COMMUNITY HEALTH News

ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

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NEWS

New agenda for DoH

The Department of Health is to carry out a post-election review of some aspects of the NHS. This will include: how to extend fundholding to small practices and whether or not a brake should be applied on applications; the future role of regional health authorities in the context of widespread trust status; and how to improve quality of care rather than simply increase the number of patients put through the hospital system.

Doctor, 11 May 1992

BMA "must work with Government"

Following its first council meeting since the General Election, the BMA has issued a statement that "it is time for the Government and the BMA to look ahead". Signalling that it now accepts that the NHS reforms are here to stay, the association said that the profession should have a say in deciding the quality of care stipulated by the new purchasers of health care.

Daily Telegraph, 14 May 1992

Whistle-blower's Charter?

New procedures are to be introduced to deal with staff worried about standards of care in their units. The move follows concern about "gagging clauses" in contracts, which some staff see as a way of obstructing outside monitoring of NHS services. Managers, on the other hand, have tended to justify requirements for "confidentiality" in terms of patient confidentiality (the need for which has never been in dispute), confidences of members of staff and "business" confidence. Whereas groups such as the Royal College of Nursing and COHSE claim that there is a climate of secrecy, many senior managers deny this, partly on the grounds that clauses have not yet been used to discipline anyone. Duncan Nichol, NHS Chief Executive, has admitted that in some areas "We are experiencing ... an aspect of unhealthy management that I want to see go away."

The upshot is that the Government will issue new guidance on the provision of "channels to push complaints up the management line for answer at the highest level". Staff will have a "responsibility to go through proper channels". The proposals have been criticised by some staff and unions for failing to ban "gagging clauses" and by Opposition MPs for the absence of an independent appeals machinery. Robin Cook, Labour's health spokesman, commented "People need to be able to go to the public when standards are slipping".

Nursing Times, 10 June; Guardian & Daily Telegraph, 12 June; Independent, 13 June 1992

Waiting lists

Provisional waiting list figures have now been produced for waits in England of less than two years for the year ending 31 March 1992; these complement the figures for 2-year-plus waits which were released early in April. Overall, waiting lists fell by 3.5% in the year; 2-year-plus waits fell by 97%; 1–2 year waits fell by 33.1% and waits of less than a year rose by 7.2%. After the efforts that were made to meet the Patient's Charter deadline of 1 April, there has been some lengthening of the lists once again. In April provisional figures show that 2-year-plus waits rose by 399 (24.9%); 1–2 year waits rose by 1661 (2.2%); waits of less than a year rose by 902 (0.1%) – an overall rise of 3052 (0.3%). All the figures exclude "self-deferred" patients.

Guardian & Daily Telegraph, 13 May & 11 June 1992

Dentists threaten action

Leaders of both the British Dental Association and the General Dental Practitioners Association have called for ballots on industrial action if negotiations with the Government over fees break down. The Government has proposed a cut of 7% in dental fees from next month in order to claw back an "overpayment" in 1991/92. This has come about because last year dentists did more work than the Department of Health had anticipated.

Aggrieved dentists feel that they are being punished for working hard. They also accuse the Health Secretary of being "woefully ignorant" of their finances: their average earnings, they claim, are £30 000 rather than the £40 000 cited by Mrs Bottomley. Dental leaders are due to meet Department of Health officials on 17 June, but there is little sign that either side is ready to back down. If no agreement is reached, dentists will be balloted on resigning from the NHS or refusing to take on new NHS patients who are not on income support.

The financial position of dentists varies markedly across the country, with those in the South-East facing higher costs than those elsewhere. This has led to many dentists in the South-East opting out of NHS provision, and it is increasingly difficult for adults and children with serious dental problems to get NHS treatment. Government figures show that, nationally, 75% of dentists are accepting all patients for NHS treatment. The move away from NHS care spells problems for the Government's preventive health strategy: NHS charges already deter some patients; private charges will do so even more.

Independent, 19 & 22 May, Guardian, 6 & 8 June, Daily Telegraph, 11 June 1992

Wide variations in hospital prices

The prices charged for operations vary widely between hospitals, it has been found by a study of 180 hospitals conducted by *The Sunday Times*. The same operation can cost up to 13 times more depending on where it is carried out. In general, hospitals in large urban areas, particularly London, charge the most, though there were also differences within health authorities. A mastectomy, for example, costs £597 in the Queen Elizabeth II Hospital in Welwyn, but £3342 at St Bartholomew's Hospital in London.

The study does not appear to have investigated the reasons for the price variations, which may include a differential referral of complicated cases to different hospitals, poor quality of information about costs, variations in quality of care and building costs as well as varying efficiency of care.

Sunday Times, 7 June 1992

London hospitals in crisis

The high cost of hospital care in London has resulted in a large-scale shift of patient care to cheaper units outside the capital, leaving a number of London hospitals with dire financial problems. The Middlesex and University College Hospitals Group has announced that it will shed 200 jobs and close in-patient services at the women-only Elizabeth Garrett Anderson Hospital. This would save £3 million in a full year, a small dent in the projected loss of up to £20 million this year. Charing Cross and Westminster Hospitals, which face a £4 million deficit, are also expecting to cut nearly 200 posts.

The Chief Executive of the Middlesex/UCH Group has said that the prospect of continuing without emergency Government aid is inconceivable, and consultants have privately expressed the fear that within two years the whole complex will close. Nevertheless, Virginia Bottomley, the Health Secretary, has ruled out a cash rescue for London hospitals over and above the arrangements that have already been made with regions to ease the transition to the market system.

