



COMMUNITY HEALTH

NEWS

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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NEWS

Waiting lists grow.....

Between September 1989 and March 1990 the numbers of people waiting for hospital in-patient treatment increased from 698,600 to 710,300, according to the latest Department of Health statistics. The number of people waiting for day surgery also increased, from 182,300 to 202,500. This brings the total waiting list to 912,800 (or 960,000 if people who have postponed their own operations are included). Numbers waiting for more than a year increased for day surgery and fell for in-patient surgery. **Times** 25 Oct 1990

A report of a project undertaken by Inter-Authority Comparisons and Consultancy highlights the success that some districts have had in the midst of the waiting list gloom. Between December 1988 and March 1990 waiting lists in 22 districts were reduced by 26,000. The number of patients waiting more than a year dropped by 37%. The 22 districts participating in the project had some of the longest lists in the country; this was why they were selected. Between them they accounted for 21% of the total national in-patient waiting list and 29% of all patients waiting more than a year. The cost of the project - £5.44m - was borne by the districts' share of the national waiting list fund.

Examining some of England's longest waiting lists is available from IACC, Health Services Management Centre, 40 Edgbaston Park Rd., Birmingham B15 2RT. Price £7.00.

Day surgery was the subject of the Audit Commission's first report on "value for money" in the NHS. The Commission claimed that the national waiting list could be cut by 300,000 if day treatment were used more frequently in clinically appropriate cases. Twenty common surgical procedures (e.g. cataract extraction, abortion, hernia repair, excision of haemorrhoids etc), which together account for 30% of all surgery, were chosen by the Commission for detailed study. The proportion of day cases to in-patient cases for each of these procedures varies a great deal between health authorities. The Commission reckons that average savings of about 30% per case are achieved if patients undergoing these surgical procedures are discharged the same day rather than detained overnight. If all health authorities emulated those who use day surgery most ("the top 20%"), an extra 186,000 people could be treated at no extra cost. The numbers that could be cut from the waiting could be further increased if day surgery were extended beyond these twenty common procedures. Although the Department of Health welcomed the report, doctors' organisations sounded two cautionary notes. The selection of patients for day surgery must be performed with proper care and capital expenditure would be needed in many districts in order to set up dedicated day case units. **Daily Telegraph** 25 Oct 1990

The College of Health has been given a grant of £78,000 by the Department of Health to develop an information service that will enable patients (and their GPs) to identify which hospitals, as

well as which districts, have the shortest queues for treatment. Speaking at a health service managers' conference in London, Marianne Rigg, Director of the College of Health, said "We aim to build on the data supplied to the Department of Health and make it available in a user-friendly way to GPs, to family health service authorities, to community health councils and to district health authorities. We hope this will lead to more equitable treatment." **Daily Telegraph** 18 Oct 1990

.....and cuts bite

The National Association of Health Authorities and Trusts (NAHAT) has published its annual autumn survey of health authority finances. On the basis of 91 returns from health authorities and boards (43% response rate), NAHAT estimates that 3,000 beds in all have been closed since April 1990 in England, Wales and Northern Ireland. It is also estimated that a further 577 beds will be closed before April 1991.

In the same week as the results of the NAHAT survey were announced, the Independent newspaper reported the results of its own telephone survey of bed closures around the country. Health authorities and boards in England, Wales and Scotland were asked how many beds had been closed for financial reasons since April and how many beds, closed temporarily in the previous year, had not yet been reopened. 72 authorities replied, 69 of them in England and Wales. The answers to the two questions were combined to give a total of 4,500 bed closures (4,000 in England and Wales). London and Lothian together account for one third of the total: 1,000 beds lost in London and 457 in and around Edinburgh.

Although the two surveys come up with different results - they asked different questions and covered different parts of the country - they agree on an approximate percentage figure for the bed losses, 3% of the national total.

