

Community Health News

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COMMUNITY HEALTH

News

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NEWS

Indicative prescribing

With the publication of the working paper **Improving prescribing**, the Department of Health has confirmed that drug budgets for regional health authorities will not impose cash limits on expenditure on medicines. Spending on drugs will be fully funded through a vote on non-cash limited monies in Parliament. If global drug budgets are exceeded, there will be no financial squeeze on other services. The desired "downward pressure" on wasteful drug expenditure will be applied in other ways.

As outlined in the original working paper on indicative prescribing, where there is "clear evidence of excessive prescribing" by GPs, they will be subject to sanctions. Excessive prescribing by a practice will trigger an investigation of the reasons for overspending the indicative budget. If there appears to be no good reason for the overspend, the FPC may refer the matter to a professional committee set up under the (suitably amended) Service Committee and Tribunal Regulations. The committee's finding as to the facts (has there been excessive prescribing?) will be binding on the FPC. But the FPC will have discretion as to the level of withholding of remuneration to apply to the GP. The GP will have the right to appeal.

FPCs will be expected to appoint a medical adviser on prescribing. The prescribing adviser will (i) advise the FPC on the drawing up of prescribing profiles for each practice, the setting of budgets for individual practices under the indicative prescribing scheme and the monitoring of performance (ii) hold discussions with those practices where there appears to be either over-prescribing or under-prescribing. In this way it is hoped that the need to apply sanctions will not arise.

The Government proposes to establish a limited number of voluntary local incentive schemes. Local Medical Committees will be able to agree with their FPC a specific target saving for prescribing costs throughout the FPC area. The LMC will have to be satisfied that the target saving will not result in under-prescribing. If the target is achieved, half the sum saved will be made available to the FPC in the following financial year to be used on primary care projects agreed with the LMC.

Consultants oppose opting out

On 7th June the British Medical Association made known the results of ballots of consultants carried out at 28 hospitals seeking self-governing status. In 21 of the hospitals, consultants had "overwhelmingly" rejected the idea. Three hospitals had decided not to pursue their application for self-governing status. Mr. Paddy Ross, chairman of the BMA's consultants' committee, has written to the Secretary of State seeking confirmation of an assurance given in the House of Lords by Baroness Hooper, junior

Health Minister, that no-one will be compelled to participate in the new arrangements. He also called on the Government to ensure that applications to set up self-governing trusts do not go ahead where consultants have demonstrated their opposition to the application. The Secretary of State for Health, speaking at the annual conference of the Institute of Health Service Management on 8th June, declared that "no one group can have a veto on these things".

GP payments for minor surgery

Government proposals to encourage GPs to undertake minor surgery have been rejected by delegates at the annual conference of Local Medical Committees. The Department of Health is insisting that, in order to qualify for extra payments under the new GP contract, a doctor will have to be competent in 24 surgical procedures. The Department argues that this will encourage GPs to extend their skills; the General Medical Services Committee argues that doctors should be paid for work done and that the Department's approach will discourage rather than encourage minor surgery. (*Guardian* 14 June 1990)

An editorial in the British Journal of General Practice has also criticised the reasoning behind the Department's requirement. "What of the general practitioner who is confident about injecting joints but has no wish to remove cysts or ligate veins?.....The 'all or none' ruling by the Department of Health makes little sense, the composition of the list itself defies logical interpretation, and the exclusion of the 'suturing of lacerations', surely one of the commonest minor surgical procedures performed in general practice, is incomprehensible. With goodwill a more flexible and sensible list of procedures can be agreed and clearer criteria of competence established." (*BJGP* May 1990)

General Practice budget-holding

The BMA's General Medical Services Committee has circulated an advisory leaflet on budget-holding to all GPs. It reiterates the opposition of the GMSC and the Conference of Local Medical Committees to the idea of budget-holding and asks GPs who have expressed an interest in the idea to reconsider.

Out of the 850 practices who originally expressed interest in budget-holding, more than half have already withdrawn their "applications". A further problem recently to have emerged is that the major supplier of GP computer software has threatened to boycott the Government unless it provides the necessary development funds. (*Doctor* 24 May 1990)

GP contracts

Several Family Practitioner Committees have announced that they intend to introduce a measure of flexibility into the new contracts for GP services. Some of these "local deals" allow GPs to discount categories of patient on their 'target lists' for additional payments if their presence on the list stops the GP reaching the thresholds for receipt of the payments. This would cover e.g. patients who refused cervical smears or children whose parents refused immunisation. The Department of Health has already made it clear to FPC general managers that it is very unhappy about these local deals. At least one FPC, Bedfordshire, is prepared to defy the Department on this matter and has sought legal advice. (Pulse 9 June 1990)

