CHC NEWS

For Community Health Councils

December 1982 No 82

THE NEW PARLIAMENTARY BILL

FPCs go independent – it's official

Legislation to establish family practitioner committees (FPCs) as health authorities in their own right has been introduced in the House of Lords. The Bill* will set up new FPCs to administer general medical, dental, ophthalmic and pharmaceutical services in "localities" to be designated by the Secretry of State.

Speaking to the Society of FPCs in October Health Minister Kenneth Clarke said the new legislation would aid collaboration between primary and secondary health care services. He intends to provide for close liaison between FPCs and district health authorities (DHAs) and will appoint a nurse with community experience to membership of each FPC.

The bill establishes new joint consultative committees where for the first time FPCs will be included in co-operation between DHAs and local authorities to provide services of common concern.

In a controversial move the Bill says the Secretary of State will appoint chairs, vice-chairs and all members of the FPCs. Of 30 members, 15 will be nominated by local service committees, four by local authorities, four by DHAs, with seven others appointed after consultation with other bodies. FPC members will not be permitted to be members of CHCs.

The Secretary of State will also have the power to change boundaries or abolish individual FPCs, and to set up new ones.

Last November's announcement of independence for FPC was the signal for a campaign to change the decision before it became law. Now the emphasis has shifted to ensuring the proposed law serves the best interests of the public.

The Association of CHCs has drawn up six proposals for possible inclusion in the new regulations. These include obliging FPCs to provide information to DHAs, to consult with DHAs and CHCs on substantial variations in services, and to admit CHC observers to meetings.

If CHCs agree the proposals will be forwarded to the Secretary of State and the Parliamentary committee considering the Bill.

But at least one CHC will "fight the Bill to the bitter end". Bury CHC is angry that practitioners' contracts will be administered by FPCs when so many of the members will themselves be contract holders.

The Bill has had its Second Reading in the House of Lords and is expected to reach the House of Commons for consideration in the new year.

● Other measures in the Bill include extending joint funding to educational and housing projects (see *CHC NEWS* 79 page 1), permitting payment to sick doctors suspended from practice, changing regulations on community homes for children, permitting charges for social service accommodation and amending the regulation and inspection of residential homes.

**The health and social services and social security adjudications Bill* ISBN No 0 10 400983 7. Price £5.10 from HMSO.

INSIDE ...
The future of nursing

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Prevention *page 6*

Photo: SWPA for Health and Social Services Journal

Getting the facts right

"A process of bazaar bargaining" is how the Körner committee sees health service management without proper information.

The committee — called the steering group on health services information — has produced its first report[1] recommending important changes in the statistics collected by the NHS to improve its quality and efficiency.

Accuracy and timeliness are key words in the report, which is based on the principle that the benefits of good information will provide incentive for accuracy and speed of collection.

The first in a series planned to tackle community health, paramedical and patient transport services as well as staffing and finance, the report was extensively circulated in draft form for comment by

Continued on back page

Observant readers will notice that there is no *Parliament* column in this issue of *CHC NEWS*. This is because the DHSS has decided it can no longer afford to provide us with the information in a manageable form. We regret that we are unable to continue this service to our readers.

Book reviews

Social workers — their role and tasks

The report of the Barclay Committee, Bedford Square Press £4.95

In the aftermath of the protracted strike of social services staff the Barclay Committee was set up to investigate the role and tasks of social workers.

Its most important finding is that it does not confirm the then fasionable thesis that social workers are not needed. Indeed it argues cogently that — rather than reduce the resources available for the personal social services — they should be increased.

The report describes clearly the tasks that social workers do. There is also a strong case made for social work to be community oriented as well as dealing with individual cases.

The report opens a major debate about how social work should be organised. Is the present area team structure satisfactory or should the unit of organisation be a much smaller "patch" serving perhaps 5-8000 people?

Later chapters of the report suggesting a social services inspectorate, a professional social work council, and local welfare advisory committees (a sort of CHC for local social services) are less convincing. But the report is an important one, not too loaded with jargon (indeed it explains some of it) and well worth reading.

Toby Harris, Former Member, Islington CHC and Chairman, Haringey Social Services Committee.

Stroke — the facts

by Clifford Rose and Rudy Capildeo, Oxford Paperbacks £2.95

Coronary heart disease — the facts

by J P Shillingford, Oxford Paperbacks £2.95

As stroke is the third most common cause of death and the most common cause of disability, it is important that people know something of the causes, types of strokes and treatments available. This is what is so well illustrated in Rose and Capildeo's book. There are a number of case studies which show the reader the effect of a stroke on the patient, and the various degrees of disability-that arise.

