COMMUNITY HEALTH News

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

30 DRAYTON PARK · LONDON N5 1PB
TEL: 071-609 8405
FAX: 071-700 1152

CONTENTS

NUMBER 71 MARCH 1992

NEWS

London hospitals vulnerable

The inefficiencies of London hospitals could, in the context of the reformed health market, drive them to financial ruin, according to a major report from the King's Fund. The costs of care in inner London hospitals are much higher than elsewhere, even when the complexity of the cases is taken into account. This is due to high labour costs (and in turn to an expensive staff-mix) and high service charges. The capital receives 20% of the country's hospital budget, although it has 15% of the population.

But this bias in budget allocation does not necessarily help Londoners. The bed to population ratio is much the same as in other inner city areas. The author, Dr Elaine Murphy, describes how high technology excellence has been pursued at the expense of local people. Reductions in beds have left local services cut to the bone, and many remaining beds are blocked by patients who should be in long-term care, were it available. Waiting lists for surgical treatment have grown, and more and more operations are cancelled.

Dr Murphy recommends that the ten teaching hospitals should be replaced with about six smaller highly specialised units, plus local hospitals with teaching facilities and a massive expansion of treatments in the community.

The King's Fund London Initiative Working Papers 1–6 are available from: BEBC, 9 Albion Close, Poole, Dorset, BH12 3LL for £50 plus £6 p&p.

Independent/Times 20 February 1992

Hospitals shut to major incidents

A report from the National Union of Public Employees alleges that 28 London hospitals turned away patients during 1991. King's College Hospital has confirmed that it was closed to patients from major incidents for four months last year – by far the longest closure on the list. St Bartholomew's, which took casualties from the Cannon Street crash and the King's Cross fire, was closed on three occasions for 45 minutes and 2½ hours and 13 hours. St George's, used in the Clapham rail crash, was closed to major incidents for almost four days in May.

A consultant physician from Newcastle confirms that the problem is not restricted to London. From the beginning of December to the end of February Newcastle hospitals have been closed to medical emergencies 31 times and surgical emergencies 19 times. Even when patients are squeezed in, other problems are caused by transferring patients to inappropriate wards and by early discharges.

Guardian 2 & 5 March 1992

Inquiry at Guy's

An independent inquiry is to be set up at Guy's Hospital following claims by a consultant cardiologist, Dr Graham Jackson, that four patients had died 'for lack of money'. At least 40 local cardiac patients cannot be treated until after 1 April, although emergency cases can be treated immediately. According to Dr Jackson an emergency is defined as a patient 'liable to die within 24 hours'.

Times 5 March 1992

Treatment 'privatised'

Defending a Labour party poster campaign attacking Government health policies, Robin Cook, Labour's health spokesman, has produced evidence from ten patients who have been obliged to pay for operations and tests in order to get the treatment they believed they needed. The patients include a woman who would have had to wait two months for her breast cancer to be treated on the NHS and a man who paid £3960 rather than wait more than a year for a hip replacement.

Guardian 18 February 1992

More arguments over figures

Labour's health spokesman, Robin Cook, has accused the Government of inflating patient numbers by 500 000 when Health Secretary, William Waldegrave, claimed a 5.6% increase in acute in-patients in 1991/92. It appears that at least some of the discrepancy is due to

estimating the full year's activity on the basis of part of the year's figures.

Mr Waldegrave has also pointed to the increase of 16.5% in the number of general practitioners between 1980 and 1990, from 25 160 to 29 232. Closer inspection of the figures shows that, while this is the case, numbers actually fell from 29 556 in 1989 to 29 232 in 1990 after the new GP contract had been announced.

Guardian 6 March 1992

Call for more day surgery

An Audit Commission report has estimated that 300 000 more patients could be treated annually if hospitals made more use of day surgery. Day surgery has almost doubled in NHS hospitals in ten years, but the Commission calls for continued increases. That current levels are not higher is due, not so much to a lack of facilities, as to a failure to use facilities that already exist. There are wide variations between districts in the proportions of certain common procedures carried out as day cases. Some of the reasons the Commission gives for this variation are to do with organisational efficiency; others are concerned with professional judgements on the part of individual doctors, some of whom have been reluctant to admit patients for only half a day. However, in new guidelines the Royal College of Surgeons also call for increased use of day surgery, stating that patients prefer it, and that it can enhance recovery.

