

Community Health News

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COMMUNITY

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NEWS

56 self-governing NHS Trusts

William Waldegrave, the newly appointed Secretary of State, has approved applications from 56 of the 66 hospitals which had applied for trust status. Two of the original applicants withdrew their applications and eight, including St. Thomas', St. Bartholomew's and Harefield Hospital, were turned down. Coopers and Lybrand Deloitte, who acted as financial consultants on the applications, are rumoured to have criticised the standard of the financial planning behind many of the bids. Since Duncan Nichol, the NHS Chief Executive, did not deny this suggestion when it was put to him at a press conference, it has now been taken as confirmed. (The alleged criticisms of Coopers & Lybrand Deloitte have been corroborated by an external assessment from another firm of financial consultants, Newchurch & Co., and the pressure group, London Health Emergency, took the same view in a recently published report, **Acute agony**). The Secretary of State's decision has surprised those who thought that the opportunity would be taken to dilute somewhat the Government's NHS changes. The BMA, the RCN and the Labour Party have all expressed dismay at the Department's decision to establish so many Trusts in the face of not only public and staff opposition but also reasonable anxiety over financial competence. NAHAT, on the other hand, was "delighted" at the prospect of £1.8 billion of revenue expenditure being in the hands of self-governing Trusts. **Guardian 5 Dec 1990**

No-fault compensation

The Government's £42 million settlement for haemophiliacs infected with HIV as a result of NHS treatment has coincided with renewed pressure for the introduction of a system of no-fault compensation for medical injury. The Royal College of Physicians has supported such a scheme in a newly published report, **Compensation for adverse consequences for medical intervention**.

The Chief Medical Officer, Sir Donald Acheson, told a conference at the Royal College of Midwives that the current rise in the number of negligence actions against obstetricians for children born with cerebral palsy would lead to "defensive obstetrics". Although the CMO did not lend his authority to the calls for no-fault compensation, he made it clear that he thought the present adversarial system was very unsatisfactory. **Daily Telegraph 6 Dec 1990**

This concern over the development of defensive medicine was also evident in the results of an unpublished survey carried out by Maeve Ennis of University College, London. According to the **Guardian** (3 Dec 1990) the study showed that "a growing number of obstetricians are carrying out needless tests on pregnant women and their unborn children in order to protect themselves against possible negligence claims". (See also Parliamentary News).

Toxic Shock Syndrome

All tampon packets sold in the USA carry a compulsory health warning like this: "Tampons are associated with Toxic Shock Syndrome (TSS). TSS is a rare but serious disease that may cause death. The risk of TSS increases with higher absorbency. In order to reduce your risk of TSS, you should use the lowest absorbency that meets your needs. Please read and save the enclosed information leaflet."

WEN, the London-based Women's Environmental Network, wants to see legislation requiring similar warnings on tampon packets in this country. A Tampon Safety Bill, introduced into the House of Commons in April this year, failed to become law. WEN, who want the bill to be revived, have launched a poster campaign to draw attention to the disease, which in 1989 resulted in the death of three women in the UK. That year the Public Health Laboratory Service recorded 10 cases in all. WEN have evidence that this low figure is due to under-reporting of medically diagnosed cases to the PHLS. The group estimates the true figure to be at least 50. Jenny Thomas, a manufacturers' spokeswoman, told the Observer newspaper that "we have to get the balance between giving consumers all the information and frightening them unnecessarily. It is a very rare disease." **Observer 18 Nov 1990**

Patient satisfaction - some international comparisons

The Harris Research Centre conducted an opinion poll across ten different countries in order to compare public satisfaction with health services. The Canadians "top the league", with "more than 56% believing that their health care system works well on the whole and needs only minor changes to make it work better." The UK ranked seventh. "Only 25% feel that the system works well, with support falling to 18% amongst the 16 - 24 age group."

Mental Health Act Commission to be sued

Mark Witham is described in the Guardian newspaper as a "compulsive homosexual paedophile". On release from prison in 1986 he sought treatment to curb his sexual drive. He was eventually given goserelin and was the first person to have received the "chemical castration" drug in the country. The Mental Health Act Commission intervened to stop the treatment in 1987, claiming that it was covered by the Mental Health Act and could not proceed without an appropriate authority. Mr. Witham is seeking to recover damages in negligence for the ill-effects he suffered when he had to rely on less effective drugs.

