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COMMUNITY HEALTH News

ASSOCIATION · OF

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FOR · ENGLAND · & · WALES

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C O N T E N T S

NEWS

Haemophilia litigation

On 20th September the Court of Appeal ordered the Department of Health to disclose policy documents on the supply of blood products for haemophiliacs. The Court declared that the "public interest" required that there should be a full and fair trial of the claims of haemophiliacs infected with HIV as a result of NHS treatment. The Department of Health had resisted the disclosure of the documents, also on the grounds of public interest. The 962 plaintiffs in the case claim that the Department of Health's failure to protect them from the risks of HIV was negligent, i.e. that the Department had been negligent in the performance of its statutory duties and functions. They also claim that the Department was in breach of (or failed to perform) its statutory duty under the 1977 NHS Act. Both these claims require them to show that the Department of Health knew or should have known of the risk to haemophiliacs of using Factor VIII concentrate obtained from the USA. The claimants are faced with the task of convincing a court that their claim is based on more than just the "wisdom of hindsight". If they can establish this, then they can fairly claim that practicable steps should have been taken to reduce or eliminate the risk of infection. The Court of Appeal overturned a decision of a lower court that the plaintiffs had no cause of action in their claim of breach of statutory duty. Whilst the lower court accepted that the Department could have been negligent in the performance of its statutory duties, it decided that no specific duty was imposed by the 1977 Act which the Department could have breached or failed to perform. It was this latter decision that the Court of Appeal overturned, and as a result, ordered disclosure of important policy documents.

Mr. Justice Ognall, the High Court judge overseeing the haemophiliacs compensation claims, had earlier urged the Government to reach a compromise settlement on this issue. The Secretary of State, Kenneth Clarke, rejected the proposal on the grounds that settlement would set a bad precedent; it would also be tantamount to an admission of fault. **Guardian** 1 Oct 1990

Planning health care for haemophiliacs

The Haemophilia Society is concerned about the problems Directors of Public Health might encounter in identifying haemophiliacs in their districts. At present many haemophiliacs travel outside their own district to receive treatment at another DHA. They may not have been referred either by their GP or the 'home' DHA. And so the 'home' DHA will have no record of provision of treatment. In other words, when it comes to planning services and placing contracts, it could underestimate the number of haemophiliacs in the district. CHCs are asked to bear this problem in mind when considering their own contribution to the contractual process.

Breast screening for women below the age of 50

Last month the Royal College of Radiologists and the National Radiological Protection Board published a report which recommended, amongst other things, that mammography should not be carried out on women under 50 years if they show no symptoms which would indicate the need for a diagnostic test. A private company, Mobile Healthcheck, is now offering a screening service for women at work over the age of 40. Companies will be charged £45 for each woman screened. According to Dr. Eric Roebuck, one of the consultants involved in the analysis of MHC's screening programme, the Royal College of Radiologists' breast group is now preparing a statement which will dissent from last month's report from the full College and the NRPB. The statement will argue that breast screening should be available outside the NHS to women under 50 years who want it. **Independent** 28 Sept 1990.

Cover for hospital 'extras'

Insurance companies are poised to take advantage of the Government's decision to allow NHS patients to be charged for 'extra services' such as better food, single rooms or TVs. At a London conference of health insurers in September, it was predicted that insurance policies would soon be available to permit "expansion into the new market." **Guardian** 26 Sept 1990

Who pays?

Bart's Hospital in City & Hackney Health Authority refused to carry out a heart operation on a man referred from Southend Health Authority until payment had been received from the referring authority. When Southend was advised that City & Hackney should pay, a deadlock was reached. The Department of Health has said that, under present arrangements, a hospital could not make payment a condition of treatment. **Guardian** 6 Sept 1990

Milton Keynes CHC reported that a Milton Keynes patient (a young boy with kidney stones) was being refused treatment at St.Paul's Hospital in Bloomsbury Health Authority until the bill was settled.

Disability benefits

Nicholas Scott, Minister for Disabled People, has announced that after April 1992 medical tests will no longer be required for payment of disability and mobility allowance. **Disability News** Sept 1990

The Court of Appeal has ruled that the Department of Social Security is breaking European Community sex discrimination law by denying disability benefits to women forced to give up their work either because of a disability or to care for a disabled person.

The DSS had rejected the benefit claim because the women were over 60. Men can claim until they are 65. **Disability News** Sept 1990.

The Social Security Appeals' Tribunal has reversed a DSS decision over the amount of benefit to be paid to disabled patients discharged from long term hospital care into health authority housing in the community. Because the claimants were in supported housing, the DSS was paying £9.40 a week "hospital pocket money". The Tribunal has ruled that their benefit entitlements should not be calculated as though they were in-patients at a hospital. They should be able to receive the same benefits as anyone else. **Daily Telegraph** 16 Oct 1990

Special Hospitals Service

The Special Hospitals Service Authority (SHSA) was established in 1989 to bring maximum security hospitals for dangerous offenders more into the mainstream of the NHS. One of its first tasks was to ask doctors at the special hospitals (Broadmoor, Rampton and Ashworth) to report on their patients' suitability for maximum security care. The unpublished results of this survey show that more than half of the 1,700 patients could be placed elsewhere. And at the same time, there are large numbers of mentally disturbed inmates in prisons who would be better placed in special hospitals. Before agreeing to a transfer from a special hospital, however, the Home Office would take into account factors besides medical need. The Chief Executive of the SHSA, Charles Kaye, reckons that this would reduce the number of likely transfers to 200 or 300, less than 850 but still a large number. **Guardian** 19 Sept 1990. **Health Service Journal** 27 Sept 1990.