The Medical Defence Union, however, has warned that day surgery can be risky unless strict procedures are followed. Reasons for failures in treatment have included inappropriate delegation of work and sending a patient home with inadequate instructions or warnings. Claims of patient preference may also be open to doubt: a researcher found that, of 51 patients who initially favoured day care, after surgery only 14 were happy that they had not been admitted for a longer stay.

Times/Guardian 12 March; Independent 17 February 1992

Pockets of low immunisation

Fears have been raised that pockets of low uptake of childhood immunisations could result in infections becoming established in some of the country's poorest areas. The national figure for completed courses of childhood immunisations is 90%, but a study of five year olds starting at inner London schools found that only 60–70% of children had been fully immunised. Public Health Laboratory Service figures show that in some areas of South East Thames Region, only 61% of children reaching two years old are protected against measles. It seems that children living in bed and breakfast accommodation and children who have recently immigrated are particularly at risk of falling through the net.

Some of the low uptake figures may be due to poor recording systems. Action Research, which funds research into childhood diseases, has called for a card to be issued for every child at birth which would record vaccinations.

Sunday Telegraph 8 March 1992

Compensation for HIV infection

All people who have contracted HIV infection through NHS transfusions and transplants are to be compensated: the Government has gone back on its previous policy of compensating only those who have haemophilia. Amounts ranging from £21 500 to £80 500 will be payable, allocations depending largely on whether recipients are married and/or have children. Partners and children who have indirectly become infected will receive compensation in their own right. The families of those who have died will also receive compensation.

The decision raises once again the issue of 'no fault' compensation which has always been resisted by the Government. The British Medical Association has called on the Government to look afresh at such schemes.

Independent 17 February 1992

Benefit Enquiry Line

The Benefit Agency runs a Benefit Enquiry Line for people with disabilities (0800 882200). Some audio-impaired callers who use minicoms were experiencing difficulties with this number. The agency has therefore set up a new priority number (0800 243355) for minicom callers. Both numbers can be called free of charge.

WAITING LISTS

On target?

Thirteen of the 14 English health regions hope to meet the Patient's Charter target that no-one should be on a waiting list for longer than two years by 1 April. Of the 20 000 patients remaining in the target group, about 4000 are residents of NE Thames Region. The region has acknowledged that it cannot meet the target despite receiving more than £2.5 million from the Government's waiting list fund.

Times 10 & 11 March 1992

Upset priorities

Claims that pressure to achieve the Patient's Charter target has delayed operations for patients who have been waiting for less than a year appear to be backed up by figures collected by *The Independent*. These show that between March and December 1991 the total waiting list for surgery was reduced by just 5000 patients (0.5%). Over the same period the numbers of patients waiting less than a year rose in 12 of the 14 English regions. Patients waiting less than a year may have more serious conditions than patients who have waited two years or more, and there have been continuing complaints from doctors that the requirement to meet the target has been allowed to upset clinical priorities.

Independent 5 March 1992

A proper use of resources?

Health service managers, under intense pressure to deliver on the waiting list target, are throwing money at the problem. The Department of Health has said that the cost of extra operations should be broadly in line with prices for one-off extra-contractual procedures. However, managers have apparently been told that money is no object, and one waiting list specialist commented 'They are now talking about costs per case that are two and three times as great as anything we have ever paid'. Mr Waldegrave, the Health Secretary, felt that the payment of £750 per morning session to surgeons clearing a Surrey hospital waiting list was 'Quite right'. There are claims that elsewhere surgeons are being paid £1000 and more per morning session.

Considerable funds have also been spent on arranging treatment in Ministry of Defence hospitals, and £1 million to £2 million is available to treat patients in independent hospitals where spare capacity cannot be found in NHS hospitals. NHS managers have expressed fears that private hospitals could cash in on the scramble to meet the target, and have quoted to the *Health Service Journal* examples of 50% to 100% mark-ups in the prices offered to the NHS. However, other managers quoted in the journal claim that the prices they are negotiating are 'not out of line'.

A high proportion of patients in the target group are waiting for plastic surgery. Brian Sommerlad, honorary secretary of the Association of Plastic Surgeons, has criticised the push to clear the two-year-plus list as a quick fix when a long-term solution is required. The Association has called on its members to ensure that corners are not being cut, and to stop patients being sent to private hospitals against their wishes or against the advice of their GP or consultant.