Image building for the NHS reforms

On 4th June the Independent newspaper published a letter from the director of an organisation styling itself the "NHS Research Centre". The letter criticised the critics of the reforms. The Guardian newspaper suspected subterfuge and discovered that the unit was based at Conservative Central Office. It was also revealed that the editors of 90 provincial newspapers had been invited to the Department of Health, where they would be briefed on the merits of the NHS reforms. "The move is an attempt to counter public hostility to the changes in advance of the three-month consultation period on the first wave of opted-out hospital trusts." (Guardian 5 June 1990)

Softly, softly

Speaking at the annual conference of the Institute of Health Services Management, Peter Griffiths, deputy chief executive of the NHS, said that the NHS management board was not expecting radical changes in the way patients were referred for treatment. Nor was it looking for sophisticated provider-purchaser contracts. "All that was being asked of managers was to 'break the mould' in terms of quality, to write into basic care contracts some provision to reduce waiting time for treatment, to cut waiting time in hospitals or to improve patient facilities." (Guardian 8 June 1990)

FPC monitoring

A Department of Health working party on FPC data collection has recommended that the numbers of patients removed from GP practice lists should be included as a 'service indicator' for monitoring the GP contract. (Pulse 9 June 1990)

Carers' survey

In a survey of 790 carers looking after disabled relatives at home, nearly half of the people questioned said that they were "at breaking point". The survey was carried out by Crossroads Care, which is calling on the Government to provide more resources to enable carers to live normal lives. One in twenty of the carers admitted that they had been violent to their dependents. 54% had given up full-time work; only 7% had received help to give them a break; and 25% said that support from social services departments was "useless". (*Independent* 21 May 1990)

Junior doctors press for 'conscience clause'

The annual conference of the British Medical Association's junior doctors' committee has voted to seek changes in junior doctors' terms of service which would allow them to refuse to treat private patients except in cases of emergency. (*Guardian* 11 June 1990)

Infectious diseases

A report, written jointly by the Royal College of Physicians and the Royal College of Pathologists, has recommended that each district general hospital should have a team of doctors to cope with the increase in cases of infectious diseases. Professor Alasdair Geddes, a member of the working party which wrote the report, said: "There has been a resurgence of infectious diseases in and out of hospital. While they won't recur on the same scale as they did in the past, it is important that we strengthen the service." At the moment, there are only 28 infectious disease consultants in England and Wales and twenty districts have no consultant medical microbiologist on their staff. The report calls for an increase in the number of consultants and specialist regional training units. (*Independent* 31 June 1990)

National Arthritis Week

The Arthritis and Rheumatism Council published the results of a survey of arthritis sufferers at the launch of National Arthritis Week. The report estimates that more than half of the country's three million arthritis sufferers have not seen a specialist rheumatologist. "This may have affected their chances of avoiding disability." The authors of the report call for an increase in the number of rheumatology consultants. (*Independent* 5 June 1990)

New child health record

A joint working party of the British Paediatric Association, the Royal College of General Practitioners, the British Medical Association and the Health Visitors' Association have launched

an "exemplar" national child health record which will be held by parents. This follows a review by the working party of a number of experimental parent-held child health records developed in various health authorities. The Government has given the scheme its blessing and will discuss with the BPA the promotion of the new record and the arrangements for making it available to individual health authorities. The working party chairman, Dr. Aidan McFarlane, said that "the arguments in favour of this record are overwhelming and we hope that it will soon become universally used in this country." The new record will complement, not displace, the medical records held by family doctors. Parents in France, New Zealand and Australia already hold records of their children's health.

New deprivation index

North Tyneside Family Practitioner Committee is undertaking a project to develop an alternative to the Jarman deprivation index. The FPC general manager said "The Jarman index does not reflect the true social status of residents in North Tyneside and our members were reluctant to accept it as a true reflection of life here." (Doctor 17 May 1990)

Healthy contraception

At a press briefing to mark the "30th birthday" of the contraceptive pill, Professor Dennis Lincoln, Director of the MRC reproductive biology unit in Edinburgh, suggested that women will soon regard the hormones used in the contraceptive pill as a useful health supplement providing protection against a variety of illnesses. Dr. Clifford Kay, in charge of a long-running study of the effects of contraceptive pill use, said that "In the long term not only is the pill a superb contraceptive, it might actually be good for you." There was good evidence that the pill decreased the risk of cancers of the womb and particularly of the ovaries. This has led some experts to "stick their neck out" and say that for non-smoking women the benefits of the contraceptive pill (apart from its contraceptive effect) outweigh the risks. (Guardian 13 June 1990)

The Medical Advisory Committee of the Family Planning Association and the National Association of Family Planning Doctors have issued a statement on the long-term use of copper intrauterine devices. It concludes that modern copper IUDs are clinically effective and safe for at least five years. "Beyond that interval an experienced doctor or nurse should discuss with the client the option of changing the IUD or leaving it in. Factors to take into account are the natural decline in fertility with age, the technical difficulty expected in removal and reinsertion, and the willingness of the woman to accept a possible small loss of contraceptive fertility, as yet undocumented, for the advantages of leaving well alone." (Lancet 17 May 1990).

