

# **Community Health News**

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# COMMUNITY HEALTH

*News*

ASSOCIATION · OF

**COMMUNITY HEALTH COUNCILS**

FOR · ENGLAND · & · WALES

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## NEWS

### Financial position of Health Districts: more bad news

On February 19th the BBC Radio 4 programme "Today" announced the results of a survey it had carried out into expected overspends by health authorities. More than one-third of the health authorities in the United Kingdom said that they expected to overspend their budgets for this financial year. Eight days later, on February 27th, the National Association of Health Authorities published its own survey. It estimates that about one in six health authorities (in England & Wales) will be forced to reduce services to keep within budget. On the same day London Health Emergency published a report estimating that an extra £100 million is needed to re-open beds and avoid further cuts in the London area.

The announced deficits and proposed cuts include:

Newcastle has a £1.1 million deficit and is proposing closures of up to 154 beds in the city's three main hospitals.

West Lambeth, with an £8.9 million deficit is considering closing 73 beds and an operating theatre at St.Thomas'.

Wandsworth is planning to treat 2,600 fewer patients at St.George's, another of London's leading teaching hospitals.

The Royal Bethlem & Maudsley, a special health authority, will be trying to make savings of £630,000 over the next financial year. The proposals include reducing services at London's only 24-hour emergency psychiatric clinic.

Bloomsbury needs to make savings of £7 million. Nearly £0.5 million of this is expected to come from the mental health unit, which is offering to reduce its number of acute beds by one quarter.

Hounslow & Spelthorne faces a deficit of about £2.5 million and the District General Manager has resigned because of criticisms of a plan to close the South Middlesex Hospital ahead of schedule and move 24 elderly mentally ill patients into buildings categorised as fit only for demolition. The CHC called for Mr.Droog's resignation on February 20th after two members of senior management had resigned in protest over what they described as "gross mismanagement". Mr. Droog has now resigned.

Hammersmith & Queen Charlotte's Special Health Authority is predicting a £2.3 million overspend for the next financial year and is considering closing Queen Charlotte's Maternity Hospital and transferring all services to the Hammersmith.

Shropshire has a projected overspend of £1.5 million for 1990/91 despite several hospital closures and the effective temporary closure of two acute wards.

South Birmingham has been given a dispensation not to balance its budget for this year, but has to save £1.5 million next year. Temporary ward closures will be continued and some new wards will be selected for closure - nine in all.

Bexley, with a relatively small projected overspend of £220,000 for this financial year, is replacing hot evening meals with snacks at the Sidcup Hospital and a 29 bed geriatric ward has been closed.

On February 27th the Secretary of State rejected claims that pay awards had been underfunded by central government.

### Prescription charges

The Government's announcement of a rise in prescription charges from £2.80 to £3.05 received widespread criticism. ACHCEW's Director, Toby Harris, was quoted in the Daily Telegraph as saying that "the increase in health charges is another step towards discouraging people from getting the medicines and using the services they needed." The day before the Government's announcement, the Institute of Fiscal Studies published a report which showed that rises in prescription charges up to 1984 coincided with a drop in the number of prescriptions from 107 million in 1979 to 67 million in 1984. (Independent 2/3/90)

As a result of the cost of NHS prescriptions some GPs have been asked by patients to issue private prescriptions instead (they would sometimes be cheaper). ACHCEW has received a copy of a letter from a GP in Cumbria to the Department of Health asking whether GPs may issue private prescriptions to patients on their prescribing and dispensing lists for prescription-only medicines. The letter notes that "there is a strong feeling amongst 'consumers' that they should be permitted to obtain private prescriptions from their GPs for medicines for which the private charge would be less than the NHS prescription charge."

### GP contracts

The beginning of February saw a spate of news reports claiming that GPs were removing "uneconomical" patients from their lists in preparation for the introduction of the new contract in April. The reports dealt with problems raised, not only by the structure of financial incentives for cervical cytology targets (see CHNEWS 50) but also immunisation targets and out-of-hours visiting. The original source of the media interest was a Lancashire GP, Dr. Durkin, who claimed that his practice could not afford to treat a two year old girl with a heart murmur because of the demands this imposed on GP time. The BMA says that it has no hard evidence that patients are being removed from GP lists except when the doctor/patient relationship has broken down. FPCs are sufficiently concerned about the problem to have introduced plans to monitor the turnover on GPs' lists.

One of the provisions of the new contract is the introduction of different rates of reimbursement for night visits made by GPs themselves and visits made by a deputising service. In future GPs are likely to be out of pocket if they use a deputising service for night visits. Air-Call, the largest deputising service in the country, is now considering expanding its activities to include daytime visiting. It expects demands for such a service to increase as GPs find themselves with extra commitments in their surgeries.

There was also a report that a six-doctor general practice in Surrey is refusing appointments for health checks on children. Under the new GP contract, doctors will, for the first time, be paid £5 a year for checks on children up to age five to ensure they develop normally. The practice in question had applied to be registered with the FPC, as is necessary to qualify for the payments, but had not received a reply. The receptionist at the practice told the mother of a three year old that he could not have an appointment because the practice was not sure whether they would be funded. (Sunday Correspondent 4/3/90).

#### GPs "would lie to dying patients"

Four out of five family doctors would lie to a dying patient, according to a survey by "New You" magazine. Doctors said that they would keep the truth from a patient they felt could not cope, but many just did not know how to break the bad news, the Gallup poll found. However, 94% of adults questioned wanted to be told if they were dying and the vast majority appealed for more openness and information from doctors.

#### Medical negligence study

The first large-scale study of the effects of medical negligence claims on doctors and patients and the impact of crown indemnity on malpractice claims is about to start at the universities of London and Oxford. The two-year project, funded by the Nuffield Foundation, will look at alternative ways of dealing with medical negligence claims. (Pulse 24/2/90)

#### Government plans for Independent Living Fund

The Government's plans to transfer the budget for the Independent Living Fund from the control of independent trustees to local authorities have caused concern amongst some disability organisations, even though the fund is to be doubled this April to £20 million. The Disabled Incomes Group fears that the transfer may threaten the freedom disabled people have under the present arrangements to choose and buy their own care. ILF trustees will be consulted on these plans in the summer. (Disabled News March 1990)

## Private Nursing Homes

The Social Services Committee has warned the Government of a serious problem facing elderly people in private nursing or residential care. The Committee claims that proposals contained in the NHS and Community Care Bill for funding those who are already in private care are inadequate and could even lead to evictions. It recommends that the Government commission a "rapid investigation of the costs of residential care and nursing homes". It also asks the Government to promulgate new regulations to permit the "topping up" of fees in appropriate cases, either by local DSS offices or local social services departments. (Community Care: Future funding of private and voluntary residential care. HC257)

The inadequacies of the present system of income support for elderly people in private nursing homes were discussed in an adjournment debate in the Commons on January 24th. In the course of the debate, it was pointed out that since 1986 the DSS had increased its contribution to nursing home fees by 17.7%. Costs had increased by 39% and much of this increase was due to staffing costs outside the control of the nursing home operators. At the moment charities are doing their best to make up the shortfall. Replying on behalf of the Government, the Parliamentary Under-Secretary for Social Security, Mrs. Gillian Shephard MP, conceded that income support was not "geared to respond to the rapidly changing and developing system of care in this country."

