COMMUNITY HEALTH NEWS

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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NEWS

The Growing Financial Crisis

A new cash crisis is looming for health authorities, which NAHA suggests may end up like the 1987 crisis, that led to the Government setting up the NHS Review. Nine out of 10 health authorities face making cash savings this winter to stay within budget according to the NAHA report (**Health Service Costs: The Autumn survey of the Financial Position of District Health Authorities 1989** Price £4.00). This will mean at least 30 Health Authorities closing beds and making cuts in services this winter. Others will be freezing recruitment and 23% are likely to scrap or postpone spending plans, or increasing their debts to suppliers the survey suggests.

Meanwhile the tight financial situation is beginning to bite. In Kettering new operating theatres are having to be mothballed and a new cardiology unit is being postponed in Oxford. Oxfordshire is facing a deficit of £500,000, Salisbury £336,000, Winchester £500,000, North Manchester £350,000, Salford £320,000 and Coventry £300,000. Surgeons at the Royal Berkshire Hospital in Reading have been told to slow down and treat fewer patients because the authority is facing an overspend of £600,000. They are cancelling all planned surgery over the four-week Christmas period and have postponed the appointment of a badly needed consultant in obstetrics and gynaecology.

In London, Bloomsbury Health Authority has adopted a virtual ban on prescribing drugs to out-patients. Patients are told to get them from their GPs who are not yet cash limited. The Whittington Hospital in Islington is already having to close 65 beds, while St. Bartholomew's is closing 75. In both cases doctors are doubtful if they will ever be reinstated. Doctors at the Whittington Hospital have been told to reduce the number of patients they see by between 10 and 15%. Patients are also being discharged into the community too soon, according to some doctors.

Tower Hamlets DHA, however, threw out management proposals to close wards in order to stay within budget. It had been asked to close either a surgical ward at the London Hospital for five months or two wards at the Mile End Hospital as the authority is already overspent by £200,000 in the acute services budget alone, and faces an overspend which is projected to rise at the current rate by £1.3M by April 1990.
(The Independent 1.11.89 , The Observer 15.10.1989, The Guardian 1.11.1989 and Health Service Journal 5.10.1989.)

Pay Deters Students

More than 40% of student nurses plan to leave the NHS after they qualify, according to COHSE. COHSE conclude that pay review has lowered morale, with more than 50% of the 1,878 reespondents to the survey saying they were unhappy with their grading. More

than 44% of nurses have appealed against gradings. Staff in psychiatric hospitals and in psycho-geriactric fields, as well as those who work part-time or undertake night work, - have lost out particularly badly in the grading review. The regional consistency of grading indicated that quotas had been imposed, despite Government assurances that this would not happen. Over half of those questioned had "caring responsibilities" at home and a third had young children but only 13.6% had access to creche facilities. (**The Guardian 9.10.1989**).

Growth in Numbers of People HIV+ Should Give Cause For Concern.

The HIV virus now appears to be spreading faster among heterosexual men and women than among male homosexuals, for the first time, according to the latest figures from the DoH. They show an 11.5% increase in HIV infection among heterosexuals, compared with a 4% increase in all groups combined. Of the total of 11,218 people now known to be HIV+ but who have not yet developed AIDS, less than half are homosexuals and and 1167 are women.

Although only 714 of the total are recorded as having acquired the virus through heterosexual intercourse, the rate of increase is proportionately greater now among heterosexuals. The figures show that almost five people a day are becoming infected but it is considered that the data considerably understate the scale of the problem as it shows only those who have had a positive test result. Dr. John Dawson of the BMA Foundation for AIDS says that he believes people are becoming complacent about heterosexual risks and that the Government should be doing far more in the field of Health Education. (**The Times 12.10.1989**)

Deputising Services

A GP has a primary obligation to give medical treatment personally, although he may use a deputising service which provides cover by other doctors, so long as he takes reasonable steps to ensure continuity of treatment. However, an FPC may impose conditions limiting the number of times a doctor may use deputising services. This was the finding of a High Court case, following a decision by Coventry FPC which imposed a limit on the use a Dr. Anthony Spencer made of the deputising service. The limit was 15 calls per 1000 patients per month. Dr. Spencer appealed to the Health Secretary, who upheld the decision of the FPC. Dr. Spencer then applied for a Judicial Review. Counsel for the doctor argued that it was unreasonable to set any limit as in reality doctors acted responsibly in these matters. The opposite case was that if there was no limit, then, in practice, there was nothing to stop a doctor sub contracting out all his work and that protestations that doctors act responsibly "were beside the point". At the end of the hearing the case for the Secretary of State and the FPC was upheld. (**Guardian 10.10.1989**).

New Proposals for Dentists

All dental treatment under the NHS will carry a 12 month guarantee once the new agreement between the DoH and dentists is ratified. Under the proposals patients will register with a dentist, as with a family doctor, for the first time. The dentist will have to give them a "treatment plan" and an estimate of the cost before each course of work. The changes, the most sweeping within the profession since the NHS was established, are designed to encourage dentists to do more preventive work and less drilling and filling. The present "piece rate" system rewards best dentists who do the most "drill and fill" work. It is to be replaced in part by a capitation system for providing long term care.

Dentists will be paid a flat rate annual fee for each person under 18, regardless of the work carried out. Fees dentists are paid for treatment on adults will be cut by 10%, the charge patients pay is likely to stay the same and the money redistributed as "continuing care" payment. Adults will be required to sign a two-year contract which will entitle them to the free replacement of fillings, root treatments, inlays or crowns that fail within 12 months and to a "charge estimate" before work starts.
(Guardian 8.10.1989)

Design Teams Sold to Private Firms.

