

# **Community Health News**

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# COMMUNITY HEALTH

*News*

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COMMUNITY HEALTH COUNCILS

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## NEWS

### Hepatitis C litigation

Pannone Napier, one of the legal firms who acted for haemophiliacs infected with the HIV virus from contaminated supplies of blood clotting agents, has recently agreed to act on behalf of patients infected with the hepatitis-C virus as a result of blood transfusions. The Blood Transfusion Service receives between 1,000 and 2,000 donations of blood each year contaminated with the virus, which can cause a chronic degenerative illness and may lead to premature death. When a test for the hepatitis-C virus became available in 1989, the USA and most EC countries immediately began screening all donations of blood. The UK has delayed the introduction of screening on the grounds that the test registered too many false positives. Because of recent improvements in the precision of the test, screening is to be introduced in the UK next month. **Independent** 7 Aug 1991

### Insurers and HIV tests

A survey commissioned by the Department of Health and the Association of British Insurers has concluded that thousands of people are deterred from being tested for HIV because of the implications for life insurance or mortgages. Some insurance companies are known to have refused insurance cover to individuals who have disclosed a negative HIV test. Virginia Bottomley, the Health Minister, has urged insurers to ignore the fact of a negative test for the purposes of insurance assessment. The best way of reassuring people about the irrelevance of a negative test is to drop the requirement for its disclosure. **Independent** 25 July 1991

### Licence fees for infertility clinics

The cost of running the newly established Human Fertility and Embryology Authority in 1992-93, its first full year of operation, has been estimated by the Government at £1.7 million. It has been decided that half of this money should be raised by charging IVF clinics an application fee for a licence (required by law) to provide infertility treatment. Several IVF clinics have described the licence fee as a discriminatory tax on individuals who happen to need one particular kind of medical treatment. **Independent** 17 Aug 1991

### Donor register for HFEA

The Human Fertility and Embryology Authority has ruled that from 1st August clinics offering fertility treatment will only be able to use donated eggs or sperm if the donor's personal details (name, address etc) have been placed on a register held by the

authority. Personal information is only placed on the register if the donor agrees and would be disclosed only in exceptional circumstances. One consequence of the ruling is that sperm from untraceable donors will have to be discarded, which is likely to create shortages and limit the number of courses of treatment that can be offered. The shortages will persist until supplies from donors recruited after August 1st become available.

**Independent** 10 Aug 1991.

#### NCT survey of birth care

The National Childbirth Trust has published the results of a survey of 2,043 of its members. 40% of the women admitted to a hospital consultant unit described themselves as "very satisfied" with the care they received. Although only 10% of the sample had a home birth, 81% of these women were "very satisfied" with their care. One of the most common complaints was the large number of different health care professionals that the women saw during their pregnancy. **Guardian** 17 July 1991

#### Benefit Helpline

The Department of Social Security's Benefit Enquiry Line (BEL) for people with disabilities is now available throughout the country. The number of the new nationwide service is: 0800 88 22 00. The service is free of charge.

#### 2nd wave trusts

113 new applications for NHS Trust status have been received by the Secretary of State. Approved applications will form the second wave of Trusts, which will come into operation on 1st April 1992.

#### Trust application from Hospital League of Friends

People in Malton and Norton in North Yorkshire are preparing to make an application for Trust status to administer the funds they have donated to their local hospital. The aim of the move is to protect services at the local hospital. Neither assets purchased with the donated funds nor the funds themselves could be redeployed by the health authority without the agreement of the trustees.

#### Blunders and accidents

On 30th June an article appeared in the News of the World recounting the decline and fall of the founder ("charity boss and ex-convict", Richard Clitheroe - also a "Pearly King whose showbiz name is Ricky Stevens") of an unregistered charity calling itself Counsel for Victims of Medical Blunders. The

organisation has no connection with the similarly named Action for Victims of Medical Accidents.

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## PARLIAMENTARY NEWS

### Health Committee urges change on queue-jumping

The latest report of the Parliamentary Select Committee on Health has called on the Department of Health to replace its recently introduced guidance on "queue-jumping" with the less permissive guidance that has been adopted in Scotland. Guidance from the NHS Management Executive appears to permit offers from health authorities of preferential treatment to patients of GP fundholders - provided that other patients do not receive hospital treatment more slowly than they would otherwise have done. The Health Committee argues that, even if this condition were met and there were no 'absolute losers', it would still be inequitable for a hospital to arrange to see patients of GP fundholders more quickly than those of non-fundholders with an identical medical condition.

The other problem highlighted by the committee's report is the amount of money allocated to districts to pay for extra-contractual referrals by GPs. The criticism that districts are not being given enough revenue for this purpose follows the publication of a letter from Preston Health Authority, which asks GPs "to consider most carefully any decision you make to refer a patient outside the Region, so that we do not have to face the embarrassment of asking you to defer a referral, or even worse, to reject it".

