

Community Health News

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COMMUNITY HEALTH

News

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

· FOR · ENGLAND · & · WALES

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NEWS

Health authority refuses to pay for operation

A woman due to have a sterilisation operation at Guy's Hospital in London has been told that the operation will not go ahead since her 'home' authority, South East Kent, will not pay for it. For the last four years, SE Kent has provided sterilisation operations in its own hospitals only if they are required for reasons deemed medical rather than social. People who want the operation for what are judged to be non-medical reasons must therefore be referred to hospitals outside the district. However, SE Kent has no contract with Guy's for gynaecology and declined to make a one-off, extra-contractual payment, in this case. **Guardian** 11 April 1991

Queue jumping for cancer treatment

The Christie Hospital in Manchester, one of the new self-governing trusts, has informed 26 health authorities that their patients will be promised a bed within 14 days if they make a payment towards the re-opening and maintenance of an 18 bed ward. This promise compares with a 'normal' wait of as long as 6 weeks for non-emergency treatment. The Christie's action was quickly criticised as an example of the kind of unfairness which had been feared as a likely outcome of the NHS reforms. The Secretary of State, William Waldegrave, responded by saying that "no one will be worse off. It seems to be an easy thing to defend." **Independent** 27 March 1991

However, plans to reopen the cancer ward appear to have run aground according to the **Health Service Journal** which reported on 11 April 1991 that to date the trust chief executive had only received one firm "yes" to the above plan.

GP referral restrictions

Surrey Local Medical Committee has been told by South West Thames RHA that GPs would no longer have open access to services outside district borders. The General Medical Services Committee of the BMA subsequently urged doctors to report any breach of official promises by health authorities that existing referral patterns would be honoured during the first year of the NHS reforms. **Pulse** 23 March 1991

Booking system for surgery

The South West Regional Health Authority wants to replace waiting lists for elective surgery with a booking system which will give patients a firm date for admission. The plans, which have been devised by two advisory committees of consultants and family doctors, are contained in a recently published consultation

document **Providing high quality services: elective admissions.** Patients will either be booked directly for admission; or booked for pre-admission clinics; or invited to join a short-notice call list, which will guarantee admission with a specified time; or given an outpatients' appointment for further review; or referred back to their GP.

Independent 3 April 1991

Single women and infertility treatment

In the wake of the recent splash made in the media by "virgin births", the Human Fertilisation and Embryology Authority published a draft code of practice which lays down guidelines for the provision of infertility treatment and the conduct of research on embryos. The media's interest in the code centred, unsurprisingly, on proposed guidance concerning women who do not have a male partner, but who nonetheless want to conceive a child. There is nothing in the draft code which explicitly denies such women access to appropriate treatment. The decision on treatment will rest with specialist doctors and counsellors, who are expected to take into account the ability of a prospective mother adequately to meet a child's needs. The code of practice is intended to prevent the exploitation of infertile patients by unscrupulous private clinics and to protect children born with the aid of in vitro techniques. **Independent** 22 March 1991

Physical signs of sexual abuse in children

The Royal College of Physicians has published the report of working party which aims to provide national standards for the examination of children for physical signs of sexual abuse. At the launch of the report, the honorary secretary of the working party said that the report was "a consensus view of the amount of significance which may be given to physical signs, which may be subtle, which may be suspicious, and which in a few cases may be diagnostic". According to the RCP, the only physical signs which are strictly diagnostic are pregnancy and the presence of semen. All other physical signs have to be interpreted in the light of other evidence, including the views of social workers and the declarations of the child. **Independent** 11 April 1991

Buying social services

The Department has initiated a study to consider the feasibility of GPs holding budgets which would enable them to purchase social services as well as medical care on behalf of their patients. **Parliamentary Health Care Monitor** 28 March 1991

PARLIAMENTARY NEWS

Health for all

The Government has announced its intention to publish a Green Paper on strategies for health promotion and disease prevention. It is expected that the consultation paper will outline the steps that need to be taken in order to meet the targets set in the World Health Organisation strategy on Health For All By The Year 2000. The "national health strategy" will not be the sole responsibility of the Department of Health, but will require a coordination of effort by all government departments whose actions have an impact on people's health. **Independent 2 April 1991**

Education in hospitals

Harriet Harman MP has presented a private member's bill to make arrangements for the education of children in hospitals in London. **Hansard 25 March 1991**

