CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

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NEWS

Cash crisis at hospitals

Bed closures and cancelled operations are widespread due to a mid-year financial crisis in many hospitals, according to the BMA's Consultants and Specialists Committee. Hospital staff are being made redundant and non-urgent cases deferred until the next financial year. Among hospitals affected are the Forest Healthcare NHS Trust (closing two wards); Central Middlesex Hospital (120 staff made redundant); Royal Surrey County and St Luke's Hospital Trust (growing waiting lists because contracts with DHA exhausted); and Harefield Hospital (stopped taking non-urgent cases in most specialties). The exceptions are patients of fundholding GPs who are getting preferential treatment because they bring in cash. The chairman of the Joint Consultants Committee has received reports of hospital managers asking consultants to treat the patients of fundholding GPs while others go on the waiting list. This practice has been condemned by the chairman of the Consultants and Specialists Committee who claimed that "the Government has abandoned all pretence that there is not now a two-tier service, and consultants believe they are being asked to unethically promote a two-tier service".

Until now an assumption behind calls for waiting lists to be reduced has been that "good management" implies treating patients as quickly as possible. Now the emphasis has changed. Virginia Bottomley has argued that patient treatment must be matched to income over the year and that "the idea that hospitals can spend all their money in the first nine months and that the tax-payer would then simply step in with extra resources is wholly unrealistic". However, hospitals which have a policy of prioritising patients according to clinical need rather than according to what contract they fall under are in a difficult position. A hospital could pace all admissions in line with expected levels of activity under its block contracts. However, in this case patients would wait longer than necessary and some purchasers (e.g. GP fundholders) may decide to send patients elsewhere; such a "prudent" hospital could therefore lose income. Or a hospital could maximise treatments early in the year, so as to attract all the patients it can, but then it risks having to stop treatments under block contracts before the year end. The other option is to acknowledge from the start that patients under different contracts will receive different priority, but this clearly raises ethical problems for medical staff.

Observer 29 November; Daily Telegraph 1 & 12 December

Select Committee warning

The House of Commons Health Committee has issued an interim report warning of some of the consequences of widespread hospital trust status. The Conservative-controlled committee is concerned that, with the diminishing role of the regional tier, strategic planning and oversight is at risk. Secondly, there are "potential problems associated with the dismantling of a national framework" for negotiating terms and conditions. These include possible adverse impacts on lower paid staff and on job security. Lastly, there are concerns about consultation and accountability. The committee says that CHCs are in an "anachronistic" position and calls for a "thorough review of the statutory basis of CHCs". The report comments that consultation with CHCs appears to be highly dependent on the purchaser's attitude.

Labour members of the committee were defeated in attempts to issue a report which went even further. A call for stronger safeguards for whistleblowers was rejected, though the report notes a "fear of speaking out about Trust policies relating to the health and welfare of patients and others".

NHS Trusts: Interim conclusions and proposals for future inquiries is available from HMSO, £9.95.

Healthcare Parliamentary Monitor 21 December; Independent 17 December

Fundholding surpluses

GP fundholders have amassed tens of millions of pounds in reserves while hospitals are being forced to restrict treatment due to lack of funds. The situation is the outcome of the fundholding system, in which GPs are able to retain surpluses for their practices if they do not spend all their

budget allocation. The Government has decided against giving itself powers to force fundholders to hand back their surpluses to health authorities, providing they are spent properly. One GP practice in Norfolk has a surplus of £280,000 on a budget of just over £1 million, and 12 GP fundholders in Kent have a surplus of more than £2 million. A worrying consequence of the situation is that hospitals are being forced to favour patients of GP fundholders over other admissions. A medical director of a county hospital commented: "We have no alternative. ... None of us wants queue-jumping, but neither do we want our hospital to die."

Some RHAs are appealing to GPs to return the surplus funds to them, so that they can provide services to other patients: those who live in poorer areas or who are registered with non-fundholding GPs. While some GPs are willing to cooperate with this, especially if they can influence how the funds are spent, many are unwilling to give up money which they believe their practices have earned through good innovative work.

Observer 13 December

Patient's Charter extended

Family health services are to be included in the Patient's Charter from this April. The emphasis appears to be on the work of FHSAs. All FHSAs are being asked to concentrate on: helping people who are looking for a doctor or who want to change doctor; the efficient handling of patient records; the provision of information on local health services; and the handling of comments and complaints. It seems that the work done by GPs, dentists and pharmacists is not to be included in the Charter at a national level. General practices are being asked to consider setting local quality standards.

Guardian 5 December

GPs ignorant of community care arrangements

Most GPs are still ignorant of the changes to be brought in with the new community care arrangements, according to a survey carried out by the BMA in November. The survey of 330 GPs and 10 social services departments found that four out of five GPs were unaware of the new mechanisms for collaboration between health and social care professionals. The BMA under-secretary with responsibility for community care said that, with poor local coordination, beds could become blocked at hospitals, in turn leading to problems for admission of acutely ill patients. Tim Yeo, Under-Secretary of State for Health, responded that the Department of Health has written to all GPs about the new system and that it is up to health and local authorities and GP representatives to make sure that individual GPs know of local arrangements. However, the president of the Association of Directors of Social Services commented that it is often difficult to communicate with GPs, who don't read what is sent to them because they are inundated with material.

Times/Independent 6 January

More medicines to be sold over the counter

The Government is planning to allow many prescription-only medicines to be sold over the counter. The NHS drug bill is increasing by 12% a year and it is hoped that this move will slow the rise. On average patients would pay about £7.50 for the medicines, but would avoid a visit to a surgery. The list will include drugs for asthma, conjunctivitis, herpes, impetigo, irritable bowel, peptic ulcer, arthritis and nausea.

