CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

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30 Drayton Park London N5 IPB Tel: 071 609 8405 Fax: 071 700 1152

NEWS

Rationing begins to bite

Further evidence of explicit rationing in the NHS emerged from a survey of 65 directors of public health (DPHs) carried out by *The Times*. Only ten of the health authorities contacted now provide *in vitro* fertilisation treatment, and only five carry out cosmetic surgery. Some areas no longer provide dental implants, surgery for painless varicose veins, homoeopathy and some kinds of mental health care. Age limits are being imposed for infertility treatment, and are being considered for other services. The DPH at Norwich said that there was increasingly a view that services for elderly people should be limited: "there is a problem here. It is an ageist policy, but I do see that putting new hip joints in a 90-year-old is not a good investment".

To date, services are being pared only at the edges, but even tougher decisions may be needed in the future. Over three-quarters of those contacted believed that the situation was likely to worsen. North Manchester faces a 15% revenue cut next year, so that healthcare rationing has become an urgent issue. The DPH for Birmingham North Health Authority commented: "I think we will eventually establish a bread-and-butter health service that everyone must have available to them and certain things will be classed as a luxury".

Times, 1 October

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Health promotion sessions don't reach inner cities

The Government's scheme to encourage GPs to hold health promotion clinics has boosted the numbers of sessions held by GPs. Spending on the clinics rose to £35 million in the year to last April. However, the scheme has not been effective in the areas where health promotion is most needed. More than nine times as many clinics have been held in Solihull as in Manchester, for example. It seems that fewer health promotion clinics are held in areas where health problems are most acute because GPs in those areas lack the necessary staff and facilities, because they are too busy treating ill patients and because patients are less willing to turn up for sessions which are not immediately essential to them.

Dr Jarman, professor of primary health care at St Mary's Hospital, London, and a leading authority on links between health and deprivation, pointed out that the same pattern was seen in GPs' performance on immunisation and cervical cytology targets. Doctors in inner city areas struggle to meet targets that are achieved easily elsewhere. He warns that changes in the scheme, to be brought into effect next April, will not ease the distortions present in the system.

Guardian, 18 September; Daily Telegraph, 23 September

Too many drugs?

An article in *The Independent* examines the variations in drug prescribing between family doctors. A study from the Association of the British Pharmaceutical Industry has shown that patients receive an average of 6–7 prescriptions a year, compared to 11 in Italy and 4 in Sweden. Drugs account for about 10% of the health service bill, and their cost is rising at about 3–4 times the rate of inflation. The Government believes that the level of prescribing in this country is too high, for health as well as financial reasons. This view is backed up by pharmacists (who have calculated that three in 10 drugs are inappropriately prescribed) and some doctors. About 80% of visits to a GP end with a prescription and, according to Dr Stephen Head, a GP and a prescribing monitor for Derbyshire FHSA, patients are sometimes not told that there are alternatives to drug treatment for their conditions.

There is anecdotal evidence that the best GPs prescribe fewer drugs, but the relationship is not straightforward. Professor George Teeling Smith, director of the Office of Health Economics, has studied the quality of care given to patients in relation to the prescribing practices of their GPs. He found that those classified as "moderately high prescribers" were offering the best care to certain groups of patients. They tended to identify a higher proportion of patients with diabetes or high blood pressure than either low prescribers or very high prescribers.

The Government has introduced two types of incentive to reduce the drugs bill. Non-fundholding GPs are asked to prescribe within "indicative amounts". If they exceed this budget, they are expected to justify their prescribing levels. Fundholding GPs are given drug budgets. If they spend less than their budget, they may reallocate the money to other spending within the practice, for example improving the premises or employing more staff. A Coventry GP points out that this potentially raises a problem of trust between GP and patient, who may feel that a GP's decision not to prescribe a drug is influenced by the interests of the practice as well as those of the individual patient.

Independent, 16 September

Call for independent inspectorate

The National Consumer Council has called for an independent health services inspectorate to investigate hospitals and general practices where there have been complaints. An inspectorate could be set up along the same lines as those for schools, prisons and the police. The NCC criticises the present system in which doctors monitor each other's performance and "keep the results to themselves". The British Medical Association has responded by saying that existing procedures are adequate and that "the doctors who investigate others are completely independent".

Times, 24 September

Community care budget decided

The Government has now announced the value of the "extra" money to be made available for community care and the criteria for its distribution. A transitional grant of £539 million is to be paid to local councils in 1993/94, of which £399 million is a transfer from social security budgets and £140 million is for developing community care support services. The budget is to be partially ring-fenced for three years. The Association of Metropolitan Authorities has claimed that the budget represents a shortfall of £200 million on the amount needed to make the system work – a complaint dismissed by Virginia Bottomley as "technical". Using Whitehall assumptions, she says, there is a shortfall of only £11 million on the authorities' original estimates of need. However, the AMA does not accept the Department of Health's estimates of numbers of elderly and disabled people who will need support: they claim that 12 000 people will be unfunded.

Of the £399 million transfer, half is to be distributed between local authorities on the basis of population, and half on the basis of the number of residential and nursing homes. As reported in *CHC News* (No. 76, p5), this has been a cause of dispute between metropolitan and rural councils. Much of the argument has been about whether local authorities should be free to develop their own approaches to care in the community, while the Government has been keen to see a strong independent sector. The Government has ordered councils to spend 75% of next year's

money in the independent sector. They must also "honour people's choice of home or care service" and meet the cost of services if an individual and/or third party fails to pay any gap between an authority's "normal" cost and actual charges.

