

CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

C O N T E N T S

Number 84
June 1993

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C O N T E N T S

NEWS

Strengthening purchasing – and involving CHCs

Health Minister, Brian Mawhinney, has expanded on his call for purchasers and providers to end their "cosy relationships" (see CHC News No 83). Addressing the Royal College of Physicians, he called for purchasers to be tougher in negotiating contracts and laid down a "100 day challenge" to staff to improve the way in which service agreements are operated. He said that holding to a "steady state" based on historic patterns of service is poor practice, as is a reliance on block contracts. Doctors and nurses should be more involved in the purchasing and contracting processes and monitoring should be improved. GPs, who often see patients after hospital treatment purchased by health authorities, should help the latter to assess quality. Dr Mawhinney wants the NHS to work more closely with the Institute of Purchasing and Supply, which embraces both the public and the private sector and he has asked the NHS Management Executive to organise a series of conferences and workshops on *Learning from the private sector*.

In a linked speech, Dr Mawhinney set out some yardsticks that purchasers should use in judging the success of their work. One of the guiding principles they should use is to listen to patients. CHCs have a role here: "Purchasers need to obtain patients' views more systematically ... they must work more closely with CHCs on this. This means making better use of the direct knowledge CHCs have acquired, for example through their handling of complaints. It also means commissioning CHCs to carry out specific work such as patient surveys".

DOH press releases 19 May & 3 June, Telegraph 19 May

IHSM calls for new funding system

The Institute of Health Services Management annual conference heard calls for the Government to consider new ways of financing the health service. A discussion paper published at the conference opposed the introduction of "hotel" charges for beds or food saying that it would be as unacceptable as charging for treatment. Given the restrictions on the funding of services through general taxation, there should be a public admission that rationing is inevitable and a search for new funding mechanisms which do not undermine

the fundamental principles of the NHS. Two possibilities would be a social insurance system, with the revenue raised earmarked for the health services, or a system of local taxation.

Another radical suggestion came from the new president of the Institute, David Knowles. He called on the NHS to consider passing responsibility for purchasing health care to local authorities. This, he believes, would give greater local accountability, provide the opportunity for a genuinely integrated care system and restore the democratic legitimacy of the NHS, which he considers has been lost.

Future health care options: final report is available from: IHSM, 75 Portland Place, London W1N 4AN for £10.

Guardian 11 June

GPs reject London hospital cuts

London GPs have rejected Government plans to cut back hospital beds in London, according to a BMA survey of 1950 GPs. The stated rationale behind the proposals is to give primary care more priority and to match hospital beds to the needs of Londoners. However, the GPs' priority was increased funding for hospitals and a rise in the number of beds. Both Tony Stanton, secretary of the Inner London Medical Committee, and Dr Ian Bogle, chairman of the BMA's General Medical Services Committee, said that the day-to-day experience of GPs was that they could not get their patients into hospital. The existence of an emergency beds service to locate beds is evidence of this.

Telegraph 4 June

Assaults on GPs

One in 12 GPs in London has been assaulted while on duty in the last two years, according to the BMA. Commenting on the findings, Dr Ian Bogle suggested that the increasing number of attacks may be linked to the expectations raised among the public by the Patient's Charter. He has urged the Secretary of State for Health, Virginia Bottomley, not to develop the initiative any further in general practice. He also asked her to reconsider allowing doctors to remove violent patients from their list immediately, and not to have to wait for eight days. Mrs Bottomley has agreed to set up a task force to investigate the issue.

BMJ 29 May; Independent 4 June

24 hour cover to stay – for now

Another growing demand from GPs has been that their commitment to provide 24-hour cover for their patients should be ended. So far, Health Secretary, Virginia Bottomley, has opposed these calls, but is stepping up public education which warns patients against making wasteful calls to GPs. It will be one of the messages in the *Help us to help you* campaign (see *Official publications*). If the message fails, "there will have to be some form of penalty" for patients who persist in calling out GPs at night for minor problems. This could take the form of being dropped from a doctor's list. Some MPs are urging Mrs Bottomley to allow charges for night visits.

Two other moves may provide partial solutions to the problem. GPs are being encouraged to set up cooperatives with other GPs for out-of-hours cover. Visits made by GPs within a cooperative would qualify for a higher fee than the £15 for visits made by a deputising service. Mrs Bottomley has also asked the Department of Health to investigate the scope for developing "primary care emergency centres" in big cities.

Independent 17 May, Telegraph 20 May

"Responses to Joe Public"

A unit has been set up to provide ministers and senior Health Department officials with evidence of the success of Government policies for the NHS. The Corporate Affairs Intelligence Unit aims to enable ministers and officials to "present positively the achievements of the health services" and to "present the best possible picture on a hot spot issue". A briefing document for hospitals and health authorities in the South East says that its role includes providing "suggested lines to take" and "responses to Joe Public". The unit is "well placed to help with the media and public interface, through links with press office and ministerial offices".