The *Drug and Therapeutics Bulletin* has warned that an asthma drug, theophylline, already sold over the counter, should be restored to prescription-only status or at least carry a prominent health warning. The gap between the safe dose and a toxic dose is narrow, and there has been a case of a young woman who was injected with the drug in a casualty department by doctors unaware that she had already taken theophylline tablets. The editor of the *Bulletin* and a BMA spokesman have also warned that, if patients treat themselves instead of seeing their doctor, serious illness could be missed.

Virginia Bottomley has also indicated that the "limited list" for drugs is to be expanded. This is the system under which doctors are prevented from prescribing brand-name drugs on the NHS where there are cheaper generic drugs available that are considered to perform the same clinical task.

Guardian 7 December; Daily Telegraph 2 December

Thefts of patient records

Official reports of thefts of computer systems from GP surgeries have risen to 20 reports in the last six months, compared to a previous average of about six per year. There are probably more actual thefts than this since there is no legal requirement to report thefts of personal electronically-held information. With an increasing amount of personal information on patients being held on computer, the situation raises worries about misuse of information and blackmail. GPs are required to have tight security on patient records, and the data protection registrar, Eric Howe, has warned GPs to review their security systems.

Times 2 December

Mentally ill people held in prison

Hundreds of offenders with mental illnesses are being inappropriately held in prison according to a report commissioned by the Home Office and Department of Health. The Reed Committee has now published its final report: *Review of health and social services for mentally disordered offenders and others requiring similar services* (HMSO, £12.40). It estimates that between 750 and 1400 sentenced prisoners should be receiving treatment in hospital and that, of the 1700 patients in special hospitals, up to half may not need high security. In addition, many who are in hospital should be in the community. The report's 276 recommendations have significant resource implications: 1500 hospital places in medium-secure units are needed, compared to the current 602; offenders in the community will need closer follow-up than many non-offenders with mental disorders; the report estimates that an additional 2800 staff of all disciplines are needed to provide the services. The current budget for building medium-secure units of £18 million (up from £3 million) is likely to raise the number of places to somewhat fewer than 1000.

A crucial issue for improving services is to "engage and inform the interest of many ... purchasers". Since this group of people is often neglected, it may be necessary to give courts the authority to direct the admission of an accused person to hospital if a health authority "seems disinclined to purchase a suitable bed and pressing medical need is unquestionable".

Following publication of the report, the Government is to set up an advisory committee to monitor services for mentally disordered offenders. MIND has supported the review's proposals and has called on the Government to be determined and resourceful in putting them into effect and on district health authorities to develop an interest in the needs of this group.

Daily Telegraph 28 November; BMJ 5 December

Mental Health Act review

Virginia Bottomley has ordered a review of the Mental Health Act after a schizophrenic man, Ben Silcock, climbed into a lion cage at London Zoo and was badly mauled. The emphasis of her comments was on people who have been discharged from hospital, but once living in the community refuse medication. The review is to consider whether there is a place for compulsory treatment orders for patients in the community. Mrs Bottomley's announcement has met with a varied response. The BMA and the charity SANE have welcomed the proposals, though Marjorie Wallace, the chief executive of SANE, pointed out that "Mr Silcock had turned to official channels for help but had effectively been thrown back on to the streets". However, both the National Schizophrenia Fellowship and MIND have been critical. The NSF said that the main problems are the reduction in beds for people who are acutely ill and a chronic lack of resources. Ian Bynoe of MIND has opposed the proposals on civil liberties grounds. The chief executive of the Mental Health Commission and the president of the Royal College of Psychiatrists have also expressed reservations about compulsory treatment orders in the community.

Independent 4 January; Guardian 5 January

Councils must consult residents

Local councils considering closing residential homes must consult residents well in advance, according to a recent High Court judgement. Two 86-year-old women brought a case against Durham County Council, which had told them that closure of their home was on the agenda for a meeting in five days time. The judges ruled that this was not fair since it did not give residents a reasonable time to put their objections. The Council should have consulted residents, in groups not individually, well in advance.

Times 22 December

EMERGENCY SERVICES

Centralising 999 services

Proposals for radical changes to the 999 telephone service are being opposed by politicians, trade unionists and telephone operators. Currently 2000 operators are available to handle 999 calls at 57 British Telecom centres. Oftel, the telecommunications watchdog, has recommended that a new agency should operate the service from three centres which, unions claim, would have only 150 operators. The reasons given for the proposals are that, with a number of telephone companies now operating, the service should be taken away from BT and that the new service would be more cost-effective. Opponents believe that the centralisation of the service would make it too vulnerable to power and machinery failure and sabotage. They also point out that knowledge of the local area and of the pronunciation of places and names on the part of current operators is often vital for a prompt and accurate response. The Union of Communications Workers has suggested that the 999 service should continue as it is, but that other telecommunications companies should pay part of the £31 million annual bill.

Times 9 December

No checks on private ambulances

A row has broken out about the lack of vetting of private ambulance services. Belmont Ambulance Services recently invited subscriptions (starting at £35 a year) for an emergency ambulance service. It has been revealed that the owner, Richard Sage, has a conviction for six charges of obtaining or attempting to obtain services by deception. The National Union of Public Employees claims that the company, which operates in London and the immediate Home Counties, has fewer than seven ambulances. The Department of Health has no statutory responsibility to check companies offering such services. Labour health spokesman, David Blunkett, has called on the Government to close this loophole in the law and suspend Belmont. However, junior health minister, Tom Sackville, has rejected the call saying: "In a free country there are certain freedoms and people must be allowed to set up transport systems as long as they comply with the Road Traffic Act."