Guardian, 3 October

Mental illness initiatives failing

Severely mentally ill people who have been discharged from hospital are not getting the support they need. The visible tip of the distress caused is more than 100 cases of suicide or manslaughter among this group in the past year, as documented in a report just published by The National Schizophrenia Fellowship. The author, Gary Hogman, calls for a slow-down in psychiatric hospital closures until adequate community services are provided. (For more details see *CHC News* No. 73, p6 where a preliminary report on this research is described). In response, Health Secretary Virginia Bottomley agrees that "hospital beds must not be shut unless there is an alternative for that person in the community", but rejects criticisms of lack of funding stating that £155 million is to be spent on mental illness over the next three years. *Window Dressing* is available from NSF, 28 Castle Street, Kingston upon Thames, Surrey, KT1 1SS for £8.

Times and Guardian, 2 October

Cancer patients seek compensation

Patients who received inadequate radiotherapy treatment at the North Staffordshire Royal Infirmary and relatives of others who have since died (see *CHC News*, No. 70) are seeking compensation worth millions of pounds. Five solicitors representing 50 people (about half of those thought to be demanding damages) are preparing to launch a High Court action to force the health authority to accept legal liability for the underdosages. Claims will be made for loss of earnings, pain and suffering and the cost of additional care. The authority says that it is not yet certain whether it is legally liable, and is awaiting the outcome of a clinical enquiry. One of the solicitors has said that he does not accept the miscalculation was due to an "error of professional judgement", but that there had been negligence.

Times, 23 September

Premature babies put at risk

Doctors are failing to protect premature babies by the withholding of steroid treatment from their mothers while they are pregnant, according to a survey carried out for the Northern RHA. At least 12 clinical studies over the last 20 years have shown that treating women at risk of premature delivery with steroids can reduce breathing problems in their babies by up to 60%. The treatment appears to "kick-start" the production in the baby of surfactant, a chemical which helps the lungs inflate. Alternative treatments of premature babies, such as artificial respiratory support, are expensive and risk infection. The survey of over 300 premature births found that only a fifth of women who would benefit from antenatal treatment with steroids were offered it. Dr Edmund Hey, a consultant paediatrician in Newcastle, says that the survey is representative of the national picture and that, since the results of the survey became known, use of the treatment has doubled in Northern Region.

Independent, 30 September

FOCUS ON CHILDREN

Preventable child deaths

Every week in Britain, a child dies from liver disease. Yet, according to a report from the Children's Liver Disease Foundation, half of these deaths could be prevented if the problems were diagnosed earlier. The most serious form of childhood liver disease, biliary atresia, can now be cured by surgery, but the operation's chances of success fall after a baby is eight weeks old. The condition is often not picked up until the routine six-week check, leaving little time for successful intervention. The Foundation has called for the six-week check to be brought forward to four weeks to give children suffering from biliary atresia a better chance of survival. It also criticises doctors and community nurses for failing to respond to symptoms early enough. Although jaundice is common in newborn babies, if it continues after the first two weeks, the child should be investigated immediately to ascertain whether his/her liver is malfunctioning.

Independent, 21 September

Child pregnancies still rising

The rate of pregnancies among under-16-year-olds rose by 24.1% between 1980 and 1990, and was still rising at the end of the period. The rate among those aged under 15 rose by 35%. The figures come from *Population Trends 69*, published in September (available from HMSO, £7.75). The Family Planning Association says that the figures point to the urgent need for more confidential family planning clinics for young people, who are often afraid to go to their GP in case their parents are informed. The FPA director said that only half of all health authorities make special family planning provision for teenagers.

Guardian, 30 September

September's issue of *Cascade* includes a number of articles which may be of interest to CHCs. Three of them are mentioned below.

With health in mind

There is a report on this conference, run by Action on Sick Children and NAHAT, which was concerned with mental health care for children and young people. The report includes the following list of recommendations from the conference.

Adolescent and child psychiatry should be located within a paediatric directorate and form a part of a district's comprehensive children's services.

Mental health services for children and young people should:

- be child- and family-centred;
- be able to cope with increasing demands and numbers of referrals;
- offer a range of approaches and treatment packages;
- measure and evaluate health and social outcomes;
- assess whether valid treatments are being properly applied;
- consider setting targets;
- be delivered in a manner that offers courtesy, comfort and convenience to the user.

Preparing for ... hospital admission

The Child Health Unit at Southampton University Hospital has for some time been running a programme to prepare children and their families for an admission to hospital. The Saturday Morning Club, as it is called, runs in three stages: a therapeutic play session; a slide presentation; and a tour of relevant clinical areas. The programme provides an opportunity to clear up misconceptions (for example of a little girl who insisted on wearing her party dress because she thought she was going to the "theatre") and provide information (for example on procedures for parents who want to accompany their child to the anaesthetic room). A year-long evaluation showed that families who attended the club appreciated it, but that few people *did* attend. Reasons for non-attendance included bus fares and journey time, Saturday morning work, belief that the child did not need preparation and dislike of hospitals. Increased publicity by medical staff and through local radio improved attendance. The evaluation concludes that all hospitals should implement pre-admission programmes and, in a number of ways, improve communication with schools and playgroups.

... and discharge

Sue Burr is critical of the lack of attention paid to discharge planning for children. Despite widespread acknowledgement that planned discharge benefits children, little has been done. With shortening hospital stays, it is becoming more and more necessary. Children are frequently discharged when they still need substantial care, often much earlier than adults with comparable medical and nursing needs. Parents can feel isolated and uncertain of what to do, particularly so if there is no paediatric community nursing service. There is little written information available to parents, and what exists is not regularly reviewed or brought to the attention of all relevant staff.

