



# COMMUNITY HEALTH

## *News*

ASSOCIATION · OF

**COMMUNITY HEALTH COUNCILS**

FOR · ENGLAND · & · WALES

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## NEWS

### Six-month reports on the state of NHS trusts

In the first week of October the Times newspaper published the results of its own telephone survey into the financial condition of both self-governing hospital trusts and directly managed hospitals. One-third of the 54 trusts who responded to the survey said that they were currently overspent, though only six expected to be overspent at the end of the financial year. Just under two-thirds of the directly managed hospitals (a slightly smaller sample) in the survey were overspent. Times 4 Oct 1991

A week after the Times' report appeared, financial consultants Newchurch & Co. published the results of their own survey of all 57 first-wave trusts. 78% said that they were financially on target, a considerable improvement over 1990-91. Concern, however, was expressed over the strain caused by the increased volume of patient activity. 85% of the acute hospital trusts were treating more patients than before April and most patients were being treated under block contracts based on last year's workloads. Waiting lists are down in three-quarters of the hospitals, though more money will be needed to maintain the same level of activity. A second reason for financial strain in some of the hospitals is that revenues from extra-contractual referrals and GP fundholder referrals are lower than had been expected.

The Newchurch survey also reported that staff opposition to trust status had declined. "Significant suspicion, wariness and opposition" had initially been expressed in 87% of the trusts; only two of them said that they still faced "considerable opposition" amongst staff. Guardian 10 Oct 1991

Two hospital trusts singled out by the press as having especially severe problems are Guy's in London and St. James in Leeds. Guy's has a current overspend of £800,000 and St. James a predicted overspend of £1m. Both trusts are seeking to renegotiate their current block contracts with their main purchasing authorities. Failure to do so will require them (and other hospitals in the same position) to make cuts which will almost certainly reduce the level of service provision. Guardian 10 Oct 1991

### London's troubles

Following the Secretary of State's decision to freeze outstanding trust bids from London hospitals, the Department of Health announced the establishment of a Commission of Inquiry into the organisation of London's hospital service under the chairmanship of Sir Bernard Tomlinson. Nine of London's teaching hospitals are under financial pressure because they are receiving less income than expected from GP referrals from outside London.

Most commentators expect that the Commission will recommend the closure of at least one of them. **Times** 10 Oct 1991

### Suggestions, advice and predictions

**Changing labour utilisation in NHS trusts** is a short report commissioned by the Department of Health from an academic at Keele University. All trusts have received a copy of it, which recommends changes in employment patterns as a way of dealing with short-term financial deficits. Since temporary workers are easier to lay off in the event of a shortfall in income than permanent workers, an increase in the numbers of temporary staff may help trusts to weather financial difficulties. The DH has said that the document outlines only one option amongst many for manpower utilisation and that trusts would be receiving a "whole range of options" for their consideration. The secretary of the health service wing of NUPE described the report as "the nightmare reality behind the cosy rhetoric". **Independent** 23 Sept 1991

Another report recently to have crept into the glare of publicity is **All private patients now**. Written by a member of the Conservative Medical Society, the pamphlet has achieved brief fame as a source document for the debate over "creeping privatisation" in the NHS. The author predicts that within three or four years many hospital trusts will "want to go fully private". **Observer** 6 Oct 1991

### Tobacco advertising

In 1988 Canada banned tobacco product advertising. In New Zealand a total ban was imposed in December 1990. During the two years that have elapsed since the Canadian ban adult tobacco consumption has fallen 13.8%, compared with 0.85% in the UK over the same period. In the first six months of the New Zealand ban, supermarket cigarette sales were 7.4% down on the same period in 1990. The British Medical Association and ASH publicised these figures just as the UK Government announced a new voluntary agreement on tobacco advertising (partial self-restraint rather than a total statutory ban). According to a recent NOP survey, 31% of British adults smoke. The BMA claims that, without a total statutory ban on advertising, it is very unlikely that the national targets for reducing smoking prevalence will be achieved. **The health of the nation** set targets for the year 2,000; to reduce the number of men smokers to 22%, and women smokers to 21%. Smoking remains the single largest preventable cause of death in the UK.