Health Service Journal 20 February 1992; Guardian 21, 22 & 24 February 1992; Daily Telegraph 22 February 1992

Private clinic offers free treatment

NHS waiting lists may be reduced thanks to an offer by the London Clinic to treat certain patients free of charge. Former patients of the private hospital have set up a trust and 40 doctors have volunteered to work free of charge, enabling 200 NHS patients to be treated per year. There would be no charge to the NHS or the patients. The hospital has asked health authorities around London to propose patients who have disabling, but not life-threatening, conditions – for example those needing hip replacements, cataract removals, hysterectomies or plastic surgery.

Daily Telegraph 20 February 1992

Extra charges at homes

Elderly people living in private residential homes are being asked to pay for 'extra care' such as nursing during illness, dressings, continence aids, diets for people with diabetes and paramedic services such as physiotherapy and chiropody. Almost three-quarters of the 94 local authorities responding to a survey by the Association of Directors of Social Services reported that homes in their areas are making extra charges to supplement income support board and lodging payments, and 91% reported cases of homes asking residents or families to top up DSS allowances. Over half the authorities said that people had experienced difficulties in getting into a residential home once it was known that they would be claiming income support to cover charges.

Guardian 5 March 1992

A failure in care

A report on the circumstances surrounding the deaths of seven psychiatric patients in Oxfordshire paints a picture of stretched resources and a lack of suitable accommodation, support and observation after the discharge of psychiatric patients from hospital. Three of the men who died were found to have committed suicide; an open verdict was recorded on the four others.

The investigation carried out by Vivyenne Rubinstein, a member of Oxfordshire Regional Health Authority, found that there was an 'excellent' after care policy, but that it was not always strictly followed. Staffing shortages meant that ward notes were not properly read and there was increased pressure to discharge patients. Care plans were not tailored to meet the lack of suitable provision in the community, and there were not enough community staff.

A separate internal review by Professor Gethin Morgan of Bristol University said that nursing levels were barely adequate and, like Miss Rubinstein, he highlighted the shortage of admission beds. A father of one of the men who died accused Professor Morgan of a 'whitewash' and demanded that the family and public should see the full findings of the review.

Reacting to the reports, the legal director of Mind was critical of psychiatric provision in Oxfordshire, and particularly of the extent to which it is still hospital-based. This viewpoint may get some sympathy from the Government, which is setting up a task force to speed up the development of mental health services in the community. Stephen Dorrell, Under Secretary of State for Health, hopes that this will tackle the 'grotesque' misallocation of resources between hospital and community services: annual spending per head on 80 000 patients in psychiatric hospitals is currently £26 250, compared to £107 per head on the estimated 5.9 million people with some form of mental illness living in the community.

Guardian 22 February; Telegraph/Times 11 March 1992

Inquiry hears of intimidation and abuse

An inquiry chaired by Louis Blom-Cooper into Ashworth special hospital on Merseyside has heard evidence of abuse of patients which has included submerging the head of a patient in washing up water and displaying a pig's head in a ward of the most vulnerable patients. Witnesses talked of an intimidating culture in which patients were under the total control of a small group of staff and other staff felt under threat: some even talked of death threats. There were also accusations that some nurses, most of whom are members of the Prison Officers' Association, had displayed extreme right wing propaganda at the hospital.

Guardian 10 March 1992

FROM THE JOURNALS

Charter for disabled people using hospital

This charter, published by the Royal College of Physicians, blames nearly all unnecessary unhappiness experienced by disabled people using hospital on a failure by hospital staff to consult disabled patients and their carers. The College collaborated with the Prince of Wales' Advisory Group on Disability in drawing up the charter, which criticises the negative attitudes and inaccessible environments still found in hospitals. It discusses practices which harm the health and independence of disabled

people, many of them all too common.

There is a call for training programmes, designed and led by people with disabilities, to increase the understanding of hospital staff. It is perhaps a sign of how far there is to go that many of us have to have it pointed out that 'a person who has learnt to live with a disability is usually much better informed about it and the way to live with it than anyone else'.

The charter includes a list of key principles and a scheme for audit, with a detailed checklist of features and practices. Copies are available from the RCP, 11 St Andrews Place, London NW1 4LE for £5 plus £1 p&p.

BMJ 7 March 1992, p594

NHS reforms: the first six months – proof of progress or a statistical smokescreen?

