



COMMUNITY

HEALTH

NEWS

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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NEWS

No "real real" funding increase

Research carried out by the Nuffield Institute for Health Services Studies has concluded that only in the last two years has there been a "real real growth" in funding for the NHS. Despite a growth in total resources of nearly 40% between 1979/80 and 1991/92 when set against general inflation, increases in funding up to 1990 have been required to cover demographic changes, medical advances and policy changes. It is only in the last two years that there has been a growth in funding above these requirements. According to Colin Thunhurst, author of the study, it is as yet too early to judge whether the recent boost has produced some genuine and lasting improvements in the service or whether it constitutes the administrative and political costs of the NHS reforms.

Another survey from the Nuffield Institute concludes that Britain ranks below most comparable countries on health spending by almost every measure. Andrew Green's study considers various methods of comparison. Using the measure of total health expenditure as a proportion of GDP, Britain had fallen from about average in 1980 to 22nd out of 23 OECD countries by 1989. Only Greece ranked lower among the countries considered, Turkey being excluded from the analysis. Spending on the public health sector has fallen as a proportion of total health spending, but still puts Britain at 5th in the OECD league.

Guardian, 25 April 1992

Appeals for charity to save lives

A long-standing consensus that charity should be used by the NHS only to supplement basic patient care is giving way to a fund-raising culture in which charity is seen as necessary to save lives, according to a report from the Directory of Social Change. The report details appeals, particularly from hospital trusts, aimed at providing funds for essential services. While charity may be a way of increasing health service resources, the report warns of a number of dangers. It could lead to distorted planning of services to suit fund-raising needs and to a disparity in the services offered

between areas where fund-raising can be successful and those where it cannot.

Charity and NHS Reform is available from Directory of Social Change, Radius Works, Back Lane, London NW3 1HL for £40 (£20 voluntary organisations).

Guardian, 30 March 1992

Winners and losers in the waiting list race

In February, the number of people on NHS waiting lists for up to a year rose by 1.1% to 826 487. In the same month the figure for waits between one and two years fell by 5.8% to 87 968 and that for waits over two years fell by 45.3% to 11 208. The overall fall in waiting lists was 0.6%.

Four out of the 14 regional health authorities in England succeeded in removing all patients from their two-year plus waiting lists by 1 April in line with Government promises. Ten regions have failed to meet the promise: of these North East Thames still had 788 patients on the target list at 31 March and West Midlands 117. A further 520 patients were still waiting for treatment at Special Health Authorities, bringing the overall figure for two-year plus waits to 1640.

The Government has promised that the maximum wait for hip and knee replacements and cataract operations will be brought down to 18 months, and ministers have proposed that this should be achieved within a year.

Independent, Daily Telegraph, 3 April 1992,

Guardian, 26 March & 3 April 1992

Breach of the rules

At a time when there have been claims of "creeping privatisation" the NHS Management Executive has called for an urgent investigation into a possible breach of the rules on mixing NHS and private health care. A patient at Good Hope Hospital in North Birmingham is in a coma which is believed to be irreversible, and with intensive nursing care she could live for two to ten years. Although she is an NHS patient she is receiving round the clock nursing care from private nurses at a cost of

£1000 a week. The patient's husband claims that it was obliquely suggested to him that the hospital did not have the resources to provide the necessary level of care and, since his wife had medical insurance, private nursing care should be sought. The general manager of North Birmingham Health Authority denies that such a suggestion was made, and says that the hospital would provide the care necessary. However, the husband had chosen to engage additional private nurses, and that was his prerogative.

Guardian, 1 April 1992

Declining GP support for free services

A large minority of GPs now support charging patients for some of their services, according to a BMA survey. Of the 25 485 GPs responding to the survey, over 35% want charges for out-of-hours visits, and over a quarter want patients to be charged for home visits during working hours; 13% would like to see a fee for surgery consultations.

The same survey found that more than 60% of GPs remain opposed to fundholding. This includes 30% of GPs who are already fundholders or are considering becoming fundholders. This finding casts doubt on the Government assumption that applications from GPs to take on their own budgets is an indication of support for the new system.

