CHC NEWS

ASSOCIATION OF **COMMUNITY HEALTH COUNCILS** FOR ENGLAND & WALES

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NEWS

Regions face review and cuts

There is to be a formal review of the functions and staffing levels of the English Regional Health Authorities. The review must report by the summer, but regions have already been given a deadline of April 1994 to lose over 5000 administrative and clerical posts – down to 200 posts in each region from an average of 560. It is hoped that some staff will be transferred to district health authorities or other health service bodies, including the six NHS Management Executive outposts. Health Secretary, Virginia Bottomley, has said that RHAs will retain some public health and planning responsibilities and will continue to monitor purchasers of health care. The announcement of the review has been criticised by the Institute of Health Service Management which says that job cuts should not have been ordered before the outcome of the review is known.

Independent 24 February

Fundholding practice expelled

A Sheffield fundholding practice, the Far Lane Medical Centre, has been expelled from the fundholding scheme. The practice ran up a deficit of £100,000 in 1991/92, is heading for another this year and has put a block on non-urgent referrals; since October, it has asked consultants to give opinions on some patients, but not to treat them. There were also doubts about the contractual arrangements between the practice and a private company set up by partners at the practice to treat the surgery's patients. The company is said to have made substantial sums of money by employing consultants using cash for out-patient sessions. The decision to remove fundholding status was taken by Trent RHA on the advice of Sheffield FHSA.

The practice gained its fundholding status in the first wave (April 1991) and its difficulties raise worries about the fate of other practices which have joined the scheme, especially those later entrants to the scheme which are less well organised and where doctors may be less highly motivated. Labour's health spokesman, David Blunkett, commented "What we are seeing is the logical outcome of the operation of a market in the NHS where finance and accountancy take precedence over the needs of patients".

Times 8 March; Guardian, Independent 10 March

Prescription charges rise by 13.3%

The Department of Health has announced a 50p rise in prescription charges, from £3.75 to £4.25 per item – a rise eight times the rate of inflation. Charges for equipment and appliances and for prescription pre-payment certificates will rise by similar percentages. About 50% of the population pay for their medicines. The Royal Pharmaceutical Society said the rise would force more patients on multiple medication to make decisions about which medicines to forgo.

Dental patients will have to pay 80% of their NHS dental charges, up from 75%. The maximum payable for a course of treatment will now be £250. The value of vouchers given to people who need certain types of optical care will increase by an average of 2.75%

Department of Health press release 2 March; Independent 3 March

Decisions on cuts delayed

The Government has estimated that 2000–2500 more beds will be closed in London hospitals over the next four to five years. However, it has put off drawing up a list of hospitals to be closed or merged until the autumn. Although there is to be further consultation, the broad pattern of likely closures seems clear in the Department of Health document *Making London Better* (see *Official Publications*). The document also announces the setting up of a clearing house to help in the relocation of NHS staff who lose their jobs as a result of the cuts.

Independent/Daily Telegraph 17 February

League tables planned

Ranking of hospitals into league tables is to be introduced in 1994. Sir Duncan Nichol, chief executive of the NHS, claimed that the system would help patients exercise greater choice. It is expected that the first six indicators will be: in-patient and out-patient waiting times; waits in accidents and emergency departments; the proportion of cases dealt with by day surgery; the percentage of operations cancelled and ambulance response times. Eventually the list might include waiting times between GP referral and consultant appointment; cross infection rates and readmission rates.

Guardian 24 February

Different priorities

The Government insists that rationing in the NHS is inevitable, but has placed the responsibility for setting priorities firmly with doctors and NHS managers. Some doctors and managers were disappointed that Virginia Bottomley's conference speech did not give a stronger lead on how rationing should operate. However, in the largest opinion survey on the subject to be held in the UK, only 6% of the public thought that politicians should be involved in how NHS money is allocated.

The survey, organised by the King's Fund, asked doctors, NHS managers and members of the public general questions about priority setting and asked them to rank 10 specific health services. Whereas 51% of the public said that NHS funding should be unlimited, only 17% of doctors and 2% of managers thought that it should be (or perhaps could be). Most members of the public said that income tax or National Insurance contributions should be raised to pay for increased health spending; a third preferred cuts in defence spending. Doctors were twice as likely as the public to favour diverting money from the social security budget.

In principle, the public put "quality of life" services above "saving of life" services, though a different picture emerged when specific services were ranked. The public put heart transplants in fifth position, whereas both doctors and managers placed them ninth. Treatment for schizophrenia was ranked lower by the public than by doctors or managers. All three groups placed childhood immunisations at the top of the list and cancer treatment for smokers at the bottom.

