Residential £185. Non-residential £120. Details from: RIPA (who are organising it), 3 Birdcage Walk, London SW1H 9JH.

Ethical issues in Cancer Care Conference organised by Marie Curie Memorial Foundation. Venue: Robin Brook Centre, St. Bartholomew's Medical College. **Date: 28 November.** Cost: £30 including lunch. Details from: Geoffrey Bowring, Marie Curie Medical Foundation, 28 Belgrave Square, London SW1X 8QG.

New Directions for Child Care Services. Joint NAHA/NCB Conference. Venue: Kensington Town Hall. **Date: 6 December.** Details: Sharon Hurlock, NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

What, No Knickers? A major conference to launch the specifications for clothing worn by people in NHS care and show how the needs of wearers should be met. Conference organised owing to the overwhelming response to the Disabled Living Foundation/Royal College of Nursing/ King's Fund initiative on the subject. Venue: Kensington Town Hall. **Date: 23 March 1990.** For further details, cost etc., contact Jane Morrison, Events organiser, Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED. Tel: 01-242-1941.

INFORMATION WANTED

Dudley CHC would be grateful if colleagues with specialist Hand Care Centres or Clinics in their Districts could let them know how they work with regard to referrals, and what their relationship is with the Accident and Emergency Departments.

Gt. Yarmouth & Waveney CHC is keen to establish Local Health Committees to monitor the provision and quality of health service in particular localities and to help local communities to define their own health needs. Members have been debating the composition, size, funding and servicing of such committees and ideally would like to establish such a Committee in each "natural" community. However the DHA's proposed patch community health service system is based on much larger areas and the CHC has not the human or financial resources to service and fund such Committees. This CHC would welcome information from CHCs who might have launched similar initiatives. Members would like to

know who are the committee members, who nominates or chooses them, how big is the committee, how frequently does it meet, how is it serviced, what links does it have with the CHC, how much does it cost, who funds it, is it successful and in what ways?

Hampstead CHC is becoming increasingly concerned about the time it is taking to complete an investigation once a complaint has been referred to the RMO. A recent complaint took six months even before the first interview was carried out with a complainant. Have any other CHCs had similar experiences? ACHCEW too would be interested in hearing from CHCs on this subject, possibly to take it up as an issue depending on how big the response is.

ACHCEW would like to hear of CHCs' experiences of problems with the audiology services and the availability and ease of acquiring hearing aids, direct referral systems and audiology vocational qualifications. The Department of Health has promised consultations on these subjects later in the year in which ACHCEW has asked to be involved.

Barnet CHC recently circulated a questionnaire on Waiting Lists among Barnet GPs to find out how they refer patients and what information they used to make their decisions. It was clear even from a relatively small sample that doctors do not tell patients that waiting times may vary between hospitals. Have any other CHCs done a similar survey as Barnet would like to hear from them and compare results.

Barnet would also like to know whether other CHCs know of hospitals which had recently adopted a successful co-ordinated approach to signs which could be used as a model.

N.W.Herts CHC would like to know how many DHAs have more than one District General Hospital? Assistance from other CHCs would be appreciated as quickly as possible.

Wirral CHC would like information on how frequently DHAs meet in other health authorities. Their DHA has cut its full public meetings from 12 per year to six. There are additional "informal meetings" to which a CHC observer can attend but no press or public.

The Nuffield Foundation is funding an enquiry into children as day case admissions, to be carried out by Caring for Children in the Health Services - which is made up of the Royal College of Nursing, British Paediatric Association, British Association of Paediatric Surgeons, NAWCH and NAHA - as a sequel to their research studies on children admitted to hospital and ward attenders. The overall aims include being able to recommend an appropriate policy statement on day case admissions which can be used by health authorities as a basis for their own policies and to establish procedures and standards of practice. For further details of areas to be covered and dates for written and oral evidence, please contact the Project Officer, Mrs. R. Thornes, 7 Belgrave Place, Clifton, Bristol BS8 3DD. Tel: 0272-733885.

ACHCEW has already submitted preliminary evidence to Caring for Children in the Health Service.

DIRECTORY CHANGES

Page 3. HUDDERSFIELD CHC. New Secretary - Mrs Cherry Hunter.

Page 8. HUNTINGDON CHC. Tel. No. 0480 451657.

Page 13. CANTERBURY & THANET CHC. Tel. No. 0227 766011.

Page 17. SALISBURY CHC. New Secretary - Brian Burton.

Page 18. SWINDON & DISTRICT CHC. New Tel. No. 0793 531008.

Page 21. SOMERSET CHC. New Address

The Ground Floor

The Cottage

Osborne House

Trull Road

Taunton TA1 4PX Telephone number unchanged

The National Association of Health Authorities has also changed address. From 11 September their new address has been:

NAHA

Birmingham Research Park

Vincent Drive

Birmingham B15 2SQ

Tel: 021-471-4444