



COMMUNITY HEALTH

News

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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NEWS

New GP Smear Targets Already Causing Problems

A client of South Bedfordshire CHC recently received the following letter from her doctor:

"From our records it would appear that you have been offered and declined a cervical smear test on a number of occasions. Under the Government's new arrangements for General Practitioners, we are required to carry out cervical smears on all our female patients who have no medical indication to justify their exemption.

We would strongly advise you to arrange for a smear to be carried out, as soon as possible, as your failure to comply with this requirement may necessitate our seeking the removal of your name from our list of NHS patients and the termination of our services to you."

Secretary Richard Edwards immediately contacted the FPC expressing how "appalled" the CHC was with the attitude of the doctors and emphasizing that this was **not** the way professionals should ever respond. The patient had been deeply distressed and concerned, as the implication was that the test was compulsory. He asked the FPC to tell the doctors concerned in the strongest possible terms that the letter was totally inappropriate and noting that if, in their anger over contractual changes, doctors were going to start penalising patients in this way, they would quickly lose the support of the CHC. through the media.

The FPC assured the CHC that it shared it's views and confirmed that the letter had been withdrawn and replaced with one solely to identify and eliminate "ghost" patients from their lists. The FPC has also relayed it's own displeasure at this incidence to the LMC, which has promised to dissuade other doctors from adopting a similar approach.

Kingston & Richmond FPC is asking GPs to volunteer the identity of virgins, who should be discounted from cervical smear targets, by putting a large letter "V" by their names. The BMA has asked GPs not to co-operate and the National Council for Civil Liberties has protested to Kenneth Clarke. As part of the new contract all GPs will be required to notify FPCs of patients who have had hysterectomies so that they can be excluded from the total number of women on the practitioner's list for the purposes of calculating the coverage level. The BMA and LMCs are currently recommending that information should only be released with the approval of the patient. They are particularly concerned with the ethics of notifying FPCs about a particular confidential patient record in order to get paid. It has already been suggested that GPs who disclose such information could be struck off for breach of confidence.

(Pulse 27.1.90, Financial Pulse 23.1.90, Doctor 25.1.90)

Financial Position in Health Districts no Better

Health Districts all over England and Wales are now running into severe budgetary difficulties. CHCs from both North East and South East Thames Regions have met recently with MPs from across their respective regions to call for a one off Government payout for their districts and better resources for patients generally. Some of the MPs are reported to have accepted that London districts faced particular problems and agreed to take this up with Ministers. Local cuts in the Thames Regions include:

Barnet The DHA has put a freeze on all posts and long-stay patients are not receiving physiotherapy. The authority is also proposing to stop payments to consultants for family planning work. As a result consultants are now threatening to stop doing this work unless they get paid. The health education establishment has also been reduced by one post.

Bexley has implemented package of cuts totaling £440,000 mainly in the community services.

Canterbury An estimated £650,000 overspend has necessitated the temporary closure of a small hospital.

East Herts Two capital projects have suffered: - the reprovision of Welfield Hospital, Hatfield, for the elderly has been delayed and patients have meanwhile been moved to another hospital in even worse conditions. The reprovision of Danesbury Hospital, a sub-regional hospital for the severely mentally handicapped has also been postponed until 1993.

North Herts 15 beds have been temporarily closed at Lister DGH since last October because of the DHA overspend. Currently the 20 adult ENT beds have been reduced to ten and the three main theatre sessions in urology have been reduced to one. 24 maternity beds have been closed. The regional capital programme is indefinitely delayed, including an elderly mental illness unit as has the construction of a sub-regional radiotherapy unit.

Lewisham & N. Southwark By December the HA was overspent by £859,000, this is being 'managed' by reducing intensive care for children, freezing vacancies and closing obstetric wards for a month.

Riverside This authority is at least £4.3M in deficit and overspend at an acute unit is at least £1.5M. Capital cuts include a number of hostel projects being delayed, such as a day centre for elderly people with mental illness. The mental health unit at Charing Cross Hospital has been delayed due to financial problems. The cost of the Westminster & Chelsea Hospital project has mushroomed from £78M to £173M - consequently all N.W. Thames regional capital projects have been frozen.

ACHCEW welcomes information from all CHCs on the financial position within districts.

Food Irradiation

The London Food Commission and Friends of the Earth have published a list of supermarkets and food retailers that will not be stocking irradiated food - ASDA, Budgens, Co-op, Gateway, Iceland Foods, Littlewoods, Londis, Marks & Spencer, Spar, Tesco, Waitrose and Walter Wilson. Only one chain has said it will definitely stock irradiated food - Sainsburys. Although the Government has now declared food irradiation "safe" there is worrying evidence from America that this might well not be the case, particularly where radiation affects residues from pesticides also in the food.

Food irradiation is seen as a cheap and quick way of making food safe but although it does destroy some harmful bacteria, it also destroys the beneficial too, such as those which cause food to smell bad when it goes off. It reduces levels of salmonella but does not prevent regrowth or re-contamination and some deadly bacteria, like botulism, (*C. botulinum*), are resistant to radiation. In October the European Parliament voted by 263 to 66 to ban irradiation throughout Europe from 1992 - with the exception of dried herbs and spices.

(London Food Commission 14.12.89)

Creches

The NHS Training Authority is looking at the implications of "return and retain" schemes for staff wishing to take career breaks. On 4 December, Virginia Bottomley commended the Authority's resource package on implementing an equal opportunities strategy which included flexible working arrangements and child care facilities. In March the DoH wrote to all DHAs commending to them a joint collaborative scheme agreed with the Midland bank for sharing workplace nursing facilities between NHS and bank staff and the first nursery under such a joint scheme is due to open at the Royal Berkshire Hospital. Mrs Bottomley added that the DoH would continue to emphasize that there must be improvements in working practices and staff retention policies. However in a recent television programme about the problems women face returning to work she did not appear to support tax allowances for child care.