FROM THE JOURNALS

Health promotion and ethnic minorities

Can health education increase uptake of cervical smear testing among Asian women? In a study of 337 randomly selected Asian women aged between 16 and 50 years, researchers from the General Practice Unit at Leicester University's Department of Community Health found that only 35% of the women at risk had ever had a cervical smear test. This low rate of uptake is about one half that of the indigenous population. In order to determine the effects of health education on this rate of uptake, three different methods of providing health education were studied using a second and larger sample of women. The sample was divided into four groups: 263 women were visited and shown a video; 219 were visited and shown a leaflet and fact sheet; 131 received a leaflet and fact sheet by post; and 124 were not contacted at all. "Personal visits were the most effective method irrespective of the type of health education material used, but there was some evidence that home viewed videos may be particularly effective in one of the most hard to reach groups: Urdu speaking, Pakistani Moslems." The authors suggest that the costs of personal instruction might not be prohibitive if efforts were concentrated on those women who had failed to respond to postal invitations. (**BMJ 6 April 1991 p838-836**).

An editorial in the same BMJ issue cites a recent study of the health education material which accompanies invitations for cervical screening. Of the 97 health authorities who provide leaflets along with their invitation for screening, only five provided special material for ethnic minority women. The editorial concludes that "health authorities should consider employing specialist health education officers for ethnic minorities. More health education officers should be drawn from ethnic minorities and all health education officers, regardless of ethnic background, should receive relevant training. More research is needed into what are appropriate methods of health education."

AROUND THE CHCs

East Herts CHC

"Promoting a better service" is a patients' charter that has been jointly agreed by East Herts CHC and East Herts Health Authority. Launched on 15th March with the aid of TV presenter Barry Norman, the charter will be included as part of the specifications for patient service contracts under the NHS reforms. Promoting a better service is based on the Patients' Charter published by ACHCEW in 1986.

Redbridge CHC

The CHC reports that they are often confounded by the names given to clinics and wards in the health service, which seem to have no relevance whatsoever to what they do. Their latest example which they found completely baffling was, "The Marie Celeste Samaritan Society". This, believe it or not, turned out to be the shoe clinic at the Royal London Hospital.

CHC PUBLICATIONS

Contracts in the NHS: a practical guide for community health councils is a report of a project undertaken by Ealing CHC. The aim of the project was to draw up guidelines for "the inclusion of consumer needs in contracts" and to make recommendations for the monitoring of subsequent services. Some of the questions

which the project sets out to answer have concerned CHCs since they were first established. As advocates not just of individuals but also of the community, what is it that they should communicate to the health authority? Points of user dissatisfaction? The extent of unmet need? Desires for change or the reshaping of priorities? Having asked about the content of the "consumer viewpoint", the report goes on to consider how it is to be incorporated into the contractual requirements of the NHS reforms. How far should CHCs involve themselves in the contracting process? How are contracts to be monitored and how are CHCs to participate in monitoring? The report includes as appendices 10 separate checklists specifying "consumer items" to be included in different types of contract. First copies are free to all CHCs and further copies are £1.00 plus postage. (North West Thames CHCs may have up to 10 free copies each as the money for doing the report came from NWT CHCs development money).

Salford CHC, in a report on Salford Health Authority Child Health Clinics, has called for "fundamental changes in the provision of health services to young children in the city". The results of the survey on which the report is based suggest that "child health services are used mainly for children in the first 12-18 months of life, with an apparent decline in take-up after this age. It is also possible that, as elsewhere, those children who do attend clinics tend to be those with the fewest health problems, and that many preventable or treatable diseases are difficult to recognise before the age of 18 months." Because of the possibility that the health care system may be "missing those children with the greatest health needs", the CHC has recommended that "health visitors should have more autonomy than they have at present and that they should spend more time in the community, away from clinics and surgeries".

Discharged with haste - what was the outcome? is a short report of a survey by Croydon CHC. The report describes the arrangements made for the future care of a group of dependent elderly patients when Croydon General Hospital closed in 1990. The CHC is very critical of the health authority's reliance on private nursing homes which in its judgement failed to provide adequate care. It therefore recommends that the "establishment of an NHS nursing home should be high on the agenda for consideration".