Independent, 5 June; Guardian, 9 June 1992

Charing Cross offers private plastic surgery

People whose GPs agree to refer them for plastic surgery will be able to buy it privately at Charing Cross Hospital – and they can get it for half price if the surgery is done by junior staff rather than a senior consultant. Harriet Harman, Labour's health spokeswoman, has pointed out that wealth rather than clinical criteria will thus determine who carries out an operation which has in the past been available on the NHS.

Plastic surgery has always been given a low priority in the NHS, with the result that waiting lists have been long. It appears that the drive against two-year waiting lists has provided an incentive for some health authorities to close plastic surgery lists and not to fund this type of operation.

Sunday Telegraph, 24 May 1992

New disciplinary procedures

In disciplining doctors, the General Medical Council has powers to impose severe penalties for "serious professional misconduct", but not to deal with doctors who are guilty of continuing shortcomings such as rudeness or incompetence. The GMC has agreed to go ahead with plans to extend its disciplinary procedures to cover such cases. The proposed system will concern a doctor's pattern of care on a day-to-day basis. Shortcomings might involve not examining patients, keeping inadequate records of home visits, off-handedness or refusal to talk to a patient's relatives. A discussion document proposes that complaints would be screened and an assessment team could be sent to observe the doctor. The team would have the power to order the doctor to take re-training. If the doctor refused to cooperate, s/he could be suspended from the register. The detailed proposals have not been finalised and they will require legislation; the system is unlikely to be in place before 1994–95.

Daily Telegraph, 14 May; Guardian, 20 May; BMJ, 30 May 1992

New rules for health promotion

Three-yearly routine health checks seem likely to be dropped when negotiations between GPs and the Government on the organisation and funding of health promotion are finalised. The three-year checks have been criticised by many GPs as too bureaucratic. Patients will retain the right to ask for such checks and checks for the over-75s will stay. From 1 June, GPs will not be funded for setting up new health promotion clinics. Though many have proved useful, the Government is doubtful about the value of some clinics and it was felt that some GPs were being paid extra for services they should have provided anyway.

A new system will be introduced in which practices will apply to the FHSA to be placed into one of three bands depending on the type and quantity of their health promotion activities. Within the banding structure, targets will be set locally by FHSAs, local medical committees and public health doctors. There will be a ceiling on the amount a GP can earn from health promotion clinics under the new scheme.

Guardian, 29 May; Doctor, 28 May 1992

Anti-fundholding campaign

The Medical Practitioners' Union has launched a campaign against GP fundholding. The MPU believes that many GPs are being "panicked" into joining the scheme and that, in any case, the Government cannot afford to support the extension of the scheme in its present form. The Union will be mailing a paper *Budget holding ... arguments against* to 13 000 practices and has set up a helpline (071 378 1996) to provide information about alternatives.

Pulse, 23 May 1992

NAHAT seat for fundholders

In a move which will give GP fundholders more influence in the NHS, the chairman of the National Association of Fundholding Practices is to become a member of NAHAT's council, sit on its decision-making committees and have direct access to district and family health service authority chairs and managers. As a result, all fundholding GPs will receive reports about health authority business which are not available to non-fundholders.

Doctor, 21 May 1992

Ethical dilemmas

The General Medical Council has been debating the ethical dilemmas with which fundholding GPs can be faced. One dilemma concerns whether fundholders should negotiate contracts with providers which enable their patients to "jump the queue" for hospital care. Reports vary somewhat on the implications of the conclusion that "they must make best uses of resources available for their patients, recognising the effects their decisions may have on the resources and choices available to others". If a health authority could reopen a ward with money from contracts with GP fundholders, that might justify offering their patients priority treatment, if clinical needs were equal. Clinical need was an essential element in any decision, but not the sole one.

The outcome of other debates were clearer. GPs may set up companies for services such as minor surgery to which they refer their patients, provided that patients are told before referral of any personal financial interest the doctor has and that the patient's medical

interests remain paramount. On the issue of GPs refusing patients or removing them from their lists for economic reasons, doctors have a right to refuse patients, but should not do so on the grounds of age, sex, sexual orientation, race, colour, religious belief, perceived economic worth or the amount of work they are likely to generate.

Pulse, 16 May; Times, 26 May; BMJ, 30 May 1992

GPs reject "sweetener"

A nursing home in Stafford has written to local GPs suggesting that they might be offered about £300 worth of surgery equipment in exchange for referring new patients to the home. Staffordshire Local Medical Committee has questioned the ethics of such an offer and is concerned that it could lead patients to lose confidence in the impartiality of their GP's advice. A spokesman for the home defended the suggestion on the grounds that they would prefer the money to go to the NHS than to bed agencies who find them patients. However, the chairman of the local FHSA has demanded that the proposal be withdrawn.

Independent, 22 May 1992

The burden of caring

Of every three people who look after a sick, disabled or elderly relative, two become ill as a result according to a large survey carried out by the Carers National Association. The contribution of the estimated six million carers in Britain often goes unrecognised by local authorities, and one in three get no professional support. Half the carers are in financial difficulties and state benefits available are "extremely inadequate" according to Jill Pitkeathley, association director. Two-thirds of carers are over 55 years old, but invalid care allowance is not paid to those over retirement age; this and other restrictions have led to a mere 2% of carers receiving the allowance. Nor are the financial, health and emotional pressures on families transitory: over a third of the respondents had been caring for over ten years.

Speak up, speak out, is available from CNA, 29 Chilworth Mews, London W2 3RG, phone 071 724 7776 for £10 (professionals) or £5 (carers). A free summary is also available.