Nine out of fourteen RHAs have completed, or are planning, the sale of their hospital design teams to private firms, and others are putting divisions on a freestanding commercial footing. The sell-off follows frustration at low rates of pay which have fallen up to 20% behind commercial rates for staff such as architects, building engineers and quantity surveyors. The S.W. RHA has just transferred its 100-strong building design staff to a private firm of consulting engineers, MRM Partnership, on the understanding they will continue to work on more than £100M of hospital developments in Bristol, Truro, Taunton, Exeter and Plymouth. Wessex is expected to be the next to announce the sale of services, while Oxford RHA broke up its team last May. The DoH confirmed that RHAs were selling off their design teams but denied they were being forced to do so through private sector wage competition. **(Daily Telegraph 12.10.1989)**

Resources in Mental Health

For the last four years the development team at Good Practices in Mental Health (GPMH) has focused on the establishment of district wide mental health forums for users only. These have been the Islington Forum, Lewisham Users Forum and, most recently, Connections (Harrow). In conjunction with the work at Harrow GPMH has changed its focus in relation to assisting in the development of user groups. It is now offering a resource to

mental health user groups throughout the London area.

GPMH will work with newly formed as well as long-established groups and are prepared to consider whatever needs groups identify as being necessary for their maintenance and development. This may include help in formulating an effective constitution, assistance in applying for charitable status, helping groups to determine funding requirements and helping them make applications, helping groups decide what their particular needs and requirements are and, where appropriate, identifying relevant training agencies and courses. Help will also be given to groups to run their own workshops or prepare presentations as well as to assist in publicising themselves. User groups interested in joining this resource or any users (or ex-users) who would be prepared to join an advisory group to this work, please contact Chris Halford, Development Officer, Good Practices in Mental Health, 380-384 Harrow Road, London W9 2HU.

Speech therapy and educational need

In May this year, an appeal by Lancashire County Council on an application for judicial review on behalf of a young person with a severe speech defect and hearing problems was heard. The history to the case is as follows: after extensive tests it had been decided that the young person required continued speech therapy together with a teaching environment catering for his very special language needs. Problems arose when the boy reached junior school level where the number of sessions he was allowed dropped below those recommended. A letter from the mother elicited a response from the District Education Officer which suggested that speech therapy on a regular sessional basis constituted "non educational" provision. The suggestion was made, after much argument, that the boy should have individual speech therapy sessions under the responsibility of the DHA but the DHA said that current restraints on its service meant it could not provide such a service. The family then became caught in the cross fire between the education and health authorities as to who should provide speech therapy. This brought about the judicial review.

Section 8 of the 1944 Education Act imposes on the education authority the duty to provide appropriate schools and include provision for children with special needs. Regarding children who are handicapped but who are are not attending special schools provision should be made for the partially deaf, for supervision for diabetic children and "for a pupil suffering from a speech defect other than an aphasic pupil, special training and treatment by a duly qualified speech therapist."

The Review looked at all the different regulations on education which had been brought in in recent years, including the latest Education Act and also at the findings of the various Commissions and committees. It made two main conclusions, firstly that while it was not for the court to tell a council how to perform its duty to provide speech therapy if a DHA was unable to do so,

there is nothing in the NHS Reorganisation Act of 1973 which prevents a local education authority from employing speech therapists if that should prove necessary to enable it to comply with its statutory duties. Alternatively it might go to another DHA or to a private therapist. Secondly, speech therapists were judged to be able to provide "special educational treatment". The term "therapy" in this context was interchangable with "speech teacher" or "speech trainer". Therefore the judgement made by the divisional court, that speech therapy can be a special provision within the meaning of Section 5 (1) of the Education Act was properly made. And therefore the provision became a responsiblity of the Council.

Nottingham Sleep Clinic

Local GPs have welcomed the city's first sleep clinic which has attracted widespread local interest. It is run by clinical psychologist Maureen Tomeny. She found that in a study of a local practice, most benzodiazepines were prescribed for older people who could not sleep so she aims to do something about it. "We assess the person's 24-hour routine to find out if they nap, fail to exercise or do not have a bedtime routine of winding down. The second session educates people about normal sleep patterns and the limited value of sleeping pills. The third session identifies the specific sleep problem and then we teach them strategies to overcome their problem." (**Pulse 7.10.89**)

Keeping Out The Cowboys

Britain's growing band of private domiciliary care providers will get their own voice with the establishment of the United Kingdom Home Care Association. Latest estimates are that there are now more than 500 licensed home care organisations caring for some 45,000 people in their own homes. Concern about the opportunities this hard-to-monitor sector could offer unscrupulous operators has led to growing calls for a code of practice to govern operations. (**Social Work Today 26.10.1989**).

Nurses Should Speak Out

The UKCC has warned that nurses who do not speak out about inadequate resources and waste in the health service could risk being struck off the professional register. A hard-hitting advisory document, mailed to all the country's qualified nurses, maintains that individuals should not be intimidated by their employers and should make it clear when levels of staffing and resources are jeopardising patient care. It states that the registered nurse, midwife or health visitors must make appropriate representations about the environment of care a) where patients or clients seem likely to be placed in jeopardy and/or standards of practice endangered and b) where the staff in such settings are at risk because of the pressure of work and/or inadequacy of the resources." The document also points out that it is wrong for any nurse "to pretend to be coping with the

workload, to delude herself into the conviction that things are better than they are." (**Primary Health Care October 1989**)

AROUND THE CHCS

Aylesbury Vale CHC has informed us that its Chairman, Mrs. Caroline Abel Smith, has been appointed as one of three lay members for England to serve on the General Dental Council from 1st October 1989 for a period of five years. She says that this "came like a bolt out of the blue", but is naturally pleased that the voice of the consumer is to be recognised. She has been a member of this CHC since 1982 and before becoming chairman, was Vice Chairman for two years.