**Third report of the Health Committee: Public expenditure on Health and personal social services. HC 614-I.**

### Unfitness to plead

A private member's bill to reform the criminal law on unfitness to plead has received royal assent. The **Criminal Procedures (Insanity and Unfitness to Plead) Act 1991** provides courts with a new range of options for individuals who are found unfit to plead by reason of mental incompetence. Most importantly, it will no longer be possible to detain such individuals in hospital without determining whether or not they had committed the offence of which they had been charged. **BMJ** 6 July 1991

### Parents Against Tobacco

On 20th June the Children & Young Persons (Protection from

Tobacco) Bill completed its third reading in the House of Lords. It will soon receive royal assent and be enacted as the **Children & Young Persons (Protection from Tobacco) Act 1991**.

#### A right to die

MPs and peers have combined to form an all-party steering committee which will co-ordinate support for a Bill on advanced directives. The Bill would require doctors to observe the wishes of patients who want to refuse life-sustaining medical treatment, provided that these wishes had been previously declared in an "advanced directive". The steering committee, which includes Lord Jenkins of Putney among its members, intends eventually to follow this Bill with proposals for the legalisation of voluntary euthanasia under carefully defined circumstances and with stringent safeguards. **Sunday Telegraph** 21 July 1991

#### CHC Mergers

In response to a written question from Harriet Harman MP, the Minister for Health, Stephen Dorrell, confirmed that "when two or more existing health authorities are merged, there will in future be no automatic expectation that the matching CHCs will also merge". RHAs will be expected to ensure, after consultation, that CHCs are organised in a way that allows them to carry out their duties economically and effectively.

Hansard, House of Commons. 17 July 1991, col 194.

#### CHC funding

When asked to review funding for CHCs so as to ensure a standardised level of service across England and Wales, the Minister for Health, Stephen Dorrell MP, replied that the Government saw no reason to change present policy, which leaves funding decisions in the hands of the RHAs as establishing authorities.

Hansard, House of Commons. 16 July 1991, col 142.

#### NHS Trust business plans

Following widespread criticism of the secrecy surrounding the business plans of applicants for NHS Trust status, the Secretary of State has announced that trusts will be asked to publish their business plans for 1992-93.

Hansard, House of Commons. 9 July 1991, col 334.

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## OFFICIAL PUBLICATIONS

### A charter for public services

**The Citizen's Charter** sketches the Government's consumerist programme for the improvement of public services. If its intentions are fulfilled, it will "raise quality, increase choice, secure better value and extend accountability". Describing itself as "a toolkit of initiatives and ideas to improve standards in the way most appropriate to each service", the charter offers four main proposals for the National Health Service: the publication of national and local patients' charters; the publication of comparative information on the performance of health services; specific and timed appointments for all out-patients; maximum waiting times for treatment within the NHS.

Commenting on the implications of the charter for the NHS, the Secretary of State, William Waldegrave, suggested that health authorities should set up telephone helplines with information for patients and their GPs on how to get quicker treatment. In Wessex Region, from 1st August, the Help for Health hotline has made available figures for the waiting lists of named consultants. The rest of the country is expected soon to follow.

Ministers have also declared their intention to place an obligation on individual hospitals to publish their waiting lists. The details of how this is to be done will appear in the proposed Patients' Charter. The decision to require the publication of this waiting list information meets criticisms that had been made by the Parliamentary Health Committee of an earlier DH proposal to publish waiting list statistics for purchasing authorities, but not for providers.

**The Citizen's Charter: raising the standard.** Cmnd 1599. HMSO £8.50.

### Vitamin intake and neural tube defects

The Chief Medical and Nursing Officers have written to all doctors and senior nursing officers drawing their attention to the findings of a randomised controlled trial of folic acid and other vitamin supplements in the prevention of neural tube defects. The results of the MRC trial, published in the **Lancet** on 19 July 1991, indicate that folic acid supplements, taken by women who had already experienced one or more pregnancies affected by neural tube defects, reduced the risk of a recurrence by 72%. It is essential that the use of vitamin supplements begins before conception, since the neural tube is already formed by the 28th day after conception, before most women know that they are pregnant. PL/CMO (91) 11 & PL/CNO (91) 6

### Waiting list guidance

New guidance from the NHS Management Executive on the management of waiting lists recommends that "patients who defer their admissions with no intention of coming in during the immediate future should be temporarily removed from the list". The guidance cites results from a recent study which suggests that as much as 30% of scheduled operating theatre time was unused. Hospitals should also draw up lists of stand-by patients who could come in at 24 hours' notice to fill in the gaps caused by patients who, for one reason or another, fail to turn up.  
**Times** 17 July 1991

### Continence services

It is estimated that more than 3 million people in this country have continence problems and that as many as 70% of these will show a good response to treatment. Prompted by concern that had been expressed about the variable quality and level of provision for people with continence problems, the Department of Health Community Services Division has issued the report of a study which provides **An agenda for action on continence services**.