Independent, 20 March 1992

Second wave trusts launched

A further 103 provider units became self-governing trusts on 1 April, bringing the total in England, Scotland and Wales to 160. With a further 150 potential bids for third wave status it seems likely that within a year half the NHS budget will be spent in trusts.

On the same day another tranche of GPs became fundholders. Some 3000 GPs (almost 10% of the total), covering 6.7 million of the population, now control their own budgets. Another 2500 GPs are interested in joining the system next April.

The Prime Minister has stated that GP practices with fewer than 7000 patients on their lists are to become eligible for the fundholding scheme.

Independent, 1 April 1992

Woman dies after 10 hour wait on trolley

An elderly woman died after waiting on a hospital trolley for 10 hours: she had been admitted to hospital with minor injuries after a fall at home.

Doctors at the Royal London Hospital, Whitechapel, decided at 4 p.m. on 16 December that Mrs Bennett should be transferred to Mile End Hospital for tests. She arrived unconscious at 2.30 a.m. the following day. There are conflicting reports of communications between nurses and the ambulance service. A nursing sister gave evidence that she had been told by the ambulance service that 55 emergency calls were being stacked, but the ambulance service denied being aware that Mrs Bennett was an emergency transfer. At 10 p.m. the family had suggested that they get a private ambulance, but were told that this was not necessary since an NHS ambulance would be there at any minute.

The coroner, Dr Douglas Chambers, recorded a verdict of death by natural causes due to bronchial pneumonia and heart disease, but called on the ambulance service and the hospital trust to "get their heads together".

The case follows two others in King's College Hospital in which elderly patients have died after long waits on hospital trolleys.

Times, Daily Telegraph, 9 April 1992

Department "loses" ICU report

The Department of Health "lost" a report it had commissioned into intensive care units (ICUs). The report was submitted by the Medical Research Council at the beginning of 1990: a few weeks ago the Department asked the author for a copy, apparently prompted by reports in the regional press. The Department would not comment "because of the election campaign".

The report found that 18% of ICU beds were closed and that there were not enough nurses to cover all the beds which were open. Around 40% of ICUs had fewer than four beds – the minimum recommended in order to maintain the expertise needed. Recommendations on staff to patient ratios had been violated in some cases, and despite this a majority of units could not accept new patients.

Independent, 6 April 1992

Buck stops with local authorities

The funding gap between state benefit levels and the charges levied by homes for elderly people is being laid at the door of local authorities. The gap between benefit levels and home charges is currently met by families, charities, cross subsidy from other residents and the homes themselves. However, a letter from the Department of Health states that from April 1993 local authorities will be responsible for meeting the shortfall, which is likely to come to £130 million. "The contract which the local authority places with a home in the independent sector must cover the full cost of the person's board and lodging and care" for new residents. Local authority associations have called for the Government to underwrite the shortfall, which will be very substantial in some areas.

Guardian, 31 March 1992

NHS "dumping" elderly patients

The annual review from the King's Fund backs up some of the recent claims of "creeping privatisation", particularly in relation to long-term care. Shorter hospital stays and reductions beds on geriatric wards are forcing thousands of elderly people into private residential and nursing homes. Shorter hospital stays improve indicators used for efficiency, but may reduce access to the health services. The

trend has hit poor families since income support levels do not meet the full cost of care, and middle income families who are not eligible for income support. In effect, therefore, long-term health care could become a means-tested service.

The Institute is concerned by the lack of coherent policies for 1993 at local and national level, and foresees disputes between the social services and health sectors and ethical quandaries for those involved in making decisions.

Times, Independent, 31 March 1992

Increased reliance on state support

An increasing number of elderly people in private residential homes are having to turn to the state for support. The annual cost of income support payments for residential care now exceeds £1.8 billion, up from £10 million in 1979. The number of residents claiming income support has increased by 22% over the last year to 231 000, and the average claim rose from £129 to £156.