Radical Statistics Health Group

It's always reassuring to have someone who knows what they are talking about to scrutinise 'facts' given to us by those in powerful positions. The Radical Statistics Health Group (RSHG) does just that in relation to the NHS Management Executive's recent publication *NHS reforms: the first six months*. Duncan Nichol is enthusiastic about the reforms in his introduction to the booklet, and backs up his enthusiasm with details on four aspects, three of them largely statistical. It is with these three (statistics on hospital admissions, waiting lists and primary care as measured by immunisation rates) that this paper is concerned.

Much of what the RSHG points out concerns the details of data collection and analysis. It explains what information is being collected (What is the difference between a 'finished consultant episode' and a 'discharge or death'? for example); highlights dubious techniques (rounding to the nearest 100 000 when interpreting a rise of 80 000, multiplying six months' figures by two to get the annual figure); and notes changes in data collection practices (incentives for more complete reporting following the introduction of individual billing). They also point out some of the assumptions hidden beneath the statistics (Are activity increases necessarily a good thing regardless of the level of community support for people discharged earlier from hospital? Is it valid to think of immunisations as an indicator of the quality of primary care?).

The RSHG concludes that the data presented in *NHS reforms: the first six months* fail to support Duncan Nichol's claims that the changes are leading to improved care, greater responsiveness to individuals and better value for money. In particular, the group is critical of the failure to compare changes since April 1991 with changes in previous years. And it raises the question of how well the available data *can* be used while the Government Statistical Service is under the immediate political control of the Government.

BMJ 14 March 1992, pp705-09

AROUND THE CHCs

Winchester CHC and the Save Andover Maternity Group have been successful in their opposition to the closure of Andover GP Maternity Unit. Following a formal objection from the CHC, Stephen Dorrell, Under Secretary of State for Health, refused Winchester and Central Hampshire Health Authority's proposal to make savings by closing the unit. However, the CHC is angry that the health authority did not take full notice of the arguments when the CHC first put them forward nearly two years ago.

There has also been a success for **Tunbridge Wells CHC** over maternity services. The CHC had opposed Tunbridge Wells Health Authority's proposal to cease in-patient maternity provision at Crowborough Hospital, and had suggested instead that responsibility for the community hospital should be transferred to Eastbourne Health Authority, within whose district it is located. Stephen Dorrell accepted the CHC's proposals on both counts, subject to a review of the arrangements in two years time.

Parkside CHC is hoping to win a bid for funding from its Regional Health Authority for its quarterly health news bulletin *DispatCHC*. The bulletin, which is aimed at readers interested in a wide range of health-related topics in Parkside Health District, has been well received. A survey recently conducted amongst the readership showed that the majority of readers work in voluntary organisations. A successful bid would allow the CHC to have the bulletin printed externally and to widen its circulation to GP and dental surgeries, outpatient departments and libraries in the district. It is hoped that a wider circulation would increase the number of readers from the general public.

Hounslow and Spelthorne CHC have discovered that patients prescribed an oxygen concentrator and a ventilator at home should have all electricity costs paid for by the NHS. This followed a complaint from a family that this equipment for one of their children was costing £200-plus per quarter in electricity charges.

West Berkshire District Health Authority has backed down from proposals to move 350 elderly patients into private nursing homes in the face of opposition from **West Berkshire CHC**, Berkshire County Council and staff unions. The health authority had intended that most of the cost of care would have passed to the Department of Social Security, with the health authority 'topping up' to bridge the gap between income support levels and nursing home fees. However, it appears that the plan is being scaled down rather than abandoned, and consultations between the health authority and the county council are now under way.

Central Manchester CHC has expressed its belief that job losses proposed at Manchester Central Hospitals and Community Care Trust will inevitably have an effect on patient care. The trust's Finance Director says that the aim is to make savings of £3 million while protecting levels of patient care; they also hope to avoid compulsory redundancies.

'Charter rights: ... write to Duncan Nichol .... Mr Nichol will investigate the matter and if you have been denied a right he will take action...'

Under the terms of the Patient's Charter, a patient's husband was advised by **Bexley CHC** to write to Duncan Nichol. The complainant was unhappy to receive in response an 'Ombudsman leaflet' and a 'Complaints procedure handout'. The former was inapplicable and the latter included seven inaccuracies and omissions in its one and a half pages. The CHC Secretary has written suggesting that the handout be withdrawn immediately.