Dewsbury CHC has written to Kenneth Clarke expressing its alarm on hearing on the 26 September that the DHA had a projected overspend by April 1990 of between £600,000 and £1M. The CHC is at pains to point out that it does not blame Authority Officers for this as it has been caused quite simply by underfunding. The Government has acknowledged the district has special needs, being at the top of the league for circulatory and heart diseases but the DHA still does not receive enough money to run the appropriate services. There has also been a severe reduction in bed numbers which has resulted in the doubling of waiting lists.

The situation, says Dewsbury, "is intolerable. Every day over the last few weeks we have been contacted by medical and nursing staff, administrative staff and patients or relatives expressing concern about bed reductions, ward closures and the standard of care provided. The nursing staff particularly are immeasurably distressed that they cannot provide the care which they were trained to give and which patients need, because there are simply not enough staff." Examples are given of wards without sickness or holiday cover, only one qualified nurse being on a ward at night and only three or four at weekends. All staff regularly work unpaid overtime and have to take their meals on the wards. Pressure sores are a routine occurrence where they used to be unusual. "It should not happen and it is not an acceptable standard of service", continues Dewsbury and makes an urgent plea for its district to be treated as a special case.

Hampstead CHC. In its report **Choice with Efficiency**, Hampstead DHA proposed reducing its current family planning provision from 16 sessions at five locations to eight sessions at two. This was to save an estimated £20,000. A survey conducted by the CHC showed a high level of user satisfaction with the service. Reasons given for preferring clinics to GPs included women doctors, more time to talk, more convenient opening times and confidentiality. The clinics were also providing a wide range of well women services. 87% of users had, or would like to have, smear tests carried out at clinics and more than half the users taking part in the survey walked to the clinics and/or had journeys of less than 10 minutes.

The CHC initially opposed the cuts and made several recommendations as to how the service could be improved. These included better publicity (the DHA poster was widely criticised even by those in favour of the cuts), and the adoption of a walk-in service to operate alongside appointments. At a later stage, after further discussions, the CHC submitted a revised proposal which would enable the DHA to make savings of about £12,500 while still maintainng what it felt to be a minimum acceptable service. However in June the DHA turned down even the revised proposals but because the CHC objected, the DHA had to submit its plans to the RHA and these were considered last September. The RHA was not at all satisfied with the drastic cuts proposed and indicated that the new proposals for the number of clinics be revised and urged the DHA to try and reach agreement with the CHC. The DHA has now asked the CHC whether it would consider accepting less than 11 sessions at four locations.

Milton Keynes CHC has been seeking clarification from the Department with regard to the rights of extra-territorial CHCs to object to changes of use in health buildings. This arose out of a decision by Aylesbury Vale DHA to close 43 acute beds which was vigorously opposed by Milton Keynes CHC. Apparently Aylesbury Vale CHC has agreed to the proposal although with considerable misgivings. Milton Keynes drew the attention of the Department to the circular governing closures and change of use (HSC (IS) 207) which states that when more than one CHC is involved, possibly in different areas, consultations should take place between the relevant CHCs and AHAs concerned... and their views fully disscussed before final agreement is reached. As Milton Keynes had not agreed to the proposal it felt the proposals should be referred to the RHA.

The reply from the Department said that in such cases all relevant CHCs should be consulted, not just the one. As to the right of respective CHCs to object formally, "our advice is that any council whose population has substantial use of the service in question should have the right to object, although substantial use would be for the DHA to determine. In the case in point it would appear that, having consulted with your CHC, Aylesbury Vale HA consider there to be substantial use of their service by the population of Milton Keynes." The CHC asks if this is a precedent?

Central Birmingham CHC has discovered that the Birmingham General Hospital is running a private physiotherapy service, which runs from 4.30 pm. to 6.30 p.m. and for which a fee of £13 a treatment is charged. Apart from bringing this to our notice, the CHC would like to know of any similar schemes elsewhere and also if other CHCs have opinions about the appropriateness of such schemes. They would also like to know whether private physiotherapy services provided in NHS Hospitals are becoming more numerous and what the legal position of such services might be. Secretary Stephen Pattison would like to hear from you with

regard to these points.

Islington CHC was given a presentation from the Islington Health Authority Estate Manager on the subject of Capital Schemes in Islington, he explained a scheme to extend the diagnostic block at the Whittington Hospital which has yet to be approved by the RHA and DoH. Doubt has been cast over the scheme by the problems that the RHA is having funding its capital programme. Up to 40% of the money coming in was from land sales and the drop in property prices has hit the programme severely. The CHC points out that "it is appalling that important hospital developments should be dependent on the vagaries of the property market".

East Cumbria CHC has expressed great concern that an epidural form of pain relief is still not available for mothers at Carlisle City Maternity Hospital. Mothers wishing to have this service could travel to Newcastle, not considered by the CHC to be a realistic alternative. A recent WHICH survey showed that one fifth of all mothers in other parts of the country choose this method. CHC Vice Chairman Mrs. Elaine Collinson said: It appears to me to be extraordinary and disgraceful that in Carlisle men wishing to have a prostrate operation can have an epidural anaesthetic and yet mothers are not able to have this choice when giving birth". A member of the public attending the CHC meeting commented: "I wonder how many women were involved in the decision to withdraw the epidural service from the City Maternity Hospital?"

