

# **Community Health News**

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**COMMUNITY**

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## NEWS

### Prison Medical Service

An internal Home Office report has recommended that the NHS doctors and nurses should replace the Prison Medical Service as providers of medical care for prisoners. The Prison Medical Service will survive only as a purchaser of services and it will continue to be administered by the Home Office. The recommendation has been made following a series of complaints from the British Medical Association, the Chief Inspector of Prisons and the Royal College of Physicians. **Independent** 5 Mar 1991.

### Bureaucracy and red tape

The British Medical Association has claimed that the annual wage bill for extra administrators employed to implement the NHS reforms will be more than £80 million. The claim is based on the BMA's monitoring of advertisements for administrative posts "created in response to changes" under the NHS reforms. Between May and October 1990, 1,800 new posts were advertised with salaries totalling £41 million. The BMA has asked the Secretary of State to guarantee that this "explosion of bureaucracy" will not be paid for by syphoning funds from clinical budgets. **Daily Telegraph** 8 Mar 1991.

### Clinical negligence funding scheme

After April 1st 1991 all new claims for clinical negligence against NHS staff will be met within the framework of a comprehensive funding scheme. Both NHS Trusts and District Management Units will bear the costs of clinical negligence claims through their pricing systems. "Costs arising from this scheme should as far as is feasible be borne in the prices of the relevant clinical activity and not treated as a general overhead." All units will be able to obtain loans (or repayable advances) to assist them in spreading the costs of claims. In order to be eligible for a loan (or advance) in any given year, a unit will have to have paid at least 0.5% of its forecast revenue for that year in clinical negligence costs. **NHSME EL(91)19** 11 Feb 1991.

### Orthodontic provision

The Government's Standing Dental Advisory Committee has established a working party "to consider the provision of care to patients receiving dental care within the NHS in England and Wales and to make recommendations about: the objectives of care, the quality of care, value for money and meeting patients' needs". **Dental Practice** 21 Feb 1991.

### Local Health Councils

The number of local health councils in Scotland is to be reduced from 44 to 18. Only two health boards, the Highlands and the Western Isles, will retain more than one LHC each.

### Improper use of patients' cash

A documentary for the TV programme Scottish Eye has claimed that mental hospitals are using money that they hold in trust for "incompetent patients" to purchase equipment. Two years ago it was estimated that £67 million had accumulated in patients' accounts in England & Wales. Whereas in Scotland there are guidelines on the use of this money (it should not be used "to purchase goods or services that would normally be provided by the NHS"), in England & Wales there are none. **Independent on Sunday** 3 Mar 1991.

### Labour Party survey of CHCs

In a survey of almost 50 CHCs by Robin Cook, the Labour Party's spokesperson on health, reductions in services were reported in all but four of the authorities concerned. The cuts are blamed on the insistence of ministers that health authorities have a "clear balance sheet" when the NHS reforms are introduced in April. **Daily Telegraph** 4 Mar 1991.

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### FROM THE JOURNALS

#### Birth defects and maternal age

Researchers in Canada have conducted a study of the relationship between the incidence of birth defects and maternal age. In Canada, just as in the UK and other countries in Western Europe, an increasing proportion of births are to women aged 35 years or more. Although there is great deal of information on the risks of chromosomal disorders (such as Down's Syndrome), "no adequate population-based data on age-related risks for other defects are available". The Canadian study looked at 27,000 infants with a birth defect of unknown cause. Earlier research had implicated advancing maternal age as a factor in infant cardiac defects, malformations of the digestive system, infantile autism and dyslexia. All these studies fail to exclude chromosomal disorders, however (e.g. cardiac defects are commonly associated with Down's Syndrome). The 27,000 births examined in the Canadian study comprised 4.7% of their total sample, and so 4.7% is the figure given for the risk of a birth defect of unknown cause. The defects were broken down into 43 categories, and only three of these showed any significant association with maternal

age; their incidence declined with advancing age. **Lancet** 2 Mar 1991.