GP advertising

Following pressure from the Monopolies and Mergers Commission and the Office of Fair Trading, the General Medical Council has agreed to allow family doctors to advertise their services in newspapers and on radio and television. The GMC is aware of the dangers; its new guidelines say "Doctors publishing information about their services should not abuse the trust of patients or attempt to exploit their lack of medical knowledge. Especially they must not offer guarantees to cure particular complaints." This goes beyond the restrictions contained in the Advertising Standards Authority code - that adverts must be legal, decent, honest and truthful. Resistance to advertising in the medical profession has two main sources, the fear that it debases doctors to the level of 'tradespeople' and the fear that it may exploit sick and therefore vulnerable individuals. The GMC appears to have recognised that it might be inexpedient to take a public stand over the first point. As for the second, it "now accepts that most people are in good health when choosing a GP." Dr. John Marks, Chairman of the BMA, was unconvinced: "Let's not kid ourselves. A tiny minority of doctors will abuse the system and a few patients will suffer." (Guardian 24 May 1990)

Patients' meals

COHSE, the health service union, has publicised a letter which all patients at Bedford General Hospital have been receiving for over a year. The note informs patients that they may contribute to the cost of their hospital meals if they so wish. COHSE has demanded that the note be withdrawn as it exerts duress on patients to pay up. The hospital management deny this, saying that the note was introduced after some patients had requested to make a contribution towards the cost of meals. The note made it clear that hospital meals were free, but gave patients an opportunity to make a contribution. About £2,500 had been raised so far and the money was used to improve hospital facilities.

Smear testing

The British Society for Clinical Cytology has conducted a survey of hospital laboratories processing smear tests. The workload in the first three months of this year is 80% higher than in the same period last year and the number of laboratories with a backlog of more than one month has doubled - from 20% to more than 40%. Most of the increases are occurring in "better off areas". (Sunday Correspondent 20 May 1990)

Donor cards

In a Gallup survey for the British Kidney Patient Association, only 27% of people interviewed had a donor card; and only 7% carried them. The President of the association, Elizabeth Ward, repeated previous calls for the introduction of an statutory "opting-out scheme". (Guardian 9 May 1990)

Compensation for haemophiliacs

The Prime Minister has rejected a request from Alf Morris MP to set up an inquiry into compensation for haemophiliacs infected with the HIV virus as a result of transfusions for the blood-clotting enzyme, Factor VIII. Mr. Morris will ask the Ombudsman to examine a test case. (**Independent** 8 June 1990)

Complaints leaflets

In March the Department of Health sent a letter to all FPCs informing them that complaints leaflets were to be translated into various ethnic minority languages and would then be circulated to FPCs for distribution locally. Three months later a Department of Health spokeswoman has confirmed that it could be several months yet before the leaflets are even translated. ACHCEW has written to the department asking them to take this issue out of the 'bottom of the tray', which is where it seems to be sitting at the moment.

PARLIAMENTARY NEWS

Eyesight testing

A Labour Party motion in the House of Commons calling for the restoration of free eye tests was defeated by 275 votes to 209. The Opposition used information from two surveys, one by the Association of Optometrists and one by the Federation of Dispensing Opticians. Data from the surveys, covering 1,600 opticians in all, was used to estimate a drop in the number of eye tests from 13.2 million in April 1989 to 8.9 million in April 1990. Opposition spokesman, Robin Cook, accepted that this figure overestimated the impact of charges, since about 1 million people had eye tests just before charges were introduced - which still leaves a large fall in numbers. The Secretary of State replied by pointing to the results of a survey he had commissioned from NOP. These showed an increase in the number of eye tests over the previous year. The NOP survey had asked 10,000 people whether they had had an eye test since Christmas. (**Independent** 7 June 1990)

Human Embryology and Fertilisation Bill

As the bill progresses to its report stage, attention is focusing on two problems: the licencing of centres using GIFT (gamete intra-fallopian transfer) as an aid to reproduction and the question of anonymity for semen donors.

The Interim Licensing Authority has already expressed concern about the proliferation of small fertility clinics with rather poor success rates, many of whom are more likely to offer GIFT than IVF. The GIFT technique is currently excluded from the ILA's terms of reference, since fertilisation occurs in the womb

rather than in vitro. But it carries the same risks of multiple pregnancies and should therefore be covered by a statutory licensing authority.

In the past, semen donors have had their identities protected by confidentiality. The bill contains a proposal to allow children born following donor insemination to have access to "non-identifying genetic information" (e.g. heritable disorders) about their genetic fathers. But it also proposes to give powers to the Secretary of State to issue regulations which could do away with donor anonymity. Opponents of the measure fear that it would lead to a decline in the supply of donors.