The increase is presumably partly due to the shift from NHS to private care (see above), but *Laing's Review of Private Health Care* suggests that it is also caused by the collapse of the housing market. Elderly owner-occupiers have been unable to sell their houses to meet their fees, and are having to seek support. After six months their property is taken into account in calculating benefit eligibility.

Times, 7 April 1992

Ignorance on pill precautions

A survey by the pharmaceutical company, Schering, has shown that only one in six women who forgets the pill for more than 12 hours knows that extra precautions are needed. The survey of 500 women showed that 25% of women forget to take the pill at least once a month and 9% once a week. Schering is including a booklet in all packs of its pill, Femodene. The Family Planning Association hopes that similar booklets will eventually be included in all pill packs.

Family planning today, 1st quarter 1992

Research ethics committees

The Department of Health has commissioned a study from Swansea University to investigate whether members of research ethics committees need more training to do their job properly. Concern has been expressed that members of the local committees are not sufficiently sure of their role in approving medical and pharmaceutical trials.

Nursing Times, 8 April 1992

Homelessness initiative in trouble

CHC News reported in February on the Homeless Mentally Ill Initiative. It now appears that the scheme is on the brink of collapse having failed to house a single person. It had been announced that 750 long-term units were to be built in London, with 150 available by the end of March. However, plans have not even been drawn up to develop the homes. According to the Joint Forum on Mental Health and Homelessness, housing associations are refusing to start work on the projects until they are guaranteed funding to meet running costs. The Health Department is maintaining that such funds should come from local authorities and that they have received grants to cover these expenses.

Independent, 6 April 1992

New rules on orange badges

New orange parking badge rules were introduced in March. The new badge has a space for a photograph and must be displayed on the dashboard so that it is legible from the outside. More people are eligible for badges, though councils can refuse to issue them if they think applicants are not who they claim to be or will let other people use them. Other rule changes concern time limits for parking and bans of parking in cycle lanes.

Two free leaflets on the changes are available from RADAR, 25 Mortimer Street, London W1N 8AB. Please send a stamped addressed envelope.

Disability Now, April 1992

PARLIAMENTARY NEWS

Following the re-election of a Conservative Government, the following ministerial changes have been made:

Virginia Bottomley, formerly Health Minister, is to take over from William Waldegrave as Secretary of State for Health.

Brian Mawhinney moves from the Northern Ireland Office to become Minister of State for Health.

Baroness Cumberlege, Timothy Yeo and Thomas Sackville become Parliamentary Under-Secretaries of State for Health.

William Waldegrave moves from the Health Department to become Chancellor of the Duchy of Lancaster in charge of the Citizen's Charter.

Stephen Dorrell also leaves the Health Department to go to the Treasury.

Observer, 12 April 1992; Guardian, 15 April 1992

MPs call for complaints role

The House of Commons Ombudsman's Committee has called for powers to scrutinise FHSA decisions on patients' complaints against GPs. Service Committee hearings cannot be investigated by the health service ombudsman, William Reid, who has claimed that patients are being "denied potential investigation and redress". Appeals against Service Committees' decisions have been delegated to a special appeals unit run by Yorkshire RHA, but there are doubts about who has overall jurisdiction. A ruling on this matter is awaited from the Law Lords.

Doctor, 19 March 1992

FROM THE JOURNALS

Public opinion and purchasing

Whereas satisfaction surveys investigate the experiences of service users and should provide information useful to service providers, public opinion surveys can provide information on the whole resident population and can be useful in informing health care purchasers of the needs and priorities of the population they serve. This report discusses a public opinion survey from Bath in which 704 members of the public responded to a questionnaire (response rate 49.2%). They were asked about the importance of selected services, knowledge of the health authority and the role of the public in decision making.

The results from this study have a similar feel to those from South Cumbria (see "CHC publications"). When services are ranked by proportion of respondents saying they are "very important", kidney dialysis comes out on top (81%), followed by the special care baby unit (71%). Help with stopping smoking (8%) and varicose vein surgery (4%) come at the bottom of the list. When asked about aspects of services, respondents put clear information at the top (76%) followed by modern equipment (68%), with comfortable waiting areas coming last (10%). Respondents were not asked about standards of treatment.