Guardian 4 Dec 1990

A fresh start for health

The Labour Party's plans to abolish the internal market in health

care provision without falling back into the "efficiency trap" have been widely reported in the national press. Less coverage has been given to its proposals for a "patient friendly service". These include the establishment of a Quality Commission for the Health Service, a change in procedures for deciding on closures and an infusion of power to CHCs. "Our Quality Commission will assist in the the drive for greater value for money, but by focussing on the effectiveness of outcomes not just on the cost of inputs." "We will insist that before closure decisions are taken there is a full health and cost-benefit appraisal, which must include any increase in travel costs to patients and relatives." "We will restore to CHCs observer status for the whole of health authority meetings and will consider how they might be funded directly from the centre to ensure their independence from regional health authorities."

Free For All

FREE FOR ALL is a new series on Channel Four Television which will start in mid-February. The programme will deal with news and current affairs issues through the eyes of the public rather than the media "professionals". The producers are looking for "unheard voices and unheard views", people who feel that their views are usually misrepresented or ignored. Contributors will receive technical support and advice from a professional production team and they will have editorial control over their own items. Contact Filmit Productions 071-738 4175.

PARLIAMENTARY NEWS

NHS computing

The Auditor and Comptroller General has presented a report to the House of Commons which summarises the results of a National Audit Office examination of NHS management of computer projects. Current NHS expenditure on computerised systems is about £200 million a year, somewhat less than 1% of total expenditure. With major organisational changes and increased spending on computer systems in prospect, the NAO sought to find out: "whether the Department of Health's 1986 strategic policy framework has led to a more effective approach to information management and technology; whether NHS arrangements for management of computer projects have secured value for money; whether central developments are adequate to secure further improvement in information management".

Before 1986 each regional health authority had been free to plan its own IT services and decide what hardware and software to buy. This lack of coordination was compounded by poor project management and frequent failure to follow good practice, e.g.

incomplete feasibility studies and no post-implementation reviews. The NAO acknowledges that matters have improved since the development of a national strategic framework. It is, however, concerned with the ability of local management to cope with the demands placed upon it by the likely increase in the NHS's future information and IT requirements, especially in view of the impending reforms. To avoid repetition of the kind of mistakes made in the past, the Department and the NHS Management Executive will need to take sustained action on matters such as standards of project management, staff training, procurement arrangements, system compatibility and design standards.

Managing computer projects in the National Health Service.

Available from: HMSO Price £6.70

No-fault compensation

Rosie Barnes, Social Democrat MP for Greenwich, has won third place in the annual ballot for private members' bills. Her bill, which has all-party support and is due for a second reading in February, will call for the introduction of a system of no-fault compensation for victims of medical injury. A similar bill, introduced in October under the 10 minute rule by Harriet Harman MP, Labour party spokeswoman on health, failed through lack of parliamentary time. The new bill will receive the full support of the Labour Party.

Smoking

The Children and Young Persons (Protection from Tobacco) Bill has been ordered to receive a second reading in January. This is a private members' bill whose provisions include: increased penalties for the sale of tobacco to persons under the age of 16 years; the inclusion of vending machines in the prohibition on sales to under-16s; prohibition of the sale of unpackaged cigarettes.

Rear seat belts

The present seat belt legislation is to be extended so that adults travelling in cars or taxis fitted with rear seat belts will be required to wear them. The extension will come into effect in summer 1991. **Independent 17 Nov 1990**

FROM THE JOURNALS

Satisfaction with consultations in general practice

One of the objectives of the Bristol University quality assurance project is to develop methods for assessing patient satisfaction in general practice. The project devised two questionnaires, one assessing patient satisfaction with the consultation, the other assessing satisfaction with the services offered by a GP, but excluding the consultation. Following a study at a large suburban practice, three factors were isolated as reliable indicators of patient satisfaction to be used in the consultation questionnaire. "Factor one, professional care, includes the patient's concerns about the examination, the provision of information about the illness and its treatment by the doctor, agreement with the doctor's advice and the doctor treating the patient as a person. Factor two, depth of relationship, is concerned with the doctor's intimate knowledge of the patient within a relationship and the transmission of very personal information to the doctor.....The third factor, perceived time, concerns the patient's perceptions of the length of consultations when related to their own requirements." The study report, which gives full details of the questionnaire and was written by Dr.R.Baker, Research Fellow at the Bristol University General Practice Unit, appears in the **British Journal of General Practice** Dec 1990.

AROUND THE CHCs

Media training

ACHCEW is organising a series of media training courses for CHC members and staff. The series will start in January 1991. Applications from CHCs who wish to attend are welcome now.