Poor financial management in the NHS

The House of Commons Public Accounts Committee has published a report which takes to task financial management in the NHS. It condemns "crisis management" and the widespread practice of delaying payment to creditors. "As a consequence of their financial difficulties, some districts took emergency measures in 1987-88 of a stop-go nature. These included ward closures and deferral or cancellation of service developments and estate maintenance.....The Management Executive admitted that similar problems had continued in 1988-89 and 1989-90. They attributed these to failure by some managers to have the right kind of grip on their affairs and agreed that crisis management of this kind was unacceptable." On this point the committee appears to agree with the Management Executive's analysis and recommends random checks on health authority budgets, along with strict targets to try to prevent overspending. The report also argues that the contractual arrangements proposed in the NHS and Community Care Bill will not be workable until the mid-1990s when resource management budgeting systems are operational.

(Financial management in the NHS. House of Commons paper 102. £7.50)

Community Care Reports

The House of Commons Social Services Committee has issued two more reports on aspects of the Government's community care proposals. **Community Care: Carers** looks at the various issues concerning carers and its recommendations include the following: that the Department of Health and Employment jointly consider the precise implications of women's participation in the labour market both for patterns of informal care and for recruitment to the health and social care professions and support services; that the DoH issue guidance to all local authorities about examples of good practice in developing information services for carers and that GPs are issued guidance about the information needs of carers; that the new GP contract is monitored for its effect on services for the elderly; that carers' needs should be assessed separately from those of the dependants and that in some cases the carer could be the dependent person's case manager; that Sections 1-3 of the Disabled Persons Act 1986 is implemented without delay and applied to care givers as well as disabled people; that carers and their representatives should be consulted

regularly about local authority community care plans; that the Government's definition of "respite care" be extended and more money allocated for the development of new respite services where necessary; that appropriate domiciliary support services are developed; that improved public support for carers is achieved via improved income maintenance, improved opportunities to combine work with caring and improved availability of domestic and nursing services; that the effect of the community charge on disabled people and their carers is monitored by the DSS; and that financial benefits for carers are extended significantly. Available from HMSO. Price £7.15.

Community Care: choice for service users emphasises that choice for consumers is dependent upon the level of funding available. It suggests that community care should be allocated sums outside the normal spending round for its implementation, in the same way that sums are being provided to assist the NHS in the implementation of "Working for Patients" and that those responsible for implementation are given an estimate as soon as possible of how much will be available to them to spend. The introduction of the community charge is seen as a potential obstruction to the effective implementation of the reforms. The report recommends that the Government give careful consideration to the relationship between contracting in the social services and degree of choice for service users and issue guidance for health and social services authorities. It also recommends that Sections 1-3 and 7 of the Disabled Persons Act are brought into force as soon as possible. It warns that the new system may repeat the inequalities in the present system for funding of residential care. It also stresses that case managers' priority must be the provision of the best possible package of care for each individual service user and it recommends that the DoH commissions systematic analyses of the various forms of case management that are established so as to assess and advise on "best practice". Finally, the report states its concern that the needs of some client groups, such as those with alcohol and drug problems "will fall into a no man's land between health authorities on the one hand and local authorities on the other." Available from HMSO. Price £4.65.

FROM THE JOURNALS

A role for CHCs

In an editorial in the British Medical Journal, Rudolf Klein, Professor of Social Policy at the University of Bath, looks at the implications of the NHS and Community Care Bill for CHCs. He points out that the new health authorities "should be tackling issues previously left to the councils: carrying out consumer satisfaction surveys; building into their contracts provisions for ensuring that patients do not have to wait excessively long in outpatients departments; devising criteria for measuring the quality of life on the ward....." Instead of monitoring the services provided, CHCs should monitor the authority's overall responsiveness to consumer interests. The authority will be

asking about the adequacy, accessibility and appropriateness of services; the CHC should be monitoring the criteria the authority uses in making these determinations. In other words, the "crucial responsibility of community health councils is to audit the management", and not the services themselves. Professor Klein acknowledges that this is likely to require more specialist skills from the CHC. He also adds one caveat: there "may well be a strong case for members of CHCs to continue to monitor the quality of services" for the "most vulnerable and least articulate consumers of NHS services."
(BMJ 26 May 1990)

Records of shared care

In 1987 a research project was set up in South East Thames region to develop and evaluate a record of shared care for people with severe mental illnesses. The records were held by the patients and they were asked to take them along to each consultation with the GP, community psychiatric nurse, psychiatrist or psychologist. The basic criterion for inclusion in the project was that the patient's care should be shared between the GP and the psychiatrist or CPN. The main objectives were "to improve communication between patients and all their professional carers, reduce the need for correspondence between carers, provide accurate and up-to-date information when clinic notes were mislaid and prevent potentially dangerous prescribing. In addition, we hoped that the records would help patients recognise problems and take appropriate action and increase their autonomy." The main finding of the project was that the patients' enthusiasm for the records was far greater than that of the GPs, CPNs, psychiatrists etc. There was no doubt that the records led to improved communication between patients and professionals. However, some of the professionals seem to have felt threatened by the patients' increased understanding of their own condition and its management. The authors believe that most of these problems can be overcome by "patience, education and a commitment to teamwork...and when this happens shared care could become a reality." (BMJ 2 June 1990 p1442-1446)