Age Concern has produced a briefing on this topic entitled Moving the goalposts: changing policies for long-stay health and social care for the elderly. It recommends that:

- \* Clear statements of health and local authority responsibilities should be made by the Government and made available to all people with long-stay care needs.
- \* Policies for essential health supplies and care should be defined by Government, with requirements for maintenance of these services for people in residential homes or nursing homes "in the community".
- \* Policies on means-testing should be debated and, if necessary, made explicit, so that elderly people and their families are not faced with unreasonable pressures from health authorities and local authorities to find and fund care which they thought they were entitled to from the relevant authority.
- \* "Topping up" powers should immediately be granted to health and local authorities where elderly people have run out of resources to pay for care which they had to accept because there was no health or local authority care available.

### Unfair discrimination?

The Terence Higgins Trust is about to begin an action in the High Court against Torbay Health Authority for suspending Mrs. Liz Filby, an auxiliary nurse, from a temporary post at a home for mentally handicapped children. Mrs. Filby is HIV positive and at the time of the appointment her husband had recently died from AIDS. The HA knew these facts when she was interviewed. It appears that other members of staff were upset when they learnt of her HIV status. Mrs Filby believes that this is why she was suspended and is seeking redress. The HA claims that it had a duty to look after the health of Mrs. Filby (threat of infection from the children), as well as that of other staff and patients. (Independent 19/2/90)

### Social fund in disarray

In an action brought by the Child Poverty Action Group and Sheffield Law Centre, the High Court ruled that DSS guidance on discretionary payments by local benefit offices was "unlawful insofar as it purported to indicate that there is no power to make payments exceeding the local office allocation." The judgement leaves the Social Fund in a state of uncertainty. On the one hand, it acknowledges Parliament's decision that the fund should be subject to financial control. On the other hand, it asserts that the Department cannot use cash limits on local offices as a way of regulating the disbursement of discretionary payments.

### Outsiders picked to oversee health service changes

Fewer than one in five of the district health authority chairmen appointed last Friday is an existing authority member. Twelve of the 28 new chairmen, who are predominantly businessmen or Tory activists, have no health service experience. Others have only been authority members for a matter of months. Of the other 16 appointees, only five already serve on the authorities they will chair from April 1; two have experience in other districts; five are, or have been, on regional authorities; two have been health workers; one is a community health council chairman and one chairs a family practitioner committee. (Guardian 12/3/90).

### Legal aid decision for whooping cough vaccine victims

On 2nd March the High Court overruled the decision of a legal aid appeal committee that seven claimants for compensation for whooping cough vaccine damage were not entitled to legal aid. The committee had based its decision on a 1988 High Court judgement (Susan Loveday) which declared that it had not been proved, on a balance of probabilities, that the vaccine could cause brain damage. The committee concluded that there was no realistic chance of success for any other compensation claims of this sort. The High Court has now ruled that this is not a good

reason for refusing legal aid in suitable cases. There is "a realistic prospect that in a future case a different judge will come to a different view on the general matter of causation". The ruling will allow up to 200 other families to attempt to prove that whooping cough vaccine caused their children's injuries. (Independent 3/3/90)

### Words about action

The National Association of Health Authorities has launched the first in a new series of bulletins which will provide information on health care for black and ethnic minority groups. The first bulletin reviews the provision of mental health services and has reports from two health districts, Southern Derbyshire and Wandsworth. The series is called Words About Action and is published with support and funding from the Department of Health.

### Focus on Health Promotion

#### **Priorities for Health Promotion - An Economic Approach.**

This Discussion Paper by Christine Godfrey, Geoffrey Hardman and Professor Alan Maynard comes from the Centre for Health Economics at York University. It describes a framework in which the causes of ill health can be identified and the cost effectiveness of alternative means of reducing this ill health can be ranked. "Ranking" involves comparisons of activities and requires the identification and construction of common criteria to measure outcome. From the economic perspective this suggests the development of measures which reflect changes in both the quality and quantity of life. York, of course, is already known for its use of indices such as quality adjusted life years (QUALYS).

The authors concentrate on two questions: determining the level of resources that should be devoted to health promotion activities as opposed to the amount allocated to health treatment or non health-related activities; and deciding the priorities between different types of health promotion activities within a given budget. It is difficult to calculate the benefits of promotion in monetary terms and to compare the "success" of two widely differing programmes. While health promotion may not lead to a large reduction in health care expenditure it can improve both the quality and quantity of life.

The report concludes that results need to be carefully appraised in the light of all the difficulties involved. The economic framework is useful in allowing a detailed examination of the assumptions being made and to contribute to the processes of agreeing the most effective policies; also in evaluating the costs and benefits of competing means of improving the population's health by using efficient promotion policies.

Available from the Centre for Health Economics, York University.  
Price £4.00.



**Teenage Smoking** is the name of the Report on a seminar held to examine the use of mass media strategies to reduce smoking among teenagers. Although smoking among the adult population is still decreasing, there is little evidence of this among teenagers, particularly teenage girls. It was generally agreed that a mass media campaign alone cannot be expected to reduce smoking in any group. Research suggests that behaviour is influenced by the mass media, but discerning which changes in smoking behaviour can be attributed to a media campaign and whether they will be long term remains a problem. However it was generally agreed that mass media can be an effective method for reducing teenage smoking if used in conjunction with a broader, multi-faceted campaign, including discussions through schools and parents alongside regulatory enforcement and legislation. The seminar looked at methods, the strategies which offer the most chance of success, gender differences, involvement of schools and/or parents, anti-smoking arguments, status of being an ex smoker, society's attitude towards smoking and the social climate in general. There was a consensus that the mass media can establish a climate in the public mind towards non-smoking which would be difficult, if not impossible, to achieve by other means.

Available from the Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX.

Also available from the HEA is a guide to sensible drinking entitled **That's the Limit**. To know your limit you need to know how much you drink - and be honest. Write down a diary of an average drinking week day by day, don't fool yourself with optimistic guessing. Then note down the number of units per drink. Add those up and you will know how many units of alcohol you consume in an average week and then match it against what is good for your health! For men the sensible limit is 21 units, for women 14. If you are over 36 for men and 22 for women you are in trouble. Also, beware the "alcohol free" beers and wines, few of them are and some of them contain far more than you might think. This is an informative and well designed leaflet illustrated with cartoons.