Orthopaedic footwear

On behalf of ACHCEW, the Secretary of Dewsbury CHC, Joy Gunter, has been attending a working party convened by the Disabled Living Foundation to consider the provision of special or orthopaedic footwear. Most CHCs receive regular complaints from people who need such footwear: it takes too long to supply the shoes, the quality of fitting is poor and there is not enough choice.

Formal responsibility for the prescription of special footwear lies with the consultant in charge of the particular case, though this is often delegated to a representative of the Department of Health, usually a chiropodist or a physiotherapist. Also working

in the field are orthotists. Manufacturers with whom the DH has a contract employ orthotists to fit the special footwear that they make.

Regulations governing provision are laid down in MHM 50 ("Provision of Medical and Surgical Appliances and Orthopaedic Footwear to NHS Patients"). There appears to be local variation in the interpretation of the rules on such matters as the replacement of non-scheduled (i.e. non-standard) items. Each district has an appliance officer who sanctions this kind of expenditure (and interprets the rules). No special training or expertise is demanded for the post.

Health authorities usually deal with only one manufacturer and therefore limit client choice. If a manufacturer is not on the approved NHS list, the authority will probably pay more for the shoes. Orders should reach the authority within 8 weeks.

Joy Gunter suggests that CHCs might ask these questions in their district: who is responsible for the prescription of special footwear? who are the manufacturers and do they employ orthotists? does the appliance officer limit expenditure and has he or she had any training? which budget within the authority provides for the footwear? is there a manufacturer's catalogue? who monitors the service?

Mergers

Following the decision to create a single health authority in Leeds, the two Leeds CHCs, Leeds Eastern and Leeds Western, have agreed to a merger. The new CHC will have 30 members, whereas the present CHCs have 24 members each. Staffing levels, however, will not be reduced. The merged CHC will have the same number of staff as the two present CHCs together. The regional health authority agreed that more suitable premises should be provided and that the budget for the new CHC, after rent and staff, should adequately reflect the increased workload.

The situation in Birmingham stands in contrast with the relatively smooth change in Leeds. In Leeds the two CHCs thought that the health authority merger would, in principle, benefit the city. South and Central Birmingham CHCs, on the other hand, opposed the merger of their health authorities. The decision to merge the two Birmingham CHCs into one new body (with only 24 members) has subsequently been imposed on them by the regional health authority. No opportunity was afforded to the CHCs to discuss with the RHA a development plan they had prepared in case the authorities should merge. David Harding, Chair of South Birmingham CHC, said that the RHA had gone back on its word not to impose a solution on the CHCs. "It seems that all we can do now is to go down fighting, but we are asking all those individuals and organisations who may have been helped by the CHCs over the years, or those who feel strongly that users of the NHS need a strong local voice through their Community Health Council, to let Sir James Ackers and their local MPs know their

views."

Pictorial signposting in hospitals

Central Birmingham CHC wishes to draw the attention of other CHCs to a system of signposting that is being developed at the Queen Elizabeth Hospital in Birmingham. Pictorial symbols have been devised for all departments within the hospital and now accompany the name of the department on all signposts. The signs consist of removable plates so that alterations may be made at any time. It is intended that appointments cards will eventually be illustrated by the new colour-coded symbols printed onto sticky labels. The CHC believes that this is the first comprehensive pictorial signposting system of its kind. Anyone, patient or visitor, who feels bemused by the complex topography of a modern hospital should benefit, though it is hoped that the system will be especially helpful to people who cannot read English. Any CHC wanting further information should contact: Miss J. Grant, Deputy Assistant General Manager, QE Hospital, Edgbaston, Birmingham B15 2TH. Tel: 021-472 1311.

Yorkshire initiatives

Yorkshire Regional Council of CHCs has received £5,000 from the regional health authority to conduct a study of the rehabilitation of spinal injury patients at the Huddersfield Hospital. Another £4,000 from the RHA together with £3,000 from contributing CHCs will be used to fund work on quality assurance and the role of CHCs. Both projects will be under the direction of the Regional Council of CHCs.