(Healthcare Parliamentary Monitor 11.12.89)

Patients Want More Telephone Advice

A recent survey by doctors from University College London indicates that many patients would be happy with detailed advice and reassurance by phone from their own doctor, rather than a visit from a deputising service. Indeed, patients want more telephone access to their doctors generally and this is seen as one of the most important improvements a practice could offer.

(Pulse 20.1 90)

Breast Screening Programme Failing

According to research undertaken by the Edinburgh breast screening unit, the screening programme in Britain is failing to reduce deaths by any substantial amount. The most striking failure is that of attendance, fewer than two-thirds of women called are attending for initial screening and the proportion falls at each subsequent invitation. The researchers recommend a massive health education programme if attitudes amongst women are to change. (Guardian 2.2.90)

Doctor on Trial for Manslaughter

A consultant anaesthetist is to be prosecuted by the Crown Prosecution Service for manslaughter, following the death of a patient. The last time a doctor was convicted of manslaughter was 1925, but this and other recent actions indicate a new willingness by the CPS to prosecute in cases of gross negligence. (Guardian 3.2.90)

Private Hospitals Inflate Prices

Spiralling costs akin to those experienced in America are being forecast for Britain's private hospitals. One insurance company Western Provident Association, is already advising patients to scrutinise their bills. Some of the more exorbitant examples include £42 for a cotton swab, £982.96 for an injection and £70.66 for vitamins. At the same time, complaints about medical insurance premiums are increasing as fees escalate and exclusion clauses mushroom. Currently only two medical insurance companies belong to the Insurance Ombudsman scheme, which means for many people there is no recognised way of dealing with complaints or disputes. Entrepreneurial hospital managers are already considering how to take advantage of these high costs when the internal market is implemented next year, by undercutting private sector prices for common operations. (Sunday Correspondent 7.1.90, Daily Telegraph 3.2.90, Independent 20.1.90)

Eye Tests Fall 36%

The latest estimates from opticians show that the introduction of fees for sight tests nine months ago has had a lasting effect. One chain of opticians in the South of England has reported a 36% drop in tests on the same period last year. (Daily Telegraph 25.1.90)

FROM THE JOURNALS

Reducing the-Wait

The single most common complaint about outpatient clinics in CHC surveys is long waiting times. Ante-natal clinics at the West Middlesex Hospital used to be considered something of a nightmare, according to senior midwife Sandra Tranter, with anything up to 90 women having to wait as long as two hours in waiting rooms or the corridor before they were seen. This resulted in frayed tempers among both the mothers and hospital staff.

Staff at the clinic recently decided to try and find ways of shortening the waiting times. Bookings had originally been taken in two sessions, one where the midwives took a history and specimens, the second for a medical examination and it seemed better to combine the two. There also seemed an unnecessary doubling up of medical examinations after the 18-week scan. Originally women with normal pregnancies were not seen until 32 weeks, now this has changed to 28, partly because of a consultant's concern about finding intra-uterine growth retardation and partly to pick up gestational diabetes.

The 34-week appointment was retained, at which time all those women intending to have a "domino" delivery were seen by a registrar or consultant and if there were no problems they were handed over to the community midwives for the rest of their pregnancy. The 36-week visit for the rest was then changed to 37 weeks, subsequent weekly visits discontinued and mothers who had not been delivered to time were seen at term plus a few days. After consultations with all staff involved, from senior consultants to clinic clerical staff, the new scheme was put into operation over a period of several months as the old scheme was gradually phased out. The change has been very beneficial. First was the revolution in the size of clinics - from 80/90 women to 40/50, including new bookings. Clinics ran more smoothly and generally finished 15 or 20 minutes **before** the time of the last appointment! Previously patients were still being seen over an hour afterwards. Average time from arrival at reception to booking out again has dropped to one hour and the system is currently being refined to reduce this even further. The rate of non-attendance has dropped considerably as have the number of complaints. Women attending have been able to have more time devoted to them over specific problems and the re-organisation has enabled another gynaecological clinic to be set up, reducing the pressure on the existing ones. The scheme has proved beneficial all round and has not proved any more costly.
(Nursing Times 20.12.89)

Monitoring Consumer Satisfaction

Many FPCs are only beginning to address the issue of measuring consumer satisfaction and a paper recently presented at a joint seminar of Wakefield and Barnsley FPCs highlights some of the

barriers. Even to think of a patient as a "consumer" rather than a passive recipient of services provided by those who know best "presents a psychological leap in the dark that many will fear to take". The authors feel that most of the work has been done the wrong way round, with patients being asked what they think of the NHS in general rather than specific local services. The paper covers well-trodden ground with comments on how little members of the public seem to know about the various statutory bodies connected with the NHS and comments that few people seem to have heard of FPCs, and if they have, they assume they are made up of "pompous and self important do-gooders".

A survey undertaken in 1987 by Wolverhampton FPC showed that only 45% of those questioned had heard of the FPC and only 39% of CHCs. Only 21% knew what an FPC did and only 14% the CHC. In Social Classes I and II 41% had heard of FPCs and 33% CHCs and in Social Classes IV and V only 12% had heard of FPCs and 5% of CHCs. Various methods are suggested for raising people's awareness of FPCs, such as exhibitions, leaflets and posters, talks and discussions. Other issues which it is suggested FPCs should take up include assisting patients to learn about the complaints procedure and monitoring how easy it is for people to change their doctor. (*Journal of FPC Administration*, December 1989)

Patient Power in Mental Health

The psychiatric profession must learn more about the scope and utility of user participation and encourage it, says Jeremy Anderson, Assistant Director of the Team for Assessment of Psychiatric Services, Friern Hospital. The persistence of patients' groups seems to underlie many of the most innovative programmes in mental health care and this kind of information and feedback should be utilised. The King's Fund has called for increased collaboration between patients, planners and managers in mental health care and this could improve clinical outcome, encourage agreement about priorities in treatment and resolve an embarrassing divergence between providers and users of services. (*British Medical Journal* 16.12.90)