The book is written for the lay person particularly the patient, his family and friends — but some of the descriptions are rather technical and the lay person could find it difficult to understand the phraseology, especially the chapter on investigations. Some of the facts as outlined may be most depressing for the stroke patient, who will be looking for some message of hope and

Continued on page 6

Your letters

A personal testimonial

Name and address withheld

Last year I had reason to submit a serious complaint to the Family Practitioner Committee about my doctor. Though it was an "out of time" complaint — over eight weeks — they accepted my reason for the delay, investigated the matter and sent me all the necessary information. The FPC meets only once a month so the whole process was rather laborious, but eventually they decided to hold a hearing.

I have epilepsy, and for the past few years have experienced depression, anxiety and agoraphobia, which I battle with daily. I was frankly terrified about attending a formal hearing, though a hearing is what I'd hoped for! As the day grew closer I was totally absorbed in the worry and anxiety it caused me. I slept badly, ate little and became a bundle of nerves.

But I had contacted my local CHC and the day before the hearing I had a three-hour consultation with the CHC Secretary, who prepared me as best she could.

The half-hour wait at the FPC was worse than anything I can remember and the temptation to run straight out of the building was overwhelming. I had someone to sit with me for moral support throughout the proceedings. The hearing lasted about two hours and once we'd started I felt totally confident, because the Chairman and members made it as informal as possible. They took into consideration my complete inexperience and helped me to present the facts as clearly as possible.

At the time of writing I have no idea of the FPC's decision, but I am so pleased about *my* decision to persist. I felt proud of myself and very grateful to the CHC Secretary for all her help.

I do hope my story will help anyone else who feels they have been wronged in some way but is too scared to take the matter up officially. Unless we do this we have no right to moan about NHS services.

The ante-natal report

R D Atlay, Honorary Secretary, Royal College of Obstetricians and Gynaecologists

I read in *CHC NEWS* 81 page 3 that "After much delay the Government's Maternity Services Advisory Committee has published its first report — on : ante-natal care". I would just like to put the record straight in telling you that there was no delay at all in the MSAC producing this report.

The first meeting of the committee took place in December 1981 in response to the Short report of 1980. For a large Government committee to have produced a report and for it to be available ten months later is nothing short of miraculous.

I can assure you that the members of the committee have worked extremely hard to produce a document so quickly.

Centralised but not central

Fiona Drake, Secretary, South Cumbria CHC

We are facing a proposal to centralise Cumbria's ambulance control at Carlisle, to the extreme north of the county, and to dispense with the existing second control at Barrow-in-Furness in the extreme south.

My CHC would like to hear from any other districts in the county where a similar "centralisation" has taken place — in particular rural districts and especially those with a mountainous terrain similar to our own.

Local people fear that, amongst other problems, communication difficulties could delay the call-out of ambulances.

Epilim change

Mrs J Blunt MPS, 53 Hawkstone Avenue, Whitefield, Manchester M25

The manufacture and sale of *uncoated* Epilim tablets is being discontinued. Soon only the sugar-coated tablets and the syrup will be available. There are some patients who cannot swallow the sugar-coated tablets but do not wish to take the syrup because of the high sugar content. As a pharmacist I have written to the manufacturers to ask what they will do for such people.

They have replied that they estimate that 70,000 patients take Epilim and they do not want to deprive a single patient of its benefits.

Until stocks run out there is no way of knowing how many patients will be affected, so if you or anyone you know relies on uncoated Epilim tablets please contact me and I will pass on details to the manufacturers.

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Comment

While some of us will be hoping for a white Christmas this year, for others a snow-laden season could be their last.

During a mild winter deaths in the UK rise by 300 *per day* above summer levels. A severe winter like last year's can put that figure up to 600 — and those most at risk are the elderly.

Several factors can make elderly people vulnerable to the cold. Poor diet and restricted activity will mean they generate less body heat, yet ageing processes cause a decreased awareness of changes in temperature and so do hypnotic and sedative drugs — old people may not realise just how cold they are.

A "warming" tot of alcohol can actually cause a drop in body temperature and some of the drugs prescribed for the ailments of old age can have the same effect.

External factors are important too. Old houses may be poorly insulated, but elderly householders can have difficulty in remedying this. And pensioners' restricted incomes mean their homes are often inadequately heated.

A report published by the Electricity Consumers' Council* at the height of last winter's blizzards found that many pensioners would rather suffer the cold than fall into debt. In many cases they are unaware of the fact that cold can kill — through hypothermia if body temperature falls below 35 degrees centigrade, and through heart disease, strokes and infections brought on by the cold.

This year the Health Education Council (HEC) is trying to prevent some of these winter deaths with a *Winter warmth campaign* under the slogan "When it's cold call on someone old".

When temperatures drop below 0 degrees centigrade local radio stations will broadcast adverts encouraging good neighbourliness. Old people can be helped in serveral ways to keep warm, and an HEC leaflet spells out tips for visitors on easy insulating, making the most of heating, and finding help with financial problems.