### Doctor survey

In a survey of 700 GPs in England and Wales carried out by the **Doctor** newspaper, three quarters of the respondents said that their patients had not benefited from the NHS reforms. More than one third of the GPs reported difficulties in referring patients

to the hospital of their choice. **Independent** 27 Sept 1991.

#### Judicial review of social services decision

The High Court has granted leave for judicial review to a disabled man living at home with his elderly mother in Hereford. After his assessment by the local authority social services' department, the man was told that, although he needed a full-time carer, the department could not afford to pay for one. He alleges that the council has failed to meet its statutory obligations under the Chronically Sick and Disabled Persons Act 1970. **Independent** 28 Sept 1991.

#### Breast cancer screening

Figures for the first full year of operation for the national X-ray mammography programme have been published by the DH. In the year to April 1991, 996,086 women were screened and 4,384 malignant tumours were detected. This is a higher detection rate than had been predicted - 6.2% against 5.5%. The target of 70% for compliance with the invitation to screening was slightly exceeded. Within this overall figure there were variations in attendance between different areas. In some inner city areas attendance was less than 50%. At least some of this variation is thought to be due to out-of-date FHSA registers. **Daily Telegraph** 7 Oct 1991.

#### Complaints about doctors

According to the most recent annual report of the Medical Protection Society, complaints against GPs for the clinical care they provided rose last year by 16%. And the Medical Defence Union says that, in the last ten years, the number of complaints has more than doubled. By way of response to what they see as a worrying trend, both organisations have decided to set up panels of GPs who will offer to act as advisers or representatives for doctors summoned before FHSA medical service committee hearings. **Doctor** 3 Oct 1991.

#### Removals from GPs' lists

Managers at two FHSAs, Birmingham and Merton, Sutton & Wandsworth are looking closely at the reasons GPs give for removing patients from their lists. In both FHSAs the average number of patients removed in each practice has increased by a large amount over the previous year. It appears also that women eligible for smear tests "make up a disproportionate number of the patients removed from the lists". **Pulse** 28 Sept 1991.

## A plea for special trauma centres

In a report published by the Institute of Economic Affairs, a group of Accident & Emergency specialists argue for the establishment of 25 trauma centres in Britain. On the basis of recent studies which provide varying estimates of the proportion of preventable trauma deaths, the group claims that its proposal - to concentrate expertise in regional centres - would save at least 1,000 lives each year. The report states that about one half of preventable deaths in A&E units are due to a misdiagnosis, usually by a junior doctor, of "relatively common conditions, such as a ruptured liver or spleen". **Daily Telegraph** 30 Sept 1991.

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## FROM THE JOURNALS

### Letters to patients

Dissatisfaction with doctor-patient communication is one of the most common complaints that patients make against doctors. One way of improving communication in the hospital services is to send patients a letter summarising the consultation they have already had. In practice this will be similar to the letter which the consultant sends to the referring GP. The **Lancet** Oct 12 1991 contains the report of a study comparing satisfaction with communication amongst two groups of cancer patients. One group received letters summarising their consultation with the oncologist; the other did not. "Although most patients (in both groups) were highly satisfied with their consultation, total satisfaction scores were higher in the group randomised to receive a letter, with more of these patients reporting complete satisfaction with the consultation overall. Patients who received a letter were also more satisfied with the amount of information given to them."

Letters to patients: improving communication in cancer care/  
Diona Darman & M. Tattershall. **Lancet** 12 Oct 1991 p923-6.

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## AROUND THE CHCs

### Trust consultations

Three CHCs, Southend, Mid-Essex and Lancaster have complained to their regional health authority and the Secretary of State about the published summaries of the responses to consultation over applications for NHS trust status. In each case, the CHC

considered that the summary provided was inadequate or potentially misleading. In a letter to the Director of Communications at NETRHA, Beryl Furr writes that "members are anxious that the Regional Health Authority should understand and appreciate how careful and thoroughly CHCs approach consultation issues in order fairly to reflect the views of local communities. They are shocked that their work should have been marginalised in this way..."