Respondents were told that keeping community hospitals open means that a reduced level of other services is available at the district general hospital. Nevertheless 82% agreed that they should be kept open.

Knowledge of the institutional arrangements of health care was shown to be low, and a vast majority of respondents agreed that they should be given more information about the health authority and the services it provides. Although a majority (58%) thought that decisions on running the health services should be left to doctors and health experts, 65% also felt that the public should have more say in decision making.

Concluding, the authors point out "barriers" to more public decision making: for example that the public needs to be better informed and that health authorities and the public may have different priorities.

BMJ, 14 March 1992, pp 680-2

What GPs want

The General Medical Services Committee of the BMA has carried out a major survey of GPs which gives some clear indications of how they would like to see the service develop. Of the 36 000 GPs sent questionnaires, 25 000 responded.

Accreditation: 50% of respondents thought an accreditation system would improve patient care, with only 27% disagreeing. Only 19% thought no further reappraisal of GPs is necessary after they have acquired a basic level of competence.

Pay: GPs would award themselves large pay increases. Well over half think they should earn more than £55 000 if they have out-of-hours responsibilities, and over half think they should earn more than £40 000 even without such responsibilities.

Round the clock responsibility: nearly two-thirds of respondents would like to opt out of the 24 hour commitment. Opposition to the commitment was strongest among young, urban GPs. Eight out of ten GPs supported out-of-hours centres as an alternative to 24 hour cover by family doctors, but it is recognised that there would be problems over funding.

Independent status: a majority wished to remain independent contractors of services, though 44% said they would consider being salaried, in particular to reduce out-of-hours work and to have less management and administrative responsibility.

Fundholding: 62% of GPs remain opposed to fundholding, including a number who either are fundholders or have applied to become fundholders. Of those considering becoming third-wave fundholding applicants, 40% remain opposed to the system.

Charging patients: last in the report of the survey, but perhaps of most concern to the general public is the support among GPs for charging patients. Over a third thought that all patients should be charged for out-of-hours home visits; 24% thought patients should be charged for other home visits and 13% for surgery consultations.

BMJ, 21 March 1992, pp 731-2

Dependency on hospital drugs

Patients given benzodiazepines in hospital may become dependent on the drugs according to a study from Clatterbridge Hospital in Merseyside. The survey of six of the hospital's wards showed that 16% of patients were prescribed benzodiazepines for the first time while they were hospital in-patients. Of these, 25% continued on the drug when they went home.

The researcher has called for guidelines to reduce first-time in-patient use and to prevent benzodiazepines from being prescribed when first-time users are discharged. However, a pharmacy manager from Liverpool's Aintree hospitals has cast doubt on whether this would work. Similar guidelines at the Aintree hospitals have been shown to have had no significant effect in any of the wards on which they have been issued.

The Pharmaceutical Journal, 14 March 1992, p 344

Better services from fundholders

A *Which?* survey has found that patients registered with fundholding GPs are likely to get a better service than those registered with GPs who do not control their own budgets. GP fundholders offered a wider range of services at their surgeries (e.g. specialist doctors, counsellors and paramedical services). In addition their patients are likely to receive hospital treatment more quickly.

Without information on the quality of service at the sample practices before the scheme came into effect, one cannot judge whether the better standards are due to the effects of fundholding or to the selection of practices deemed suitable for the scheme. The finding that large non-fundholding practices offer as wide a range of services as the (necessarily) large fundholding practices suggests that, on this score at least, it is the nature of the practice rather than the fact of fundholding that is responsible for high quality.

The same survey found that whereas GPs rate time spent with each patient and keeping up with medical knowledge as the top priorities for improvement, their patients' top priorities were reducing the time spent in GP waiting rooms and the length of time before they could get an appointment.

Daily Telegraph, 2 April 1992

AROUND THE CHCs

Lewisham and North Southwark CHC have had confirmation from the Department of Health that in all FHSA complaints procedures, including those relating to complaints before September 1990:

- 1 CHC officers should be allowed to assist complainants and should not be regarded as "paid advocates";
- 2 both a CHC officer and the complainant should be allowed to address the Service Committee and question witnesses, provided they do not do so at the same time.