There are a number of recent publications on breast cancer and breast screening. The HEA's update list includes **Breast Screening Resource List**, **Breast Screening Selected References**, **Breast Self-Examination - Selected References** and the **Health Education Development Group Information Sheet**. They are also co-publishers, with the National Education and Training Initiative (NDT) of **Being Honest With Women**, a booklet on the importance of communicating effectively with women so that they can be informed properly and educated on the subject. In some ways this parallels the discussion papers from York University in that attention is given to evaluating the effectiveness of the screening campaign and its objectives. There are also two additional papers from the Suffolk Breast Screening Service which might well prove useful - one on training in counselling skills and the other on promotion in a rural area such as East Suffolk.

Still on the subject of women's health is a paper on **Women and Safer Sex**, looking at the serious situation which now obtains in Scotland and which was based on information given at the Conference on Aids in Montreal in 1989. This takes us back again to the use of the mass media - as in the anti-smoking campaigns - and its effectiveness or not. According to the Scottish experience where AIDS is concerned, the mass media is a blunt instrument, whether TV or press, and "does not seem to offer much help in enhancing communications skills or in challenging and shaping attitudes - a view diametrically opposite to that reached by the American anti-smoking programmes. However, it is felt it can be used for more sophisticated purposes than raising awareness and giving straight information.

Drugs misuse is the core of the AIDS problem in Scotland and as most users are heterosexual the potential for widespread transmission is high. There is an awareness of heterosexual transmission but the young people, in common with their counterparts elsewhere, do not seem to think it can happen to them and there is no evidence that the knowledge has changed patterns of sexual behaviour. A campaign was mounted therefore that placed AIDS within the context of broader relationships and issues and material was developed which looked at AIDS and drugs in relation to lifestyles and other influences on health. As well as the advertisements the Scottish Health Education Group also produced a magazine-style publication called **The Scene** which followed the basic objectives of the media campaign but in a different format. As well as being available in outlets such as schools, community centres and health centres it was also stocked by John Menzies and was promoted on local radio. Early results, though more research is necessary, appear to show that the approach taken by this material proved relevant and acceptable to the target group of young people at which it was aimed. Younger teenagers were more interested in drug-related information, older ones on drug misuse and AIDS. Combining information on both subjects, in the background of wider context, seemed to be effective with high percentages of those questioned afterwards saying they found it "helpful", "true to life" and "interesting". The Scottish HEG conclude, however, that this is only one approach and in the absence of clear proof as to the most effective means of getting messages across, then experiment and evaluation must continue. Available from the HEA.

The **Look It Up** series of videos offers a range of information and self-help advice on a number of health topics. The first in the series covers the Menopause and uses a combination of communication techniques - graphics, live action, interviews, testimonials, personal experience and expert opinion. It is written by Mavis Nicholson and narrated by Rosemary Leach. It looks at attitudes to the menopause, what it is, its signs, sex and the menopause, self-help and medical treatment. It is available from "Look It Up" (Ref No.1), Pindar Road, Hoddesdon, Herts EN11 0RB. Tel: 0992 441631. Price £19.55 inc. p & p. Other topics in the pipeline include The Well Woman, The Well Man, Contraception and Coping with Incontinence.

HIV & AIDS is a medical briefing published by the Terence Higgins Trust. It is a short, plainly written booklet which summarises the "state of the art" of medicine in respect of HIV and AIDS. The topics covered are: the nature and incidence of the epidemic; means of transmitting the infection; antibody testing; and the disease itself and drugs available for its treatment. (Available from: The Terence Higgins Trust, 52-54 Grays Inn Rd, London WC1X 8JU Price 60p).

LOCAL AIDS POLICIES: planning and policy development for health promotion is the sixth in a series of AIDS programme papers produced by the Health Education Authority. The report presents the findings of a King's Fund Institute study into health and local authority HIV/AIDS policies for health promotion and education. The study considers five sets of questions: (1) what is the scope of the policies? to what extent are they targeted and at whom? how explicit are they? (2) how does the AIDS policy-making process work within health and local authorities? can it be improved? (3) what arrangements have been made to implement these policies? (4) is it possible to identify any constraints on the effective development and implementation of the policies? (5) what resources are available for implementation?

## PARLIAMENTARY NEWS

### Medical Records Bill

Doug Henderson's Access to Health Records Bill, which aims to give patients rights of access to their medical records, was initially denied a second reading when it was "talked out" by Ian Taylor, MP, on the 24th February. During the debate the Parliamentary Under-Secretary for Health told MPs that attempts to reach agreement with the medical profession on a voluntary code for access had failed and also that the Government had no objection to the principle of statutory rights of access.

Although the second attempt to give the Bill a second reading on March 2nd failed, the Commons finally gave the Bill a second reading on March 9th. Doug Henderson MP said the Government had apparently bowed to criticism and withdrawn its objections. The Bill now goes to its committee stage and is almost certain to become law.

### Embryo research

On February 8th the House of Lords agreed by 234 votes to 80 that research on live human embryos fertilised in vitro should be permitted up to 14 days after fertilisation and subject to the control of a licensing authority. The Chief Rabbi, Lord Jacobovits, subsequently tabled an amendment for the report stage of the Bill. The amendment would prohibit the "creation of embryos solely for research purposes", i.e. research would be

confined to those embryos fertilised in the course of IVF therapy but not implanted.

### FROM THE JOURNALS

#### The quality of care for sickle cell disease

Why is there a neonatal screening programme for sickle cell disease? - To reduce mortality and morbidity from the disease. If "optimal" care is not provided, the potential benefits of screening are not fully realised. A study was devised to assess the quality of follow-up care provided to children with sickle cell disease. A pre-determined set of standards was used, based on a review of the literature and discussions with experts. Key elements were regular outpatient attendances, the use of prophylactic penicillin, information given to family carers and the contact with GPs. 31 children were enrolled into the study. One third of them were not being seen at outpatients as regularly as they should have been (according to the chosen standards). One third of the children were inadequately protected against pneumococcal infection. Some family carers were inadequately informed about the name, purpose and proper administration of drugs they were giving to the children. One of the main purposes of this study is to emphasise the need to develop a care programme for the optimal management of SCD. In the absence of this, it will "remain as difficult as ever to offer well organised and systematic follow-up to every baby born with SCD." (BMJ 10/2/90 p371-3)