### GPs and mental health

The Departments of General Practice and Psychiatry at St. George's Hospital in London have conducted a postal survey of the attitudes of GPs in the South West Thames Region to the care of long term mentally ill patients living in the community. 369 GPs responded to the questionnaire. The majority of these estimated that there were 10 or fewer long term mentally ill patients on their lists. Practices with higher numbers of such patients on their lists were no more likely to have community psychiatric nurses, social workers or clinical psychologists working "on site" than those with fewer patients. 333 GPs would agree to share the care of long term mentally ill patients with psychiatrists by taking responsibility for physical problems. Only 59 would agree to act as a key worker (the Royal College of Psychiatrists recommends that patients should be discharged to a GP only when aftercare is no longer necessary; in the meantime care should be delegated to a key worker). "There was an almost complete lack of specific practice policies for the care of long term mentally ill patients. This may contribute to the suggested tendency of GPs to participate in the care of disabled patients in the community only in times of crisis." Would these patients benefit if GPs instituted a policy of active regular review?  
**BMJ** 2 Mar 1991.

### Second opinions

In October last year the College of Health asked 2,338 adults about second medical opinions. Nearly one in five of those interviewed said that they had wanted a second opinion, either for themselves or for a dependant, in the previous two years. Only a third of these had actually asked for one. 80% of those who asked for a second opinion received one. **Which? Way to Health** Feb 1991.

### Hospital infection in mattresses

A letter in the **Lancet** (23 Feb 1991) reports on an outbreak of Staphylococcus infection that was eventually traced to dirty mattresses. The outbreak lasted eleven months and affected 82 mothers and 28 babies in a 33-bed postnatal ward. Guidelines on the purchase, cleaning, disinfection and maintenance of mattresses and bed covers have now been issued by Thanet DGH. The correspondents recommend that all hospitals should adopt such guidelines if similar outbreaks are to be prevented.

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## AROUND THE CHCs

Ealing CHC recently encountered a loophole in management safeguards for patient confidentiality. People who have received psychiatric hospital treatment are eligible to claim a rebate on their poll tax for each day spent in hospital. A hospital in Ealing was sending lists of patients' names and addresses directly to the local authority without first obtaining patient consent. After the CHC pointed out that it would be better practice to give patients an opportunity to decide whether they wanted to claim a rebate, hospital managers have stopped sending the lists to the local authority.

In December 1990, members of Southend District CHC made a late evening visit to a local hospital in order to test security measures. The visit was kept secret from all hospital staff except for one senior manager. Members were "shocked and very concerned" at the lack of proper security and the apparent inadequacy of the staffing levels. The CHC has now decided that security visits should be made a regular part of its visiting programme.

Following a seminar on monitoring residential and nursing home care, North West Herts CHC has set up a project to evaluate two sets of monitoring check lists and a training package for visitors. Participants (other CHCs and voluntary organisations) in the project are given an assessment form, which will form the basis of a project review in six month's time.

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## CHC PUBLICATIONS

Kidderminster CHC and Kidderminster Health Authority have published a report of a survey into the needs of local families who are caring for a relative with a mental handicap. "What we need..." is based on the views of 136 families in the Kidderminster District. The questionnaire used in the survey was designed to discover unmet needs, to ascertain what use was made by families of existing services, and to measure satisfaction with these services. Because of the small size of the sample, the report stresses that it can be of only limited use to planners of services. Nonetheless it does go some way towards establishing "a clear picture of the needs of families with a mentally handicapped relative who lives at home". "The overwhelming need identified by this survey is for more information on what services are available and how to obtain them."

Worthing & District CHC has completed a study of consumer satisfaction among attenders at NHS out-patient clinics in the Worthing District. "What do the patients think of the service they receive whilst attending their local out-patient department? Are they treated with respect and courtesy....? Is the customer getting what he or she wants, and how can we improve these services?" The main problems to which the CHC drew the health authority's attention were: the large number of people (17%) who had waited more than 13 weeks for an appointment after their GP referral; the frequent failure to provide an explanatory leaflet with an appointment card; waiting times in the clinic; and the uncomfortable waiting area. The CHC's comments are based as much on the failure to achieve nationally set standards as on the declared dissatisfaction of the patients.