From Northampton Health Authority

We have received a letter from Dr. R.G. Daniels, Consultant in Accident & Emergency Medicine, taking up an item in last month's Newsletter under the heading **Trauma Centres.** This quoted a consultant at a recent conference who said that 5000 people die unnecessarily each year following road traffic accidents. Dr. Daniels says that this is only true insofar as accidents need not happen. "These 5000 do not die because of deficiencies in management. The figures produced by the Royal College of Surgeons' original report are contentious in any case and the debate on Trauma Centres is still raging." He continues: "What most of us working in A and E Medicine feel is that we haven't yet got the resources to run our departments properly; by that I mean that almost all the departments in the UK are understaffed in nurses and doctors. Once we have achieved proper levels of staffing and can get the co-operation of our colleagues in establishing Trauma Teams then the position will be much improved and it may well be discovered that in this country Trauma Centres are not necessary. Donald Trunkey and Howard Champion served a useful purpose in drawing attention to some of the problems but Lhey also have a self interest in promoting Trauma Centres."

FROM THE JOURNALS

Deprivation - Differences in Mortality

To try and discover reasons for the difference in mortality between Scotland and England and Wales, a measure of deprivation was studied. This comprised overcrowding, male unemployment, low social class and not having a car. Data for Scotland for the years 1980-82 showed this measure to be strongly associated with mortality, with gradients being particularly steep in young adults. Deprivation was much more severe in Scotland than in England and Wales. These findings suggest that much excess mortality may be ascribed to more adverse conditions. Standardising the mortality ratios to take account of the relative affluence and deprivation of the two populations led to the differentials observed being radically adjusted, while standardising for social class had little effect. If the deprivation measured is based on where people live and the conditions in which they do so then many of the limitations associated with using social class only as a basis disappear and this method also shows greater discrimination between populations.

These measures of deprivation provide a powerful basis for explanation of health differences and, says this report, should form part of the 1991 census output to facilititate their use on a consistent basis.
(BMJ 7 October 1989)

Doctor, Doctor. is the title of a feature article in **WHICH** magazine covering the results of a survey it carried out in April this year on what people expected of the service provided by their GP. The main message was that patients wanted more time with their GP when they went for a consultation. People also requested that their GP spend - "more time explaining about my illness", "more time explaining about my drugs" and "more time spent listening to me". More than eight out of ten of those surveyed said it would be important to them to have more information about the specialist their GP was referring them to, and more than seven out of ten said it was important to have a choice of hospital to which to go.

Shorter waits at the surgery and more helpful receptionists were rated as important changes by eight out of ten and a "nicer waiting area" was requested by just over half. Three out of four thought it important to know how to complain about a GP. Home visits and health checkups were important to all ages and the age divide showed up in the importance people attached to seeing their own medical records: over-44s were less concerned than younger people. About eight out of ten women thought it was important to have a nurse at the surgery to talk to, compared with six out of ten men.

The message to the GPs is: slow down, don't reach for the

prescription pad as the next patient walks in. Patients today want to be more involved in their treatment and to understand what is going on.

However, whether or not patients are going to get what they want under the terms of the new White Paper is rather more doubtful. Briefly, the authors of the **WHICH** report don't think you'll get more time with your GP because the new contract encourages him/her to take on more patients by giving them less money for simply being a GP. There may well be problems in getting expensive drugs and it might well be more difficult to find a GP to take you on if you are either elderly or chronically ill. Hospital choice will be limited to what your GP decides with regard to his budget, you may have to travel further to hospital and there is no way you can tell if your doctor tells you you cannot have the drugs or treatment you request whether this is because you don't need them or he/she is trying to save money. Neither will you be able to pay towards the cost of NHS drugs or treatment if you feel you need them.

As a footnote, the authors cite a case where the GP of a Mrs. Y has already been refused a prescription for her drugs - well in advance of the new drug budgets. She suffers from a condition which means she cannot get pregnant easily and the doctor at the fertility clinic had prescribed a special drug. In April this year she went to her doctor for a repeat prescription and he told her it could not come out of his budget. "I was so upset I said I'd go elsewhere", she says, "and as I left he said 'good riddance'." The local FPC found her another GP but he warned her that if the treatment gets too expensive he will not be able to continue with it. (**WHICH October 1989**).

Resourcement Management the London Way

In the light of what will be in store for hospitals with regard to resource management, the **British Journal of Healthcare Computing** (October 1989) looked at the London Hospital's "on-line transaction processing system" which provides vital information for resource management, improving patient care and budgeting. Its system is thought to be in the vanguard of hospital information developments. However the system was developed primarily with the provision of care for patients in mind, the resourcement management side developing out of that.

The London Hospital consists of a four site complex in the East End of the city and considers it has a unique approach to resource management which involves the generation of desired information as a by-product of a comprehensive and fully integrated hospital information system, known for short as THIS. The entire hospital is linked to the system, with every ward having a terminal and every department, doctor, nurse, paramedic and administrator having access to the system. The system is based on the DEC VAX minicomputer system and is in constant use. It has been in operation since 1985, having evolved from an earlier one installed in 1972 and it is now considered to be the

most advanced in the country. THIS serves not only acute sites at Whitechapel and Mile End but also two other hospitals which provide psychiactric services and those for the elderly. A huge database contains every patient's name and details together with the name of every consultant and ward. This forms the core of the system.

A menu offers users an extensive list of information, such as current waiting lists by patient name or by consultant, ward lists, planned operations, laboratory test progress and results. Access is limited by entry codes to those to whom information is relevant. Receptionists, for example, can pull up information relative to waiting lists and patient details but cannot call up test results from the path.labs. Nurses and clinicians can track the progress of patients through the hospital system via the ward terminals and a sister can call up the list of admissions for the day and check on what kind of cases are coming in so that she can prepare for serious or unusual eventualities.

