CHC NEWS

For Community Health Councils

July 1982 No 78

CHCs call for 'no-fault' compensation

– and discuss the future of their national magazine

A unanimous call for "no-fault" compensation after medical accidents was made at the annual general meeting of the Association of CHCs, held last month in Coventry. The two-day AGM also called on the Secretary of State to review the present system of inquiries into medical mishaps after Hereford CHC Secretary Brian Sherlock described the case of David Woodhouse, the ex-SAS man still in a coma more than a year after a routine appendix operation in Hereford County Hospital.

Referring to the way health authority investigations were impeded by the Medical Defence Union, which insures doctors against claims for liability. Mr Sherlock said: "This is not an isolated incident. There is a growing number of cases in all parts of the country where the MDU refuses to allow evidence to be given". (More details on our centre pages).

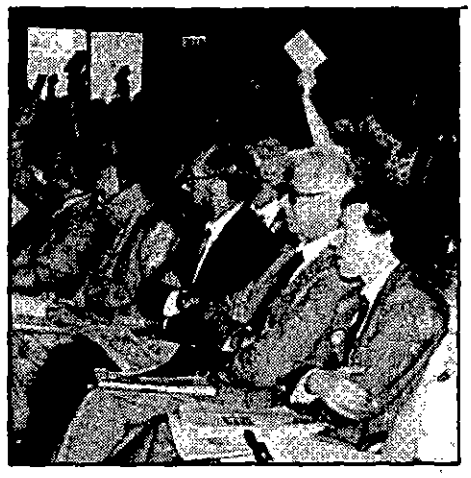
A lengthy composite motion on the Mental Health (Amendment) Bill currently passing through Parliament was presented by Martyn Smith of West Birmingham CHC. Several suggestions from CHCs have already been incorporated into the Bill, he said, but additional safeguards were needed to protect the civil liberties of detained patients. An amendment to delete some of the motion's parts was proposed by North West Hertfordshire CHC, whose delegates argued that the right to consent to treatment should not override the right to treatment itself. This was voted down and the entire motion passed as proposed.

Another composite motion on diabetes called for the availability on prescription of disposable syringes and other items to help diabetics avoid infection and control the disease efficiently. This was passed with a sense of urgency when delegates learnt that manufacturers of re-usable syringes have approached the DHSS for money to adapt their products to new EEC regulations.

The Government's consultative paper on the death grant came in for implied criticism in a resolution calling for an increase in the grant to 60% of funeral costs, and a freeze was proposed on NHS charges for prescriptions, dentistry and ophthalmic services. A controversial new specialty was supported in a resolution proposed by Cheltenham CHC, regretting the closure of the clinical ecology unit at Basingstoke (see *CHC NEWS* 77 page 8), and wasteful drug prescribing was hammered in a string of proposals for action from North Birmingham and Newcastle CHCs.

Two major issues were tackled in motions dealing with community care and NHS funding. South East Cumbria CHC proposed that a single agency should be responsible for rehabilitation into the community and flexibility should be permitted in the use of NHS and personal social service resources. South Gwent CHC proposed in addition that health authorities should participate in joint funding exercises with housing projects, while a motion from South Birmingham CHC acknowledged that massive resources are required to transfer long-stay hospital patients into the community, and pleaded that transfers should not occur where facilities do not yet exist. All three proposals were passed, as was a composite motion asking ACHCEW to establish a monitoring group to review developments which may prejudice the principle of a free national health service at point of need, funded out of general taxation.

Outside the conference hall the issue on everyone's lips was the future of *CHC NEWS*. It was clear that some CHCs are finding it hard to come up with the cash needed to replace the magazine's DHSS grant, which was withdrawn in March. During a packed evening seminar over 200 delegates heard the Chairman of the Editorial Board, John Austin-Walker, describe how the effects of staff shortages have been worsened by financial insecurity. Consultation with CHCs has shown that the majority want to see *CHC NEWS* continue, but costs remain high and the Board is looking at a number of strategies to reduce overheads and attract outside finance.