Hospitals and health authorities are being asked to provide the unit with good news items, such as pilot schemes and quality initiatives. They are also being asked to provide early notice of shortcomings, such as redundancies and cutbacks. Examples of "hot spots" given in the document include the death of a patient waiting for an ambulance and the identification of a gynaecologist with Aids.

Guardian 17 May

Care homes face closure

Private residential and nursing homes have been faced with a sharp drop in referrals, placing many of them in financial jeopardy, according to the National Care Homes Association. Most of the Association's members have had no referrals since the community care arrangements came into force on 1 April. The chief executive of the Association blamed caution and unpreparedness on the part of social services departments (SSDs). She also mentioned reports of SSDs making all referrals to their own homes or to homes recently transferred out of local authority ownership.

Guardian 3 June

Mentally ill denied human rights

The Government has been accused of human rights abuses against people with mental illness. A report published by Liberty and produced jointly with MIND says that many are subject to arbitrary detention and are denied access to the courts, privacy and, in effect, the right to vote. The report gives examples of recent cases of abuses in the health service and prisons, claiming that they illustrate the Government's failure to ensure basic rights. It is especially critical of the lack of proper means to challenge the detention of people judged to be "mentally disordered". Existing laws provide insufficient protection and it may take up to six months to secure a tribunal hearing.

Independent 8 June

NHS must improve communications

A recent report from the Health Service Ombudsman, William Reid, said that health service staff "simply must do better" in communicating with patients. Many of the cases brought before him demonstrated "blame-worthy failure in communications" among staff and between staff and patients. They included a case in which a woman was not told of a positive test for breast cancer for 18 months and one in which a woman had an operation cancelled three times (once after she had been admitted and prepared; on this occasion she was recorded as not having attended). Mr Reid also criticised health authorities for giving skimpy replies following investigations indicating that they "did not have, or at least did not convey, any appreciation of the seriousness of the complaints".

Telegraph 10 June

Guidelines for HIV-positive staff

New General Medical Council guidelines on HIV-positive doctors are stricter than previous guidelines in two respects. Firstly, HIV-positive doctors who fail to disclose their conditions to colleagues could be struck off the medical register. Secondly, if a doctor gives advice aimed at protecting patients to a fellow doctor who has HIV, and that advice is not heeded, the first doctor is under a duty to inform the GMC or other medical authority.

An HIV-positive nurse who has resigned from the service has called for clearer guidelines for the nursing service. Addressing the RCN annual meeting, he said that he knew of two qualified nurses who have not revealed their HIV-positive status for fear of ruining their careers. A third, unqualified, nurse would be sacked if he disclosed his infection. The current guidelines draw no clear line between what is safe for HIV-positive nurse to do and what is not safe. This makes nurses less likely to come forward.

Independent, Telegraph 19 May

Trauma centre pays dividends

The death rate among patients with life-threatening injuries admitted to Stoke's trauma centre has been halved in two years, from 30% to 16%. North Staffordshire Royal Infirmary in Stoke on Trent houses the first trauma centre in the country designed to deal with serious accidents. It has six consultant medical staff who provide 24-hour cover. All severely injured patients in the region are taken there; less serious cases go to neighbouring hospitals where they may be treated by more junior doctors. The centre costs £1.5 million a year.

Trauma-specialists are calling on the Department of Health to reorganise the emergency service nationwide. They are proposing a network of 21 specialist centres in England and Wales, and four in Scotland and Northern Ireland. Each would serve a population of between 1.5 and 3.5 million – it is estimated that this level of coverage would enable expertise to be maintained.

Any move to a two-tier emergency service would need to be based on a judgement of the trade-off between speedy access to treatment and expertise. Before coming to any decision, Ministers are awaiting the outcome of research on the issue commissioned by the Health Department from Sheffield University.

Times 17 May

Ending discrimination – or privatisation by the back door?

A government review group set up to report on arrangements for medical training (see *CHC News* No 76) has advocated the introduction of a new medical qualification – the Certificate of Completion of Specialist Training – which would be awarded after about seven years, in contrast with the much longer time it takes to achieve accreditation for consultant status in the NHS. Doctors with the CCST would be able to provide private care covered by medical insurance, currently monopolised by hospital consultants. The proposals would give insurance companies access to lower cost treatment, and bring down premiums. Pressure for change has come from European doctors who believe they are discriminated against by the system in this country. They claim that Britain is breaking EC Directives, and a number of them are bringing legal test cases against the General Medical Council (which oversees accreditation).

A cut in training time might flood the health market with qualified specialists with nowhere to go except the private sector. The magazine *Hospital Doctor* claims that the think tank is working to a "Tory hidden agenda", which favours private medicine. The Shadow Health Secretary David Blunkett mirrored these views, saying "we are seeing privatisation by ... stealth and fine print".

Observer 16 May; 30 May

MPs call for free dental checks and full charges for treatment

The House of Commons Health Select Committee has recommended that patients registered with a dentist and agreeing to attend regular check-ups should receive them free of charge. Nor should registered patients pay to receive emergency treatment, x-rays, oral hygiene or scaling. At the same time, the Select Committee report recommends that the 60% of patients who currently pay 80% of the price of their treatment should pay the full price, up to a maximum of £250 for a course of treatment. The British Dental Association has called for similar changes and also for dentists to be free to set their own prices for treatments (see *CHC News* No 80).