"Guilty" Patients

Nurses and doctors discriminate against patients who are seen as in some way to blame for their illness, according to a recent study. 40 nurses and 8 junior doctors working in general medical wards were questioned on hypothetical cases involving heart attacks, breast lumps, liver cirrhosis, cervical cancer and gangrene in a patient with diabetes. The respondents were significantly more negative to patients who had not followed correct health practices such as routine breast self-examination and good diet. These patients were seen as less concerned about their condition, less likely to comply with any advice given, less likely to understand their condition and less enjoyable to work with. The authors did not comment on the effect of such attitudes on patient care. (*Nursing Times* 20/27 12.90)

AROUND THE CHCs

South Birmingham CHC has worked with its Health and Local Authorities to develop and promote a Children's Charter which aims to provide a common framework within which all services providing child care can work together. The Charter begins from the premise that children have special needs and that all services should be planned with this in mind and then develops a series of principles and practices to implement the premise. The Charter is now being adopted locally and the CHC would be happy to discuss its progress with other CHCs considering similar initiatives.

Staying in South Birmingham, the CHC has appealed to Sir James Ackers, Chairman of the West Midlands RHA for a ward at West Health Hospital to remain open. It provides respite care for paralysed people from all over the West Midlands and rehabilitation for other Birmingham patients recovering from accidents or surgery. The ward was opened in August 1988, as a temporary service until a new ward block at the Royal Orthopaedic Hospital could be built. Now the RHA says it wants to develop services elsewhere and that South Birmingham HA should find the money to continue to run the service. However, the money is not there. The CHC has pointed out how worried people are about the possible closure of a respite care facility a new service has only just come into operation on the ward and it should stay open until further services are ready to replace it.

Milton Keynes CHC agreed, last spring, to the permanent closure of a ward at one hospital on the basis of a commitment from the DHA to open 28 more beds for acute and rehabilitation care this winter. The Authority has now broken its promise. "They have the nerve to call it a 'deferred development' not a service cut", says CHC chair Jane Wolfson. "They're playing with words." The authority faces a massive £3/4M deficit which will bring about a whole list of deferments, cutbacks and longer waiting lists. The CHC wants the DHA to publish a monthly report on cancellations and emergencies and has asked patients who are suffering pain and whose operations have been cancelled to contact the CHC for advice on waiting lists elsewhere. The CHC has told the DHA that it will be monitoring the way it spends its money this year with great care. "There were no budget reports for seven months last year and in November the picture looked quite good. Then suddenly the money's gone and no one seems to know what happened."

West Lambeth CHC has blamed recent cuts on financial mismanagement and has invited S.E.Thames Regional General Manager to intervene "in any way necessary" to protect patient care. West Lambeth HA is currently facing a £4M overspend in its budget. In a letter to the Regional General Manager, CHC Secretary Richard Wiles states that the HA is now taking "desperate measures" to claw back the overspend. He cites staffing cuts which one of its own Unit General Managers says will drastically reduce the quantity and quality of care to

worrying levels. The letter concludes by asking the RGM to intervene to ensure, that the "re-establishment of financial control within the district is achieved in a way that does not force patients to suffer because of mistakes for which they are not responsible".

Dewsbury CHC recently called a public meeting on the proposed sale of its General Hospital. The CHC agreed two years ago to its closure for acute services and its re-use for long-term care of people with mental illness and for frail elderly people. Now the HA wants to sell the hospital and has made only limited proposals for alternative care for some people but not all. The proposals still require planning permission but the HA wants to go ahead as fast as possible, to avoid paying to keep the buildings secure while they are empty and to avoid the new capital charges which the Government is to levy from April 1990. CHC members, acting on behalf of the people and their families who are involved, are deeply concerned that the most appropriate provision should be made, not the most expedient and that such important decisions should not be taken hastily or irresponsibly without proper sufficient alternatives in place.

Camberwell CHC has publicised in the national media its fears that Britain's first scheme to screen women for breast cancer is under threat from cutbacks in the number of surgical beds at King's College Hospital in Camberwell. Ten beds are expected to close in one of the hospital's surgical wards which performs biopsies on women referred from the special screening clinic opened in 1988. Secretary Malcolm Alexander says: "We are terribly fearful for the service. We know of at least one woman having to wait 40 days for urgent treatment. Once the closures take place the situation can only be exacerbated. The scheme will not be able to operate properly."

Tameside & Glossop CHC informs us that considerable delays are being experienced in the N.W. Region in arranging Independent Professional Reviews, in some cases of up to nine months. The NW Region CHCs are meeting with the RMO in February to pursue the matter further. Several complainants are considering contacting the Health Service Commissioner over the Region's administration of the Clinical Complaints Procedure.

North-West-Surrey CHC has sent us a report of the debacle which occurred at its statutory meeting with the FPC. Reporters were turned away by Surrey FPC on the grounds that it always meets in private and it refused to start the meeting with the press present. Its vice-chairman said that it would "not be in the public interest for the joint discussion with CHCs to be reported." The CHC disagreed. The length of time it takes medical records to be transferred from one GP to another, the new dental and GP contracts and home visits were among the topics to be discussed, topics which, the CHC pointed out, affect everyone

in Surrey. Nothing could be said that would be confidential. Reporters had arrived from the Woking News and Surrey Advertiser but were told by the FPC that it was a private meeting. The start of the meeting was delayed, but the FPC Chairman refused to allow the press to remain, promising them a statement after the meeting. (At the time the story hit the local press this had not been received.