Some CHCs have encountered problems with FHSAs that have applied the "old" FHSA complaints guidelines to complaints dating from before September 1990. The old guidelines regarded CHCs as paid advocates and therefore ineligible to assist complainants in Service Committee hearings.

On receiving no answer at a DHA meeting on Information and Quality as to what "quality" meant, the Secretary of **Dewsbury CHC** seized the initiative and wrote her own definition, set out on one side of A4. Dewsbury District Hospital has adopted the definition almost unchanged and distributed to all staff in the Unit.

Liverpool Eastern CHC has expressed serious concern over the pressure on nurses working on surgical wards at Alder Hey Trust Hospital. The closure of a surgical ward last July has increased the number of children who have been admitted for general surgery, but have to be nursed on wards of other surgical specialties. Very prompt discharge from hospital means that wards have a high proportion of very sick children, requiring intensive nursing care. The CHC has called on the purchasing consortium to increase the contract value for caring for sick children and to provide funds for the Trust to re-open a fully staffed surgical ward. It has also written to Mersey RHA and the Secretary of State, alerting them to the risks of the present situation.

CHC PUBLICATIONS

A guide to visiting hospitals and health care premises *Salford CHC*

This very practical guide resulted from a CHC workshop held last year. In 15 pages it takes the reader through a wide range of questions: where and when to visit, who should visit, why they should make a visit etc. Guidelines are given on preparations, the process of visit, questions to ask and writing reports. Two appendices set out things to look out for and detailed suggestions on the format of reports.

Patient satisfaction survey **December 1990 – December 1991** *Hillingdon CHC*

Hillingdon CHC and Health Authority are jointly carrying out a continuous satisfaction survey at the three local hospitals. A sample of 10% of patients discharged from the hospitals are sent a list of 18 aspects of their hospital stay. They are asked to give each aspect a satisfaction rating. The survey has been taking place since October 1990, and results are analysed quarterly by the health authority. Additional comments or formal complaints are kept by the CHC and sent in anonymised form to the hospitals. In 1991 the survey achieved a response rate of 51%.

This report comments on the results of the survey to date and, in particular, compares satisfaction ratings on each of the 18 aspects from the start and end of 1991. In the middle of the year the satisfaction ratings offered to patients were reduced from six to four, so the comparison is not watertight. Nevertheless there have clearly been improvements in some areas on which the hospitals have taken action, particularly signposting. Once the change in the ratings has worked its way through a full year, the findings should prove even more useful.

This simple method of surveying enables large numbers of patients to be questioned. The information it provides on trends over time should prove useful to all parties involved, and are likely to provide encouragement to health care staff as they see the impact of their quality initiatives.

A survey of consumers' views of health services in South Cumbria **Executive summary**

Dr C J Atkinson, for South Cumbria CHC and Health Authority and Cumbria FHSA

This survey of 5000 patients randomly selected from the FHSA database achieved a 55.78% response rate. It addressed a number of areas: ratings of health care providers, views on what are reasonable waiting times for primary and secondary services, assessments of quality and choice of services, information needs, and priorities for additional health expenditure.

The findings on assessment of services should act as a corrective to the tendency to concentrate on the "hotel" aspects of health care provision when evaluating the quality of services. Respondents were asked to rate factors that could be used to judge standards of the services available at home, from their GP and in hospital. In all cases successful treatment was seen as being the most important, followed in order of priority by information provision, reassurance, pleasant staff, convenience and comfort. On priorities for spending additional funds, respondents placed hospital waiting lists in first place, followed by high technology equipment.

CHCs emerged as having a low profile in public perceptions, both as a source of help in seeking alternative treatment and as a source of information.