Guardian/Independent 2 December

Calls for improved coordination

Two reports have called for the better coordination of different bodies responsible for responding to emergencies. A report from the King's Fund Institute, examining five major disasters in London, has called for the development of an advanced and comprehensive paramedic-based ambulance fleet; the better identification of members of emergency teams through the use of colour coded clothing and more effective control of the medical response. Coordination is poor and the London Emergency Services Liaison Panel does not include representatives from NHS hospitals or the British Association for Immediate Care, which provides doctors to cope with emergencies. Health minister, Brian Mawhinney, has rejected the criticism, but is asking for the views of accident and emergency experts.

The second report, from the Adam Smith Institute, calls for fire and ambulance services to be merged in order to avoid dangerous delays and inefficiencies. This, the Institute claims, would enable system controllers to question callers on all aspects of an emergency; at present, information about which service is needed is retrieved by separate commands covering separate areas. It would also facilitate cross-training in the emergency services. Savings would be generated by the sale of redundant buildings.

Daily Telegraph 30 November, 7 December

EMERGENCY SERVICES

Inadequate fracture treatment

Each year, over 100,000 patients are left with a permanent disability after treatment for bone fractures. Among these patients the most common problems are bone shortening and limb deformity. The figure represents about one in nine treatments for injuries to bones, spine and ligaments. A survey by the British Orthopaedic Association has revealed a variable service, with some staff overstretched, inadequately trained and using poor equipment. These problems can occur even in major centres – only 39% of hospitals that are major trauma centres have a fracture/trauma operating theatre. The BOA recommends that there should be one orthopaedic surgeon for every 40,000 population, but in Britain the figure is one for every 63,700 people.

Independent 3 December

Misdiagnosis of epilepsy

A consultant child psychiatrist at Birmingham has found that almost half the children referred to Birmingham Children's Hospital between 1987 and 1992 with suspected or diagnosed epilepsy do not in fact have the condition. His findings are supported by results from other parts of the country including Glasgow and Liverpool. Most people with epilepsy develop the condition in childhood, and currently 340,000 people in Britain are being treated for the condition. With correct treatment, 80% of epileptic children can attend a normal school, but children who are misdiagnosed receive medication they do not need and miss out on treatment that might help them. It is important that patients are diagnosed correctly as soon as symptoms occur, as after one or two seizures diagnosis becomes difficult. To do this GPs and paediatric staff need the support of paediatric neurologists. However, with only 28 such specialists working within the NHS, the ability of GPs to refer early enough is hampered.

Observer 13 December

Increase in testicular cancer

The incidence of testicular cancer in Britain has nearly doubled since 1972. According to the Imperial Cancer Research Fund, the reason is not yet clear. Studies are under way to investigate the link between the cancer and undescended testes (a condition that has itself increased by 60% since 1960). Risk factors being studied include a mother's hormone levels during pregnancy and a history of the cancer in the family. About 1200 men are diagnosed with testicular cancer each year; of these about 150 die from the condition, but chances are greatly improved if it is diagnosed early. The ICRF has launched a fact sheet which explains methods of self-examination.

Times/Guardian 21 December

Women not offered abortion pill

Fewer than 3000 women have received the "abortion pill" since it was introduced in July 1991 because they are not being offered it. The introduction of RU486, or mifepristone, had been welcomed since it would enable women who had opted for abortion to avoid having surgery, providing they took the drug within the first nine weeks. The Birth Control Trust estimates that more than 60,000 women should have been given the option, but NHS hospitals and GPs are failing to tell women they have a choice other than surgical abortion. In France a quarter of women offered RU486 opt for that rather than surgery. It appears that the cost of establishing day care centres for early abortion is a barrier to hospitals moving away from old techniques – a barrier that has been particularly evident in London. Another obstacle is ignorance among women and among GPs, many of whom think the drug is still on trial.

Independent 5 December

Alcohol clinics protest

The Alcohol Recovery Project is seeking judicial review over a Government decision to remove ring-fencing from the funding of residential drug and alcohol clinics. A ring-fence was imposed on the £20 million funding in 1990, but is to be lifted when the community care provisions come into effect on 1 April. The Government argues that the partial ring-fencing of the overall community care budget over-rides the earlier promise. However, clinics argue that this will not protect them since local authorities will regard them as a low priority, relative to the needs of elderly and disabled people.

Guardian 23 December

AROUND THE CHCs

East Herts CHC has launched a newsletter, *CHC Health Watch*, which aims to present an honest, independent, local view from the public's point of view of developments and issues within the NHS. It is to be produced every two months and will be sent to local councillors, voluntary organisations, libraries, CABx, GP surgeries and health authorities.

Bolton CHC has been alerted to the problem of toxic shock, in which a woman can suffer very serious effects from toxins produced by normally harmless bacteria. The condition is associated with the use of tampons during menstruation. Simple precautions in the use of tampons can minimise the risk of toxic shock, and the CHC is concerned that manufacturers may not give the relevant health advice, particularly when they target secondary schools. It has therefore alerted the Director of Education and sent a warning letter to all schools in the district.

Merton & Sutton CHC has decided to change its structure to avoid duplication of work between its various committees. In place of four committees, it proposes to have just two, one to cover the St Helier NHS Trust and the other to cover community services. Informal working parties will take forward specific projects. At the same time the CHC is trying to develop more ways in which it can work with voluntary groups and the public.

CHC PUBLICATIONS

What are your experiences of mental health services in Merton?
Merton and Sutton CHC, 34 pages

The first part of this document is the report of a conference of mental health service users, carers and staff. The second part reports on replies from the statutory authorities and the third on a follow-up discussion evening held with users, carers, staff, voluntary sector representatives and facilitators.

The conference split up into working groups on medication/treatment; housing/environment; labelling and the use of language; information; equal opportunities; and coordination between services. Each group came up with a list of recommendations.