Dental attendance patterns and the CDS

A survey written up in the British Dental Journal "demonstrates that the Community Dental Services and the General Dental Services treat different populations of children by virtue of their mothers' attendance." A sample of children in the Tameside & Glossop Health District were examined for caries and their mothers completed a questionnaire on their own and their child's dental attendance. 88% of the children had seen a dentist in the previous year. The majority of mothers (61%) had seen a GDP and 89% of these took their children with them. Amongst the mothers who had not themselves attended, 38% had arranged for their child to be treated by a GDP, 36% by the CDS. The rest had made no arrangement. So children of attending mothers are themselves far more likely to be attenders for dental treatment and attending mothers are far more likely to take their children to a general practice than to the CDS. The authors conclude that there is

only limited scope for the strategy implied in the Department of Health Circular on the future development of the CDS (HC(89)2) - that the GDS should increasingly take over the child dental health role of the CDS. (BDJ 9 June 1990)

Chiropractic treatment for back pain

A randomised controlled trial carried out by the MRC Epidemiology and Medical Care Unit at Northwick Park Hospital in Middlesex has concluded that "for patients with low back pain in whom manipulation is not contraindicated chiropractic almost certainly confers worthwhile, long term benefit in comparison with hospital outpatient management. The benefit is seen mainly in those with chronic or severe pain. Introducing chiropractic in NHS practice should be considered." This was a large trial (741 patients) with a long follow-up period and it is the first time that a randomised controlled trial has produced a clear indication in favour of a particular method of treatment for back pain. The authors recommend that further research be undertaken to identify the specific component(s) responsible for the effectiveness of chiropractic. The British Chiropractic Association has welcomed the results. (BMJ 2 June 1990)

AROUND THE CHCs

North West Thames Regional Health Authority has dropped its proposal to merge North & South Bedfordshire Health Authorities. The RHA members voted against the proposal in May. North Beds CHC helped coordinate a wide-ranging consultation, which drew in over 100 responses. Many of these were from parish councils and voluntary organisations in the district. The work was made easier by the launch of a CHC newsletter at the end of 1989. The CHC's final response to the merger proposal - the first to take into account the provider/purchaser relationship for health services and the consequent 'need' for larger authorities - was distributed widely within the district and the region. Copies of the CHC response, **Purchasers, Providers...& Patients?**, are available from North Beds CHC, 41 Mill St., Bedford MK40 3EU. Price £5.00

Mid-Essex CHC has written to the Secretary of State for Health drawing his attention to a specimen fob for car keys that contains a miniature donor card. The CHC suggests that the Department of Health encourage all the major car manufacturers to sponsor this idea and give these donors card fobs with each new car sold.

Bexley CHC has written to the Parliamentary Under Secretary of State for Health about the costs of storm damage to Bexley Health Authority. Health Authorities are not allowed to insure themselves against this sort of risk and the Department of Health has asked that they put aside money from their overall allocation in order to be able to deal with such exceptional contingencies. This will reduce the amount of money available for patient services.

CHC REPORTS & PUBLICATIONS

Hereford CHC has published the results of A survey of ways in which people travel to health facilities in Ross-on-Wye. The survey was undertaken in order to help the CHC in its response to a health authority consultation on possible sites for a new community hospital. For all health facilities the commonest mode of transport was a private car. Hence the availability of parking space was a major factor in determining the CHC's preferred option for the site.

Bradford CHC has written up the results of a survey on what it calls the "management of change". The health authority wanted to transfer elderly patients from two NHS hospitals into private nursing homes so that the units could be made available for psychogeriatric patients. The CHC was contacted by some relatives who were clearly unhappy about the way in which the health authority was 'implementing' the transfer. This prompted the CHC to follow up the relatives of all patients transferred from the hospitals in an eight-month period. Although none of the relatives said they were dissatisfied with the standard of care provided subsequent to the transfer, most of them felt that they had been inadequately informed and consulted at the time. They had been both suspicious and fearful of what the transfer might entail; management decision-making appeared to be shrouded in mystery; information trickled out from 'non-official' sources. The CHC thinks that the health authority management have some lessons to learn and "hope to work with BHA managers to establish a Code of Practice for all such future changes."

An article in Nursing Times (30 May 1990) reports the results of a similar survey of relatives of patients at the Cane Hill psychiatric hospital. The survey is being used as part of the planning for Cane Hill's closure in 1992. 19 of the relatives said that they wanted to be kept informed and 19 wanted to be consulted. A relatives' support group is to hold its first meeting in June this year.

Yorkshire Regional Association of Community Health Councils has produced a directory of CHC projects entitled Committed to quality. "It is a catalogue of achievements from the past three or four years representing a broad range of study over a selection of health care subjects." Over 70 projects are listed and described: surveys, leaflets, access guides, training courses, advocacy schemes, videos etc.