Sunderland CHC, in conjunction with the district health authority and the family services health authority, has conducted a survey of the use that the public make of the A & E department at Sunderland General Hospital. "Whilst many patients felt hospital is the most appropriate place to tend minor injuries caused by accidents at home, work and school, most illnesses or injuries, like minor cuts or abrasions, particularly those more than 48 hours old, are not classed as emergencies and can usually best be treated by a GP." The Sunderland survey estimates that 60% of the attendances at the A & E department over a three week period could have been dealt with by a GP. "If only 20% of the 85,000 patients who visit the department each year visited their GPs instead, the funds spent on treating their minor ailments could have paid for 600 orthopaedic operations or 925 eye operations." The CHC has now joined a steering group which is planning an extensive public education programme on the respective roles of hospital and general practitioner services.

**Patterns of take up and attitudes towards smear tests in the County of Cleveland** is a North Tees CHC study. It aims "to identify and explore what women feel about the smear test, cervical cancer and health promotion messages". The project report is based on meetings held in nine different discussion groups contacted or set up by the CHC, and also on two sets of questionnaire interviews. The report is enthusiastic about the use of the discussion group technique, and goes so far as to suggest that the questionnaires should be seen primarily as checks on the results of the discussion groups.

Warrington CHC's major project for 1990 was a **Survey of general practitioner services in Warrington**. 13 of the 28 practices in the district participated in the study. Just under 4,000 questionnaires were distributed to patients, and there was a response rate of 57%. The CHC found a "very high level of patient satisfaction" with GP services in Warrington. "The improvement in practice premises and the wide range of services now provided by practice staff, nurses, health visitors, physiotherapists etc have made a significant contribution to the

high level of patient satisfaction." The CHC commented that it was "encouraged by the increased emphasis on preventative medicine and health education..." There are 12 pages of mainly laudatory patient comments appended to the report. When criticisms occur, they refer usually to appointment systems and opening hours.

During the period September 1990 to January 1991, members of Central Birmingham CHC carried out "an informal investigation" of hospital discharge procedures in the Central Birmingham District. "Members spoke informally to both staff and patients in most of the units in the district", and their "impressions" have been collected together in a brief report. Because of the limitations of the approach adopted by the CHC, the report does no more than highlight areas of concern. These include the problems of early discharge and occasional breakdowns in communication between health professionals and social services.

At the beginning of its new report, **Marketing the community health council**, Leeds East CHC claims that health provision is seen as "a very lucrative area by 'professional' agencies specialising in marketing, consultancy and research, and it is being targeted as such. To secure their role in the future, it will be necessary for CHCs to present themselves in a way that compares favourably with the temptations offered by these bodies.." To hold off this commercial competition, CHCs will need to justify their claim to be the "definitive representative consumer voice". The best way of justifying the claim is to do the work more effectively than anyone else. And this requires that CHCs should "know their market". What is needed therefore is a well-considered "marketing exercise".

Winchester CHC has published **A guide to positive mental health services in the Winchester Health District**. The guide covers both statutory and non-statutory services.

Southend CHC has produced a **Local health directory** for Southend, Rochford and Castle Point. The directory usefully includes a series of hand-drawn maps giving the location of GP surgeries, opticians, chemists, and dentists. Also from Southend is a guide to **Good practices in mental health** in the district.

**Services for older people and their carers in the Kettering Health District** is a directory of services published by Kettering CHC.

Tower Hamlets CHC has produced a summary of the surveys carried out at the A & E departments at the Royal London Hospitals in Mile End and Whitechapel. The summary consists of tabulated results without commentary or analysis.