South Cumbria CHC has sent us a copy of a letter from Kenneth Clarke to Michael Jopling MP, describing the information given in the September newsletter under the heading "GPs to be vetted" as "total nonsense and quite misleading". The material we quoted in that issue was taken from Pulse magazine in good faith and certainly reflects the concerns expressed by the GMSC at that time over extra-contractual referrals. Kenneth Clarke then set out exactly how such referrals would operate in the DoH paper "Contracts for Health Services: Operational Principles". In fact this was circulated to HAS on 29 September 1989, after the September newsletter and was not sent separately to CHCs, which is something that ACHCEW has complained about separately. In our briefing note for CHCs on the Department's paper we quoted the phrases used by Kenneth Clarke - so perhaps it is a little unfair of him to suggest we mislead CHCs!

Warrington CHC has asked us to inform members of the decision of the Mersey Region regarding the title of CHC Secretaries. In future the title "Chief Officer" will be used.

Weston CHC has a limited number of copies of a conference on human fertilisation and embryology in 1984. Although dated, much of the comment is relevant to the current debate on the Warnock Bill. Copies are available from Weston CHC, price £1.50.

The Society of CHC Staff is looking for a part time worker to help with the running of the Society. They need someone with initiative, organisational and secretarial skills and who can help administer the Society's affairs and implement decisions of the committee. Duties would include attending and service working groups, carrying out research as required and helping to plan, organise and run the Society's training events and conferences. Place of work and access to office facilities would be determined with the successful applicant. A one year contract on a self employed basis would be offered in the first instance for about one and a half days per week on average at a negotiable rate of £4 an hour. Might suit a recently retired CHC Secretary, an existing part time assistant or someone with knowledge and interest in the work of CHCs. Informal enquiries and further information from the Society Secretary Mrs. Janet Upward, c/o South Birmingham CHC (Tel: 021;472-4089) or Treasurer Mr. John Holdon, c/o West Norfolk and Wisbech CHC (Tel: 0553-775616).

CHC PUBLICATIONS

Torbay CHC has produced a very useful resource pack for its members, containing discreet easy to read cards to assist members asked to talk about the CHC. They are meant to give guidance to speakers, who will then be able to add to them from their personal experience. The cards cover CHCs work, membership and staffing, their effectiveness, common questions and complaints. A plastic wallet ensures the cards remain in good condition.

Southend District CHC has undertaken a survey of users' knowledge of complaints procedures and awareness of complaints information at Southend and Rochford Hospitals. This is a particularly timely survey, as CHC criticism of Health Authorities' implementation of the Hospital Complaints Act mounts.

Only a small proportion of those interviewed had seen the complaints poster and a smaller number had stopped to read it. A number commented that posters were obscured by other material and were difficult to read because of the small print. When discussing complaining in general, the CHC found a great reticence amongst patients and carers to pursue complaints and those interviewed did not feel that the posters encouraged them to raise grievances. Almost all of those interviewed said that they would like clear guidance on how to complain because it was reassuring to know that a proper system existed. The CHC also found a very poor level of awareness of the CHC, with only 9 of the 65 people interviewed having heard of CHCs. The CHC has used the comments of users in its recommendations to the Health Authority for re-design and re-positioning of complaints posters and has suggested that complaints forms be placed alongside posters so that grievances may be registered at the earliest opportunity.

A number of CHCs are now producing Consumer Guides for residential and nursing homes in their areas and the latest two come from Lewisham & North Southwark, Leeds West & Leeds East CHCs. These guides provide very valuable information for the many people who experience the uncertainties and worries of trying to choose a place in some form of residential or nursing care for themselves or for elderly relatives and friends. There is little in the way of support for those in residential care and many CHCs have taken on the responsibility of providing guidance and advice on rights and responsibilities to residents and carers. These guides not only contain detailed guidance on the services and facilities offered in individual homes but also more general advice on social security benefits, the legality of HAs discharging patients to private homes and the operation of unregistered homes.

Great Yarmouth & Waveney CHC has produced a leaflet entitled **Choosing a Private or Residential Home** intended to help people find the right one. As well as explaining simply the different

options in care the leaflet tells people where to obtain full lists of local private homes. It advises on the right sort of questions to ask and priorities to stipulate when determining the appropriate type of care. It also suggests sources of independent advice about the costs of private care.

Working with AIDS & HIV is the title of the report of a seminar organised by Gloucester District CHC last September. The seminar heard contributions on a range of topics connected with AIDS and HIV including a clinical update on the progress of AIDS, the problems facing those who are antibody positive, AIDS Care in the Community, HIV and Drug Misuse in Scotland and looking to the future. A wide range of experts made themselves available for this very valuable seminar. Copies of the various papers given can be obtained from Gloucester District CHC.

Walsall CHC has published the report of a survey on patients' perceptions of GP Services in Walsall. A number of common problems surfaced - complaints about lack of privacy, insufficient time to discuss health problems with a doctor (this was particularly noticeable among those under 40), a desire for more evening appointments (only a minority of those surveyed disliked the appointments system in general), criticisms - still - of the attitude of receptionists, again with younger people having the most complaints, uncomfortable waiting rooms, lack of communication not only between doctor and patient but between health visitor and patient too. A high proportion of those surveyed did not understand some medical terms and conditions and the CHC says: "For health education initiatives to have any impact on vulnerable and at risk populations, all advice and information must be capable of being understood by those to whom they are directed."