Telegraph 11 June

Childhood dental decay rising

There has been a rise of 13% in dental decay among 12 year olds since 1988. Research carried out by the Eastman Dental Hospital and the Institute of Dental Surgery on 1000 children found that, although the number of filled teeth has not changed, the amount of active untreated decay has risen markedly. There are fears that dentists may be turning away children with a poor dental history. Under the dental contract introduced in 1990 dentists are paid for the number of children on their lists rather than for the number of procedures they perform – it was intended to encourage preventive education and to discourage a “drill and fill” approach. However, Department of Health surveys have indicated that dentists are turning away mainly adults rather than children. The EDH/IDS survey found that 35% of children in the study areas (Bloomsbury, Islington and Hampstead) were not registered with a dentist. The head negotiator with the British Dental Association has said the survey underlined the need to revise the contract to include an element of pay for work done on children.

Telegraph 8 June

Babies routinely denied pain relief

Health staff routinely carry out a range of medical procedures on babies and young children without giving them pain relief, according to research reported in the *BMJ*. David Southall, a professor of paediatrics who led the research, said that in the case of some children “You see a state of frozen watchfulness on their faces when doctors or nurses approach, which we recognise from children we know have been assaulted by their parents”. Giving pain relief to young children can be a more difficult procedure than in adults. Another reason for failing to give pain relief may be the inability of babies and children under five to express pain as older people can – they cannot ask for the person treating them to stop. The finding that nurses in a paediatric intensive care unit underestimated the number of procedures they carried out on babies supports the suggestion that they do not recognise what pain they may be causing.

Independent 4 June

Halcion banned

After much dispute and debate, the sleeping pill Halcion (triazolam) has now been banned.

Guardian 10 June

FROM THE JOURNALS

Patient's charters: Can they empower users?

Health Rights has received funding from the King's Fund for a 12-month project to look at the rights and standards in the Patient's Charter from a user perspective and to look at how local charters can be used to develop a more user-responsive service. Christine Hogg is doing the research. She will review charters to identify their impact, carry out qualitative work with two groups of users who have problems not addressed in Government charters (people with chronic pain and women with HIV) and consider guidelines for managers on developing and implementing local charters. The report will cover rights and standards for local charters; specific charters addressing the needs of the two user groups above; and guidance to health authorities on liaison with users, implementation of rights and standards, and monitoring and evaluation in partnership with user groups. It will also identify good practice in both health authorities and provider units. At the end of the project, there will be a national conference on patient's charters.

For further information on the project or to provide information you wish to contribute contact: Christine Hogg, 11 Studd Street, London N1; phone 071 226 5522.

New Directions, Spring 1993

... or improve services?

Only if they are developed with user groups and local communities, according to Jane Cowl of *Health Rights*. The Patient's Charter provides a starting point, but needs to be translated into specifications for services. It makes sense to start from the perspective of groups of users who have most difficulty in accessing appropriate and good quality services. Improvements for these groups are likely to result in better services for everyone. For example, Hackney Multi-ethnic Women's Project found that Muslim women were being denied the choice of being attended by a woman doctor. The project worked on the issue and the policy of the local hospital was changed to give all women this option.

Women's Health Newsletter, Issue 18

Citizens' advice in general practice

A report on research and an accompanying editorial in the *BMJ* discuss the value of providing patients attending general practice with advice on their entitlement to benefits and on other topics. Practices selected for the study were in areas of deprivation and had to have adequate facilities. Trained advisers recruited by Citizens Advice Bureaux saw patients who had been referred by practice staff. Confidentiality considerations limited the analysis, but it was clear that the scheme was popular and successful. Of the problems presented, 39% related to benefits. A quarter of the study group had not been claiming their full benefit entitlement: after advice, benefits worth £58 000 in a year were claimed on behalf of 39 patients; almost £54 000 of this was for benefits that would recur. Other topics on which advice was given ranged across a wide variety of problems. It did not seem that the scheme merely diverted clients from other nearby advice services which are in any case fully stretched. If such a service were to be provided on a continuing basis, funding would be required. Perhaps joint funding by health authorities and social services would be appropriate.

BMJ 5 June

Lay representation on the GMC

The General Medical Council is faced with a dilemma. Both within and outside the Council there is a perception that it has insufficient lay representation, yet it already has 102 members. Richard Smith, editor of the *BMJ*, believes that this is too large for an effective decision-making body, as do many GMC members – yet few would be willing to give up their own seats.

The 11 lay members are currently appointed by the Privy Council. If lay membership is to be increased the question arises of how to elect or appoint them. In Dr Smith's view, elected lay members would be better than appointed ones. However, public elections seem impractical and "electing members from unelected bodies like the Association of Community Health Councils or the Patients Association might decrease rather than increase representativeness". And then there is the question of size. Dr Smith puts forward one possible formula: 20 lay members, one chief medical officer, six representatives of universities and other bodies producing registrable qualifications, two medical students and 32 elected doctors (61 in total). Better still might be a total of 30 members, 8 of them lay members.