Times, 22 May 1992

Call for community care pilots

The Director of the Institute of Health Services Management has called on the Government to acknowledge that its community care proposals will not be ready for full implementation in April as planned. The Government could then sanction pilot projects to test alternative solutions to unresolved problems. In the IHSM report, *A seamless service*, Pamela Charlwood complains of "sketchy" guidance on implementation. As a result community care is at risk of becoming individual crisis management rather than planned care based on community-wide assessment. Responding to the report, Timothy Yeo, junior health minister, stated "I do not think that central prescription is the best way forward". A call for more guidance has also been made by the BMA in its report *Priority for community care*.

BMJ, 9 May; Guardian, 12 June 1992

Trapped in hospital care

The move towards community care for people with learning disabilities could be put at risk by shortages in funding and the effects of the NHS reforms, says a study from campaign group Values into Action. Numbers in long-stay hospital care have fallen from 65 000 to 25 000 since 1968, but without an organised transfer of funding this trend may not continue. Social services are giving priority to providing care for mentally handicapped people whose parents can no longer cope with looking after them at home: they have no funds left to bring more people out of hospital. The study states that some NHS trusts are developing their own community provision, but others defend an old hospital care model; what is more, there are incentives for them to do so since "it is difficult for a trust to work towards its own closure". The campaign recommends that the Government should shut all remaining long-stay hospitals within eight years. For this to be achieved the NHS will need to transfer funds to social services, which the campaign states is possible despite the belief of some NHS managers to the contrary, and extra protected funding will be required for social services.

Guardian, 10 June 1992

Protests over ECT on children

The Royal College of Psychiatrists has discovered that at least 60 children and young people aged 13 to 18 have been given electro-convulsive therapy over the last 10 years. Since the investigation excluded the private sector and young people treated on adult wards, the figures may be an underestimate.

The practice has been condemned by Dr Steve Baldwin, a clinical psychologist, and Brendan Egan, chair of the RCN's Child and Adolescent Mental Health Forum, on the grounds that it could be damaging to the still-developing neurological system of a young person. There are also problems of consent: one young woman underwent ECT 42 times between the ages of 16 and 19, despite trying to avoid it – she claims that it was only after the approach had failed that she was given the psychotherapy she had been demanding.

A spokeswoman for the Royal College of Psychiatrists pointed out that ECT was rarely given to children and defended its use in extreme cases.

Observer, 24 May 1992

Ombudsman critical

A strongly worded report from the Health Services Commissioner, William Reid, rebukes health service managers and staff for a lack of humanity and poor procedures. The report covering October 1991 to March 1992 comments on 17 of the 76 complaints referred to him. In one particularly shocking case a woman dying of cancer was transferred every week for 10 weeks because her ward was closed at weekends. She was moved to a hospice two days before she died. Mr Reid said that, despite claims of financial necessity, such a level of service was "bereft of compassion" and should never have been tolerated.

Independent, 11 June 1992

Note to readers

CHC News is taking its summer holiday, so there won't be an issue in July.

FROM THE JOURNALS

Unequal treatment

In 1990 Action for Sick Children set up a project to study the problems encountered by black and ethnic minority families when a child goes into hospital and to produce guidelines on good practice for purchasers. Mary Slater's report on the research for the project concludes that provision of appropriate facilities is patchy, and points to some areas where improvement could be made. Attitudes of staff, provision of information, efforts to use people's names correctly and care of skin and hair are all important. Hospitals need to be sensitive to the cultural requirements of different groups: this may involve having showers, washing facilities in toilets, a choice of acceptable food and a place for prayer. There are hospitals, such as Booth Hall Children's Hospital in Manchester, which have carefully thought out how to meet such needs. Others could do better.

Cascade, May 1992, pp 6-7

Call for community care minister

The BMA has called for an existing cabinet minister to be given explicit responsibility to coordinate the community care work of different Government departments and to monitor the provision of services in the community. In its report *Priorities for community care* the association points out that, although Dr Brian Mawhinney has responsibility for community care, it forms only one part of a wide range of responsibilities. The report also calls for funds for community care to be identified separately for each local authority and ring-fenced. Moreover, adequate funds should be given to the NHS to provide hospital and community health services under the new arrangements. It also calls for GPs to act as the advocates of patients who are being assessed for community care and recommends that medical assessments should be provided by doctors other than a patient's registered GP.

BMJ, 2 May 1992, p 1204

Telephones in general practice

Mary Barbour, one of the co-authors of this paper, *Evaluation of the use and usefulness of telephone consultations in one general practice,* is Secretary of Bolton CHC. A telephone advice line was set up in a Bolton practice which patients could ring at specified times to talk directly to a doctor and a study was made of both patients' and doctors' reactions to the scheme. The vast majority of patients responding (91%) were satisfied with the service, and 65% said they would not have preferred a face-to-face consultation. Only a quarter said that they used the service to speak to the doctor sooner than they would have if they had waited for a face-to-face consultation. Doctors were somewhat less satisfied, but regarded 64% of calls as useful. There had initially been fears that many callers would have to be asked to attend for a consultation anyway, but this proved to be the case for only 30%. The receptionists say that they have found the advice line useful since it relieves them of deciding whether to interrupt another consultation when a patient rings in, and they are able to offer patients a positive suggestion to ring during the advice line time. Overall the service has been judged a success, and with some modifications has become an integral part of the consultation options offered by the practice.

British Journal of General Practice, May 1992, pp 190-93

Funding gap for elderly people

A survey conducted by Age Concern in Oxford shows a gap between fees in residential and nursing homes and the ability of residents to pay them. The respondents (proprietors providing 80% of all places in the county) were aware of 549 residents on income support. Of these 207 were unable to afford the fees, a loss which was often borne by the homes themselves. Nine proprietors were planning to phase out places for people dependent on income support.