Independent 12 March

Community supervision orders

Health secretary, Virginia Bottomley, has announced the introduction of community supervision orders which may be imposed on psychiatric patients when they are discharged from hospital. The orders would require patients to keep in touch with a doctor or nurse; failure to do so would lead to their compulsory readmission to hospital. The proposals have met with a mixed reaction: Marjorie Wallace, the chief executive of SANE, supports the orders, but Liz Sayce, Policy Director of MIND, says that people may lose trust in mental health services if they become more coercive.

Daily Telegraph 1 March

HIV guidelines

Recent cases of health care workers now known to have been HIV-positive while treating patients have prompted an urgent review of guidance to health authorities. The Health Secretary has stressed that health workers should follow the guidelines of their professional bodies. Staff who believe they might be HIV-positive have a duty to seek medical advice. However, she ruled out compulsory testing of health care workers: such a move might drive the issue underground and would raise practical problems. Mrs Bottomley also pointed out that there is no known case of a doctor, midwife or nurse transmitting the infection to a patient. NAHAT has said that there should be an obligation on staff to inform employers if they are HIV-positive. It is then up to the employers to take appropriate action.

Health authorities and trusts who discover that one of their staff is HIV positive face difficult decisions on informing the public: the rights of patients to information, the rights of staff, the danger of causing panic and the risk of being accused of a cover-up are all likely to be considered. The Chief Medical Officer has said that health authorities are responsible for notifying the public in cases involving any risk, but they must first ensure that telephone lines, counselling and access to testing facilities are available. What is difficult is judging what constitutes a risk. Where staff have been involved in operations, the consensus is that the public should be informed. However, many experts feel that there is no point in informing patients if staff have not been performing invasive procedures, for example were a psychiatrist to test positive. Others argue that patients have the right to know even if the risk is minuscule.

Two initiatives to dispel fear and prejudice about AIDS and HIV in the workplace (not just the health service) have been announced. A number of big companies have collaborated with the Terrence Higgins Trust to produce a video and training manual which look at problems which may arise if staff become ill through HIV or AIDS (*Positive Management*, Industrial Society, £149.50). The Society of Occupational Medicine has produced a booklet on what employers should know about HIV and AIDS (*What employers should know*, SOM, 6 St Andrews Place, London NW1 4LE, large SAE, 74p postage).

Guardian 25 February, 11 March; Independent 8 March; Daily Telegraph 12 March

Call for compensation

MPs have called for compensation for almost two thousand young people who may have been infected with a potentially fatal virus while receiving NHS treatment. The people concerned were all treated as children with growth hormone because of their short stature. It has emerged that some batches were contaminated with an agent that can cause Creutzfeld–Jacob Disease, which produces brain-damage, paralysis and death. Eight young people who received the hormone have died from the disease. Since the virus can remain latent for as long as 35 years, there is no test to detect it and no treatment, the young people involved are living with the worry of developing the illness. In the meantime they are experiencing difficulties in obtaining life assurance, mortgages or jobs. The Department of Health last year reversed its decision not to inform or counsel families about the potential risk – a decision it made in 1985 when the problem came to light.

The Government has so far ruled out compensation, but the 120 MPs who signed an early day motion believe the case is equivalent to that of haemophiliacs infected with HIV as a result of contaminated blood products. They have called for compensation along similar lines.

Guardian 24 February

Hib confusion

Parents are being told they will have to wait for their children to be given Hib vaccinations against meningitis because of poor or badly distributed supplies and confusion among family doctors. There have been recent cases of young children dying of the disease. The vaccine is supposed to be given to children under four years of age, with priority given to babies younger than 13 months. However, there are reports of parents attending clinics being told that there are not enough dosages and that they must wait to be called. In addition, according to the charity Meningitis Research, GPs are confused over when, where and what to give children.

There were difficulties with the supply of the vaccine before the launch of the vaccination campaign last October (see *CHC News* No 76). A Department of Health spokesperson has denied that this is now a problem nationally and said that any problems are at a health clinic level.

Sunday Telegraph 28 February

Organ donor campaign

A television advertising campaign has been launched to encourage people to carry donor cards and to discuss their wishes with their families. In 30% of road accident deaths, relatives refuse permission for organs to be used. Over 5000 people are awaiting transplants, the vast majority of them for kidneys.

In another move to increase the availability of donor organs, an "organ donor consent section" is to be included on driving licences. Ministers are considering including individuals' preferences on the health service central register. The British Kidney Patient Association is in favour of an opt-out rather than opt-in scheme, though this policy is not supported by Virginia Bottomley or the British Medical Association.

Times 2 March

Arrest of doctors studying race bias

Two doctors whose research revealed routine racial discrimination were arrested by the fraud squad for submitting false job applications to NHS hospitals. The arrests and advice from the police brought the research to a halt. Although the police have dropped charges, the General Medical Council is considering disciplinary action.