#### Outreach worker at FPC

Brent & Harrow FPC are setting up a project to promote African and Afro-Caribbean access to primary health care. The use of linkworkers in general practice (funded through the ancillary staff reimbursement scheme) is being encouraged. An Outreach Worker will be appointed to cooperate with local groups in encouraging people to register with a GP, make use of screening programmes for cervical and breast cancer - and generally explain how to get the best out of the NHS. The project will also seek to identify problems that members of the African and Afro-Caribbean community in Brent & Harrow perceive as impeding their access to primary health care - and to propose solutions to these problems. The project picks up on the 1988 NAHA report Action Not Words, which emphasises the key role that FPCs should play in the provision, monitoring and evaluation of appropriate services to black and ethnic minority groups. (Family Practitioner Feb. 1990)

#### Leukaemia and Nuclear Installations

The much publicised report by Professor Martin Gardner on the incidence of childhood leukaemia around Sellafield appeared in the BMJ for 17th February. The study was commissioned by the

1984 Black inquiry. "The risk of childhood leukaemias was found to be unrelated to the various indices of environmental contamination from the Sellafield discharges, such as eating seafood or home grown vegetables or playing on the beach. But the risk was raised if the children's fathers had been employed at Sellafield, particularly if they had had relatively high exposures of radiation before the affected children were conceived." The possibility that parental exposure explains the increased incidence has yet to be squared with the other main relevant data, which comes from the 7400 children of men who survived the atomic bomb explosions. These show no hint of an increased risk of leukaemia in the offspring. For the epidemiologist, the mystery is perpetuated and the firmest conclusion to be drawn is that Professor Gardner's results are sufficiently important to warrant further investigation. (BMJ Editorial 17/2/90).

### Crisis in our hospital kitchens

An outbreak of diarrhoea occurred at a large psychiatric hospital in south east England on 11-14th June 1989. Fifty elderly residents were affected and two died. Two public health doctors have made a study of the relation between the outbreak and morale and staffing levels amongst catering staff. There were vacancies at all grades for what was perceived as a notoriously low paid job. Staff were under considerable pressure and probably overworked because of the need to make up for this shortfall in labour. Senior management and health authority members did not recognise the seriousness of the recruitment problem. Competitive tendering exacerbates this problem. How will ancillary staff fare under the NHS Review, with the deregulation of national pay scales and the removal of union representatives from health authorities? (BMJ 10/2/90 p382-385)

The authors of a letter replying to this article point out that moves to disperse patients and services from large hospitals into the community, including private nursing homes, have made surveillance of infection much harder. They suggest that if ancillary services or beds are contracted to the private sector infection control measures and surveillance should be written into agreements and costed. (BMJ 3/3/90 p612).

### Information needs of NHS users

A number of studies have appeared in professional journals in the last month adding to the ever-growing mass of evidence that users of the NHS want more and better information from the people that provide the services. A study conducted by epidemiologists and a health education tutor at Frenchay DGH is written up in February's Journal of the Royal Society of Health. The results are similar to those that have appeared for many years in CHC studies - "significant" levels of dissatisfaction with the amount and quality of information provided both to patients and to visitors (e.g. 36% of inquirers had received little or none of the

information they had sought). The GP was identified by respondents as the person from whom they wanted or expected more information about their hospital visit.

The Pharmaceutical Journal has carried a series of articles on "communicating with patients". Pharmacists are exhorted to remember the importance of "active listening", not to stereotype patients or humour them or play the part of the infallible expert or to give off unfriendly non-verbal messages. Another article considers what is involved in providing a good explanation of the nature, purpose and administration of over-the-counter or prescribed medicines. The problems in this case are similar to those doctors see themselves as having - sometimes it is thought to be "counter-productive" to provide "too much" information. There is a discrepancy between what the patients want and what the professionals think it is best for them to have. Although the article does not resolve this problem, it does set out and explore some "minimum standards". The pharmacist should ensure that the patient should know how to take the drug, how to store it, how it is expected to help and how to recognise the problems it may cause. The article suggests how the pharmacist should set about this. (Pharmaceutical Journal 10th & 17th Feb 1990)

Finally the BMJ (3/2/90) has a short article entitled "Should radiologists talk to patients?" The article is based on a small survey of patients, radiologists and doctors in cases where cancer is a possible diagnosis. The conclusion? Patients want to know the truth as soon as possible; when no malignancy is found radiologists should categorically reassure the patient.

### AROUND THE CHCS

Dartford & Gravesham CHC is extremely concerned that the health authority has stopped paying CHC accounts and expenses and will not resume payment until April 1st. The CHC thinks this is illegal. The CHC budget is underspent.

South Birmingham CHC members are carrying out a CHC awareness campaign in selected areas of the health district. The first part of the campaign was an experiment and tried to reach all sections of the community in a single electoral ward. The second part of the campaign will concentrate on schools and will be conducted by members with a special expertise in education. The CHC has produced short reports on both campaigns. Although these are both working documents and not intended for publication, they may be of interest to other CHCs undertaking similar projects. The CHC is also planning to hold a public meeting on the RHA's plans for health services in Birmingham.

Islington CHC reports that the campaign against the Bloomsbury/Islington health authorities merger is gaining momentum. The CHC has formed an alliance with Islington Voluntary Action Council and Islington Health Watch to oppose the merger and are now seeking views from community groups and the

general public.

Salisbury CHC has helped effect an important change in local services for the mentally ill. They introduced the health authority to the work of the national charity, Turning Point. After a series of joint meetings the health authority has agreed to embark on a collaborative project to provide group homes. The CHC regards this as a "significant development in the devolution of mental health services to the community."

## CHC REPORTS & PUBLICATIONS

### Waltham Forest

"Is there life after Claybury?" is a report of a seminar held by Waltham Forest CHC and MIND Waltham Forest to discuss plans for the transfer of mental health care from the hospital to the community. The meeting consisted of some formal "presentations", a general discussion, workshops and a panel discussion. It was convened to enable two-way communication on the ideas and plans that are being implemented. "Among the topics discussed, emphasis was placed on the opportunity that exists for a better service to be provided in Waltham Forest.....Many concerns were raised that current plans for reprovision show little understanding of the needs of people from the various ethnic communities in the area."

### Blackpool, Wyre & Fylde

In collaboration with the Health Authority's Maternity Care Unit, the CHC has produced a report of a survey on maternity care in action. The report is the final part of a three-part inquiry into mothers' perceptions of maternity services in the area. It covers childbirth and the immediate post-natal period. A formal questionnaire was handed to the first 500 mothers discharged in March and April 1989. "The overall impression of the service is favourable.....Statistical tests applied to the data have failed to produce correlations between experience [i.e. unfavourable impressions] and particular aspects of the service." The questionnaire and a listing of the results are printed as appendices.