A private A & E service

The Mount Stuart Hospital in Torquay, a private sector acute care hospital run by the Community Hospitals Group, has started to operate a limited, day-time only accident & emergency service. In return for a fee it offers prompt attention to minor casualty cases such as cuts, burns or minor fractures. £35 will cover an initial assessment and minor treatment. X-rays and pathology services cost extra. Patients have to phone the hospital before arriving. The hospital does not take "walk-in" or ambulance cases and, according to the clinical nurse manager, Mary Lewis, "errs on the side of caution" by referring all potentially serious cases (e.g. severe burns, chest pains, head injuries with loss of consciousness etc.) to the local NHS district hospital at Torbay. The plan was discussed in advance with the acting DGM at Torbay and the A & E nurse manager, neither of whom had objections. Over the summer, when Devon is full of holidaymakers, the NHS A & E is packed and it is not uncommon to wait for three or four hours. Mount Stuart hopes to make a profit out of its promise of a speedy service. It seems that AMI Health Care, with 14 acute care hospitals around the country,

also intends to set up minor A & E units. **Nursing Times** 19 Sept 1990

A chance to change doctor

Recent surveys by Family Health Service Authorities in London show that the number of patients changing doctors in the second quarter of 1990 has doubled over the same period last year, when it was still necessary to de-register with one GP before registering with another. The figures come from Hillingdon FHSA and Brent & Harrow. If the Hillingdon figures are taken at face value, it would mean that about 10% of the population would change their doctor in any one year. **Daily Telegraph** 19 Sept 1990

Malpractice claims

The latest annual report of the Medical Protection Society records a 15% increase in its legal caseload. More than 1,600 of these new cases were patients' claims for compensation for medical malpractice. **Pulse** 29 Sept 1990

Service contracts for children in hospital

The National Association for the Welfare of Children in Hospital (NAWCH) has written to all regional health authorities and district general managers seeking reassurances over the specification of services to children in contracts or service agreements. NAWCH ask that (a) the majority of services will be provided locally in line with the profile of an integrated service outlined in its own quality review (b) the establishment of an NHS Trust will take full account of the need for collaboration and liaison with directly managed services (DMS) and with local authority services.

According to NAWCH's 1989 quality review, recommended by the Department of Health to all DHAs, health authorities should ensure the provision of: A & E department with special facilities for children; in-patient facilities for children providing paediatric care, general surgery, orthopaedics and some ENT and ophthalmic surgery; day case and out-patient facilities for children for medicine, surgery and psychiatry; a child development for the assessment of children with chronic illness or disability; community child health service for pre-school and school age children - including a paediatric District Nursing Service.

A word in your ear

In St.Helens & Knowsley Health Authority a "hospital services trust group" was set up to make an application for self-governing status. In the initial application the group made a commitment to maintain national pay rates. The group then received a letter

from the Department of Health, leaked to Robin Cook, Labour spokesman of health, which warned of the dangers of such a commitment and advised the trust to retract. It did. Commenting on the way the Department of Health was handling applications for self-governing status, Robin Cook said "This is not an exercise in local initiative, but in central control". **Guardian** 21 Sept 1990.

Publicity war on self-governing trusts

At a NHS managers' conference in September, Secretary of State for Health, Kenneth Clarke, "rallied the troops" in response to the British Medical Association's summer publicity campaign and urged all hospitals to seek NHS Trust status. The BMA is now distributing leaflets to more than half a million households in five health authorities (Leeds, Bradford, Bromley, Torbay, and North Devon) where strong local campaigns have been organised to oppose trust status. The leaflets will encourage people to write to the regional health authorities about plans for local hospitals to seek NHS Trust status. **BMJ** 6 Oct 1990

Drug trial on elderly

Age Concern claim that a drug trial to be carried out in Manchester is unethical. Medeval, a company set up by University of Manchester's department of pharmacy, is offering pensioners £300 to participate in research to evaluate different medication programmes for a drug commonly used in the treatment of angina. The drug would be given in sub-clinical doses. Age Concern's chief officer in Bolton said it was unethical to offer cash incentives to a vulnerable group of people. Medeval's own ethical committee approved the protocol for the research on condition that the participants were carefully screened and fully informed. **Independent** 4 Oct 1990

NEWS FROM THE VOLUNTARY SECTOR

Toxoplasmosis Trust

Following the resolution passed at this year's AGM ACHCEW has made contact with the Toxoplasmosis Trust. The Co-ordinator of the Trust has written an article for the newsletter explaining their work.