The meeting finally agreed to ask the Board to produce costings by January for a cheaper format for the magazine, and meanwhile recommended that CHCs should help the short-term security of the magazine by taking out an interim package subscription.

The seminar followed a generous reception given by Coventry city council and attended by the deputy Lord Mayor.

Seminar workshops were held on caring for an ageing population, the hospice movement, charitable fund-raising for the NHS, health education, CHC activities and tactics, and medical manpower and education. Reports on each seminar were given to the AGM.

Mrs Edith Körner gave a witty and enlightening speech about her work in the chair of the steering group on NHS information.

Out-going vice-chairman John Austin-Walker was elected chairman in a contest against Shelia Laws of Salop CHC, and Councillor Judy Thomas, chairman of Leeds Western CHC, became vice-chairwoman after a contest with E A Hebron of Wirral Southern CHC. Councillor Alan Ham retained his post of treasurer unopposed. The outgoing chairman of ACHCEW, Dan Merlin Thomas, was congratulated on his recent award of the MBE.

Inside ...

Overtaken by events — Hereford and Birmingham *pages 4/5*

Your letters

No bed, no tests?

Beverley Beech, Association for Improvements in the Maternity Services, 21 Iver Lane, Iver, Bucks.

Last autumn AIMS representatives met the previous Minister of Health, Dr Vaughan, to discuss the case of a woman who was told she could not have an ultrasound scan to confirm the presence of twins unless she first booked a bed in the consultant delivery unit. The Minister and his DHSS officials would not accept that women are denied diagnostic technology if they refuse first to book a hospital delivery.

We would like to hear of cases where tests such as ultrasound, foetal monitoring or blood analysis have been refused before the woman books in.

Speech Therapy

Rosemary Wagner, Association for All Speech Impaired Children, 347 Central Markets, Smithfield London, EC1A 9NH.

AFASIC is worried that improvements in the area speech therapy services may not be maintained if the service is divided into districts. Services have been run by clinically experienced managers — area speech therapists — and specialist staff have been deployed to meet specific needs amongst children. We doubt that less experienced therapists could provide a similar service in the smaller districts, perhaps under non-professional managers lacking knowledge of educational needs.

The speech therapy profession is very small numerically and we doubt whether a district-based service could offer the career structure and opportunities to encourage the kind of therapists our children need.

Health circular HC(80)8 says there may be arguments against the division of some clinical services into district components, and this would seem to be the case with speech therapy services, which are as vital to our children as wheelchairs to those who cannot walk.

Fluoride again

J T Stewart, Edinburgh 12

Your item on Sir Richard Doll's findings (*CHC NEWS* 75) raises the question of exactly what fluoridation is doing to adults. Statistics are a poor answer since they depend on who collects the data — and what data is collected. The experts should give us a convincing reason why whole communities are to be medicated without the consent of the individual. Non-elected health authorities have no moral rights to do this.

Doubts might be allayed if experts would give unequivocal guarantees of safety-for-all. Yet such a statement was issued by a former Minister of Health who declared that a certain chemical product was not merely safe, but outstandingly so. That product was thalidomide.

Ed: The August/September issue of CHC NEWS will tell how one CHC carried its fight against fluoride to the Welsh Office and beyond.

Beware — men at work

Joy Mostyn, Chairwoman, Hammersmith and Acton CHC

Women are the main users of the community health services throughout their child-bearing years and they make more use of the geriatric services. They bear the brunt of mental handicap and they fill the gaps where the health service fails. Yet women are shamefully under-represented on the health authorities which took over the day-to-day running of London health services on 1 April.