### East Cumbria

At the end of July 1989, the CHC sent out 102 questionnaires to patients who had stayed at Alston Hospital in the previous three years. This is a general patient satisfaction survey and is divided into seven sections: "getting there; your comfort; food for thought; keeping clean; well being; time on your hands; mothers only". The response rate was 68%. The hospital's reply is published as an appendix. The management was, on the whole, pleased with the results but accepted that it should: look again at meal times, check the availability of reading material and increase its knowledge of vegetarian and vegan cooking.

### Warrington

Warrington CHC has updated its "Guide to Private Nursing and Residential Homes for Elderly People in the Warrington area". Price £1.

### Parkside

In response to complaints made by GPs and patients, the CHC carried out a survey of local GPs in order to find out how difficult it was to get seriously ill patients admitted to St.Mary's, Paddington and emergency admissions to St.Charles, North Kensington. In November 1989 management action was taken by the HA to reduce overspending by limiting caseload at local hospitals. 74% of GPs found it "difficult or very difficult" to get admissions to St.Mary's and 54% to St.Charles. 82% of GPs had resorted to using the Emergency Bed Service. For elective admissions, 86% of GPs were aware of patients whose admission to hospital had subsequently been cancelled. "When Parkside managers agreed to limit caseload they stated that it was important that adequate access be maintained for local cases, particularly local GP referrals. Our survey suggests that this is not happening."

### South Warwickshire

The CHC has published a report of a study of the services available at Community Unit Clinics. The objectives of the study were: "to determine how the services are responding to the present needs of the consumer; to examine the present interaction between the services offered by Social Services, the Family Practitioner Committee, and the services offered by the Health Authority; to determine if present planning and management can respond to the Griffiths report in relation to supporting people in the community instead of in long-stay hospitals." The report looks at each unit in turn, describing levels of use, catchment area, any special problems faced by the unit and the development work that is taking place. The compilers of the report are impressed by the work being done by primary health care teams, though they do have some suggestions for improvement e.g. more "Well Person" and "Well Elderly" clinics and better transport. The CHC is carrying out a follow-up survey of public attitudes to the community health services.

### Barnet

In November 1989 Barnet CHC, in collaboration with the Health Authority, the Family Practitioner Committee and the Community Relations Council, organised a conference on the "Health Needs of Multi-Cultural Barnet". The CHC has now produced a brief report of the conference, whose aims were to: inform ethnic minorities of health care available; enable health providers to learn of unmet ethnic minority needs; recommend ways of continuing and enhancing communication. The CHC had hoped for equal numbers of health workers and users, though in the event two-thirds of those attending were health care professionals. Nonetheless eight



ethnic minority organisations were represented. Gujarati and Urdu interpreters were available for the question and answer sessions following each formal speaker. The report is a summary of the proceedings. In a brief evaluation of the conference, the organisers comment that "ethnic participants may have been inhibited by the number of health workers present and that on any future occasion, ethnic groups could be encouraged to discuss issues beforehand and agree which points they wished to bring to the conference. Time to divide into workshops would also facilitate discussion." Barnet HA has now set up an ethnic issues steering group to work with the new ethnic communities health worker.

### Plymouth

The CHC has produced a report of a study of transport to health services in the district. The report is based on a series of meetings between CHC members and providers of transport services (HA and other). The CHC has been particularly exercised by two questions in relation to transport - "Was the hospital car service being abused by patients who could travel by other means? Is there any "mileage" in the hospital car service or in car parking at the hospitals as a means of cost improvement or income generation?" The CHC is anxious that a much needed service stay in place and that the HA does not use bad arguments as a justification for getting rid of it.

"Transfer of care from hospital to community" is a very brief report of a survey into hospital discharge arrangements and the extent to which the needs of discharged patients are met. The report includes the questionnaire that was used but gives no detailed results. "All patients interviewed during our survey indicated satisfaction in the arrangements made before discharge and on their return home."

"A survey of the views of some of the public living in the rural areas of the Plymouth Health Authority on some aspects of the National Health Service." This is a report not so much on local services as national developments. The survey had three aims: to publicise the CHC; to find out what people are thinking about the NHS and its future; to make CHC members available to the public who find it difficult to get to Plymouth. The results of the survey are listed without comment. 49% of those asked were unaware of the existence of the CHC; 67% were aware of the Government's White Paper; 83% said they would be prepared to travel to another district for treatment if their doctor felt the treatment offered would suit them better etc. Despite this last figure, these results offer no real ammunition either to critics or to supporters of the NHS White Paper.

### Weston

"Weston made easy: a guide for the disabled" is an information pack produced by Weston CHC jointly with Avon County Council and the District of Woodspring. 13 short leaflets (Pubs; Health;

Mobility etc) are enclosed in a small pocket-sized pack along with a local map.

### GENERAL PUBLICATIONS

Will you still love me? New opportunities for health services or elderly people in the 1990s and beyond. This report, published by NAHA and the Society of Family Practitioner Committees and written by Professor Nick Bosanquet and Dr. Alistair Gray, opens with a judgement few CHCs would dispute: "In recent years the country has missed its opportunity to develop a more coherent and effective pattern of health services and social support for elderly people." The opening sections of the report go on to consider developments in the '70s and '80s and how matters stand now. It is the last three sections, however, that are likely to be of most interest. The authors consider methods of calculating the costs of projected demographic change. The Department of Health's present approach is expenditure-based. It starts with an estimate of current per capita expenditure for a given age group and moves directly from this figure to an estimate for the volume of future expenditure for that age group on the basis of population projections (taking into account expected efficiency improvements etc). It does not take into account the financial impact of likely changes in the nature and pattern of provision. This is the problem that Bosanquet and Gray address - the costs of developing effective community-based care. Their proposals owe much to the World Health Organisation initiative on the health of the elderly. (Available from NAHA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ Price £15.)

Charity and the national health: a report on the extent and potential of charitable funds within the NHS. This is the first research paper to be produced by the Directory of Social Change, a charitable organisation which promotes the effective use of charitable resources. "It is generally assumed that the Exchequer does not finance fund-raising appeals, that charitable money cannot be used in place of statutory funding where there is an obligation on the state to provide a service, and that charity trustees are necessarily independent from statutory organisations." The research on which this report is based suggests that within the NHS these assumptions are wide of the mark. The voluntary sector as a whole is concerned that statutory organisations and institutions compete for charitable funds "on equal terms" - otherwise their own income and activities are threatened. This is seen as an important matter of principle. Equally important principles are at stake in deciding who should administer charitable funds for statutory bodies and what are the proper uses to which they may be put. In at least some health authorities, charitable funds are used for "special equipment", mainstream capital expenditure and even general hospital running costs. The authors argue that the proper uses of charitable funds are (a) research; (b) experiment and innovation in methods of care (this would exclude the purchase of equipment with a

well-established use elsewhere); (c) patient and staff welfare, including preventive programmes, the welfare of patients after discharge and the support of patients' families e.g. assistance to visit. (Available from: Directory of Social Change, Radius Works, Back Lane, London NW3 1HL. Tel 01-435-6524) Price £20.)