## GENERAL PUBLICATIONS

In **Health services for adults with physical disabilities**, the Royal College of Physicians attempts to provide a comprehensive description of services available to adults with physical disabilities in England & Wales (East Anglia was the only non-participating region). 192 districts returned a completed questionnaire to the RCP. The survey gives an inventory of services, but does not examine "adequacy of provision or quality in terms of professional activity, outcome and benefit to the disabled person, nor efficiency in use of resources". The results, wherever possible, are compared with "agreed standards of provision", in particular those laid down as recommendations in the RCP's 1986 report **Physical disability in 1986 and beyond**. One issue of considerable interest to CHCs concerns the involvement of disabled people in the planning of services. "Just over half of all districts stated that disabled people, or their representatives, were involved in planning.....If disabled people's priorities are to be taken into account, the views of a wide range of disabled people should be sought. One means of doing this is through local councils of disabled people which are open to all the members of the major disability groups. Such councils can provide a forum for the discussion of common problems and of the provision of local facilities, and also provide a means for the appointment of disabled people themselves on planning committees and working groups." Available from the Royal College of Physicians, 11 St. Andrew's Place, London NW1 4LE. Price: £9.00 inc p&p.

In **Waiting for community care: implications of government policy for 1991**, MIND asks whether current policy can succeed in setting "community care on a new and more effective path in the 1990s". The report considers "(i) the problems of institutional care and the pressing need for change (ii) the strengths and weaknesses of the policy framework proposed by the government (iii) the impact of current policy on local services and on people with mental health problems and their carers (iv) the implications for 1991 and beyond". "If there were in place a comprehensive community care policy, then the social policies of different government departments would act together towards a commonly held set of goals. In MIND's view these goals should include transferring the focus of care from institutions...to a pattern of provision that offers ordinary opportunities first, backed by specialist mental health services wherever necessary. Instead we see a community care policy that is contradicted by health policy, hampered by policy inadequacies in the fields of housing, employment and social security, and subverted by policy on local government finance." The report ends with MIND's own policy agenda for the 1990s. Available from MIND Mail Order Service, 24-32 Stephenson Way, London NW1 2HD. Price: £3.95

**Beyond the limit: income support for elderly people in residential care and nursing homes** brings together the "substantial body of evidence from CABx throughout the country on the unacceptable levels of anxiety and hardship which have arisen as a consequence of the present system for funding residential and nursing home care for income support claimants". The report, published by the National Association of Citizen Advice Bureaux, recommends that, in view of the postponement of the community care legislation, various interim measures be taken to protect this vulnerable group of people. These include: "(i) income support rates should be set at levels which ensure that in all parts of the country there is a choice of residential care and nursing homes within income support limits; (ii) provision should be made for benefit levels to be topped up by the DSS where there is a shortfall between benefit levels and fees charged and the only alternative is for a resident to be forced to leave the home, and it is demonstrated that this would cause undue hardship; (iii) until such measures can be introduced, claimants should retain their existing entitlement to housing benefit, as this can avoid claimants having to face the consequences of an income support shortfall; (iv) more detailed guidance is required on how and in what circumstances, health authorities and local authorities should be exercising their responsibilities for providing residential and nursing home care, for example, on discharge from hospital". Available from NACAB, 115-123 Pentonville Rd., London N1 9LZ. Price £3.00.

**The health care consumer guide** "is about information; the information we all need to be active health care consumers". Written by Robert Gann, Director of the Help for Health Trust, this new guide takes its place in what appears to be an already crowded market. What are "active health care consumers"? They know how to look after their own health; they have a proper sense of their responsibilities to others in matters of health care - they want to participate, if only in a small way, in the formation of public policy; and finally, they know how to find their way around the health services that are available. Although Robert Gann's book tries to give due weight to each of these three aspects of "active consumerism", the lion's share of space and attention is given to the last of them - knowing how to use the services that are available. How do you change your doctor? Where do you go for family planning advice? When do you have to pay for dental treatment? What can you expect from social services? What are the best books on AIDS? Can you refuse medical treatment? How do you get on the shortest waiting list? These are the sorts of questions which the guide answers in its seven sections: self care; general practice and family health; care in the community; going into hospital; making special choices; using health services abroad; finding health service information. Published by Faber. Price £7.99.