Is there life after Griffiths? is a report of a conference organised by Waltham Forest CHC, Waltham Forest Association for People with Disabilities and Waltham Forest Disability Information and Advice Line. The aim of the conference, described by the organisers as "an exciting example of user empowerment", was to provide local disabled people with an opportunity to express their views on care in the community.

In January this year Southend CHC conducted several 'travel day' surveys in order to find out what kinds of difficulty people experienced in travelling to the local general hospital. "As the number of people who have day surgery increases, and as in-patient stays get shorter, patients who attend O/P clinics after hospital treatment are likely to be less well than has been the case in the past. They are less likely to be able to drive themselves, so more patients will be taken to hospital by other people, and more of those who have no-one to take them will be dependent on public transport and taxis." The pressures are increasing on both the public transport network and car parking facilities for the private car owner. The CHC urges the health authority to take action in order to prevent further deterioration in access to the hospital. "One comment seemed to sum up the views of most of those we talked to: 'There's a dire need to improve public transport and facilities for car users.'"

Riverside CHC has conducted a survey of local GPs to find out what impact has been made by recent bed closures in the district. CHC Secretary Sue Towns said that "local GPs have confirmed the message we are receiving from the community about the crisis in health care in Riverside". 80% of the doctors who replied to the questionnaire reported serious difficulties in relation to admissions, waiting lists, outpatient appointments and discharge arrangements. The most commonly reported problem was early discharge.

Eastbourne CHC has compiled a leaflet for women who are about to have, or have had, a hysterectomy - **You are having a hysterectomy: your questions answered.**

OFFICIAL PUBLICATIONS

Reports from the Comptroller and Auditor General

In 1987 a report by the National Audit Office concluded that NHS operating theatres were being used at much less than full capacity. After a similarly critical report from the Public Accounts Committee of the House of Commons, the Government formally accepted the need for action to make better use of theatres and to reduce waiting lists. The Department of Health had meanwhile initiated a study of theatre utilisation led by Professor Peter Bevan. In Use of National Health Service operating theatres in England: a progress report, the National Audit Office reviews the outcome of the Bevan study, which estimated that £100 million each year could be saved by improving the use made of operating theatres, and looks at the

emerging results of the DH waiting list initiative. The NAO judges that the NHS has "made good progress in implementing improvements in management utilisation of operating theatres". On the basis of available statistics however, it is impossible to quantify accurately the efficiency improvements that have been made. The inadequacy of current statistics is one of the factors that led the NAO to conclude that it is unlikely that operating theatres are being used as efficiently as possible. The waiting list initiative is acknowledged to have had some beneficial effects, most notably on the longest waiting lists. However "special funding is in the nature of a short term expedient and some of the benefits achieved have not been maintained where there have been subsequent restrictions on activity." Available from HMSO price £5.50

Health authorities and units spend some £100 million each year on telephone services. Capital expenditure accounts for an additional £15 million each year. Following a Public Accounts Committee report which expressed concern at the management of telecommunications in government departments, the National Audit Office decided to examine whether there was also scope for improvement in the management of NHS telephone services. The NAO visited nine health authorities to see whether they were following a clear telecommunications strategy (most were not); and whether they had established a clear managerial responsibility for telephone services (most had not); and finally whether they were monitoring the quality of telephone services and properly controlling their costs (improvements could be made). **Telephone services in the National Health Service** is available from HMSO price £4.40.

National Health Service administrative and clerical manpower presents the results of a National Audit Office enquiry into health authority procedures for: determining administrative and clerical manpower requirements; meeting these requirements; monitoring and controlling manpower numbers and costs. The NAO concludes that "the introduction of the NHS reforms in April 1991 will emphasise the need for better assessments of staffing requirements across and within manpower groups. To maximise value for money it will be essential for manpower levels and costs to be related directly to contracted patient activity." Most health authorities had no formal assessment procedure for determining the numbers and grades of staff they required. The proportion of the revenue budget spent on administrative and clerical manpower ranged from 5.7% in Northumberland to 12.4% in Camberwell. Available from HMSO price £6.60.

Social Services Select Committee

Public expenditure on health matters reprints a memorandum received from the Department of Health in response to a written questionnaire from the Committee. The memorandum updates statistics provided to the Committee in the previous year and

presents a detailed description and assessment of NHS expenditure. (HC-484 session 1989-90) Available from HMSO price £11.05.