Action is needed, says the report, because "some HAs and SSDs have failed to recognise the full health, social and financial implications of undeveloped continence services. In addition, there are serious deficiencies in the education of professionals. This has led to services being given a very low priority with either no funding or unrealistic funding being attached".

The report argues that one of the main barriers to service development is the lack of "hard information on the economics of continence services and on best practice". By obtaining and disseminating this information the DH will enable continence services to compete more successfully for health authority funds. The report also recommends that the DH allocate "pump-priming funds" for the establishment of a national resource centre by the Association for Continence Advice. The proposed resource centre, for which the ACA is already drawing up plans, would "co-ordinate work on complaints, offer research advice, provide necessary literature, act as a central knowledge bank and help to improve educational standards".

The ACA has recently established working parties to produce guidelines for service providers and to secure an agreement between "professionals and consumers on the essential elements of a quality service".

Jeff Rooker MP, Shadow Minister for Health, has followed up the publication of **An agenda for action on continence services** by writing to all health authorities to ask for information on their policies for the provision of continence aids to patients living in their own home or in residential and nursing homes. He intends to publish a report of his findings in September.



## Oral Health

In November 1990 the Department of Health sponsored an oral health education seminar to consider recent research and future developments in preventive dentistry and oral health. The DH has now published a report of the seminar proceedings together with an introductory briefing paper. **Oral Health Education Seminar: the way forward** is available from the Department of Health Family Health Services Branch, Portland Court, 158-176 Gt. Portland St., London W1N 5TB.

## Confidentiality of medical records

The seventh annual report of the **Data Protection Registrar** recommends that statutory measures should be introduced to protect the confidentiality of medical records. The Department of Health rejects this view and has decided to issue non-statutory guidelines to health authorities. The Registrar also expresses concern over proposals to identify all patients with a unique NHS number and Home Office proposals to create a DNA profile database for use by the police.

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## FROM THE JOURNALS

### The benefits of regular health checks

In 1990 the terms of service for GPs were changed so that in future each doctor would be required "to offer a consultation to every patient on his list who is 16-74 inclusive, and has neither in the preceding three years had a consultation with any doctor, nor been offered a health check consultation in the preceding 12 months by any doctor".

A discussion article in the August 1991 issue of the **British Journal of General Practice** reviews the published evidence on the benefits of these so-called "health MOTs". The article accepts that there is "an increasing public appetite for screening", but argues that the best way of responding to this demand for general health checks is to screen for risk factors opportunistically (when patients choose to present themselves for some other reason), rather than adopt a systematic "population approach" to screening. The reasons offered in support of this conclusion are: (1) there is no evidence to suggest that population screening would be more effective than opportunistic screening; (2) population screening is more expensive; (3) it may sometimes cause unnecessary distress.

According to the **Independent on Sunday** newspaper (14 July 1991), the Secretary of State for Health, William Waldegrave, "is ready to consider changes to the present arrangement, though he has yet

to be convinced that the requirement should be abandoned altogether".

Patients not seen in three years: will invitations to health checks be of benefit?/ John Noakes **Br.J. of General Practice** Aug 1991

### Child surveillance lists

Since April 1990 GPs have been remunerated for carrying out child surveillance provided that they have been approved for this work by their family health services authority. A survey in the **BMJ** reports considerable variation in the criteria that FHSAs use in order to decide on admission to their approved lists for child surveillance. An accompanying editorial in the same issue argues that the survey results offer "a telling reminder" of the dangers of leaving accreditation in the hands of the managers. "Standards are a professional not a managerial responsibility."

Admission to child surveillance list: the views of FHSA general managers and GPs/ Alison Evans et al. **BMJ** 27 July 1991.

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### AROUND THE CHCs

#### Inquiry into hospital deaths

Oxfordshire CHC has blamed the under-funding of the district mental health services for failure to provide essential care to psychiatric patients who are a threat to themselves. The criticism was made at the inquest into the circumstances of the death of Stephen Merrell at the Littlemore Hospital in Oxfordshire. The coroner decided that Stephen Merrell had taken his own life. His suicide was the most recent of four sudden deaths at Oxfordshire psychiatric hospitals in the last nine months. **Guardian** 13 Aug 1991

#### Dispensing of prescriptions

Calderdale CHC has written to the Pharmaceutical Society and the Royal College of GPs to express concern about the number of prescriptions that are not being presented for dispensing because of the charge which is payable. As the CHC found, however, there is no systematic monitoring by the FHSA of the uptake of prescriptions items - so the CHC was unable to confirm the impression it had received from anecdotal evidence. Nor could the CHC find any other research on the extent of the problem. As a second best attempt to obtain information on the matter, community pharmacists in Calderdale agreed to collaborate in a small study. The study recorded the number of prescriptions

brought in for which a charge was payable, and the proportion of these which contained items that were not dispensed. What the study could not record was the number of prescriptions that were not presented for dispensing. One pharmacist commented on the study that "in my experience most people are well aware of the prescription tax and will not present the prescription if they cannot afford it". The CHC has recommended that a system be introduced for monitoring the issue and take-up of prescriptions and also that research be undertaken in order to assess the nature and extent of the problem.