CHCs and contracts

11 CHCs have so far passed information to ACHCEW about arrangements made by their district health authorities to involve the CHC in the specification and monitoring of service contracts. Both Rochdale CHC and Basildon & Thurrock CHC have representatives on the HA Purchaser Group. Brighton HA have said that contracts with out-of-district providers will stipulate that CHCs should have visiting rights. Medway, Bromley, NW Surrey, Southampton & SW Hants, and North Staffordshire HAs have all agreed that the CHCs will have an important role in specifying and/or monitoring contracts. In SW Durham the CHC has been asked to comment on the health authority document "General conditions applicable to all service agreements with major providers". North Warwickshire CHC has been asked to produce a "Patients' charter" for inclusion in the drawing up of contracts. Rather more cautiously, West Dorset HA has "expressed an interest in" ACHCEW's work on contracting and the consumer viewpoint.

Regional health authority involvement in this issue appears so far to be confined to Northern RHA. The region's policy guidance to districts for 1991/92 states that: "CHCs will continue to have

an important role in advising DHAs and Units of pressures and needs for service improvements (including gaps), prior to contracting intentions being finalised, while still recognising the need for stability in the first round. When contracts come into effect CHCs will also have a role in contract monitoring and review."

Health Charter

The South West Regional Health Authority has produced a health charter for "all south western NHS facilities, including NHS Trusts". The charter provides a statement of the RHA's aims (what it is providing), its priorities and the means to be used in judging the success of the service it provides. Public opinion, gauged by satisfaction surveys and channelled through the views of CHCs, Leagues of Friends and other local groups, is acknowledged as an important measure of success.

Personal allowances and residential care

Warrington CHC has written to the Department of Social Security about the financial situation of elderly people who are using part of their personal allowance in order to bridge a shortfall in Income Support for the payment of fees for private nursing homes. The CHC was informed, through their MP Doug Hoyle, that the DSS "cannot dictate how people use their pocket money". The CHC is trying to convince the DSS that the majority of elderly people have no alternative but to use their personal allowance when nursing homes' fees exceed DSS support.

CHC PUBLICATIONS

East Herts CHC has produced a report of a **Hospital discharge survey at Hertford Hospital**. "It was reassuring to find that the majority of patients surveyed (23 out of 30) were happy with the arrangements made for their discharge from Hertford County Hospital, but there were also examples of bad practice which gave cause for concern - in particular the discharge of elderly patients on Fridays without adequate arrangements for their aftercare over the weekend." The report's recommendations, including the provision of a general information sheet for discharged patients and the use of a discharge check list by staff, are similar to those made in a 1989 CHC study of discharge arrangements at the other main hospital in the district, the Princess Alexandra Hospital at Harlow. The CHC "is disappointed" that the recommendations in the earlier study had no impact on practices at the Hertford Hospital.

Clwyd North CHC has prepared a two-part briefing paper on the structure and functions of the new district health authorities and the nature of contracts for health services. The briefing, which describes and explains the new system of purchaser and provider arrangements, will be helpful to members of DHAs, FHSAs, and CHCs. Members of the public who want a guide to the administrative complexities of the new NHS will also find it useful. **Working for patients: a briefing paper** costs £1.00. Progressive price reductions are made for bulk purchases.

Flightways is a London Borough of Barnet day centre for people with physical disabilities. Barnet CHC has published a report of a survey which set out to establish whether or not the special health care requirements of users of the centre were being met. The results are based on 39 questionnaires completed in interviews with people who attend the day centre. Although "the health services provided at home seem on the whole to be meeting the requirements of users", there was enough dissatisfaction for the CHC to recommend that "a key health worker be appointed to meet the users on a regular basis and check that all appropriate services are being provided".

Rochdale Healthwatch, with the support of both the district and regional health authorities, recently sponsored a study of ethnic minority patient satisfaction at the Birch Hill Hospital in Rochdale. The aim of the survey, which was conducted by Dr.M Ahmad for the degree of Master of Public Health at Liverpool University, was to provide Rochdale Health Authority with the kind of information needed to improve inpatient care for patients from multicultural backgrounds. The results compared the responses of samples (both rather small) of white and Asian patients. Satisfaction with treatment and general comfort did not differ significantly between the two groups. The major differences emerged over communication and food. Fewer Asian patients received a pre-admission information booklet or were asked questions about their treatment. Fewer also were satisfied with the hospital radio service or the choice of hospital food. The final report of the **Inpatient satisfaction survey in Birch Hill Hospital, Rochdale** includes two sets of recommendations. One applies to both white and Asian patients, the other only to Asian patients.