In 1980 women out-numbered men in the Greater London area by nearly 300,000 but the Secretary of State for health chose to appoint 24 men to the chairs of DHAs and only seven women. Regional health authorities have appointed an overwhelming preponderance of men as members of the DHAs, and the representation of women would have been even worse without the nominees of the local authorities and trades unions, which between them have appointed one-third of the total number of women members.

I wonder if women in other regions have been excluded to such an extent from taking their share of responsibility for the running of the NHS?

A healthy alliance....

Martyn Smith, Secretary, West Birmingham CHC and Chairman, Liberal Party Health Panel.

In *Comment* for June (*CHC NEWS* 77) you claim to see a difference between Liberal and SDP views on the CHC role in health education.

The Liberal view is that CHCs certainly should monitor and make proposals for this service, as for any other, but that members and staff will rarely have the professional expertise to do the job themselves and in any case have their own, equally important job to do in representing the public interest.

Liberals also say that CHCs should be enabled to monitor non-NHS activities which have implications for health — social services, housing, safety and so on, all mentioned by Mike Thomas for the SDP.

Mike Thomas mentioned the "preventative and educational area" in the same lists of examples as "housing" — and no-one suggests that CHCs should provide housing, so I see no evidence for your claim of a split.

... or a waste of space?

Bette Hill, Member, SW Herts CHC

I wish to object to the use of *CHC NEWS* as a political organ. I refer to the centre pages of the June issue. No doubt it is a reflection of present-day values — or rather lack of values — that two whole pages which could have been enlightening medically, or could have given readers a greater awareness of the problems of ill-health, should instead be used for political "tub-thumping".

Communicating with the DHSS

Councillor C L Frost, Member, Northern Sheffield CHC and Convenor, Monitoring Group on Services for the Physically Handicapped

We are not the first CHC to take up the cause of Canon communicators and I should not think we would be the last, but if there was a CHC motto surely it would be "try, try and try again".

The communicators are electronic mini-typewriters which can be worn on the wrist by people with speech handicaps. We have enlisted the help of our MPs to persuade the DHSS to meet the cost centrally of supplying these aids through consultant prescriptions. It is not enough to rely on personal efforts, or to expect medical and therapeutic staff to spend valuable time persuading hospital administrators and finance officers of the need to supply and pay for such vital aids. They should be funded as wheelchairs are, centrally by the Department.

If other CHCs have advice or support to offer, we would be pleased to receive it. Why should this patient group be locked in their world of non-communication? The buck should stop with the DHSS.

Wanted

The section where we publish letters in shortened form from readers asking other readers for help of one kind or another.

Have past increases in dental charges caused a reduction in patients' regular attendances — particularly young adults who have learnt the value of preventative care at school?

– Winchester and Central Hampshire CHC.

We welcome letters and other contributions, but we would like letters to be as short as possible. We reserve the right to edit and shorten any contribution.

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July 1982 No 78

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CHC NEWS and Information Service Staff:
GILL KENT (EDITOR)

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Ann Bowling, Research Officer, Hounslow Social Services.

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Written by a nurse for her colleagues, this is a well-written book which gives a sensitive account not only of children in hospital but of those who work there. It should be read by all those in contact with sick children and is vital for those training to work with them. It discusses new approaches to caring for sick children and the total needs of the child. The relationship between the child and her or his family is comprehensively covered, as is the need to have educational and play facilities available in the paediatric ward.

Delicate illustrations add the final touch to a most enjoyable guide. The whole book presents a model of good practice and could well form a basis from which CHC members look at provision in their own districts.

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Continued from previous page

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- Secondly, there is the question of public interest. Establishing the cause of what happened to David Woodhouse is paramount because of the need to protect the public interest in the health service.

A recent article in the Sunday Times showed that the situation brought to light by the Woodhouse case is not an isolated incident. In at least four cases where patients have suffered brain damage or death doctors have refused to give evidence on the advice of the defence societies. In some cases repetition of the accidents could have been avoided if all the evidence had been made available to an inquiry.

