

# **Community Health News**

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# COMMUNITY HEALTH

## *News*

ASSOCIATION · OF

**COMMUNITY HEALTH COUNCILS**

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## NEWS

### Balancing the books

During August several stories appeared in the national press detailing cuts that health authorities were making in order to balance their budgets before April 1991: beds have been closed in St.James' Hospital, Leeds and St.Mary's in London; a halt to nurse recruitment in West Yorkshire; no more hot dinners in Coventry hospitals; up to 300 staff to be made redundant at St.Thomas' in London; a ban on out-patient prescribing at Guy's in London; "heart patients turned away" at St.Bartholomew's; a proposal that surgeons stop non-urgent work in South Bedfordshire; and an increase in the number of admissions being forced upon London hospitals through the Emergency Bed Service. And so on. The Department of Health wants to 'clear the decks' before introducing the new financial arrangements, which will require new accounting systems. For some authorities, those who have accumulated large debts over previous years, this will surely prove impossible without massive cuts. Just how deep the Department will allow the cuts to bite has yet to be seen. It has been suggested that some authorities might run two sets of accounts side by side so as to make an easier transition. Although the new accounts would be started with a 'clean sheet', the authorities would be allowed to carry over some of their outstanding debts on their old accounts. Several commentators and journalists have pointed out that this 'financial restructuring' is taking place at the same time as the Department of Health is 'leaning on managers' to cut waiting times for in-patient treatment. The NHS Executive, sensitive to any charges of inconsistency in policy-making, has optimistically declared that it does not expect these two policy requirements to conflict.

August also saw the leak of an internal Department of Health memorandum on managing the impact of the NHS reforms in London. The document predicts the closure of 2,370 beds in the four Thames regions by next April and the possibility of having to close one of the major teaching hospitals. The prediction is presumably based partly on the assumption that all debts have to be cleared by April 1991. It is possible, however, that it also takes into account the general impact of the financial reforms: the implications of a capitation payment system for the historical 'imbalance' in provision between London and the rest of the country and the problems caused by the high capital charges faced by London hospitals.

### NHS cash crisis will continue despite reforms

The problems of Health Service underfunding will not be ended by the Government's reforms, according to NAHAT's **Healthcare Economic Review 1990**. It estimates that the health service will suffer a shortfall of £806 million this financial year and that problems will continue for health authorities and

for fund-holding GPs because they will remain cash-limited. The financial pressures on the NHS may soon bring a halt to long-term growth in numbers of patients treated, the report argues. It says one main problem is that the Government persistently underestimates health service inflation, which wipes out any notional increase in funding. "The overall level of funding will remain a major concern to future purchasers and providers alike", the report concludes. **Healthcare Economic Review 1990**; NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ; £12 members, £20 non-members.

#### NHS patients to pay for extra comforts

The Government is encouraging hospitals to provide optional extras such as wine, manicures, personal stereos, dry cleaning, and secretarial assistance for patients - if they can pay for them. Stephen Dorrell, Health Minister, has sent a glossy 'customer services' guide to hospitals urging them to make additional income by offering profitable services to those who want to buy them. He denied it would lead to a two-tier health service, claiming that it would make no difference to standards of health care. (**Guardian** 12 September 1990)

#### NHS trusts 'hopelessly over-optimistic'

Most of the 66 hospitals hoping to become NHS trusts are making very unrealistic financial plans, according to experts from the King's Fund College, the BMA and London University. Many trust applications assume an increase in patient numbers. This is extremely hard to justify considering that the DHAs have been instructed to 'cool it' when the internal market comes into operation and keep present patterns of utilisation largely unchanged. Chris Ham, a fellow of the King's Fund College, said that "trusts will have to live under a much tighter financial regime than they have assumed. They will have to cut services and close beds." (**Observer** 10 September 1990)

#### Institutional racism?

Recent publicity from the Department of Health about the NHS changes in general and the complaints procedures in particular has given a low priority to the needs of minority ethnic groups. The "NHS reforms and you" booklet that was sent to every household was printed in English and it was stated in the booklet that versions in minority languages were available on request. However, on requesting copies of the booklet in these languages, Bexley CHC was informed by the Department that there was a delay in making these copies available. In effect the minority language versions were not available until two months after the originals in English. The Department displayed a similar lack of consideration of the needs of minority ethnic groups in its publication of a leaflet on FPC complaints procedures for patients. Again there was a delay of over three months in making

this leaflet available on request in minority languages, and even then all that was produced was photocopied A4 handwritten transcripts of the original text in stark contrast to the more glossy English folded leaflet.