Model Practice Leaflets

Practice leaflets produced as guides to GP services have been used by an FPC to draw up a model for all doctors to follow. Solihull FPC has also produced a model leaflet but some FPCs have been issuing warnings that there may well be further guidance on the subject so that possibly GPs should not rush into printing the new leaflets immediately. (**Doctor 26.10.1989**).

CHC PUBLICATIONS

Caring Experiences in Bradford is the latest report to come from Bradford CHC. It opens with a moving quotation: "I feel like an island, cut off from the rest of Bradford. My husband went into hospital and this stranger came home...since then I have been psychotherapist, physiotherapist, speech therapist, wife and mother too. Where is the help I need?" Carers interviewed reflected the national trend, ie.. most were female, 81% being women and 19% male. The youngest was 33 and the eldest 83, an average of 55 years. One carer cared for two relatives, the rest for one. The conditions of those being cared for varied widely - from Alzheimer's disease, through brain tumours and cerebral palsy, to ovarian cancer, motor neurone disease and senile dementia. Carers themselves suffered from a wide range of problems from angina and asthma, through back problems and duodenal ulcers, to high blood pressure, kidney trouble, migraine, poor sight, rheumatism, sleeplessness and stress.

The simplest need was for someone to talk to. 94% expressed such a need. One carer had, literally, nobody to talk to. Carers relied on relatives, friends, health visitors and community health workers to listen to their problems. They all expressed concern that people would get "fed up" with listening to them. Self-help groups were found to be very useful as they could let

off steam to each other. 82% thought their job could be improved by professionals and they wanted far more information. Carers in regular contact with a social worker fared best at obtaining information.

The CHC found no single profession or agency with primary responsibility for providing information or advice and that information was fragmentary. The same appeared true for help received for the wide range of problems carers encounter - medical, legal, remedial, social, emotional and financial. A number of recommendations are made including the need for more information on medical conditions and the extra help available to carers.

Three Reports have come in from Salford CHC. The first, on **The Effect of Regional Specialities at Royal Manchester Children's Hospital on District Paediactric Services** came about through the interest of the CHC including concern that speciality services could "suck in" resources to the detriment of those of a district, that services which were Regional Specialiaties should be designated as such, that such specialities were under resourced, that there should possibly be a single specialist paediatric hospital and that to see if Regional Specialities brought "knock on" benefits for district services. The survey showed that while these Specialities are indeed the big spenders, there was no firm evidence to suggest that this was at the expense of district services. Resourcing in general was, however, a problem. The question of whether such services benefitted Salford as a whole or whether they did divert resources from hospital and community services was not finally resolved but on balancce evidence suggests that they bring net benefits to Salford. The CHC recommends detailed information being collated and circulated on specialities within the Region.

Salford also looked at **Orthopaedic Services** and **Family Planning Clinics.** On the former, the position reflects more general national factors such as under-resourcing. It is foolish, says the report, to pretend that inadequate resourcing - when compared to demand - is not a significant factor in the problems experienced by orthopaedic surgery. A second factor is that analysis of causes of death in Salford show the mortality rate for accidents to be significantly greater than that nationally. The CHC gives a long list of sensible recommendations including the suggestion that an analysis of causes of death and serious injury should be carried out and the DHA should then instigate a vigorous accident prevention campaign in collaboration with other agencies. The family planning report resulted from concern about the lack of progress made on the recommendations of a previous CHC report into this area. The CHC looked at the subject again in the light of threats of further cuts to clinics. In its latest submission, it points out that detailed national research has shown that GP and DHA services are complementary, not a duplication and that DHA services are cheaper and more cost effective. It is not known what qualifications GPs have or whether they could assimilate the extra work. DHA clinics are

already inadequate and regularly run over time, relying on the goodwill of the staff. Staff frequently work unpaid overtime to keep them going. The CHC also considers that FP services should be included in AIDS planning.

South Cumbria CHC in conjunction with the DHA has produced a report on customer satisfaction with regard to community health clinics. On the whole those using them were satisfied and appreciated the services they offered. Overall the comparatively small drawbacks found in some cinics were outweighed by their convenience and social usefulness. There was overwhelming support on the part of users for their retention.

Milton Keynes CHC has produced that most useful of directories, **A Guide to Old People's Homes** in the Borough. It gives a comprehensive list of facilities for each, the cost per week, staffing, medical arrangements, patients' rights, leisure and recreation facilities, reasons for discharge and observer's remarks. Milton Keynes list residents' rights as i)to be treated with dignity, ii) general privacy, particularly with visitors, iii)be able to exercise rights as a resident and as a citizen in the community, iv) control over daily activities, for example, when to bath or go to bed, when and what to eat, v) choice over room mate.

Clywd North CHC has produced a major **Briefing Paper** evaluating renal services in Wales with particular reference to the role of subsidiary renal units. The original document ran to 173 pages and this is the edited version which still covers all the ground of the original. It is an extremely comprehensive document, covering all aspects of the subject from resourcing, through the services provided, to clinical benefits, qualys and contract dialysis. Available from Clywd North CHC Price £2.50.

GENERAL PUBLICATIONS

We have received two reports from the National Audit Office. The first is on **Hospital Building in England.** It looks at the performance of the building programme as against time and cost and whether this programme has met service needs and quality standards; the effectiveness of the DoH's oversight of the capital building programme and the extent to which RHAs and DHAs had implemented their additional delegated responsibilities.