The Minister for Health has promised a review of Departmental guidance on health authority inquiries set up under circular HM(66)15. My CHC has been assured that this review is under way within the DHSS. Following initial discussions it is intended that there shall be wideranging consultation and CHCs will be included in this.

Comment

It is not only in the share-out of health authority appointments that women are losing out (see *Letters*). Women get a raw deal both as carers and as the cared-for in the community.

The Equal Opportunities Commission estimates that around 1¼ million people work unpaid in the home looking after disabled or elderly friends or relatives, and most of these carers are women. Yet the invalid care allowance (IVA), payable to those whose dependant is paid an attendance allowance, can be claimed only by women who are neither married or cohabiting, nor divorced and receiving maintenance.

In 1980 around 7,000 carers were paid the IVA. Removing the restrictions on these classes of women would entitle some 110,000 others to claim, and the cost would be relatively cheap — around £40 million after savings on other benefits are accounted for.

There is some hope here of change. At an Age Concern conference held recently Norman Fowler spoke at length of the burdens borne by carers, so perhaps we can look forward to a generous response from the Government to their financial needs.

The same response, unfortunately, cannot be expected for women, married or cohabiting, who are themselves disabled. The notorious "household duties" test imposed on these women in assessing entitlement to "housewives" non-contributory invalidity pension (HNCIP) seems likely to remain — the most recent DHSS estimate of the cost of removing it is £250 million after deducting benefit savings.

A steering group of nine major disablement organisations feels this is a pessimistic estimate. But whatever the figures, the group has decided to raise yet again the issue of discriminating restrictions on women who need the ICA and the HNCIP by holding a week of action around the second anniversary this month of the National Insurance Advisory Committee report recommending abolition of the household duties test.

The group wants to see a general carers' benefit at a level more closely reflecting the loss of income suffered by carers — the IVA stands at present at £17.75 per week — and better community support services, but the first objective is a fair deal for women.

Health News

Holding back the tide of waste

A long-awaited code of guidance (3) from the Health and Safety Executive advises health authorities to adopt a system of colour-coded disposal bags for handling clinical waste — in the hope of easing pollution on beaches down-stream of careless hospitals.

The guidance follows complaints over several years from CHCs, local authorities and individuals in Essex, where beaches have been contaminated by syringes, soiled dressings, tablets and other waste from London hospitals.

Colour-coding will not be mandatory and a health circular accompanying the new code suggests the system should be adopted gradually, as stocks of waste bags are renewed. But London teaching hospitals and RHAs in the Thames area have been advised by the Health Minister Kenneth Clarke to take more care in disposing of their clinical waste in future.

3. *The safe disposal of clinical waste.* HMSO, £1.50 and health notice HN(82)22.

● How CHCs tacked the dirty beaches — see back page.

Money for volunteers

Money promised by the Government last December for the *Opportunities for volunteering* scheme (see *CHC NEWS* 73 page 14) will be administered by a consortium of six national agencies including the Volunteer Centre and the National Council for Voluntary Organisations.

Specialist agencies such as Age Concern and MIND have already been given a share of the £3.3 million available for England, but the bulk of the cash will be channelled through the consortium's general fund to help local bodies set up schemes involving unemployed people in voluntary work.

Grants may be given towards the cost of training, purchase of equipment, payment of salaries and office expenses for organisers, or payments to unemployed people to cover expenses — though care must be taken to ensure that payments do not affect volunteers' entitlement to social security benefits. The money must be distributed before April 1983, so the consortium wants applicants to consider how funding would continue after that. Applications should be from voluntary organisations but the Volunteer Centre says that statutory bodies such as CHCs can apply for funds to sponsor projects so long as the cash is for the project itself rather than the CHC.

Further information from the Co-ordinator, Consortium on Opportunities for Volunteering — General Fund, 26 Bedford Square, London, WC1B 3HU.