NAHAT puts the 1990-91 current expenditure shortfall at £235m. The gap will be made up by service reductions and other cost-saving measures (£106m), income generation (£92m) and planned efficiency savings (£182m). The surplus will cover planned service developments. NAHAT puts most of the blame for the required cost savings on the Government's underestimate of pay and price inflation.

In evidence to the House of Commons Social Services Committee, the Department of Health has pointed to the slump in land sales as an additional cause of its financial problems. Money allocated for revenue expenditure has had to be transferred to capital expenditure in order to sustain capital projects. This, together with the Treasury's underestimate of inflation, left health authorities with an "underlying deficit" of £70m at the end of the 1989-90 financial year. **Independent** 7 Nov 1990 & **Guardian** 8 Nov 1990

Chancellor's autumn statement

Expenditure on the NHS in 1991-92 will increase by £3.2 billion over 1991. This is a cash increase of between 11% and 12% over the present financial year. The figure is based on an inflation forecast of 6%. Hospital and Community Health Services in England are to receive an extra £1,716m, a cash increase of 11.6%. The cash increase for the Family Health Service Authorities is lower than that for HCHS at around 9%. It is thought that this sum takes into account expected savings on the drugs bill which will result from the indicative prescribing scheme and the use of PACT (Prescribing Analysis and Costs).

The British Medical Association, who had hoped for an increase of £5b, called the extra cash "fire-fighting money". NAHAT, on the other hand, is cautiously optimistic. The Association predicts that health service inflation will run at 8.6% next year, which would still allow about £530m for developments in Hospital and Community Health Services. The Healthcare Financial Management Association, which represents health authority treasurers, took a similar view - there should be enough money to reopen closed beds and develop services even if the Treasury has underestimated inflation. Robin Cook, the Labour Party's shadow health secretary, warned that "if this is all the Treasury can afford, the Department of Health cannot afford its changes". **Times 9 Nov 1990 Guardian 9 Nov 1990**

The case of baby J

The Court of Appeal dismissed an appeal by the Official Solicitor acting as guardian ad litem for Baby J, a severely brain-damaged infant born 13 weeks prematurely. The Official Solicitor was seeking to overturn the decision of a lower court which would have allowed life-sustaining treatment to be withheld from Baby J. Having made the baby a ward of court, the court then had to decide what course of action was in his best interests. The judge had decided that it would not be in J's best interests to be put on a ventilation machine if he stopped breathing. The Official Solicitor had argued that a court could not make such a decision about a ward, since death could not be in the baby's best interests. The Court of Appeal rejected this contention. **Independent 23 Oct 1990**

The definition of a "private dwelling"

When Bath Health Authority housed eight former psychiatric patients in two properties it had acquired on a newly built estate, the property company, C & G Homes, objected on the grounds that the health authority had broken a restrictive covenant on the use of properties. The covenant stated that they were to be used only as "private dwelling houses". The Court of Appeal ruled that the covenant had indeed been broken, since the properties had been purchased on behalf of the Health Secretary, who had a continuing responsibility for the supervision and

support of the residents. The Health Secretary was not using these houses as "private dwelling houses"; they were being used for a public purpose. In the words of the Master of the Rolls, they were "mental health hostels". The Court overruled a High Court decision that another part of the covenant had also been broken. The High Court had decided that the other occupiers of the estate could be said to have suffered "detriment" from the health authority's actions. The detriment complained of was alleged financial loss - the market price of the other properties would be pushed down. The first part of the Court of Appeal's ruling puts an obstacle in front of the implementation of the Government's community care plans. **Independent** 6 Nov 1990

The costs of neqligence

Capsticks, a firm of London solicitors, has conducted a survey of health authorities to find out the finanical value of the litigation in progress. It estimates that the authorities in England and Wales are each paying out £500,000 each year in compensation, with an average of £5m of unsettled claims being dealt with in each authority. Claims for compensation for the birth of damaged babies have risen threefold in the last year. This due partly to the fact that the eligibility rules for legal aid have changed. It is now the child's income rather than the parents' which determines eligibility. **Daily Telegraph** 18 Oct 1990

Dentists vote against new contract

A special conference of 20 local dental committees has voted to reject the new contract and has called on the General Dental Services Committee to reopen negotiations with the Department of Health. An LDC conference earlier in the year had endorsed the new contract by a small majority. This allowed the GDSC to ignore the results of a referendum of dentists, which produced a 62% against the contract. The new conference decision puts the GDSC "on the spot", though Baroness Hooper, junior Health Minister, has ruled out the possibility of renegotiation.