### Residential care for the elderly

Several voluntary agencies working with the elderly, including Age Concern and Counsel and Care for the Elderly, plan to launch a campaign to draw attention to the problems of elderly people discharged from hospital 'under moral pressure' only to find themselves in a private nursing home they cannot properly afford. Sally Greengross, Director of Age Concern, has said that "Every day I have telephone calls from people who are being told that they must be discharged and that they must seek a place in a private home." In 1989 Counsel and Care for the Elderly received about 3,000 phone calls from people or relatives who were unable to pay the full fees for a private nursing home. St.Helen's & Knowsley CHC has produced a confidential dossier detailing cases of this kind. (**Independent on Sunday** 12 Aug 1990)

On 1st August the weekly allowance for elderly people in residential care was increased from £150 to £155. This does not compensate for inflation. The National Federation of Housing Associations warned that charities running old people's homes could be forced to turn away elderly people on state benefits. (**Independent** 11 Aug 1990)

At a conference organised by Age Concern on 6th September, the social services under-secretary of the Association of Metropolitan Authorities, Peter Westland, told delegates that a majority of Metropolitan social services department were "exploring the possibilities" of transferring the ownership of their old people's homes to voluntary or independent groups. Two reasons were given for this: planned spending cuts and that residents of local authority homes are currently ineligible for income support. If a local authority transfers ownership of a home by 1993 and retains management control, it will 'gain access' to the income support payments. (**Times** 7 Sept 1990)

### Long term care insurance policies

Commercial insurance agencies are planning new policies to provide cover for long term care in old age. According to the Observer newspaper, the first policies are likely to be issued at the beginning of 1991. Aimed at people between 30 and 40 years, they will offer different levels of premium and different levels of cover. It is unlikely that any policy would attempt to pay for the costs of long term 24-hour nursing care. Premiums will be calculated on the basis of statistics from the USA, West Germany and Israel where this kind of insurance has been available for quite some time. (**Observer** 12 Aug 1990)

### Attendance allowance for the terminally ill

Social security benefit rules have been changed so that the standard six-month qualifying period for attendance allowance no longer applies to people with a terminal illness.

### Independent Living Fund

The criteria of eligibility for ILF payments have been changed. New applications will only be considered from people aged 16 to 74 years in receipt of the higher level of attendance allowance. Both Age Concern and Counsel and Care for the Elderly have protested to the Minister for Social Security about the introduction of an upper age limit.

### £5,000 a year

The Department of Health has announced that part-time non-executive members of new health authority boards will be paid £5,000 a year for a minimum of 20 days' work. The Department, anxious perhaps to disarm criticism, has pointed out that "there will be far fewer members than before, so there is much more responsibility being placed upon them. We would expect them to be in quite a lot more than the minimum 20 days." (*Guardian* 31 Aug 1990)

### New 'consent forms'

The DoH has issued new patient 'consent to treatment' forms which were the subject of lengthy consultation with patient organisations nearly two years ago. The guidance issued with the forms has taken on board some of the suggestions put forward by CHCs. But the revised consent form itself does not include some of the key points raised, such as a form of words to show that the patient understands the nature of the operation and the doctor's explanation, and confirmation that the patient can withdraw consent at any time.

### Job plans for consultants

Health service managers have been sent specimen 'job plans' for consultants by the Department of Health. The documents will require consultants to specify what they are doing, how much and where. "Health ministers see the move as ending years of abuse by a minority of consultants who have left junior doctors to run out-patient sessions while they have doubled their NHS pay with private practice." (*Daily Telegraph* 27 Aug 1990)

### Family doctor survey

The GPs' newspaper *Pulse* has carried out a survey of the impact

of the new contract on doctors' work and job satisfaction. Over half of the 1085 GPs who replied to the survey were spending more time in patient contact through consultations and home visits. 75% of the doctors were doing regular health promotion clinics. Nearly all the respondents said that they were spending more time in practice administration, which probably accounts for the 81% who recorded a decline in job satisfaction. (Pulse 4/11 Aug 1990)

#### The GPs' contract and diabetics

Health promotion clinics set up under the new GPs' contract are identifying increasing number of non-insulin dependent diabetics who are aged over 75 years. Many of these cases are referred to hospital clinics but it is hoped that some of the extra work could be taken up by GPs. Whether or not this happens may depend on how flexibly Family Practitioner Committees interpret the new financial rules. Some doctors have said that they can no longer afford to run special clinics for diabetics without more special pay to cover the costs of this service. (Pulse 18/25 Aug 1990)

#### Diagnostic X-ray guidelines

A report published jointly by the National Radiological Protection Board and the Royal College of Radiologists has estimated that the amount of radiation received by patients in X-ray diagnosis could be reduced by half without loss of medical benefit. The report states that 20% of X-rays are "clinically unhelpful in the sense that the probability of obtaining information useful for patient management is extremely low". It also criticises the "tendency in some sectors actively to encourage women younger than 50 to take part in mammography screening." The NRPB and the Royal College reckon that up to 250 out of the 160,000 cancer deaths each year could be accounted for by the unnecessary use of X-rays. (Independent 5 Sept 1990)

#### Mass exodus of dentists from NHS predicted

As many as one in five dentists may leave the NHS when the new dentists contract comes into force on October 1st, say the breakaway group, the General Dental Practitioners' Association. Many dentists say they can only survive if they mix private and NHS treatment for the same patient. Yet the new contract will give new patients the right to demand NHS treatment only. The South-East is expected to be particularly badly hit, since overheads there are highest, and this is where strongest opposition to the terms of the new contract were recorded. (Independent on Sunday 10 Sept 1990)