New "shocks" for old

A working party set up in response to the Royal College of Psychiatrists (RCP) report on electro-convulsive therapy (see *CHC NEWS* 72 page 4) has recommended a phased programme for the replacement of obsolete ECT equipment, some of which is up to 40 years old (2).

The group's recommendations have been circulated to health authorities by the DHSS with a request that they "urgently review" their equipment and replace obsolete sets along the lines of the three-stage programme suggested.

Some 40 ECT sets in use in NHS hospitals should be replaced immediately, another 100 sets should go within a year — but meanwhile should be checked for safety while still in use — and a further 110 sets are considered safe but should be tested regularly until replaced by better models. There are approximately 700 ECT devices in use throughout the UK in NHS and private establishments, and a new set costs around £500.

The working party was limited by its terms of reference to considering ECT equipment only — its report points out that the RCP found other reasons for dissatisfaction with the practice of ECT and these still need evaluating. The RCP itself has agreed to look at deficiencies in professional practice but the suitability of premises still needs to be looked at, and the report says more research is needed into minimum doses.

2. *Electro-convulsive therapy equipment* — report of a working group set up by the Secretary of State for Social Services. DHSS March 1982.

Comments, suggestions — and complaints come third

"None of us wants to encourage unnecessary complaints" said Junior Minister for Health Geoffrey Finsberg when announcing the new DHSS leaflet on complaints procedures in the hospital and community health services (1). "But it is important that when things do go wrong people know what to do".

People who plough through the three closely-printed pages of text will learn that "appreciative comments" are well-received, that allowances should be made for pressures on staff, and that suggestions for improving services "will be studied carefully". If they *do* want to make a complaint the leaflet will tell them about formal complaints, the Ombudsman (see *Scanner*, page 7) and the new system for handling complaints about clinical judgement (see *CHC NEWS* 67 page 3). Those still in doubt are referred to their CHC.

Copies of the leaflet have been distributed to health authorities in the hope that they will be displayed in waiting areas, but the DHSS says this is up to the DHAs.

In Wales the leaflet has been in use for six months — CHCs have broadly welcomed its distribution and now want the Welsh Office to hold seminars on complaints.

1. *Comments, suggestions and complaints about your stay in hospital.* Copies in bulk from DHSS (leaflets), PO Box 21, Stanmore, Middlesex.

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Scanner

Not just vagrants

The latest in a succession of reports showing how the NHS fails to help homeless people is a survey of 132 single people in Leicester, where 58% of those interviewed were not registered with a local GP, despite a high incidence of long-standing health problems. The report draws on earlier work by ACHCEW and individual CHCs to confirm the difficulties experienced by homeless people trying to get treatment, and exposes those myths about homelessness which make GPs reluctant to accept such people onto their lists. *Health care for the single homeless* price £2.30 (inc post) from CHAR — Campaign for Single Homeless People, 27 John Adam Street, London, WC2

Ombudsman

Another half-yearly report from the Health Service Commissioner gives details of 23 cases out of 51 investigated. The Ombudsman found some justification for complaint in 38 cases. *Selected investigations completed October 1981 — March 1982. HMSO £8.55.*

Joint initiatives

Over 1000 different schemes funded jointly with local authorities were described by 81 AHAs responding to a survey by the National Association of Health Authorities. Details are listed in the *Index of joint finance schemes 1982*, which covers funding in five major care groups, with a special section on services for alcoholics and drug abusers, and a general section covering, for instance, transport schemes. Price £4 from NAHA, Park House, 40 Edgbaston Park Road, Birmingham, B15 2RT.

CHC Directory: Changes

Changes to the CHC Directory are published on this page in each issue of *CHC NEWS*. Please let us know if your entry needs updating. Single copies of the directory are available free — send an A4-size self-addressed envelope and 25p in stamps.