### Consumer audit

The College of Health is running a six-month pilot project in South Bedfordshire Health Authority in order to develop a routine process of 'consumer audit' for local health services. The project, which will work closely with the CHC, "takes as its starting point the statement of rights and responsibilities for users and providers, **Partners in health care**, published jointly by the CHC and the health authority."

### A consumer panel

Basildon & Thurrock CHC is attempting to establish a standing 'advisory panel' on local health services. The panel would consist of 600 volunteers. Each volunteer would be asked to complete a short postal questionnaire on the health services every two months.

### Maternity services

Harrow CHC recently carried out a survey of patient satisfaction with maternity care. From the results of the survey (400 completed questionnaires - a 25% response rate), the CHC concluded that new mothers are sometimes swamped with too much information immediately after the birth of their child. There were also some mothers who were uncertain about the nature and significance of various procedures performed at routine paediatric examinations. The CHC intends to discuss the general problem of communication between patients and medical staff with both the health authority and the main provider of services.

### Access to health care services

In 1988 the Welsh Consumer Council undertook a study of access to outpatient clinics for elderly people, mothers with children of pre-school age attending for themselves and people taking a child for an appointment. The results were published in **Getting to outpatient clinics**. The responses to consultation on the same topic were published in 1989 as part of the report **Better access**. As a follow-up to the 1989 report, the WCC decided to conduct patient satisfaction surveys of outpatient clinics in two hospitals, one in Bangor and one in Newport. Welsh CHCs and the Association of Welsh CHCs co-operated closely in the study. CHCs

agreed to help with the fieldwork; and in return the WCC agreed to extend the study so as to include an issue of special concern to the CHCs - appointment systems. "The survey was a success. It highlighted specific problems. It revealed high satisfaction levels with the service generally, but pinpointed areas for improvement, such as facilities for children or parking facilities. This has provided the CHCs with a firm basis on which to campaign for improvements. The cost of the project was less than £2,000." The results of the survey are published as **Better access - follow-up report 1989.**

#### Health users link in Croydon

Croydon CHC has set up a networking project in order to form permanent links between the CHC and local voluntary organisations concerned with health. Each CHC member is responsible for maintaining regular contact with a small number of organisations. 164 local groups were invited to participate in the project; 95 accepted.

#### Rural pharmacy

In 1988 a rural pharmacy opened in Debenham in Suffolk. According to a snap survey by East Suffolk CHC, there were originally more people opposed to the opening than in favour of it. In the three years since its opening, the number of people using the dispensing services of their GP has dwindled, and support has swung in favour of the pharmacy. **Pharmaceutical Journal** 28 Sept 1991.

#### Merger put on ice

The South West RHA has decided not to proceed with the extended consultation for proposals to create a single DHA for Devon. Instead, Torbay and Plymouth will adopt a joint executive structure serving the two authorities, with an invitation to North Devon DHA to join them in sharing expertise in a major healthcare commissioning organisation. The CHCs in the region, which had opposed the proposed merger, will remain.

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#### CHC PUBLICATIONS

**Accidents and elderly people** is a short report from Dudley CHC. The report is based on CHC attempts to find out where accidents happened to elderly people and what action, if any, was taken by the health authority or other agencies after treatment. Of particular interest to the CHC was accident prevention in the

home. The A&E database in Dudley did not have the information the CHC wanted. So there was no simple way of finding out how many elderly people in Dudley had received treatment because of accidents in the home. The CHC report includes recommendations on monitoring, health promotion initiatives for elderly people living at home and aftercare.

In 1990, following a request from the district health authority, South West Durham CHC carried out a survey of patient satisfaction in the Accident & Emergency Department at Bishop Auckland General Hospital. 2,000 'new attenders' were given questionnaires to complete at leisure and return by post. The response rate was 40%. The report of the survey lists frequencies for answers to the questions and appends patient comments on ways to improve the service. "The findings of this survey are by no means surprising or sensational and are generally in line with comments heard on many occasions."