### Decline in dental examinations

The Dental Practice Board, in its latest annual report, estimates that almost two million fewer NHS dental examinations were carried out in the year following the introduction of charges than in the year before. Together with a rise in the number of General Dental Practitioners, this has put some downward pressure on dentists' earnings. A spokeswoman for the British Dental Association, Diana Scarratt, thought that these figures gave dentists a good reason to embrace the new contract. Family Practitioner Committee managers may be less sanguine about the impact of the revised contract. In London and the south east they are reported to be making 'contingency plans' to cope with a predicted exodus of dentists from beneath the NHS umbrella. The general manager of Essex FPC told the Times newspaper that there was a "real possibility" that the FPC would appoint salaried dentists to ensure that no-one is left without NHS dental care. (Times 30 Aug 1990, Guardian 9 Sept 1990)

### Prison medical service

The chief inspector of prisons, in his latest report to Parliament, has criticised the state of the prison medical service. Unsatisfactory professional standards amongst the doctors, poor standards of hygiene and cleanliness, maldistribution and over-provision of hospital officers and beds, the "sorry state" of the pharmaceutical services; it all goes to build up a picture of neglect and incompetence. (BMJ 4 Aug 1990)

### Mental Illness Specific Grant

Not all of the Government's community care proposals are being delayed until 1993. In April 1991 mental illness initiatives involving specific grants and the care programme will be implemented. The National Schizophrenia Fellowship, the Manic Depression Fellowship, the Alzheimer's Disease Society and the Richmond Fellowship, after consulting representative voluntary organisations under the auspices of NCVO, have formed a common view of the needs, in order of priority, which the Mental Illness Specific Grant should meet. The services which should be developed are: sheltered work, employment and training day centres, drop-in centre and clubs; 'revolving door' support services; information and advice on rights and benefits etc; domiciliary help for those in ordinary or sheltered housing or group homes and their carers; respite care; an appropriate range of staffed accommodation; self-help schemes; resettlement planning for those in prison, hostels for the homeless, B & B accommodation etc. The four organisations are keen to work with others in the development of appropriate initiatives in the use of this grant and would welcome approaches from other interested bodies who want more information or an opportunity to discuss their proposals.



### Bjork Shiley Convexo-Concave Heart Valve

As a result of a "World in Action" TV programme on 9th July, many individuals fitted with the Bjorn-Shiley heart valve learnt for the first time of the severe problems associated with these devices. So far 25 British people have died as a result of sudden failure of the valve. Labour MP, Jack Ashley, will be taking up the case in Parliament and will call for the introduction of a licensing procedure for heart valves and other mechanical devices similar to the existing procedure for drugs.

Solicitors Pannone Napier have been acting for victims and their families since 1986, and in this time have brought several successful claims in the USA. They are at the moment particularly concerned with patients who have been told that their valve is "at risk" (i.e. comes from a manufacturing batch which has been identified as containing faulty valves). These people are naturally anxious about the risks since re-operation is not recommended. In addition to dealing with their legal claims, Pannone Napier have established an informal support group so that a person who is worried about the risk can telephone someone else in the same position to talk matters through. Geraldine McCool, a solicitor at Pannone Napier, would welcome approaches from CHCs who want further information on this issue. Their offices are at 123 Deansgate, Manchester M3 2BY. Tel: 061-834 6995.

### Community development in the HEA

Since October 1989 the Health Education Authority has lost the director and the assistant director of its professional and community development division. The former resigned, the latter was dismissed. Neither post has been re-advertised. Dr. Alex Scott-Samuel, chairman of the Public Health Alliance, has interpreted this as a deliberate move to downgrade community development work in health, a reaction to the fact that such work often acts as a catalyst to the criticism of Government policy. The HEA has strenuously denied this accusation. (*Lancet* 11 Aug 1990)

### FROM THE JOURNALS

#### Inequalities in health

In August 1980 the Research Working Group on Inequalities in Health, after three years' study under the chairmanship of Sir Douglas Black, published its findings with a foreword by the Secretary of State of Health, who refused to endorse the recommendations of the report. Despite the Government's rather unrealistic hopes that the report might be ignored if it was published with a due lack of enthusiasm and publicity, it stimulated an enormous amount of public and professional interest. And it has continued to do so. Both the *BMJ* and the *Lancet* carry reviews of the report on its tenth anniversary.

Based on 1970-72 decennial statistics on occupational mortality produced by OPCS, it highlighted the differences in mortality and life expectancy between different social classes (categorised by occupational status). It also pointed to the fact that, after thirty years of National Health Service provision, these differences appeared to be widening, rather than narrowing. On the basis of these facts the report argued that there should be a redistribution of resources - both inside and outside the health service - towards relatively deprived groups so as redress inequalities in health status between different social classes. What made the report so controversial and important at the time was its conviction that inequalities in health status rather than inequalities in level of health care provision were an appropriate domain for government action. It opens up a question which tends to be a fundamental point of division between different sides of the political spectrum - just how much is to be done to redress the effects of the 'social lottery'? After ten years, the Black report seems to be a focus for consensus rather than controversy in the professional medical press. The same period has also seen a torrent of research studies on the same topic. Indicators of socio-economic status have changed, indices of deprivation have been developed, morbidity measures are used with ever more frequency and international comparisons are made. The results from all these subsequent studies suggest that the '80s have seen a further widening of inequalities in health status. Even within the more privileged parts of society, the same differentials show up. Amongst non-manual workers who own their own homes, people with two cars have lower mortality than people with only one; the profile of the nation's health status follows the pattern of the distribution of basic social goods within society as closely as that.