Page 2: South West Cumbria CHC has merged with **South East Cumbria CHC** to form **South Cumbria CHC** Secretary Mrs Fiona Drake. The Chairmen of the two former CHCs will take the chair alternately for six months. Both former CHC offices and phone numbers have been retained.
Page 3: Scarborough CHC has changed its name to **North East Yorkshire CHC.**
Page 3: Northallerton CHC 66 High Street, Northallerton, North Yorkshire, DL7 8ER. Tel: 0609 70627. Chairman: Mr C L Burley.
Page 5: Doncaster CHC 24 Nether Hall Road, Doncaster, DN1 2PW. Chairman: Cllr E E Jones.
Page 5: Great Yarmouth and Waveney CHC Secretary: Mr G G Fayers.
Page 6: Ealing CHC Chairman: Anthony Oliver
Page 7: Mid-Essex CHC Secretary: Mrs Norma O'Hara
Page 10: Portsmouth CHC Secretary: Mrs Margaret Lovell. Chairman: Miss Joan Winter.
Page 12: West Somerset CHC has merged with **East Somerset CHC** to form **Somerset CHC**, with address, phone number and Chairman as for West Somerset.
Page 13: South Warwickshire CHC Chairman: Mrs D Adams.
Page 13: Central Birmingham CHC Secretary: Ian McArdle.
Page 19: West Midlands Association of CHC Secretaries Secretary: Mr G C W Beazley.
Page 22: Monklands and Cumbernauld LHC Alexander Lodge House, Blair Road, Coatbridge, ML5 2EW. Tel: Coatbridge 24453.
Page 22: Midlothian District LHC Chairman: Cllr J G Hope.
Page 24: Association of District Committees for the Health and Personal Social Services, Northern Ireland Chairman: Mr C G H Filor. Secretary: Linda Leonard.

A better reception

Lack of training and information is a major problem for GPs' receptionists (see *CHC NEWS* 74) but now the DHSS has produced a book to help them through the maze of general practice. Luckily it is in a loose-leaf format — published a month after NHS reorganisation, it refers to the old structure throughout and has already had to be updated. *Receptionists handbook* — one copy free to every practice, extra copies £3.70 from DHSS (leaflets), PO Box 21, Stanmore, Middlesex.

Health circulars

HC(82)10: guidance on the *Appointment of consultants regulations 1982* (SI 276).
HC(82)11: self-certification for sickness benefit claims.
HN(82)19: accompanies *Appraisal of development options in the NHS*, dealing with assessing costs and benefits in building schemes and other capital development.
HN(82)21: asks health authorities to co-operate with organisations applying for grants under the *Opportunities for volunteering* scheme.

Correction

The address of the Mastectomy Association was given incorrectly on this page last month. It is 25 Brighton Road, S Croydon, CR2 6EA. Sorry!

Parliament

A failure of resources

Minister of Health Kenneth Clarke has admitted that facilities for treatment of chronic renal failure are not sufficient to meet needs. Most of the shortfall is in the older age groups, despite the fact that more than half of those developing renal failure are over 55. Responsibility for improving services lies with health authorities, he said (Dr Roger Thomas, Carmarthen, 12 May). A "tidying-up" regulation ensures that kidney patients on dialysis machines can continue to qualify for sickness and invalidity benefit while having regular treatment. It covers dialysis and other regular treatment such as chemotherapy or radiotherapy, which may incapacitate patients for less than the four consecutive days normally required to claim these benefits *(The social security days of incapacity for work regulations 1982 - SI No 1982/642).*

Contracting out

In England in 1980 23,700 in-patient treatments were carried out in non-NHS premises under contractual arrangements made by health authorities and 116,500 out-patient attendances were contracted out to non-NHS institutions (Richard Alexander, Newark, 11 May).

Fair shares?

Revenue allocations to RHAs for 1982-3 are shown below as percentages of their target share of national resources under the formula established by the Resource Allocation Working Party (RAWP).