Cook chill: to be or not to be in Yorkshire is COHSE's response to Yorkshire Regional Health Authority's 1988 Catering Strategy. It explains what "cook chill" methods of catering are; looks at Wakefield Health Authority's proposals to use "cook chill" following the Salmonella outbreak at the Stanley Royd Hospital; and criticises the Region's plans to promote the use of the method. The London Food Commission report on Wakefield and ACHCEW's "Cook Chill - a cause for concern" are given as appendices. (Available from: COHSE Regional Office, Cemetery Rd, Sharrowhead, Sheffield S11 8FT).

The way ahead: benefits for disabled people (Cmd paper 917) The Government sets out its policy response to the survey of the circumstances of disabled people commissioned from the Office of Population Censuses and Surveys. The general conclusion of the review of the benefit structure is that "it should give priority for additional help to those disabled earlier in life for whom disability is more financially disruptive in terms of the lost opportunity to earn and save." The survey evidence showed that the people most in need of help with the extra costs arising from their disability are those under pension age with moderate-to-severe disabilities who fail to qualify for Mobility or Attendance Allowance. To deal with this, legislation will create a new disability allowance for people of working age and below. "This will incorporate the existing payments made through Attendance Allowance and Mobility Allowance within a common administration and introduce new lower rate payments for people with care and mobility needs lower down the scale." The Government also intends to introduce a Disability Employment Credit to provide assistance to disabled people with low earnings. Benefits to replace lost earnings will be restructured to take account of the growth of long-term occupational sick pay i.e. to improve help for those with no access to contributory or occupational benefits and reduce help to those in receipt of such benefits. (HMSO £7.50)

Invalidity benefit is a report from the National Audit Office. Invalidity benefit is paid to those unable to work because of long-term illness. The general conclusions of this report are that: GPs need clearer guidance and improved training to help them in discharging their certification responsibilities for payment of the benefit; there are probably savings to be made from ensuring that only those who properly qualify receive the benefit; the relevant Departments should take action to deal with these matters. (HMSO £4.60)

SELF-HELP SUPPORT AND BLACK PEOPLE: start-up strategies in four Self-Help Alliance projects. This report is based on case

studies carried out under the aegis of the Tavistock Institute of Human Relations. It describes and evaluates four self-help initiatives in different parts of the country. Three of the projects have a wide perspective (including housing, education etc); one is focussed mainly on health issues. Nonetheless the background to the work (The Self-Help Alliance Research Group on Self-Help and Black People) and the various strategies used will be of interest to anyone concerned with community development work in the health field. (Available from The Tavistock Institute for Human Relations, Room 366, 120 Belsize Lane, London NW3 5BA. Tel 01-435 7111 x2364. Price £6.50)

### INFORMATION WANTED

ACHCEW's Working Party on Local Ethics Committees is currently looking at the training and information needs of lay members of local ethics committees with a view to producing a resource pack for CHCs to use. We would like to hear from any CHCs who are aware of any organisations, either locally or nationally, which are looking at the needs of lay members and which might be organising some training to address this. Please contact Carole Auchterlonie at ACHCEW as soon as possible.

South Birmingham CHC "would like to hear from any Community Health Council which has done work in secondary schools on any aspects of information about the NHS, patients' rights, using the NHS effectively and the role and work of CHCs. We hope to put together case studies for use in courses such as B-Tec in order to provide material for schools which can be integrated into the new school curriculum."

Richmond, Roehampton & Twickenham CHC wants to know if any CHC is aware of patients placed by its health authority at the Royal Home & Hospital, Putney on a "long term contractual basis". The unit specialises in the care of people with severe disabilities in need of long term care and those with brain injuries.

North West Surrey CHC "would like to hear from any CHC who have similar problems in their district regarding chiropody services. Patients who had been waiting for chiropody treatment so long that in the meantime they had decided to go privately found subsequently that their NHS treatment was being refused on the grounds that it was unethical to "mix" treatments provided by a private non-state registered chiropodist and an NHS state registered one."

Northallerton District CHC would like to hear from CHCs with prisons in their district who have had some working involvement with the Prison Health Services.

Wandsworth CHC would like to hear from any CHCs which have dealt with a complaint where the FPC has recommended that a deduction from remuneration be used to reimburse the complainant "owing to the failure of the practitioner". That is S10(2)(b)(i) of the Service Committee and Tribunal Regulations. The CHC would also like to know whether such a recommendation has been successfully implemented or turned down by the Secretary of State.

Jean Robinson, ACHCEW nominee on the GMC has unearthed a new twist to the GMC story. She advised CHCs to tell complainants who wish to complain to the GMC about a GP, to write to the GMC after the FPC procedure has been completed. This was supposed to ensure that the original complainant would be treated as "the complainant" by the GMC, not merely as a witness, and would have all the additional rights - right to own lawyer and barrister, a transcript etc. However, there has now been a case where a man complained to the GMC after the case and was still not treated as "the complainant" but was merely called as a witness, with the result, he believes, that certain vital evidence was not considered. The GMC received the complaint from him, but they also got the documents forwarded by the DoH in the usual way, when a GP has been fined after an FPC case. The Preliminary Screener chose to proceed on the basis of the documents from the DoH, not the man himself. Their explanation to the man's MP is that they decided to save him the trouble and expense of making a statutory declaration - something he would have been delighted to do if had known it was necessary. The case is now being taken up with the GMC and the Secretary of State. Jean is anxious to hear of any other cases and how the GMC is responding to complainants. She is also willing to talk to groups of CHCs about how the GMC complaints procedure works. Contact her at home on 0865 52276, or 56 Lonsdale Road, Oxford OX2 7EP.

#### NEWS FROM THE VOLUNTARY SECTOR

Tranquilliser Dependency Helpline. The Council for Involuntary Tranquilliser Addiction offers support, advice and information to people with addiction problems from tranquilliser use. The Council's helpline is available on - 051 949 0102 - between 9.30am. and 5.30pm, Monday to Friday.

Parents Against Tobacco is a campaigning organisation for parents who want to unite to protect their children against the tobacco industry. It is an offshoot of Citizen Action and produces a newsletter. For further information contact: Parents Against Tobacco, 3 Endsleigh St, London WC1H 0DD. Tel. 01-278-9686.