The author identifies a number of obstacles to adequate planning. Communication between staff on wards, in hospital admissions and in the community is often poor. If ward staff do not know a child is to be admitted until the last moment, preparations for discharge are already off to a bad start. Poor

communications and lack of secretarial staff in the community may mean that the GP or health visitor is not aware that a child has been discharged until weeks after the event.

A failure to start planning early enough and a lack of services in the community can mean that children are kept away from home longer than necessary. Discharge may also be delayed because the community service does not have the necessary equipment, such as basic suction equipment to care for children with tracheostomies.

A comparison with North American practice points to some of the measures that could be taken to improve the situation. Hospitals visited in the USA and Canada had named staff responsible for discharge planning. Their role is to ensure quality and continuity of care. They continually involve ward nurses, who themselves may lack the time and authority to take on the role. There are also examples of good practice in this country. In some units children who are to undergo major elective surgery have a home tutor provisionally booked prior to admission. In addition, where paediatric community nursing services exist, they are generally reported to cooperate very well with the hospital ward.

FROM THE JOURNALS

General practice in New Zealand

An article in *Pulse* describes the system of general practice in New Zealand. All GPs set up private practices, in the same way as any commercial enterprise. There are no official restrictions on where they do so – they must simply judge whether there is a sufficient market for their services in an area.

GPs are responsible for obtaining premises and equipment and paying staff, though subsidies for the latter are sometimes paid. They are not paid a capitation fee: patients pay only when they initiate a contact. The doctors charge fees on the basis of the services provided at each consultation, and they are free to waive or reduce fees at their own discretion. The article makes no mention, however, of what arrangements are made for those patients who cannot afford to pay.

As a result of this system, doctors see fewer patients than GPs in this country, and a larger percentage of genuine problems. Consultations last longer as patients expect to get what they are paying for and tend to save up problems so that they come to the surgery with a shopping list of complaints. The cost of home visits proves to be a major disincentive to calling the doctor out. Doctors are not encouraged to initiate preventive programmes, since there is a financial disincentive to keeping patients well. It does, however, encourage GPs to provide minor surgery, and most of them routinely remove melanomas and perform vasectomies, for example.

Pulse, 19 September

Delays in emergency treatment

A large survey of injured patients uncovered unsatisfactory delays in the initial management of patients with serious injuries. The report gives a statistical analysis of information on 14 648 patients admitted because of injury to 33 hospitals over a two-year period, and relates various features to the outcomes of survival or death within three months of the injury. The authors found that 21% of seriously injured patients took longer than an hour to reach hospital, and that the time taken was not related to the severity of the injury. Of those patients judged to need early operation, only 46% were in the operating theatre within two hours. For more than half the patients with serious injuries, a senior house officer was in charge of initial resuscitation of patients.

The vast majority of serious injuries were classified as a blunt trauma (for example from a fall). The chances of survival for these patients was lower than comparable patients in the USA. However, outcome measures for those who had received a penetrating injury were better than in the USA.

The authors comment that many hospitals were unable to provide all the information requested, both on journey times and on clinical assessment of patients. There were considerable variations between hospitals on this count, and the authors hope that audit departments will support improvements in data collection.

BMJ, 26 September, pp 737–40

Waiting for cancer treatment

A study from four health districts in Devon on time lapses between presentation of symptoms and treatment for cancer is interesting because it considers separately the various stages in the process. The GP and hospital records of 1465 patients shown to be suffering from one of six common forms of cancer were retrospectively examined to establish: waiting time from first presentation of symptoms to referral (GP stage time); time between referral and first consultant appointment (pre-appointment time); and time from first consultant appointment to treatment (post-appointment time). The authors present median rather than average times at each stage in order to avoid biasing the results unduly by a few exceptional cases.

The results varied markedly depending on the type of cancer involved. The median time for the GP stage was 0 days for breast cancer and 84 days for cancer of the oesophagus. Hospital times varied less widely: pre-appointment medians from 7 days for lung cancer and stomach cancer to 15 days for cancer of the prostate; post-appointment medians from 13 days for lung cancer and breast cancer to 30 days for stomach cancer. The times taken also varied between districts. For example, in two districts 25% of patients with bowel cancer had not started treatment 60 days after first being seen by a consultant, whereas in the other two districts 75% of patients had started treatment within 28 days. Similarly, the GP stage for this cancer was faster in one district than the other three.

Despite the potentially threatening nature of this study to individual GPs, of the 531 GPs approached, 246 (46%) agreed to participate. This is similar to the response rate reported for other less threatening studies. The authors conclude that the method is useful in reviewing diagnostic procedures and identifying needs for education in management and diagnostic skills.

British Journal of General Practice, October, pp419–22

The Marylebone Health Centre

A legacy from the old days of "GP as God" combined with ever-increasing pressures on GPs' time can lead to the routine prescription of drugs after 5–10 minute consultations to the many patients whose problems lie more with the lives they have to lead than with their medical condition. The Marylebone Health Centre has developed a raft of approaches to primary health care, which aim to help practitioners and patients alike cope better with distress and despair.

A counsellor sees patients with problems ranging from bereavement through alcoholism to housing difficulties. Massage therapists help people to relax, and get rid of some of their aches and pains. The counsellor has organised a befriending group in which volunteers work with isolated patients, often to the benefit of both volunteer and patient. Other volunteers provide practical support such as shopping. An outreach worker seeks to address the needs of homeless people and lone parents. The practice has a link with a pastoral centre, which offers spiritual support to people from all faiths.

It is difficult to quantify the outcomes of these activities in terms of the effects on people's lives. However, Dr Patrick Pietroni, a GP at the practice, believes that substantial savings are made on prescribing of psychotropic drugs, referrals to psychiatric outpatients and acute admissions. Were the practice fundholding, it could translate some of these savings into practice assets and use them to employ the additional staff required. It is therefore ironic that, having only 3000 patients, the practice is not able to take up fundholding – a scheme that was set up partly to encourage innovatory approaches. A research grant was used to take on the additional staff in 1986. Since that came to an end the practice has received some financial support from the FHSA and has to raise the rest through charitable sources.