Northern	95%
Yorkshire	97%
Trent	95%
East Anglian	95%
North West Thames	114%
North East Thames	109%
South East Thames	109%
South West Thames	106%
Wessex	95%
Oxford	98%
South Western	96%
West Midlands	96%
Mersey	99%
North Western	95%

(David Penhaligon, Truro, 14 May).

Hearing a need

Recent surveys have shown that the prevalence of hearing impairment among elderly people has been underestimated. Large numbers of people who could benefit from an NHS hearing aid to do not have one. The full extent of the problem is not known, but the MRC Institute of Hearing Research is conducting a large-scale epidemiological study of adult hearing impairment which will produce estimates of the extent of hearing loss in the elderly population. (Jack Ashley, Stoke on Trent, 4 May)

Robbing Peter ... ?

Increases in doctors' and dentists' salaries beyond the 4% allowed for in allocation to health authorities will be covered in the main by extra Government funds — but health authorities will be asked to find just over £6 million from existing allocations (Tony Steen, Wavertree, 7 May).

News from CHCs

☐ The case of a master butcher without medical training who was employed as a doctor by a health authority has persuaded the health ombudsman that he should have powers to investigate cases where no individual complainant comes forward. Sir Cecil Clothier explained his decision during a speech to the **Association of Scottish Local Health Councils** at the annual conference in Stirling last month. Lively debate preceded the passing of motions on dental charges, private medicine, chiropody training, charges for foreign students, hospital discharge procedures and information on financial help for people on low incomes. Disagreement on treatment meant that **West Fife LHC's** motion calling for legislative control of solvent abuse was lost despite widespread concern about the issue. **Midlothian LHC's** motion on first aid provision was passed after it was pointed out that supermarkets and large stores provide facilities for staff, but not customers. **Edinburgh LHC's** motion on alcohol counselling stemmed from the worry that the city's counselling unit was overwhelmed with referrals from outside its catchment area. And a uniquely Scottish problem was aired in the motion from **Lewis and Harris LHC** calling for action to ensure that advice on financial help is given to relatives transporting home the remains of island-dwellers who die in mainland hospitals.

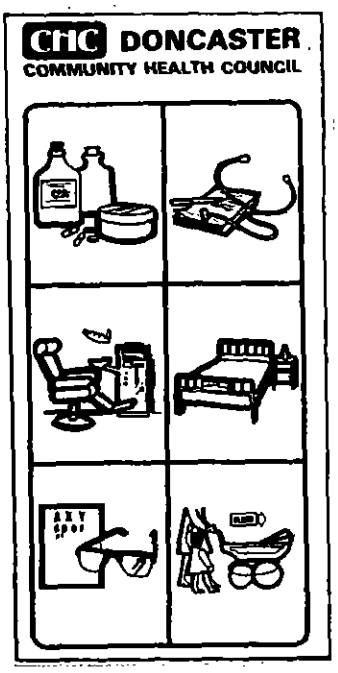
☐ It depends on the weather, says **Southend CHC**, but the beaches are cleaner now than when concern was at its height a couple of years ago. Waste from hospitals and clinics (see page 3) finds its way onto Southend beaches via barges carrying London's rubbish to a dump at Pitsea. Residents have been disgusted at the blood-stained dressings washed up on their shores, and worried that the tablets and "sharps" could be a health risk. Local councillors began working on the problem, but the CHC itself was able to bypass local authority levels of enquiry and go straight to the source of the nuisance by circulating CHCs upstream, asking them to check up on their hospitals. The worst offenders were identified and now the CHC hopes the new code for clinical waste will increase awareness of the problems caused by inadequate disposal procedures — but improvements are expected to take some years to show up on the beaches of Essex.

City and Hackney CHC persuaded its local hospital to investigate after discovering that belching black smoke from its incinerator was caused by burning unsuitable waste, and that hospital rubbish was often dropped into the wrong waste bags because nurses were not informed of correct disposal procedures.