BMJ 22 May

AROUND THE CHCs

Chester & Ellesmere Port CHC has let us know of a number of its activities:

The CHC is collecting orders for another run of its popular "here to help with health" T shirts. The logo is green on a white 100% cotton full cut T shirt. Only £6.25 (£5.25 for child's 22"). Please phone the CHC (0244 318123) with orders.



The CHC has developed an advocacy/complaints service monitoring survey based on the shareware *Form Generator* program and a spreadsheet compatible with Lotus 123/MS Works to compile the results. Please phone for details or send two 3.5" or 5.25" floppy disks for the necessary software.

Mersey Chief Officers Group has commissioned a software developer to produce a complaints/advocacy service database to commercial standards. It is intended that the program will run under DOS or Windows and include a "brought forward" facility and comprehensive reporting and graphing capabilities. Tight security of records will be ensured. It will cover both FHSA and hospital complaints. If your complaints workload has increased to the point where this program would be of benefit, if you already have a similar program or if you have any advice or comments to offer, please contact Geoff Ryall-Harvey at Chester & Ellesmere Port CHC.

Parkside CHC's AGM on 13 July is taking as its theme the needs of women users of mental health services. The CHC has already made a number of proposals to the health authorities in its area including ones on: women-only wards and women-only space in all mental health facilities; an option to choose care from female

staff; staff training on gender issues and harassment; complaints procedures and policies to facilitate sensitive investigations of alleged assaults on women. (A paper on the proposals is available.) The AGM will be taking a more comprehensive look at issues affecting women and mental health.

CHC PUBLICATIONS

Our plans for 1993/94

North West Anglia CHC, 38 pages

North West Anglia CHC regarded its formation from the merger of Peterborough and West Norfolk & Wisbech CHCs as an opportunity to take stock of its priorities and to plan for the future. It also created the opportunity to strengthen support to Members. This report describes how Officers and Members have handled the changes since the merger last September and outlines the CHC's plans for the coming year.

A framework of broad objectives (relating to monitoring and review; communications with the local community; and the profile of the CHC) enabled roles and tasks to be defined. Two committees were set up – one to advise on strategy and to develop priorities and another to ensure that issues brought forward from the previous CHCs, as well as other urgent issues, were dealt with. Within five months, the latter committee had fulfilled its original function and a single Executive Committee was formed. The roles of Officers, the Chairperson, Members and special interest groups were clearly defined, and are set out in appendices to the report.

The longest section in the report is a presentation of plans for 1993/94. The CHC will, of course, still publish an Annual Report, but with much more emphasis on the future. It believes that this will enhance its ability to respond to health authority plans, to publicise the CHC's work and to obtain lay and professional views. The project work to be undertaken by the special interest groups has been agreed in the knowledge of plans published by the DHA and the FHSA. For each group, its remit is set out and key areas of work for the following year are listed. Lastly, the report sets out a framework for communications both within the CHC and with outside groups and bodies.

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

Health and social needs of older people and their carers

Margaret Morgan for Croydon CHC, 45 pages

A letter was sent by the community nursing service to people aged over 80 whom district nurses had identified as having health needs. Those who responded were interviewed using a structured questionnaire covering a wide range of health and social issues. The overall response rate was 29%. Although the findings, therefore, need to be treated with caution, they provide useful information.

One striking, if familiar, outcome is that people responding positively to questions on overall satisfaction, nevertheless identified unmet needs and improvements that could be made to the services they receive. The majority of needs could be met by an expansion of existing services rather than the introduction of new ones (highest levels of need were in cutting toenails, getting about outdoors, housework, having a bath or shower and washing all over). It was found that 42% of those in the highest functional disability group were not receiving attendance allowance. Relatives and/or friends had visited 85% of older people during the past week; 70% of the older people were sometimes visited by friends and neighbours, and all who had children were visited by them at some time. However a quarter of them had no children.

Because women greatly outnumbered men in the sample, many more husbands were caring for wives than vice versa. Carers aged over 80 (who included all the husband carers in the sample) were particularly vulnerable: 42% had been caring for 15 years or more; 80% had never had a break and all of them said they had health problems themselves. Despite this, older carers did not complain more than others – it is important that attention is paid to their needs if they are to receive the support they deserve.

During the research, many respondents expressed a need for information, advice and practical help. In response, an information sheet was compiled and sent to all participants.

**A survey of family dentists in Wandsworth,
March 1992 & January 1993.**
Wandsworth CHC
11 pages

The findings confirm widespread dissatisfaction among dentists with the 1990 dental contract and a continuing drift away from the comprehensive provision of NHS care. Charges for private treatment varied widely (hourly rates ranged from £40 to £100, with an average of £90).

A report on the family planning/contraceptive services in Hillingdon
Women and Children's Services Working Group, Hillingdon CHC
36 pages

Survey of GPs, FP clinics and users. Attendance at FP clinics has been falling, reflecting the increased role of GPs in family planning. Most users selected the service nearest to them, though a small number travelled a long way to use a clinic. One recommendation is that practices with no female practitioner should display notices saying that a female doctor can be found at another GP or FP clinic and that a female practitioner should be present at all FP clinic sessions.