Openmind, August/September, pp10–11

AROUND THE CHCs

Parkside CHC's Race and Health Group is concerned about ethnocentric bias in a form used for assessing the mental ability of elderly people. The form, using the Abbreviated Mental Test Score (AMTS), was drawn up by the Alzheimer's Disease Society. The AMTS is being used in Parkside by linkworkers attached to general practices when they visit people aged over 75 to satisfy the GP contract.

Three of the questions in the AMTS for dementia appear not to be culture neutral. The elderly people are asked "What is the name of the present monarch?" If they have difficulty with this question, there is a possible prompt: "the name of the present sovereign". Secondly, respondents are asked "What year did the first world war start?" Thirdly, they are asked to identify photographs of the Queen and the Pope. Both must be named for a "correct" mark to be awarded.

It can be questioned whether people who were brought up outside Europe should be expected to be able to answer these questions as easily as people who have lived in the UK all their lives.

Parkside FHSA says that the AMTS is one of only two validated testing schemes of which they are aware. There is widespread concern about the ethnocentric bias, although linkworkers do have a space on the form where they can comment on the background of a respondent if they feel this is relevant. Parkside FHSA did use the other testing scheme, the Mini-Mental State Examination (MMSE), but found it very complicated and inappropriate for use in the community. The FHSA feels that, despite the drawbacks of the AMTS, it is better for their purpose than the MMSE, and also better than not using any testing scheme at all.

In a letter to Parkside CHC, Clive Evers of the Alzheimer's Disease Society argues that the AMTS "is intended as a *screening* technique only. It should therefore be used as an indicator to GPs to consider referring patients as appropriate for fuller mental and physical assessments with a consultant like a Psycho-geriatrician".

A telephone "health helpline" operated for the last few months by Lancaster Health Authority has been transferred to **Lancaster CHC** as part of an arrangement under which the DHA and FHSA are jointly funding a part-time information officer who will work in the CHC office dealing with enquiries. The CHC's answering machine will be attached to the helpline number (see *Directory amendments*) when the office is not staffed, so that to leave any message for the CHC out of hours, the helpline number should be used.

East Cumbria CHC has recently produced a leaflet and two posters outlining the service which it offers to anyone wishing to make a complaint about the health service. It briefly explains the role of the CHC, sets out the scope of the complaints it can deal with and lists the practical steps the CHC can take on a client's behalf.

Radio 4's *Punters* are keen to hear from any members of the public who want to investigate and broadcast an item on an issue which has affected their lives. The programme, broadcast twice a week, has proved popular and influential. The *Punters* team helps contributors with research and technical back-up. The BBC's name often helps contributors to gain access to people in positions of influence. Previous investigations have ranged from light-hearted inquiries to research on serious topics, such as the side effects of a new type of insulin. Anyone who has a story which they are keen to expose and investigate should get in touch with *Punters*, BBC Radio 4, Bristol BS8 2LR, phone: 0272 742186.

Deadline
If you have any items for the next issue of *CHC News*, please get them to us by 11 November.

CHC PUBLICATIONS

"They should treat you like an adult, or a lady!"

A survey of what people with learning difficulties think of the health services they receive

North Manchester CHC and North Manchester Self Advocacy Project, 31 pages

This collaborative survey aimed to highlight the problems people with learning difficulties face in receiving general health services. Information was gathered using a questionnaire, one-to-one interviews and discussions among existing self-advocacy groups. The biggest problem people face is that some health staff appear not to understand them or their needs. Response to the questionnaire was poor, and the researchers identified ways in which it could have been made more accessible. They also came to appreciate just how difficult and lengthy the process of consultation of people with learning difficulties will be. They call for the full support of health authorities in the process, and suggest a range of methods that should be used. They also stress that there is no point having consultation unless it affects reality. All health staff need awareness training if empowerment is going to be real.

The report is presented as a series of double page spreads: on the left, a fair amount of text, but in clear large type; on the right, short and easy-to-read sentences which summarise the text, accompanied by cartoon illustrations of the main points.

Effective visiting for community health councils

Nikki Joule and Ros Levenson, GLACHC, £2, 8 pages

The idea for this booklet came from participants at a GLACHC seminar on visiting, when it was noted that there is a mass of information and guidelines about CHC visiting, but that it is difficult to access in one place. The booklet, therefore, is largely a compilation of guidelines and regulations, with an indication of best practice. It also sets visiting in the context of the reformed NHS. The headings under which the material is organised are: Background; Overview; The framework – existing guidance; Why visit?; Planning a visit; Following up a visit; and Further reading.

Members' information pack

Salford CHC, £6

This pack for new members is intended to help them understand both the work of the CHC and the NHS at all its levels. It gives an explanation of the role of CHCs in general and an introduction to the priorities, structure, procedures, staff, members and previous publications of Salford CHC. The importance of members to the work of the CHC is stressed and requirements of members clearly set out. A section then describes the structure of the NHS, nationally and locally and is followed by information about Salford. Two pages are devoted to all those acronyms you wanted to know about, but were afraid to ask. Finally the pack includes the Standing Orders of the CHC and a publication: *A guide to visiting hospitals and health care premises.* Members are asked to return a questionnaire about their details and availability and an evaluation form of the information pack.

Quality in primary health care: what does it mean for you?