#### Positive smear, positive support

A short article in **Community Outlook** describes a support and information group in West Lambeth for women who have had an abnormal smear. "The group holds regular evening meetings. Leaflets, books and light refreshments are available, but possibly most important is the opportunity to discuss every aspect of having an abnormal smear with an informed professional who both cares and understands. The support obtained from other women at various stages of coping with a similar situation is also most valuable." Although the author concedes that the success of the group is difficult to evaluate formally, she asks "Could not - in fact should not - many similar groups be established nationally? It requires little in the way of funding, merely health care professionals who do care, to lead the way." (**Community Outlook** Aug 1990)

#### Obstetric outcome in homeless women

A report in the **BMJ** (4 Aug 1990) presents the results of a research study at St. Mary's Hospital, Paddington comparing obstetric outcome in 185 women living in bed and breakfast

accommodation with a group of housed women booking in the same period and also with the general population for North West Thames Region. Part of the housed group was matched with the homeless women for age, parity and ethnic origin and used as a control. Significantly more of the women in the homeless group were heavy smokers than the control group. There was also a higher proportion of previous stillbirths and neonatal deaths. The homeless women were less likely to be certain of their last menstrual period and usually booked too late to have a scan at 18-20 weeks to detect fetal abnormalities. "Despite these factors the homeless women had unremarkable antenatal courses and performed well in labour. The only significant quantifiable difference from the control group was the delay in onset of regular respiration." However, "the outcome of pregnancy in these women remains less good than in the general population", though "this seems to reflect their social deprivation rather than their place of residence". The authors suggest that some means should be found to arrange earlier bookings. They were also disturbed by the low rate of breast feeding, particularly amongst the Indo-Pakistani and white mothers. "Community midwives say that the lack of privacy and poor bathing facilities discourage mothers living in hostels from breast feeding."

#### Choosing where to die

A group of terminally ill cancer patients at Northwick Park Hospital agreed to be interviewed about their preferences for a place of final care and death. The report of the study notes in its introduction that the proportion of patients with cancer dying at home has fallen steadily in the UK, from 37% in 1965 to 27% in 1987. In Edinburgh and Western Australia, on the other hand, the provision of cancer care services in the community has enabled as many as 41% and 70% respectively of patients with cancer to die at home. In the Northwick Park study 63% of those who died in hospital had stated a last preference to die elsewhere and 82% would ideally have died elsewhere. Half of the patients wished to die at home and 28% of the carers also wanted this. The authors judged that "nearly two thirds of the patients in hospital for the last admission did not need 24 hour care but could have been looked after adequately with the support of visits from the continuing care and district nursing services" If this kind of care had been provided, the number of patients dying at home, as they and their carers had wished, could have been increased by about 50% - from 29% to 44% of the total. (BMJ 1 Sept 1990)

#### International trends in cancer mortality

An international study team has reviewed 'world-wide' trends in cancer mortality from 1968 to 1987. Looking particularly at France, West Germany, USA, Japan, Italy and England & Wales, they found significant increases in all forms of cancer for persons over 54 years, except cancers of the lung and stomach. The researchers think that the increases cannot be explained solely

by changes in diagnostic practice or better access to health care. "In the 1940s, reports of increasing lung cancer deaths were dismissed as artifacts of better diagnoses. The changes reported here in cancer, other than lung, are so great and rapid that it would be imprudent not to investigate their causes aggressively." (Lancet 25 Aug 1990)

### AROUND THE CHCs

Weston CHC has received details from Avon Family Practitioner Committee of the pharmaceutical advice it intends to provide to residential homes. With the help of one of the health authorities in the area, the FPC is arranging for a qualified pharmacist to monitor, on its behalf, the work of the chemist contractors who have entered into agreements to provide advice to residential homes. "The services provided to homes include an initial assessment to advise on the safe keeping and administration of drugs, subsequent visits to monitor the situation and provide further advice, the keeping of records of the visits and reports to the FPC of the working of the scheme."

Prompted by a letter of complaint from a disabled person about toilet facilities in Tameside General Hospital, Tameside CHC inspected a number of toilets designated for disabled use. Their subsequent report identifies various problems which the CHC believes might be linked to the design of nucleus type buildings. It has recommended that the health authority carry out a thorough audit of all toilet facilities in the general hospital. Tameside would be interested to know of other CHCs who have encountered similar problems. If these difficulties were fairly widespread, then the link with nucleus design would be well enough established to justify an approach to the Department of Health.