Health education units are co-ordinating local activities and hope to encourage schools, voluntary organisations and other groups to arrange rotas for visiting elderly people at risk.

Good neighbours can save lives!

**Elderly electricity consumers* by Lyn Durward. Research Report 4, price £1 inc. post from the Electricity Consumers' Council, 119 Marylebone Road, London, NW1 5PY

Health News

Welsh watchdogs excluded from public forum

A good idea from the Welsh Office went sour last month when CHCs discovered they had been excluded from the first meeting of the All-Wales Health Forum — set up by the Welsh Secretary of State to "provide for the public airing of health issues".

The Forum considered services for mentally handicapped people. Ogwr CHC Secretary Paul Baker says CHCs would have wished to discuss the recent report on these services — he co-ordinated a joint CHC committee for the mentally handicapped in South Wales — and he has contacted MPs Ray Powell and John Morris about the omission.

Swansea CHC Secretary Brian Maunder took up the matter with MP Don Anderson after reading of the Forum's "successful launch" in *Welsh office news*, but feels the MP's questioning of Welsh Ministers produced an unsatisfactory answer.

The Welsh Office excuse — repeated to *CHC NEWS* by a press officer — is that the Forum has no permanent membership. The Secretary of State issues invitations to those he feels will contribute most to the debate but representation must be kept to a reasonable level. There was "no sinister motive" for excluding CHCs, said the press officer.

Problems with alcohol

The announcement by Health Minister Kenneth Clarke of moves to set up a single national voluntary body on alcohol misuse seems unlikely to dampen controversy in the field.

The Minister wrote in late October to four major national organisations — which between them received Government grants of £300,000 in 1980-81 — suggesting a steering group to discuss ways of setting up the new body, which would facilitate local services and training, provide information on alcohol and co-operate in health education.

The move followed a joint report from the DHSS Policy Study Unit and the National Council for Voluntary Organisations* which criticised the four existing groups for rivalries, duplication of work and confusion of roles. A unified body should take over their work in training and local services, it said.

The Minister wants the new body to start work by 1 April 1983 and it seems unlikely that grants to the existing four will be renewed after 31 March, but as yet no steering group has been set up and at least one of the four may ignore the unification move.

**National voluntary organisations and alcohol misuse*, price £1.90 from the DHSS leaflets unit, PO Box 21, Stanmore, Middlesex HA7 1AY.

Injecting public concern

Nearly 40 organisations including eleven CHCs have won the right to submit written evidence to a public hearing on the injectable contraceptive Depo Provera — which has been refused a licence for long-term use by Health Minister Kenneth Clarke.

The Medicines Act 1968 allows drug companies to appeal against decisions of the Licensing Authority — represented by Health Ministers — if a decision conflicts with advice from the Committee on Safety of Medicines, but this is the first time such an appeal has been requested.

An *ad hoc* coalition of groups concerned with women's health and drug safety asked to give evidence to the appeal panel but were initially turned down. Yet after a verbal request at the preliminary procedural hearing it was decided that the previously-untested section of the Medicines Act does *not* preclude taking evidence from parties other than the drug company itself.

A spokeswoman for the *ad hoc* group said the decision "recognises that non-professionals concerned with drug safety now have a public voice".

The group is requesting the right to give verbal as well as written evidence, and will meet this month to discuss how best to present evidence when the hearing resumes in April.

Evidence in writing can be submitted before 15 March to Sarah Fraenkel, c/o John Hornsby, Treasury Solicitors, Queen Anne's Chambers, 28 Broadway, London SW1.

The *ad hoc* coalition can be contacted c/o the National Abortion Campaign, 374 Gray's Inn Road, London, WC1.

Nibbling at prevention

The Government intends a "major shift" towards prevention in dental services and will introduce a phased programme including a possible new dental health campaign next year, a pilot study of capitation payments for children's treatment and a national study of children's dental health.

The emphasis on prevention was proposed by the Dental Strategy Review Group last year (see *CHC NEWS* 70 page 4) but Ministers are waiting for the results of further studies before endorsing changes in staffing and certain preventive treatments.

Secretary of State Norman Fowler said the new measures are "first steps" in a long-term, fundamental change in approach away from an emphasis on repair work.

Please note

Elements of comprehensive local service for people with mental handicap costs £1.25 inc post from the Independent Development Council, not £1 as stated in *CHC NEWS* 81.

By Cherrill Hicks, health journalist

Nurses, midwives, health visitors

VOTING FOR A FUTURE

Next spring nurses midwives and health visitors throughout the UK will be taking part in an election which could change the face of health care in this country.

For the first time in their history the three professions will be joining forces to vote for a new statutory structure which is committed to making some radical changes in nursing education and practice over the next decade.