Health Matters is a new monthly magazine produced by Health Rights. It covers health policy, environmental issues and a wide range of other health-related topics. Issue no.3 includes articles on asbestos in schools, mass genetic screening, health care in Pinochet's Chile, radical psychiatry and a survey of local views on health care carried out by West Lambeth Health Authority. All the articles are fairly short and easily

readable. Subscription details from: Health Matters, Unit 110, Bon Marche Bldg, 444 Brixton Rd, London SW9 8EJ. Tel 01-274-4000.

The Women's Health & Reproductive Rights Information Centre are asking subscribers to their newsletter to contact the Centre immediately if they have not received the most recent edition (no.7). Their computerised subscription database has been erased. If subscribers do not have their own payment details, they will be offered a new subscription. Contact: Lorna Campbell, WHRRIC, 52-54 Featherstone St. London EC1Y 8GT.

The Amarant Trust, a charity seeking to promote a better understanding of the menopause, has moved to: 80 Lambeth Rd, London SE1 7PN. TEL 01-401-3855.

### **FORTHCOMING EVENTS**

Providing health services in the year 2000. A day conference organised by the Institute of Health Service Management. Monday 2nd April, Royal Institute Of British Architects, London W1. £86.50 inc. VAT, lunch etc. Contact: Tina Hall, IHSM, 75 Portland Place, London W1N 4AN. Tel 01-580-5041.

The Business of Health is another one day IHSM conference, this time organised jointly with the Healthcare Financial Management Association. The conference will be based on work being undertaken by the two organisations on contracts between providers and purchasers of health care. 30th April at Kensington Town Hall, London. £109.25 inc. VAT etc. Contact the IHSM at the above address.

The IHSM Annual Conference for 1990 will be in Torbay from 6th to 8th June.

Motherhood - mental health versus mental illness. A one day conference on post-natal depression organised by Bolton Health Authority to be held on Wednesday May 30th. Anyone interested can contact Bolton CHC, Andomac Chambers, Crompton Place, Bolton BL1 1DA. Tel 0204-381179 or Mel Ratcliffe, CPN Dept, The Tower, Bolton general Hospital, Minerva Rd, Farnworth, Bolton BL4 0JR. Tel 0204 390720/21 or 390591. Price £35 inc.

National Home Safety Conference Workshops and Exhibition. Sponsored by Bromley Health Authority and Bromley Council. To be held in Bromley 24th & 25th April 1990. Prices: workshops only £25; conference only £50. There is also an evening reception on the 24th at extra cost. For further information contact: Environmental Services, Sherman House, Sherman Rd, Bromley, Kent BR1 3TF. Tel 01-464-3333 x5902/3/4.

The Greater London Association of CHCs is holding a conference on user representaion in community care. Tuesday 3rd April at the Royal Institute of Public Health & Hygiene, 28 Portland Place, London W1. The fee is £50. For further information, contact

Yolanda Bull, GLACHC, 100 Park Village East, London NW1 3SR.  
Tel 01-387-2171.

Disability Alliance ERA are holding a series of spring training seminars on: mobility allowance; attendance allowance; benefits for young disabled people; recent changes in the social security system; reduced earnings allowance. The courses cost either £50 or £45 (£30 for underfunded voluntary organisations). The programme starts 24th April. For further information contact: Disability Alliance ERA, 25 Denmark St, London WC2 8NJ.

Managing with authority is a one-day NAHA conference to be held on April 10th in central London. The conference will look at the responsibilities of the new-style health authorities which will be set up under the NHS and Community Care Bill. £143.75 inc. (A discussion paper on the topic is also available, price £8). For further information contact: National Association of Health Authorities, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

Children in a changing society. The 1990 annual symposium of the National Children's Bureau. 24th-26th June at University of York. Health-related topics include: sexual abuse; children's rights in health; child health in inner cities. Price £161 for residents (from statutory organisations), £109.25 for non-residents. Contact: the Conference Office, National Children's Bureau, 8 Wakeley St London EC1V. Tel 01-278-9441.

Other forthcoming NCB seminars include:

Children's Act and the Under Fives 4th April

Quality and Equality: Better Access to Better Services 12-13th July.

Genetics and Society is the Silver Jubilee Symposium to be held by the Department of Genetics at Leicester University on Saturday 7th April 1990. Keynote speakers include Baroness Mary Warnock. Price: 1 March - 6 April, £15.50 waged, £7.00 unwaged. Further information and registrations to WBS, 105a Queen Street, Maidenhead, Berks, SL6 1LR. Tel 0628 35497.

Positive attitudes to women's health is a study day organised by the National Council of Women. Stress, health education and screening services will be discussed with guest speakers and an expert panel on Saturday April 28 at Halifax Central Library. Tickets £5, including lunch. Contact Mrs K Walker, 10 Scarr Bottom Road, Halifax HX4 7DJ. Tel 04223 54834.

CERES (Consumers for Ethics in Research) are holding a public meeting on 22nd May 1990 at Cancerlink, 17 Britannia St, London WC1. Jean Robinson will be speaking on how to assess a medical research protocol - is it scientifically sound, ethical and safe? Admission free: further details from Ann Truesdale, Maternity Alliance, 15 Britannia St, London WC1. Tel: 01 837 1265.

### DIRECTORY CHANGES

Hampstead CHC    Interchange  
                  15 Wilkin ST  
                  Kentish Town  
                  London NW5 3NG  
                  Tel: 01-282-3378

Hull CHC has decided to change the Secretary's title to Executive Officer to reflect better the role undertaken.





# COMMUNITY HEALTH

*News*

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**COMMUNITY HEALTH COUNCILS**

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**WORKING FOR PATIENTS**

**NEWSLETTER SUPPLEMENT: CHNEWS51: MARCH 1990**

## NEWS UPDATE

### White Paper "Junkets"

According to a report in the **Observer 4/3/90**, hospital managers and Government officials have been holding a series of secret meetings at expensive London hotels to discuss the implementation of the NHS reforms. The Observer alleges that four meetings each costing £20,000 have already been held with two more planned for April. The newspaper has also obtained minutes of one such meeting which show that services to patients are to be cut to ensure HAs' budgets are balanced before the start of the new arrangements. The minutes also reveal that non-executive members of self-governing trust boards have already been chosen but are not being made public. This was confirmed, when in response to a written question in the House of Commons, Roger Freeman refused to name the new non-executive helpers.