### Consulting the consumer

The Greater London Association of Community Health Councils has published a Code of Good Practice on consultation. The code lays down a number of guidelines to be followed by health authorities when they consult users of local services.

Health authorities should: take consultation seriously; consult widely; advertise consultation widely; give enough time; consult with all ethnic groups; consult with the whole age range of the community; consult men and women; consult people with disabilities; consult in a range of neighbourhoods; state options for change; make financial information available; be clear about implications for staff; involve local authorities; publish the results on consultation; listen to what people say.

### Crisis card

Milton Keynes CHC has produced a crisis card for disabled people. The idea for the card comes from the International Self Advocacy Group. The card will alert emergency services, hospital staff and GPs to the wishes of any person who is incapacitated or for some reason unable to speak.

### CHCs and local Research Ethics Committees

Earlier this year the pressure group Consumers for Ethics in Research (CERES) asked all CHCs in England and Wales about their contacts with the local Research Ethics Committees. Only 43 of the 213 CHCs replied. According to the CERES newsletter "the survey replies indicate uncertainty among some CHCs about their local RECs. From other sources, we know that many lay members feel isolated, untrained and unsupported. Most CHCs did not reply to the survey, suggesting that medical research and contact with their RECs is not a priority. Obviously, CHCs have many other pressing concerns at a time of such change in the NHS. Yet adequately regulated medical research is important. There is evidence that drug companies are moving projects away from well-regulated city centres to where there are less informed and less stringent RECs."

The Department of Health has just issued guidance intended to

strengthen the supervision of medical research. This includes details on the work and membership of local ethics committees, for example, health authorities are told to appoint at least two lay members to their ethics committees, one as chairman or vice-chairman. **Observer 18 August 1991, Independent 20 August 1991**

#### CHC oppose merger

West Norfolk & Wisbech CHC has decided to oppose the proposed merger between its own health authority and the Peterborough Health Authority. Some of the reasons for opposition have been advanced by other CHCs on previous occasions. West Norfolk & Wisbech argue that the consultation process is being rushed and that the proposed reduction in CHC membership for the area covered by the newly merged health authority would lead to a less effective CHC.

#### Sickle Cell Disorder and Thalassaemia

In June this year Camberwell CHC and Southwark Race Equality Unit held a public meeting to launch a code of practice and 10 point national programme with the aim of transforming hospital and community services for people with Sickle Cell Disorders or Thalassaemia. The initiative was prompted by local dissatisfaction with the services provided at King's College Hospital. The June meeting agreed to set up a permanent users' forum and to campaign for adoption of the code of practice by health authorities and local authorities.

#### GP fundholders

A medical practice with five GP partners in Gosforth has invited Newcastle CHC to help monitor the services it buys for its patients. Last year ACHCEW wrote to the Department of Health in order to criticise departmental guidance which refused to grant CHCs rights of access to premises or to information about the service contracts purchased by fundholding practices. The Gosforth practice manager, Maureen Rillard, said that she hoped patients would get "a better deal" as a result of the CHC's involvement.

#### Publicity for NHS Trust applications

**NHS Trusts: what would they mean in Nottingham?** is a short booklet produced by Nottingham CHC for the current public consultation on two local applications for NHS Trust status. **A question of trust**, by East Herts CHC, covers the same ground - what are the questions that need to be answered in order to decide about the benefits and drawbacks of NHS Trusts?

### Patients' charter

Hillingdon CHC, Hillingdon Health Authority and Hillingdon Family Health Services Authority are in the process of producing **A joint health charter for Hillingdon residents**. The Hillingdon charter is based on ACHCEW's Patients' Charter and should be launched at the end of the year.

### Post-graduate medical education

Warrington CHC recently joined forces with the Local Medical Committee to organise a seminar on **Getting it right for the carers**. The seminar was attended by about 60 people, including 30 local GPs. Accreditation for GPs' post-graduate education allowance marked out the seminar as an important landmark in cooperation between CHCs and LMCs.

### Handling complaints

In its 1989 annual report to the health authority, Sheffield CHC highlighted dissatisfaction with the way that patient complaints were handled. In 1990 the health authority and the CHC co-operated in a series of case-studies, which largely justified the CHC's original conclusions about the inadequacies of the complaints procedures. A seminar was then organised with a representative from each unit in the district and a working party - four unit managers and the CHC Secretary - was appointed to implement the seminar's proposals. The working party wants to see improvements in the following areas: access to the complaints system; the length of time taken to resolve a complaint; co-ordination between different units; the appropriateness of written replies; the monitoring of complaints as a part of overall quality monitoring.