### CHC REPORTS & PUBLICATIONS

Lancaster CHC has written a report on the **Employment of locum medical staff**. This was prompted by the removal of a doctor from the Medical Register while working as a locum obstetrician at the Royal Lancaster Infirmary. About 17 months before this, when working for Scunthorpe Health Authority, the doctor had failed to respond to a call during childbirth in which the child died. Lancaster CHC asks "how could a doctor under investigation for such a serious offence continue to find employment in a series of locum engagements for 17 months?" Doctors in permanent employment would usually be suspended on full pay pending the outcome of an investigation of such gravity. "There can be no doubt that what is right in protecting patients from a doctor employed in one category ought to be equally applicable to the other." The problem is how to achieve this, as it is difficult to keep track of the performance of doctors engaged in locum

work. The report goes on to express more general concern about the competence of what it calls the "permanent locum", concluding that some action is necessary "to reduce the risk to patients which seems to be inherent in the use of locums". The CHC states that (a) there is a need to reduce dependence on locum staff within the Health Authority (b) health authorities employing locum doctors should be able to find out whether or not they are the subject of any serious investigation (c) doctors who have not had recent experience in permanent or training posts should be denied access to locum appointments. The report allows that a measure such as this last might result in some doctors being unfairly denied employment, "but the over-riding consideration must be the safety of patients". Lancaster CHC would welcome correspondence from other CHCs on this issue. It has already circulated the report widely to national bodies concerned with professional medical standards and the welfare of patients.

East Dorset CHC distributed 10,000 'survey packs' to households throughout the health district at the beginning of this year. The survey questions covered not only the 'usual range of health services' (Are you satisfied/not satisfied?), but also sought to elicit views on priorities for health care, the NHS reforms etc. Not surprisingly, long waiting times were the main source of dissatisfaction. The reduction of waiting times also emerged as the 'number one' priority for NHS policy.

Milton Keynes CHC has published a **Survey of food at Milton Keynes District Hospital**. The CHC highlights the recent surge of 'consumer' pressure over matters of food policy in the country: fewer additives; animal welfare; cost; a 'balanced' diet; healthy eating etc. These new demands form the background against which hospital catering policy should be formulated. The CHC is unhappy with cook-chill and bulk-buying and wonders if the hospital management really does all that it can to provide good and healthy food. Besides such general concerns, the report makes many detailed recommendations, some of which have already been acted upon.

**With employment in mind** is a report of a seminar organised jointly by Chorley & South Ribble CHC and Runshaw Tertiary College. The seminar addressed the problems of employment for people who have or have had mental health problems. It came up with six 'key recommendations' or policy objectives: getting people back to work by providing structured support, guidance and employment preparation; working with employers to raise awareness of the needs of individuals with mental health problems, both in and out of employment; promoting mental illness as an equal opportunity issue; encouraging inter-agency co-operation to help hospital leavers towards employment; providing community based care and support to enable people with mental health problems to achieve a measure of social and economic independence; appointing staff to provide employment support; exerting pressure on public and private employers to ensure that they meet statutory obligations in respect to employment of those with special needs.

West Lambeth CHC have published a **Survey of community mental health services to the Afro-Caribbean community in West Lambeth.** "The main conclusion of the report is that, with a few honourable exceptions, community mental services have developed with little attention being paid to the needs and experiences of Black people. As a result there has been a substantial mis-match between the range of services on offer and the expressed wishes of the Black people who use them. Black staff are under-represented within many of the services, especially at senior levels and Black users feel alienated from the structures which replicate many of the features of society at large which have been a feature of their mental health problem." Copies of the report are available from West Lambeth CHC, price £3.50.

Also from West Lambeth CHC is **As others see them: primary care workers' views of GPs and primary care teamwork in West Lambeth.** The report is based on a series of interviews with health and social services workers in summer 1987. Interviewees were asked two questions: how good were primary care services in West Lambeth? how well were they able to cooperate with GPs in performing their own duties? The report concludes with recommendations for improving communication and co-operation between the different groups of professionals. Price £1.50

In 1989, in collaboration with the School of Health Studies at Lancashire Polytechnic, Preston CHC undertook a survey of **Consumer satisfaction with community nursing services.** The survey was based on a 25% sample of recipients of the service. "Questionnaire design focused upon questions which attempted to identify different types of client as well as measuring levels of satisfaction. The intention of this strategy was to find out if consumer satisfaction varied at all between different client groups." On the whole, patients living alone expressed less satisfaction with the service than those who were living with someone else.

ACHCEW's 'Patient's Rights' leaflets have now been translated into Armenian, to add to the other nine translated versions. Copies are available from ACHCEW, 30 Drayton Park, London N5 1PB. Minimum order of 10 for £2 plus p & p.