Dr Ameez Esmail and Dr Sam Everington had drawn up pairs of job applications which were virtually identical in terms of clinical experience and qualifications and which differed substantially only in the names of the applicants: one name in each pair suggested an Asian ethnic origin, the other an Anglo-Saxon one. They sent the applications to 23 hospitals which had advertised for senior house officers. Of the 18 "applicants" shortlisted for interview, 12 had English names and 6 had Asian names. The study has been published in the *BMJ* (13 March) and the *BMJ*'s editor has defended the methods used in an editorial in the same issue.

The two doctors have recommended that application forms be standardised and the names of candidates removed by personnel officers until the selection panel has completed shortlisting. Dr Esmail has also commented on the response to their research: "... the GMC is considering disciplining us. Perhaps their time would be better spent investigating and stopping the blatant discrimination we have exposed".

Independent 12 March

Backlog of ambulance complaints

The London Ambulance Service (LAS) faces a backlog of over 900 complaints. Last year complaints were running at about 200 a month, yet of the five (untrained) staff handling complaints, only one was doing so full-time. At present 10 staff are allocated to the task and more are proposed to clear the backlog. The enquiry into the LAS (see page 10) reports that the Service is now receiving 100 complaints a week. It calls for an easily accessible complaints procedure and recommends that "the LAS devote adequate resources [to employ] permanent staff trained in the complaints procedures, backed by the necessary administrative support". Adequate resources should enable staff to identify trends in complaints and promote subsequent management action, something that has not been happening to date.

Independent 25 February; LAS inquiry report

FROM THE JOURNALS

Pharmacy charter

The Royal Pharmaceutical Society and the Department of Health are collaborating on drawing up a patient's charter for community pharmacy that could be adopted by FHSAs with local "add ons". An initial draft from the Department of Health says that:

- patients are entitled to have their privacy, dignity and religious and cultural customs respected;
- they should be able to discuss matters without being overheard;
- all patients should have access to pharmaceutical services;
- wheelchair access should be available wherever practicable;
- suitable labelling should be provided for those with visual, reading or learning difficulties;
- patients should not have to wait more than 20 minutes for prescriptions to be dispensed and should be told if there will be any delay (the RPS suggests that this be replaced with a sentence to the effect that patients should be told how long they have to wait);
- if the required medicine is not in stock they should be allowed to have their prescriptions back for dispensing elsewhere;
- patients should know the name of the pharmacist responsible for services;
- they should be told if the prescribed medicine is available over the counter for less than the prescription charge.

A number of additional suggestions are made for local standards. Few FHSAs have produced or are working on local pharmacy charters. The *Pharmaceutical Journal* identified just three: Barking & Havering, Sheffield and Rotherham.

The Pharmaceutical Journal, 13 February, p 197

Pharmacy project a success

A pilot project in Liverpool in which pharmacists have been helping mentally ill people to understand their medicines has been judged a success. In the project, funded by the Department of Health, specially trained pharmacists have been giving advice in day centres and people's homes on medicines, their effects and their side-effects. Outcomes of the project include improved labelling of medicines and the production of simplified instructions. Pharmacists also recommended reductions in the prescribing of cocktails of drugs.

Interviews revealed that 80% of patients had experienced adverse effects from their treatment, but fewer than half had discussed their medicines with their GP. Many rejected drug treatment because of side-effects. Mersey RHA says that patients overwhelmingly supported the project, finding the pharmacists approachable and ready to spend time with them.

The Pharmaceutical Journal, 27 February, p 265

Complaints systems

Fedelma Winkler concisely describes the features of a good complaints system: it should be accessible, impartial, speedy, open and effective. In addition the procedures for dealing with complaints about the various aspects of the NHS should be as similar as possible. Yet this discussion of five recent papers on NHS complaints systems (among them ones from the General Medical Council, the General Medical Services Committee and ACHCEW in collaboration with Action for the Victims of Medical Accidents) indicates that there is some way to go before this is achieved. The papers reveal the gulf between user representatives and the medical profession on the philosophy

underpinning complaints handling. The medical profession continues to propose "self-regulation", despite the fact that lay advocates have lost faith in the concept: the latter want independent review by a body with substantial lay representation. Whereas the GMSC's proposals would tend to increase the adversarial nature of the procedures, most consumer groups would like to move towards a more inquisitorial system. Ms Winkler concludes the profession has some way to go before it recognises that it is in its own interests to advertise for complaints and ensure that they are investigated independently.

BMJ, 20 February, p 473

GP appointment systems

A team from *Which?* visited six GP surgeries in Barking & Havering and talked to patients and staff about appointment systems and waiting times. The practices used a variety of systems: appointments, open access (turning up and queuing) and various combinations of the two. One approach which seemed to work well was where patients queued on an open access basis; however, once they had put their name in the queue, they could leave the surgery (perhaps to go shopping) and come back without losing their place. Overall, patients with appointments were seen in an average of 24 minutes, compared to 45 minutes for queuing patients. There was little difference in average waiting times between practices with only open access systems and ones with only appointments, however. It was at practices with mixed systems that patients with appointments were seen more quickly. Two of the six practices had suggested moving over to appointment systems, but had canvassed patient opinion. In both cases the suggestion had been rejected.