GENERAL PUBLICATIONS

In a newly published report on **Housing and health** the British Medical Association affirms that there is a link between poorly heated, damp housing and ill health. Even more vulnerable to sickness are homeless people. The report argues that the Government has a responsibility to ensure that there is a sufficient quantity of housing to meet demand and also that no houses should be so poorly constructed that they threaten the health of the people who live in them. Current policies are failing in both respects. Available from: BMA, Tavistock Sq., London WC1H 9JR, price £7.95.

The future of consultation in the NHS - lessons from the creation of NHS trusts is a report commissioned by NALGO from the Greater London Association of CHCs and Health Rights. An earlier report, **Held in trust**, also commissioned by NALGO from GLACHC and Health Rights, was very critical of the consultation process on first-wave trust applications. These criticisms are now supplemented by recommendations on basic good practice for NHS consultations. "Consultation should be widely advertised, and should involve local community organisations; adequate time must be allowed, taking into account public holidays and the summer period; information should be easily understandable and readily available; the public should have access to all responses to consultation and the health authority should make a clear statement justifying its decisions." The report is available free of charge from: NALGO, 1 Mabledon Place, London WC1H 9AJ or GLACHC, 100 Park Village East, London NW1 3SR.

Who protects the consumer in community care? Lessons from North America. Written by Fedelma Winkler and published by the Greater London Association of CHCs, this report is "highly critical of the neglect of user interests in the current trend towards quasi-market solutions to health and welfare provision". "A fundamental challenge for the brave new world of the 1990s is to ensure that the basic rights of vulnerable people are properly protected in the increasingly mixed economy of welfare." What "quality safeguards" should be adopted in order to meet this challenge? Most of the report is devoted to a description and analysis of the exemplary safeguards developed at the Macomb Oakland Regional Centre in Michigan USA. The centre provides community-based services for children and adults with severe

learning disabilities. Available from: GLACHC, 100 Park Village East, London NW1 3SR, price £5.00.

Where's the care? is a report of an investigation into London's mental health services commissioned by COHSE and conducted by London Health Emergency. Proceeding district by district, LHE warns that "the low-profile, under-resourced mental health service is failing to meet demand, and will suffer further under the new NHS reforms". "This report shows how people with mental illness in London are being squeezed between the cash and capital crisis of the NHS and the cash crises of the poll tax-capped councils. While some real progress has been made in some districts, in others there is a retreat from any attempt at genuine community care." Copies of the report are available from: London Health Emergency, 446 Uxbridge Rd., London W12 0NS, price £10.00.

The **Consumer Congress directory 1991** lists and briefly describes the 138 organisations which are now members of the Congress. Established in 1975 and supported by the National Consumer Council, the Consumer Congress is a membership association for UK consumer organisations and provides a national forum for the discussion of consumer concerns. Available from: Consumer Congress, 20 Grosvenor Gdns, London SW1W 0DH, price £3.00.

The Association for General Practice Maternity Care was established in 1989 as a response to the decline of GP involvement in intrapartum care. **The case for general practice maternity care** critically examines "the evidence on which policy decisions to restrict intrapartum care to specialist units in district general hospitals have been based". To date, the debate concerning intrapartum care has concentrated almost exclusively on considerations of safety. "The most compelling evidence for the assumed superior safety of specialist units is the fall in maternal and perinatal mortality rates at the same time that hospital (in particular consultant unit) delivery rates rose. However the critical question is whether these two changes are causally related or merely coincidental." Considerations of cost and maternal satisfaction have received relatively little attention. The Association argues that all three factors should be taken into account and in doing so "presents the case for the continuation and active encouragement of general practice obstetrics". For further copies of the report contact: Dr. Gavin Young, Barn Croft Surgery, Temple Sowerby, Penrith, Cumbria CA10 1RZ.

"About one quarter of all deaths in the UK are due to cancers, and when deaths from other chronic diseases and those amongst the frail and elderly are added to this number, a large proportion of the population will end their days as 'terminally ill' patients." **Dying with dignity**, a report from the Office of Health Economics, describes the development of terminal care in the UK

and considers what little information is available about the costs and benefits of different approaches to its provision. Copies of the report are available from: OHE, 12 Whitehall, London SW1A 2DY, price £3.00.