**In a terminal condition?** was commissioned from the Greater London Association of CHCs by the Association of London Authorities. The report, based mainly on a telephone survey of

London CHCs, aims to provide a 'snapshot' of what present financial pressures mean for services in London's health districts. "One of the most striking features of the survey was the degree of depression CHC secretaries felt about conditions in their districts. Although CHCs may have the reputation of being the NHS's 'licensed moaners', the frequency with which districts were described as being 'in crisis' or 'in chaos' or 'in a worse position than ever before' was too great to be ignored." Available from ALA, 36 Old Queen St., London SW1H 9JF. Price: £5.00 (& .50p P&P)

**Curing the tobacco economy** is a report of a joint study undertaken by Sandwell Health Authority and the National Association of Health Authorities and Trusts. The aims of the study were to discover the extent to which employment in Sandwell relied on tobacco sales, and how the authority could pursue anti-smoking policies and campaigns without weakening the local economy. The report estimates that between 300 and 400 jobs in Sandwell's retail and distribution sector are currently dependent upon tobacco sales. "However, these jobs would be largely unaffected as a consequence of any further decline in the demand for tobacco, as expenditure is shifted to other products." "Health authorities should set up tobacco task forces in conjunction with other agencies to help promote a smoking-free economy and to help local retailers withstand the impact of falling tobacco sales." Available from NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ. Price £8.00.

Also from the National Association of Health Authorities and Trusts is **Partners in health: the NHS and the independent sector**. The report examines in considerable detail the current state of co-operation and competition in the provision of acute services between the NHS and the independent sector. The "independent healthcare sector" is interpreted in its broadest sense to incorporate the "contributions of a whole range of commercial and voluntary organisations which impact upon the NHS". The general drift of the report is to welcome these contributions provided that they are subject to proper regulation, accreditation and assessment. Available from: NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ. Price: £12.00

**Family planning and family well-being**, a report from the Family Policy Studies Centre, traces the development of family planning from its beginnings to the present day and assesses its contribution to family welfare. The study aims to present a concise review of the social impact of family planning in the UK. Published in association with the Family Planning Association. Available from the FPA, 27-35 Mortimer St., London W1N 7RJ. Price £5.50.

**Women, HIV, drugs: practical issues** (ed. Sheila Henderson) "aims to draw women and HIV issues to the attention of providers of

services for past or present users of illicit drugs. It spells out some of the implications of such issues for policy and practice in drugs work...and practitioners from a range of services discuss the issues as they arise in their area of work - focussing upon innovative developments where possible."

Available from Institute for the Study of Drug Dependency, 1 Hatton Place, London EC1N 8ND. Price £4.95.

**Health authorities: a closed area of government?** is published by Community Rights Project. Questionnaires were sent to the 14 Regional and 199 District Health Authorities in England & Wales asking them about the way they conducted authority business. 94% responded. How much business goes on behind closed doors? "The conclusion has to be that secrecy is endemic in the conduct of health authority business. Apart from one or two exceptions there is no indication that, despite government exhortations, health authorities are considering, let alone attempting to adopt greater public openness in their decision making process". The report ends with a series of guidelines, based on examples of good practice followed by at least one health authority. And if a guideline can be followed by one authority, then why not by all? If all the guidelines were adopted by all authorities, they would be able to conduct their business with that degree of openness required for proper democratic accountability. **Health authorities: a closed area of government** is available from the Community Rights Project and the Community Advisory Group, South Thames Studios, 5-11 Lavington St., London SE1 0NZ. Price: 50p.

**The early days of grieving**, a booklet written by Derek Nuttall, former director of Cruse, offers support, explanation and information for the bereaved person. "It raises problems and questions that bereaved people typically face at this time, and then offers answers which can help them to begin to come to terms with their loss." Price £2.50 from bookshops.