Wakefield CHC undertook a survey of headteachers of all first, primary, infant and junior schools within its area regarding the growing problem of headlice since the withdrawal of routine checks by the HA. Brief questionnaires were sent to 60 schools. 30 headteachers replied within three days - such a high and immediate response rate and willingness to co-operate was seen as a reflection of the level of concern about the issue. All together 43 schools replied, reflecting the full range of schools in the area. None of the schools were receiving routine head inspections and an overwhelming majority of headteachers said they considered they should be reinstated. 38 heads reported infestation among children in their school, one did not know. Levels ranged from three to approximately 100. It did seem on the evidence available that there was an increase in prevalence and also greater difficulty in clearing up outbreaks, since the end of routine inspections. The CHC concluded that the service should not have been withdrawn without any provision being offered for assistance in response to the occurrence of an outbreak. The CHC considers that the current policy whereby school nurses are not officially allowed to undertake head

inspections at all is inflexible, unresponsive and unhelpful as early detection and treatment of infected children can prevent an outbreak spreading unnecessarily. It recommends that headteachers should be able to call in school nurses as soon as investigations are detected.

Concern over cuts to the family planning services in other health authority districts has prompted the Women's Health Sub-Group of Central Manchester CHC to carry out a survey of GPs in the district to establish what alternatives are available to Family Planning Clinics. It was a relatively small survey but appeared to show that women who require the pill do have their needs adequately met by GPs and women who wish to discuss contraception and different options also find this relatively easy. Many doctors fit the coil or supply the cap but not all. However many women use the F.P. Clinics as a form of well women clinic, where they can be guaranteed a woman doctor and time to discuss more general gynaecological problems. The CHC concludes that the Health Authority should maintain the full range of family planning services in order that women have the fullest possible choice.

Newcastle CHC in association with the Royal Victoria Infirmary has published a report of a survey of gynaecological patients in the hospital. Although women spoke highly of the medical and nursing care, a number of areas of concern were identified particularly around admission procedures, the organisation of day cases and discharge procedures. The report contains a series of recommendations addressing the issues raised by patients, in particular it recommends more inter-sectoral collaboration to improve continuity of care with community services.

East Cumbria CHC has sent us the results of its most recent survey of the out-patient department at Penrith Hospital. The survey was divided into seven sections looking at: before the visit; travel; appointment times; waiting areas; facilities for children; staff attitudes and general comments. Out-Patients Departments are very regularly surveyed by CHCs and the results show the same problems recurring throughout the country despite being highlighted by CHCs: poor information, crowded and uncomfortable waiting areas, long delays past appointment time, difficulty accommodating children and transport problems.

CHC surveys, including this most recent one from East Cumbria, always acknowledge that a great many patients are satisfied with the service they receive and that staff are often hard pressed; this is not, however, an adequate explanation of health authorities continued inactivity in the light of problems raised. In January this year ACHCEW submitted evidence, based on CHCs' experiences, to an Audit Commission investigation into the quality of Out-Patient Services. ACHCEW hopes that positive recommendations will result from that investigation, which HAS will find impossible to ignore.

GENERAL PUBLICATIONS

Working for Users is the title of a report published by the Socialist Medical Association based on a conference held last October. In the light of the White Paper it covered a range of issues including grappling with bureaucratic secrecy, "pro-active roles" for CHCs, Advocacy and Access to Information. It also aimed to develop a vision of a health service which reflects people's needs, based on service user groups, and users' involvement in planning future services. Sylvia Hikins, Chair of Liverpool Central & Southern CHC and Fedelma Winkler, Director of GLACHC, were among those taking part whose contributions appear in the report.

One of the case histories studied in depth at the seminar was that of the Liverpool cervical smear scandal which only came to light in 1987 when a new consultant noted the absence of any positive tests during one period in 1984. The CHC was not informed for two months, was excluded from the DHA inquiry after assurances that they would be admitted, and pressure was brought by the RHA to try and prevent the CHC from publicising the story. Undeterred, the CHC set up a help hotline to provide information for worried victims, out of which a self-help group was born. The CHC also pushed for a public inquiry, a method of quality control and better monitoring and a special counselling service for victims.

Copies of the report can be obtained from the Socialist Health Association, 195 Walworth Road, London SE17 1RP. Price £1 inc p+p

Another report of a Conference is **The Future of Community Health Services** published by The King's Fund. It was held, says the introduction, at a time that can now be recognised as a watershed for community units and their managers, when the confidence and impetus for change that had been built up under general management was being eroded by growing uncertainty about the direction of health policy nationally. The NHS White Paper was still to be published and one of the main aims of the conference was to give those working in community health an opportunity to express their views on the direction the services should take.

Subjects covered included the state of community services, a local authority perspective on community care, FPCs and community health services, health care units and neighbourhood nursing, coping with change in community units, community medicine, the strategic role of FPCs and turning Griffiths into a practical reality. The report stresses the need for better collaboration between local and health authorities, improved planning especially by GPs, and considers how best to introduce neighbourhood nursing, care management, etc. Discussion of these issues has, of course, been overtaken by events, not least by the proposed introduction of the new GP contract, GPs as budget holders, opting-out and all the other proposals of Working for Patients and Caring for People.

The report costs £3.75 and is available from the King's Fund Centre, 126 Albert Street, London NW1 7NF.

The Benefits of Providing Information to Patients is the title of a Discussion Paper published by the Centre for Health Economics, York University. It is rather an abstract, and perhaps academic, assessment of the benefits to the NHS, of providing information to patients. Such a neutral approach does, however, allow for consideration of psychological problems which may be involved and "the assessment of the cost implications of information provision" - issues not normally addressed by advocates of "patients' rights". The report recognises the clinical and quality of life benefits to providing information and recommends more research to identify, measure and value the full range of costs and benefits associated with the provision of information, such information covering the cost of producing any information used and of administering information. Value for money measurement might include whether or not patients can be sent home earlier if they are better informed, so releasing a bed and reducing the cost of the stay in hospital. However, the report does not address the practical side of giving information to patients so that they actually know more about their condition, their treatment and the NHS in general. The discussion paper is available from the Centre for Health Economics, York University, YORK YC1 5DD and costs £7.00

Hospital at Home - The Coming Revolution is published by the King's Fund and looks at the growing attention being paid to caring for seriously ill people at home. Such people would require intensive domiciliary support for limited periods in order to avoid admission to hospital or to keep their stay as brief as possible. The paper lists the reasons for the growing interest in keeping people at home including the high costs of in-patient care, long waiting times endured by people wanting operations such as hip replacements, the development of new technologies which make sophisticated home care more viable, and support services to help with a wide range of conditions from terminal illness to childcare.