When Beatrice Teuten gave birth to a daughter in August 1988, all was apparently well. It was not until Natasha's six week check that the picture changed quite drastically. Natasha had hydrocephalus, and was admitted to Great Ormond Street Hospital for emergency surgery to fit a shunt, which could drain away the fluid. Extensive tests showed toxoplasmosis to be the cause. The Teutens were told that their daughter would almost certainly

be blind and brain damaged.

They found out that toxoplasmosis can cause devastating handicap to the foetus if caught by the mother in pregnancy, but that a blood test can detect it, and furthermore, there is treatment available which in over half the cases can prevent the baby being damaged.

Although women are routinely tested for rubella, syphilis and congenital abnormalities such as spina bifida during pregnancy, routine testing for toxoplasmosis is rarely offered in this country. Furthermore, little advice or help exists, doctors seem ill-advised about the illness, and there is a general feeling that toxoplasmosis is simply not a problem in this country. Rubella now affects approximately 20 babies a year - every woman is offered a test in pregnancy. Toxoplasmosis, according to studies done in Wales and Scotland, affects around 480 babies per year - no routine test is offered.

The Toxoplasmosis Trust was set up in March 1989 to try to rectify the lack of knowledge about this parasitic disease. It offers advice and help on toxoplasmosis, as well as guidelines on how to try and avoid catching it in pregnancy - the cat is known to be a primary host of this parasite, and so it is essential to try and avoid handling cat litter trays; gardening should be done wearing gloves, and fruit and vegetables should be thoroughly washed before consumption. As raw and undercooked meats can also harbour the parasite these should also be avoided in pregnancy.

The campaign has achieved a huge degree of success - certain health authorities are now offering the test routinely, and a massive amount of interest has been generated in an illness which, two years ago, few people in this country had ever heard of, (despite the fact that our near neighbours, France, and many other European countries, test routinely in pregnancy). The Trust has gone from a front room in a house to its own offices and a full-time, salaried National Co-ordinator. We will shortly be appointing a Support and Information Officer to set up support networks for sufferers of toxoplasmosis and their families; and we now need to promote the prevention of toxoplasmosis and its screening at both local and national level.

The Toxoplasmosis Trust can be contacted at :-

Garden Studios
11-15 Betterton Street
London WC2H 9BP Tel: 071-379 0344

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PARLIAMENTARY NEWS

Correction : Access to medical records

In the July/August edition of the newsletter, we reported that the Access to Health Records Act, passed on 13 July 1990, was to come into force in November this year. However, the Act will not come into force until November 1991.

The Act establishes a right of access to health records by the individuals to whom they relate and other persons and a provision to correct inaccurate records.

Section 1. In the terms of the Act a "health record" means a record consisting of information relating to the physical and mental health of an individual which has been made by or on behalf of a health professional in connection with the care of that individual. It does not include any records consisting of information which would be available under S21 of the Data Protection Act 1984.

Section 3. Applications for access may be made by the patient, or person writing on the patient's behalf, the patient's parents in the case of a child, a person appointed by a court to manage the affairs of the patient or the patient's personal representative where the patient has died.

After application the holder of the record must within 40 days give access to the record or the part of the record to which the application relates. If the extract requested from the records cannot be understood without explanation, an explanation of those terms shall be provided.

Record holders may only charge a fee to cover copying the record or extract.

Section 4. Access to records will be wholly excluded to:

(i) Children, unless the holder is satisfied that the patient is capable of understanding the nature of the application.

(ii) Someone making an application on behalf of a child unless the holder considers that the giving of access would be in the child's best interest.

Section 5. Access will not be given to any part of a record which in the opinion of the holder would:

(i) Cause serious harm to the physical or mental health of the patient.

(ii) Identify information relating to an individual other than the patient, unless that individual has consented to the application.

Access will not be given to any part of a health record made before the commencement of the Act unless in the opinion of the holder, the giving of access is necessary in order to make intelligible that part of the record to which access is permitted.

Section 6. If on seeing a record the applicant considers information to be incorrect, she/he may ask the record holder to correct it. If the record holder refuses to correct the record, she/he will instead make a note in the record that the applicant considers the information inaccurate. No fee can be charged for making a correction and a copy of the correction or the note should be supplied to the applicant free of charge.

Section 8. If the holder of a record fails to comply with the requirement of the Act, a court may order the holder to comply.

Copies of the Access to Health Records Act 1990 are available from HMSO £2.10.

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FROM THE JOURNALS

Psychiatric morbidity and treatment policies for breast cancer

That the diagnosis and treatment of breast cancer can be psychologically traumatic is easy to understand. The hope has often been expressed that breast conserving techniques would reduce psychiatric morbidity and sexual dysfunction. At least 13 studies have been carried out to compare the psychological impact of mastectomy with that of lumpectomy. A study written up in the **BMJ** (22 Sept 1990) aimed to assess the psychological outcome of the different treatments outside of a clinical trial. The authors are aware that this is a controversial issue. "Dogmatic assertions that breast conserving treatment preserves body image and therefore psychological well-being are tautologous, simplistic, and based on weak data from methodologically flawed studies."