**Dealing with death in hospital** is a report from the King Edwards Hospital Fund for London. It aims to provide bereavement officers and other hospital staff with a comprehensive guide to the legal and administrative requirements which surround the death of a person in hospital and with advice on offering assistance and support to bereaved relatives. Available from King's Fund Publishing Office, 14 Palace Court, London W2 4HT. Price £7.50.

In Glasgow last September, the Public Health Alliance held a conference "to explore the relationship between public health and Europe". The conference papers and subsequent discussions are collected in **1992 The people's health - who's in charge?** What goals should be set by a pan-European public health policy? Available from the PHA, Rm 204, Snow Hill House, 10-15 Livery St., Birmingham B3 2NU. Price £3.00.

MIND South East have produced a **User involvement information pack**. Designed as an introductory pack which could form the basis of a workshop, it offers for consideration a series of questions about user involvement. Why is it a good idea? What is it? How it is to be carried through? Available from MIND Publications Mail Order Service, 4th Floor, 24-32 Stephenson Way, London NW1 2HD. Tel: 01-387 9126. Price: £5.00 (inc P&P)

The National Community Health Resource has produced a bibliography of **Selected references on black and minority ethnic health issues**. The bibliography, which lists 70 items, covers academic literature, journal articles, reports from voluntary organisations and reports from various statutory bodies. Available from NCHR, 57 Chalton St., London NW1 1HU. Price £3.50.

**The voluntary agencies directory 1991**, published for the National Council for Voluntary Organisations, by Bedford Square Press, lists and briefly describes around 2,000 voluntary organisations. Organisations are included in the directory only if they are "countrywide in character or regarded as leading bodies in their field". The term 'voluntary agency' is interpreted broadly enough to include ACHCEW. Available from Bedford Square Press, 26 Bedford Square, London WC1B 3HU. Price £10.95.

**The London HIV/AIDS voluntary sector resource handbook** lists over 40 projects working in London on HIV/AIDS issues. Entries provide details of where projects are based, the communities they work with, the policy areas on which they hold information, and the resources and services they offer. Available from London Voluntary Service Council, 68 Chalton St., London NW1 1JR. Price £3.50 v/o's and £6.50 statutory sector organisations.

The Midwives Information and Resource Service (MIDIRS) has published a 1991 edition of its **Directory of Maternity Organisations**. The directory lists over 300 organisations in the United Kingdom, from both the statutory and the voluntary sector. Organisations are included if they "are of relevance to midwives, childbirth educators, health visitors, general practitioners, neonatal nurses, obstetricians or anyone concerned with the care of women and their babies". All entries provide a contact name and address, a description of the aims of the organisation and details of the help it offers. Available from MIDIRS, Institute of Child Health, Royal Hospital for Sick Children, St. Michael's Hill, Bristol BS2 8BJ. Price £4.45 (inc. p&p).

**Dental care in retirement** is No.5 in the Age Concern Fact Sheet series. It provides basic information on the new dental contract, finding a dentist, the community dental services, registration, payment, complaints, denture problems and

prevention of dental ill-health. Available from Age Concern, Astral House, 1268 London Rd., London SW16 4EJ. Single copies are free. Bulk orders cost 13p per copy for v/o's, 26p for other organisations.

The Women's Environmental Network (WEN) has produced an information pack on the safety of tampons and the environmental problems caused by their production and disposal. For copies of the information pack or details of the **Tampon Safety Campaign**, contact WEN, 287 City Rd., London EC1V 1LA.