The views of local people on health care: a report of a community opinion survey on health services and issues at Glebefields Estate, Tipton. *Sandwell CHC*

Sandwell CHC carried out this survey following a "health chat" at a health centre in which a number of concerns were raised. A questionnaire was used in street interviews at various locations. Interviewers were largely successful in making the sample representative of the local population in terms of age group, sex and housing type. Of 382 people approached, 223 agreed to respond.

In addition to questions on personal/demographic details, the questionnaire

consisted of 29 questions on usage of various health services, satisfaction, access, information and attitudes to the loss of the adult dental service at the health centre. Some specific areas in which satisfaction was low emerged, such as waiting times, funding of the NHS, information, consultation with GPs and appointment systems. Areas in which respondents said they would like more information were very varied, suggesting that information needs can be addressed only by a personalised information service rather than campaigns aimed at the whole community. It is once again worrying to note that 88% of respondents had not heard of the CHC.

A report on carers' views on respite care services for people with learning disabilities

Sheffield CHC

This survey was prompted by concerns that the relocation of respite care services from health authority hostels to a unit in hospital grounds would cause some people to stop using the service. Questionnaires were sent to the 304 carers of people known to have used respite care facilities over the last 18 months; the response rate was 39%. It was not possible in this survey to include those who have not used the service. The CHC received very detailed responses, reflecting the importance of the service to current users.

While only 28% of respondents indicated clear dissatisfaction with access to services, others raised areas of concern. These included information, choice and dovetailing with day services. Carers commented that there was insufficient flexibility in the booking system since it is difficult to predict future needs for care. Access to emergency provision should be easier: some respondents felt that they had to wait until a crisis blew up, whereas they needed a safety valve so that respite care could be used to avoid a crisis.

Responses on satisfaction with services were varied. Satisfaction with services at the new unit in the hospital grounds was fairly high, though carers indicated that they would prefer care in a community setting were they given the choice. Most were satisfied with staff attitudes. However, understaffing and staff turnover were seen as problems, as was the physical state of the units.

Communication and choice in St Helier Hospital Maternity Department

Merton and Sutton CHC

For some time there has been a high level of complaints about the Maternity Department at St Helier Hospital, when compared to other departments at the same hospital. The CHC conducted this survey to test the hypothesis that one cause of the complaints is difficulties in communication between the department and pregnant women. Sixty women were surveyed in antenatal waiting rooms; 40 of these women were followed up at home after the birth of their child.

While it was found that generally communications were good, a minority were dissatisfied with the information they received and the choices given to them. More information appears to be given to women in their first pregnancy, and the CHC recommends that staff should avoid making assumptions about the previous experience of women who have given birth before. The CHC also recommends that a future survey on this subject should address the needs of women from ethnic minorities since the sample size in this case was too small to come to conclusions about their particular communication requirements.

Report on a survey of maternity services at Ashington Hospital, Northumberland

Northumberland CHC, £2.00

This survey was also divided into two stages: one dealing with the time up to discharge from hospital and the second dealing with the first two weeks at home. Of 120 women given the form, 65 returned the first part and 58 the second. The questionnaire included a wide range of questions on antenatal, perinatal and postnatal care, covering facilities, processes, choice and information.

Respondents stressed the importance of reassurance and information, and most were satisfied on these scores. A sizeable minority, however, had not been presented with choices over their care, although they were not necessarily dissatisfied with the choices made for them. In general satisfaction was high, except on the subject of food, which attracted comments reminiscent of a school dining room.

GENERAL PUBLICATIONS

With health in mind **Mental health care for children and young people**

Edited by Dr Zarrina Kurtz

Action for Sick Children in association with South West Thames RHA.

Available from ASC, Argyle House, 29-31 Euston Road, London NW1 2SD, £4.95 inc. p&p

This 20 page review into the needs of children and young people with mental health problems is divided into three sections. The first addresses issues for purchasers of health care services including needs assessment, aims and effectiveness of services, outcomes and monitoring. The second section, focusing on the provision of services, deals with objectives, nature of provision, links with other services and quality. The final section is a gives brief answers to 21 common users' questions.

A to Z of welfare benefits for people with a mental health problems

Catherine Grimshaw

MIND, Mail Order Service, 24-32 Stephenson Way, London NW1 2HD. £2.50.