One existing example is run by Peterborough Health Authority and FPC. This costs under £230,000 a year, 90% of which is spent on staffing the domiciliary service. There are 24 wholetime equivalent posts in the project together with paramedical support, contracted nurses and the "bank" nurses who provide flexibility to meet variable patterns of care. Some 3,600 days of patient care were supplied in 1988-89 to over 320 individuals. The total "bed" cost of £60 a day, compared very favourably with the cost of keeping patients in hospital. The service is available to anyone (except midwifery and psychiatric patients) whose GP and District Nurse will accept medical and nursing responsibility for them. If patients or their carers are reluctant to use the service then no pressure is put on them to do so. The service can be used either as an alternative to hospital care or as an aid to early discharge and care is provided by a combination of qualified and unqualified nurses, together with other paramedical staff. Each patient receives at least two visits every 24 hours from a team member who provides treatment and assesses their condition. If they need more care,

District Nurses communicate via two-way radios. The average length of stay in a home "bed" is about eleven days. Among the benefits appears to be a very high level of patient satisfaction. Available from the King's Fund, 126 Albert Street, London. Price £1

The Department of Health has published an excellent model for evaluating the quality of care provided, and quality of life experienced, by elderly people living in residential homes, which will be valuable for all those undertaking any kind of survey. It first discusses what goes into the making of a good residential home and notes that the six absolute basics are privacy, dignity, independence, choice, rights and fulfilment. Each of these topics is covered in some detail and this section is followed by a whole range of model questionnaires covering not only those six basic subjects but staffing, premises, meals and mealtimes, basic information, finance, records, health/social care, type of residents, along with a guide as to how best to evaluate and use the material acquired.

The Social Services Inspectorate who drew up the model is currently exploring the possibility of offering copies of the separate questionnaires which appear in the main model so that a variety of agencies could use them for routine inspections or staff development work. If any CHCs would be interested in the possibility of using model questionnaires on individual aspects of the subject, they are asked to contact the Department, or the HMSO which has published the model.

Homes Are For Living In is published by HMSO Price £6.95 and it includes a freepost slip for comments.

Confronting Ageing by Simon Briggs is also a manual, based very much in a sociological framework, designed to help professionals. It provides a number of model questionnaires along with subjects for workshops, including perceptions of ageing (both personal and by others), needs, stereotypes, service workers and organisations. The manual is based around the workshop philosophy, how to set one up, who leads it, what it should aim to achieve and aims to look at ageing in the most comprehensive and wide-ranging way, with a particularly interesting section on stereotypes in the mass media. It is available from the Central Council for Education and Training in Social Work, 4th Floor, Derbyshire House, St. Chad's Street, London WCLH 8AD, Price £7.

The National Society of Non-Smokers has published the report of a seminar it held on **Towards A Smoke Free Health Service** which emphasizes that all hospitals and NHS premises should provide smoke free areas and should do all in their power to persuade people not to smoke at all. "Permitting smoking in hospitals is inconsistent with the role of health care providers", it says. Available from the NSNS, Latimer House, 40-48 Hanson Street, London W1P 7DE. Price £2.

Quit and Win is the title of the first national competition, a new idea for Non Smoking Day - this year on **WEDNESDAY 14 MARCH**. It consists of a free- to-enter prize draw for adult smokers living in the UK to encourage them to give up the habit by offering them prizes for doing so. A starter pack for the competition, plus entry forms are available from Ann Catt, Quit & Win Organiser, No Smoking Day Campaign, Hamilton House, Mabledon Place, London WC1H 9TX and entry forms will also appear in the **Radio Times** during the week of No Smoking Day. Smokers will be encouraged to watch the BBC's three-part series **Quit and Win**. Non-Smokers can also enter if they recruit a willing smoker into the contest. To enter smokers **MUST** stop using all forms of nicotine by 14 March 1990 and stay stopped for a month.

Smoking - or not - is much in the news with the launching of a campaign to stop shops selling cigarettes to young children and the imminence of this year's National No Smoking Day. **Towards a Smoke Free Generation** is the title of a publication from the Health Education Authority which complements the new campaign. It inaugurates a five-year collaborative programme aimed at tackling smoking among young people - not least among young girls. The programme will provide advertising and publicity aimed at the young, as well as materials for use in schools, leaflets for parents and funding for research to develop programme strategies, measure progress and evaluate specific aspects of the campaign, support local innovative projects, support actions to reduce illegal sales to children under the age of 16 and support the development of smoke-free policies for schools. Available from the HEA, Hamilton House, Mabledon Place, London WC1H 9LX.

Cumbria FPC has produced a very useful booklet **Producing A Practice Information Leaflet**. In step-by-step stages it looks at what such a leaflet should cover. Under "Content" it suggests full names and registerable qualifications of doctors with either their year of birth or year of registration, their sex, surgery times, appointments system, off duty cover, dispensing, times of particular clinics, other services available, patient participation activities, area covered by practice and access. Other sections deal with how to set about producing the leaflet (with information on basic printing, costs, etc.), the importance of design, putting the facts across in the best way, (with textual examples) and ensuring the patient knows his/her rights. From Cumbria FPC, 1 Brunswick St, Carlisle, CA1 1PP.

We have received three publications from NCVO all on the subject of **Equal Opportunities Policies in Rural Areas** which reiterate the point that poverty, the health divide and social problems are not confined only to the inner cities. The reports contain a number of practical suggestions including how to go about setting up self-help groups in rural areas. Copies of the pack of three documents cost £1.50 for voluntary organisations and £3.00 for statutory organisations. NCVO, 26 Bedford Square, London WC1B 3HU.