On the building programme the NAO felt there was scope to reduce the time taken to build NHS hospitals, particularly during the initial stages, compared to the private sector although it also considered that in practice, private hospitals took longer to build than those building them said they did. The ratio was in the region of three years to two with the private sector paying a premium for a "fast track approach". The NAO were not particularly happy with the efficiency of the Oversight of

projects pointing to long delays for even the early stage of Approvement in Principle submissions. While the DoH have a comprehensive computerised system for monitoring building performances, there are defects in the basic data supplied by health authorities. On the management of hospital building, the increased delegation of the management of major schemes to regions and the appointment of Project Managers should improve the efficiency and accountability of schemes. **(HMSO £5.30)**

Financial Management in the NHS is the title of the second report. It looks at the subject as the NHS is presently organised. The NAO looked a cross section of 10 DHAs in three different regions. Basically, the NAO found health authorities working under financial constraints and a need to balance budgets, at a time of increased demand from demographic changes (ie an ageing population) and medical advances. Many DHAs faced deficits, with some regularly providing services costing more than their recurrent income. Short-term measures such as restricting manpower costs (in some instances making recruitment difficult in the future when finances permitted), reducing estate maintenance (leading to deteriorating estates and occasionally patient care being carried out in accommodation categorised as unsatisfactory) and curtailing service developments (often being unable to state that those cancelled were of a lower priority than those allowed to continue) were used by some to reduce overspends. Others were forced to close acute beds and curtail patient service facilities, although the report claimed that, in the main, this had had little effect on activity levels. However, one DHA admitted that closures had meant some women travelling 30 miles for maternity care and another had to review nursing resources to cope with the increased dependency of patients. One DHA did complain of a significant negative effect on acute patient services due to bed closures with waiting lists rising 44% compared with a predicted 12% rise if the bed closures had not occurred. DHAs were also transferring money from capital budgets to pay off overspends.

At the end of 1987-88 there was an estimated imbalance between the level of service provision and available resources of £100 million, which it is estimated has been repeated, although perhaps at a lower rate, in 1988/89. Despite this the Department of Health is still of the opinion that further economies can be made through cost improvements and by rationalising hospital services. The Department ruled out unplanned service reductions but acknowledged the need to reduce bed numbers where this was consistent with strategic plans and sound financial management. However, the Department did allocate additional funds to allow some closed services to re-open in recognition of the tight financial position. The resource management initiative is looked to as the means to achieving sounder financial control. The NAO note in their report that present basic financial data underpinning the information submitted to the Department of Health for monitoring and review is sometimes of poor quality. More finance staff are also needed. The availability of "spend to save" funding is also recommended and the greater freedom that

Self-governing hospitals will have to obtain capital is noted. (**HMSO £5.30**)

The **Drug and Therapeutics Bulletin** (Vol.27 No.20. 2.10,1989) takes as its main topic for this issue the subject of Relaxation Therapy for Hypertensive Patients pointing out that it is always worth trying to lower blood pressure without drug treatment by losing weight, reducing alcohol, stopping smoking and restricting salt in the diet. Other methods, particularly useful for people with mild hypertension where alternatives can help people to avoid the use of drugs whose side-effects may outweigh the benefits of treatment, included relaxation techniques. These were best carried out with a competent therapist. The report notes that the NHS cannot provide the therapists for the number of hypertensive people seen by general practitioners. Therefore, primary care workers need to learn relaxation techniques.

The report concludes that relaxation therapy for hypertension is not an easy alternative to drugs and that the discrepancies in published results of such treatment are not surprising when the variety of programmes, therapists and patients is considered. Positive results are most likely when the therapist uses a combination of relaxation, behavioural and cognitive strategies with a motivated patient who lives in favourable family and social surroundings. Further studies are needed to confirm the encouraging results noted so far and it is pointed out that it is a sad reflection on the financing of research that so much more is spent on the development of new and "me too" drug therapies. (Published fortnightly by the Consumers Association, 2 Marylebone Road, London NW1 4DX. Price £27 per annum).

To Market, To Market... is a research paper from NAHA which studies current trading activities in the NHS and the implications of the Government's provider market proposals. The results of a survey showed that 62% of all Health Authorities in England, Wales and Northern Ireland already have some experience of trading clinical services and that Health Authorities paid an estimated £18M to the private and voluntary healthcare sectors and to other health authorities in 1987/8 for the care and treatment of 20,500 patients. The NHS is a "net" exporter of patients, mainly to the private and voluntary sector and that geographical convenience for patients was one of the main factors influencing health authorities' decisions in choosing a supplier of health care. DHAs expressed satisfaction with the treatment received by patients, yet only 6% of 'exporting' authorities had explicitly tested patients' satisfaction and only 10% of DHAs were able to specify service standards in contracts with other healthcare organisations. The main messages from HAs who have traded include - make sure you know and trust your supplier, have written agreed policies on financial conflicts of interest, specify clearly what type of cases will be referred and keep patients informed at all times and ensure treatment options are discussed with them. Careful consideration needs to be given to

aftercare arrangements. Available price £10.50 from NAHA at Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