Their own study assessed anxiety and depression in 269 women "by standard methods" two weeks, three months and one year after surgery. Two main conclusions are drawn from the results. (1) "There is still no evidence that women undergoing breast conserving procedures suffer less psychiatric morbidity than women undergoing mastectomy." (2) Women who participate in randomised clinical trials (and therefore surrender responsibility for the choice of treatment) do not suffer any different psychological, sexual or social problems from women who are treated outside of a clinical trial. The authors refrain from any firm conclusions or suggestions concerning "the putative benefit of allowing women more autonomy in the decision making

process". They are willing, however, tentatively to suggest that "what many women want, rather than the ultimate decision on surgical treatment, is more adequate information as to why one treatment is recommended over another."

The 'morning after' pill

Two recent journal articles have given support for the view that the abortion rate in Britain could be significantly reduced if information about post-coital contraception - the 'morning after' pill - were more widely disseminated, both amongst women and doctors. In a survey of women requesting an abortion in the Oxford region in late 1988 and early 1989, almost half either had not heard of post-coital contraception, did not know how to get hold of it or thought that they had left it too late. (The accepted time limit for prescription is three days, not the 'morning after'). The article, appearing in the **British Journal of Family Planning**, concluded that "the primary task in the prevention of a further rise in the termination rate is to increase recognition of the risk of pregnancy and to promote knowledge and accessibility of post-coital methods." **Observer** 23 Sept 1990

A similar piece of research was reported in the September issue of the **British Journal of General Practice.** Dr. Wendy Savage and a medical student, Rosie Burton, conducted a survey of doctors and other health professionals in Tower Hamlets in order to assess professional knowledge of post-coital contraception and estimate retrospectively the extent of its use. The study showed that "many women with enough motivation to seek medical help are presenting inappropriately to health professionals." They "leave it too late". Many of the health professionals themselves were not fully aware of the indications, contraindications and side effects of post-coital contraception. Only a third of the GPs had written information available in their surgeries. The authors conclude that "if the high rate of abortion in the borough is to be reduced, health professionals as well as women need to be further educated as part of a post_coital contraception publicity campaign. Use of the term 'emergency contraception' rather than the non-medical term 'the morning after pill' may be more effective and reduce the present confusion [about time limits for prescription] among both groups."

Choice cuts for patients with AIDS?

An editorial in the **BMJ** (15 Sept 1990) considered how the changes proposed in the White Paper Working for patients could affect the ability of genito-urinary medicine clinics both to care for patients with AIDS and to fulfil their public health function - to control epidemics of sexually transmitted diseases. The authors think that the level of service currently being offered in many specialist units could be forced down by the 'block contract' system and suggest that provider units should have

contracts directly with regional health authorities. Secondly, the complexity of contracts needed in teaching districts will be formidable and is likely to create problems. Thirdly, it is uncertain what will happen to agencies like Terence Higgins and Frontliners - will they be competing for contracts with statutory services? Finally there are likely to be problems caused by cross-charging between separate services (GPs, community services, acute services), whereas now there are integrated packages of care and support tailored for individual patients.

Language Line

In June of this year, Tower Hamlets Health Authority launched 'Language Line', which offers interpreting services in ethnic minority languages over the telephone to hospitals, health centres, GP surgeries and community staff. A report in September's issue of **Health Visitor** outlines the mechanics of the scheme, which has attracted criticism from health visitors and school nurses. They fear that it will undermine moves towards improving 'face-to-face' interpreting services. Islington HA have already expressed an interest in the scheme.

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CHC REPORTS & PUBLICATIONS

West Birmingham CHC has published **The discharge of elderly people from the Accident & Emergency Department of Dudley Road Hospital.** Earlier work by the CHC on discharge from hospital and aftercare support for elderly people omitted arrangements for discharge from A & E departments. The present report makes good this omission, although the sample for the study is rather small. The project on which the report is based aimed to ascertain the following: (1) the level of support and help an elderly person had received prior to attending the A & E department (2) the level of support received in the two weeks immediately after attendance (3) any new needs arising from the accident or injury (4) if and when the elderly person's GP was informed of the A & E attendance (5) some general information about care received in the department. The report's main conclusion, that districts should provide an "automatic aftercare service for all elderly attenders at A & E" is in line with Department of Health recommendations.

Bradford CHC has produced **A guide to nursing homes in the district.** This follows a by now well-established format: an introduction setting out the sorts of question that should be asked by prospective clients; and concise information on all (or most of) the homes in the district. Price £2.50

Visiting hospitals and health care premises is the first in a series of guides to good practice produced by Southend CHC. This is intended as "short and pithy" guidance for CHC members. The DHA helped out with comments on the final draft.

Southampton & South West Hampshire CHC "had been concerned for some time about discharge arrangements for elderly patients in acute medical, surgical and orthopaedic units." The CHC carried out a survey (1) to test whether the DHA's procedures on discharges were being followed and, where there were, whether they were appropriate and effective (2) to seek the views of elderly people recently discharged from local acute units on the way in which their discharge was handled (3) to identify any strengths or weaknesses in the procedures. The report based on the survey results concluded that "there is no doubt that the Elderly Services Working Group's concerns were mostly unfounded."