The election has been billed as one of the most important in British professional history. At the moment there are nine statutory bodies involved in training, examining, registering and disciplining UK nurses and midwives — all came into being at different times have different rules and work under different legislation.

In July they will be replaced by one co-ordinated system in the shape of four national boards for nursing, midwifery and health visiting. These will be the executive arms of a new policy-making body which will be responsible for the registration, training and conduct of all three professions — the United Kingdom Central Council (UKCC).

It has taken over ten years to achieve this unity. In June 1970 a committee on nursing — chaired by Professor Asa Briggs — was set up by Richard Crossman, Secretary of State at the time, to review the role and education of nurses and midwives. The Briggs report was published in 1972.

Its single most important recommendation was that there should be a unified statutory structure to maintain and improve standards. A single voice for British nursing, the committee believed, would guarantee its authority.

The report eventually gave birth to the *Nurses, midwives and health visitors Act 1979* (see CHC NEWS 39 pages 6 and 7). This was a vital landmark on the long road to professional autonomy which had begun with the battles for registration back in the nineteenth century. The Act enables the new structure to be set up.

Unity and conflict

But the proposals intended to unite the profession have caused conflict and the passage of the 1979 Bill through Parliament was beset by controversy.

The specialist, minority groups within nursing — particularly district nurses, health visitors (who have their own statutory bodies at present) and psychiatric nurses — felt they would by swamped by general, hospital-based nurses and their interests submerged in the new structure.

This crucial issue was never really solved by Briggs and remains just as much a problem today.

Two years ago members of a "shadow" UKCC and four national boards were appointed by former Secretary of State Patrick Jenkin to prepare the work required for a smooth handover to the elected bodies in 1983. Seven working groups have been set up to enable the changes to be made.

The shadow UKCC has already come under heavy for "bulldozing" through several controversial proposals without allowing enough time for consultation. But its task is not an easy one. The rush could hardly be avoided given the legislative timetable to be met before the handover date — no fewer than 36 Acts of Parliament have to be repealed.

The new bodies will be part elected and part appointed by the Secretary of State. The shadow UKCC's proposals for elections to the national boards have proved controversial since they do not guarantee any seats for occupational and minority groups such as district and psychiatric nurses. The only three electoral categories provided for are nurses, midwives and health visitors. Anyone can stand as long as they are practising professionals and have the backing of eight colleagues.

Theoretically the elections to the boards mean that every nurse, midwife and health visitor in the UK can have a say in the way their profession develops in the future.

But like many of us, nurses are not celebrated for their political enthusiasm, and the new central council is often seen as a rather remote body with which they will have little contact — unless they are hauled up before it on charges of professional misconduct. No-one yet knows just how many people will actually vote.

So far the most contentious proposal has come from the shadow UKCC's working group on education and training, which has suggested ending the present two-year state enrolled nurse training which leads to the SEN qualification.

The group says there should be only one standard of qualification — that of the state registered nurse with three years training (SRN). Conversion courses would be available to SENs who wanted to register, it argues, and qualified SENs would have their position fully protected and be able to carry on working.

The reaction to the proposals to phase out SENs though has been one of grave disquiet in many quarters.

The Confederation of Health Service Employees (COHSE) hs called it an insult to enrolled nurses and predicts they will rapidly become a demoralised group. Many other interested parties have asked where the money for "conversion courses" is going to come from.

Other proposals from this group have been supported by most of the profession for years. Nursing education, it says, should have totally separate funding from the health service and should be based in independent colleges of nursing and midwifery with their own governing bodies.

Nursing students should no longer be just another pair of hands in their hospital's labour force but should be given greater legal protection so that their educational needs take priority over service pressures.

Behind all this is a philosophy which has been with us a long time but has yet to be put into practice — an ideal of nursing care based on individual client needs which sees health and sickness as a continuum and which stresses the promotion of good health and the prevention of disease.

The economic and staffing implications of most of these proposals are daunting, to say the least. But the working group has made it clear that no immediate changes are envisaged.

The new central council is also responsible for preparing a single register of all nurses, midwives and health visitors.

This is a major task which involves amalgamating all the existing registers and rolls. It is also an important task, since the registration system — which means nurses' credentials can be checked — has a valuable part to play in protecting the public.

But the UKCC is also to set up a separate register of nurses who are entitled to practice, as opposed to just holding a qualification.

In the future, it proposes, any nurse who wants to practise would have to meet certain conditions. These include an upper age limit of 70, mandatory attendance at refresher courses to keep up to date, the payment of a periodic fee (already done by Scottish nurses) and, most important of all, mandatory reorientation courses for anyone who has been away from nursing for five years or more.

The thinking behind this is that a once-and-for-all qualification is not enough to ensure that standards of nursing care are maintained — although once again the staffing and financial implications of a system of continuing education have yet to be worked out.