Survey of Accident and Emergency Departments
Oxfordshire CHC
12 pages

Survey of 227 patients at two hospitals. It provides information on transport; assessment and triage; choice of unit; and views on alternative provision and users' priorities. 30% of respondents had been referred by their GP. Many others said that they "felt they would be better [at A&E]"; did not think the GP was an option or thought the GP would not be available at that time. A clear message from patients was that they were prepared to wait for good treatment (though they would appreciate reassurance that they had not been forgotten).

Complaints in the NHS in Salford: a survey
Salford CHC
39 pages

This survey of provider units (Children's Hospitals, Community Services, General Hospitals and Mental Health) asked for information on: written complaints policies and procedures; staff training; publicity and information. The responses showed some examples of good practice and areas needing improvement. The CHC provides a detailed list of recommendations. The written procedures of all the units are included in appendices.

The North West Thames Regional Limb Fitting Service

North West Thames Liaison Committee for CHCs

The issues raised in the report are of interest, not only because of recommendations concerning limb fitting, but because the service is one that is at present contracted for on a regional basis. It is delivered at three sites within the NW Thames region. There were 27 such regionally-contracted services in NW Thames in February 1992, though contracting for many of them has now been devolved.

Such services raise questions both concerning the purchasing process and monitoring by purchasers and about the role of CHCs. In many cases the clients of a CHC will be treated in a unit outside the CHC's own area. CHCs need to clarify between themselves, with purchasers and with providers arrangements for visiting provider units, for handling complaints and for monitoring the service.

OFFICIAL PUBLICATIONS

Guidance for staff on relations with the public and the media

NHS Management Executive, 5 pages

Despite its title, this document is not about relations with the public and media, so much as about a structure for raising concerns *within* the NHS. The unjustifiable raising of concerns outside might "unreasonably undermine public confidence in the service". The guidelines advocate a "climate of openness" while stating that employees "have an implied duty of confidentiality and loyalty to their employer. Breach of this duty may result in disciplinary action." Such action is not confined to those with "gagging clauses" in their contracts: the duty is there "whether or not there is a clause in their contract of employment expressly addressing the question of confidentiality".

The guidance outlines procedures for taking concerns up through levels of management, as far as the Chairman of the authority or trust. It does not set out what a satisfactory outcome would be at this stage, and hence does not clarify under what circumstances it would be "unreasonable" to take the matter outside the management structure. Staff retain the right to seek guidance from their professional organisation or trade union and, in certain cases involving individual patients, to contact the Mental Health Act Commission or the Health Service Commissioner.

The final two paragraphs *Reference to MPs and the media* are ambiguous. A member of staff might consider consulting his/her MP in confidence or disclosing his/her concern to the media. It is not clear whether both of these, or only the latter, "if entered into unjustifiably" could result in disciplinary action.

Help us to help you



help us to help you

Department of Health

Further information from: Penny Dolby/ Rupert Cazalet, DOH, Information Division (Publicity), Skipton House, 80 London Road, Elephant and Castle, London SE1 6LW; phone: 071 972 5281

The Patient's Charter suggested ways in which patients could help the NHS to deliver its services more effectively, for example by informing a hospital if they can't keep an appointment. This resource pack is aimed at health authorities, FHSAs, NHS trusts and hospitals trying to get the "help us to help you" message across to NHS users. It contains:

- ♦ advice on how to go about developing a local campaign
- ♦ examples of simple messages about how people can help
- ♦ some ideas on making it easy for people to help
- ♦ a logo (see above) to reinforce the "help us to help you" message
- ♦ guidance on how to use the logo (colour swatches are provided so that it can be printed correctly in fetching shades of turquoise and orange)
- ♦ artwork for posters for use by GPs and hospitals.

**Report of the taskforce on
the strategy for research in nursing,
midwifery and health visiting.**

Department of Health

*Available from: Research and Development Division
(RD3); Quarry House, Quarry Hill, Leeds LS2 7UE*

The taskforce was asked to advise on how to encourage the development of research expertise within the nursing professions and on how to identify the most important research issues in nursing as part of the national R&D strategy. A steering group has now been appointed to take forward the implementation of its 37 recommendations. Among these is one designed to ensure that the findings of research are actually used. Purchasers should be required to show how far their strategies are based on evidence arising from systematic enquiry and they should require providers to ensure that services provided are managed in the light of research evidence.

Income generation in the NHS

The National Audit Office, HMSO, 30 pages, £7.40

Since 1988, the NHS has been allowed to generate income for improving health care, providing there was no significant disadvantage to the NHS or its patients. This report looks at income generation activities that have taken place, at the financial management of schemes and at the potential for increasing such activities.

The NAO recommends that the views of patients, staff and other interested parties be taken into account. Some schemes need "sensitive handling" – charging staff and visitors for car parking, for example. However, where units did charge for car parking, such schemes "were thought to have produced specific non-cash benefits", such as increased security.