The article identifies a number of areas for improvement including phone access, systems for emergencies, communications, convenient surgery hours and variable appointment durations. Despite the fact that the national average consultation time is nine minutes, five-minute appointments remain the norm: the inevitable result is that surgeries run late. Another study has shown that giving patients the choice of short, medium or long consultation resulted in shorter waits. There was a demand from working patients for more early morning or late evening surgeries.

Which?, March, p 11

Tougher guidelines on child research

The British Paediatric Association has revised its advice to medical researchers who use children as subjects. While the *Guidelines for the ethical conduct of medical research involving children* are non-statutory, they should help to clear up some of the dilemmas faced by research ethics committees. The guidelines are somewhat more stringent than previous advice, and say that it is unethical to submit children to more than "minimal risk" when the procedure offers no benefit to them. For the first time, it gives a definition of "minimal risk" which includes procedures such as: questioning, observing, measuring, collecting urine samples or using blood from samples that have been taken as part of treatment. Injections and venepuncture might sometimes fall into the "low risk" category because a child may be distressed by injections. "High risk" procedures (e.g. liver biopsy, arterial puncture) should be carried out only when research is combined with diagnosis or treatment intended to benefit the child concerned.

The guidelines also state that it may be unethical to rely on parental consent alone for research. School-age children should always be consulted and any objections to participation respected. There should be long-term follow-up of the effects of research on children and the child's GP should be notified of the research.

Doctor, 25 February, p 42

AROUND THE CHCs

North West Thames Region CHCs have launched an "information tabloid" – *Points North West*. It is not intended to be a newsletter, but rather a sharing of Regional and inter-Regional information and good practice and a forum for North West Thames staff and members to air their views. Further information from: Julie Cox, Coordination and Development Officer, NW Thames Region CHCs.

NW Herts CHC has produced a questionnaire on cross-infection precautions in dental surgeries. They would like to involve as many CHCs as possible – see review in *CHC Publications*.

Parkside CHC is proposing a new approach to providing mental health care for women. This is in response to a number of serious complaints and feedback from local users relating to sexual assaults on and harassment of women patients using local mental health services. The CHC is concerned that there is evidence of similar concerns from across the country, but that there is little evidence of the concerns being addressed. In order to move forward on the issue locally, the CHC has produced a paper to be discussed with Parkside Health Authority which lists recommendations on action required to expose the extent of such problems and to provide a safer environment for women.

Deadline
If you have any items for the next issue of CHC News could you please get them to ACHCEW by 14 April.

CHC PUBLICATIONS

The risks from cross-infection in dentistry: report of a seminar on cross-infection control in the USA and UK

North West Herts CHC
13 pages with numerous relevant articles appended

This two-day seminar was prompted by a questionnaire to dentists which included a question about their willingness to treat known HIV-positive patients: 65% of respondents had said they would not, but it is likely that such dentists are unknowingly treating HIV-positive patients. Moreover, there are greater risks of cross-infection with hepatitis and TB. Some dentists claim that they don't have the time or money to take proper precautions – it is estimated that a 15 minute gap might be needed between patients. The CHC says that the majority of the dental profession, including the Chief Dental Officer at the Department of Health, deny that there are problems.

The CHC invited two speakers from the USA, since the need for stringent cross-infection control had become an issue earlier in the USA. A summary is given of the presentations and of the seminar assessment by participants, who included dentists and dental staff. The assessments were very positive and a large majority of attenders said they would or might make changes in their practice as a result of the seminar. More than one attender commented that the seminar should be given all over the country.

NW Herts CHC has produced two simple questionnaires on cross-infection precautions, one for patients and one for their dentists. They are keen for as many CHCs as possible to issue the questionnaires to get a national picture and to make more people aware of the safeguards they should expect in dental surgeries. Please contact NW Herts if you are interested.

Response to Regional Health Strategy

North Tyneside CHC
52 pages

The Northern RHA Health Strategy was launched last November. The CHC held consultation meetings with various local groups and distributed a questionnaire on health issues and services. The CHC broadly welcomes the strategy, but makes a number of suggestions for improvement. These include tighter definition of how aims and objectives are to be achieved, on-going consultation with the public, the setting of priorities of elements within the strategy and the costing of resources required.

Accident and Emergency Services

Lancaster CHC and Lancaster Health Authority
22 pages

CHC observers monitored the Patient's Charter Standard No 5 that people will be seen at A&E departments immediately (within 5 minutes of arrival) and their need for treatment assessed. Among concerns raised are that some patients are sent through to the unsupervised waiting room, apparently on the basis of the judgement of the receptionist. Since they may be in the waiting room for half an hour or more, the CHC recommends that all patients should be seen within five minutes of arrival by a clinically trained member of staff.