According to a survey carried out by the British Dental Association, more than a quarter of dentists in the south-east of England are refusing to take new adult patients on their NHS lists. There appear to be no serious difficulties elsewhere in the country (the south-east has the highest business rates). Dentists claim that the contract, which tries to encourage preventive care rather than fillings and extractions, fails to reimburse dentists for their loss of income from "drill and fill". The BDA supports the contract but argues that the Department of Health should increase the level of its payments to dentists. **Guardian & Daily Telegraph** 6 Nov 1990

FHSA healthline

Essex Family Health Service Authority is one of a number of FHSAs planning to offer telephone information services on health topics. The taped answers for the inquiry service will be provided by Health Call plc, a private company which has been in business for quite a few years. Callers will be charged at British Telecom's special rate - 33p a minute cheap rate, 44p at other times. BT will get half the income; the rest will be divided between Health Call plc and the FHSA. Although the content of the tapes has been approved by the Royal College of General Practitioners, both the College and a spokesman for the BMA have criticised the new service. The RCGP disapproves of the way the healthline is being marketed and John Lynch, deputy chairman of the General Medical Services' Committee, has condemned the decision of publicly funded health authorities to make money by giving advice on health. **Independent on Sunday 4 Nov 1990**

Public money for a private ward

A new ward at the Hammersmith Hospital designed for patients who are especially susceptible to infection was to be turned over to private patients so as to generate income for the hospital. The Hammersmith lacked the revenue to run the ward for its original purpose, caring for patients with AIDS and leukaemia. And so the management had to choose between not opening the ward or closing beds elsewhere. It decided that the best option was to open the ward, which contains 12 separate rooms, for private patients. The hospital management gave assurances that the ward would revert to its intended use in the new financial year by which time the health authority should have succeeded in "balancing the books". The decision was widely criticised as an abuse of public funds after getting publicity in the Observer (4 Nov 1990). Baroness Hooper subsequently announced that the Government will give the hospital an extra £160,000 so that seven of the 12 beds can be used for NHS patients. The ward has now opened with only five of its rooms for paying patients.

Health care for ethnic minorities

The Department of Health is launching an initiative to improve health care for ethnic minorities. The King's Fund Centre and the Epidemiology Research Unit at Surrey University have been given £310,000 to establish a database comparing morbidity and mortality rates for ethnic minorities with those of the indigenous population. The King's Fund will disseminate the information and look at ways of promoting service development. **Doctor 25 Oct 1990**

PARLIAMENTARY NEWS

No-fault compensation

Harriet Harman MP has presented a private member's bill that would enable compensation to be awarded for medical injury without having to prove negligence on the part of the NHS. The bill would establish a Medical Injuries' Compensation Board which would reach a settlement within three months of a claim being made. Action for Victims of Medical Accidents (AVMA) has criticised the bill's provisions.

Firstly, they believe that the bill fails to address the problem of medical accountability and so does nothing to help prevent such accidents occurring in the future. Secondly, it will "leave the health care professionals free to cover up what has really happened", since it will be up to doctors (with no lay oversight) to say whether injury was caused by an underlying condition or the medical treatment itself. Thirdly, it will not do away with fault. In order to show whether a 'mishap' arising from a diagnostic error was reasonable or not, an investigation will still have to be carried out to show whether the doctor acted reasonably. AVMA take the view that a system relying on an enquiry into the causation of an injury is riddled with problems and will not produce a fair outcome for many people. AVMA also believe that it would be a mistake to pass an Act which deals with compensation only and not with the related issues of accountability and proper complaints systems.