☐ An unusual letter was sent by the DHA Chairman to **City and Hackney CHC** after a CHC meeting was addressed by a speaker from the Association for New Approaches to Cancer. The Chairman objected to the CHC holding this meeting because it aired views at variance with "expert medical opinion". The CHC feels it has a right to discuss all aspects of health, and is hoping the letter will not prove to be symptomatic of the new DHA's attitude to its local watchdog.

☐ Meanwhile three Northern region CHCs are encouraging the development of self-help groups for cancer sufferers. **North Tyneside CHC** is playing host to the steering committee of "Coping with Cancer", formed after a recently-screened item on the TV programme "Grapevine". Some very successful meetings have already been held, so **Newcastle CHC** and **Northumberland CHC** are hoping to generate an equally enthusiastic response in their districts, and reactions to the planned bulletin, still in draft form, show a great need for information and mutual support.

☐ Another self-help group — for narcolepsy — has been set up under the auspices of **Central Manchester CHC**. This little-known disease causes sufferers to fall asleep involuntarily and can cause symptoms such as hallucinations. Professionals underestimate the incidence of the illness, says Dorothy Hand, founder of the Narcolepsy Association — publicity in the North Western regions has attracted 80 members yet one patient was told by a consultant that there were only four known cases throughout the country.



☐ *This lively leaflet is the result of CHCs pooling their publicity ideas. The drawings have already been used by* **Walsall CHC** *for leaflets aimed at ethnic minorities. When* **Doncaster CHC** *found the pictures amongst a collection of CHC material they were thought ideal for a more general leaflet.*

☐ Physically disabled people are no less likely to need to use health services than are the able-bodied, says a new report from **Central Birmingham CHC**, yet access to NHS and GPs' premises is often beset with obstacles. Visits and surveys were undertaken for the report to assess physical access to hospitals, clinics, health centres and surgeries. Problems with car-parking and public transport are touched upon and alternatives in terms of domiciliary services are assessed through a review of AHA reports. A general picture of inaccessible health premises emerges, with lifts and toilets providing problems in hospitals for those who manage to get past the front door. Shortfalls in domiciliary services for incontinence, physiotherapy and nursing mean not enough is done to help disabled people avoid these obstacle courses. The CHC makes over thirty recommendations, of which some are specific to particular buildings and others are relevant to health service premises in general. *And how am I supposed to get in* is the suitably caustic title of the report.

☐ A lengthy saga involving **Islington CHC** draws to an unhappy end with the planned closure this month of the casualty department at the district's Royal Northern hospital. Two years ago the CHC referred closure plans to the Health Minister (see *CHC NEWS* 54 page 16) and since then has strongly argued that the implications of closure are inadequately assessed in health authority proposals. Meanwhile accident and emergency services for inner London have steadily worsened, with admissions becoming increasingly difficult as hospitals fill their emergency beds. After two deputations to the previous Minister, Gerard Vaughan the CHC felt it was making progress in putting its case, but soon after a third deputation approached Dr Vaughan's successor Kenneth Clarke, the ministerial green light gave closure the go-ahead. Both CHC and DHA learnt of the decision through the local press. The DHA chose a final closure date giving less than six week's notice, but agreed under CHC pressure to extensive publicity for the decision. Some 98,000 leaflets in several languages tell residents to go to the Whittington hospital for emergency treatment, but the CHC claims back-up services at the Whittington are inadequate, and says "there could be disasters" if safeguards are not implemented. Now the fight is on to ensure services do not deteriorate.

☐ Closure plans also loom over St Wulstan's in Malvern, the subject of a successful campaign in 1977 to keep the hospital open. **Worcester CHC** has praised the pioneering achievements of the psychiatric hospital but points out that its industry-based rehabilitation programmes are less relevant nowadays, and that regional referrals place an enormous strain on district resources, particularly in community services. So far plans for the hospital's future are at the consultation stage.