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AROUND THE CHCs

A number of CHCs have raised with ACHCEW and with their RHAs the matter of legal indemnification for CHC members and staff in case of legal actions for defamation etc. In 1986 ACHCEW asked the Department of Health for an opinion and received the following advice:

> A CHC should not feel inhibited from carrying out the duties laid upon it by statute, but in any case in which it feels there is a risk of action being taken against it for defamation, it should seek legal advice from the RHA.

While CHC members and staff are carrying out their statutory duties "to keep under review the operation of the health service in its district and make recommendations for the improvement of such service or otherwise..." they will normally be protected by the defence of 'qualified privilege' in any allegation of defamation.

In the autumn of 1989 St.Helens & Knowsley CHC started a series of public consultations to consider what it saw as "the failure of the RHA to provide an equitable distribution of health care resources since at least 1974." The CHC was prompted to take this action mainly because of the failure to implement (or amend or rescind) a strategy for upgrading acute services agreed by the DHA in 1986. The consultations led to the publication of a report, sent to the Secretary of State, calling for a public enquiry into the DHA's persistent resource problems. The Minister of Health replied on 1st May this year and rejected the CHC's proposal. Shortly afterwards St Helens Metropolitan

Council asked an outside consultant to conduct an independent enquiry. The results of this enquiry (with which the Chairmen of the RHA and the DHA refused to cooperate) have now been published. **Health care in St.Helens & Knowsley** largely corroborates the concerns of the CHC.

Many CHCs will have come across examples of hardship caused by the Social Fund regulations which were introduced in 1988. Hounslow & Spelthorne CHC has recently been helping a young man, who is a diabetic and lives in bed and breakfast accommodation. When his doctor advised that he should keep his insulin in a fridge, the Social Fund refused a loan on the grounds that this was not their responsibility. The CHC has been in contact with the GP, social services and local MPs. Substantial assistance came eventually from the British Diabetic Association, which maintains a 'Samaritan Fund' for diabetics suffering from economic hardship. The BDA's telephone no. is: 071-323 1531.

Wycombe CHC is concerned that the proposed closure of 5 beds at the Park Hospital in Oxford, a national specialist unit for the treatment of epilepsy in children, will affect not only patients in the Oxford region but children from all over the country. This is the only centre of its kind in England & Wales. If other CHCs think that people in their district could be affected by this closure, they should contact Wycombe CHC. The CHC wants the unit to receive supra-regional funding. The Chalfont Centre for Epilepsy, a national specialist centre for adult epileptics based in Buckinghamshire, believes that the unit in Oxford should be given the funding it deserves as a national resource. "There is no evidence of a reduction in the number of children suffering from epilepsy, and the few children who need specialist treatment should not be denied it."

Salisbury CHC has been successful in making a joint application with Salisbury Health Authority for funds to promote collaboration between CHCs and DHAs in monitoring consumer satisfaction with health care. "Current methods of obtaining patients' views, such as one-off questionnaires, can be helpful, but are labour intensive and can only provide a limited 'snapshot' of the service being surveyed." The CHC and DHA have selected a computer system, CASPE PATSAT, as a more effective method of quality assurance. Costing £19,400 to install and implement, it will use optical mark reader technology linked to Salisbury's hospital patient computer index (PAS) to produce a personal letter and confidential questionnaire for each patient. The returned questionnaires are read by the optical reader and scored responses (satisfaction levels) are correlated with 'baseline data' about the services concerned to produce reports analysed by ward, clinic, consultant, speciality, diagnosis and patient age group. As new information is added to the system with each new admission, quality standards can be established and performance targets set. In-depth surveys will be carried out if the system shows that standards are not being met in some particular area.

CASPE PATSAT is also capable of monitoring all out-patient attendances. Salisbury hopes to extend the system to patients in the community in order to provide a "complete picture of the quality of care". The CHC has equal say with the DHA over the running of the system. By this means it can ensure "not only that the right questions are asked of patients, but also [that they are asked] in the correct way so as to reduce the risk of any favourable bias to the health authority in replies to questionnaires".

South West Herts CHC has written to the Department of Health about reports it had received that local GPs were exerting undue pressure on women to have a cervical smear test during the course of consultations on other matters. These reports reflect the concern that has already been expressed over the impact of workload targets as a means of calculating remuneration in the new GP contract. Stephen Dorrell, the Minister for Health, replied saying that it was quite proper for a GP to counsel women as to the wisdom of a test. What concerns the CHC, however, is that pressure is being applied (rather than advice offered) in cases where the GP should know that the patient is sexually inactive.