Community Care, 25 May 1992, p 4

Women patients vulnerable in mixed psychiatric wards

City & Hackney CHC have reported that there have been at least two cases of rape and others of assault in the mixed psychiatric wards in Hackney Hospital, London. A consultant senior lecturer at the hospital has blamed underfunding, and resulting closures of wards and understaffing, for a situation in which it is impossible to have separate wards for women. As he points out, this may lead to women from some ethnic or religious backgrounds being effectively denied hospital treatment altogether. A policy advisor at MIND confirms that, although rape is very rare, more attention needs to be paid to the whole spectrum of sexual abuse. Many women do not feel safe on such wards. She calls for policies in all mental health units to cover harassment, abuse and rape; for staff to know what action to take; and for patients to be made aware of their rights. All women should be offered the choice of being admitted to a women-only ward. Janet Richardson of City & Hackney CHC agrees: "We don't want to go back to old style segregation; we just want our patients to feel safe."

BMJ, 23 May 1992, p 1331

AROUND THE CHCs

Wigan & Leigh CHC has recently produced a series of reports on the children's wards at three local units. In the course of the work the CHC acquired some useful information on bed spacing on paediatric wards, which they would be willing to share.

Oldham FHSA recently sent **Oldham CHC** a draft of a patient information leaflet on GP services. The CHC didn't much like it, rewrote it and returned it to the FHSA. The revised text was well received by both the FHSA and the local medical committee, who made only minor amendments before it was printed. Copies of the leaflet have been sent to all GP surgeries, health centres and other venues.

CHC PUBLICATIONS

Long-stay hospital services for people with a learning disability

Merton & Sutton CHC, 23 pages

Following a visit to Orchard Hill, a community of people with profound and multiple learning difficulties, the CHC decided that it should conduct a series of informal visits to the bungalows on the site. It was hoped that this would provide a more accurate picture of life at Orchard Hill than the usual single formal visit. A representative sample of three bungalows was selected for visits on 10 separate occasions. A diary of numbers of residents, staff and activities was kept on each occasion.

The CHC concluded that staffing levels are too low, leading to reduced activities for residents; difficulty in carrying out residents' individual plans; and stress on staff.

Women speak out: a report on experiences of health care in Parkside

Parkside CHC, 44 pages, £5.00

The Women's Health Group at Parkside CHC organised three women's health days which attracted over 750 participants and proved extremely popular. This report describes in some detail the process of preparing for and running the health days, and includes a list of things the group would do differently next time. Discussion groups were held on a number of issues, the most useful of which were reported to be: You and your GP; The menopause; Health screening; Women, childbirth and parenting; and Feeling good. Summaries of comments on each subject are clearly set out. Participants chose not to attend the HIV/AIDS discussion, though some women wanted to talk about this on a one-to-one basis.

On the basis of the group discussions, the group has compiled a list of recommendations for the CHC, the FHSA, the DHA, provider units and the local authority. These include both quality measures that are obviously required (e.g. that privacy and dignity should be maintained for all consultations) and specific needs that health service staff may not have considered (e.g. that a district-wide specialist menopause service should be purchased for local women).

Family planning provision in Newham

Moosa Patel, Newham CHC, 58 pages, £3

Despite the fact that attendance at community family planning services in Newham is increasing (11% rise between 1990 and 1991), clinic sessions have been cut by 20% following rationalisation measures approved in September 1990, and staff numbers have decreased by 14%. In addition, there is a worrying backdrop of a rising number of abortions. Given this background, the CHC decided to carry out a survey into the quality and provision of family planning services in the borough. It covered all community family planning sessions over a two week period and one Brook Advisory Centre clinic.

Questionnaires were handed to attenders at community family planning sessions, with a CHC representative available to assist if required. Link workers were used to help with language difficulties for this ethnically diverse population. A response rate of 80% was achieved (133 of 166 clients). At the Brook Advisory Clinic, where there was no CHC representative and no link workers were used, the response rate was 11 of 44 clients.

This report includes detailed results and recommendations as well as the questionnaire used. In a number of respects the provision was found not to match up to official guidance. The reduction in community sessions tends to reduce choice, which is a central principle of NHS family planning policy. The policy in relation to providing condoms is in conflict with health promotion messages and, the CHC recommends, should be dismantled as soon as possible. Shortage of staff time also leads to the relative neglect of health promotion. Communication between staff and clients from minority ethnic communities needs to be facilitated.

The report confirms that community family planning services have an important role in providing expertise in a wide range of contraceptive services to clients. Moreover, they provide a choice to clients who may not want to get these services from their GPs. The CHC calls on the health authority to take these needs very seriously.

IN BRIEF

What are your experiences of mental health services in Merton? *Merton & Sutton CHC, 8 pages*	Report of discussions with users of a day centre. Recommendations emerging from workshop on: coordination between services; equal opportunities; medication and treatment; housing/ environment; labelling and use of language.
Survey of people contacting the CHC for advice and information in March 1992 *Bolton CHC, 5 pages*	Figures on how people contacted CHC; who made contact; and subjects about which they enquired. Also responses to a brief questionnaire (included) leading to recommendations on action for CHC in making contact with the public.
Guide to local services for people with handicaps and disabilities (4th edition) *Winchester and Central Hampshire CHC 46 pages*	Guide in 11 sections covering: services provided by various agencies; aids and equipment; housing and adaptation; respite care; benefits and allowances; information and advice services; help with employment; transport schemes; and voluntary organisations.

IN BRIEF

Consulting the users

South Manchester CHC, 44 pages

In-patient services at Withington Hospital in South Manchester are under threat of closure if the health authority's "preferred option" for development of health services in the district get the go-ahead. A campaign to save the hospital has been set up and alternative proposals for the setting up of a "health village" on a greenfield site, with the involvement of the private sector, have come from some local consultants.