North Tyneside CHC has published reports of two recently completed questionnaire surveys, a **Survey of child health clinics** and a **Survey of family planning clinics**. The child health clinic survey compares attenders at GP and health authority clinics. The results of both surveys (who? where from? why this clinic? satisfied? etc.) are presented in frequency tables with commentary where appropriate. In neither case does the CHC offer overall conclusions.

At the beginning of 1991 Solihull CHC, in collaboration with Solihull Family Health Services Authority, undertook a **Survey on patients' perceptions of the reformed family doctor services**. 2,000 Solihull residents received questionnaires and about 60% replied. The CHC and the FHSA wanted to find out about: the impact of new sources of patient information on patient awareness of the new GP contract and general GP services; the extent of the geographical variations in Solihull of awareness of the new contract; patient experience with health promotion clinics; the accessibility of GP services.

In **A report on community care in the Exeter Health Authority**, Exeter CHC describes and evaluates the organisational framework being put in place by Exeter HA and Devon County Council for the implementation of the proposals in the 'Caring for People' White Paper. The CHC wanted "to make sure that in implementing these changes there was an increase, not a diminution, in existing services".

**A Private residential/nursing home guide for the West Norfolk & Wisbech Health Authority** has been compiled by West Norfolk & Wisbech CHC.



South Warwickshire CHC has published a **Guide to registered nursing and residential care homes in South Warwickshire**. Price £5.00.

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## GENERAL PUBLICATIONS

### Focus on carers

As part of a new initiative which aims "to put carers centre-stage" in future local authority and health authority community care plans, the King's Fund Centre has published a manual, **Focus on carers**, which shows local and health authorities how to plan and deliver better support for carers. The manual "highlights carers' key concerns, explains how carers can be put at the forefront of planning processes, and shows what can be done through descriptions of projects around the country". In addition, the King's Fund has produced a pair of **Checklists for carers**, one for individual carers and one for carers' groups. **Focus for carers** price £7.45 and the **Checklists for carers** price £3.50 per 100 copies are both available from Dept KFP, Bailey Distribution Ltd., Learoyd Rd., Mountfield Industrial Estate, New Romney, Kent TN28 8XU. For single copies of the checklists send a SAE to the Carers' Unit, King's Fund Centre, 126 Albert St., London NW1 7NF.

### NHS contracts and racial equality

In a new booklet, **NHS contracts and racial equality**, the Commission for Racial Equality "outlines how racial equality objectives can be achieved and standards monitored by those organisations involved in purchasing and providing health services through contracts". "In the Commission's view, purchasing authorities have a responsibility to make clear the expectations they have of providers in respect of equal opportunities, both in employment and in services, by including appropriate terms in contracts". The CRE guidance booklet is available from: Lavis Marketing, 73 Lime Walk, Oxford OX3 7AD. Price £3.50.

### Prescribing data

In a second report based on its Spring financial survey, the National Association of Health Authorities and Trusts presents 1990 prescribing data gathered from 55 family health services authorities. The average generic prescribing rate (GPR) for the sample was 39.9%, an increase of 1.1% over the 1989 national average. The majority of the FHSAs said that they would be aiming to increase further their GPRs by the end of the financial year. Most of the GP practices (83.2%) within the areas covered

by the survey are achieving a prescribing rate within their local norm. 8.6% of practices appear as 'high' prescribers (in the top quartile for the FHSA as a whole) and 8.2% appear as 'low' prescribers (in the bottom quartile). **FHS prescribing activity** is available from NAHAT, Birmingham, Research Park, Vincent Drive, Birmingham B15 2SQ. Price £5.00.

#### Leaflets on incontinence

South Cumbria Promotion of Continence and South Cumbria Health Promotion have produced two leaflets for people with problems of incontinence. **Strictly private** shows what help can be provided and **A very private affair** gives information on how and where to get help. Cost: 18p each for quantities up to 500; 15p each for over 500. A free sample can be obtained by sending an SAE. Contact: Health Promotion and Family Counselling Centre, Prospect House, 3 Prospect Rd., Barrow-in-Furness, Cumbria LA 13 9AA. Tel: 0229 833004.