The NAO's recommendation that one RHA should be designated as a focus for income generation enquiries has been accepted by the Department of Health, which has invited the North Western RHA to act as a lead region.

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**Protocol for investment in health gain:
Mental health**

*NHS Directorate, Welsh Office, 99 pages,
£12.95*

*Available from: Dr Morton Warner,
Executive Director of the Welsh Health
Planning Forum, Portland House, Newport
Road, Cardiff CF2 1DB; phone: 0222 460015*

Tenth in a series of protocols produced by the Welsh Health Planning Forum. Three panels of review (with members from the NHS, local authorities, consumer groups and academic institutions) worked on the three overall goals set out in NHS Wales' strategy – that it should be: focused on health gain; people centred; and resource effective. In each area of need identified, the protocol sets dated targets for health gain and for service delivery. A copy of the protocol should have been sent to the Chief Officers of all Welsh CHCs.

**Practices make perfect:
the role of FHSAs**

80 pages, £9

**Their health, your business:
the new role of the DHA**

72 pages, £9

The Audit Commission

Just a brief mention of these two interesting publications because all CHCs should be receiving copies. Their simultaneous publication reflects the Audit Commission's belief that FHSAs cannot be considered in isolation from DHAs. The topics discussed include (1) the desirability and feasibility of combining the roles of DHAs and FHSAs to establish single authorities responsible for primary and secondary services and (2) ways of giving GPs greater flexibility, while linking their activities with strategic policy and raising fund-holders' accountability to commissioning authorities.

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GENERAL PUBLICATIONS

MIND's Policy Pack

Available from: MIND Publications, Kemp House, 1st Floor, 152-160 City Road, London EC1V 2NP

MIND has produced a policy pack bringing together its policies on key topics. It contains an introductory action sheet explaining how policies can be used and a summary of MIND's overall policy. Each of the 11 individual policies is clearly set out on four sides of A4. They cover:

- ♦ Empowerment
 - user involvement
- ♦ Discrimination
 - black and minority ethnic people
 - women
- ♦ Addressing social need
 - housing
 - social security
 - employment
- ♦ Developing mental health services
 - community care
 - the Health of the Nation
 - primary care
- ♦ Rights and standards
 - case registers
 - patients' money.

Nursing homes

A survey of nursing homes in the English counties, by the Priority Research Team, University of Aberdeen. Commissioned by the Association of County Councils. ACC Publications, Eaton House, 66a Eaton Square, London SW1W 9BH; phone: 071 235 1200; fax: 071 235 9549

This survey provides considerable statistical data which have not previously been available. Questionnaires were sent to 306 private nursing homes. Information was gathered on the homes and on all residents in the homes at 31 December 1991 and all those who had been discharged in 1989-1991. There was a 75% response rate.

Information was collected on the characteristics of residents, including "type of resident" (e.g. whether terminally ill); sources of funding; where residents came from (community, NHS, social services); length of stay (complete and continuing); and where people were discharged to. There are numerous tables and charts and key findings are summarised. The ACC regards the information on where people came from as particularly important; it intends to use the figures in negotiations with Government over the allocation of community care funding.

The findings will also be more generally

important in giving an indication of the potential number of assessments that will be required under the community care system, the flow through the nursing home sector, and the rate of change from old to new funding. It should also provide a baseline from which to judge the impact of the new arrangements.

Service evaluation by people with learning difficulties

Andrea Whittaker, Simon Gardner and Joyce Kershaw for the King's Fund Centre.

Available from: BEBC Ltd, 9 Albion Close, Parkstone, Poole, Dorset BH12 3LL, £12.65

In 1990, People First, the user organisation run by people with learning difficulties, undertook an evaluation of services in the London Borough of Hillingdon. Two of the authors spent two weeks looking at the lives of seven people living in the borough. One of the authors, Simon Gardner, is a member of Merton & Sutton CHC. People with learning difficulties drew up the questionnaires, carried out interviews and agreed the conclusions, calling on support and skills from others as needed. The report describes the evaluation and practical guidelines for people wishing to undertake similar work.

NAHAT's 1993/94 NHS Handbook

Available from: JMH Publishing, 7 Stafford Road, Cornford Lane, Tunbridge Wells, Kent TN2 4QZ; phone: 0892 545446

This is the eighth edition of NAHAT's handbook. It covers the history of the NHS, its structure and management, health policies and the services provided. A section on CHCs calls for NHS authorities to work with CHCs, by providing additional funding if necessary. It says that some health authorities are still not open enough - and that some CHCs have seen their role in predominantly bureaucratic terms - but in many cases CHCs "have been supportive of the best endeavours of NHS authorities". Authorities are exhorted to use CHCs as their eyes and ears and to recognise their role in marshalling arguments from an independent perspective. The author of the section, Chris Heginbotham, expects trusts to want to develop good and close working relationships with CHCs. Fundholding GPs, however, may be more difficult to "pin down" and in practice a CHC's most valuable role will be to monitor complaints.