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GENERAL PUBLICATIONS

Racial equality: the nursing profession is the sixth in a series of papers from the Equal Opportunities Task Force at the King Edward's Hospital Fund for London. The paper reviews some of the evidence now becoming available to back up anecdotal reports of unequal treatment. It concludes that "racial inequality in the nursing profession is wide ranging and deep seated. It has been entrenched for a long time and will be difficult to remedy." The Task Force make recommendations which it hopes will be implemented by the relevant bodies: the UKCC, the English National Board, health authorities, professional associations etc. These cover matters such as recruitment, entry to training, the content of training courses, career development opportunities and racial abuse. Available from: King's Fund Publishing Office, 14 Palace Court, London W2 4HT. Price £3.95

Nursing is also the subject of a recently published report from the King's Fund Institute. **New for old? Prospects for nursing in the 1990s** warns that nursing is certain to become a scarce and costly resource. There will be fewer young women available for the workforce. The report does not suppose that this shortage in the supply of labour can be dealt with simply by increasing salaries. Nonetheless better pay, better career prospects (which means a bigger say in management) and more job satisfaction will be an essential part of any strategy to cope

with the problem. What is needed apart from this is a "critical re-examination of the skills [nurses] offer patients, and the way that nurses are used in the NHS." "Despite the threat of the coming crisis, the paradox is that the potential for British nursing to develop in new and productive directions has never been greater. **New for old?** documents new, patient-centred innovations in nursing that have real potential for improving the quality of care. Developing them will be a critical test for health policy over the next decade."

Holding on while letting go is a King's Fund College report on the relationship between directly managed units and DHAs. It describes the various approaches being developed by DHAs to manage the separation of responsibility for purchasing health care from the provision of services. "The approach that has found most favour involves separating the purchaser and provider functions below the DGM." Responsibilty for service provision will rest with the UGMs and responsibility for purchasing will rest with a purchasing team. The DGM "sits over and above the purchaser and provider functions and leads the work of the authority as a whole." Available from: King Edward's Hospital Fund for London, 2 Palace Court, London W2 4HS. Price £4.00

Goodbye to all that? is a policy for mental health from the Socialist Health Association. The SHA's policy is shaped by the belief that "mental health is not primarily a scientific, technical or medical matter, but is a personal, social and political one." It argues that there should be a "progressive alliance between trade unionists inside and outside the health service, radical users, radical health care professionals and members of parties of the left." This alliance will work to ensure that patients who were once trapped in the "old horrors of the institution" will not find themselves trapped instead in the new horror of living in the community, "exploited by private landlords and lacking opportunities to work and have decent material and social support." Available from the SHA, 195 Walworth Rd., London SE17 1RP. Price £2.00.

Patient participation: the literature is a report in the Royal College of Nursing's new Scutari Press Research Series. It covers ground that will be familiar to CHCs, only from a different perspective, that of the nurse. The author, Sally Brearley, reviews the literature on the "model of the active patient", the patient, that is, who takes an active role in decisions about his or her medical and nursing care. Different justifications can be offered for adopting this approach: it could secure better patient compliance; or achieve patient benefit by improving outcome; or simply "it is right to respect the patient's views and preferences". A great deal of the nursing literature on patient participation looks at it with the first two of these aims in mind: does it make for more effective care? **Patient participation** takes a sceptical look at some of the empirical research into this question. Available from:

Gazelle Book Services, Falcon House, Queen Square, Lancaster LA1 1RN. Price £10.95

In collaboration with North West Thames RHA, the King's Fund Centre has published a practical guide to the literature on **Medical audit in general practice.** The report, based on a review of the published literature, "outlines current policy developments relevant to audit in general practice and describes the present state of the art in this area of quality assessment." The first two sections of the report explain the background of current Government policy and analyse what is meant by medical audit. It goes on to "explore the scope and limitations of various approaches to audit and other forms of quality assessment currently being used in general practice." "In the literature there is a preoccupation with describing current practice and measuring performance. Papers that discuss attempts to tackle problems and find effective ways of changing practice are much more difficult to find.....The impression given is that audit is for practices with the skills and resources for research projects than for the average practice wanting to solve day-to-day problems." The authors want to see this state of affairs changed. The report contains an ample bibliography and a short list of case studies, including one carried out by Brighton CHC at the request of local GPs. Available from: King's Fund Centre, 126 Albert St., London NW1 7NF. Price £7.50

In control: help with incontinence, published by Age Concern, provides esential information about the nature and causes of incontinence, in a sympathetic and easy to understand way. Age Concern hopes to encourage older people and their carers to overcome feelings of embarrassment and to seek early help for bladder or bowel problems. **In control** is a self-help guide; it contains practical advice, addresses of national organisations, details of telephone helplines and suggestions for further reading. "It is now estimated that somewhere between 2 and 3 million people in the United Kingdom suffer from incontinence." Price £4.50 from Dept. IC, Age Concern England, 1268 London Road, SW16 4ER.