In April 1990, Wandsworth Health Authority agreed on cuts in services in order to deal with a £9m deficit on its budget. Wandsworth CHC opposed the cuts and has subsequently been monitoring their effects. In August, the CHC sent questionnaires to 157 GPs asking them about difficulties in obtaining health authority services for their patients. "Of the 69 GPs that responded 84% reported increased difficulty in having emergency patients admitted to St.George's Hospital.....78% of GPs reported increased difficulty in getting District Nursing assistance for general nursing care at home." The CHC warns that a severe winter could lead to a crisis in London's hospitals.

Walsall CHC compiled A report of quality assurance - acute and community services in Walsall because of the impending changes in the NHS and hopes that the health authority will use the report to ensure "that future services are indeed 'Working for patients'". "It is essential that users of health services continue to have a say in the way in which services are provided." The CHC uses three kinds of 'source material' in order to apply this principle to its own district: checklists for service standards, including national guidelines; information from members' visits to health premises; and views received by the CHC from the users of the services. The result is a critical overview of acute and community services in Walsall.

NHS Circular No 1989 (GEN) 29, by way of **Guidance on the implementation of medical audit**, states that "consideration will also need to be given to devising ways of ensuring that the patient's perspective is taken into account". Dumfries and Galloway Local Health Council decided to follow up the recommendation in the circular and wrote to several consumer organisations with an interest in health matters asking them about the patient's perspective in medical audit. Should it be taken into account? How could this best be done? The LHC's report, **Consumer participation in the medical audit**, is based on the 35 replies, including 10 from LHCs and 13 from CHCs, which it received to its request for comment. There was no consensus on the answers to any of the eight questions which the LHC asked. Opinions were divided even on the basic issue of whether the incorporation of a patient's perspective would be a good thing. What emerges from the Dumfries and Galloway report is an attempt at compromise. The LHC formulates a set of 'minimally controversial' principles which most of the respondents could perhaps be persuaded to accept. Thus "consumers should expect that for each medical audit selected a suitable mechanism exist, at the formative stage of the procedure, to determine whether there is a need for a consumer perspective and, if so, the extent of that input." The substantial question - the 'whether and the how' of lay participation in medical audit - is given a procedural answer - namely, there must be a "suitable mechanism" for answering the substantial question. This report will dissatisfy those who would have preferred the LHC to perform a different task: assess the arguments and give substantial answers to substantial questions. It will be useful to those who want to see how the arguments line up on different sides of the issues and also how a procedural compromise could be worked out to accommodate opposing views.

Osteoporosis in Plymouth: perceived attitudes and awareness is the report of a survey carried out by Plymouth CHC. The results of the study lead the CHC to conclude that the health authority and other responsible agencies should reconsider their education and action programmes on osteoporosis. Despite the publicity that the topic had received in previous months, a large number of women did not appreciate the benefits of drinking (skimmed and semi-skimmed) milk; it is rich in calcium and will help ensure

heavy and healthy bones. This was the most prominent instance of an "apparent lack of knowledge or real commitment to action relating to bone health from all age groups of women in our sample". The prevalence of osteoporosis and the possibility of effective prevention make this a "matter for real concern".

Also from Plymouth CHC comes a report of a study on **The Welfare of children in hospital**. The study was based on individual visits to hospitals and wards, meetings with senior health authority staff and also the local branch of the National Association for the Welfare of Children in Hospital (NAWCH). The CHC wanted to assess "the current standards of practice and facilities that may or should be provided towards maintaining [in hospital] the normal relationships which children are used to at home". The main recommendation of the study concerns a somewhat different issue - the provision of paediatric supervision throughout the district when children stay in hospital. It is Government (and Plymouth Health Authority) policy that all children in hospital should be in the care of a paediatrician. Plymouth HA had not yet succeeded in implementing the policy.

In A survey of elderly patients discharged from the acute wards at Airedale General Hospital to live alone, Airedale CHC has tried to assess the adequacy of continuing care in the community. The mean age of the people in the study sample, 76 years, would suggest a relatively high level of dependency after discharge from an acute ward. The CHC's interviews were designed to determine which aspects of day-to-day living, if any, presented problems of this sort and how these difficulties were managed. How many could do their own shopping or cleaning or cooking? How many could bath themselves etc? Alongside these questions were others on the provision (formal or informal) of care. The CHC picked out a number of areas where it thought that statutory services could be improved: help with bathing, laundry and cleaning; post-discharge GP visits often had to be arranged by the respondents themselves.

ACHCEW has recently updated its **Patients' Rights** leaflets in English. Minimum order of 10 leaflets for £2.46 (inc. p+p). For further details and prices contact ACHCEW.