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## OFFICIAL PUBLICATIONS

### Priorities for FHSAs

"Despite the incontestable improvements in Family Health Services Authority management, the full range of wholly appropriate aspirations that general managers and others have for FHSAs cannot all be met at the desired pace." Prepared by Yorkshire Regional Health Authority and endorsed by the NHS Management Executive, **FHSAs.....today's and tomorrow's priorities** "outlines a process, and criteria, which might be useful in establishing local priorities and sharing the outcome of regional discussion more widely". The core of the report is a description of four different organisational models which could be used to direct the future development of FHSAs. The first of these models is called the 'dynamic status quo'; the FHSA will have two roles, as a commissioning authority and an overseer of contracts. All the other models assume some kind of integration with DHA functions. The report concludes by listing 'key management principles' for the evaluation of alternative models for FHSAs: "a better informed public; a healthier population; assured quality; an effective interface between providers; an effective interface between purchasing functions; the provision of clear strategic direction, reinforced by flexible deployment of resources; and primary care as the principal focus of responsibility". "It is proposed that Regional Health Authorities coordinate wide local discussion of the four organisational models, and others that might emerge, taking account of the 'key management principles' - which should themselves be refined locally." Available from Ms Constantine, Department of Health, 158-176 Great Portland Street, W1N 5TB  
Price: FREE

### Integrated care

The NHS Management Exexecutive has produced a short discussion paper on **Integrating primary and secondary care**. Since the Government is soon to publish a consultation document on health

promotion and disease prevention, and since the primary care sector will have "a central part in the resulting programme of action", the NHSME has decided that "it is essential that the NHS moves rapidly to take advantage of the opportunities presented by the reforms to develop a more integrated approach to health care and an effective balance between prevention and treatment, and primary and secondary care". The discussion paper lists "areas of concern" such as nursing in the community, medical audit, dental services, information systems etc., where the NHSME "wishes to carry forward .....the development of more integrated care". Available from Ms Constantine, Department of Health, 158-176 Great Portland Street, W1N 5TB Price: FREE

### NHS outpatient services

In its recent report on **NHS outpatient services**, the National Audit Office acknowledges "that outpatient management problems have been recognised for many years. But no lasting solutions have been found. The DH and local management are now tackling some of the deep rooted concerns associated with the outpatient service; and are taking measures to improve the quality of services provided." None of this gives the NAO cause for complacency however, and it makes several recommendations for the improvement of the planning, management and quality of services. Health authorities should: "ensure that contracts for O/P services are planned and reviewed against assessments of local health needs and indicators of cost-effectiveness; set targets for waiting times for first non-urgent appointment by speciality or condition; ensure that hospitals and GPs take action to reduce inappropriate attendances through, where possible, agreeing and carefully introducing protocols for care which set out their respective roles". Hospitals should: "establish structures with authority for the management of those services which are common to two or more clinics; review the need for, and current use of, O/P staff, especially nurses; periodically investigate the reasons for patients' failure to attend clinics; establish strategies for quality assurance which include targets and monitoring whilst recognising the resource implications; take steps to reduce waiting times in clinics." Available from HMSO (071) 873 9090 Price £6.70.

### Mental Health Act leaflets

Hospital and mental nursing home managers are required by law to ensure that patients detained under the Mental Act 1983 receive a clear explanation of the legal reasons for, and their right of appeal against, the detention. In order to help managers comply with the Act, the Department of Health has produced a series of patient information leaflets. These are now available in the following ethnic minority languages: Chinese (Cantonese), Hindi, Polish, Punjabi and Vietnamese. Translations into Gujarati, Urdu and Bengali are currently in preparation. Copies of the leaflets are available from the Health Publications Unit, Eileen House, 80-94 Newington Causeway, London SE1 6EF.

### Free Sight Test Campaign Leaflets and Posters

In February the Department of Health launched a publicity campaign targeting those people who are eligible for free NHS sight tests. The leaflets accompanying the 6 week campaign are available in Welsh, in six Asian languages and there is a large print size leaflet for people who are partially sighted. Available from the General Ophthalmic Services Section, Department of Health, 158-176 Greet Portland Street, W1N 5TB.

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### FROM THE VOLUNTARY SECTOR

The Help for Health Trust has moved its offices to Highcroft Cottage, Romsey Rd., Winchester SO22 5DH. The Help for Health telephone number for general enquiries and requests for information on self-help groups, patient information etc. has been changed to: 0962 849000.