### **GENERAL PUBLICATIONS**

**Power to the people!** So declares the title of a new report from the King's Fund Centre. "Our belief at the King's Fund is that there needs to be a shift of power - from providers and professionals to users - if we are to provide the most effective and appropriate services, painful though this shift may be." The report duly offers various illustrations - eight different contributions by eight different authors - of this process so as to enable "managers and others.....to take practical steps in

health and community care to get closer to the users, and to shift the balance of power in their favour". What information do consumers need in order to make informed choices? What can be done to empower older users of health care services? How should service providers consult the wishes of carers? And what can be learnt from these consultations? How may people with learning difficulties be involved in decisions about their own care? How can health authorities develop and maintain links with ethnic minority groups? How should a citizens' advocacy programme set about representing the interests of people with learning difficulties? What kinds of step can the users of mental health services take to shape the services they receive? For the most part, each of these questions is answered by way of example, by describing particular projects or the work of particular individuals. The 'theoretical baggage' is kept to a minimum. Available from: King's Fund Centre, 126 Albert St., London NW1 7NF, price £7.50.

**Assessing the assessors: medical assessments for disability benefits** is a recent report compiled by the National Association of Citizens' Advice Bureaux. NACAB argues that the procedures for assessing individuals for disability benefits should be overhauled. It believes that at least some individuals are being unjustly denied benefits to which they are entitled. There are three different sorts of evidence offered for this conclusion: the high proportion of claimants whose appeal against an original decision is granted on review (in 1988 30.6% of claimants for Attendance Allowance were refused and 62% of reviews were decided in the claimant's favour); anecdotal evidence from CABx (particularly concerning the length of time given to the medical examination and the manner in which it is conducted); and an analytical evaluation of current procedures which tries to show that they are unlikely to produce reliable results (too much weight given to the medical evidence). Therefore, "NACAB strongly urges the Government to establish, in consultation with disability groups, a review of the method of assessing claims for Attendance Allowance and Mobility Allowance.....An initial assessment procedure which relied more heavily on the evidence of the claimant and of the people acquainted with the claimant's particular needs would be less distressing and more likely to result in an appropriate initial assessment." Available from NACAB, 115-123 Pentonville Rd, London N1 9LZ, s.a.e. for 42p for two copies.

**Medicines, the NHS and Europe: balancing the public's interests**, written by Alan Maynard and David Taylor, examines the development of medicine cost controls in the UK, and looks to the future of such schemes in the more unified European market of the 1990s. The pharmaceutical industry's relative freedom from the usual market pressures makes it reasonable to suppose that its products are to some degree overpriced. It is not in the public interest for the British-based industry to fall into decline (so argue the authors); nor is it in the public interest for the NHS to finance "excessive" profits. The authors consider some of the

ways in which these different goals may be brought in to balance. By these means they hope to help initiate "an open, honest and informed public debate about British and European pharmaceutical sector options". Published by the King's Fund Institute and the Centre for Health Economics at the University of York, price £5.95. Available by post from Department D/KFP, Bailey Distribution Ltd, Folkestone, Kent, CT19 6PH.

Commissioned by the Social Services Inspectorate, **The management and inspection of residential homes for the elderly** asks how managers can learn of residents' views and use them to improve practice. It examines 'the consumers' contribution' (in contrast to the inspectors' contribution) to the tasks of maintaining and improving the quality of provision. The SSI asked that the report should cover four questions: "what are the most important elements in the quality of life in old people's homes; how might consumer views on quality of life be sought; what factors affect the quality of life in a home; what models exist for ensuring that consumer views result in action?" The questions are answered briefly and by drawing together 'key points' in the existing literature. Available free from SSI Northern Region, Tynebridge Tower, Church St, Gateshead, NE8 2DU.

**A vision of caring environments** is a report of the proceedings of the first national conference of Arts for Health, a recently established charity which aims to promote the use of the arts in achieving the goals of Health For All. Available from: Arts for Health, Manchester Polytechnic, All Saints, Oxford Rd., Manchester M15 6BY. Price £3.20 (inc. p&p).

**Grasping the nettle** is a report on health care to rural populations produced by a members' working party of Trent Regional Health Authority. "It is apparent from [our] visits and discussions that rural communities do feel increasingly isolated as the drive for better use of scarce resources leads to centralisation of facilities and services. There are often sound clinical or other reasons for this centralisation. In other cases, the process may have gone too far, and we need to redress the balance. We must look at the issues raised within such communities and determine the action necessary to reduce the feeling of isolation." This is a report full of worthy sentiments, though many of its conclusions and recommendations are pitched at rather a high level of generality. The following example, by no means atypical, is one of two recommendations on the ideal range of services to rural areas: "A wide and developing range of health care facilities can appropriately be provided in local community settings if they can be demonstrated to be both clinically viable and cost effective." Available from Trent RHA, Fulwood House, Old Fulwood Rd, Sheffield S10 3TH, price £5.00.



**The forgotten people** describes a research project conducted in the London Borough of Southwark during 1988 and 1989. The project had two aims: to "discover the tasks, difficulties and situation of carers in three ethnic minority communities: Afro-Caribbean, Asian and Vietnamese/Chinese"; to "make recommendations on improvements to community care services." The report concludes that support services for these groups of carers are rarely provided or received; and where they are received they are often inadequate or inappropriate. The author recommends: a positive health service strategy to reach ethnic minority carers; higher levels of social services support; better information; more consultation; more respite care. The project was managed by the Standing Conference of Ethnic Minority Senior Citizens and funded by Help the Aged and the King's Fund. Available from Dept. D/KFP, Bailey Distribution Ltd., Warner House, Folkestone, Kent, CT19 6PH. Price £4.95 (inc p&p).