General Medical Council

Nigel Spearing MP has introduced a private member's bill which would amend the 1983 Medical Act so as to enable the GMC to exercise greater discretion in deciding what should be regarded as unacceptable professional conduct.

Maternity care

At the end of the 1989-90 parliamentary session the House of Commons Committee of Public Accounts published a report on **Maternity services** (HC-380). This follows a report on the same subject from the Comptroller & Auditor General earlier in the session (HC-297). The Committee expresses its concern "at the wide variations in mortality rates between areas, the absence of detailed information about why these variations exist and particularly about those areas with mortality rates significantly above the national average." The NHS Management Executive is urged to develop measures of the efficiency of maternity services and is also asked by the Committee to consider the possibility of giving midwives greater responsibility for the care of low-risk pregnancies.

Social Services Committee

Community care: social security for disabled people is the ninth report by the House of Commons Social Services Committee into the Government's plans for care in the community. The report considers the present arrangements for social security help for disabled people and the reform proposals put forward by the Government in '**The Way Ahead**'. The Committee welcomes the overall aims of the Government's proposals - to help with the extra costs of disability, to create incentives for disabled people to take paid employment and to provide income for disabled people who cannot work. It does, however, make some criticisms and recommendations. One of these, on the need for a more flexible approach to medical assessment for Attendance Allowance, has already been acted upon. The Committee further recommends that the Government carry out research on the additional costs of living that are incurred by people with disabilities. This research should inform future policy decisions about financial assistance to disabled people. The Government is also urged to provide the Independent Living Fund with extra resources and to consider transforming it into a statutory body. Finally, the Committee expresses its concern about the lower rate that has been set for the component parts (care and mobility) of the new Disability Allowance; it believes that it is likely to prove inadequate and that people who obtain benefit at the lower rate may be reluctant to seek a review in order to obtain the higher rate.

NHS Trust regulations

Regulations governing the constitution of NHS Trust boards and the appointment of directors have been laid out in The National Health Service Trusts (Membership & Procedure Regulations 1990) (SI 1990 no.2024). The regulations set out the composition of NHS Trust directors' boards and the proceedings and rules for their meetings. Directors who have a financial interest in contracts or other business must declare this and may not vote or take part in discussion.

Toxoplasmosis screening

Following up last month's article on The Toxoplasmosis Trust, in answer to a parliamentary question, Virginia Bottomley told the House of Commons that screening pregnant women to discover the risk of congenital toxoplasmosis was not appropriate. This was because of uncertainty about the natural history of the disease, the accuracy of tests and the efficacy of possible treatment.
Independent 14 Nov 1990

FROM THE JOURNALS

Consultation style and patients' satisfaction

Do patients benefit if doctors adopt a "sharing style" during consultations? Or is the paternalistic doctor more likely to make the patient satisfied? The **British Medical Journal** (27 Oct 1990) reports the results of a controlled study in South London which set out to put these questions to the test. 359 randomly selected patients were invited to take part in the study which would assign each of them to either a "sharing style" consultation or a "directing style" consultation. The sharing style stressed the asking of questions - "What do you think is wrong?Would you like a prescription?Would you like to come and see me again?" etc - whereas the directing style used more judgements and directions - "This is what is wrong....It is essential that you take this medicine....Come and see me in x days" etc. Patients (who made two separate visits to the doctor) were asked about the doctor's understanding of their problem, the quality of the explanation they received and any perceived improvements in their condition by the time of the second visit. "Our results suggest that the directing style had a better effect in terms of patient satisfaction."

The authors point out that these results contradict the conventional wisdom and the views of an increasing number of doctors who adopt a sharing style. Not surprisingly, the nature of the underlying medical condition makes quite a difference. The apparent benefits (in terms of patient satisfaction) of a directing style disappear for those patients with the longest consultations or chronic illness or an illness which seems to have a psychological component. In other words, the directing style works best when the medical problem is a "simple physical illness that responds to the traditional biomedical model of diagnosis and treatment".