Also published by the Office of Health Economics is **Factors influencing clinical decisions in general practice**. This publication brings together papers presented at a seminar in April 1990 to discuss variations in general practice prescribing habits, in medicine costs per head of population and in GP referral rates for specialist care. "The papers clearly demonstrate that to look at variations in prescribing and referral in isolation is meaningless. Unless it is known at what point clinical intervention is appropriate it is not possible, with any degree of certainty, to say whether a particular rate of prescribing is too high or too low." In **Patterns of prescribing**, a more recent report from the OHE, roughly the same ground is covered. "What has become clear from this paper is that average patterns of prescribing may differ significantly from optimal patterns. It would be dangerous to assume, for any therapeutic group, that the average rate is the correct rate, and therefore, attempts to shift current high prescribers to the average level may be strongly counterproductive in both clinical and economic terms." Prices are £7.50 and £3.00 respectively, available from OHE.

"The health implications of breathing other people's tobacco smoke (passive smoking) have become the subject of much scientific study and discussion in recent years. On the basis of a large body of research it can now be stated that passive smoking causes lung cancer in nonsmokers and serious respiratory illness in babies." **Passive smoking - a health hazard** summarises the evidence and discusses some strategies for tackling the problem. The report was financed by the Health Education Authority, the Cancer Research Campaign, the Imperial Cancer Research Fund, the British Heart Foundation, the Department of Health and the National Asthma Campaign. Copies are available from Passive Smoking PO Box 4RP, London W1A 4RP, price £3.95 (cheques payable to the BMA).

Words about action. Bulletin No.4 in National Association of Health Authorities and Trusts's serial review of services for black and ethnic minority people gives a summary account of the kind of care that health authorities should provide for people suffering from sickle cell anaemia and thalassaemia. **Haemoglobinopathies** costs £1.00 and is available from NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

One of the health authorities to have studied this issue in detail is City & Hackney. In 1987, as a result of a symposium which identified a considerable shortfall in local provision for people with sickle cell disease or thalassaemia, a multi-disciplinary working party was formed to devise a strategy for the improvement of services. **Strategies for the care of patients with sickle cell disease** includes recommendations on pain control and general clinical management as well as a Code of Practice for

Genetic Counselling of individuals at risk of having a haemoglobinopathy. City & Hackney has had a Sick Cell and Thalassaemia Information Centre since 1982. The centre now employs three counsellors and a health education worker.

Sickle cell disease: a guide for patients, carers and health workers by Dr. Ian Franklin, Consultant Haematologist at the Queen Elizabeth Hospital in Birmingham, offers a detailed but accessible description of the medical aspects of sickle cell disease. A glossary is provided to help with the more technical parts of the discussion. Published by Faber at £3.99.

Haematologists and counsellors working in the North East Thames region have produced a leaflet giving basic information about sickle cell and thalassaemia. The leaflet **Is sickle cell or thalassaemia your child's inheritance?** explains who is at risk of developing these blood disorders, what it means to be a carrier and where to go for advice. Copies of the leaflet (minimum orders 250) and an accompanying poster are available from Outset Publishing, Unit 8, Conqueror Industrial Estate, Moorhurst Rd., St. Leonard's-on-Sea, East Sussex TN38 9NA. Tel: 0424 854124.

The National Council for Voluntary Organisations, as a contribution to the development of "partnership in care" between the statutory sector, the voluntary sector and the private sector, is issuing a series of short briefing papers entitled **Working in partnership: NCVO Codes of Guidance**. No 1 in the series, **Community care plans**, "sets out principles to assist statutory authorities and voluntary organisations to develop community care plans which reflect the needs of the community and set out effective strategies for meeting them". **Contracting**, No 2 in the series, "addresses both the general and the specific implications of the move from grants to contracts and of the trend towards contracting out services from the statutory to the voluntary sector". Copies of the Codes of Guidance are available from NCVO's Inter-Agency Team, 26 Bedford Sq., London WC1B 3HU, price £2.00.

In **Changing the balance: power and people who use services**, NCVO's Community Care Project has brought together the views of people who use care and support services in the community. The main theme of this publication is a now familiar one, that people with physical disabilities or learning difficulties or mental health problems tend to be "disempowered" by the attitudes and expectations of service providers and others. "For users to have real power we have to stop thinking of people who use services as 'them', somehow set apart and less capable than the rest of 'us'. This change of attitude has to be apparent in our day to day contacts and at the point of service delivery. It also means realising that users themselves have a role in planning, managing and delivering services." Available from NCVO, 26 Bedford Sq., London WC1B 3HU, price £3.00.