GENERAL PUBLICATIONS

Old and clean is a report prepared by Age Concern Greater London on bathing services for elderly people in London. "Elderly people who cannot bath themselves appear to be falling through a gap between their health authority district nursing service and their local authority social services, with neither

willing to admit responsibility for running the service." Numerous complaints about bathing services from elderly people prompted Age Concern Greater London to undertake a systematic study of the matter. The report was compiled by the Age Concern Greater London Health Forum, a group which brings together elderly people, carers, service providers, voluntary groups and CHCs. The study group concluded that there is a serious deficiency in bathing services for the elderly in London. The problem arises mainly from the definition of "medical need" that is adopted by health authorities. They acknowledge that they have a responsibility to provide bathing services to people with a medical need, but interpret "medical need" in such a way that not everyone who is unable to look after their own personal hygiene is judged to qualify for help with bathing. Hounslow & Spelthorne Health Authority, for instance, has stated that "those who would previously have been eligible on grounds of disability are no longer eligible and are regarded by the community nursing service as a social services responsibility". Hounslow Social Services disagree. Age Concern wants the service providers to cooperate in order to find a way out of this impasse. The report also prescribes the conditions for a "basic service", the foremost of which would do away with those restrictions currently justified by using the criterion of "medical need". It states that "all elderly people who are unable to bath themselves should be offered help with a bath or shower at least once a week". Available from: Age Concern Greater London, 54 Knatchbull Rd., London SE5 9QY. Tel: 071-737 3456. Price £3.25.

The draft version of the Department of Health's policy guidance on **Community care in the next decade and beyond** has already been circulated to CHCs for comment. The final version of the document, which is now available from HMSO (price £7.65), appears to incorporate only one major amendment that CHCs should note. User groups will be allowed to participate in the advisory committees to inspection units for residential care facilities.

The charity, Research and Development for Psychiatry (RDP), has published a report written by users of mental health services on co-ordinating community care. **Whose service is it anyway?** represents the views of a group of users convened in response to feedback on a previous RDP publication - Towards co-ordinated care - and the working conference on which that was based. The original conference involved no users and **Whose service is it anyway?** is intended as a challenge to the professional domination of service provision. "The central issue in improving systems of care is not case management, with all its implications of being 'managed' by professionals, but quality, with quality defined in terms of what users want and need." Copies of the report are available from RDP, 134-138 Borough High St., London SE1 1LB. Price £5.00 inc. p&p.

Common concerns was the title of a 1988 international conference on user involvement in mental health services sponsored by MIND,

Brighton Health Authority and East Sussex Social Services Department. The conference papers, which include descriptions of services and user involvement in the USA and Canada, have now been gathered together into a report. Some of the speakers start from the position that mental illness is a "myth" or an "oppressive social fiction" and tend therefore to see their main task as the establishment of a "radical political agenda". Others offer practical suggestions for making services more sensitive to the needs or wishes of users. **Report of common concerns** costs £4.95 and is available from MIND, 22 Harley Street, London W1N 2ED.

Speaking for ourselves is a report on a London self-advocacy project for young physically disabled people between the ages of 16 and 21. The aims of the project, which was set up by the Greater London Association for Disabled People, were to enable disabled people: "to learn to become more assertive and more empowered so that they are able to take control over their own lives; to make their own representations to social services and the various service providers which they will have to confront for the rest of their lives; to ask for support in a way which does not compromise the control they have over their own lives." The body of the report describes the means that were used to achieve these goals in various settings, amongst school leavers and students. The appendices include an outline of the "self-advocacy model" and a critique of citizen advocacy. **Speaking for ourselves** is available from GLAD, 336 Brixton Rd., London SW9 7AA. Tel: 071-274 0107. Price £3.00.

Acute agony is a report by London Health Emergency, which examines the "financial prospects of Britain's 'opting-out' hospitals". It is based on "a survey of the application documents submitted by 50 of the 65 health care units across the country that have so far applied for Trust status under the NHS & Community Care Act". Since the applications of most of these units have now been accepted by the Secretary of State, the LHE document no longer has the same interest it had when first published in October. The report (priced for journalists at £10 for 19 pages) is critical of the "over-optimistic" financial assumptions made in the applications concerning factors such as inflation rates and interest payments required on assets. **Acute agony** is available from London Health Emergency, 446 Uxbridge Rd., London W12 0NS. Tel: 081-749 2525.