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### CHC PUBLICATIONS

**A study of patients on surgical waiting lists in East Cumbria** is a report on a joint project undertaken by East Cumbria CHC, East Cumbria Health Authority and Cumbria Family Health Services Authority. "The study aimed to provide the health authority and the FHSA with up-to-date information on the needs and expectations of people on non-urgent waiting lists". What views do local people have about GP services? How willing are they to travel to other hospitals to obtain earlier treatment? How effective is communication between staff and patients? How important is the quality of the hospital environment to patients? What are their preferred locations for out-patient clinics? What views do they have about day surgery? "Patients wanted more information, an approximate time of admission and notification if there is to be a delay....Three quarters of respondents said they

would be happy with day surgery if appropriate....and half said that they would be prepared to travel for quicker treatment, but most would not wish to travel outside the Northern Region.....An earlier admission was rated as people's top priority, with the quality of accommodation and accessibility for visitors rated lower."

**Aston Cross to Salford Park** is the report of a survey by West Birmingham CHC of local public opinion on health issues. Respondents (every sixth address out of approximately 1,200 dwellings) were asked for their opinions on: the ways in which they might avoid ill health, either by taking decisions about their personal lives or by seeing changes in social or environmental policies; the quality of the health services they received; and unmet needs for health care - including preventive services, aftercare and support services. 200 people were interviewed in all, most of whom lived in local authority housing.

In March 1991 South Cumbria CHC and South Cumbria Health Authority carried out a consumer satisfaction survey of out-patients clinics at the Westmoreland County Hospital in Kendal. A management action plan is included as an appendix to the report of the survey.

Merton & Sutton CHC has published **A second report on health needs in Merton & Sutton as seen by voluntary organisations**. The first report, published in May 1991, was based on a series of interviews with local voluntary organisations representing a broad range of client groups and summarised voluntary sector opinions on the adequacy of local health services. The second report is based on the same interviews and differs from the first report in being a more comprehensive account of the findings.

Also from Merton & Sutton CHC, in collaboration with the Merton & Sutton Health Authority and the London Borough of Merton and Sutton, is **A guide to private and voluntary residential and nursing homes in Merton and Sutton 1991**. The information in the guide was written by the proprietors of the homes themselves. The details were then checked against the registration officers' knowledge of the homes.

Southmead CHC has published a report of a study carried out in 1990 of hospital discharge arrangements for the elderly. Members of the CHC were prompted to undertake the study because of their concern with the difficulties and distress sometimes experienced by elderly people on discharge from hospital. Although most of those interviewed expressed satisfaction with and gratitude for their treatment and care in hospital, there were some whose circumstances called for more thoughtful or imaginative arrangements than those which had in fact been made. "We

include recommendations intended to help limit and alleviate these problems."

**Discharged well?** is a summary report of a survey by Bath CHC of elderly patients' perceptions of the administration of their discharge from acute hospital back to their homes. The CHC had been prompted to carry out the survey by the impression it had received that discharge arrangements for elderly patients who found themselves in general medical or surgical wards were less satisfactory than the arrangements made for patients in geriatric wards or the DGH Geriatric Assessment Unit. The CHC, whose first impressions were unfortunately confirmed by the survey, writes that "we have been taking the results of this research back to ward and hospital teams to discuss with them what the implications are, and what recommendations they would like to see made to improve the service. One of the major difficulties we have with recommendations is that it is our view that the culture of the hospital is wrong; it is not focussed on patients' needs. It will be a mammoth job to turn the hospital round in terms of attitudes." The summary report of the survey findings will be complemented by a more detailed account at a later date.

Are private sector nursing homes capable of providing a standard of care equal to that previously provided by the DHA in long-stay hospitals? This is the question that North Lincolnshire CHC wanted to answer when it carried out a survey of **Nursing homes in North Lincolnshire**. The survey included 58 homes. The questionnaire is included as an appendix.

**Are you looking after someone? Caring in the city of Salford** is a handbook for carers. It was produced by local carers' groups with the support of Salford CHC, the district health authority, the social services department and the family health services authority. Available free to carers in Salford, it costs £2.50 to professional health workers and those living outside Salford, and can be obtained by sending a cheque to: Carers' Information Dept., c/o Dept. of Social Work, Ladywell Hospital, Eccles New Rd., Salford M5 2AA.

High Wycombe CHC has enlarged and updated the **Directory of voluntary organisations** it first published in 1987. The directory includes national and local organisations.

In 1990 East Dorset CHC and the Dorset Family Practitioner Committee (now the FHSA) received regional funds for a GP quality assurance project. The CHC was to undertake surveys in 4-5 GP practices in East Dorset, produce reports (including observations and recommendations for improvements) and conduct follow-up studies to evaluate changes. The results from the first part of the project are described in **Studies and surveys of general medical practices**.