Diet, Nutrition & Health Eating in Low Income Groups is published by the HEA as a contribution to the attempt to bring down the rate of heart disease in the U.K. Based on a survey of eating habits among those on low income it bears out all the findings of The Health Divide, with lack of money - rather than lack of information - being seen by many of those interviewed as the primary barrier to the adoption of healthier eating habits. For reasons which often arise from fear of waste, food purchasing/preparation patterns are largely habitual and innovation is rare. Awareness of the core elements of healthy eating is already high but doing anything about it, particularly in circumstances where housing is very poor, is extremely difficult. This is a useful publication because it gives a voice to those at whom much dietary information is aimed but who usually do not speak for themselves. It also gives sensible recommendations. Available from the HEA, Hamilton House, Mabledon Place, London WCLH 9TX.

The HEA have also published a booklet on **The Promotion of Immunisation Uptake** which assesses the level of support for promotion of immunisation amongst health education departments and provides data on initiatives undertaken in 1989.

"Help for Health" the Health Information Service run by Wessex RHA now publishes 62 information sheets covering common topics such as asthma, diabetes, epilepsy, phobias and terminal care. The sheets list self-help groups with details of their activities, books which should be easily available through public libraries and leaflets which can be sent for. They are regularly updated and new sheets on adolescent health, back pain, child abuse, depression, Down's syndrome, incontinence, menopause and sudden infant death are now available. They are 40p each, inc. postage and are available from Marilyn Jackson, Help for Health, Grant Building, Southampton General Hospital, Southampton SO9 4XY.

Under the general heading **Patients Before Profits** NALGO has published a series of discussion papers on: The Aims for Health and Principles of the NHS; The Structure of the NHS; Finance and the NHS; The Role of Monitoring and Evaluation in the NHS and Primary Care. They are available from NALGO at 1 Mabledon Place, London WCLH 9AJ (all are printed on re-cycled paper!).

The Tracheo-Oesophageal Fistula Support Group (T.O.F.S.) now has a promotional video available for hire or purchase. The video explains about tracheo-oesophageal fistula and oesophageal atresia and shows TOF children. It also gives information about the support group. The hire price is £2 plus £1.50 p+p and they must be returned within three days of receipt. If you have a special event on a specific date then please state this on the order. Cheques payable to TOFS and sent with order to: Ian Thickett, 122 Churchfield Lane, Kexborough, Barnsley, South Yorkshire S75 5DT. Further information from: Ian Thickett or Chris Ballard, Tel: 0945:880586.

You and your Child in Hospital by Margaret Carter is published by Methuen at £3.99 and is a useful basic guide book on what to expect.

Computers - Who Needs them? is published by the London Voluntary Service Council as a guide to the use of computers for voluntary groups. It covers all the basic stuff like what computers and word processors do, how to use them, spreadsheets, record handling, do you think you need one? - and how to choose what is best for you. From LVSC, 68 Chalton Street, London NW1 1JR.

Brent Welfare Rights Service have produced a **Benefit Guide for Health Service Staff and GPs** which is a very useful example of a brief but comprehensive guide to the social security system. Although some of the specific information on benefits will be out of date by April, due to legislative changes, much of the general information may be helpful to CHCs. The report is available free from BWRS, contact Gary Vaux, BWRS, Brent Council, Town Hall, Wembley, Middlesex. CHCs who receive a substantial number of queries on health related benefits may find it useful to contact the Forum on benefits and Health, c/o West Lambeth CHC.

INFORMATION WANTED

Bristol CHC would like information or experiences of supporting user participation for in-patients of mental health services. The CHC and local voluntary groups have established a patient council support group modeled on the examples already working in Nottingham and Holland.

West Lambeth CHC would like to know if any other CHCs are dealing with complaints from people who have suffered side effects from Rheumox?

North Bedfordshire CHC would like information on the printing of prescription labels in ethnic minority languages. The idea came after a visit to a hospital pharmacy. Do any CHCs have experience of such labeling in their areas and, if so, are they able to assess the benefits/problems associated with the scheme? On a related matter, do CHCs have any knowledge of hospitals that have introduced multi-language signposting? Despite frequent requests to the DHA they are told it is "impracticable". How true is this?

On a recent visit to its DGH Warrington CHC commented on the appearance of the concealment trollies used to convey bodies from wards to the mortuary. Members considered that the trollies, of galvanised metal, have an unseemly and undignified appearance which does little to disguise the purpose for which they are

used. In response to the CHC's enquiry about the possibility of an alternative design, it appears that they are purchased through a national contract and no alternatives are available. Warrington would like to know if any CHC is aware of a better alternative?

Salford CHC is looking into the provision of ophthalmology services which have some of the worst waiting list statistics in the North West. Have any CHCs elsewhere any experience of initiatives or examples of good practice which have resulted in an ophthalmology service where patients do not experience appallingly long waits?

ACHCEW would like to know what policies CHCs have adopted for recruiting and retaining co-opted members. Are they co-opted for a set period of time and, if so, for how long? Or are they co-opted for a specific task or purpose? And should there be a gap between their being co-opted once and then asked back a second time - as is the case with full CHC members? Comments to Carole Auchterlonie at ACHCEW.

The National Information Forum, originally set up in the International Year of Disabled People, is made up of individual representatives from the major disability organisations. One of its current projects focuses on the provision of information in hospitals for people with a disability. It is therefore conducting a survey of existing hospital advice/information-giving agencies to discover what initiatives have already been taken and under what circumstances the service was originated and is being provided. If you know of a hospital in your area which has an information service for people with a disability please let them know the details either by telephone on 01-289-2791 or by letter to: The National Information Forum, 380/384 Harrow Road, London W9 2HU.