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.

IN BRIEF

Guide to private and voluntary residential and nursing homes in Merton & Sutton. 1992/3 edition
Merton & Sutton CHC and DHA and London Boroughs of Merton and of Sutton
126 pages

Introductory section, then detailed information on individual homes in the district. The information was written by the proprietors of the homes and checked against the Registration Officers' knowledge of the homes gained during their regular duties.

Care of the elderly
Greenwich CHC
13 pages

Report of a seminar. Includes contributions from a range of perspectives: CHC, NHS managers, medical professionals, voluntary organisations, social services and carers.

Longlands Child Development Centre
Lancaster CHC
14 pages

Survey of parents. Among the findings: although the Centre produces an information booklet, only a third of parents had received it; speech therapy services are very over-stretched; and greater involvement of fathers and siblings would be appreciated. Despite specific reservations, most parents were very grateful to Longlands staff.

NHS consultation and the voluntary sector
GLACHC, 100 Park Village East, London NW1 3SR; phone: 071 387 2171
19 pages, £5

Based on replies to a survey from 75 groups across London. Responses indicate that voluntary organisations are often uncertain of what they may be able to influence and that many consider consultation is just a paper exercise, with little feedback of the results. The report includes action points for health authorities, the voluntary sector and CHCs.

Dental survey results
Merton & Sutton CHC

Brief summary of survey; 83 out of 131 dentists responded. Of respondents, 65% have restricted their NHS work in some way, with 68% continuing to treat existing continuing care patients. 20 dentists are not accepting children and 23 are not accepting adults who are exempt from charges.

Survey of the quality of meals served at Warrington District General Hospital
Warrington CHC,
39 pages

Questionnaire survey of 16 wards. General satisfaction was high, though there was a wide range of responses. Some often-repeated criticisms should prove useful in improving specific aspects of meal provision.

Travelling hopefully: a review of non-emergency patients' transport services
North West Surrey CHC
11 pages

A brief questionnaire was used for interviewing users in out-patient clinics and day hospitals. The responses to whether certain criteria were *essential, desirable* or *unimportant* led to this ranking: 1st being informed when services are running late; 2nd relative carer being informed of problems; 3rd= comfortable vehicles and courteous staff; 5th short journey times.

Women's health handbook: a guide to health and related services

Rochdale CHC and the Women's Health Promotion Officer, Rochdale Health Authority
114 pages, £8.20,
available in English, Urdu and Bengali

This book is intended to provide comprehensive information on health and health-related services provided by voluntary and statutory organisations and to raise awareness and understanding of the health issues involved. It includes contributions from women who provide services, provide support through self-help groups or have had experience of the subject under discussion. Twelve chapters cover different health issues such as *Mental health, Parenting* and *Violence against women.* Each chapter includes a "Contacts" section listing both national and local sources of services and support. The CHC is making the handbook available in a wide range of locations used by local women.

An evaluation report of the method of production including the participatory approach used is available for £2.30.

A health service for London: one year on

Health Rights and GLACHC
61 pages, £5 (cheques payable to "A health service for London") from Health Rights, Unit 405, Brixton Small Business Centre, 444 Brixton Road, London SW9 8EJ or GLACHC

Presents follow-up interviews with speakers at a 1991 conference asking them about recent developments in London's health services and their views on the King's Fund *London Health Care 2010* and Tomlinson reports. An introductory review by Eileen O'Keefe stresses the great diversity of London's populations and their health status, concluding that the needs of the more deprived areas and groups do not receive enough attention in either report. She calls for the development of a London Primary and Community Care Authority to take a strategic view of all non-hospital health and social care provision.

Interviewees welcome some features of both reports, but voice serious reservations. Many of them emphasise the need to build up adequate primary care provision before any cuts are made in the acute sector.

OFFICIAL PUBLICATIONS

NHS Trusts: interim conclusions and proposals for future inquiries. Government response to the first report from the Health Committee, Session 1992–93

Department of Health, CM2152, £2.50, 9 pages, HMSO

The document falls into two parts: (1) the Government's response to the interim conclusions of the Health Committee's Report; (2) response on some of the general points raised by the Report. Among these are concerns raised about consultation. The Government does not accept that trusts are less open to scrutiny by the public than provider units have been in the past. Indeed it claims that trusts are more open to public scrutiny and that the local CHC retains rights of access. (This is arguable, see *CHC News*, No 75, p 5.) The document lists some trusts which go beyond the minimum requirements on public access. However the *Health Service Journal* (25 Feb, p 6) reports that CHCs in Sheffield, Leeds and Northumberland remain dissatisfied with the access they are granted by the trusts commended by the Government.

The Government stresses that health authorities should involve CHCs and the wider public in the purchasing process. The NHS Management Executive will issue guidance later this year on the relationships between purchasers, providers and CHCs.