The CHC held a public meeting on the issues so that it could forward local views for consideration by the RHA Working Party. Invitations were issued to over 80 voluntary organisations and the meeting was publicised in the media to encourage local residents to attend. Proposals for the health village were presented by a local consultant. The health authority was invited to attend, but refused after initially accepting; one consultant claimed that this was due to pressure from Region.

Most of the report comprises submissions from platform speakers and comments from the open forum. Many, though not all, comments from the floor opposed closing Withington, and frustration was expressed at the lack of consultation with local people.

Time-lapse

Eastbourne CHC, 6 pages

This simple survey was carried out to ascertain GPs' perceptions of the waiting times between referral and first out-patient appointments for routine and urgent cases and to find out whether GPs thought they should be informed of the date of the first appointment. The CHC sent a letter and brief questionnaire to 59 practices (addressed to practice managers); 27 (46%) were returned.

Of the 27 respondents, 14 said they did not have sufficient information to estimate waiting times – which itself raises questions about what they are able to tell their patients. Ranges of waiting times were 2–13 weeks (average 4.54) for urgent appointments and 8–52 weeks (average 22.5) for routine appointments. Waiting up to 13 weeks must cause patients considerable anxiety, especially if they have been told that their condition requires urgent attention. Most (93%) GPs said they were not informed of the date of appointments and most (81.5%) said they would find the information useful.

The CHC concludes with a number of simple recommendations concerning information, quality standards and contract specifications.

Local information for prospective members and
So ... you might like to become a member of a Community Health Council
Lesley Pattenson, CHC Co-ordinating Manager, Yorkshire Health

Yorkshire Health (the Regional Health Authority), in consultation with local CHCs, has produced this information and guidance for prospective CHC members. It is being circulated widely through relevant organisations. A folded A3 size leaflet contains general information on the role and activities of CHCs and the requirements and activities of members. It ends with action interested people should take. An insert for each CHC gives more specific local details (a map, special interest groups, achievements etc.) A commitment statement is also inserted into the document for completion by all new members.

OFFICIAL PUBLICATIONS

Community pharmacies in England
National Audit Office, HMSO, 43 pages, £7.80

In this study, the NAO investigated the role of community pharmacists, their accessibility and the impact of financial arrangements on the service. The first part of the report describes the expansion of the role of community pharmacists and monitoring arrangements.

The second part of the report is likely to be more contentious. Briefly, the NAO believes that it is more cost-effective to fund fewer large pharmacies than more smaller ones; that pharmacies are currently easily accessible to the great majority of the population; and that the number of pharmacies could be substantially reduced without significantly impairing access. This could be achieved by changing the remuneration system to reduce the incentive to run a small pharmacy. However, a number of questions can be raised about the study.

The NAO surveyed the distances of households to pharmacies in only two FHSA areas.It seems risky to base a national strategy on this. It comments that the Department of Health has not defined "reasonable access", yet it comes to the conclusion that pharmacies are "easily accessible" without a definition of its own. At one point it appears that the authors are using a distance of 1 km, but at another point the wording implies that 5 km is the relevant distance. In any case, the "algorithm to reach hypothetical optimum distribution of pharmacies" assumes that to add a distance of up to 1 km for some households is "not significant". It is questionable whether this is true for many elderly people and those caring for preschool children, who account for 50% of prescriptions.

Under the present remuneration system pharmacists are paid over twice as much per prescription for the first 1400 prescriptions per month as they are for prescriptions above this figure. This system was designed to enable smaller pharmacies to be viable. Inevitably it is also used in some areas to boost the income of pharmacies which are commercially attractive in any case because of the volume of goods sold in the attached shop. This is presumably the case in London where there is a relative over-provision of pharmacies, with considerable clustering in some areas. To remedy what it considers to be a waste of expenditure, the NAO suggests that the two-tier system should be dropped. But might not such a sweeping change threaten the viability of small and medium-sized pharmacies in less commercially-attractive areas, where they do provide benefits in terms of access? Could a system not be devised which would target areas specifically identified as over-provided? The support given to maintain "essential small pharmacies" applies only to those dispensing fewer than 16 000 prescriptions a year, so cannot help medium-sized pharmacies even where they are needed.

Commenting on the report, *The Pharmaceutical Journal* (6/6/1992) raises a different concern. It questions the quality of service that might be available at large pharmacies, often part of large chains, were they to become the norm. A strong independent sector, the Journal believes, can deliver a high standard of service, provide competition and act as a breeding ground for ideas and individual initiatives.

Review of health and social services for mentally disordered offenders (The Reed Committee)

Department of Health/Home Office

This consultation document appears as five volumes, each concerned with a different aspect of services.

The longest is on *Staffing and training*. Of its 72 recommendations the ones that have caught attention in the press are for very substantial ("minimum") increases in staffing at special hospitals and other secure units: 270 extra consultants; 2000 nursing posts (some filled by redeployment); 80 psychologists; 125 social workers; 100 probation officers and enhanced paramedical provision. These estimates are based on present information of the needs of some 16 000 prisoners with mental disorders. According to a report in the *Independent* (1/6/1992) the bill could come to £100 million annually.

The report on *Services for people with special needs* considers groups with different special needs (e.g. people with hearing impairment, substance misusers) and people from different demographic groupings. There are also general recommendations on planning, organisation and the setting of standards.

The volume on *Finance* argues that financial disincentives work against local services accepting responsibility for mentally disordered people, and it makes a number of suggestions for reforming budgetary arrangements, with a number of implications for the role of DHAs. The other two volumes concern *Research* and *Academic development*.