Age Concern have launched a leaflet setting out **Basic principles for working with older people who need care**. These principles are informed by the convictions that older people are entitled to equal respect, that they should have the freedom to choose between alternative patterns of care and the knowledge to make choice possible. Bulk orders at £5.00 per 100 copies are available from: Age Concern England, Distribution Services, 1268 London Rd., London SW16 4EJ.

**Transport and older people** and **Hospital transport services: the hidden costs of healthcare** are two short briefings from Age Concern. The first of these briefings "argues that there are numerous potential constraints on access [to transport]; that older people are disproportionately likely to suffer from such constraints; that these constraints can severely diminish older people's quality of life; and that the removal of these constraints requires a 'holistic' perception of transport in policy terms." The second briefing explains Age Concern's views on the "long-term crisis in the provision of non-emergency patient transport". "The overall impression is of a service facing large and increasing demand with limited and sometimes shrinking resources." Against this background, Age Concern urges (a) that more resources be made available (b) that there should be a reappraisal of the definition of 'need' for free transport so that social (i.e. non-medical) factors are taken into account. No objections in principle are made to the 'tiering and tendering' of hospital transport services, though Age Concern takes a sceptical view of the benefits of increased efficiency. Against a background of increasing demand, increased efficiency may do no more than maintain an already inadequate service at inadequate levels. Available from Age Concern, Astral House, 1268 London Rd, Mitcham SW16, Surrey.

Yorkshire Regional Cancer Organisation, in conjunction with McCormack Ltd., has produced a short leaflet on testicular self-examination. Testicular cancer, though quite rare, is relatively

easy to treat, provided that it is detected early. Copies of the leaflet, as well as a video and a poster are available from: TSE, McCormack Ltd., Church House, Church Sq., Leighton Buzzard, Beds LU7 7AE. YRCO can be contacted at the Cookridge Hospital, Leeds. Tel: 0532-673411 x 401.

The Royal College of General Practitioners has published a new booklet on hormone replacement therapy. It sums up evidence for and against the use of HRT to treat menopausal symptoms. According to the journal **Health Visitor** (Aug 1990), GPs and health visitors "have welcomed the clinical sanity the booklet brings to the subject of HRT". **Health Visitor** endorses criticisms that have been made in some quarters of drug companies and the Amarant Trust for "hyping up" the benefits of HRT, particularly in respect of psychiatric problems associated with the menopause. At the same time, the organisation Women's Health Concern has complained of the difficulty many women experience in obtaining HRT from their family doctor. The charity also claims that some doctors, either through ignorance or lack of expertise, prescribe the wrong type of hormone or too high a dosage. The booklet **Hormone Replacement Therapy** is available from the RCGP publications sales office, tel: 071-823 9698. Price £5.00.

**Mapping the epidemic: a guide to geographical variations in preventable deaths in England - coronary heart disease.** This report from the Health Education Authority presents an up-to-date picture of coronary heart disease (CHD) from 1983-87. It is not intended to be a "league table", but an epidemiological baseline and aid for planning local programmes for the prevention of CHD. The report also sets out different approaches which might be used to interpret and set national and local targets for a reduction in CHD, with a national target of at least 15% by the year 2000. Available from: HEA Distribution Dept., Hamilton House, Mabledon Place, London WC1H 9TX. Price £7.80 inc p&p.

'UK Healthy Cities Network' have produced a **Core Health Measures Starter Pack** which is a highly detailed statistical questionnaire covering all the important aspects of the 'Health for All 2000' targets. Broadly, these targets cover traditional public health indicators such as infant mortality and prevalence of major diseases, measures of environmental quality and issues of lifestyle and appropriate care. The packs are designed for local 'Healthy Cities' organisations and other health groups to gather the information to monitor progress towards 'Health for All' targets. The local health profile that results could also be used as a point of discussion with DHAs and local authorities. The Healthy Cities Network will be able to use these local 'Black Reports' to compare health status and inequality across the country. The Healthy Cities Network have also produced an accompanying guide to the **Starter Pack** called **Core Health Measures for UK cities**. This outlines the value of collecting information on 'core indicators' and goes through technical details of producing a local health profile. **Core Health**

**Measures Starter Pack**, price £5.50 and **Core Health Measures for UK cities**, price £2.50 (inc. p & p), both available from UK Healthy Cities Network, PO Box 101, Liverpool L69 5BE.

#### **FROM THE VOLUNTARY SECTOR**

The National Association for the Childless has set up a telephone helpline for couples with infertility problems. Childless couples will receive information, advice and counselling on how to obtain treatment, both privately and on the NHS. The number is 021-359 7359.

The Foundation for the Study of Infant Deaths will start a **Cot Death Helpline** in October 1990. This will enable the Foundation to provide an 'out of hours' service to families bereaved by cot death. The helpline number will be 071-235 1721.