There was a very full response from the local authority's social services committee to the recommendations. Many of the comments refer to organisational changes that *should* meet some of the needs expressed by users; it remains to be seen whether they will do so. There was a meeting with the health authority at which the problem of over-representation of black people on mental health wards received a good deal of attention and possible ways forward were suggested. The General Manager of the mental health unit and the occupational therapists at the unit responded in letters. The professionals involved were all unwilling to accept the recommendation that "Terminology should be softened, i.e. nervous irritability and nervous breakdown can be used rather than manic depression, schizophrenia and personality disorder." It was suggested that fact sheets about these conditions would be helpful in explaining to people the meaning of the diagnostic terminology.

The follow-up evening came to conclusions on some issues, but not on others. One recommendation was that users should provide training for other users and for staff. One form this will take is a project in which users will be role-playing their experiences to inform professionals. Another recommendation was that health centres should have a mental health section, along the lines of clinics such as well woman clinics. Users should be employed in running the units which would provide support and information to users and carers.

User involvement in medical audit: a spoke in the wheel or a link in the chain?

Nikki Joule

Greater London Association of CHCs, 100 Park Village East, London NW1 3SR, 50 pages

This is an important topic. If CHCs and the communities they represent are to move beyond the "charm-school-and-better-wallpaper" approach to user involvement in the NHS, they must address their involvement in medical audit. Yet when patient satisfaction surveys include questions about doctors or clinical care, it is those questions which are the most controversial.

A chapter on *Background* briefly reviews the literature on the subject and presents arguments on why user involvement in medical audit is both valid and necessary. It describes some barriers to user involvement, including a common professional view that medical audit is a matter for doctors alone. Audit is primarily an activity which involves doctors, and the extent to which lay people have access to the process is likely to be limited. However, the perspective of those who do not have bio-medical training is a necessary input to judgements on quality of care and it is crucial that mechanisms for including this perspective are included. Indeed, including this perspective can enable professionals to share the responsibility for making difficult decisions in dilemmas which involve value judgements. This chapter also stresses the importance of involvement by the community and not just the individual patient. People surrounding individual patients are also affected by the health care they receive; non-users as well as users are affected by accessibility of services; and whole communities are affected by public health measures. In addition, many people prefer to put their views across in groups, which enable them to express opinions in a way that they would be hesitant of doing as individuals.

The next three chapters describe the study on which this report is based. Early in 1992, a postal questionnaire was sent to London District Medical Audit Committees (DMACs – responsible for the audit programme at DHAs and trusts) and Medical Audit Advisory Groups (MAAGs – responsible for audit within FHSAs). It traced the "audit cycle" and asked who was involved at different stages. A postal questionnaire was also sent to CHCs asking about their involvement. Both questionnaires achieved a high response rate.

There seems to be little lay involvement at the first stage of the audit cycle: the selection of topics for audit. While doctors have their own particular interests which they may want to investigate, there are areas of concern for users which could usefully be the subject of medical audit. It is suggested that a possible way forward for CHCs at this stage of the cycle is to make links with audit coordinators and facilitators. The next stage – the selection of criteria and standards – is heavily dominated by professionals. Here it is suggested that CHCs could feed "grey" (unpublished) literature, such as local surveys and "charters", into the process. There is also a case for user representation on the MAAG which is relatively highly involved at this stage. There is clearly scope for community involvement in the monitoring stage, though often GPs are used as proxies for the local community. This is unsatisfactory on at least two counts: they are likely to have a different perspective to their patients and it excludes non-users within the population. There was marginally more involvement of users as recipients of the findings of audit, and extremely little user involvement in implementing change.

The findings of the questionnaire to CHCs paint a similar picture of little user involvement in medical audit. The situation may be expected to improve, however. Medical audit on a large scale is fairly new, and doctors are still getting used to the process. Once they have become more confident with it, they may be happier about letting in outsiders. Some of the individual comments from DMACs and MAAGs sound more positive than the quantitative results of the survey would suggest. In the meantime, CHCs need to gear themselves up for involvement. They must be prepared to overcome a culture of secrecy, make approaches to the relevant committees and decide how much of their limited resources they can use for this activity. The final chapter of the report presents some examples of encouraging practice and sets out ideas for ways forward for all those involved in medical audit.

IN BRIEF

A guide to residential and nursing homes for elderly people in Berkshire 1992
East Berkshire CHC and West Berkshire CHC, 60 pages

4th edition of a guide explaining types of homes; giving advice and guidance on choosing a home; and listing details of homes in the county. Each entry lists: size, charges, client group, reasons for discharge, facilities, leisure and recreation, residents' rights, care staff levels, medical arrangements, finance, and brief comments from a CHC observer.

User views on services for older people in Wigton
East Cumbria CHC, 30 pages

Report on a "local voices" project which aimed to initiate a dialogue between the purchasing agencies for health and social care for older people and users of those services. It describes the three stages of the project: information, provider workshops and user forums.

A report by the Women and Children's Services Working Group on the Child Development Centre
Hillingdon CHC, 23 pages

Report of a user satisfaction survey which included questions on where users would prefer the Child Development Centre to be relocated. The balance of responses was for a community-based unit rather than one on a hospital site. Report includes a copy of the questionnaire and results with CHC comments.

A guide to nursing and residential homes in the Leeds area
Leeds CHC, 85 pages, £3

Includes sections on: types of homes; your choice of a home; your right to complain; lists of registered nursing homes, registered residential homes and homes with dual registration; lists of Leeds Social Services homes. Entries for homes include details of proprietor, client group, residents' rooms, communal rooms, catering, facilities, leisure and recreation, staffing, medical arrangements, reason for discharge, and charges.