Lewisham and North Southwark CHC has called on Minister of Health, Virginia Bottomley, to intervene over the appointment of executive directors to an NHS trust. The Optimum Health Trust, which is to take over community health services in the District in April, wants to appoint all the current senior managers of the unit to the new posts without competition and without advertisement. The CHC has complained that this is contrary to Government guidance on equal opportunities and on trust appointments.

Many CHCs may experience difficulties in eliciting the views of the 'normally healthy' population. **Pontefract and District CHC** has found that a successful approach has been to hold coffee mornings in a public place adjacent to a shopping centre. Members of the public are invited in to meet and talk to CHC Members and a short questionnaire is available for Members to use.

Pontefract and District CHC has also developed a scheme for targeting questionnaires used in joint surveys with the district health authority. Once a health care issue has been identified, the health authority can extract the details of the relevant patients using its medical records and send questionnaire forms directly to these patients. The patients then use a Freepost envelope to return the questionnaire to the CHC, which can validate the results. This procedure achieved a 94% response rate in a recent chiropody survey.

CHC PUBLICATIONS

Health care of prisoners in HM Prison Wandsworth

Wandsworth CHC

The Prison Medical Service operates largely outside the NHS. Prison Boards of Visitors, which act as the watch dog, are not specifically concerned with health issues, and in any case are not necessarily seen by prisoners as 'independent and unbiased'. In a context of lack of effective scrutiny, it is difficult to bring deficiencies in the Prison Medical Service to light, and hence to maintain or raise standards.

Wandsworth CHC was alerted to some health care problems at Wandsworth Prison when it was approached about prisoners with diabetes; it subsequently received other complaints. The CHC had little success in obtaining responses to its requests for information on behalf of the prisoners. It was, however, able to establish that there are particular problem areas, such as referral to NHS facilities, health promotion and complaints procedures.

This report describes the steps the CHC has taken and details the complaints that were brought to it. As a result of its findings the CHC has produced a proposed Prisoners' Health Care Charter and recommendations for the Prison Medical Service which are included with the report.

Clinics in Stockport

Stockport CHC

This substantial report aims to detail the services provided in the community, and to present the views of district nurses and health visitors on the services they provide and on the effects of recent legislative changes. A checklist was used to record information on 23 health centres and clinics (including nursing, health visiting and paramedic services; access; environment; security; staff concerns). It was carried out in 1990 and published in 1991.

The first part of the results gives an overview of findings and makes recommendations. The second part gives the detailed findings of the survey. The checklist is included as an appendix. The section on staff concerns demonstrates high levels of worry about the changes in the NHS with specific problems explained from the perspective of community staff. Many staff felt confused and under threat. The report's authors quote a notice hanging in one of the staff rooms:

> *'We trained hard, but it seemed that every time we were beginning to form up into teams we would be reorganised. I was to learn later in life that we tend to meet any new situation by reorganising, and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralisation.' (Gaius Petronius AD 66)*

Plus ça change!

The provision of health care to rural population. Report of a conference

South Lincolnshire CHC and DHA and Community Council of Lincolnshire

Lip service is often paid to 'a multi-disciplinary approach', but often it goes no further than that. It is refreshing to see someone from outside the health and social services being invited to address a conference of health professionals, and bringing wider perspective. Brian McLaughlin is a geographer by training, currently works for the National Farmers Union and was a member of the Archbishops' Commission into rural deprivation. In the conference he discussed insights gained from a major survey carried out in the early 1980s. There were consistently 25% of households living in or on the margins of poverty in any rural area; almost regardless of the size of the area being surveyed. Low wages, and more recently unemployment, have led to a substantial group of people who are marginalised, with a cluster of deprivations. Thus people on low wages tend also to have poor housing, to lack transport, hence services are inaccessible and shopping more expensive or time-consuming; they may be unable to take time off work to make use of services. They can rarely make arrangements for more than a State pension, so the low-waged of today are likely to become the deprived elderly in ten to twenty years time.

Mr McLaughlin's main point is that health care is not delivered in a vacuum, but

in the context of problems which require an integrated approach. Many rural areas are unique, and models that are appropriate in some areas may not be workable in others. Thus, in devising integrated solutions for rural areas, we must guard against 'generalising from the unique'.