The NHS Disablement Services Authority has been taken to task by the National Consumer Council in its report **Mobility matters**. The NCC, whose conclusions are based a review of previous surveys and testimony from groups such as RADAR and the Spinal Injuries Association, claims that the service, which provides wheelchairs and artificial limbs to disabled people, is desperately underfunded. With more money, people would get "the wheelchair that they need, rather than just the cheapest one". Unlike now, powered wheelchairs would be available everywhere in the country. Users would be enabled to exercise their "fundamental right of choice" between different kinds of chair or artificial limb. The NCC also calls for a clear and well publicised complaints system to be set up in each health authority, as well as users' groups offering counselling, information and support to users. Available from NCC, 20 Grosvenor Gdns, London SW1H 0DH, price £2.50.

The Social Research Unit at Manchester's Christie Hospital and Holt Radium Institute has published **A package to measure consumer satisfaction with breast screening**. The package has two sections, a manual describing how the survey should be conducted and a set of sample materials to be used in carrying it out. Available from: Social Research Unit, Department of Epidemiology and Social Oncology, Christie Hospital and Holt Radium Institute, Kinnaird Rd., Withington, Manchester M20 9QL. Price £19.95 (cheques payable to South Manchester Health Authority).

Management consultants Newchurch & Co. have begun the publication of a series of briefings on NHS trusts. The series builds upon the work carried out for the **Newchurch guide to NHS trusts** published in November 1990. No 2 in the series provides an overview of current developments including an analysis of the recently announced External Financing Limits. For further information contact Newchurch & Co Ltd., Porters North, 8 Crinian St., London N1 9SQ. Tel: 071-833 8899.

According to The Association of Stammerers, there are as many as 65,000 people in London who stammer. **Speech therapy provision for stammerers in the Greater London area** describes where and when therapy is available for stammerers. The association intends soon to carry out a nationwide survey similar to the London one. For further information or copies of the directory, contact Peter Cartwright, ASF, St. Margaret's House, 21 Old Ford Rd., London E29Pl. Tel: 081-983 1003.

Look after your heart is a programme to prevent heart disease and encourage healthier lifestyles promoted by the Health Education Authority and the Department of Health. To support the programme the Health Education Authority has published **Beating heart disease in the 1990s: a strategy for 1990-1995** and a pack of **Workplace action plans** on alcohol, smoking, physical activity, nutrition and stress.

Also new from the HEA are two booklets on **Smoking and pollution** published as part of the Family Smoking Education Project. For further information on these and other recent health education materials contact: Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX.

FROM THE VOLUNTARY SECTOR

Release is moving its offices to 388 Old St., London EC1V 9LT. The new telephone no. for administration and publication enquiries is 071-729 5255. The office hours advice line also has a new number. It is now: 071-729 9904. The 24 hour helpline remains unchanged: 071-603 8654.

The Restricted Growth Association (RGA) is a self-help organisation which provides information resources, medical advice, support services and social contacts for people of restricted growth and for families with an affected child. There are more than 200 medical disorders which may cause abnormally short stature. They are all rare. The majority of RGA members have bone growth disorders which result in the body not only being of short stature but also disproportionate in the relationship between the size of the limbs, trunk and head. For further information about the RGA please contact: Mrs Tina Webb, 103 St. Thomas' Ave., Hayling Island, Hants. PO11 0EU. Tel: 0705-461813.

INFORMATION WANTED

North Devon CHC would like copies of information leaflets explaining patients' or customers' rights with regard to ophthalmic services.

North West Herts CHC asks whether other CHCs have dealt with NHS staff who have sustained injuries at work. Back injuries caused by lifting or helping patients are common. Those who sustain these injuries do not receive compensation because they are unable to claim that the damage has been caused by the negligence of the employer. North West Herts CHC has been contacted by a woman who wants to know if other people would join her in campaigning to change the law on industrial injuries.

North Tees CHC has recently been involved in a case concerning "Do Not Resuscitate" orders. The CHC wrote to the Regional Medical Officer asking for information on resuscitation policies. The RMO replied by confirming that neither the Department of Health nor the Northern RHA had issued guidance on this matter. Have any CHCs been involved in discussions on resuscitation policies?

East Surrey CHC asks whether any CHCs have had "experience of precipitated ward closure in psychiatric hospitals for financial reasons leading to difficulties for long-stay patients".