Also from East Dorset is a report of **A survey of Christchurch Hospital Out-patient Department**. "Following its Spring 1990 major survey of consumer views of health services in East Dorset (**Survey 10000**) - in which over 25% of the dissatisfaction expressed related to waiting times - the CHC decided to undertake a further review of patients' satisfaction with the OP Department at the Christchurch Hospital". The CHC had results from 5 earlier surveys (two by the CHC, one by RHA and two by hospital staff) as a comparison.

In a report on the **Care and rehabilitation of those with traumatic brain damage**, North Devon CHC describes service provision as "woefully inadequate, nationally, regionally and locally". To improve this state of affairs, the CHC proposes a service which "hinges on a Brain Injury Facilitator, who would have the responsibility of linking together the essential components of care for brain injury patients." The CHC recommends that the health authority should publish a set of principles and objectives for the management of victims of traumatic brain injury. This should include: "the identification by register of all patients with traumatic brain damage in North Devon; the provision of early assessment, and regularly updated assessments; and the development of a system of co-ordinated rehabilitation and resettlement".

Wandsworth CHC has published a third edition of **The Wandsworth women's health book**. "It is important for women to have accurate information about their own bodies, so that they can make the best use of existing health services. In many health situations decisions have to be made. These can only be sensible if they are based on sound information and accurate knowledge of the facts. The aim of this book is to give women this knowledge so that they can make informed choices on how they want the health services to meet their needs."

In 1990 Wandsworth CHC wrote to local GPs to find out how they were being affected by reductions in hospital services. In April 1991, the CHC decided to repeat the survey and also ask about changes introduced under the NHS reforms. 123 GPs were sent questionnaires and 64 replied, a response rate of 52%. Fewer GPs reported difficulties in obtaining hospital admissions than had done so in the earlier survey. What caused the CHC most concern was the state of communication between health authority management and the GPs. 59% of the respondents were unaware of a new policy for emergency admissions which gives preference to local GPs. And only 12% of the GPs asked could name all the main service providers with whom Wandsworth Health Authority had contracts.

Aylesbury Vale CHC has published the results of a survey of catering services at the Stoke Mandeville Hospital. The decision to undertake the survey was made after the introduction of



cook/chill food and a plated meals service led to an upsurge in patients' complaints about the quality of food. Because the health authority reacted to the complaints before the survey was conducted, changing the catering contract and making additional revenue available, the CHC received very few adverse comments in its visits to the hospital.

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## GENERAL PUBLICATIONS

### NHS Cervical Screening Programme

The National Co-ordinating Network for the NHS Cervical Screening Programme is a professional body, sponsored by the Imperial Cancer Research Fund, which monitors the organisation and effectiveness of cervical screening. As part of its national quality initiative, NCN has made recommendations to the Department of Health on **Guidelines on fail-safe actions**. The guidelines, which have been presented to the DH as a basis for its consultations with the medical profession, describe fail-safe systems which should be put in place to ensure that communication of smear test results has occurred and that any necessary follow-up action has been taken. The NCN has also produced a discussion document for circulation to its members on **Contracting for cervical screening**. For further information, please contact Dr.J. Muir Gray, Oxfordshire Department of Public Health Medicine, Radcliffe Infirmary, Woodstock Rd., Oxford OX2 6HE

### Strategic change in community care

**Enabling community integration** is a new report from the King's Fund College about community services for people with learning difficulties. The report shows how two innovations in thinking about public services - the notion of public agencies as enabling agencies and the goal of community integration for people with disabilities - can be combined to provide a framework of principles to guide changes in community care. **Enabling community integration: the role of public authorities in promoting an ordinary life for people with learning disabilities** is available from: Bailey Distribution, Learoyd Rd., Mountfield Industrial Estate, New Romney, Kent TN28 8XU. Price £9.99 (inc. p&p).

### NHS finance

The Healthcare Financial Management Association (HFMA) and the Chartered Institute of Public Accountancy (CIPFA) have published an up-to-date **Introductory guide to NHS finance**. The guide provides "a brief but authoritative overview of the new financial

arrangements" implemented as part of the NHS reforms. Available from: CIPFA Publications Dept., 3 Robert St., London WC2N 6BH. Price £19.00.

#### A vision of healthy transport

The Public Health Alliance has published a policy statement by the Transport and Health Study Group on the connections between transport and public health. **Health on the move: policies for health promoting transport** outlines proposals for changes in transport policy and practice that would result in a healthier society and a greater equality of access to those health benefits which are inaccessible without transport. Available from: PHA, Rm 204, Snow Hill House, 10-15 Livery St., Birmingham B3 2NU. Price £5.00.