Protecting patients

Professional conduct and discipline — the rules governing any nurse's removal from or restoration to the register — make up another important area of responsibility for the new UKCC and again this is significant in the protection of consumer interests in the NHS.

One particular proposal from the working group on professional conduct has been widely welcomed. It means that in future any nurse who commits misconduct through ill health or incapacity will be spared the trauma of a lengthy public disciplinary hearing.

Instead she would have her case heard in private by a health committee which would have the power to suspend her, but not to remove her from the register.

In an era of staff cutbacks and an increasing patient workload this proposal is compassionate and sensible. Nurses with problems such as alcoholism, drug addiction or psychiatric illness would be helped towards rehabilitation rather than just struck off the register.

The new health committee would probably take over many of the cases which now come before professional disciplinary committees.

The formation of specialist advisory committees to the UKCC and national boards was seen as one way of protecting the interests of occupational and minority groups, and in fact both midwives and health visitors have been given their own mandatory committees.

But the UKCC was criticised heavily for originally throwing out a further proposal — well supported in the profession — to give district nurses their own committee.

This may seem an irrelevant detail to NHS consumers, but it is crucial to the future and standards of district nursing.

In the past five years district nursing has come a long way and now has its own mandatory training body. It was feared that this progress could be lost and standards of training and practice could begin to slide. But now the UKCC has bowed to pressure and a committee for district nurses *will* be set up.

The complexity of the issues involved in setting up the new structure has meant it has remained a mystery to most people involved in the NHS — including many nurses, other professionals and consumers.

Nevertheless the questions at stake are crucial, not only to the future of nurse education and training, but to standards of nursing care — and ultimately to the needs and wellbeing of the patient.

English National Board
30 elected members
15 appointed members
Scottish National Board
24 elected members
12 appointed members
Welsh National Board
24 elected members
11 appointed members
Northern Ireland National Board
24 elected members
11 appointed members

Each board nominates 7 members to go to the UKCC

= 28 members from national boards

+ 17 members appointed by secretary of state

United Kingdom Central Council

Photos: Raissa Page

Photo: Liz Heron

Preventing the need for cure

by Colin Dobson, former Chair, Health Education Sub-committee of North Bedfordshire CHC

Our CHC established a health education sub-committee in 1977. Our decision was based on the premise that the CHC exists to provide a bridge between the public and the NHS. While the CHC must represent the needs of the consumer to the NHS, the opposite is often equally necessary.

The public's right to health care provided by the state does not override the individual's duty to use the service responsibly and to take adequate preventive measures to promote their own health.

Health Education Departments were set up to facilitate this process. But they are frequently understaffed, under funded and under-appreciated by health authorities — ours was no exception.

Since their resources were extremely limited the main thrust of their activity had to be directed towards providing materials for other employees in the NHS who would take the message to the consumer. The CHC felt it could supplement their efforts by providing facilities, resources and publicity for particular local projects to do with health education.

Our relationship with the local Health Education Department was clearly crucial and we are glad that this has always been open and constructive.

With its willing co-operation and assistance we have mounted displays on various subjects in our office and in many places around the district — particularly libraries.

Through this and other means we have sought to stimulate interest in the prevention of ill health and to encourage personal responsibility for promoting good health.

Since habits — good and bad — are created in the early years, a dental health project was conducted in a local primary school, involving 100 children and their parents.

Initially 70 parents attended a talk given by a school dental officer. Such was the interest

that three weeks later over 200 parents with their families attended a play on the subject by their children. This was supplemented by displays of school work, information leaflets and so on.

At a much later date a follow-up check on results within the school produced a 42% reduction in plaque and a 58% reduction in bleeding gums.

A number of presentations on health education have been organised with the local hospital volunteers, with play groups and senior citizens.

To supplement local exhibitions a six session course has been run on several occasions at a local college, with encouraging public response and support. This covered:

- Diet and exercise
- Smoking
- Drugs and alcohol
- Stress and relaxation
- Accident prevention
- Happy families
- Middle age and retirement preparation.

A major exhibition was held in the Central Library and opened by the Mayor. Information leaflets were eagerly snapped up by visitors. Over the three weeks of the exhibition nearly 4000 copies of the Health Education Council's *Look after yourself* leaflet were taken up. This exhibition toured other libraries in the district during the following seven months.

Ever mindful of the limits of self-help, current efforts are focussing on creating a greater awareness of the CHC and the help it can provide in pointing people in the right direction to overcome health problems. Displays on topical subjects are mounted regularly in the office, a range of leaflets and booklets are always available, and a guide to local NHS services and facilities is in preparation.

For the second time a "Dump" campaign is being mounted throughout the district for the disposal of old drugs and medicines with the full co-operation and assistance of pharmacists, the health authority and district councils.