A report on medical research and health

Advisory Council on Science and Technology
Set up under the Office of Public Service and Science of the Cabinet Office
48 pages, £13, HMSO

The objective of this study was to identify how advances in science and technology can be used to provide better health in the most cost-effective way. Sections on *Development, Assessment and evaluation* and *Implementation* are followed by a summary of action required. Conclusions from task forces include one on *Screening, diagnosis and prevention*, with useful summary information on selected screening procedures. There is information on the state of research into the procedures, their implementation and the evaluation mechanisms in place.

Making London better

Department of Health

Available from: Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ, 26 pages

The Government has set out its proposals for London's health services. Ministers have decided to accept most of the Tomlinson Report recommendations, but have offered the opportunity for further debate on some of the options.

The London Implementation Group (LIG) is being set up for an initial three-year period as part of the NHS Management Executive to advise the Secretaries of State for Health and Education on the future development of London's health services and the implications for medical education and research; to secure agreement on the detailed way forward; and to oversee implementation of changes by NHS agencies.

London Initiative Zone (LIZ) for primary care. This zone includes those areas of London where needs are highest. It covers a population of about 4 million. A small Primary Health Care Forum will advise the LIG on primary care and on the plans being produced by RHAs and FHSAs for the development of primary and community care within the zone.

The proposals of the Tomlinson Report are largely based on the assumption that care can be transferred from the acute to the primary care sector. To encourage such a shift, the Government is to make an extra £170m available for capital projects in primary care within the LIZ over the next six years. £43.5m is to be spent in the coming year, £40m of this for "investment in London's primary care", £2.5m to pump-prime developments in the voluntary sector and £1m for initiatives involving the NHS and the voluntary, independent or social services sectors.

The acute sector. London has 4 beds per 1000 population compared to a national average of 2.5. This is untenable within current funding levels and in the context of the internal NHS market, which has encouraged districts to send their patients to providers in areas where care is cheaper. The Government estimates that there could be 15–20% fewer beds in four to five years' time. The LIG is to pursue options for reducing "inappropriate" hospital attendance. The LIG, various hospitals and relevant RHAs have been asked to submit plans for closures and mergers, largely in line with the Tomlinson proposals (see *CHC News* No 78). The proposal to merge the Royal Marsden, Royal Brompton and Charing Cross has been rejected. The first two are being asked to submit a joint Trust application and the LIG is to bring forward proposals on Charing Cross by the autumn.

The Government is providing £50m to support London hospitals this financial year. It does not specify how much it will provide next year, though it has guaranteed £10m to improve waiting list times.

Specialty reviews. A series of reviews will be carried out on: cardiac services; cancer services; neuro-sciences; renal services; plastic surgery; specialist children's services. They are to report by the end of May, with a view to cutting out unnecessary duplication of services. The LIG is to identify other tertiary services which may need further study.

Accident and emergency. Consultation is to take place on the closure of A&E departments at Charing Cross and St Bartholomew's (replacing the latter with a minor injuries clinic). The department at UCH/Middlesex will be retained, and Guy's and St Thomas's services possibly provided on one site.

Medical education and research. It seems likely that the Tomlinson proposals in this area will go ahead.

Special health authorities. The Government intends that SHAs should join the internal health market from April 1994. The impact of these arrangements on research is to be studied.

Staff. The changes will have implications for staff in London. The LIG's human resource sub-group is to offer advice and guidance on the options open to staff whose jobs are cut. It is also to set up a clearing house to help staff who cannot find alternative employment through local arrangements.

Mental health. The Tomlinson recommendations in this area are not covered in this document. The LIG is to put forward proposals.

Report of the inquiry into the London Ambulance Service

Available from: Communications Directorate, SW Thames RHA, 40 Eastbourne Terrace, London W2 3QR; phone: 071 725 2551; 80 pages

This inquiry was set up to examine the operation of the computer aided despatch system at London Ambulance Service. Its brief included the system failures on 26–27 October and 4 November and the procurement of the system. The team has produced a detailed report, with many conclusions and recommendations on the computer system, systems development and management of the Service.

The investigation into the introduction of the computerised system identifed a catalogue of mistakes – with lessons for those involved in ambulance services, managing change and introducing computer technology. The system was developed amid an atmosphere of mistrust within an over-ambitious timetable, despite warnings from many sources. Among the shortcomings of the procurement process were rules which emphasised open tendering and obtaining the best price rather than qualitative aspects. As a result of these and other factors, neither the system itself nor its users were ready for full implementation on 26 October. Although on 26–27 October the computer system did not fail in a technical sense, much of the design had fatal flaws that would, and did, cumulatively lead to the symptoms of system failure. For example, a vicious circle of a build-up of delays caused more reliance on voice communications, which in turn led to radio bottlenecks, increasing frustration, deteriorating information and further delays.