**Hospital food guidelines:
catering for patients in hospital**

Environment Issues Working Group, The Patients Association, 18 Victoria Park Square, Bethnal Green, London E2 9PF; phone: 081 981 5676. Single copies free with A5 SAE; more than one, please send 50p per copy to cover p&p.

The first of a series of Patients Association guidelines. It sets out basic practical recommendations for minimum standards in hospital catering. It covers quality, nutrition, monitoring of intake and other aspects. Main areas identified for improvement are organisation; choice of dishes; nutritional requirements; training structure and monitoring.

**Good practice guidelines for Maternity
Services Liaison Committees**

The Royal College of Midwives, 15 Mansfield Street, London W1M 0BE; phone 071 580 6523; fax: 071 436 3951. 6 pages, available free of charge

Leaflet built on the findings of a survey of MSLCs which received a 90% response rate. Presents brief guidelines under the headings: functions; meetings; membership; chairman; term of office; and communications.

Your guide to contraception

*Family Planning Association
Should be available at FP clinics and GP surgeries and is available free with SAE from FPA, 27-35 Mortimer Street, London W1N 7RJ.*

A leaflet giving details of effectiveness, advantages and disadvantages of the 11 family planning methods currently available. Also gives information about methods of contraception likely to be available shortly. Tells consumers how to find local FP services and other sources of help.

Ageing with cerebral palsy - summary

Lesley Willner and Don Dunning for The Spastics Society, 16 Fitzroy Square, London W1P 5HQ; phone 071 387 9571, 4 pages

Presents results from interviews with 65 adults with cerebral palsy aged 25-82 who are coping with a wide spectrum of disability. The aim of the survey was to gain a better understanding of the effects of ageing on people with cerebral palsy and to identify both practical and less tangible needs. There is a list of suggestions for further consideration. Efforts are under way to create a multi-disciplinary group of staff and volunteers from across the Spastics Society to examine the findings in detail and draw up recommendations for action.

**The community care handbook:
the new system explained**

Barbara Meredith, Age Concern England, 1268 London Road, London SW16 4ER; phone: 081 679 8000; fax: 081 679 6069, 176 pages, £11.95

Explains in straightforward language the implications for services for older people of the 1990 NHS and Community Care Act and the Caring for People White Paper. Chapters on: *What is community care?; The development of community care; Community care plans; Assessment and care management; Purchasing and contracting; Complaints procedures; Inspection; Paying for care; and Remembering the person.*

INFORMATION WANTED

HSG(91)19 states that personal wishes concerning the disposal of foetuses and foetal tissue should be taken into account. **ACHCEW** is aware that parents can experience problems if they want to arrange for the foetal tissue to be cremated and would like to hear from any CHCs where cremation is a problem or where problems have been resolved.

Central Nottingham CHC has been told of people with mental health problems who are reluctant to go into rehabilitation care for fear of losing their rights to benefit. This seems to be an even worse problem where a person has first been admitted into the acute mental health sector (where they may have spent some weeks, and already lost their right to benefits) and then, as part of the treatment, it is suggested that they are admitted into the rehabilitation service. Staff have informed the CHC that patients often refuse this care when it is very much needed. The CHC would like to hear from any other CHCs which have come across this problem.

Wendy Goodwin, Assistant Chief Officer at **Salford CHC**, would like to know of any written materials about abnormal smear results in languages other than English.

Chris Dabbs, Chief Officer at **Salford CHC**, would like to hear from any Chief Officers who have been involved in representing patients at disciplinary hearings against provider unit staff. Chris has been approached by patients with complaints, but has found that the issue was pursued through disciplinary hearings in which he was not able to participate on behalf of patients.

Have any CHCs ever attempted to get a doctor struck off? And have any succeeded in doing so? If so, please contact Liz McDermott at **Liverpool Central & Southern CHC**.

Hounslow & Spelthorne CHC would like to know if any other CHCs have experience of GP fundholders providing treatment for their patients who would otherwise have seen a consultant, solely on the grounds that the consultant costs were considered too expensive.

Medway CHC is trying to compile some comparative data on complaints about A&E departments with a view to making sense of the number and type of complaints the CHC receives. The CHC would be grateful for any information on the number of complaints other CHCs receive about A&E.

Swansea & Lliw Valley CHC would like information on any "Patient Diary" system which audits what is going on as a patient moves through the various health services.

There is no newsletter next month - you have the AGM to look forward to instead. The deadline for contributions to the next issue of *CHC News* is 11 August.

FROM THE VOLUNTARY SECTOR

The Council for Music in Hospitals, now in its 45th year, provides more than 3300 concerts each year throughout the UK to patients of all ages. Concerts are individually planned and can range from light classics, through songs from shows; music hall, jazz, folk and flamenco to steelband. They aim to be informal and enjoyable and audience participation and requests are encouraged.

Concerts are heavily subsidised by the Council, though where feasible a small charge is made. Companies may be willing to sponsor concerts where funds are tight. The Council would be pleased to hear of new venues where its concerts might be of interest.