Mary Seacole was a remarkable Jamaican woman who, like Florence Nightingale, nursed in the Crimea but, unlike her famous counterpart, was never adequately recognized. Taking this as its starting point, the West Yorkshire Low Pay Unit has followed in her footsteps and produced a study, **Black Nurses in West Yorkshire** written by Marina Lee-Cunin. Unsurprisingly, and sadly, it shows how little prejudices have changed - if at all. Despite the fact that the NHS is the biggest employer of black people in the country, equality of opportunity does not seem to occur. Black people in West Yorkshire, as elsewhere, find themselves in lower grades. Their record of promotion is a poor one. It seems too that fewer young black people, like their white counterparts, are now entering the nursing profession. On the whole, those black nurses interviewed did not think that the trade unions adequately assisted them in their fight against discrimination. The report calls for a properly and fully implemented equal opportunities programme and in developing policies to promote racial equality, there needs to be full consultation with local black communities. Black people must support and trust such a policy if it is ever to be successful. Leeds Eastern DHA, it says, is a positive example of an authority trying to pursue such a policy. Available from WYLPU, Field Hill Centre, Bartley Field Hill, Batley, WF17 0BQ. Price £3.50

Age Concern has produced a briefing on **Discharge from Hospital** to summarize some points in the two circulars and explanatory booklet issued by the Department of Health. It suggests some of the implications of these for individual elderly people, their carers and others involved in working with them. It covers planned discharge, responsibilities, accidents and emergencies, local authority responsibilities, patients who need special attention, what happens if a patient cannot return home, notifying the GP, discharge to private residential and nursing homes and voluntary organisations. Available from Age Concern, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL. Single copies free.

Age Concern has also produced a **Charter of Rights** for elderly people to be used as a guide for organisations devising their own charters. It starts from the premise that each person has the right to a life which maintains personal independence, safeguards privacy, offers genuine and informed choices, provides opportunities to enjoy and contribute to society as fully as possible and meets their social, cultural and individual needs. Rights suggested include the right to receive a list of services the organisation provides, the right to easily understood information, to know how it can be obtained, for older people and their carers to receive an assessment of their needs and how to obtain this. They should have the right to know who makes decisions and the basis on which it is done, to know how services will be provided and who will provide them, to obtain a statement of the resources available to those who provide services, to ask

about their quality, the right of access to a complaints procedure, the right to confidentiality, the right to an advocate when necessary, a guarantee that these rights for the elderly and their carers will be upheld and a guarantee that the charter will be respected and its provisions reviewed in the light of shortcomings or new legislation. Copies are available from the address given above and Age Concern would also be interested in seeing examples of compiled charters. Copies are available free with an SAE from Age Concern.

This is "Europe Against Cancer Year" and the EEC's Cancer Co-Ordinating Group has produced a leaflet giving a ten point preventive code. This includes avoiding smoking, excess drinking, excess exposure to the sun and following health and safety instructions at work and in the home. Copies of the leaflet and posters are available free from: Europe Against Cancer, Jean Monnet House, 8 Storey's Gate, London SW1P 3AT.

On the same subject **Living With Cancer** is a booklet produced for professionals by Cancer Education Co-ordinating Group of the UK and the Republic of Ireland as a contribution to the special Year. It can be obtained free from the address given for the leaflets above.

Information for People with Arthritis is the self explanatory title of a useful booklet issued by Arthritis Care. It looks, among other things, at the range of treatment available including exercise, diet and both alternative and conventional treatments, the latter including drugs which are available. It also includes a directory of useful organisations. Specimen copies are available from Arthritis Care, 5 Grosvenor Crescent, London SW1X 7ER. Please enclose a 9 x 6 envelope with a 15p stamp.

Women Speak Out About A.I.D.S edited by Ines Rieder and Patricia Ruppelt is published here but comes from the USA hence reducing its immediate relevance somewhat. Most of it is taken up with case histories of women who have AIDS or who are now HIV positive, although these are very moving, there is a lot of overlap in the areas each case covers. However two points are very relevant - the first is that, as has already been noted, the number of HIV positive heterosexual women in this country is also steadily increasing and the second is the position such women find themselves in in a country where there is no NHS. It is not true that Medicaire comes to their aid. Just one example: "We soon found that Medicaire does not get you a doctor. In New York virtually no physician accepts Medicaire. The only other possibility was a public hospital clinic but Joan didn't have the stamina for the **two day wait** in the hospital necessary just for an appointment." (Published by Virago at £6.50)

Women, Health & Work is a report on the proceedings of the Medical Women's Federation 70th Anniversary Symposium in November 1987. It is in the form of seven papers covering different aspects of women and health, for instance Professor Hillary Graham looks at the "Pivotal role of women in the health

of the family" and "Have the changes in women's employment affected their health?" is the question addressed by Valerie Beral. It is available from the Medical Women's Federation, Tavistock House North, Tavistock Square, London WC1H 9HX. Price £2.50.

Pharmacy Survey 1989 A survey in North Essex outpatient pharmacies has shown patients know less about their medicines than staff realised. As many as 30% of patients did not know how to take their drugs or for how long and over 80% were unsure about possible side effects. Details of the survey are given in report form, along with recommendations such as drugs to be labelled in braile and ethnic minority languages. (Available from Standards Dept., North East Essex HA, Health Offices, Turner Road, Colchester CO4 5JR. Price £2.50).

Community Mental Health The planning of community mental health centres must show that some of the problems experienced in the States have been resolved, says this study. If the venture is truly to do with "community" decisions, then these must also be made about which clients can be seen. In the US, people with long term illness were ignored in favour of those with mild or acute depression and anxiety. The report looks at areas of strife and how to prevent them, relationships with the local health authorities and expresses concern that some of the useful therapies found in hospitals are missing from such centres. (Available from Good Practices in Mental Health, 30 Harrow Rd, London W9 2HU. Price £4.)