Resource management

An article in the October issue of **The British Journal Of Healthcare Computing** estimates that for an average District General Hospital the annual running costs of resource management systems would be £190,000. How is this expenditure to be justified? "To date no cost-benefit analysis has shown that cash releasing benefits directly attributable to the introduction of RM systems can meet the running costs of the system." Is RM worthwhile if it turns out to make little contribution to the efficient use of resources? The author reckons that in a "hostile funding environment", RM would be necessary to identify the causes of "less than optimal performance". Given a more optimistic "funding scenario", RM would enable managers to locate "surplus capacity". Even if these claims cannot be corroborated, there is the matter of financial accountability. "RM, like formal medical audit, is necessary because simply saying 'we're doing a good job' is no longer sufficient. If we

are to maintain public (and Government) expenditure,....we have an obligation to demonstrate good clinical and general management."

AROUND THE CHCs

Camberwell CHC organised a public meeting in October of this year in order to voice the complaints of people who suffer from Sickle Cell Anaemia and are cared for at King's College and Dulwich hospitals. As a response to complaints of inadequate pain relief, cuts in beds, dispersal of services and poor attitudes from staff, the CHC hopes to assist with the establishment of a permanent Sicklers' Council, which would advise the health authority on how services should be changed and improved.

Clwyd North CHC has drawn up a draft policy for cervical cytology screening for mentally handicapped women. The policy document, together with a bilingual publicity leaflet, has been sent to the Welsh Office. The CHC has urged the Welsh Office to adopt the leaflet for use throughout Wales.

Northumberland CHC has just completed a study of users' views on the future of hospital services in Tynedale, a large but thinly populated area in the health district. When the health authority announced its proposed review in 1989, the CHC urged the management to consider the need for an extensive public consultation. The authority agreed and gave the CHC funds for the employment of a full-time research assistant for five months. The cost of the consultation exercise, 9 public meetings and a questionnaire survey, was just under £10,000. Copies of the report are available from the CHC: price £2.00.

The CHC has also developed a directory of voluntary organisations on a computer database. The database can be searched by subject area and geographical area. Instead of publishing a 'hardcopy' directory, which quickly becomes out of date, the CHC invites enquiries to its office and responds by sending enquirers a print-out. A leaflet publicising the database and explaining how to use it has been widely distributed throughout the health authority.

CHC PUBLICATIONS

North Birmingham CHC has completed a study of the response of the health service to the needs of dying and bereaved people in North Birmingham. **Death and bereavement** highlights areas for improvement, commends good practice and makes recommendations which the CHC believes will enhance the service provided. The recommendations include more awareness training for staff who come into contact with bereaved people, a bereavement support service offering counselling on a self-referral basis, and a leaflet on grief, which GPs could give to newly bereaved people.

Islington CHC has called for more psychotherapy and counselling in local mental health services. In a new report, **Psychotherapy and counselling services - a service for Islington Health Authority**, the CHC makes three main recommendations on what have come to be known as talking therapies. These are: the development of a residential centre offering a therapy-based alternative to hospital admission; more training of health authority staff in counselling skills; provision of comprehensive psychotherapy and counselling services in the community. These recommendations are based on the views of voluntary organisations in Islington who provide such services locally. They describe the demand as "overwhelming". The report concludes that "each person who has the opportunity of talking treatments has the possibility of transforming their lives for the better."

Clwyd North CHC has undertaken a postal survey of all opticians in the county in order to ascertain the changes in the number of people having eye tests between 1987 and 1990. "There is no doubt that following the imposition of a charge, the number of tests in the first year following dropped to 69% of these undertaken in the previous year." As the Association of Optometrists reported that the figures for 1988/89 were 10% up on a "normal year", the CHC takes the 1987/88 figures as a baseline. In Clwyd 11,475 fewer tests were carried out in 1989/90 than in 1987/88.