Contact: Mrs Pam Smith, Director, Council for Music in Hospitals, 74 Queens Road, Hersham, Surrey KT12 5LW; phone: 0932 252809/252811; fax: 0932 252966

FORTHCOMING EVENTS

Aspects of Grief: unhealthy grief and its contribution to mental distress

- ◆ one-day study conference with workshops
- ◆ organised by The Compassionate Friends, Cruse and South West MIND
- ◆ on 22 September 1993
- ◆ at Forte Crest Hotel, Hambrook Bristol
- ◆ £70

Further info from:

Aspects of Grief Administrator
South West MIND
9th Floor, Tower House
Fairfax Street
Bristol BS1 3BN
Phone: 0272 250960;
Fax: 0272 255706

Implementing ethnic monitoring of patients in the NHS

- ◆ one-day conference
- ◆ speakers include national, regional and local NHS managers who have been involved in implementing the inclusion of ethnic identity in the NHS minimum data set
- ◆ organised by Centre for Public Service Management, South Bank University
- ◆ on 23 July 1993
- ◆ at South Bank University, London Road, London SE1
- ◆ £85 (£70 CPSM members)

For further info phone:
071 815 7794

An evening of celebration

- ◆ organised by the Caroline Walker Trust
- ◆ will include a lecture entitled "No nation can rise above the level of its women" on the health of women and girls, delivered by Margaret Wynn
- ◆ at 6 p.m. on 24 November 1993
- ◆ at Royal Society, London SW1
- ◆ £7.50

Further info from:

Sarah Ivatts
2 Thistle Grove
London SW10 9RZ
Phone: 071 373 7020

Reflecting our age

- ◆ one-day conference to explore current images and language of ageing and to develop a more realistic visual and verbal vocabulary
- ◆ organised by Age Concern England
- ◆ on 21 July 1993
- ◆ at Kensington Town Hall, London W8
- ◆ £70.50 (professional); £35 (voluntary org's)
- ◆ £11.70 (retired people)
- ◆ apply by 9 July

Further info from:

Conference Unit
Age Concern England
1268 London Road
London SW16 4ER
Phone 081 679 8000

Women's groups and contracts

- ◆ training days for women's groups entering into or considering contracts or service agreements for health or social services activity
- ◆ will cover background to contracts, legal and organisational issues and negotiating specifications and terms.
- ◆ organised by the National Council for Voluntary Organisations and the Women's Aid Federation, England
- ◆ on 7 October in Manchester and 19 October in London
- ◆ £20

Further info from:

Jane Belman/Julia Andrews
NCVO
Regent's Wharf
8 All Saints Street
London N1 9RL
Phone: 071 713 6161

DIRECTORY AMENDMENTS

Page iii West Midlands
Association of West Midlands
CHCs
 Mrs Margaret Hayes
 Acting Secretary
 c/o West Birmingham CHC
 Ringway House
 45 Bull Street
 Birmingham B4 6AF
 Phone: 021 233 1908

Page 1 East Cumbria CHC
 Fax: 0228 512239

Page 3 Calderdale CHC
 New address:
 13 Northgate
 Halifax HX1 1UR
 Phone: 0422 356181
 Fax: 0422 360623

Grimsby CHC
 Address: 6 George Street
 Fax: 0472 343652

Page 4 Pontefract & District CHC
 New address:
 6 Cornmarket
 Pontefract
 West Yorkshire WF8 1BJ
 Phone: 0977 796470
 Fax: 0977 600859

Page 6 Nottingham CHC
 Fax: 0602 858286

Page 10 North West Herts CHC
 Phone: 0727 855338

Page 13 Camberwell CHC
 named changed to Southwark CHC

Page 14 Lewisham & North Southwark CHC
 name changed to Lewisham CHC

West Lambeth CHC
 name changed to Lambeth CHC

Maidstone CHC
 Fax: 0622 663419

Page 15 Chichester CHC
 Fax: 0243 539268

East Surrey CHC
 Fax: 0737 242118

Page 16 West Surrey & North East
Hampshire CHC
 Fax: 0252 371096

Page 17 Isle of Wight CHC
 New address:
 147 High Street

Newport
 Isle of Wight PO30 1UB
 Phone: 0983 525095
 Fax: 0983 520063

Page 19 Aylesbury Vale CHC
 Phone: 0296 83222/434270

Oxfordshire CHC
 Chief Officer: Penny Thewlis

West Berkshire CHC
 Fax: 0734 510016

Page 26 Wirral CHC
 New address:
 32 Hamilton Street
 Birkenhead L41 5AD
 Phone: 051 647 4251

Page 27 Blackpool, Wyre & Fylde CHC
 Fax: 0253 292080

Bolton CHC
 Fax: 0204 390169

Burnley, Pendle & Rossendale CHC
 Phone: 0282 452116

Chorley & South Ribble CHC
 Fax: 02572 34476

Page 28 Rochdale CHC
 New address:
 5th Floor, Telegraph House
 Baillie Street
 Rochdale
 Lancs OL16 1LJ
 Phone: 0706 860035

Page 30 Ceredigion CHC
 Chief Officer: Dr Monica Williams