#### Written information and how to provide it

North Manchester Health Authority has published a practical guide to the production of written information on health services. The guide, a simple list of do's and don't's, comes from a project the aim of which was to "improve the quality, accessibility and appropriateness of written information to service users". **Guidelines for the production of written information** costs £2.50 + 25p P&P. Available from: Health Promotion Unit, Beech Mount, Hapurhey, Manchester M9 1XS. Tel: 061 203 4101.

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#### INFORMATION WANTED

ACHCEW would like to hear from CHCs on the following three separate issues:

- 1) Any CHCs who collect information about the race, gender and disabilities of complainants.
- 2) Any CHCs who have dealt with people who have been removed from a GP's list at short notice or are aware that this is a problem in their district. ACHCEW is concerned that the eight days' notice a GP should give a patient before removing them from their list is too short.
- 3) Any CHCs that can provide examples of FHSAs that have taken steps to reduce their backlog of Service Committee Hearings, for example, by arranging additional hearings. ACHCEW is looking for

instances of good practice by FHSAs in this area to demonstrate how FHSAs can reduce the delays in handling complaints.

North West Surrey CHC is working with the district health authority to improve access to health care for ethnic minorities. The CHC is especially keen to learn about other CHC projects for women from Asian communities.

Salford CHC is undertaking an efficiency review of its administrative procedures. Members are particularly concerned to ensure that recommendations and conclusions in CHC reports are addressed by the relevant agencies. Do other CHCs have guidelines on the action to be taken after publication of a report?

West Surrey & North East Hampshire CHC would like to hear from any CHCs that have a) responsibility for a hospital/s across RHA boundaries or b) deal with any other providers or authorities across RHA boundaries or c) have ever faced the disappearance of their DHA as a result of it being 'carved up' by surrounding districts.

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#### FORTHCOMING EVENTS

**The management and disposal of pre-28 week pregnancy loss** is a one day conference organised by SANDS, the Stillbirth and Neonatal Death Society. Date: 4 Feb 1992. Venue: Royal Society of Medicine, London. Fee; £125. Early booking advised. Details from Lesley Corner, SANDS, 28 Portland Place, London W1N 4DE. Tel: 071 436 7940.

**Risk, dignity and responsibility in residential homes for the elderly.** One day conference organised by the Royal Society of Health. Date: 5 Dec 1991. Venue: Lansdowne Club, London W1. Fee; £70. For further information contact: Conference Dept., Royal Society of Health, 38a St. George's Drive, London SW1V 4BH. Tel: 071 630 0121.

**Care for the mentally ill - a better future.** Half day conference organised by the National Schizophrenia Fellowship. Date: 9 Dec 1991. Venue: Westminster Central Hall, London SW1. Fee; £50. Details from: NSF, 28 Castle St., Kingston upon Thames, Surrey KT1 1SS. Tel: 081 547 3937.

## DIRECTORY CHANGES

Page 3 EAST YORKSHIRE CHC

Change of address with effect from 30 September:

3-5 Saturday Market

Beverley

N Humberside HU17 8BB Telephone number unchanged.

Page 4 LEEDS CHC - Correction from Newsletter No.66

Secretary: Jean Townsend

Page 9 EAST HERTS CHC

Chief Officer: Peter Coleman

Fax No: 0920 460143

Page 14 TUNBRIDGE WELLS CHC

Change of tel no to: 0892 538866

Page 18 SWINDON & DISTRICT CHC

Change of address with effect from 7 October 1991:

Unit 5

Temple Chambers

Temple Street

Regent's Circus

Swindon SN1 1SQ Tel. no. unchanged

Page 20 CORNWALL CHC

Change of address with effect from 4 October :

9 Castle Street

Truro

Cornwall TR1 3AF Tel: 0872 264402

Page 22 COVENTRY CHC

Chief Officer: Ms Kamal Dhaliwal

Page 23 SOUTH BIRMINGHAM

Chief Officer: Ms Della Fallon

Page 31 NEATH-AFAN CHC

Change title to: NEATH & PORT TALBOT CHC

Add: Fax No: 0639 883711

**Correction**

The tel. number for the TV programme **Free for all** is 071 738 4175. The number given on pl2 of Sept CHNEWS is incorrect.