Comments on the consultation documents received by the end of June can be reflected in the final report of the committee. However, any comments received by 1 September will be taken into account by ministers.

GENERAL PUBLICATIONS

Manual for research ethics committees

compiled by Claire Gilbert Foster
Centre of Medical Law and Ethics, King's College, Strand, London WC2R 2LS, phone: 071 836 5454

This manual brings together the regulations and guidance currently applicable to medical research and offers commentaries and explanations where appropriate. Twenty-eight papers/guidelines from different authors and sources are organised into six sections: Ethical and legal minimum requirements; Aspects of medical research; Examples of written documents; An introduction to ethics; Published guidelines; and Further reading.

Having presented the Declaration of Helsinki (which sets out ethical standards) and the legal requirements on research ethics committees, the manual seeks to provide the information that will enable these standards to be met, pointing out where guidelines may not offer a clear direction and/or conflict.

The manual is in the form of plastic folders bound between hard covers, each folder containing the individual page of a paper or a whole publication (e.g. guidelines from the Department of Health). This arrangement should prove very useful to readers, since the text will not get damaged despite frequent use and the promised updates will be able to be inserted. The manual is to be sent free of charge to all research ethics committees in Great Britain.

The nutritional case for school meals

Joanne White, Issy Cole-Hamilton and Susan Dibb
School Meals Campaign, 102 Gloucester Place, London W1H 3DA, phone: 071 935 2099
23 pages, £2.50

This is the second report published by the recently launched School Meals Campaign. It argues the case for supporting and developing school meals as a valuable and important nutritional contribution to improving the diets of British school children. The booklet sets out the historical context of school meals, and current arrangements. It reviews surveys showing that many children's diets are poor and discusses the relationships between diet and health. The report concludes that there is a need for nutritional guidelines for school catering and that school meals should be available to all.

BBC Radio 4 Woman's Hour Report on breast cancer helpline

Broadcasting Support Services, Canada House, 3 Chepstow St, Manchester M1 5FW, 24 pages, £1

Many readers may have heard Woman's Hour's five programmes on breast cancer during a week in January this year. A helpline was set up with financial support from the Department of Health, staffed mainly by nurses with experience in the cancer field. This is a report on the initiative. The aims of the project and the main points made in each of the broadcasts are first set out, followed by a description and analysis of calls to the helpline.

Fifty-nine per cent of callers were identified by helpline advisors as "worried well" – often calling because of unsatisfactory encounters with GPs or an unwillingness to consult them. About a half of all callers were advised to seek further help – this included a substantial number of women who had noticed breast changes but not approached anyone about them. A third of callers had cancer currently or had had it diagnosed in the past. Advisors found that they had to spend a good deal of time encouraging assertive behaviour among this group and a sense of the rights of patients to information. Breast care nurses proved to be the group who came in for praise from callers. The advisors commented that they sorely felt the lack of a national database of Well Women Clinics.

Community development and health: reclaiming the national agenda

The Public Health Alliance, Room 204, Snow Hill House, 10–15 Livery Street, Birmingham B3 2NU, phone: 021 235 3698, 59 pages, £5

The PHA held a seminar in Sheffield to debate how community development approaches to health can continue to grow and be supported by national strategies. On the first day two speakers presented their experiences from King's Cross and Nicaragua; one speaker described the setting up of the Standing Conference on Community Development, a structure committed to building from the local level up; another presented a personal overview of the history and current key issues in the field. The day was completed with a paper on issues for black health networks.

On the second day, the focus shifted to the role of national organisations in supporting community development and health, with contributions from the National Community Health Resource, the Health Education Authority, the Community Development Foundations and UK Health for All Network. Workshops (on lobbying and campaigning; support and networking; resources and information; research; and training) discussed how national structures have supported community development work and developed ideas for ways forward. Summaries of their suggestions for action are included in the report.

IN BRIEF

The NHS A to Z

The Help for Health Trust, Highcroft Cottage, Romsey Road, Winchester, Hampshire SO22 5DH

A "user guide" to the reformed NHS, intended to be used by those giving advice to patients and consumers. CHCs should be sent a copy. If you don't receive one, contact your RHA, which has an allocation.

NHS security manual: a summary for managers

NAHAT, Birmingham Research Park, Vincent Drive, B'ham B15 2SQ, phone, 021 471 4444
10 pages, £3.50 members, £6 non-members
Full manual £28 members, £45 non-members

Lists and short points to be taken into account when planning security in the NHS, under 27 headings each on a different aspect of the subject.

Children and pain

Action for Sick Children, Argyle House, 29–31 Euston Road, London NW1 2SD, phone: 071 833 2041.
£1 each, £7 for 10 , £30 for 50, £55 for 100

Family information leaflet which encourages parents to work in partnership with nurses and doctors in identifying pain in the child and helping him/her cope with it.

IN BRIEF

FROM THE VOLUNTARY SECTOR

> "... the care and comfort of parents for a child is fundamental to the care and treatment of children in hospital"
>
> *Department of Health 1991*

Despite the recognition that parents need to be able to visit their children in hospital, many families find it difficult to do so because of travel costs. Help from the Social Fund is discretionary, and the application process difficult. Many families do not qualify for help, but still find it difficult to meet travel costs. **Action for Sick Children** plans to run a campaign this autumn to press the Government to provide on-the-spot assistance for families in difficulty and will be calling on people to write to their MPs. If you have information to share, contact Pauline Shelley, Action for Sick Children, Argyle House, 29–31 Euston Road, London NW1 2SD, phone: 071 833 2041.