This was the first of four presentations in a conference called to consider Trent Region's report 'Grasping the nettle'. Other contributions were on rural hospitals (Dr Richard Alderslade), access to services (Baroness Masham of Ilton) and general practice (Dr Brian Wookey). The report is an edited transcript of the presentations and the comments and questions sessions.

IN BRIEF

Central Out-Patient Department survey
North Staffordshire CHC

Questionnaire administered to 120 users. Report includes questionnaire, guidance to interviewers, aggregated results, comments and recommendations.

A survey of patients discharged from Kidderminster General Hospital
Kidderminster and District CHC

Questionnaire on discharge arrangements sent to 94 patients who had been discharged on five days. Report includes questionnaire, aggregated results, additional responses, comments and recommendations.

Consumer views on prescribing policy and practice
Oxfordshire CHC

Small-scale study to 'test the water' with a view to following up issues that emerge. 56 respondents. Report includes aggregated results, respondents' comments and CHC comments.

Care of children in the acute units at Freedom Fields Hospital, Greenbank Hospital and Derriford Hospital.
Plymouth and District CHC

Questionnaire answered for 91 children. Report includes questionnaire, results, comments, recommendations and conclusions about conduct of future surveys. Some results are tabulated by sex of child and/or ward or hospital, offering insights that would be lost in aggregated results.

Services for elderly mentally infirm people in South Camden
Bloomsbury CHC

Straightforward discussion document resulting from meetings with carers, voluntary organisations and service providers. Discussion/recommendations on assessment, community living and continuing care. Appendix is report on a visit to Friern Hospital.

Report on general practices in Ealing
Ealing CHC

Report on 151 general practices. The CHC phoned every emergency out-of-hours service and visited all the GP premises. One practice had moved several years ago, but the FHSA was using the old address – they found it only by asking in the local pub!

IN BRIEF

OFFICIAL PUBLICATIONS

Maternity services

Second report of the House of Commons Health Committee, Session 1991-92, HMSO, £19.40

For over a decade, official advice has been that 'every mother should be encouraged to have her baby in a maternity unit where emergency facilities are available'. It is hardly surprising, then, that the supposed commitment to giving pregnant women choices in their care has seemed less than wholehearted. This report states that such advice has been superseded – a result of shifting the focus from abnormal pregnancies and mortality, to normality and health. The committee does not neglect mortality, but tends to accept the view of witnesses representing midwives: that pregnancy and birth have been over-medicalised. They do not accept that it has been proved that hospital is the safest place for normal deliveries. As a result, the report recommends that women should not be discouraged from giving birth at home or in small units if that is their preference.

Despite the impression given in media reactions to the report, the emphasis is not so much on recommending where care (especially care at delivery) should be given, as stressing that women should be given realistic choices and the information they need to make those choices: that they should be in control of their own pregnancies. Flexibility is needed to respond to the needs and preferences of individual women. Another recommendation that runs through the report is that women should receive continuity of care. In line with this approach, the report considers antenatal, intrapartum and postnatal care and support in one publication, avoiding a fragmented view of what is needed of a maternity service.

Whereas the views of service users and consumer groups interviewed by the committee showed a marked consensus, the same cannot be said of the professional groups. Each of them – midwives, GPs, obstetricians, managers – tended to reflect its professional interests, and all came in for criticism for their territorial approach. The committee has grave reservations about the present system of shared care, which they believe leads to fragmentation, duplication and rigidity. It recommends that the skills of midwives should be used more fully and it backs the opening of more midwife-managed maternity units attached to hospitals. Midwives should be trained in resuscitation to cope with emergencies, though little is said about other emergency responses. The right of midwives to refer direct to obstetricians is also advocated. Recommendations on the GP's role are not all restrictive: a GP who wants to provide care throughout pregnancy, labour and the puerperium can provide continuity of care and offer another choice for women. Indeed, the committee very strongly backs the retention of GP maternity units. However, it was critical of a situation in which GPs may not give intrapartum care, yet at the same time marginalise the role of community midwives. Many women will continue to prefer a consultant unit delivery: recommendations on such units concern the environment of the delivery unit, choices for women and their partners and staffing requirements.

There is an important role for regional centres of excellence in accepting tertiary referrals when serious complications arise or are anticipated. The recent NHS reforms could put such centres at risk: if district managers decide to provide such cover at district level, regional centres may no longer be viable. Provision at district level may be inadequate due to the small numbers involved. The committee argues for some form of protection, perhaps regional contracts or, failing that, a system of accreditation.