NEW ORGANISATIONS

ACHCEW has recently received details from the following self-help groups:

The National Meningitis Trust, Fern House, Bath Road, Stroud, Glos GL5 3TJ. Tel: 0453:751738. (Provides an info. pack).

The National Association for Colitis and Crohn's Disease. 98a, London Road, St. Albans, Herts. AL1 1NX.

The Association for Stammerers, Unit 309, 156 Blackfriars Road, London SE1 8EN. Tel: 01-721-7166.

ADFAM - for Families of Drug Users. 82 Old Brompton Road, London SW7 3LQ. Tel: 01-823-9313.

COMING EVENTS

National Schizophrenia Fellowship: Spring Conference at Regent's College, London on 6 March 1990. Cost £60 (inc lunch), contact Conference Organiser NSF, Victoria Road, Surbiton, Surrey KT6 4NS for further details.

National Children's Bureau: Seminar Meeting Children's Needs, at NCB on 7 March 1990. Cost £40.25, contact NCB, 8 Wakely Street, London EC1V for further details.

General Optical Council: Optical Services Review at Kensington Town Hall on 14 March 1990. Contact Richard Wilshin at GOC (Tel 01 580 3898) for further details.

Nursing Times: 3rd International Congress on Child Care, at Kensington Town Hall on 19-22 March 1990. Cost £201.25, contact Conference Organiser, Macmillan Magazines, 4 Little Essex Street, London WC2R 3LF for further details.

University of Southampton: Conference Risk Taking in Mental Disorder at Southampton University on 23 March 1990. Contact Jill Elliott, Faculty of Law, University of Southampton, SO9 5NH (Tel 0703 592376) for further details.

Society of Health Education & Health Promotion Officers Annual Conference at Warwick University on 3-6 April 1990. Cost £170-200 (Day Rate £35-40), contact District HED, North Staffs Royal Infirmary, Princes Road, Hartshill, Stoke-on-Trent for details.

Royal College of GPs: National Spring Meeting at Harrogate from 6-8 April 1990. Contact RCGPs for details.

Health Education Authority: Seminar Dental Initiatives Among Ethnic Minorities at the Kings Fund Centre, London on 6 June 1990. Contact Catherine Lowe at HEA (Tel 01 631 0930) for details.

Westminster Democratic Studies is running a series of seminars called Inside Parliament which aim to give an inside into how the Parliamentary system works, at the Queen Elizabeth II Conference Centre, London. Cost £180 plus VAT, contact Conference Organiser WDS (Tel 01 986 6573) for details.

Project for Advice Counselling and Education are running a series of training courses centered around AIDS and HIV Infection at Islington Voluntary Action Council. Cost £45 per day, contact PACE (Tel 01 251 2689) for details.

We have been running a number of items in recent issues on long term patients being allowed to choose and keep their own clothes. We also mentioned that there was to be a special conference soon on this important subject. The **Chartered Society of Physiotherapists**, who will be helping to host it, put out a press release entitled "Widow Twanky and Wishee-Washee Should Be Kicked Out of NHS Clothing Farce" and expresses its disgust with what it

describes as the "Widow Twanky approach to clothing" - ill-fitting, uncomfortable, undignified and inappropriate communal clothing. Long stay patients should enjoy clothes which are properly designed and laundered and not have to put up with trousers that are too short, no bras or knickers and only polyester or woollen clothing. The Conference, organised by the physiotherapists, and hosted by them, the RCN, Disabled Living Foundation and the King's Fund will take place on 23 March at Kensington Town Hall.

The Conference fee is £200 - but this sum covers four delegates. Single delegates pay £50 a head. Details from: Jane Morrison, Conference Organiser, Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED. Tel: (01)-242-1941.ex.252. Closing date for applications: 9 March.

DIRECTORY CHANGES

Page 32: Swansea CHC, Secretary: Sandra Taylor

Signing Off:

Judith Cook writes: This, the 50th edition of the newsletter will be my last and it is with a feeling of real regret that I sever myself from ACHCEW after ten years. I was first brought in by Mike Gerrard and Rod Griffiths to assist with producing material for the media and looking after journalists at AGMs - those were in the days when we did get a lot of journalists at AGMs! There followed battling with the media during the dark days of ACHCEW, the special meetings, the desperate problems over funding - newspapers are only too eager to provide adverse publicity if you are in trouble.

It was during this period of turmoil that the magazine, CHC News, had to go and in a desperate attempt to try and keep something going I was asked to cobble together a newsletter for a month or two on what was thought then to be just a temporary basis. 50 issues later, here we are. The sheer amount of material which now comes in and has to be sorted (in the office) and read and then precisised by me is quite frankly daunting, it seems to increase by the month as more and more people hear about us and want their material included. There are more publications both from CHCs and in general, relevant articles from medical journals, reports, trying to keep up with health news in the media and, of course, the torrent of paper which the government's plans for the NHS has released. The result is that it has been increasingly difficult to cope with it on a part time basis and, while wondering what to do, I was offered more work here in Plymouth and then the opportunity to write a major biography. Given the financial practicalities of day-to-day living therefore I have regretfully had to resign from ACHCEW. I also think too that a fresh mind and outlook might very well be what the newsletter needs as it rolls off towards its 100th edition! I have enjoyed working for ACHCEW very much indeed, not least working for the cause in which we all believe - a fully comprehensive national health service free to all at the point of need. I shall miss you all.

Toby Harris writes: We too shall miss Judith Cook. In many ways, it was the newsletter she produced that maintained communication between member CHCs and ACHCEW during the Association's funding crisis. Her enthusiasm for the work of CHCs and genuine concern about the state of the NHS has always shone through. She will be a hard act to follow. I am sure we will still see Judith from time to time - she has already agreed to come and help out with AGM publicity - and we all wish her well with her new book.