Community hospitals - preparing for the future is a joint report from the Royal College of General Practitioners and the Association of General Practitioner Community Hospitals. "A general practitioner community hospital can be defined as a hospital where the admission, care and discharge of patients is under the direct control of a general practitioner who is paid for this service through a bed fund, or its equivalent." This definition was adopted in 1985, when the RCGP resolved to support "the view that all GPs should, if they wish, have access to hospital beds in which they may look after their own patients." At the moment about 15% of all general practitioners are involved in community hospital care. Some people ("the bigger, the better" school of thought) consider community hospitals to be an anachronism, and others see them as a model for future patient

care. **Community hospitals** puts together a fairly comprehensive case for accepting the 1985 RCGP resolution and makes various recommendations for developing this form of hospital care. These include the establishment of a national co-ordinating body to monitor community hospital development. Available from: Sales Office, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Price £8.50.

In October 1989 Good Practices in Mental Health hosted a conference to discuss the implications of the Government's reform proposals for mental health care. **Directions for the 1990s: a variety of perspectives** brings together the papers from this conference. The contributions are all short and focus on the discretion that is being allowed to local providers in working out a relationship between 'health'(NHS) and 'care'(social services). Some speakers see this discretion as a problem to be anticipated, others as an opportunity to innovate. Available from: GPMH, 380-384 Harrow Rd., London W9 2HU. Price £3.95.

The Health Research Centre at Middlesex Polytechnic has published a report of a survey of consultants working in accident and emergency departments in 171 hospitals. The pressure group Hospital Alert decided to commission the study after a preliminary survey of their own membership and CHCs. Hospital Alert wanted to know whether there was "a widespread failure to give a 'safe' level of care" in A & E units. Almost two thirds of A & E consultants who responded to the HRC study claimed to be experiencing difficulties in providing casualty care. In just under half of the hospitals contacted, waiting times for a transfer from A & E to a ward bed had increased over the past three years. Julia Schofield, Chair of Hospital Alert commented that "a majority of our casualty departments are in a desperate situation.....Some hospitals are unable to offer even a safe level of basic service." **Accident & Emergency Services in England & Wales** is available from: Hospital Alert, 51 Grove Rd., Hounslow TW3 3PR. Price £3.00.

Analysing health care systems: the economic context of the NHS White Paper proposals is published by the Centre for Health Economics at the University of York. The paper "steps back from the detailed debate to take a strategic look at the White Paper proposals in the context of basic objectives and the range of available methods of financing and organising services." What alternative policies might have been followed? What criteria should be used to judge the success or failure of the reform proposals? How do the proposals measure up to the criteria? The questions are debated in a summary way. The authors argue that the reforms are unlikely to achieve much benefit. Available from: The Publications Secretary, Centre for Health Economics, University of York, York YO1 5DD. Price £3.50

The National Federation of Consumer Groups has conducted a survey of **Services offered by doctors.** The report is based on questionnaires sent to consumer groups and individual members of the Federation. 413 replies were received. No great claims are made for the results. The Federation says that "we hope that this survey shows some of the things which patients like e.g. screening and preventative care, as well as [their] dislikes, such as lack of time [in the consultation] and music in the waiting room." For further information, contact National Federation of Consumert Groups, 12 Mosley St., Newcastle upon Tyle, NE1 1DE. Tel: 091-261 8259.

In 1987 the District Nursing Association set up a steering group to "prepare an authoritative account of the issues facing district nursing" in the light of expected changes in the provision of care in the community. Two recent reports, **The District Nurse within the community context** and **New horizons in community care: policy perspectives for district nursing,** help carry this task forward. The reports develop a "framework for district nursing practice" by looking at the role of the district nurse in community care strategies. What are the demands that will be made of the district nurse? How should the district nurse's role be developed and standards of care improved? Available from: District Nursing Association (UK), 57 Lower Belgrave St., London SW1.

You and your GP is subtitled a handbook for patients, by Kathleen McGrath. Whilst this is potentially a useful tool for patients in looking at their relationship with their GP and in its emphasis on patients' responsibilities in this regard, it tends to confuse some of the important issues such as access to information and complaints. The issue of consent to treatment is barely touched on. What is more concerning is that the few references to CHCs which are made do not give a clear definition of their role and responsibilities. For example, it is stated that CHCs and FPCs have joint responsibility for the organisation of GP services and that CHCs have a responsibility to investigate complaints. Added to these factual inaccuracies is the rather patronising tone of some parts of the book which imply that some patients are "nosey" and "difficult". Whilst there are still many useful insights into the GP/patient relationship in this book, the overall effect may be more confusing than illuminating for patients. Published by Bedford Square Press, copies are available from Plymbridge Distributors Ltd, Estover Road, Plymouth PL6 7PZ. Price £4.95 or £5.57 by post.

People first is a short report of a survey of 500 users of mental health services. Conducted by MIND, the results of the survey suggest "that there is a great deal wrong with our mental health services and an urgent need for radical change in the manner in which these services are provided. The picture that emerges is of a system geared to create 'career patients'." Copies of the MIND Special Report **People first** are available from MIND Mail Order, 24-32 Stephenson Way, London NW1 2HD. Price 25p. A

detailed analysis of the full results will be published later in the year.