Throughout our existence we have been deeply indebted to

the unflagging assistance, co-operation and understanding of all staff at our local Health Education Department — and the many other professionals who have played a full part in our various activities and projects.

Efforts must be unending and repetitive, but prevention *is* better than cure — and how much more rewarding it is to be part of a society with a sound basis for health.

Since this article was written North Bedfordshire CHC has suffered a cut in membership from 30 to 20 because of NHS reorganisation. This has meant disbanding the health education sub-committee, but the CHC's interest in prevention continues.

Book reviews

Continued from page 2

encouragement.

The book does contain valuable information which will be helpful particularly to the para-medical team in close contact with the stroke patient.

Shillingford's book outlines clearly in non-medical language what the lay person needs to know about coronary heart disease.

In the introduction a university professor explains how he has been able to re-adjust to a near-normal life after a heart attack. The book then outlines how the heart works and the changes that occur which are likely to cause a heart attack.

Many questions that patients and families want to ask about prevention and treatment are answered. There are chapters on the various risk factors — diet, exercise, stress, smoking.

It is an extremely practical book, very readable and can be recommended without hesitation to patients and their friends.

E M Bussby, Member, Chichester CHC

Motoring and motability for disabled people

by Ann Darnborough and Derek Kinrade. RADAR, 25 Mortimer Street, London, W1, £1 inc post — free to callers.

In a very short time this has become the definitive reference book on all aspects of motoring and motability. There are many adverts, all useful because they are relevant to the subject matter which is largely about products and services. All types of equipment from wheelchairs to specialised vehicles are covered, together with sources, both statutory and commercial. There is detailed information on allowances, motoring associations, discounts, parking, insurance and holidays — even a chapter entitled "On being caught short". Excellent value—many disabled people will find within its pages the means of saving money.

Pat Saunders, Assistant Editor, Handicapped Living

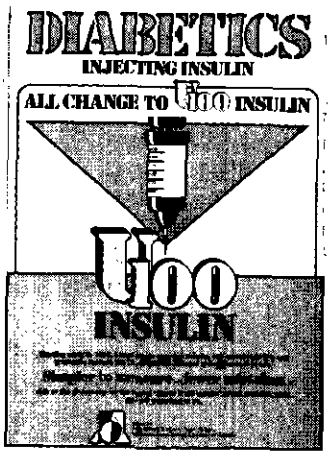
Scanner

Smoking in the womb

The available evidence on *of smoking in pregnancy* is assembled for the first time i the Spastics Society's "Hera' research unit, which conclude that research concentrating *only on low birthweight in* babies of smoking mothers may mask the more serious effects of conditions which cause bleeding before birth. The unit's report says there is evidence that giving up smoking in the fourth month of pregnancy can have enormous benefits for the baby. *Smoking in pregnancy — a review* is £2.20 inc post from the Hera Unit, The Spastics Society, 12 Park Crescent London W1.

The insulin switch

From March 1983 diabetics on insulin injections will be receiving the single strength U100 insulin and syringes to



replace three insulin strengths in use at present. The British Diabetic Association (BDA) is co-ordinating the national changeover and has produced a range of publicity material to warn diabetics of the gradual conversion.

Pharmacists have been recruited to distribute leaflets to patients collecting prescriptions and in each health district the BDA has identified a consultant to act as Co-ordinating Hospital Physician (CHP). The switch will last from one to two years as new syringes and insulin become available, and *diabetics will be taught* individually how to regulate their dosage.

The BDA is using this opportunity to compile a *national register from record* cards collected by the CHPs.

More information from the BDA, 10 Queen Anne Street, London, W1M OBD.

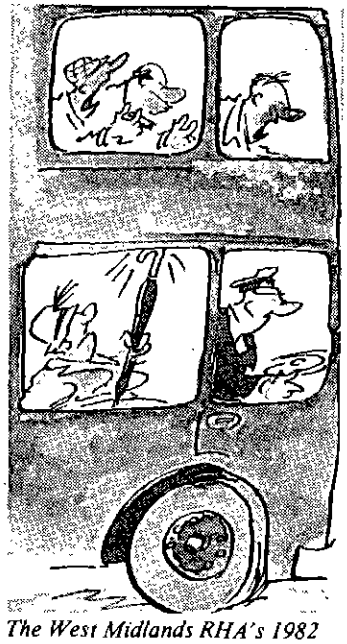
Health circular HN(82)32 explains the changeover and says it is likely to cost £10,000 for an average-sized health district.