Hounslow & Spelthorne CHC would like to hear from any CHCs which are aware of housing association projects which are being discontinued due to the abolition of the Hostel Deficit Grant which has been replaced by the Special Needs Housing Allowance. Since April 1st, the National Housing Corporation has had to change the way it operates its funding system to housing association projects. The major changes are that the new revenue allowance for projects has changed from a deficit allowance to a flat rate allowance, with the result that some housing association projects are losing out, particularly those concerned with people discharged from long stay hospitals into the community.

North Birmingham CHC would like information on systems for standards which are being set by provider units, particular in relation to professional standards for different clinical areas. Also requested is information on indexing methods which are being used to catalogue and store these standards for ease of retrieval and updating.

FORTHCOMING EVENTS

REMINDER: ACHCEW IS ARRANGING A THIRD ONE DAY RADIO TRAINING COURSE AT HILLSIDE STUDIOS, HERTFORDSHIRE. THERE ARE SEVEN 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, Tel: 071-609 8405.

What price quality in mental health care? is a health promotion day conference organised by West Essex Community Health Council. Venue: Princess Alexandra Hospital, Harlow, Essex. Date: 16th May 1991. Fee £6.50. Late registrations still welcome. For further information contact West Essex CHC, Herts & Essex Hospital, Haymeads Lane, Bishop's Stortford, Herts CM23 5JH.

Tel: 0279-655863 ext 4006.

Race and health in contemporary Britain is a three-day conference at the University of Bradford on 25-27 September 1991. For further information, including cost, contact: Centre for Continuing Education, University of Bradford, Bradford, West Yorkshire BD7 1DP. Tel: 0274-733466 ext 3215/3217.

The National Association of Health Authorities and Trusts and the Audit Commission are holding a one-day conference **In for the day** to examine the growth and quality of day surgery in the NHS. Venue: King's Fund Centre, London. Date: 15th May 1991. Fee: £149.50 for non-members of NAHAT. Booking forms are available from: NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B12 2SQ.

Also organised by NAHAT is **Secure in the NHS**, a one-day conference on staff security. Venue: Kensington Town Hall, London. Date: 7th May 1991. Fee: £152.50 for NAHAT Non-members.

Contracts and quality: the patients' perspective is a joint NAHAT/Patients' Association conference to be held on 18th September 1991. Venue: London.

TQM for the health service is the 2nd National Conference addressing Total Quality Management in the NHS. Venue: New Connaught Rooms, London. Date: 12th & 13th June 1991. Fee: £425 plus VAT. Contact: ICM Conference Services, 50 Occam Rd., Surrey Research Park, Guildford, Surrey GU2 5YS. Tel: 0483-37557.

The Nuffield Institute for Health Service Studies in Leeds is holding a seminar on **Getting the most from research in relation health and social care**. Date: 16th May. Further details from: Jill Hargreaves, the Nuffield Institute, 71-75 Clarendon Rd., Leeds LS2 9PL. Tel: 0532-459034.

DIRECTORY CHANGES

Please note the following amendments to the Directory of CHCs:-

Page 4 - LEEDS EASTERN AND LEEDS WESTERN CHCs

These two CHCs have now been replaced by LEEDS CHC. Please therefore delete completely the entry

for Leeds Eastern. The newly formed Leeds CHC will be located at the old Leeds Western offices where the Acting Secretary is Mrs Jean Townsend.

Page 9 - NORTH BEDFORDSHIRE CHC

Secretary: Ms Rosie Newbigging (with effect from 29 April 1991)

Page 13 - EASTBOURNE CHC

Chief Officer: John Faulds

Page 16 - WEST SURREY & NORTH EAST HAMPSHIRE CHC

Secretary: Nicholas Buchanan

Page 22 - CENTRAL BIRMINGHAM CHC

Please delete entire entry since, as a result of a Health Authority merger, this CHC no longer exists.

Page 23 - SOUTH BIRMINGHAM CHC

Please note that from 1 April this CHC will cover the former South and Central Birmingham districts.

Page 27 - BLACKPOOL, WYRE & FYLDE CHC

Bernie Kirk will be leaving on 10 May, but the name of his successor is not yet known.

Page 32 - SWANSEA/LLIW VALLEY CHC

Tel No: 07902 654967.

Index - Delete: "Birmingham, Central 22"

Delete: "Leeds, Eastern "

Delete: "Leeds, Western "