Basildon & Thurrock CHC has written an information leaflet explaining the procedures followed after a death involving the Coroner's Office. The leaflet can be used by any CHC; space is left for appending local information. Price £1.00 for four leaflets.

South Birmingham CHC has published the first part of a two part district wide survey on women's preferences in maternity care and well women clinics. Part 1 of the report looks at the location of maternity care. Which are the preferred hospitals and which

are the preferred ante-natal clinics? "The CHC decided to conduct a survey to establish women's preferences for place of delivery for their babies and the reasons for that choice, because they thought that women's views should be taken into account in the planning process."

Newcastle CHC has produced a report of a consumer survey of family planning clinics. The survey was carried out in 1989 with the help of a grant from the Galton Foundation and has proved useful to the CHC in its fight to limit DHA cuts in the community family planning services. "The most important finding from the survey is that the family planning clinics in Newcastle are well-liked and their staff are held in high regard. The women who choose to go to them have very positive reasons for doing so: the clinics are staffed by women doctors; the staff are seen as experts in their field; a full range of contraceptive methods, including free condoms, is available; there is greater anonymity for patients who may not wish to be seen at their GP's surgery; there is more time to discuss problems; there is a relaxed 'non-medical' atmosphere, with facilities to bring children; they offer a chance to discuss other women's issues; many offer evening sessions which are more convenient for working women; the location of the clinic is convenient - close to home or work or on a good bus route."

Report on awareness among the general public in Liverpool about the Community Health Council is a survey carried out on behalf of Liverpool Central & Southern CHC by MSc students at the Liverpool School of Tropical Medicine. The CHC wanted answers to three questions: what percentage of the general public was aware of its existence? how knowledgeable were they about CHC services? how did people find out about the CHC? The answers are analysed by the age, sex, and ethnic background of the respondents. They were also asked whom they would contact if they wanted information on various health matters - mostly the GP.

Liverpool Central & Southern CHC has also reprinted its set of patient information leaflets. The set contains 26 leaflets on a wide variety of health problems, ranging from acne and depression to compulsive eating and wind in babies. There is no copyright on the leaflets, so they may be freely photocopied, though some of the information may not be relevant outside Liverpool. The leaflets are written by Dr. Katy Gardner and the full set costs £2.50. Cheques should be made payable to Liverpool Health Authority.

Manchester's CHCs have collaborated on the publication of an information leaflet on the new GP contract, **You and your doctor: the new contract for family doctors and what it will mean for you**. The CHCs believe that it is an improvement on the Department of Health's own leaflet.

In August 1989 Northampton & District CHC produced a report on the present and future roles of the CHC. The report was prompted by the publication of the Government White Paper **Working for Patients**.

Barnet CHC has published the Barnet Health Directory, a directory of services provided by the NHS and voluntary bodies.

South East Kent CHC has produced Help with health in South East Kent, a list of local organisations offering advice and assistance on health matters. The CHC received support for the publication from the Romney Marsh Rural Development Agency.

GENERAL PUBLICATIONS

Developing Districts: Department of Health guidance on contracting for district health authorities. This is an important document in that it lays down a framework of the contracting process for DHAs and significant in the new 'attitude' it encourages DHAs to take in carrying out their new duties. On almost the first page it is emphasised that DHAs need 'to adopt a new "champion of the people role" and build reliable links with the local resident population and community groups'. It almost seems as if the Department is asking Health Authorities to by-pass CHCs in terms of representing local people. Indeed, references to CHCs in relation to specifying contracts are conspicuous by their absence - CHCs are mentioned only once in the whole document.

The main issues covered in the paper are 'creating a purchasing team', establishing basic working arrangements with provider units, assessing need and local priorities, quality and user representation (CHCs not mentioned), and specifying contracts. The paper refers to pilot studies relating to contracting carried out in Maidstone and North Derbyshire and has an index of preparatory work carried out by DHAs across the country. 'Developing Districts' is available from HMSO, price £4.00.

The King's Fund Equal Opportunities Task Force has published the results of a detailed survey into ethnic minority health authority membership. It concludes that black and ethnic minorities are under-represented amongst health authority members and that health authorities have not made enough of an effort to involve members of ethnic minority communities. The survey was based on questionnaires sent to all RHAs and DHAs in England. 3% of all members were from black and ethnic minority groups (96 out of 3128). "Many health authorities serving substantial multi-racial, multi-cultural communities had no black or ethnic minority members." The report is equally critical of the attempts of health authorities "to find and nominate black and ethnic minority members." Three of the 13 RHAs and 35 of the 183 DHAs which responded to the survey had made such attempts. The report analyses these results region by region. "The task force is particularly concerned that changes proposed to health authority membership could result in fewer black and ethnic minority members" and recommends that "appropriate action" is taken to deal with the problem. The Chief Officer of the task force, Barbara Ellis, commented that "any steps which CHCs can

take to press for appropriate black and ethnic minority membership would be welcome." **Ethnic minority health authority membership: a survey.** Published by the King Edward's Hospital Trust for London, King's Fund Publishing Office, 14 Palace Court, London W2 4HT. Price £7.50