MIND has also updated two lealfets offering practical advice to people seeking help with mental health problems. **Understanding obsessions and phobias** explains the nature and causes of these common problems, suggesting ways to overcome them and listing places where help can be found. **Understanding talking treatments** guides the reader through the range of treatments offering an alternative to drug therapy, e.g. counselling, psychotherapy etc. Both leaflets cost 25p and are available from MIND Mail Order.

CERES, Consumers for Ethics in Research, has printed a leaflet on **Medical Research and You.** It outlines the sorts of questions patients may want to ask if they are asked to help in medical research. Available from: CERES, PO Box 1365 London N16 0BW.

Maternity Alliance has made two of its maternity information leaflets available in minority languages. **Getting fit for pregnancy** is published in Bengali, Chinese, Gujarati, Punjabi, Urdu, Spanish and Turkish. **Money for mothers and babies,** a guide to benefits, is available in Chinese and Bengali. For sample copies of the leaflets, send your request with a SAE to Maternity Alliance, 15 Britannia St., London WC1X 9JP. Bulk orders cost 10p per leaflet plus P&P.

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INFORMATION WANTED

Basildon & Thurrock CHC think that CHCs should lead a campaign to change the General Medical Council's approach to cases of "serious professional misconduct". The CHC wants to see a less restrictive interpretation of "seriousness" and also improved procedures. Other CHCs which share this concern or have information which may be relevant (opinions, experiences of cases etc) are asked to contact Gill Bennett, the Secretary at Basildon CHC.

Central Notts CHC is hoping to participate in the work of a support group for users of mental health services and their relatives. This is while a large hospital is being closed and ex-patients are relocated in local housing. Any CHCs with experience of this kind of work or any advice are asked to contact Ann Ward, Secretary at Central Notts.

Islington CHC wants to know if any CHC has dealt with complaints about pethidine injections during childbirth.

CHCs in East Anglia do not receive visit reports directly from the Mental Health Act Commission. Commissioners have also refused to hold separate meetings with CHCs. Lynda Wigley, Secretary at Great Yarmouth & Waveney CHC and Coordinating Officer for the East Anglian Association of CHCs would like to hear from other CHCs about the Mental Health Act Commission's practice across the rest of the country.

Wakefield CHC has failed in its attempt to provide a 'patient's friend' for complainants at informal hearings with the Family Health Services Authority. Wakefield FHSA will not allow a complainant to take anyone along with them to an informal hearing of a complaint. The CHC wishes to know whether FHSAs in other parts of the country share the views of Wakefield FHSA, that it is counter-productive to have a 'third party' present at an informal hearing. Or are there some that allow a patient's friend to be present?

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FORTHCOMING EVENTS

The Royal College of Psychiatrists and the College of Occupational Therapists are holding a joint conference on **The Costs of Fragmentation and Psychiatry** on Monday 12th November 1990, at the Royal Institute of British Architects, 66 Portland Place, London W1. Cost £45.00. For further information contact the Conference Secretary, College of Occupational Therapists, 59 Philpot St., London E1.

Stop Smoking are holding a series of study days around Great Britain for people who are setting up stop smoking facilities. For more information contact Stop Smoking, PO Box 100 Plymouth, Devon, PL1 1RG. Tel: 0752-709506.

Avoiding Litigation on Health Care is a symposium organised by the University of Nottinggham Law School and the Dept. of Economics and Public Administration, Nottingham Polytechnic. Date: 6th December 1990. Venue: George Hotel, Nottingham. Cost: £80.50. The closing date for applications is 15th November. For further information contact Commercial Centre, Nottingham Polytechnic, Burton St., Nottingham NG1 4BU. Tel 0602-486409.

Weston Community Health Council are organising a study day, **Children of the Nineties**, to discuss health, pregnancy and early childhood in Avon. Date: 2nd November 1990. Venue: The Amenity Centre, Weston General Hospital, Uphill, Weston super Mare. Fee: £10. Contact Weston CHC, 55 Oxford St., Weston super Mare, BS23 1TR.

The Child Health System Consortium will be holding its second national conference **Partnerships in Practice** at Kensington Town Hall, London on Friday 14th December 1990. A number of exhibition units are available for this event at a rebated rate (£300 plus VAT). For further information contact Colin Nolder on 0243-788703.

Basildon & Thurrock CHC will soon be holding an induction day for new CHC members. The date is not yet fixed but is likely to be within the next couple of months. It will be open to members of other CHCs at a cost of approximately £15.00. Please contact Gill Bennett, Basildon & Thurrock CHC, Draycott, 243A Long Lane, Grays, Essex RM16 2PY.

Women, AIDS and the Future is a one-day conference organised by the National Council of Women of Great Britain and the National AIDS Trust. Date: 28th November 1990. Venue: Horticultural Hall, 28 Vincent Sq., London SW1. The fee is £6.00. For application forms contact Mrs. Rory Haigh, British Federation of University Women, 62 Romsey Rd., Winchester SO22 5PH.

DIRECTORY CHANGES

Page 27: **Chorley & South Ribble CHC**

20 West Street
Chorley
PR7 2SJ Tel: 02572 69995

Page 28: **Central Manchester CHC**'s new Secretary is Nik Barstow.