Monitoring health services
Moosa Patel, Newham CHC
7 + 12 pages, free to CHCs

Newham CHC has drawn up guidelines for monitoring health services and an accompanying *Visit monitoring form*. The guidelines take readers through: pre-visit preparations; key points to remember when visiting; the Patient's Charter; after the visit; and following up a visit. The 12-page form provides a checklist with room for comments on all the points to be covered in a visit and a table for the assessment of domestic services.

IN BRIEF

Discharge procedures at South Tyneside District Hospital: the patients' and carers' perspective

Erica Haimes, Peter Selman and Hilary Forest, Department of Social Policy, University of Newcastle upon Tyne

Commissioned by South Tyneside CHC, 145 pages

The study concentrated on two potentially contrasting groups: elderly patients and gynaecology patients under the age of 60. Semi-structured interviews were held with patients in hospital as close to the time of discharge as possible and again at home about two weeks later. Carers were also interviewed at this time. For the gynaecology patients there was a contrast between planned and emergency admissions, with the former experiencing better planned discharge procedures and receiving useful information leaflets. Unlike gynaecology patients, elderly patients reported fairly detailed attempts to assess their social circumstances prior to discharge, even though the majority were emergency admissions. However, some of this difference may be due to the tendency of elderly patients not to complain and to the fact that those elderly people unable to provide a second interview were quite likely to be those with more difficulties. Both gynaecology and elderly patients were confused about how they should use their GP and primary health care team after discharge. Carers felt they did not receive enough information and that they were not involved in discussions about the patient's condition and post-discharge arrangements.

The study findings are compared with discharge guidelines (HC[89]5) and suggestions are made for development locally and for future research. The questionnaires used and local discharge guidelines are included in the report.

What kind of care?

Maxine Bullivant for Leeds CHC, 64 pages, £4

This reports on a survey of satisfaction with community services for people with mental health problems in Leeds NW and Leeds SE. There were personal interviews with a random sample of users and their carers taken from consultants' referral lists and a postal questionnaire was distributed to a wide range of professionals. There were generally positive responses from carers and users about the professionals with whom they came into contact, especially the community psychiatric nurses. They often are not certain of the exact designation of the professionals who care for them, highlighting the need for a seamless service with good communications between agencies. Day care and respite care were used by some, but not others. The availability of these services was not generally a problem, but their suitability sometimes was. Interestingly, the provision of information was not a high priority for users or carers. On the whole, users and carers did not expect more services than were provided. Professionals, on the other hand, perceived more shortfalls. They tended to want more staff and identified the need for more training and better communications between agencies. As a gateway to other services, GPs have a particular need for information and support. Lastly, this was a survey of people already receiving services. It appears that some people in need of support are not receiving it. Various measures are needed to encourage the take up of services by all sectors of the community.

More questions than answers
CHCs, health needs assessment and the rationing debate

Justin Dix, NW Surrey CHC, 14 pages

This discussion paper starts with some questions:

- What is health needs assessment (HNA) exactly? Something new – or something old that people have suddenly just started talking about?
- What are the tools of HNA from a CHC point of view? What is the CHC niche?
- Should CHCs be involved in deciding who gets what, and if yes, to what extent?

Some discussion points that come up when one tries to answer these questions are presented as bulleted points in three sections: HNA – definitions; the CHC approach; and CHC priorities. The paper does not aim to reach firm conclusions, but rather to move understanding forward and to present ideas which could be used to stimulate debate in any CHC.

If you want to obtain copies of any of these publications, could you please contact the relevant CHCs direct (see directory for phone numbers) and not ACHCEW.

Children in London Colney: rapid appraisal 1992

Heather Rutt for NW Herts CHC and the Public Health Department, NW Herts Health Authority
33 pages

A rapid appraisal project was undertaken to gather information on health and social care, beliefs, concerns and priority needs for children and young people; to establish dialogue; and to establish and agree an action plan. Interviews were held with 31 key informants – professionals with various agencies, community leaders and local people. Focus group discussions were held in three schools with eighteen 6 and 7 year olds, thirty-two 9 and 10 year olds and ten 13 and 14 year olds. A list of the chief concerns raised was drawn up and taken back to key informants in order to check that their views had been correctly interpreted; they were then asked to put these in priority order. All key informants were also invited to attend a meeting to discuss the results of the project and to see whether any joint action could be initiated.

Discussion of the key informant interviews is set alongside relevant articles from the UN Convention on the Rights of the Child. About half of the report is taken up with summaries of the discussions with children. Different age groups were asked different questions about being well and ill, about the neighbourhood and about their experiences of health services. There are separate notes on the methods used for interviewing children.

OFFICIAL PUBLICATIONS

Caring for the future: the pathfinder

NHS Wales Directorate, The Welsh Office, Cathays Park, Cardiff CF1 3NQ, (0222) 823349
For information or comments contact Michael Brooke at the above address.

This document sets out the NHS Wales Directorate's strategy for the next ten years. It attempts to present a coherent view of goals and priorities for the future, while allowing room for the development of local strategies and organisational changes. Goals include specific health targets to be achieved by 1995 and 2002. These are set out in numerous appendices on key areas of activity. An immediate Patient's Charter target, adopted in Wales but not elsewhere in the country, is that no one should have to wait more than one month for urgent treatment. The top ten priorities for management action are set out, and cover such issues as local planning, the integration of DHAs and FHSAs and promoting efficiency.

There is frequent mention of the importance of community participation in the development of health services in Wales. As ever, "participation" can mean different things. To the Parliamentary Under-Secretary of State for Wales (who wrote the foreword) it involves the local community needing to "understand" key issues and its participation "through a greater awareness of the impact of lifestyles on health". The body of the report offers scope for more active participation, however. The NHS needs to "ensure that communities are genuinely involved in assessing needs, determining priorities and defining desired outcomes". The main mechanism for such influence will be through local strategies for health, to be drawn up jointly by FHSAs and DHAs. CHCs should have a role in developing local strategies and in monitoring provision. It is noted that there "is a need to review [CHCs'] capacity and training requirements, to ensure that they are capable of responding effectively to the challenges".