The **Women's Royal Voluntary Service** has recently produced a Corporate Plan setting out four major areas of activity: emergency services; meals on wheels and lunch clubs; canteens, shops and trolleys in hospitals; and family welfare. The organisation will shortly be seeking meetings with local authorities and health authorities to discuss arrangements for ensuring its financial viability by recovering the true costs of its services and projects.

Edward's Trust is a registered charity set up in 1989 to provide practical help to children with cancer and their families. The Trust, which supports both orthodox and complementary approaches to the disease, has three main aims. *Family support:* it provides children and families with a listening ear and puts families in touch with each other; it attempts to get the whole family involved in the child's care. *Information:* it has information on a wide range of treatments available. *Research:* it welcomes grant applications from professionals carrying out research in its areas of interest. It produces a newsletter, and has drop in and resource centres. To find out more contact: Edward's Trust, Edward House, 87–89 Stirling Road, Edgbaston, Birmingham B16 9BD, phone: 021 455 6257.

Disability Awareness in Action has been set up as an independent body of representatives from Disabled Peoples' International and other disability non-governmental organisations. It aims to stimulate national action, targeting participation from developing countries, disabled women and other under-represented groups. It will provide media information, guidelines and resource material to promote greater awareness and support and enhance national action. The group wants to hear the stories of disabled people – on paper or on tape, in a picture or in words. They will take what they collect to the UN General Assembly in October. Contact: DAA, Room 109, 11 Belgrave Road, London SW1V 1RB.

A grant from the Nuffield Foundation has been awarded to set up the **National Association for Protection from Sexual Abuse of Adults and Children with Learning Difficulties.** The main purpose is to establish links between concerned agencies and individuals working with those who have been sexually abused or are at risk of abuse. Another aim will be to provide a national voice on matters relating to this area of concern. A newsletter will be sent out to members of the network: all suggestions and contributions will be welcome. The association will also produce a membership directory.

If you are interested in membership contact: Pam Cooke, Development Officer, NAPSAC, Dept of Mental Handicap, University of Nottingham Medical School, Queens Medical Centre, Nottingham NG7 2UH, phone: 0602 421421.

Since mid last year the **British Diabetic Association** has been campaigning for diabetic patients to be able to obtain the needles for injector pens and finger pricking devices on prescription. So far the efforts have not been successful. Insulin pen injectors and finger pricking devices are essential elements of diabetic care, but they cannot be used without pen needles which patients have to buy. Pen injectors are considered to be clinically superior to syringes (for which the needles can be obtained on prescription although the costs

are approximately the same). ACHCEW and South Cumbria CHC have already lent their support to the campaign and the BDA would appreciate the support of all CHCs. They ask you to bring this matter to the attention of your local MP and ask him/her to take it up with the Department of Health. Further information: Suzanne Redmond, BDA, 10 Queen Anne's Street, London W1M 0BD, phone: 071 322 1531.

We have previously mentioned the launch of **The Relatives Association**, and they have already heard from some CHCs. They intend to provide information and advice to individuals and to provide an organisation which can put across the views of relatives and create a consumer voice on behalf of very elderly people for good residential care. To do this the association needs as broad a membership base as possible; they have asked for CHCs to suggest that relatives of residents in nursing homes get in touch with them. Contact: The Relatives Association, Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG, phone: 071 284 2541 or 081 201 9153.

The **Carers National Association** has launched a Listen to Carers campaign to run until April 1993, when the new community care arrangements are to be implemented in full. The campaign aims to:

- encourage people who are caring for a relative or friend to appreciate that they are carers;
- encourage carers to see that they have a right to ask for information or help from time to time and to speak out about their needs;
- persuade professionals in the health and social services to listen to carers and provide better services to meet their needs;
- persuade politicians and other policy makers to listen to carers and plan better services to support them.

Address: Carers National Association, 29 Chilworth Mews, London W2 3RG, phone: 071 724 7776, fax: 071 723 8130.

Healthwise Women's Helpline brings together volunteers trained in women's health and health professionals. Women can call to obtain accurate information on any health issue that may be worrying them. Women doctors are available to provide advice on specific medical health worries. The line also offers a referral service using its database of over 1800 services. The line is open 10 a.m. to 10 p.m. Monday to Friday. All calls are confidential and free of charge. The service is aimed specifically at women living in Merseyside, Cheshire and Lancashire, but takes calls nationwide. Number: 0800 223 332.

The **Tracheo-Oesophageal Fistula Support Group** (TOFS), which helps families whose children are born unable to swallow or who suffer from swallowing difficulties, is celebrating its 10th birthday this year. One baby in 3000 is born with tracheo-oesophageal fistula, oesophageal atresia or vater association. TOFS seeks to raise awareness of the problems faced by these children and their families. Its support group networks families, liaises with professionals and provides information, a newsletter and magazines. For more information contact: TOFS, St George's Centre, 91 Victoria Road, Netherfield, Nottingham NG4 2NN.

Changing Faces is a new charity set up by James Partridge who underwent major plastic surgery following a car accident 22 years ago. Years of learning how to cope with the reaction of other people to his disfigurement have convinced him that people with severe facial scarring can influence the reception they receive and of the need for a counselling service to help them to do so. The charity aims to rebuild the social skills and confidence of disfigured people; to act as an information and advice service; and to provide family support. Changing Faces will initially offer services from London: 27 Cowper Street, London EC2A 4AP, phone: 071 251 4232.

The **Council for the Advancement of Communication with Deaf People** has produced a directory lisiting more than 180 qualified British sign-language interpreters, lip-speakers and interpreters for deaf-blind people and sign language interpreting agencies. It is available for £12 from: CACDP, Pelaw House, School of Education, University of Durham, Durham DH1 1TA, phone: 091 374 3607

INFORMATION WANTED

Have any CHCs come across an E112 Overseas Referrals Form? **Richmond, Twickenham & Roehampton CHC** is trying to find out what the normal procedure is for patients sent for treatment overseas, paid for by the NHS.