The Health Education Council will be producing **Nutrition Briefing Papers** on a regular basis, for health professionals. The first of these, called **Diet and Cancer**, written by Sheila Bingham, was prepared jointly by the HEA and DoH as part of the European Year Against Cancer. Suggested topics for future papers are **Sugar in Diet, Diets of Asian and Afro-Caribbeans in the UK** and **Diets for School Children.** The first is available from the Health Education Council free of charge. The HEA is also to have a Health Promotion in Primary Care Unit with a national remit. Any enquiries to Amanda Killoran at the HEA. The HEA is also preparing a paper on the implications of the NHS White Paper for health promotion/education. Anyone with any comments addressing this are please forward to Dr Jacky Chambers at the HEA.

REQUESTS FOR INFORMATION

The Joint NHS Privatisation Research Unit (set up by COHSE, GMB, NALGO, NUPE and the TGWU) is currently constructing a database containing information on all NHS hospitals that have "expressed an interest" in opting out of the NHS. To this end, they would be grateful for any information on local authority/community/ union ballots that have been, or are being, organised. The information forwarded will be used to demonstrate the degree of opposition to the Government's Health Service Proposals. Correspondence to: George McGregor, Civic House, 20 Grand Deport Road, Woolwich, London SE18 6SF.

The Social Services Committee of the House of Commons is to undertake an inquiry into the application of Clause 4 of the 1967 Abortion Act which provides that anyone with a "conscientious objection to participation in treatment authorised by the Act shall not be required to take part in such treatment." The Committee is particularly interested in the way that recruitment at all levels to gynecology and related disciplines is affected by this provision. The Committee would like to receive memoranda on the way in which the terms of this clause are applied. Interested organisations are invited to send such papers to the Clerk of the Committee, Committee Office, House of Commons, London SW1A OAA, by the end of November 1989.

The Department of Health has issued a new set of draft guidelines for local research ethics committees. For copies of the guidelines contact: Mrs. S. Devlin, Department of Health, Room 514, Eileen House, 80-94 Newington Causeway, London SE1 6EF. Deadline for comments 31.12.89.

URGENT Susan Bookbinder of London Weekend Television would like to hear as soon as possible from any CHC who has had a particular problem with dirty hospitals, where the hospitals have been put out to contract cleaning. It is for the EYEWITNESS programme and she can be contacted on 01-261-3516.

COMING EVENTS

Equal Opportunities and Policies and the Rural Voluntary Sector Half Day seminar organised by NCVO. **Venue:** Friends Meeting House Euston Road, London. **Date:** 16 November. Cost: £15 (including copy of research report, a guide to useful resources and lunch). Details: NCVO, 26 Bedford Square, London WC1B 3HU.

Positive Approaches to Community Care Conference organised by National Schizophrenia Fellowship. **Venue:** Winchester. **Date:** 15 November. Further details: Terry Hammond, NSF, 17 Oxford Street, Southampton S01 1DJ.

NHS Review and Community Services Conference organised by King's Fund. **Venue:** Kings Fund College. **Date:** 15/17 November. Cost: £395. Details: Programme Support Unit, King's Fund College, 2 Palace Court Road, London W2 4HS.

Independent Healthcare - The European Dimension Organised by Laing and Buisson. **Venue:** London Marriott Hotel, Grosvenor Square. **Date:** 16 November. Cost: £224.75. Details: Mari Martink Laing and Buisson, 1 Perren Street, London NW5 3ED.

11th Community Health Care Conference. Organised by Nursing Times and Community Outlook. **Venue:** Olympia. **Dates:** 21/23 November. Cost: £34.50 per day (lunch inclusive). Details: Christine Finn, Macmillan Magazines Ltd., 4 Little Essex Street, London WC2R 3LF.

User Participation in Residential Services Organised by Alcohol Concern. **Venue:** King's Fund Centre. **Date: 28 November. Cost:** £35.

Details: Pauline Guthrie, Alcohol Conern, 305 Grays Inn Road, London WC1X 8QF.

Community Care, The Future Organized by NCVO. **Venues:** London and York. **Dates:** 6 and 13 December. Cost: £20-£30. Details: NCVO, 26 Bedford Square, London WC1B 3HU.

Care for Mentally Ill People: implementing the Government's response to Griffiths is a conference to be held by the National Schizophrenia fellowship at Westminster Central Hall, London on 6th December 1989 price £30.00. Further details - NSF National Office, 78 Victoria Road, Surbiton, Surrey KT6 4NS. Telephone 01-390 3651.

New Directions for Child Health Services a one-day conference held by the National Children's Bureau and NAHA on Wednesday December 6th at Kensington Town Hal, London. Cost £77.05. Further details from NAHA Conference Office (see below).

The Community Care Conference. Organised by NAHA, sponsored by Peat Marwick. **Venue:** Queen Elizabeth Conference Centre, London. **Date:** 12 December. Cost: CHCs will be allowed to attend at the same rate as NAHA members - £102.35. Details: NAHA Conference Office, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

International Dental Congress - Towards 2000 Organised by the British Dental Association. **Venue:** Barbican Centre, London. **Date:** 16-19 May. (No fee decided as yet). Contact: Helen Mackay, Conference Services Ltd., 55 New Cavendish Street, London W1M 7RE.

DIRECTORY CHANGES

Page 4 WAKEFIELD CHC: New Secretary: Karen Dunwoodie

Page 8 HUNTINGDON CHC: New Secretary: Heather Wood

Page 19 MILTON KEYNES CHC: New Address: The Food Centre 795 Avebury Boulevard, Central Milton Keynes MK9 3JS (Telephone number unchanged)

Page 28 SALFORD CHC: New Address: 22 Church Street, Eccles, Manchster M30 0DF. Tel: (061)-789-0474.

Page 31 NORTH GWENT CHC: New Addrss: St. Michael's House, St. Michael's Road, Abergavenny, Gwent NP7 5AY. (The telephone number remains the same).