Food for thought

A "vicious circle of misinformation" has confused the public over dietary advice says a report from the British Nutrition Foundation. It *suggests that guidelines such as* those in the DHSS' *Eating for health* (HMSO 1978 revised 1979) should form a basis for a national preventive strategy *co-ordinating Government*, food industries, health and education professions and the media to present a unified nutrition message. People at special risk should be identified and given advice specific to their individual problems. *Implementation of dietary guidelines – obstacles and opportunities* edited by Juliet Gray and Michael Turner. £2.95 from the BNF, 15 Belgrave Square, London,SW1.

The pathology of racism

The NHS has a history of illegally refusing free treatment to black people and new regulations on charges for overseas visitors will make this more common. But health authorities which deny treatment to patients who refuse to answer residency questions could be threatened with legal action. These claims are made by Manchester Law Centre and supported by case histories in a report which also reveals a routine exchange of information between the Home Office and health premises via the DHSS. *From ill treatment to no treatment. The new health regulations – black people and internal controls* is £1.50 inc post from Manchester Law Centre, 593 Stockport Road, Longsight, Manchester 12. Tel: 061-225 5111.



The West Midlands RHA's 1982 "Give up smoking year" has been given a boost with two new booklets for smokers who return advertisement coupons in daily newspapers. The people say how they gave up smoking *interprets in cartoons some success stories from 150 smokers who have given up since the campaign began in January.* Quit smoking — a summary of smoking cessation techniques *reviews various methods of giving up. From West Midlands RHA, Arthur Thomson House, 146 Hagley Road, Edgbaston, Birmingham, B16 9PA.*

Vaccination — for the greater good?

In the wake of the whooping cough scare (see *CHC NEWS* 80 page 1) comes a report from the Association of Parents of Vaccine Damaged Children (APVDC) examining public anxiety which persists despite the DHSS "vaccinate now' campaign.

Tracing the history of the APVDC since its formation in 1973, the report puts a strong case for compensation for those who pay a price in injury for the protection from disease enjoyed by the community at large. It criticises the Government for failing to accept responsibility for the casualties of its national vaccination policy and claims that precise data on the risks is not collected.

Public confidence in vaccination will return only *when the risks can be openly* discussed, it concludes. *What is wrong with vaccination* has been distributed to CHCs and health authorities. Extra copies price 75p (payable to the Fund for Vaccine Damaged Children) from the APVDC, 2 Church Street, Shipston-on-Stour, Warwickshire.

Other publications

Losses, thefts and security in the NHS — first report of NAHA's security committee. Price 45p inc post (cash with order) from the National Association of Health Authorities, Park House, 40 Edgbaston Park Road, Birmingham, B15 2RT.

Medical aspects of death certification. Joint report of the Royal College of Physicians and Royal College of Pathologists. Price £1.30 inc post from the Royal College of Pathologists, 2 Carlton House Terrace, London, SW1Y 5AF.

Health circulars

HN(82)29: explains arrangements for medical exemptions from compulsory seat belt wearing.

HN(82)33: guidance on provision of occupational health services for NHS employees.

HN (82) 37: details legal aid for applicants to Mental Health Review Tribunals from 1 December and lists legal aid centres.

WHC(82)18: on charges for overseas visitors using hospital facilities in Wales.

CHC Directory: Changes

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

Page 2: Northumberland CHC Chair: Mrs JMR Taylor
Page 5: Norwich CHC Chair: Mrs ME English
Page 6: Ealing CHC Chair: Kate Gothill
Page 7: Basildon and Thurrock CHC Chair: Mrs J Greatrex
Page 7: Hampstead CHC Chair: Ruth Bromley
Page 7: Mid-Essex CHC Chair: Cllr Dr AJ Eley
Page 10: Portsmouth and South East Hampshire CHC Chair: Dorinne Burton-Jenkins
Page 11: Cornwall CHC Chair: Kenneth Leadbetter
Page 11: Isles of Scilly CHC Chair: Cllr EK Williams (until 28 February) Mrs E Pickup (from 1 March until 31 August)
Page 12: Shropshire CHC Chair: Mrs G Notley
Page 20: West Fife LHC Tel: Dunfermline (0383) 722911 Ext 29

News from CHCs

☐ **North Western CHCs** will play a key role in their RHA's kidney donor campaign which got off to a flying start last month. The region hopes to recruit 100,000 potential kidney donors within a year and sees CHCs' campaigning track record as crucial to the effort. CHCs will try to distribute around 5,200 donor cards each — **Bury CHC** went through most of its allocation in the first week — and will use their local knowledge to find new outlets for the cards. Suggestions so far — **Burnley CHC** will distribute in shopping centres, **Preston CHC** plans to shift large numbers through the health education department, and **Salford CHC** is mounting a display in a motor cycle shop. A working group of CHC Secretaries — *see picture* — will monitor the effectiveness of outlets.