The King's Fund Institute has published a report that might strike the casual observer as an interesting contribution to a debate that appeared to be 'wrapped up' about two years ago. **Health check: health care reform in an international context** compares aggregate health care expenditure in the United Kingdom with other countries. On the basis of these comparisons, the report argues that tax funding "has failed to deliver the volume of resources needed to finance services to the level demanded by the public." The Government should, therefore, consider the introduction of a new hypothecated tax, a form of "social insurance", to bridge the gap between health care spending in the UK and other developed countries. Available from: Department D/KFP, Bailey's Distribution Ltd., Folkestone, Kent CT19 6PH. Price £10.95

Action on accidents: the unique role of the health service is a new report from the National Association of Health Authorities. Accidents are responsible for more than 500,000 hospital admissions each year and result in about 14,000 deaths. Treatment for non-fatal accidents costs the NHS over £1 billion a year. The report urges regional health authorities to set up accident prevention groups and to ensure that all district authorities have an accident prevention strategy. "It should be stressed that with the notable exception of traffic accidents, relatively little in-depth research has been undertaken in many areas of accident occurrence, particularly those at home and in leisure pursuits." Available from: NAHA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ. Price £12.00

Cinderellas again?, a new publication from the Independent Living Council for People with Mental Handicap, is "an assessment of the impact of current national policies on the opportunities and services available to people with learning difficulties and their families." The report reviews the opportunities and difficulties presented by recent legislation and government policies, including the Children Act, Education Reform Act, Social Security Act, and the White Papers on the NHS and community care. It concludes that "there is an urgent need for a new policy framework for the development of decent quality opportunities and services for people with learning difficulties which genuinely provides a positive vision for the next decade and beyond." "The effective integration of people with learning difficulties in the mainstream of life requires clear policy leadership and sensitive coordination of a significant number of ministerial initiatives. It is difficult to resist the view that at present, through both a lack of effective leadership from the Department of Health and a failure to address the specific consequences of wider policies in other Departments, the interests of people with learning difficulties are going by default." To remedy this situation, the IDC suggests that an

inter-departmental policy and planning group (with officials from the DoH, DES, DSS and DoE) be established to coordinate initiatives in this area. It also outlines a statement of aims and objectives which could act as a framework for the development of Government policy. Available from: IDC Publications, c/o BIMH, Wolverhampton Rd., Kidderminster, Worcs, DY10 3PP. Price £3.00

Consulting consumers in the NHS: a guideline study is a new report from the National Consumer Council. After a brief review of the limitations of patient satisfaction surveys, the report goes on to consider a 'model' for consumer consultation for a particular group, elderly people with dementia living at home. The purpose of the model is to establish consumer concerns before service standards are set so that performance can be evaluated and service quality improved. The NCC carried out the work with two health authorities, East Dorset and Paddington & North Kensington. The upshot is a set of performance measures, both quantitative and qualitative, for service provision. The qualitative measures are checklists for health authorities and carers. The report also includes two sample questionnaires to be administered by health authorities. The NCC Director, Maurice Healy, said that "this cycle of establishing consumers' concerns, setting targets, monitoring effectiveness, changing practices must, of course, involve local consumer groups. We believe that the knowledge and experience of CHCs, in particular, are vital to the whole process. We shall be urging health authorities to involve them at all stages." Available from: National Consumer Council, 20 Grosvenor Gdns, London SW1W 0DH. Tel. 071-730 3469.

Our homes, our rights, published by Shelter, is a report of a survey of housing policy and practice for the physically disabled in local authorities in England and Wales. The author, Dr. Jenny Morris, argues that Britain's housing system continues to prevent physically disabled people from leading independent lives. She also "spells out what can be done to change the situation." Available from: Shelter Publications, 88 Old St., London EC1V 9HU. Price £3.50.

Women's health matters is a pack of 21 leaflets produced by NUPE. The topics covered include cervical smear tests, menopause, violence in the home, tranquillisers, thalassaemia, smoking etc. Individual leaflets cost 25p and the packs cost £3.95. Discounts are offered for multiple purchases. Available from: National Union of Public Employees, Civic House, 20 Grand Depot Rd., London SE18 6SF.