Northumberland CHC has taken advantage of joint funding to update three guides to services in Northumberland: **Services for people with a mental handicap in Northumberland** - price £3.00; **Services for older people in Northumberland** - price £2.00; **Mental health services in Northumberland** - price £2.00.

GENERAL PUBLICATIONS

Family planning services: a model for district health authorities, a new report from the Family Planning Association, opens with a statement of Government commitment to health authority family planning services. In July of this year, the Department of Health wrote an Executive letter to all regional general managers, stating that "Government policy remains that people should be free to choose their source of contraceptive advice and that health authority family planning services complement, rather than duplicate, those which GPs provide. Choice is important to ensure that all those who wish to use this service can do so." Despite this policy commitment, the FPA estimates that over the last five years, there has been a reduction in family planning services in a quarter of all DHAs. And now the NHS is at a watershed. In 1991 the NHS and Community Care Act will introduce the separation of functions between purchasers and providers of health services. For these reasons the FPA decided to devise a model for "high quality and co-ordinated reproductive health services". "We hope that the model will be useful to both purchasers and providers when contracts are being set up for family planning and other reproductive services." The model comprises (a) a statement of aims and service objectives (b) service principles (c) checklists in client needs. The report does not provide quantitative measures (targets or performance indicators) for service provision, concentrating instead on "the values that should underpin these services". Available from: FPA, 27-35 Mortimer St., London W1N 7RJ. Price £3.50

Also from The Family Planning Association is a **Clinic fact pack**, which outlines the arguments for maintaining a clinic service for the provision of family planning services. Available from FPA at the above address, price £1.50.

All change: from hospital to community is a report based on four Community Care Inspections in different localities in England undertaken by the Social Services Inspectorate of the Department of Health during 1989/90. The SSI examined arrangements made to support and resettle former long-stay patients discharged to the community from mental illness and mental handicap hospitals. "The central theme of the inspection was to consider the quality of life provided for, and achieved by, patients following their discharge from hospital.....Inspectors found some evidence of excellent practice based on sound philosophies of care and as a result of good individual management expertise....sensitive to user requirements. [The report] also highlights lack of suitable resources, uncertainties about financial arrangements, management constraints, inadequate preparation for discharge and varied responsibilities for continued support and care, all of which were impediments to achieving progress." The SSI draws out the implications of these findings for the future structure and pattern of community care services. Available free from: DHSS

Store, Health Publications Unit, Site 2, Manchester Rd., Heywood, Lancashire OL10 2PZ.

The Standing Medical Advisory Committee has published its views on how the quality of medical care may best be assessed and assured in a systematic way. **The quality of medical care** responds to the Secretary of State's request for advice on (a) different approaches to medical audit, (b) how to integrate audit into routine professional medical practice, (c) how to deal with doctors who refuse to participate in audit or whose clinical results "fall short of what may reasonably be expected", (d) the possibility of developing a more comprehensive range of clinical outcome indicators. The Committee's conclusions and recommendations are in line with what would be expected from the opinions on audit so far expressed by the medical profession. Copies of the report are available from HMSO bookshops, price £4.15.

The National Council of Women of Great Britain has conducted a survey of women's views of what is important for health and well-being. 5,000 responded to the questionnaire and the Council has used the results to frame a six-point Charter for women's health. The Charter declares that women should have: the right to knowledge; the right to participation in health care decisions; opportunity for choice; good health care; accessible health care; the right to a healthy lifestyle. **Are we fit for the nineties?** is available from the National Council of Women of Great Britain, 36 Danbury St., London N1 8JU. Price £1.50 inc. p& p.