#### Equality for carers

**Equal shares in caring**, a new report from the Socialist Health Association, examines the inequalities experienced by the six million people in Britain who take responsibility for the care of a friend or relative. What changes need to be made, not only to health policy, but to broader social and economic policies, in order to remedy these inequalities? Available from: SHA, 195 Walworth Rd., London SE1 1RP. Tel: 071-703 6838. Price £3.50.

#### Your medical record

Kensington, Chelsea and Westminster Family Health Services Authority has joined with the College of Health to produce **Your medical record**, "a leaflet which gives GPs and their patients a simple guide to the Access to Health Records Act. Bulk orders are available from Kensington, Chelsea & Westminster FHSA, 88-94 Westbourne Grove, London W2 5XB. £5 per 100 copies & £15 per 1,000. ACHCEW will shortly be publishing a more detailed guide to the act as a Health News Briefing.

#### Patients' council

The Springfield Patients' Council is a users' group for the psychiatric patients at the Springfield Hospital in Tooting. **Our views matter** is an information pack produced by the council about its work and which offers advice to others considering setting up or facilitating such a group. Copies can be obtained from: Room 113, Admissions Block, Springfield Hospital, 61 Glenburnie Rd., London SW17 7DJ. Donations are welcome.

#### Standards for speech therapy

The College of Speech and Language Therapists has published a set of professional standards and guidelines for its members.

**Communicating quality** is "a guide to good practice as perceived and defined by the majority of speech and language therapists in the UK". It should also serve as "an encouragement to those responsible for providing and commissioning services, to work to achieve the quality standards described". Available from The College of Speech & Language Therapists, Harold Poster House, 6 Lechmere road, London NW2 5BU. Tel: 081-459 8521/2/3.

#### Quality assurance in health care

The National Association of Quality Assurance in Health Care has begun publication of a regular quarterly newsletter. The newsletter will be sent to subscribing members of the association. The annual cost of membership is £25. For further details contact NAQA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ. Tel: 021-414 0847.

#### World AIDS Day

**Sharing the challenge** is the theme adopted by the World Health Organisation's Global Programme on AIDS for the fourth World Aids Day, 1st December 1991. The National Aids Trust has produced the first of four issues of a newsletter, also called **Sharing the challenge**, for anyone who is or might be involved in planning, organising or running an event to mark World AIDS Day. For further information contact the National AIDS Trust, Rm 1403 ET, 286 Euston Rd., London NW1 3DN. Tel: 071-383 4246.

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#### FROM THE VOLUNTARY SECTOR

##### Mental Health Media Council

The aim of the MHMC is to promote the use of audio/visual media as an aid to better mental health. The Council publishes a quarterly journal, Media Wide, which features the latest mental health media news and reviews newly available films and videos. The journal also reviews TV programmes and gives information about written publications of interest. The MHMC database now includes almost 5,000 titles. During the last 18 months the Council has undertaken development work in Wales and the West Midlands, and it is currently producing a video on mental health for employers. For more information about MHMC and details of membership, contact Edgar Evans at Weston CHC.

##### UK Health For All Network

More and more cities and towns in the UK are using the World Health Organisation's **Health For All** strategy as a framework for

local collaboration to reduce health inequalities. The UK Health For All Network brings together the agencies, voluntary and statutory, which are working locally to implement Health For All policies. Membership provides support for local efforts at collaboration, networking opportunities through a newsletter and training events and a point of contact with the international Health For All movement. The UK Network is recognised by the World Health Organisation. Membership for CHCs costs £35 per annum. In Newcastle, on 5th September, there will be a national meeting to formulate a collective response to the Government's **Health of the nation**. For more information please contact Marie Armitage, Co-ordinator, UKHFAN, PO BOX 101, Liverpool L69 5BE. Tel: 051-231 1009.

#### British Allergy Foundation

The British Allergy Foundation is a recently established charity which aims to increase public awareness of allergy and to disseminate knowledge of the medical problems caused by allergy among both doctors and the public. BAF also intends to promote research into the causes of allergy and its prevention. The foundation is appealing for £100,000 funds in its first year. A series of four booklets about allergy can be obtained by sending a SAE to: British Allergy Foundation, St.Bartholomew's Hospital, West Smithfield, London EC1A 7BE.

#### Futures for community care

Not to be outdone by the success of **Rubber windmill**, South West Thames RHA, together with the Office of Public Management, arranged their own "simulation exercise" on community care in June this year. The **Care kaleidoscope** project team took PR advice and sent all participants (CHCs not invited) a **care kaleidoscope** T-shirt emblazoned with the **care kaleidoscope** device. The T-shirts - "one size fits all" - were a triumphant proclamation of corporate identity amongst the teams who had laboured to tailor their services to the needs of individual users.

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#### INFORMATION WANTED

East Cumbria CHC would like to hear from any CHCs who have collaborated on the production of hospital inpatient information leaflets, or who know of good examples of such leaflets in their districts.