The reception this report receives will depend largely on the perceived risks of the various forms of care, and on the weight that people think should be attached to risk of mortality as against, say, morbidity or maternal satisfaction. Although there are plenty of (conflicting) opinions, there is little firm evidence as to what the relative risks are. In any case, as the report states, 'there are many areas of public policy in which risk must be balanced against gain'. If this report is acted upon, perhaps every woman will be able to take part in deciding where that balance lies for her and her baby.

GENERAL PUBLICATIONS

A health service for London

Report on a conference organised by Health Rights and the Greater London Association of CHCs

edited by Richard Wiles

Obtainable from GLACHC, 100 Park Village East, London NW1 3SR, 071 387 2171. £9.95 + £1 p&p.

The introduction of the NHS and Community Care Act 1990 is likely to move London's health services 'from chronic chaos to acute crisis', as underlying problems are brought to the surface. This conference brought together a wide range of people to address these problems: speakers came from CHCs, local authorities, health authorities, FHSAs, academic institutions and research bodies.

The imbalance between acute hospital care and primary/community services is particularly marked in London, and the bias is unlikely to be corrected without real user participation decision making. Four presentations on 'User involvement and political accountability' addressed this issue directly, and workshops on 'Assessment of health needs of Londoners' called for innovative approaches to sharing power in needs assessment.

The issues considered in the afternoon sessions were more specific to London: Does London need one Regional Health Authority? How can London recruit and retain health service staff? What is the effect of London's role as a national specialist centre?

Health and social services and labour markets are in a state of flux: it would be all too easy to allow a piecemeal reaction by purchasers and providers to immediate pressures. There must be coordinated action to ensure that the changes to come meet the needs and wishes of London's population.

Listening to people
User involvement in the NHS: the challenge for the future

Ros Levenson and Nikki Joule

GLACHC (as last item), £5.50 + 50p p&p

This report takes up some of the issues mentioned in the previous item. NHS managers know that they should involve users (or at least be seen to do so), but too often they don't know how, or they pull back when they appreciate that it means actually sharing power. The report examines some of the obstacles to meeting the challenge of user involvement. We may think of user involvement in various ways, without being aware of the assumptions we make. Four 'models' set out what such assumptions may be (many CHCs will have come across the 'Tell me you love me' approach). The final section outlines five initiatives from CHCs in London which hope to move user involvement forward in their districts. An appendix sets out GLACHC's Code of Good Practice for formal consultations.

The media and the mentally disordered

The Matthew Trust, PO Box 604, London SW6 3AG, 071 736 5976. £25 + £1 p&p

This publication consists of three brief reports into attitudes and practices of the media in relation to mentally disordered people, together with copies of letters to relevant decision-makers in Government and the media.

The Trust considers that the provisions of the newspapers' Code of Practice against intrusions of privacy are insufficient to protect people who are mentally ill and distressed. Newspapers appeal too readily to the 'public

IN BRIEF

Therapy, tranx and power

Mind, Mail Order Service, 4th Floor, 24—32 Stephenson Way, London NW1 2HD, Tel: 071 387 9126

£7 + 75p postage. 10% discount for members and affiliated local associations

Audio cassette of two speeches (50 mins total) delivered at 1991 national conference
A: Abuse of power in psychoanalysis and psychiatry
B: Power or dependence? Consumers and benzodiazepines

IN BRIEF

interest' in justifying intrusive and sensationalist stories. A researcher for the Trust also found that, in the event of a complaint, it was difficult to gain access to the readers' representative on most national newspapers. The BBC also comes in for criticism: both the style of some stories and inaccuracies in reports on special hospitals encourage false public perceptions of mentally disordered people.

The publication includes proposals for changes to the Code of Practice for newspapers, and recommendations for a separate Code of Practice for the BBC.

Hysterectomy and vaginal repair 3rd edition

Sally Haslett and Molly Jennings

Beaconsfield Publishers , Beaconsfield, Bucks, £2.50

A senior nurse and a physiotherapist in St Thomas' Hospital wrote this booklet for women who have had or are about to have a hysterectomy or vaginal repair. They explain the procedures involved in the surgery and subsequent care. A good deal of the booklet gives details of exercises suitable at various stages, and it gives advice on activities such as walking, housework and sexual intercourse. This edition has new photographs to illustrate exercises and activities.