Contracts for care: issues for black and other ethnic minority groups is an information pack from the National Council of Voluntary Organisation's Community Care Project. The pack is intended as a practical aid to voluntary groups providing community care services to black and other ethnic minority communities. It is also a response to concern felt in the Black voluntary sector that the new local authority contracting process could "squeeze them out". Available from: NCVO Community Care Project, 26 Bedford Sq., London WC1B 3HU. Price £5.00

"The Peckham experiment was not merely ahead of its time, but remains today a leading example of a holistic and participatory approach to community health promotion." **Total participation, total health care** aims to "reinvent" the Peckham Health Centre for the 1990s. The booklet describes the original health centre and explains why it is such a continuing source of enthusiasm and inspiration. More practically, it outlines what needs to be done in order to set up small-scale initiatives that incorporate the "principles and processes" of the Peckham Centre. Available from: the Scottish Academic Press, 139 Leith Walk, Edinburgh EH6 8NS. Price £3.50

Peaudouce, the nappy manufacturer, has produced a guide to maternity benefits and payments. The booklet has been approved by the Health Visitors' Association and is available free of charge from: The Peaudouce Advisory Service, **You and your rights**, PO Box 497, Telford, Shropshire TF7 4TJ.

Putting people first: a socialist health service for the 1990s is published by the Socialist Health Association and outlines the objectives and organisation of a truly socialist health service. The report lays great emphasis on the reduction of health inequalities and proposes that a charter be drawn up defining the "basic health rights and health needs of the public in general, and patients in particular". Once health needs had been determined, health goals could be set and funding allocated in a rational way. "The overall objective of a socialist NHS should be to create a system which reduced social and geographical inequalities, provides equal and good access to services, is publicly funded, is free at the point of use, is effective and efficient, ensures equal opportunities, is democratic and responsive, and is a good employer." Available from: SHA, 195 Walworth Rd., London SE17 1RP. Price £3.00 inc. p&p.

The management of post-operative pain in UK hospitals is often inadequate and unsatisfactory. This is formally acknowledged in a joint report from the Royal College of Surgeons and The College of Anaesthetists. The report reviews the evidence on the failure of conventional methods of dealing with post-operative pain and identifies new and more effective ways of managing the problem. The main organisational recommendation made by the working party is the establishment of an Acute Pain Service in all major hospitals. The service would be responsible for the day-to-day management of acute pain after surgery. It would also undertake training, audit and clinical research. **Pain after surgery** is available from: The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PN. Tel: 071-405 3474. Price £3.50.

The Health Education Authority has put together a campaign pack for the 1991 No Smoking Day. It costs £2.50 and is available from: No Smoking Day Campaign Literature, Hamilton House, Mabledon Place, London WC1H 9TX. The HEA Smoking Prevention Field Support Project, based at Bristol Polytechnic, has published two guides about smoking, which it intends to update annually, **Smoking prevention: a guide to agencies 1990/91** and **Smoking prevention: a guide to resources 1990/91**. Single copies of the guides are available free of charge from: HEA Smoking Prevention Field Support Project, Redland Hill House, Redland Hill, Bristol BS6 6UZ.

In October 1989 a seminar on **HIV and A.I.D.S. in employment** was organised jointly by the Health Education Authority, the Scottish Health Education Group and the Advisory, Conciliation &

Arbitration Service. The conference papers, together with conclusions and recommendations, are now available in a booklet from the HEA. The conclusions rely heavily on the 1988 Consensus Statement by the World Health Organisation and the International Labour Organisation on non-discriminatory workplace policies for AIDS. Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX. Price £1.95.

Promoting women's health is a report of a 1988 conference sponsored by the Department of Health & Social Services. With an introduction by the then Secretary of State, the Rt.Hon. John Moore, the report contains short papers on breast cancer and cervical cancer screening, smoking, osteoporosis, the menopause, mental illness and post-natal depression. Available from: King Edward's Hospital Fund for London, 14 Palace Court, London W2 4HT. Price £9.25.

Understanding chemotherapy is published by BACUP (British Association for Cancer United Patients). The booklet, written for cancer patients and their family or friends, explains how chemotherapy (the use cytotoxic drugs to destroy cancer cells) works, how it is administered and how to deal with some of the more common side effects. Available from: BACUP, 121/123 Charterhouse St., London EC1M 6AA. First copy free, then 60p plus p & p.