Wigan & Leigh CHC would like to hear from any CHC which has achieved membership of a Joint Commissioning Executive of the purchasing side of the health authority.

Wigan & Leigh CHC would also like to hear from any CHC which has formally contracted with its health authority to undertake the monitoring of quality and patient satisfaction with services.

Janet Upward, ex Chief Officer of the old South Birmingham CHC, plans to do research to find out if service users locally who have put together *their own* Charter or Checklists for services have tried to get service providers to take notice of them. She would be interested to hear from any CHCs which have put together a local Charter or Checklist or have contacts with self help groups etc. who have done so. She would like to interview people to find out what happened and the impact on services. She is particularly interested in initiatives relating to services for older people and users of mental health services. Contact: Janet Upward, Birmingham FHSA, 021 333 4444 (daytime) or 021 444 2837 (evenings/ weekends) or write to 61 Valentine Road, Birmingham B14 7AJ.

The **Ravenswood Foundation** is developing a range of publications to help non-Jewish staff meet the religious and cultural needs of Jewish clients with learning disabilities. The publications will give practical advice and explanations (e.g. 'Jewish sign language'); enabling clients to celebrate festivals etc. Ravenswood is very interested to find out what the level of demand for these publications might be and any specific advice that services feel they need. Please contact: Marion Janner, Ravenswood, 17 Highfield Road, London NW11 9DZ, phone: 081 905 5557.

Hearing aid problems: **ACHCEW** would like to hear from any CHCs which are concerned about the quality or adequacy of NHS hearing aids.

Age Concern England would like to hear from CHCs regarding problems in the provision of Occupational Therapy for elderly people in their areas. Contact: Jane Whelan, Age Concern England, Astral House, 1268 London Road, London SW16 4EJ, phone: 081 679 8000.

Harrow CHC wants to find information on anorexia and suicides among Asian girls and young women and to know whether anybody has published anything on mental health in Asian communities. It would also be grateful for any statistics on monitoring of mental health care for minority ethnic groups.

FORTHCOMING EVENTS

Involvement and empowerment
Symposium on community participation in shaping public sector services in the next decade.

- 11–13 September 1992
- GMB Conference Centre, Manchester
- Organised by Labyrinth Training and Consultancy
- Statutory sector £293.75 residential/ £176.25 non-residential
- Voluntary/community sector £211.50/ £117.50
- Accommodation available for people with disabilities

Application forms and details of bursaries from:
Involvement and Empowerment Conference
Labyrinth Training and Consultancy
Flat 1, 16 Guildford Road
Stockwell
London SW8 2BX
Phone: 071 720 0401
Closing date: 31 July 1992

Mental health care for children and young people

One-day conference to identify the style of mental health provision most appropriate for children, young people and their families and to discuss contract specifications and standards of care for providers.

- 10 July 1992
- Church House, Westminster
- Organised by NAHAT and Action for Sick Children
- £129.25 (includes ASC report *With Health in Mind*)

Apply ASAP to:
NAHAT
Birmingham Research Park
Vincent Drive
Birmingham B15 2SQ
Phone: 021 414 1536/471 4444
Cheques payable to NAHAT

Young people, psychiatric treatment and consent

Multi-disciplinary conference covering changes in the law; how young people and their carers negotiate rights and risk, choice and treatment; and examining consent from the perspectives of different disciplines.

- Tuesday 8 September
- 10 a.m . – 4 p.m.
- Institute of Education, London
- Organised by the Social Science Research Unit
- £22 (£8 unwaged)
- Access for people with disabilities

Apply to: Consent Conference Secretary
Social Science Research Unit
18 Woburn Square
London WC1H 0NS
Phone: 071 612 6396/6397
Cheques payable to SSRU

The **Health Visitors Association** is organising two national events: National Health Visiting Week (14–19 September) and National School Nursing Week (2–7 November). Any CHCs wishing to become involved in/help promote the initiatives in their local area should contact the HVA, 50 Southwark Street, London SE1 1UN, phone: 071 328 7255.

DIRECTORY AMENDMENTS

Page i **Association of Welsh Community Health Councils**
c/o East Glamorgan CHC
13 Gelliwastad
Pontypridd
CF37 2BW
Acting Secretary: Clive Barnby
Phone: 0443 405830

Page 1 **Darlington CHC**
Fax: 0325 363089

Hartlepool CHC
Fax: 0429 862075

Newcastle CHC
Fax: 091 233 1066

Page 2 **North Durham CHC**
Fax: 091 383 0203

Page 3 **Calderdale CHC**
Fax: 0422 360623

Page 4 **Leeds CHC**
Fax: 0532 470218

Scunthorpe CHC
Fax: 0742 271056

Page 6 **North Derbyshire CHC**
Joint Chief Officers:
Mrs Susan Sims
Mrs Sue O'Donnell

Page 7 **Sheffield CHC**
Secretary: Ms Janet Beyleveld

Page 9 **North Herts CHC**
Phone: 0462 49629

Page 12 **Newham CHC**
Chief Officer: Ms Deborah Pippard

Page 13 **Bromley CHC**
New address:
Babbacombe House
2 Babbacombe Road
Bromley
Kent BR1 3LW
Phone: unchanged

Page 23 **Sandwell CHC**
Fax: 021 525 3615

Page 28 **Preston CHC**
Chief Officer: David Dawson

Page 31 **Neath & Port Talbot CHC**
Secretary: Mr P J Owen