In 1993, over 60% of secondary care provision will be handled by NHS Trusts. Accountability agreements which lay out the relationship between the NHS Wales Directorate and individual NHS Trusts are to be drawn up. Among other things these will cover patient rights and ethical issues. GP fundholding will also be extended to cover 25% of the population. In view of this, it is good to see that one of the six "key criteria" against which the health care system is to be judged is equity – equal treatment for equal need. A set of performance measures is to be developed early in 1993 to support these key criteria.

The Health of the Nation: Specification of national indicators
Department of Health, 128 pages

This document sets out the information which will, at national level, form the basis of monitoring towards the achievement of targets specified in the Health of the Nation White Paper (see *CHC News* August 1992). It is also intended for use by those responsible for assessment and monitoring at local level. Targets fall into five groups: coronary heart disease and stroke; cancer; mental illness; HIV/AIDS and sexual health; and accidents. A definition is given for each target, together with sources of monitoring information, monitoring frequency and so on. More detailed notes on sources of data and methods used in calculations appear in 21 appendices.

Nursing education: implementation of Project 2000 in England
National Audit Office, 43 pages, HMSO, £7.85

Project 2000, the new nursing education programme, was launched in 1989. It represents a costly change in nurse education. The cost has been justified on the grounds that it is necessary if nurses are to be equipped to meet the future needs of the NHS and that, with a predicted reduction in the supply of potential recruits to nursing, it should assist in recruitment and retention of staff. This report examines how the programme has been planned and implemented in three regions. The recommendations include a number relating to planning and awareness of skill mix requirements.

Listening to Local Voices: a guide to research methods
Nuffield Institute for Health Services Studies and the Public Health Research and Resource Centre
5 + 32 +12 pages, £10

This guide, commissioned by the NHS Management Executive to follow up the work published in *Local Voices*, falls into three volumes: a summary; an introduction to research methods; and the research process. It aims to draw together the methods that can be used by purchasers in seeking the views of local people. The major topics covered are quantitative and qualitative research methods and their appropriateness, commissioning research, making effective use of research and ethical considerations.

GENERAL PUBLICATIONS

Child and baby first aid
Dr Hilary Jones, The Home Surgery
Produced for Carrington-Lovedale. Orders: 071 757 7539, £12.50 when ordered direct

A St John's Ambulance survey has shown that two-thirds of adults do not feel competent to deal with a medical emergency involving a child. In this 30-minute video the "television doctor", Dr Hilary Jones provides some simple rules on dealing with the most common crises: burns and scalds; cuts and wounds; cessation of breathing and heartbeat in babies and children, either spontaneously or because of accidents with water; and choking. The video uses children and models to demonstrate what to do. In many cases there are four minutes after an accident when using the right techniques can be critical and many adults would be glad to know what they are. In case all the rules go out of your head if a crisis does occur, you shouldn't need to hit the fast forward button: a brief *aide-mémoire* on card summarises the main points.

It's not who you are ... It's what you do
A guide to answering women's questions on HIV and AIDS
Barbara James and Patricia Wejr, Women's Health, 52 Featherstone Street, London EC1Y 8RT
24 + 10 pages, £1.00 for 1 or 2 copies. Bulk orders free except for p&p

This booklet is for all those who work with women. It is intended to act as a guide to help answer the questions women may ask about HIV and AIDS. It does not aim to cover everything, but does answer general questions, eliminates some mistaken notions and brings out the special concerns that women (and women in particular circumstances) may have. The many subjects covered include such items as: sexual activity and sexuality; HIV and pregnancy; hygiene matters; and "on being positive". Various groups can provide more specific information: the guide is accompanied by a *Resource list* which gives details of relevant organisations, groups and services.

Quality counts:
achieving quality in social care
edited by Des Kelly and Bridget Warr
Whiting and Birch, PO Box 872, 90 Dartmouth Road, London SE23 3HL; phone: 081 699 0914.
244 pages, £35 (hbk), £14.95 (pbk)

This book is intended for purchasers, inspectors and providers of social care and to client support groups. Eleven chapters are written by different authors providing both theoretical and practical perspectives. Two chapters are of particular relevance to the work of CHCs. "Checklists: their possible contribution to inspection and quality assurance in elderly people's homes" draws on a research project commissioned by the Social Services Inspectorate. Among other things, it presents figures testing the reliability of the use of checklists with rating systems, and concludes that they may be more useful as *aides-mémoire*, reminding inspectors to cover certain areas and motivating heads of homes, than as instruments which will yield a pass-or-fail score. "User participation in quality assurance" is about issues relevant to people with disabilities. It examines consumer-led services, giving examples and brief practical suggestions on user involvement.

Nutritional guidelines for school meals:
Report of an expert working group
The Caroline Walker Trust
103 pages. Available from School Meals Campaign, PO Box 7, London W3 6XJ
£8.50, cheques payable to B.S.S.

The Caroline Walker Trust is a founder member of the School Meals Campaign. This report provides a review of children's diets, the provision of school meals and the impact on health. Guidelines provide recommended amounts of nutrients for school meals, based on the Government's most recent dietary recommendations. A final chapter gives broad recommendations for implementing the nutritional guidelines in areas such as: policy, purchasing and providing, marketing and education, and monitoring. However, the quantitative guidelines need further translation into practical advice for caterers on how to improve school catering, a task which is under way at the School Meals Campaign.