Working practices in the LAS need to change and all in the LAS are committed to providing a high quality service. Yet management and staff and their representatives have failed to recognise each other's concerns. Senior management misguidedly believed that implementation of the system would, in itself, bring about the necessary changes. However, the speed and depth of change led to staff demoralisation and alienation to the changes. Deadlines set by top management were perceived as inflexible and not to be challenged.

Pressure of RHA, MPs, the public, health service consumers and the media probably contributed to the adoption of unrealistic deadlines. The team calls for the new system to be developed and introduced in a timescale which allows fully for consultation, quality assurance, testing and training. This should be a step-by-step process. It is estimated that the whole process might take four years, and the team calls on the public to allow the Service a breathing space to put its house in order.

At the same time, communications between LAS management and interested parties, including CHCs, should be improved. It is recommended that the LAS makes available to interested parties its performance levels in respect of: 999 telephone answering times; activation percentage within 3 minutes; and response percentages within 8 and 14 minutes. The team comments that Public Relations alone is no substitute for genuine participative dialogue. They recommend that "LAS management adopt, within reason, an open approach to regular meetings with the media, outside bodies and representatives of the public, with the genuine intention of addressing issues raised". As far as possible, this contact should be devolved to local community level.

Caring for people

The Department of Health has asked us to clarify the availability of a series of publications listed in last month's issue of *CHC News*.

The publication *Caring for people: information pack for the voluntary and private sectors* is aimed not at "members of the public" but at "those providing services and/or providing advice to the public". It therefore has limited availability. The Department also wishes it to be made clear that limited quantities of the ring-binder version were supplied to specific groups only. Other copies are in the form of a 60 page perfect bound booklet.

The code numbers and maximum orders for the publications available from the freepost address (Community Care; Freepost BS528/90, Bristol BS3 3YY) are as follows:

Description	Code	Max order
Information pack	DHCCIP	5
DH general public leaflet	DHCC1	100
DSS general public leaflet	SSCC1	100
A3 poster for leaflets	DHCCP3	2
A4 poster for leaflets	DHCCP4	2
Leaflet dispenser	DHD	4

The leaflets can also be ordered on 0800 210211.

No availability details were given in the newsletter for the two booklets aimed at local authority social services departments –

Population needs assessment: good practice guidance and *Community care plans: a preliminary analysis of a sample of English community care plans*. These are not available from the DOH freepost address. The Department is "unaware if there are sufficient quantities available to meet requests [from readers of *CHC News*]". No contact address has been given, but five copies of each booklet have been sent to directors of social services.

GENERAL PUBLICATIONS

Community pharmacies and
NHS dental services and the fluoridation of water supplies

Healthwatch – Grampian Project, Grampian Local Health Council, The Gate House, Upperboat Road, Inverurie AB51 9UL; phone: 0467 24266; fax: 0467 25935

Grampian LHC, recently formed by the merger of five LHCs, has been considering how to make best use of the resources now at its disposal to gather consumer opinion. It decided on a rolling programme of consumer surveys on different aspects of the health service. The project, Healthwatch – Grampian, started in July last year. The above-titled reports are the first two fruits of the project.

Every two months, 500 members of the public are sent a pre-coded postal questionnaire. The LHC has a standing order with the Primary Care Department of the Grampian Health Board for a random sample of 500 names stratified by age, sex and district from its Community Health Index (listing all patients registered with a GP). Names that have been included once are excluded from future samples. The details are supplied on disk and a computer printout and two sets of address labels are supplied. The fixed timetable ensures that the two month cycle can work: (1) send out questionnaire; (2) reminder after three weeks; (3) six weeks for replies and analysis; (4) two weeks for report. During the first four weeks, the next questionnaire is prepared.

IN BRIEF

Women healers through history
Elisabeth Brooke
210 pages, The Women's Press, £7.99

A celebration of women in medicine from Ancient Greece to today, written by a herbalist and healer with many years experience. It documents the achievements and struggles of healers, many of whose names are all too unfamiliar despite their contributions.

Help to hand: a new self-help guide
Available from Nurse Practitioner Services, 20 Radford Crescent, Billericay, Essex CM12 0DT; phone: 0277 634444; fax: 0277 634433
£53.50
(details of leaflet costs from same address)

Directory covering 105 health and social topics with details of over 2000 self-help organisations. Each topic is split into 14 areas of help. Intended for providers, professionals and those offering care and welfare assistance. Each topic can be reproduced separately as a self-contained leaflet for the general public.

National standards in community care
Targets for service provision: a joint proposal
British Medical Association, BMA House, Tavistock Square, London WC1H 9JP; phone: 071 383 6611

Just a brief mention of a publication that should be received by individual CHCs. The proposals were endorsed at a seminar attended by user groups, carers and voluntary organisations, including ACHCEW. Copies are being sent to relevant Government ministers, select committees and officials within the Department of Health.