People with mental health problems have particular difficulty in claiming state benefits. This practical guide for service users aims to demystify the complicated social security system. After briefly outlining the principles of support, the 24 page booklet explains a list of topics, organised in alphabetical order. Included are the new Disability Living Allowance and Disability Working Allowance and information on how to claim benefits. A pull-out section gives new benefit rates from 6 April 1992.

Further details are available from Paul Smith on 071 387 9126.

Growing up

A series from the Family Planning Association

Answering your child's questions: This booklet aimed at parents has a number of aims. It opens up discussion between mothers and fathers. It increases parents' awareness of their important role in sex education. Advice

is given on talking about important and/or difficult topics concerning sex, and parents are given a "refresher course" on puberty, safer sex, pregnancy, childbirth etc.

How your body changes: Aimed at boys and girls aged 8-12, this booklet gives facts on pubertal changes, both physical and emotional. It answers boys' and girls' questions and gives sources of further advice.

Sexuality: the third booklet is aimed at young adults. It gives facts about issues and sexual terms. There is a question and answer section which discusses commonly raised concerns. Advice is given on deciding whether to have sex and how to avoid unwanted advances. There are sections on birth control, where to go for help and sexually transmitted diseases.

All three booklets are 16 pages long and are extensively illustrated. Each costs £1.50, or £3.00 for the complete set including p&p.

Available from: Distribution Manager, Family Planning Association, 27-35 Mortimer Street, London W1N 7RJ. Further info from: Ann Furedi/Karen Pappenheim on 071 580 2333 or 071 636 7866.

The need to know

National Information Forum

Available from Charitybase, The Chandlery, 50 Westminster Bridge Road, London SE1 7QY. £95.

The National Information Forum has produced this video training package to alert doctors, paramedics and social workers to the opportunities they have to pass on information about services and facilities available to people with disabilities. The package includes a 32 minute video, a *Guide to Sources* (giving details of the main agencies providing information), a *Trainer's Handbook* (on running workshops) and a script of the video.

Further information is available from Ann Darnbrough or Andrew Cornish on 071 721 7672.

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Two leaflets from Maternity Alliance:

Money for mothers and babies
Available in English, Bengali and Chinese

Updated leaflet giving information on benefits for pregnant women, mothers and babies. Explains entitlement and how to claim. Useful to pregnant women and mothers, health care professionals, social workers and advice agencies.

Pregnant at work

Revised leaflet on maternity rights for working women. Includes up-to-date details of Statutory Maternity Pay, leave, time off for antenatal care and health rights at work. Useful to expectant working mothers, trade unions, employers, social workers and advice agencies.

For sample copies of either leaflet send SAE to Maternity Alliance, 15 Britannia Street, London WC1X 9JP. Phone: 071 837 1265.

Bulk orders at 10p per leaflet plus p&rp.

The MIND guide to advocacy in mental health: empowerment in action
MIND, Mail Order Service, 24-32 Stephenson Way, London NW1 2HD. £5 + 75p p&rp
Further info from: Paul Smith on 071 387 9126.

Describes how self-advocacy, citizen advocacy and legal advocacy work in practice, how they developed and what they can achieve. Includes useful addresses and further reading.

Comes Safe Home
Elderly Accommodation Counsel, 46A Chiswick High Road, London W4 1SZ.
£49.95.

Survey report estimating that there are 300 000 residential and nursing home places in the UK – enough for 3% of people aged over 65. For surveyed homes it gives fees, facilities, types of medical condition accepted and accessibility to services in the community.

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FROM THE VOLUNTARY SECTOR

A new association for relatives and friends of elderly people in residential and private homes has recently been launched. **The Relatives Association** will give information and advice and will campaign on behalf of its members. Information from: 071 201 9153.

The **Maternity Alliance's** Disability Working Group is conducting the first national survey of maternity care for parents with disabilities, with a view to producing a report with recommendations for the development of policies and practices which meet the demands of people with disabilities. They want to reach

parents who have been pregnant or who have had a child in the last five years and who have a physical condition, disability or chronic illness which has affected their daily life at any stage during pregnancy, birth or the six months following the baby's birth.