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### INFORMATION WANTED

ACHCEW would like to hear from CHCs who are aware of local problems in student health services or GP services available for students. Are there any problems that arise from staff at student health centres being university employees and not directly responsible to a GP?

Salford CHC would like information from other CHCs who have carried out work on the following topics: (1) information given to pregnant women on their choices in childbirth and maternity care; (2) user involvement, advocacy, and self-advocacy for people being moved out of psychiatric hospitals into the community; (3) the run-down or withdrawal of services such as maintenance, cleaning and safety in hospitals which are due for closure.

Oldham CHC would welcome copies of leaflets produced by CHCs concerning the establishment of NHS Trusts in their districts.

Hounslow & Spelthorne CHC wants to hear from other CHCs who have examples of (1) outpatient department handbooks or leaflets (2) good practices in outpatient departments.



Northumberland CHC has begun a new research project in partnership with the District Health Authority. One part of the project will consider ways of improving the CHC's visiting programme, so that maximum use can be made of feedback from visits. The project also aims to develop a local charter for patients using Northumberland's health services. If any CHCs have already devised a local charter, or have useful examples of good practice on CHC visiting, Northumberland CHC would like to hear from them.

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### FORTHCOMING EVENTS

On 10th October 1991 there will be a symposium at the Royal Society of Medicine, London on **Benzodiazepines into the 1990s**. Fee: £65. For further information and registration forms please contact the organisers Hamlin & Hammersley, Southbank, Grants Lane, Wedmore, Somerset BS28 4EA. Tel: 0934 713040.

Basildon & Thurrock CHC is holding a seminar and exhibition for **Deaf Awareness Day** on 25th March 1991. A charge of £6 per delegate will be made for attendance at the seminar. For further information, contact Basildon & Thurrock CHC, Draycott, 243a Long Lane, Grays, Essex RM16 2PY. Tel: 0375 390570.

**The National Public Health Conference** is organised by the West Midlands Regional Health Authority, the Public Health Alliance and the Institute of Public Health. Date: 18th & 19th April 1991. Venue: Birmingham University. Fee: £80. For further information write to Melody Bridges, Health Promotion Unit, West Midlands RHA, Arthur Thompson House, 146 Hagley Rd., Birmingham B16 9PA. Tel: 021-456 1444 x1593

The 1991 conference of the National Society of Health Education and Health Promotion Officers will be held at Hatfield Polytechnic on 3rd & 4th April. The theme of the conference is **Health promotion in the 1990s - where to?**. Cost: residential - £90 for non-members; non-residential - £50 for non-members. For further information write to Douglas Guest, Barnet Health Promotion Unit, Oak Lane Clinic, Oak Lane, London N2 8CT. Tel: 081-346 9371.

The Disability Alliance training programme for Spring 1991 begins on 2nd May. Courses cover medical appeal tribunals, attendance allowance reviews, incapacity for work, disability benefit changes and EC social security law. The courses are individually priced and will all be held in the 336 Conference Centre, 336 Brixton Rd., London SW9. For further information contact

Disability Alliance ERA, 1st Floor, Universal House, 88 Wentworth Rd., London E1 7SA. Tel: 071-247 8776.

ACHCEW is arranging a third one day radio training course at Hillside Studios, Hertfordshire. There are 7 more places available on the course which will be held in May/June. To book a place on this course, please contact Lorna Ryan, ACHCEW.

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#### DIRECTORY CHANGES

Page 1      Hartlepool CHC  
             Chief Officer: J E Wilson

Page 12     Newham CHC  
             New address from 25/03/91  
             430 Barking Road  
             Plaistow  
             London E13 8AL  
             Tel: (071) 511 5665

Page 20     Gloucester CHC  
             Fax: (0452) 380751

Page 25     Macclesfield CHC  
             Tel: (0625) 420267

Page 30     Arfon-Dwyfor CHC  
             Secretary: Mr Dewi Llewelyn-Davies