### Consultants Fail in Attempt to Block Reforms

Six senior consultants, led by Professor Harry Keen have failed to win a High Court ruling declaring that the Department of Health has acted illegally by spending money on the implementation of the health service reforms before enabling legislation has been passed. To date £40 million has been allocated for 1989/90 and £257 million for 1990/91 to prepare for the new style health authorities and self-governing trust hospitals. Lord Justice Woolf, ruled that there was nothing to prevent the Health Secretary and health authorities deploying resources under existing powers to prepare for prompt applications when the legislation is passed. An appeal is being considered. (HSJ 1/3/90, Daily Tel 22/2/90, Ind 22/2/90)

### Guy's Staff Reject Self-Governing Status

Staff at Guy's hospital in London, thought of by many as the flagship for the Government's health service reforms, have rejected, by a margin of 10 - 1, the hospital's plans to seek self-governing status. Similar staff ballots at other leading hospitals, including St Thomas's, have also revealed widespread opposition. The Department of Health has commented that it is too early to be conducting ballots as the changes will not be implemented until next year. The Secretary of State has always opposed staff or local community ballots as a way of deciding the future of hospitals, although he has said that he would expect consultants to be supportive, if an application for self-governing status were to be successful. The Guy's ballot included all staff from cleaners to consultants. (Daily Tel 27/2/90, Guardian 27/2/90)

### Consumer Involvement in the NHS

MPs James Dunnachie (Glasgow, Pollock), John Battle (Leeds West) and Roger Stott (Wigan) recently tabled questions in the House of Commons about how consumer involvement in the NHS could be improved. Mrs Bottomley answered that the Government's proposals for the health service were based on a full recognition of the importance of consumers. She also said that DHAs "will work closely with local interest groups and consider the views of users of services. The interests of the local community will continue to be represented by CHCs, which will act as a channel for consumer views to health authorities and family service authorities." (Hansard 23/1/90)

### Contracts For Health Services: Operating Contracts

The Department of Health has now printed its specimen contracts and guidance for the operation of contracts under the NHS reforms. From April 1991 all health authorities will effectively be split into two parts, one which will purchase health services for its resident population and one which will provide a range of health services via directly-managed units. As purchasers, health authorities will be placing contracts with their own directly-managed units, other units in other authorities, self-governing trusts or private hospitals.

This latest guidance gives practical details of how health authorities as purchasers might begin to draw up specifications of the quantity and quality of health services that they need to purchase to meet the needs of their resident populations. Guidance is also given on the way provider units could prepare proposals on the services they are prepared to offer and the prices they are likely to charge. The contractual process will essentially be a discussion between the provider and purchaser to determine levels, cost and quality of service.

In drawing up their service specifications, health authorities as purchasers will need to be clear about the standards of service they expect. These will have to be explicitly stated in the service specifications to which providers will respond. In its guidance on the preparation of these standards the Department does not include purchaser consultation with CHCs. However, if contracts are to achieve their aim of improving consumer responsiveness in health service delivery, Health Authorities will need to draw on the experience and expertise of CHCs in articulating consumer standards. For example what are the issues around access information and choice which users of services most commonly express? Similarly, when purchasers come to choose between providers, CHCs should be consulted over quality issues, such as the trade-off between cost, waiting time and distance to service or the acceptability of the mechanisms the provider unit has established for handling users' complaints or grievances etc.

ACHCEW is currently preparing guidance for CHCs on how they might play an active role in the new contractual process and a workshop

on this issue is planned for this year's AGM. In the mean time, Suzanne Tyler, Development Officer at ACHCEW, would like to hear from CHCs already being included in their health authorities discussions on the new purchasing role on the contribution CHCs can make to the contractual process.

Core services The new guidance also attempts to clarify the confusion which resulted from the Department's earlier statements about "core services". In its guidance on local services the Department has said that it is each DHA's responsibility to ensure that its population has access to a comprehensive range of services. The decision of which services need to be provided locally, is therefore one that each DHA must make for itself. In many cases this will result in no real choice of provider. To ensure that NHS Trusts do not abuse their monopoly power the Secretary of State will have powers to direct NHS Trusts to achieve provision of certain services:

"In future, guidance and other public statements will refer to these as 'designated' rather than 'core' services. This is because the latter term has been misunderstood as implying that 'core services' are more important than others not so described." (Para 3.17)

"In essence, therefore, the criteria which identify a 'designated service' are:

- a) it has been identified by a DHA as necessary for local provision to a specific population
- b) there is no real choice of provider; and
- c) the only practical provider is an NHS Trust." (Para 3.18)

**Contracts for Health Services: Operating Contracts** is the most recent in the DoH's "Working for Patients" series. It was issued under Executive Letter EL(90)MB/24 on 27 February 1990 and is available from HMSO at £8.10. CHCs which consider the guidance and particularly the content of the model contracts are asked to forward comments to Suzanne Tyler at ACHCEW.

### 70% Against NHS Reforms

A Gallop poll commissioned by the BMA has shown that 70% of people disapprove of the Government's plans for changing the NHS and 73% do not agree with the statement that the NHS is safe in the Conservatives' hands. Self-Governing Trusts and GP practice budgets appeared as the main issues of concern to those polled and it is likely that the BMA will use these results to support their call for a full pilot study in one region to test the key reforms.

## CHC ACTIVITIES

North Tyneside CHC recently presented a petition of approximately 5000 signatures to its RHA opposing the NHS reforms. Before endorsing ACHCEW's response to the White Paper, the CHC held two seminars to discuss the proposed reforms and in May 1989 the Council agreed to launch a campaign to express their concerns. This has taken the form of meetings with local MPs, public meetings, discussions with numerous community groups and press coverage, all culminating in the local petition. The RHA although expressing concern at the CHCs' activities did agree to receive the petition and has also made available a one-off grant of £5000 to every CHC in the Northern Region for development work relating to the reforms.

Central Manchester CHC concerned at the way contracts in the district will really work have recently held discussions with their DHA, but have been able to glean very little. In preparing for its new role, the Health Authority has already split into "purchaser" and "provider" functions, with the DGM taking on the provider role and the Director of Public Health the purchaser. The CHC is concerned that in a situation of monopoly the provider unit will be in the more powerful position during contract negotiation. In response to arguments that in such a situation the role of the CHC will be crucial the DGM and Director of Public Health responded positively to the CHC's request for consultation. Unfortunately this appears to have been undermined by the DHA Chair who has said that there can be no guarantee that the CHC will be involved.

Cheltenham and District CHC has been approached by a local GP practice concerned with the implications for patient confidentiality of the new GP contract and practice budgets. In a letter to the CHC Dr Graham Shepherd writes:

"...I now believe that doctors will not in fact be given the money for their budget but it will be a paper amount held by the FPC and the doctor will have to bill the FPC for everything that he does. Again you can just imagine the problems that would arise and perhaps one that leaps to mind is billing the FPC for a termination of pregnancy..."

Durham CHC has held detailed discussions with its DGM over the implementation of the reforms in the district. These have covered the role of the DHA as purchaser, the process of determining those services where guaranteed local access is necessary, units as providers, the preparation of business plans and the future role of the CHC.