FROM THE VOLUNTARY SECTOR

Stress on women

MIND is to launch the second half of its *Stress on Women* campaign. There will be two themes: improving services for mothers with young children and winning the right for women to have a choice of a woman key worker. The aims of the campaigns are:

Mothers with young children
- a Government review of services for people with mental health problems and their children;
- child care to be explicitly included in all mental health assessments;
- specific training on mental health provided to magistrates involved in child care decisions;
- parental suites for those parents admitted to hospital – not beds on acute psychiatric wards;
- accessible, affordable day care for all children who need it.

The right to choose a woman worker
- a recognition by policy makers and professional bodies that the choice of a worker is a key aspect of user choice;
- the right to choose a care manager/key worker in the assessment and care management process which local authorities will conduct from April 1993;
- a similar right to choose a key worker under the Care Programme Approach adopted by health service providers for the last two years;
- a similar right to choose a specialist (such as a psychiatrist) or primary nurse;
- improved strategies for recruitment, training and promotion of health and social services staff according to equal opportunities principles.

Briefings for Stage 2 campaigns are available from Gabrielle Cortazzi: 071 255 1738.

Barclays Age Resource Action Scheme

Recognising the enormous contribution retired people can offer to their communities, Barclays Bank has developed this scheme, which will be administered by Age Concern England. The scheme will give grants of £500–£2000 to innovative new projects devised and carried out by groups with a significant number of people aged 50 and over. In 1993, projects will be those concerned with "caring for health". One of the examples listed is projects which "offer advice, support or activity relating to health promotion". Criteria used in selection will be:

- the extent to which the 50+ age group is significantly represented in project design and management as well as delivery;
- the project's potential for community benefit within the period of the grant (12 months), with achievable targets within 6 months;
- the project's potential for replication.

Grants are available in England and Wales. Closing date for applications 1 March 1993.

For more information and application forms contact: Joanna Ridley, Grants Officer, Age Concern England, 1268 London Road, London SW16 4ER; phone: 081 679 8000.

Keep Able Foundation

As mentioned in October's *CHC News* Able•Link is a self-help group for severely disabled young people. In that issue, we did not mention the wider remit of the parent organisation. Keep Able Foundation is a registered charity, set up to help elderly and disabled people overcome the practical consequences of physical impairments on their ability to carry out activities of daily living. At present, the NHS provides only a very limited range of technology so that many of the more sophisticated devices now available never reach those who need them. The Foundation is one of the few organisations able to perform the necessary integration of new and conventional technology in order to realise its full potential.

For more information, contact: Dr RGS Platts, Keep Able Foundation, 2 Capital Interchange Way, Brentford, Middlesex TW8 0EX.

Deadline: If you have any items for the next issue of *CHC News* could you please get them to ACHCEW by 10 February.

The Channel Four programme *Free for all* is back on the air in the Spring. It offers a platform for members of the public who have topical and original stories that they want to tell. Contributors are expected to be fully involved in the production. The production team offers help with getting your ideas across and offers support and resources for scripting, filming and editing. Items have lasted for anything from 30 seconds to 30 minutes. If you have something to say, call *Free for all* on 0800 220815, or write to *Free for all*, PO Box 4000, London W3 6XJ; fax: 071 738 3787.

INFORMATION WANTED

Southampton & South West Hampshire CHC has been asked by its local Faculty of Medicine to suggest subjects which could usefully be included in Continuing Medical Education for GPs. From the patient's point of view, what do GPs need to learn more about – apart from clinical subjects? Ideas and suggestions please to Ken Woods, Southampton CHC, FREEPOST, Southampton SO9 1BH.

Southampton & South West Hampshire CHC would also like to hear from any CHCs which have set up a Waiting List Monitoring Group. Have they any advice on activities or research that could usefully be done or key questions that could be asked? Contact Ken Woods, as above.

In Newcastle, eligibility for chiropody services has recently been restricted to an even narrower group than that laid down in previous national guidelines. Among elderly people, for example, the service is now available only to people over 75 who have difficulty in caring for their feet. If any other CHCs know of a tightening up of entitlement to chiropody services in their area, could they please contact **Newcastle CHC**.

ACHCEW would like to hear from any CHCs which are aware of age restrictions being placed on admissions for particular procedures in their District.

Gloucester CHC would like to hear from any CHCs in areas where, following the transfer of a service into a major hospital, that service is then curtailed without further consultation.

West Essex CHC would like to hear from anyone who has conducted surveys or done work concerning community psychiatric nursing (CPN) services.

Cornwall CHC is considering making a legal challenge to the imposition of charges at a hospital car park. Please contact the CHC Chief Officer, Geoffrey Poxon if your CHC has mounted any such challenge or if your CHC has been advised on whether or not a challenge might be successful.

Croydon CHC has a client who is suffering from side effects after prolonged treatment with Sulphasalizine, a sulphonomide used to treat her arthritis. Her symptoms have included a severe rash from head to toe, earache, fever, puffiness, ageing, loss of appetite, impaired eyesight, complete hair loss and damage to her fingernails and to her liver. The CHC would be very interested to hear from any other CHC which has encountered a similar complaint concerning this or any related drug.

FORTHCOMING EVENTS

Reducing the incidence of stillbirth: can it be done?
A multidisciplinary one-day conference for all health professionals and administrators at regional and district level and in hospitals and community units.

- organised by Stillbirth and Neonatal Death Society
- at the Royal Society of Medicine, 1 Wimpole Street, London W1
- on 9 March 1993
- £125

Further info from:
SANDS
28 Portland Place
London W1N 4DE
Phone: 071 637 7756

Involving users and carers: a seamless partnership?
A conference to look at how this involvement in Care Management and the Care Programme Approach can be achieved after April 1993.