West Essex CHC, 34 pages

This is a report on a day conference held in May. It sets out the contributions from the panel who represented a range of professions within primary health care. Five workshops debated awareness of provision of primary services; the availability of dental services; accessibility of services; GP dispensing services in relation to services from the local community pharmacy; and changes in the provision of NHS optical care. In each case there is a summary of the discussion and recommendations.

Patient's Charter Monitoring Unit: charter standards report No. 1

Bury CHC, 12 pages

The Unit monitored the Patient's Charter standard that, in out-patient clinics, patients should be given a specific appointment time and be seen within 30 minutes of that time. Of the 540 appointments examined, 204 achieved the standard. The results are broken down into different specialties, with the ophthalmic clinic performing best, and the orthopaedic clinic performing worst.

Choices in maternity care for women in Salford

Salford CHC, 17 pages

This survey concentrated on the choices open to women in pregnancy and childbirth and on how aware women are of those choices. Of 150 women questioned, 127 did not know that they could register with a different GP just for maternity services, although most would not have wished to do so. Little literature was offered to pregnant women, and many felt that the place of delivery had not been discussed with them: 13% would have chosen a different place. GP premises were by far the most popular venue for antenatal clinics, and the CHC recommends that creche facilities should be made available for such clinics.

Maternity survey 1991/92

West Norfolk & Wisbech CHC, 51 pages

This survey used a nationally accredited questionnaire produced by the OPCS to assess satisfaction with maternity services given to mothers who gave birth in hospital. Of the 300 questionnaires distributed 75 were returned. The CHC comments that the length of the questionnaire (32 pages) may have been daunting, and also that sections for fathers should be included in the future. Much of the report is taken up with a copy of the questionnaire showing aggregated results. Some of the responses are also broken down into two categories: first-time mothers and mothers of a second or subsequent child. Among other things, the recommendations suggest that there should be a change in the format of antenatal classes to make them more suitable for second-time mothers and that first-time mothers should be given extra attention and more basic information on looking after the baby.

Maternity survey Spring 1992

Mid Essex CHC, 8 pages

Presents questionnaire, aggregated results of 93 responses and additional comments made by patients. Among other things, it is recommended that the preparation and follow through of care plans be reviewed. Bidets should be provided and the provision of baths improved. Toilet facilities for partners should be reviewed, as should refreshments for partners and relatives. The CHC uses the survey to call for a meeting with the Care Group Manager to discuss the high stillbirth rate in the district.

Consumer views of a family planning service

Jacqueline Calder and Peter Selman for Newcastle CHC, £5, 97 pages

This is a follow-up to surveys conducted in 1979 and 1989. Four sections of the report present findings from the main survey of clinic attenders, and look separately at the central clinic (196 respondents) and peripheral ones (205 respondents). A summary section concludes that clinics are an important alternative to GP provision for a significant minority of women and that these women have clear and *positive* reasons for visiting a clinic rather than their GP. This section gives recommendations for maintenance and improvement of the service. A final section covers staff perceptions of the services offered, and is interesting in revealing how far staff perceptions coincide with or differ from those of their clients on a number of issues covered in the main survey.

Non-emergency patient transport services

Richmond, Twickenham & Roehampton CHC, 11 pages

A series of complaints to the CHC and fears that pressures on both NHS and voluntary transport services are increasing led the CHC to try and provide a snapshot of how patients are currently travelling to get their treatment. They held discussions with a wide range of voluntary groups and service providers in order to draw up this report, which is inevitably qualitative, rather than quantitative, in nature. Different forms of transport are considered in turn: ambulances, hospital and private car, hospital bus etc. Many of the 10 recommendations are concerned with information and communications. They also suggest naming a responsible person in each provider unit, setting and meeting minimum standards and paying special attention to patients with mental health problems.

Directory of homes for the elderly in the West Norfolk & Wisbech area

West Norfolk & Wisbech CHC, 63 pages

Two sections give advice on how to decide about going into a home and an explanation of the different types of home. Maps and lists of homes in five sub-areas are presented in coloured sections. A checklist covers the practicalities of choosing a home and moving in, including what to do if things go wrong.

A survey to show the levels of access available to disabled persons attempting to use the facilities provided by the local health services in the Hull Health District

N Sayer for Hull CHC, 40 pages

This survey was carried out by a BA student in Contemporary Studies. Time limitations led to the focus being narrowed to only wheelchair users. Facilities at a number of hospital and clinic sites were assessed. At every site there were problems with doors, in general because they were very heavy. It seems that the health authority does not expect wheelchair users to visit alone. There were also concerns about fire exits, which in some cases were locked, and in any case unusable by people in wheelchairs. Comments and recommendations are given for each of the sites visited.

Homeward bound
Eastbourne hospitals' discharge procedure as perceived by Eastbourne hospital patients

Eastbourne CHC, 31 pages

Survey of 500 discharged patients (310 responded to the postal questionnaire). Data are analysed by age of the patient and by ward. It was designed to discover the length of "notice" of discharge and whether patients were: given the opportunity to participate in their discharge planning; seen by a doctor on the day of discharge; given advice concerning future care; and followed up according to arrangements. The procedures appear to operate relatively well for about three in four patients. A number of recommendations are made for improvements.

OFFICIAL PUBLICATIONS

On the state of the public health for the year 1991

Annual Report of the Chief Medical Officer of the Department of Health

HMSO , PO Box 276, London SW8 5DT, £14.50

Dr Kenneth Calman has just launched his first annual report. Chapter 3, on the health of black and ethnic minorities, has also been reprinted separately. There are five sections: demography, lifestyle, disease patterns, health services and refugees. The longest, on disease patterns, documents what is known about variations in disease patterns among black and ethnic minorities compared to the whole population, and between different minority groups. Some variations are marked, for example women born in the Caribbean are more than twice as likely as all women in England and Wales to die following a stroke. The causes of such differences are not well understood and cannot be explained by conventional risk factors alone, but in any case the differences have implications for the planning of services.