National Cervical Screening Programme Primary education pack

Cancer Research Campaign, Primary Care Education Group, Department of Public Health and Primary Care, 65 Banbury Road, Oxford OX2 6PE. £5, cheques payable to Cervical Screening Programme.

Funding from the Cancer Research Campaign and the Imperial Cancer Research Fund has made it possible to distribute one copy of this pack free of charge to every general practice in the UK.

It consists of a poster for surgeries and two booklets. One, *Cervical Screening (2nd edition)* by Joan Austoker and Ann McPherson is a practical guide for GPs. In 65 pages it gives facts about cervical cancer, explains administrative procedures and discusses areas of controversy.

The shorter booklet, *Taking Cervical Smears* by Margaret Wolfendale, a Consultant Cytopathologist, includes the minimum of detail so as to be of practical use to a busy GP. It is very well produced, making it easy to find and take in information on smear test techniques, appearance of the cervix and nomenclature used in reports. Not included in the pack is a 20 minute video which accompanies *Taking Cervical Smears*, but an order form for it is provided. The video and booklet together cost £20 from the British Society for Clinical Cytology.

FORTHCOMING EVENTS

AgeWell: promoting health activities for and with older people

- a series of one-day seminars
- organised by Age Concern England
- 31 March Brighton; 1 May Sheffield; 29 May Cardiff; 30 June Liverpool; 30 July Oxford
- fees vary from £6 to £47 inc refreshments and handbook

A question of balance: patients' money and the NHS

- one-day conference
- organised by Age Concern England in association with the Disabled Living Foundation, Mind, Mencap and NAHAT
- 20 May 1992
- Business Design Centre London

Booking forms and further details of both these events from:

Conference Unit
Age Concern England
1268 London Road
London SW16 4ER
Tel: 081 679 8000
Fax: 081 679 6069

FROM THE VOLUNTARY SECTOR

The Parkinson's Disease Society of the United Kingdom has 220 branches throughout the country. The following people can be contacted for information about activity in your area.

Greater London, SE England
Rodney Wolfe Coe, Tel: 0233 635363

Eastern Counties
Charles Friend, Tel: 0778 393790

SW England, S Wales, Channel Islands
Alan Erwood, Tel: 0453 511403

Midlands, N Wales, NW England, Isle of Man
Ian Prest, Tel: 0282 611998

Scotland, NE England, Ireland
Sheila Scott, Tel: 041 943 1760

INFORMATION WANTED

Liverpool Central and Southern CHC would like to hear from any CHCs that have adopted standards for services which they provide to members of the public, such as how long they take to answer letters and what help and assistance is available to people wanting to make a complaint about local services.

Salford CHC is concerned that FHSAs will investigate a complaint about a sight test by an optician only if it was 'an NHS sight test', i.e. if the customer was eligible for a free sight test (children under 16, those on income support etc.). The CHC would like to hear from any other CHCs which have come across this problem.

Oxfordshire CHC needs to formulate a response to its FHSA over proposals by GPs to use the services of 'Healthcall' and would appreciate hearing from any CHCs who have experience of GP deputising services in general and 'Healthcall' in particular.

DIRECTORY AMENDMENTS

Page i **Association of Welsh Health Councils**

c/o South Gwent CHC
137a Commercial Street
Newport, Gwent NP9 1LN
Tel: unchanged

Association of Scottish Local Health Councils

Director: Penny Richardson
Fax: 031 229 6220

Page iii **SW Thames CHC**

69b Bell Street
Tel: 0737 241244

Page 2 **South Cumbria CHC**

Chief Officer: Gordon Hearsey

Page 4 **Northallerton CHC**

Tel: 0609 770627

Page 8 **West Norfolk and Wisbech CHC**

Acting Secretary: Edith Finbow

Page 12 **West Essex & District CHC**

Delete: '& District'

Page 14 **South East Kent CHC**

Chief Officer: Mrs June Howkins

Page 15 **Croydon CHC**

Chief Officer: Joan McGlennon

Page 25 **Chester CHC**

First Floor
Clarence House
St Werburgh Street
Chester CH1 2DY
Tel: 0244 318123, Fax: 0244 315821

Crewe CHC

Tel: 0270 255909/211786
Fax: 0270 250460

Page 32 **South Gwent CHC**

137a Commercial St (entrance Hill St)
Newport, Gwent NP9 1LN
Tel: unchanged