IN BRIEF

Bridging the gaps

Rosemary Thornes on behalf of Caring for Children in the Health Services
Available from: Action for Sick Children, Argyle House, 29–31 Euston Road, London NW1 2SD; £8; 56 pages

A sick child, especially a child with a chronic illness or disability, may come into contact with a wide range of sub-systems within the NHS. Each time patients move from one sub-system to another, they cross boundaries, and these can become barriers unless they are well managed. *Bridging the Gaps* reports on a study of such boundaries between primary and specialist health care services for children – it calls them "interfaces" to remind readers that they have depth and are not just a sharp line. A simple diagram early in the report makes this clear: it lists items of information and support a family needs in the apparently simple case of the referral of a child by a GP to a consultant out-patient clinic. The family's needs do not fall at one point but at four: being prepared by the GP, arriving at the OP clinic, at and on leaving the OP clinic, and on returning to the GP.

The report sets out evidence collected from parents and children on what they feel they need at interfaces and evidence from service providers; nine principles of good practice; ideas for action; a study appraisal and recommendations. An appendix gives examples of leaflets and forms used by provider agencies in Wessex.

The study found that, though the need for continuity between services has always been recognised, many gaps can exist where the issue has not been adequately addressed. Recommendations include a section for CHCs: that they should pay particular attention to interface issues since provider units find it difficult to monitor the quality of care at these points and that they should consider whether they might have a particular input into monitoring by tracking individual patients

FROM THE VOLUNTARY SECTOR

As mentioned in the December/January issue of *CHC News*, MIND has launched *Stress on Women* – a campaign to get women who use mental health services a fairer deal. MIND feels there is scope for CHC involvement. The Campaign pack setting out briefing papers contains direct action points which CHCs could implement. For example, there is a gender monitoring questionnaire which CHCs could send to their health authorities to encourage them to look at who uses the mental health services and to look at the discrepancies between men and women using the services.

For further information contact: Gabrielle Cortazzi, Press Officer, National MIND; phone 071 637 0741 or Sarah Berry, Regional Development Officer, NW MIND; phone 0772 821734.

INFORMATION WANTED

Mrs DW Shaw, Chief Officer, **Ynys Mon–Anglesey CHC** would like to hear from anyone with MS who has had serious side-effects following treatment with ACTH Acthar Gel (manufactured by Rouer UK).

ACHCEW would be interested to know of any work being done by CHCs in the field of health information in doctors' surgeries.

Judith Deft, Information Officer, **Lancaster CHC** would like to hear from any CHC which is using a modem and is prepared to offer advice on how to make the most of it! Phone: 0524 32252/847887.

Dewsbury CHC would like to hear from CHCs about any surveys into patient information handed out at hospitals and would like to receive samples of any patient information.

Carolyn Gradwell, **Clwyd South CHC**, would like to hear from any CHCs which have helped take up complaints by blood donors against the National Blood Transfusion Service.

FORTHCOMING EVENTS

Making new friends:
the public health challenge in primary care

- conference aimed at those interested in the purchase and provision of health promotion in primary care
- organised by The Public Health Alliance
- on 6 July 1993
- at National Exhibition Centre, Birmingham
- £80 large organisations; £50 small organisations; £40 self-funding; reductions for PHA members; a few subsidised place available for those on low incomes

Further info from:
The Public Health Alliance
Room 204
Snow Hill House
10–15 Livery Street
Birmingham B3 2NU
Phone: 021 235 3696
Fax: 021 236 1595

Cultivating information

- 1993 European conference to explore the infrastructures required to draw the greatest benefits from IT implementation
- organised by Leeds Metropolitan University and the European Nursing Education Information Technology Association
- on 24 May 1993
- at the Parkway Hotel, Otley Road, Leeds
- £182.12. Accommodation extra.

Further info from:
Mrs Ann Keating
Faculty of Health & Social Care
Leeds Metropolitan University
Calverley Street
Leeds LS1 3HE
Phone: 0532 832600 ext 3252
Fax: 0532 833124

Purchasing and providing for the Patient's Charter

- conference aimed at senior managers, board members and those involved in delivering a quality service
- organised by NAHAT and the Health Services Management Centre
- on 5 April 1993
- at QEII Conference Centre, Westminster
- £164.50 non-members; £141 members

Further info from:
NAHAT
Conference Office
Birmingham Research Park
Vincent Drive
Birmingham B15 2SQ
Phone: 021 414 1536
Fax: 021 414 1120

Public health for all

- first annual public health forum
- organised by the Association of Public Health
- participants are expected to include CHCs
- 29–30 April 1993
- at the Chester Moat House International
- APH members: £176.25/£94.00 for 2/1 days; non-members: £211.50/£111.63 for 2/1 days; dinner and accommodation extra.
- book by 1 April (18 March for accommodation).

Further info from:
APH
c/o NAHAT (as above)

DIRECTORY AMENDMENTS

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