Turning to consider health services Dr Calman recognises that active steps are needed to eliminate discrimination and to ensure equality of access to the health services. In the conclusions, his comments refer to modifying approaches to take account of differences "both in terms of disease patterns and lifestyle".

Much of what is known of both disease patterns and health service utilisation among black and ethnic minorities comes from small *ad hoc* surveys. Ethnic origin is shortly to be included in the minimum data set for all contacts with the NHS. This, together with information from the 1991 census, should make it easier to assess the health needs of all ethnic groups and to determine the extent to which equality of access is achieved.

Following publication of the report, Health Secretary, Virginia Bottomley, announced that she has asked Lady Cumberlege, a junior health minister, to take forward the work of ensuring that services are "tuned in" to the needs of members of the black and ethnic population. She also said that the Health Department is to look at "how to improve the employment and promotion opportunities for black and ethnic people within the NHS".

Equipped for independence? Meeting the equipment needs of disabled people

Department of Health, 55 pages, free of charge from Central Store, Health Publications Unit, No. 2 Site, Manchester Road, Heywood, Lancs, OL10 2PZ

The DoH has produced these good practice guidelines, describing examples of present practice and drawing principles from them. The content is summarised in a management checklist.

GENERAL PUBLICATIONS

IN BRIEF

The Health Address Book
The Patients Association, 168 pages, £9.95 inc p&p from 18 Victoria Park Square, London E2 9PF, phone: 081 981 5676/5695, fax: 081 981 6719

A directory collated by the College of Health of over 1000 contacts for a comprehensive range of ailments, disabilities and mental health issues. Includes self-help groups, research organisations and information services. "Clear easy-to-find entries and complete contact details make this an ideal resource for professionals and individuals in need."

Manual for research ethics committees
Centre of Medical Law and Ethics, King's College, Strand, London WC2R 2LS, phone: 071 873 2382, fax: 071 873 2465

Some CHCs have been enquiring about this manual which was described in *CHC News*, No. 74. Another batch is now being produced, available for £20 from Mrs Claire Foster at the address on the left.

IN BRIEF

Stress on women
Policy paper on women and mental health
Daphne Wood
Mind Publications, Kemp House, 1st Floor, 152–160 City Road, London EC1V 2NP, 30 pages

Mind's policy paper is based on the recognition that women are exposed to great stresses in their lives, yet the services to which they might turn for help often perpetuate their distress. Sources of distress are often neglected in an approach which medicalises what are at root social problems. A woman can be placed in a no-win situation in which if she conforms to the stereotype of feminine behaviour, she will be seen as a normal woman, but not a mentally healthy adult. But if she does not conform she may be subject to interventions geared towards adjustment to a more feminine role.

The paper looks first at issues as they affect women in general, then at issues affecting particular groups of women. There have been consistent messages from women about some of the service options they need: the choice of women-only space, women workers, child care provision and a chance to explore the underlying causes of distress. The recommendations build on these messages and also call for improved monitoring, anti-discrimination measures, effective complaints procedures and improvements in training.

Which? medicine:
the essential consumer guide to over 1500 medicines in common use
Rosalind Grant
The Consumers' Association and Hodder & Stoughton, 490 pages, £12.99

Rosalind Grant, pharmaceutical adviser to Avon FHSA, was previously managing editor of the *Drug & Therapeutic Bulletin*, and much of the content of this book is based on research carried out for the *Bulletin*. It aims to provide the public with information about drugs they may be prescribed or buy over the counter and to give the necessary background so that patients can ask their doctors or pharmacists for further information.

Medicines are discussed in general, then in 11 sections on body systems, where there are also explanations of the problems for which they may be prescribed. The nature of drugs available to treat different health problems and how they work is described alongside other measures that people can take for prevention, control or cure. Eighty of the most commonly used drugs are profiled and advice is given on the benefits and risks of over 1500 prescription and over-the-counter drugs. In each case, there is advice on what to tell the doctor before taking the drug and any special precautions for people aged over 65.

Healthy dialogues: practical ways of involving local people in their health care

South West Thames RHA, 40 Eastbourne Terrace, London W2 3QR, phone: 071 262 8011, 26 pages

Aimed at health authorities, providers and CHCs, this report takes a wide and positive view of public involvement in health care. The workshop that produced it included members from a range of organisations within the NHS including the Secretary of Merton & Sutton CHC. Seven principles of local involvement are set out, and 13 pages are devoted to the practicalities of applying them. A brief section addresses fears health service professionals sometimes voice when asked to involve the public. It gently questions the validity of some of the reasons given for non-involvement and encourages health service staff to appreciate the positive outcomes of dialogue. Two of the three tables in the appendices are concerned with CHC involvement in purchaser- and provider-led dialogues. Readers may be a little daunted to see that the first example of CHC involvement is "labour for interviewing" in surveys. But to be fair, the tables suggest many varied ways in which CHCs can make a contribution, and set out the conditions under which they may be able to do so. The whole publication is well designed, so that it is easy to read and understand.

Consultation manual

North West Thames RHA, Directorate of Corporate Affairs, 21 pages

NW Thames RHA is concerned with a much narrower aspect of consultation. "The purpose of this document is to provide guidance on the two main areas on which consultation will focus: closures and change of use; and health authority boundaries." Although the introduction mentions "forging links with local communities", the bulk of the document concentrates on the formal requirements of DHAs and provider units to consult on these "two main areas". The result is a rather dry document which, however, could be useful as a reference to rights and duties. It points out that NHS trusts are not themselves required to consult on service changes within the trust: this "simplifies consultation", but may make it "meaningless if the commissioner [purchaser] is forced to consult on the results of a decision ... over which it has no managerial control".