Positively helpful is a guide to good practice in working with women and AIDS. Published by the Association of London Authorities, it offers "examples of successful and innovative initiatives in working with women with HIV or at risk of infection" and "is aimed at anyone hoping to develop services in this area, or to encourage others to do so. Not all of the initiatives require money or expertise; some are designed to help an authority learn what is needed as they go on." The initiatives (twelve altogether) are given brief descriptions (no

longer than is needed to 'flag up' the idea) and contacts are given in the relevant authorities. "This is the sort of thing that can be done...." Available from: Lisa Power, HIV Officer, Association of London Authorities, 36 Old Queen St., London SW1. Tel: 071-222 7799. Price £3.50 inc. p&p.

Still caring is a study, published by the Spastics Society, of older parents caring at home for a daughter or son with cerebral palsy. "We interviewed both married and widowed carers from city, urban and rural localities throughout England and Wales.....We asked them to consider the effects which caring for their daughter or son has had on their lives: the financial, social, emotional and physical 'costs', as well as the rewards of caring." The authors of the report hope that what emerged from these interviews will counter the view that caring for a severely disabled person is an unmitigated burden. It also describes the kind of practical support that would enable older parents to continue caring for a disabled daughter or son. Available from: the Spastics Society, 12 Park Crescent, London W1N 4EQ. Price £5.95.

"Ensuring an environment where children of all ages can play in hospital is an essential part of providing a consumer-oriented service. Play services, provided by qualified hospital play specialists, are concerned with quality as perceived by children and parents." So begins a report from the Play in Hospital Liaison Committee. **Play in hospital: quality management for children** aims to ensure that the quality of play services is not neglected when the new contract system is introduced for NHS hospital services. The report, prefaced with a commendation from Virginia Bottomley, Minister for Health, specifies "quality standards for play schemes in hospital which district health authorities need to take into account in drawing up and auditing contracts." Available from: Play In Hospital Liaison Committee, c/o Save The Children, 17 Grove Lane, London SE5 8RD. Price £9.95.

Warding off wastage: the case for equal opportunities in nursing is NUPE's 1990 submission to the Nursing Staff, Midwives and Health Visitors Pay Review Body. "In 1989, NUPE drew the Review Body's attention to the need to address a number of issues facing nurse-mothers if the service is to retain or attract back those nurses it desperately needs.....In the past year new evidence has come to light of the extent of bias against working mothers in the NHS." In March 1990 the Equal Opportunities Commission published the results of an investigation into discrimination against women with children wanting to become midwives in South Derbyshire Health Authority. In May Harriet Harman MP made public the findings of a nationwide survey of health authorities. They showed that only 0.5% of nurses have access to a workplace nursery. Finally, in a Pembrokeshire Health Authority study, 13% of nurses who had left their jobs between April 1988 and May 1989 gave maternity and childcare as the reason. The 1990 NUPE report

uses this evidence to put the case for equal opportunities.
Available from NUPE, Civic House, 20 Grand Depot Road, Woolwich,
London SE18 6SF.

Manchester Community Relations Council and the King's Fund Centre have launched a video which gives Asian parents of disabled children information about the services and support available to them, and encourages them to speak up for their rights. Available in Hindi, Urdu, Bengali, Gujarati, Punjabi and English, the video costs £11.00 inc. p&p. Write to: MCRC, Elliot House, 3 Jackson's Row, Deansgate, Manchester M2 5WD.

NEWS FROM THE VOLUNTARY SECTOR

Tranx, the help-line for those suffering from tranquilliser addiction, has re-started after closing down earlier this year. Since no further funds are forthcoming, Joan Jerome, who runs the help-line, will have to make a small registration and telephone charge. Write for an information leaflet enclosing an SAE to: TRANXCALL, PO Box 440, Harrow, Middlesex.

Good Practices in Mental Health has received funding from the London Borough Grants Committee to provide "a resource for 'user' forums and self-advocacy groups" in the London area. GPMH can offer advice to people who have "been on the receiving end of mental health services" and want to set up a new advocacy group or develop one that already exists. Publicity, funding applications, workshop development, networking, negotiations with statutory services, group constitutions.....the development team at GPMH may be able to help out in all these areas and more. For further information contact Chris Harrison or Cathy Pelikan at GPMH, 380-384 Harrow RD., London W9 2HU. Tel: 071-289 2034.