**HIV news review** is a quarterly update on AIDS/HIV related issues compiled by the Terence Higgins Trust. It is produced in newspaper format covering international as well as UK news. THT say "we believe it to be unique in combining useful factual summaries from a range of publications with comment and feature articles from people working or living with HIV/AIDS. Prominent in the latest issue are a discussion of 'fast track' drug trials (being pioneered in this country with ddI) and an interview with campaigner Peter Tatchell on political lobbying in the European Community on AIDS/HIV issues. The annual subscription for **HIV news review** is £12 for statutory bodies. News leaflets/ information sheets/ annual report etc are included for an additional £2.00. Cheques or money order payable to: Terence Higgins Trust Enterprises. The Trust is interested in making the newspaper as widely available as possible and will consider requests to take out a subscription at less than the normal rate. For further information contact Tony Deane at Terence Higgins Trust, 52 Gray's Inn Rd., London WC1X 8JU.

#### **FORTHCOMING EVENTS**

The Disability Benefits Consortium is staging a national rally in three cities, London (Trafalgar Square), Manchester (Albert Square) and Glasgow (George Square), on 20th October. **Time for change** is part of a campaign for a better disability income. The rallies begin at 1pm. For more information, telephone the Disability Benefits Consortium, 071-739 0810.

National Association for Health Authorities and Trusts are holding a one-day conference **Health for whom?** at the Glazier's Hall, London on 24th October. Cost £113.85. Other forthcoming NAHAT conferences are: **Waiting lists - the facts behind the figures** (London 17th October); **Information: a key resource** (London 1st November); **Community care - maintaining the momentum** (London 27th November). NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

**Who cares?** is a conference for health carers on the non-financial aspects of medical accidents. Organised jointly by Action for Victims of Medical Accidents and the King's Fund Centre, it will be held on Friday 19th October at the King's Fund Centre. Registration fee £50. For more information contact King's Fund Centre, 126 Albert St., London NW1 7NF. 071-267 6111.

The National Association for the Welfare of Children in Hospital is holding its annual conference at the Kensington Town Hall, London on 29th October. **Future trends in health care** costs £69. Conference booking forms are available from: Conference Secretary, NAWCH, 29-31 Euston Rd., London NW1 2SD.

**Ethics Committees in the 90s - role and responsibilities** is a day conference organised by the Centre of Medical Law and Ethics at King's College, University of London. Date: Friday 2nd November. Cost: £70. For further information write to the Centre of Law and Medical Ethics, King's College, Strand, London WC2R 2LS.

The Directory of Social Change is organising a series of conferences, seminars and workshops on **The Contract Culture**. Various dates and venues from September to December. For more information contact Amy Schlee, Directory of Social Change, Radius Works, Back Lane, London, NW3 1HL. Tel: 071-431 1817.

**Women in special hospitals** is a one-day conference organised by MIND to be held at Regent's College, Regent's Park, London. Date: 30th October. Cost £55 or £44 for voluntary organisations. For information, contact Conference Secretary, MIND, 22 Harley St., London W1N 2ED.

**Alcohol misuse: the implications for community care and social work training** is a CCETSW-organised conference to be held in London on 7th November. Cost £20. Write to Annette Blair, CCETSW, Derbyshire House, St.Chad's St., London WC1H 8AD.

BUPA Nursing and Four Seasons Health Care Services Ltd have arranged a one day conference on the care of the elderly at the Gleneagles Hotel in Auchterarder, Perthshire. Date: 16th October. Price £150. For further information contact Four Seasons Health Care Services Ltd., Wemyss House, Wemyss Rd., Dysart, Kirkcaldy, Fife KY1 2XZ. Tel: 0592-52457.

**Influencing training in mental health: the relatives' and sufferers' contribution.** A conference organised by the National Schizophrenia Fellowship to be held at Westminster Central Hall, London on 24th October. Cost £70.00.

Health Rights and the TUC are jointly holding a conference **Facing the future - the NHS in the 1990s** on October 30th in London. It will explore the future for the NHS from the user's perspective, bringing together users, voluntary groups, health campaigners, staff groups, and statutory agencies. The conference aims to discuss alternative proposals to improve the NHS, to build alliances, and to seek ways ahead for campaigners in the 1990s.

For further information and booking contact Health Rights, Unit 110, Bon marche Building, 444 Brixton Rd, London SW9 8EJ, or ring 071 274 4000 ext. 377 or 422.

### INFORMATION WANTED

North Tees CHC would like information from other CHCs on the provision of oral surgery and orthodontics in their health districts. The CHCs in the Cleveland area, as well as Northallerton and Darlington, are very concerned about the length of the waiting lists and the waiting times for these specialties.

South West Durham CHC has been asked by the health authority to comment on the content and format of publicity leaflets for patient complaints. The CHC would find it helpful to see examples from other districts of leaflets inviting patients' comments/ suggestions/ complaints.

Northallerton CHC would like information from other CHCs on the suitability of toilet doors in use in long-stay hospitals for people with mental handicaps and mental illness, bearing in mind the need to compromise between privacy and easy wheelchair access.

### DIRECTORY CHANGES

Page 23: **Sandwell CHC**

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West Midlands  
B70 8EG

(Telephone number unchanged)