The NHS transformed

Ian Holliday

Baseline Books, 117 pages, £4.99

Baseline Books is a new series on policy issues which aims to be accessible to the general public. This book sets the recent NHS reforms in the context of the development of the service since 1948 and, briefly, in an international context. Chapters on the 1980s trace the changes brought about by general management and the internal market. Three final chapters look at possible ways forward in the areas of funding, healthcare delivery and access. The author believes that, under the present system, the likely future is one of fragmentation in some parts of the market and increased central direction in others. He argues for strategic purchasing agencies to overcome the risks of fragmentation. He also makes a case for a specific health tax, from which individuals could opt out, and increased private payment. This, he believes, might help to release the NHS from underfunding.

FROM THE VOLUNTARY SECTOR

The Independent (29/9/92) reports on the launch of two projects offering support to people in need.

Able Link is a support group set up by the Keep Able Foundation to encourage recently injured young people to take as positive an approach as they can to disability. The group is run by young volunteers who are tetraplegic or otherwise severely disabled and who use technological aids to increase their independence. For more information, contact: Prue Turner, Keep Able Foundation, 081 994 6614.

A **Child Death Helpline** has been set up by Great Ormond Street Children's Hospital. It aims to help not only the immediate family of a child who has died, but also his or her friends and teachers and people in the emergency services who have been involved. The helpline is run by volunteers who have suffered the loss of a child and have been trained in giving support. The number is 071 829 8685, open Mondays to Thursdays, 7–10 p.m.

INFORMATION WANTED

Rotherham Health Authority and CHC are thinking of producing a booklet for the local population which will contain guidelines on the appropriate use of emergency services locally. It will include the appropriate use of: accident & emergency departments and ambulance, GP, pharmaceutical and dental services. **Rotherham CHC** would be grateful for information on any similar publications produced by other CHCs.

Newham CHC have raised concerns about their local hospital's routine practice of placing correspondence concerning a patient's complaints on that patient's medical case notes – a practice which worries the Health Service Commissioner. The CHC is concerned that such a patient's subsequent care might be prejudiced when doctors see the record of a complaint. **ACHCEW** would like to hear from any other CHCs which have encountered this problem.

As part of its *Women's health dissemination project* the **Health Education Authority** is producing three new publications about women's health:

- *Women together: a health education training handbook for ourselves and others* (already available, £12.95)
- *Women's health resource handbook*
- *Speaking up for health: materials on assertiveness and women's health*

In producing these complementary publications the HEA have consulted widely with different groups of women and they are keen to disseminate them as widely as possible. They hope this will enable them to promote women's health education especially with hard-to-reach women and to help vulnerable women negotiate and practise safer sex. The project is currently in its planning stage and the team would like to hear from any potential users of the resources so as to plan dissemination as effectively as possible. If you are interested, contact Mary Tidyman at the HEA on 071 383 3833.

FORTHCOMING EVENTS

The quiet revolution:
alternative settings for acute care

- day conference
- organised by the Institute of Health Services Management
- at Kensington Town Hall, London
- on 16 November 1992
- £110 + VAT members;
  £120 + VAT non-members

Further information from:
Karen Medlyn
Conference Assistant
IHSM
75 Portland Place
London W1N 4AN
Phone: 071 580 5041
Fax: 071 255 1289

King's Fund Workshops

Hosted by King Edward's Hospital Fund for London, Organisational Audit Programme.

Both to be held at the Columbia Hotel, London W2.

- Consumer checklist
- offers practical guidance on how the consumer checklist may be used by consumer groups and CHCs in particular
- 23 November 1992

- Setting local standards
- 1 December 1992

Further information from:
Elaine Williams
Organisational Audit Programme
14 Palace Court
London W2 4HT
Phone: 071 221 7141

The quality of life for older people in residential and nursing care

- one-day conference
- organised by the Royal Society of Health
- on 26 November 1992
- at Manchester Town Hall
- £48 RSH members; £25 retired RSH members, charities and students ;£75 non-members

Further information from:
The Royal Society of Health
RSH House
38a St George's Drive
London SW1V 4BH
Phone: 071 630 0121 ext 10
Fax: 071 976 6847

Healthy outcomes

- two-day conference on the measurement and management of healthcare outcomes
- organised by the Health Service Journal
- on 19 and 20 November 1992
- at The Brewery, London EC1
- £199.75 (payable to Macmillan Magazines Ltd)

Further information from:
Andy Westwood or Christine Jones
The Health Service Journal
Phone: 071 836 6633
Fax: 071 379 4204

Work with black elders

- a study day
- organised by the Joint Centre for Training and Development in the Personal Social Services
- on 2 November 1992
- at Sorby Hall, University of Sheffield
- £60 members of Joint Centre and voluntary organisations; £70 Associate members; £80 non-members

Further information from:
Centre for Short Course Development
Sheffield Hallam University
36 Collegiate Crescent
Sheffield S10 2BP
Phone: 0742 532511 or 532514

Rationing of health care in medicine

- one-day conference
- organised by the Royal College of Physicians and the Institute of Health Services Management
- on 11 November 1992
- at the Royal College of Physicians, London NW1
- £75

Further information from:
Rebecca Dodman
Conference Secretary
IHSM
75 Portland Place
London W1N 4AN
Phone: 071 580 5041
Fax: 071 255 1289

Children's services: planning for need or planning for efficiency?