Cancerkin is a charity which offers support and counselling to patients with breast cancer and their relatives. Cancerkin volunteers, the women who do the counselling, have had cancer themselves, but are required to have been free of the disease for two years. BACUP and the Breast Care and Mastectomy Association run similar volunteer programmes. Cancerkin, which is based at the Royal Free Hospital in London, recently launched an appeal for funds for purpose built premises. For more information contact Cancerkin, Royal Free Hospital, Pond St., London NW3 2QG. Tel: 071-794 0500 x3608.

INFORMATION WANTED

ACHCEW would like to hear from any CHCs who are aware of delays or any other problems in obtaining medical reports from consultants.

ACHCEW is also seeking information from CHCs who are having problems with (i) excessive backlogs of FHSA Service Committee hearings and long delays for patients and (ii) delays in informing patients of the outcome of an Appeal on an FHSA hearing. Could CHCs please contact ACHCEW if they are aware of any such problems.

Winchester & Central Hampshire CHC, in response to public pressure, has been trying for several years to persuade its local health authority to establish a homoeopathic clinic. It has so far been unsuccessful and would find it useful to hear from other CHCs who have also been asked to press for such a facility, irrespective of their success. Winchester would also like to hear from any CHC which has an NHS homoeopathic clinic in its area. What are the advantages or disadvantages of such a facility?

Darlington CHC wishes to hear urgently from any other CHC which has participated in or has knowledge of parents and others getting together to provide any form of respite care for mentally handicapped children and younger adults. It would also like to hear of any other kind of respite care that is not run by the district health authorities.

Richmond, Twickenham & Roehampton CHC has been invited to nominate members to act as 'Hospital Managers' for the health authority under the terms of the Mental Health Act. The DHA assured Roehampton CHC that other CHCs have agreed to act in this capacity. Roehampton CHC would like to hear from them. RTR Health Authority manages only a small number of mental health beds. There is, however, a local private mental hospital, which has asked the authority to provide them with 'Hospital Managers' for the purpose of the Mental Health Act. Opinion within the CHC is divided about the suitability of this role.

Huntingdon CHC has recently been informed about a patient who suddenly developed a complete allergy to the fireproofing chemicals in his new lounge suite and carpet underfelt. The CHC has not been able to ascertain what chemicals are used in the fireproofing process. It is now illegal to sell furniture that has not been fireproofed and it is proposed to extend this requirement to bedding. The CHC believes that this is unlikely to be an isolated case and would be grateful for any information (or solutions) that other CHCs may have to offer.

Salford CHC would like information and advice on two topics of current concern: the health of "Travellers" and their experiences with the NHS; publicity on men's health issues and health promotion for men.

The Mental Health Act Commission is considering possible amendments to the Code of Practice of the Mental Health Act 1983 and would welcome any suggestions which CHCs would like to put forward. Write to the MHAC, Block 1, Government Buildings, Chalfont Drive, Nottingham NG8 3RB.

FORTHCOMING EVENTS

Acting together is a one-day conference organised by the National Association of Health Authorities and Trusts. The conference will consider the implications of the NHS and Community Care Act and the Children's Act for children's health services. Venue: London Tara Hotel, Kensington. Date: Thursday 21st February 1991. Cost for non-members: £143.75. For more information, write to: NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

The School of Advanced Urban Studies at Bristol University is holding a seminar on 15th March 1991, **NHS Reform and the GP: Lessons from Avon**. Fee: £100. Apply to SAUS, University of Bristol, Rodney Lodge, Grange Rd., Bristol BS8 4EA. Tel: 0272 737308.

South Lincolnshire Community Health Council and District Health Authority, in conjunction with the Community Council of Lincolnshire, are organising a conference on the provision of health care to rural populations. Venue: Conference Centre, Pilgrim Hospital, Boston. Date: 8th March 1991. Fee: £40. Applications to: Secretary, South Lincs CHC, Council Offices, Eastgate, Sleaford NG34 7EP.

The evaluation of mental health services and treatments is a one-day conference organised by the Mental Health Foundation. Venue: Royal College of Physicians, London. Date: Friday 8th February 1991. Fee: £25. For further information please contact Lucie Reader, Mental Health Foundation, 8 Hallam St., London W1N 6DH. Tel: 071- 580 0145.

The Directory of Social Change is holding a series of five seminars between January and March 1991 on parliamentary lobbying for charities, pressure groups and other voluntary organisations. The fee for each day is £45. For further information contact the Directory of Social Change, Radius Works, Back Lane, London NW3 1HL. Tel: 071-431 1817.