☐ A springboard meeting for the three **Manchester CHCs'** *Good practices in maternity* project found as many schemes recommended as there were people attending the launch. Taking its lead from the national *Good practices in mental health* network, the plan is to share the news of good practices between the city's three health districts. If bad practice comes to light it will not be ignored — individual CHCs will investigate complaints if they arise — but the project intends to accentuate the positive. After the launch meeting split into groups to discuss the 70-odd recommended schemes some clear favourites emerged — including a hospital's domino deliveries, a midwife-run ante-natal clinic and several experiences of home births, with the greatest acclaim going to a GP unit in Trafford. A core group of consumers and professionals will now consider which schemes merit inclusion in a booklet to stimulate service improvements.

☐ After enlisting the aid of local MPs to lobby the British Dental Association **Gloucester CHC** received from the local dental committee a list of dentists in the district who are willing to treat patients on the NHS. The CHC is not permitted to publicise the names on the list, but *can* publicise the fact that the list exists.

Photo: North Western RHA Press Office

BBC presenter Stuart Hall (holding the kidney donor cards) with CHC core group Secretaries Jean Adams of Oldham, June Corner of Bolton and Mike Walbank of Salford – see story

☐ A hospital which has had no patients for ten years is to close. **Durham CHC** will not oppose the closure of Langley Park, a Victorian isolation hospital used as a smallpox reception centre costing £16,000 a year to keep in readiness for a disease which the World Health Organisation says has been completely eradicated. In its heyday the hospital's fourteen volunteer medical staff and one full-time caretaker were never rushed off their feet — five patients were treated between 1957 and 1972 — but the DHSS will maintain a smallpox centre in the West Midlands in case the virus should ever escape from a laboratory. The CHC's problem comes in helping to decide what to do with a very isolated isolation centre which could cost £¼ million to modernise.

☐ **Nottingham CHC** has had a "fantastic response" to its leaflet explaining prescription and dental charge exemptions for over-16s in full-time education. Local post offices started running out of exemption claim forms after ,the CHC gained airtime on local radio, and many people asking for more details from the CHC said they had no idea they were entitled to claim. The CHC will offer colleges a copy of the leaflet to reproduce themselves in the next college year.

Vale of Glamorgan CHC believes the little-known exemption should be explained by the DHSS — either when writing to parents before a child's sixteenth birthday or when issuing National Insurance numbers.

☐ Hard-wearing perspex street maps pin-pointing GP's practices have been placed in bus stations, shopping centres and along the seafront at Yarmouth and Lowestoft because of public concern over the closure of accident and emergency departments in the two towns. The idea came from **Yarmouth and Waveney CHC** when A&E services were centralised at the district general hospital south of Yarmouth. Each map carries the number of a 24-hour answering service at the hospital, where medical records staff hold details of GPs on duty. The CHC is aware of the hazards of advice-giving by non-medical staff, but feels the experiment is working well. Ideal for holiday-makers, the maps are appreciated by residents too.

☐ **East Dorset CHC's** survey of signposting in the Royal Victoria Hospital inspired the hospital administrator to commit £500 to rationalise signs and notices. The survey team found defaced and illegible old signs, inconsistent colour-coding and confusion caused when new signs are added without old signs being removed. Directions to the offices of the League of Friends and the Voluntary Work Organiser were especially hard to follow.

☐ Supplies departments are a "fruitful area for CHCs to examine", says **High Wycombe CHC** after a report from its acute and community working party found an alarming proliferation of forms and standard letters in local hospitals. The group followed the supplies trail from hospital stores to users at ward level, and found that supplies staff were doing a good job — but wastage and duplication could be cut out by regional co-ordination. The report has been circulated to the Oxford region's other districts and now the CHC hopes for regional discussons to agree brands for bulk purchase and standard forms to cut printing bills.

Continued from front page

those who will have to carry out its recommendations.

At least four health districts have tested out the new classifications and ways of collecting data suggested by the group.

The report proposes the introduction of minimum sets of data in each district and suggests that district managers who do *not* use such data sets would be inadequately informed to fulfil their responsibilities competently.

Proposals "compromise between the desirable, the feasible and the affordable" it says. Costs are difficult to quantify—particularly since the cost of present information gathering is unknown—but the group believes its proposed systems could be run at district level without significant extra cost.

The speed of implementing some parts of the minimum data set will depend on the development of computer facilities in the NHS, but the group feels information needs should be identified *before* the technology is introduced.

The group's report is accompanied by a booklet[2] giving detailed guidance on implementing proposals at district level.

1. *A report on the collection and use of information about hospital clinical activity in the NHS* by the Steering Group on Health Services Information — Chair: Mrs E Körner. Price £5.95 from HMSO.

2. *Converting data into information — proposals from two workshops on management arrangements for collecting valid clinical data and providing a district information service.* Price £1 from the King's Fund Centre, 126 Albert Street, London NW1 7NF.