West Essex CHC is considering changing its practice on ward visits and would like to hear from CHCs who make unannounced

visits. How do hospital staff react? How do CHC members feel about making the visits?

Salford CHC has been asked by the Salford District Working Party on Screening for Cervical Cancer to find out whether other districts in the country have produced an information leaflet for women who are recalled for a repeat smear test (as opposed to those who are recalled for colposcopy). Members of the working party want to ensure that the information sent along with the recall invitation should cause no unnecessary distress. CHCs who are aware of any relevant leaflets should contact Salford CHC.

The Christie Hospital in Manchester would like to hear from CHCs who have produced information booklets on procedures following a death in hospital e.g. post-mortem examinations. Please contact Ann Eardley, Social Research Unit, Christie Hospital, Manchester M20 9QL. Tel: 061-434 7721.

Maidstone CHC would like to hear from any CHCs who have carried out a survey of parents' perceptions of respite care provision for mentally handicapped children.

Wirral CHC wants to hear from CHCs who have information that would be useful in setting up an advocacy group for mental health services.

Darlington CHC would like to hear from CHCs who have carried out research on women's experiences of health care services after a miscarriage. Darlington CHC intends to carry out a survey on this topic and would be especially grateful for information on questionnaires and methodology.

Clwyd North CHC wants information about CD ROM programs - especially those with databases on diseases.

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#### FORTHCOMING EVENTS

**"On course for the future": children's health care - towards a family centred service.** One day conference organised by the National Association for the Welfare of Children in Hospital. Date: 28th October 1991. Venue: Kensington Town Hall, London W8. Cost: £79.50. Conference bookings are available from: NAWCH Conference Secretary, Argyle House, 29-31 Euston Rd., London NW1 2SD.

**A health service for London.** A one day conference organised by Health Rights and the Greater London Association of CHCs.  
Date: 11th November 1991. Venue: NALGO, 1 Mabledon Place, London WC1. Cost: £45 for CHCs and voluntary organisations. Telephone enquiries to: 071-387 2171 (GLACHC) or 071-274 4000, ext 442 (Health Rights).

**More power in strange places.** A one day conference organised by Good Practices in Mental Health about user involvement in mental health services. Date: 30th October 1991. Venue: Great Western Hotel, Praed St., London W2. Cost: £69. For booking forms and further information contact: GMPH Conference Organiser, 380-384 Harrow Rd., London W9 2HU. Tel: 071-289 2034/3060.

**Working with the families and friends of drug users - good practice** is the 1991 annual conference of ADFAM National.  
Date: 21st September. Venue: Westminster Cathedral Conference Centre, London SW1. Cost: £15 for organisations; £10 for individuals. For further information contact ADFAM National, 82 Old Brompton Rd., London SW7 3LQ. Tel: 071-823 9313.

**Contracts and quality: the patients' perspective** is a one day conference organised jointly by the Patients Association and the National Association for Health Authorities and Trusts. Date: 18th September 1991. Venue: New Connaught Rooms, London. Cost: £129.50 per person. For further details contact NAHAT, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

**The health of the nation** is a one day meeting organised by Radical Statistics and The Public Health Alliance on the Government's consultative document. Date: 21st September 1991. Venue: Connaught Hall, 41 Tavistock Square, London WC1H 96X. Cost: £30. For further information contact Maggie Winters, Public Health Alliance, Room 204, Snow Hill House, 10-15 Livery Street, Birmingham B3 2NU. Tel: 021-235 3698.

**Speaking out for the public's health** is a one day conference on advocacy in the new public health organised by The Public Health Alliance. Date: 26th November 1991. Venue: Dr Johnson House, 40 Bull Street, Birmingham B4 6AF. Cost: £55. For further information contact Labyrinth Training & Consultancy, Flat 1, 16 Guildford Road, London SW8 2BX. Tel: 071-720 0401.

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## DIRECTORY CHANGES

Page 1 - NEWCASTLE CHC

Chief Officers (co-workers):

Rosemary Hutton/Sue Blannerhassett

Page 2 - SOUTH TEES CHC

New address with effect from 22 July 1991:-

Cleveland Business Centre

1 Watson Street

Middlesborough

Cleveland

TS1 2RQ

Tel No: 0642 254555

Page 17 - BATH CHC

Ed Macalister will be leaving on 13 September 1991.

The name of his successor will be advised when known.

Page 20 - NORTH DEVON CHC

Please add:-

Secretary: Mrs Linda Stapleton

Tel No: 0271 73739 or 78034

Page 22 - HEREFORDSHIRE CHC

Please add:-

Fax No: 0432 270071

Page 27 - BLACKPOOL, WYRE & FYLDE CHC

Secretary: Mrs Margaret Bode (w.e.f. 2 September)

Page 31 - NORTH GWENT CHC

Tel No: 0873 855349