Safer childbirth: a critical history of maternity care is written by Marjorie Tew of the University of Nottingham. Her topic is the dramatic decline in perinatal infant mortality and maternal deaths that has been seen in all developed countries in the last 50 years. She argues that this is not explained by improvements in obstetric techniques but by the improvements in the general health of mothers. Published by Chapman & Hall, 11 New Fetter Lance, London EC4P 4EE. Price £14.94

The Royal College of Surgeons has published a report on **Consultant responsibility in invasive surgical procedures.**

The College believes that a review of professional responsibilities in the operating theatre is needed because of: (1) publication of the CEPOD report, which called attention to the relation of the outcome of surgical operations to the level of experience of those present in the operating area; (2) improved public awareness of what modern surgery and anaesthesia can achieve, leading to rising expectations and an increase in litigation; (3) the White Paper **Working for Patients**, which introduces greater diversity into ways of providing surgical care. Available from the Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN.

INFORMATION WANTED

Basildon & Thurrock CHC would like to hear from any CHC that has dealt with complaints from patients experiencing adverse reactions from the drug Indomethacin.

Greenwich CHC has been asked by the Greenwich & Bexley Family Practitioner Committee to put forward candidates for the role of informal conciliator under the new FPC regulations. One of the most experienced CHC members, who is also a JP, has agreed to undertake the work for a preliminary period of one year. The FPC intends to arrange training sessions for all potential informal conciliators. Greenwich CHC would like to hear from other CHCs who may be thinking of taking up this work. Moral support would be welcomed from others in the same position.

Bath CHC has been invited to help with the formation of a patients' advisory council on a local psychogeriatric ward. The CHC Secretary would like to hear from any CHCs who have participated in or know of similar initiatives in their own districts.

Central Birmingham CHC would like to hear from any CHCs who can provide information on the following:

(i) a comprehensive system of pictorial and/or tactile signposting for use on health service premises (ii) systems of pictorial labelling for medicines (iii) instances of abuse of ethnic minority staff by white clientele - how have these situations been handled?

ACHCEW has been asked by Community Service Volunteers to help develop collaboration between law students and CHCs. This is part of a wider attempt to direct the project work of law students towards community needs. Possible areas of work are medical negligence or medical ethics. CHCs who might be interested in offering a placement to a student should contact: Helen Galas, Enterprise Officer, School of Law, Polytechnic of Central London, 14 Red Lion Square, London WC1.

FOR YOUR INFORMATION

FPC complaints: retrieving prescriptions

In complaints about a doctor's failure to make a proper diagnosis or failure to refer a patient to a specialist, there is often a dispute between doctor and patient about the number of repeat prescriptions that have been issued - often without a re-examination of the patient. If doctors fail to keep accurate records of prescribing, complainants may find it difficult to verify their story. However, all prescription forms, once dispensed, are forwarded to the Prescription Pricing Authority and are there retained for 21 months. The FPC can retrieve the forms at the request of complainants.

FORTHCOMING EVENTS

Promoting sexual health and family planning is the 1990 national conference of the Family Planning Association. Thursday 22nd November at the Barbican Centre in London. Cost: £60 inc. lunch. For further information contact the FPA. Tel. 071-636 7866 or 071-580 2333.

Child health care: setting the agenda is a one-day conference organised by the National Association of Health Authorities. Thursday 5th July at Royal Institute of British Architects in central London. Cost £143.75 for non-members. On 10th July, at the same venue, NAHA, together with Capita Training Ltd., is holding a conference on **Generating ideas....money raising initiatives in the NHS**. Cost £143.75 for non-members. For further information on both conferences, contact: The Conference Office, NAHA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

What future for London's health service? A one-day conference on Monday 2nd July organised by the Greater London Association of Community Health Councils. Venue: Royal Institute of Public Health & Hygiene, 28 Portland Place, London W1. Cost £40. Further details are available from: GLACHC, 100 Park Village East, London NW1 3SR. Tel. 071-387 2171.

Health promotion and family competence in bringing up a healthy new generation. A one-day meeting organised by the Institute of Health Education and the National Association for Maternal and Child Welfare. Date: Friday 5th October. Venue: Boddington Hall, Leeds University. Cost £20. Applications to: The Secretary, Professor L.Baric, 14 High Elm Rd., Hale Barns, Altrincham, Cheshire WA15 0AS.

The School of Health & Community Studies at Sheffield City Polytechnic are offering a course on **HIV/AIDS in the 1990s**. The course comprises 12 meetings, all on Thursday afternoons, and lasts from 27th September to 13th December. The cost is £250. For further information contact: Short Course Support Unit,

Sheffield City Polytechnic, 43 Broomgrove Rd., Sheffield S10 2NA.
Tel. 0742 532511.

Housing, independent living and disabled people is a two-day conference sponsored by Shelter, the British Council of Organisations of Disabled People, Living Options and the King's Fund Community Living Development Team. Date: 12th/13th November. Venue: Hilton Hotel, Warwick. Cost £395. The closing date for applications is 20th July. For further information write to: Conference Organiser, Shelter, 88 Old St., London EC1V 9HU.

DIRECTORY CHANGES

Page 6: **Barnsley CHC** Secretary: Ms. Jackie Gladden

Page 26: **Warrington CHC** Post code: WA1 1BB
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