- one-day conference
- organised by NAHAT and the National Children's Bureau
- at NCB, London EC1
- on 25 November 1992
- £88.12

Further information from:
NAHAT
Birmingham Research Park
Vincent Drive
Birmingham B15 2SQ
Phone: 021 471 4444 or 021 414 1536
Fax: 021 414 1120

The challenge of community care

- one-day conference
- organised by Laing & Buisson and the Institute of Health Services Management
- on 10 November 1992
- at the Portman Hotel, London W1
- £229.12

Further information from:
Mari Martin
Laing & Buisson
Lymehouse Studios
38 Georgiana Street
London NW1 0EB
Phone: 071 284 1268
Fax: 071 267 8269

Values for change: mental health services in a secure environment

- one-day conference
- organised by the Institute for the Study and Treatment of Delinquency and MIND
- at King's College London, SW10
- on 11 November 1992
- £60 ISTD and MIND members; £75 non-members

Further information from:
Conference Administrator
MIND
22 Harley Street
London W1N 2ED
Phone: 071 637 0741
Fax: 071 323 0061

Community participation in health care

- two-day seminar
- organised by the School for Advanced Urban Studies, University of Bristol
- at SAUS
- on 18–19 March 1993
- £269 (includes accommodation)

Further information from:
Lyn Harrison
SAUS, University of Bristol
Rodney Lodge, Grange Road
Bristol BS8 4EA
Phone: 0272 741117
Fax: 0272 737308

Alzheimer's disease: human impact and social cost

- one-day conference
- organised by Waltham Forest Alzheimer's Support Group, WF CHC and Age Concern WF
- at Lloyd Park Theatre, Walthamstow, London E17
- on 27 November 1992
- £30 professionals; £5 waged carers; £1 unwaged carers

Further information from:
Waltham Forest CHC
608 High Road
Leytonstone
London E11 3DA
081 539 7180

Emotive issues in cancer

- multidisciplinary one-day conference
- organised by Marie Curie Cancer Care
- at Westminster Central Hall, London
- on 23 November 1992
- £35; £40 for GPs wishing to claim PGEA (cheques payable to Marie Curie Memorial Foundation)

Further information from:
Marie Curie Education Department
11 Lyndhurst Gardens, Hampstead
London NW3 5NS
Phone: 071 435 4305, Fax: 071 794 0213

Beyond the decade

- conference to assess the impact of the UN Decade of Disabled Persons and to set the agenda for the future
- organised by Mencap, RADAR, RNIB and RNID
- at the Queen Elizabeth II Conference Centre, London SW1
- on 2 December 1992
- £100 statutory and other bodies; £80 voluntary organisations

Further information from:
Rachel Scott
'Beyond the Decade' Secretariat
RADAR, 25 Mortimer Street
London W1N 8AB
Phone: 071 637 5400, Fax: 071 637 1827
Minicom: 071 637 5315

Consumers for Ethics in Research

- public meeting at which Rabbi Julia Neuberger will speak about her work on Local Research Ethics Committees
- organised by CERES
- at Social Science Research Unit, 18 Woburn Square, London WC1
- on 1 February 1993
- from 5.30 p.m. to 7 p.m.
- free of charge

Further information from:
0732 458021 or 081 802 8231.

The organisers would appreciate it if you would let them know if you are intending to attend. For copies of notice of this meeting phone 0703 582492.

Tavistock Clinic Public Lectures 1992: "New ideas, old themes"

22 October – New patterns of living together: growing up in step families
29 October – How do you know if therapy is working? Clinical and research issues
5 November – Doctors going sick: a study of stress in young doctors
12 November – Infidelity: a moral issue?
19 November – Translations: sharing psycho-analytic understanding in a large residential institution
26 November – Crossing the body boundary: a forensic perspective from the Portman Clinic
3 December – Working with very troubled families: can things be changed?
10 December – Mapping psychoanalytic landscapes

- all lectures held at the Tavistock Centre
- from 8 p.m. to 9 p.m.
- admission by ticket only, £4 per lecture (payable to Hampstead Health Authority)

Tickets from:
Pauline Hughes
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Phone: 071 435 7111 ext 2213
Please enclose a stamped addressed envelope

DIRECTORY AMENDMENTS

Page i **Association of Scottish Local Health Councils**
Change of address:
5 Leamington Terrace
Edinburgh EH10 4JW
Phone: 031 229 2344
Fax: 031 228 8250

Page ii **NW Thames**
Delete 'Priority Wing' from the address.

Page iii **West Midlands**
Delete entry and insert:
West Midlands Forum disbanded

Page 2 **South Cumbria CHC**
Delete all previous details and insert:
37 Lightburn Road
Ulverston
Cumbria LA12 0AU
Chief Officer: Gordon Hearsey
Tel: 0229 580966
Fax: 0229 58093

North Tyneside CHC
Chief Officer: Miss Sally Young

Page 4 **Hull CHC**
Fax: 0482 27916

Page 8 **Peterborough and West Norfolk & Wisbech CHCs** have merged.
Delete previous entries and insert:

North West Anglia CHC
40 Park Road
Peterborough
Cambs PE1 2TG
Chief Officer: Mrs Margaret Tozer
Tel: 0733 53522/312768
Fax: 0733 893173

also at:
8 Tuesday Market Place
Kings Lynn
Norfolk PE30 1JL
Tel: 0553 775616
Fax: 0553 776617

Page 12 **Mid Essex CHC**
Fax: 0245 496546

Page 24 **South East Staffordshire CHC**
Delete previous fax details and insert:
Fax: 0543 419949

Page 25 **Chester CHC**
Mobile phone: 0831 308043

Page 27 **Lancaster CHC**
Tel: 0524 32252 (CHC)/ 847887
(helpline and answerphone)

Page 30 **Aberconwy CHC**
Tel: 0492 878840