- organised by National Schizophrenia Fellowship
- in Birmingham
- on 22 March 1993
- £70 (statutory orgs); £35 (voluntary); £14 (NSF members with lunch); £7 (NSF members without lunch)

Further info from:
Fred Carney
NSF
28 Castle Street
Kingston upon Thames KT1 1SS
Phone: 081 547 3937
Fax: 081 547 3862

Disabled people and consent to medical treatment and research

- one-day conference
- organised by Social Science Research Unit
- at Institute of Education, Bedford Way, London WC1
- on 4 March 1993
- £25 waged; £5 unwaged

Further info from:
Consent Conference Secretary
SSRU
18 Woburn Square
London WC1H 0NS
Phone: 071 612 6397

Management development for CHC staff
Educational programme designed to help CHC staff to explore their changing roles and responsibilities in relation to the proposed variety of care provision.

- organised by the King's Fund College
- 8–12 February 1993

Further info from:
Central Administration Team
King's Fund College
2 Palace Court
London W2 4HS
Phone: 071 727 0581
Fax: 071 792 9017

User involvement and appropriateness of care

- one-day conference
- organised by King's Fund Centre
- on 17 March 1993

Further info from:
King's Fund Centre
126 Albert Street
London NW1 7NF
Phone: 071 267 6111

Living on the edge

- one-day conference on coping with HIV and drug use
- organised by a consortium of drugs and HIV agencies
- at The Brewery, Chiswell Street, London EC1
- on 23 February 1993
- £65

Further info from:
Living on the Edge
Conference Organisers Office
22 Northwood Avenue
Purley
Surrey CR8 2EP
Phone: 081 668 5185

Disability living allowance: what's your verdict so far?

- a one-day working conference giving the latest national facts and figures on DLA and disability working allowance.
- organised by the Disability Alliance Educational and Research Association
- on: 28 January 1993, London
  9 February 1993, Leeds
  24 February 1993, Birmingham
- £50 DA member organisations/£60 non-members/£40 concessionary places (limited)

Apply asap.

Further info from:
Penny Newell
071 247 8776

Applications to:
Vincent Luttman
Disability Alliance
Universal House
Wentworth Street
London E1 7SA

An introduction to the NHS

One-day seminars aimed at people moving into NHS management and people from outside the NHS who want to learn about how it works.

- organised by the Institute of Health Services Management
- on: 25 February 1993, London
  4 March 1993, Birmingham
  11 March 1993, Manchester
- £141 members; £152.75 non-members

Further info from:
Michelle Teer
Conference Secretary
IHSM Conference Unit, ext 156
75 Portland Place
London W1N 4AN
Phone: 071 580 5041
Fax: 071 255 1289

Working together for better community care
A series of workshops organised by the School for Advanced Urban Studies

Empowering users within the purchaser–provider split in health care
Leeds
2 February 1993

Collaboration and cooperation – the role of the voluntary sector
Manchester
16 February 1993

User empowerment and care management
Birmingham
2 March 1993

Housing and community care
Bristol
17 march 1993

Each seminar £95; ten £40 places available for locally or community-based voluntary bodies

Further info from:
Linda Price
Course Secretary, SAUS
University of Bristol
Rodney Lodge
Grange Road
Bristol BS8 4EA
Phone: 0272 741117
Fax: 0272 737308

Managing the NHS market: the intermediate tier

- one-day conference organised by NAHAT
- speakers will include Virginia Bottomley, Duncan Nichol and Chris Ham
- at Queen Elizabeth II Conference Centre, Westminster, London
- on 23 February 1993
- £141 NAHAT members; £164.50 non-members

Further info from:
NAHAT
Birmingham Research Park
Vincent Drive
Birmingham B15 2SQ
Phone: 021 414 1381; Fax: 021 414 1120

Valued staff: quality care

- a one-day conference on introducing a charter for staff support in the health care services
- organised by the National Association for Staff Support
- at The Royal College of Nursing, London W1
- on 26 February 1993
- £60

Further info from:
Brian French
External Affairs Department
Royal College of Nursing
20 Cavendish Square
London W1M 0AB

Fifty plus and female: the politics and pleasures of growing older

- a celebration on International Women's Day which includes exhibitions and debates
- organised by Age Concern England and the National Council of Women
- at Earls Court Park Inn, London SW6
- on 8 March 1993
- £25; £10 retired/unwaged/members of National Council of Women/members of the National Council on Ageing

Further info from:
Conference Unit
Age Concern England
1268 London Road
London SW16 4ER
Phone: 081 679 8000; Fax: 081 679 6069

Informed choice

- National Childbirth Trust Conference 1993
- includes sessions on working with CHCs
- at UMIST, Manchester
- on 23-25 April
- £130 NCT members; £150 non-members; £110 bookings in Jan; less for shorter attendance

Further info from:
National Childbirth Trust
Alexandra House
Oldham Terrace
London W3 6NH

Drug costs and treatment choices

- *Drug and Therapeutics Bulletin* first annual symposium
- on 11 March 1993
- at Royal College of Physicians, Regent's Park, London NW1
- £64.63 (payable to Consumers' Association)

Further info from:
Symposium Organiser
Drug and Therapeutics Bulletin
2 Marylebone Road
London NW1 4DF
Fax: 071 935 3261

Aspects of grief

- National Association of Bereavement Services annual conference
- on 4 July (4 p.m.) – 5 July (4.30 p.m.)
- at York University
- £80 members; £95 non-members residential; £40/£55 Monday 5 July only

Further info from:
Carole Lambert
National Association of Bereavement Services
20 Norton Folgate
London E1 6DB
Phone and fax: 071 247 0617

DIRECTORY

In response to our request, a large number of amendments has been received. All these will be included in the revised edition of the Directory to be issued shortly to all CHCs.