The questionnaire is now available from: Meg Goodman/Mary Shackle, The Maternity Alliance, 15 Britannia Street, London WC1X 9JP. Phone: 071 837 1265, Minicom: 071 837 9151, Fax: 071 837 1273. It is also available on tape. Requests for the questionnaire should be made quickly since the aim is to do the analysis in June.

INFORMATION WANTED

There have been a number of incidents of vandalism at community health premises in South Birmingham. **South Birmingham CHC** would be interested to know whether other CHCs have become aware of similar problems, and whether they have taken part in any publicity exercises to try to encourage respect for Health Service premises in the community.

One of **Winchester CHC's** staff was recently not allowed to accompany a client to a meeting with two consultants as part of the "Independent Professional Review" of a clinical complaint. The rules allow for the complainant to be accompanied by a relative or personal friend and, possibly, the client's GP, but not a CHC chief officer/secretary as well as the client's partner, for example. Other CHCs that have found similar problems in assisting clients are asked to contact Winchester CHC.

Calderdale CHC would like to hear from any CHC where there is a local policy or initiative on counselling for people after a disaster.

Eastbourne CHC has been contacted by a client who suffers from a significant level of diarrhoea following cholecystectomy and has been given to understand that this is a known complication. The CHC would like to hear from other CHCs who have clients with similar problems or have information on the incidence or management of the condition.

The **HEALTHLINK** library, which is run jointly by the three **Manchester CHCs**, would like to hear from any CHCs which have produced leaflets or booklets on specific health conditions or procedures. Please contact Christine Goldrick on 061 832 8183.

Northumberland CHC would like to hear from other CHCs in whose areas "locality management" has been introduced. In particular, they would like to know how the system is viewed by health professionals, whether there were any problems at its introduction and whether there has been any noticeable effect on patients.

FORTHCOMING EVENTS

Politics, periodontics and practices

To explore the knowledge base for planning a Europe-wide balance between general practitioners, public health and specialist services in periodontology.

- ◆ two-day meeting
- ◆ organised by the British Society of Periodontology
- ◆ 28-29 September 1992
- ◆ at the Royal Society, London
- ◆ £45 for non-members

Information from: Mrs Anne Hallows
BSP Administrative Secretary
44 Pool Road
Hartley Wintney
Basingstoke
Hampshire RG27 8RD
Tel/fax: 0252 843598

Hidden inside care

Examining issues raised by the overlap between research and treatment and teaching in health care.

- ◆ public meeting
- ◆ organised by Consumers for Ethics in Research
- ◆ 6 pm, 26 May 1992
- ◆ at the Royal Institute of Public Health and Hygiene, 28 Portland Place, London
- ◆ £5 waged, £2 unwaged. Can pay at door

Applications to: CERES
PO Box 1365
London N16 0BW

Information from: 081 802 8231

The menopause

The National Council of Women is considering holding a conference on the menopause around the country. Anyone who would be interested in attending should contact:

General Secretary
National Council of Women of GB
36 Danbury Street
London N1 8JU
Tel: 071 354 2395

DIRECTORY AMENDMENTS

Durham CHC and North West Durham CHC have now merged, to become North Durham CHC. The following amendments should be made:

- Page 1** **Durham CHC**
Delete complete entry.
- Page 2** **North West Durham CHC**
should be renamed **North Durham CHC**. Remainder of entry is unchanged.
- Page 3** **Dewsbury District CHC**
Fax: 0924 454253
- Page 9** **Harrow CHC**
Administrator: Rachel Brooks-Shaverin
- Page 16** **Richmond, Twickenham and Roehampton CHC**
Fax: 081 744 0682
- Page 19** **Oxfordshire CHC**
Fax: 0865 200909
- Page 25** **Chester CHC**
New address should read:
Clemence House not Clarence House.
- Page 31** **Merionnydd CHC**
Chief Officer: Gareth Owen