Severely disabled people wanting to live independently in their own home will probably need to "buy in" care and services, including personal care such as assistance with washing and dressing. **Recruiting and employing a personal care worker**, a booklet from the Disablement Income Group, offers practical advice on ways and means of finding the right care worker (job descriptions, advertisements, interviews etc) and ensuring that the right kind of working arrangements are sorted out. Available from DIG, Millmead Business Centre, Milmead Rd., London N17 9QU. Tel: 081-801 8013. Price £2.25 inc. p & p.

In September this year the 5th European Symposium of International Physicians for the Prevention of Nuclear War was held in Coventry. Background papers for the conference were produced by the Medical Educational Trust and can be obtained from MET at 601 Holloway Rd., London N19 4DJ. Tel: 071-272 2020.

Values into Action, formerly the Campaign for the Mentally Handicapped, has published "an unapologetic broadside against many ideas and practices which are becoming associated with self-advocacy". **Keeping it safe: self-advocacy by people with learning difficulties and the professional response** argues that "professionals are engaged in trivialising and neutralising self-advocacy with the result that it is becoming an accessory for fashion-conscious services". The gist of the report is that

self-advocacy groups are often "taken over" by condescending professionals and that they have their sting removed - they should be taking more action to fight for their rights. Available from: VIA, Oxford House, Derbyshire St., London E2 6HG. Tel: 071 729 5436.

FROM THE VOLUNTARY SECTOR

WISH is a recently formed organisation looking for charitable status. It works on behalf of all women placed in Special Hospitals and Regional Secure Units. There are about 350 women in Broadmoor, Rampton and Ashworth, one fifth of the total number of patients. Before the emergence of WISH, there was no voluntary organisation or pressure group to give them a voice. WISH aims to offer personal support, practical advice and representation at Mental Health Review tribunals. It also hopes to carry out research.

At a recent conference jointly organised with MIND, WISH raised two issues of concern. It argued that the special hospitals are ineffective as places of treatment or care; looked at in their true light they are instruments of punishment. There is also prima facie evidence of sexual discrimination in the diagnosis of mental illness since the ratio of women to men in the special hospitals is much higher than in the general prison population. Dr. Gillian Mezey, a psychiatrist at Broadmoor, believes that there is a simple explanation for this disparity. Women are expected to be quiet, docile and passive. Violent or aggressive behaviour in a woman is more readily seen as abnormal; drug abuse or sexual promiscuity is more unacceptable in women than in men. Given otherwise similar cases, women therefore are more likely to be diagnosed as psychopathic than men. For further information contact WISH at 25 Horsell Rd., London N5 1XL. Tel: 071-609 7643.

INFORMATION WANTED

Nottingham CHC would like to hear from any CHCs who have made enquiries about or taken action on either of the following issues: (i) GP support of terminally ill people in the community (ii) genital examinations of women by medical students during their training.

FORTHCOMING EVENTS

CERES (Consumers for Ethics In Research) will be holding an evening meeting on **Genetic Research** at the Royal Institute of Public Health & Hygiene, 28 Portland Place, London W1 on Wednesday 27th February 1991. Cost £15.00. Cheques made payable to CERES should be sent to: CERES UK, PO Box 1365, London N16 0BW.

Coping with sudden death is a "one-day school" organised by Critec. It will be held at the Garden House Hotel in Cambridge on Tuesday 29th January 1991. For further information contact the Critec Conference Office, Leeds General Infirmary, Leeds LS1 3EX. Tel: 0532-432799 x 3369. Fee £44.00.

DIRECTORY CHANGES

Page 21: Southmead CHC	Secretary: John Loosley
Page 20: Cornwall CHC	Secretary: Geoffrey Poxon
Page 19: Northampton & District CHC	Address: Raleigh Chambers 96 Abington St Northampton NN1 2AP
Page 20: Cheltenham CHC	Amendment to telephone number: 0242 230663
Page 4: Leeds West	Secretary: Jean Townsend
Page 4: Leeds East	Joint Secretaries: Mrs Lesley Rodley & Mr Martin Ford