

CHC NEWS

For Community Health Councils

March 1983 No 84

DRUG COMPANIES UNDER ATTACK

Pharmaceutical manufacturers are facing mounting criticism from several directions at a time when they are preparing to defend themselves against the threat of generic prescribing.

Publication by the DHSS of the long-awaited "Greenfield" report* — which recommends a system of substituting generic for brand-name drugs — has coincided with increasing pressure on drug companies to reform their marketing techniques. Manufacturers' profits are also under scrutiny.

Prescribing

The Greenfield group's recommendations are aimed at improving the effective and economical use of drug therapy wherever appropriate, and include:

- providing GPs with analyses of their own prescribing habits
- extending distribution of the *British national formulary* — which gives details of available drugs — to medical students
- encouraging prescribing co-operation between GPs and hospitals — by establishing local drug and therapeutics committees, drawing up local "formularies" of preferred drugs and issuing drug treatment cards to patients
- improving pharmacology training for medical students
- educating patients on "over-the-counter" drugs.

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Diabetic diets *pages 4/5*

Nuclear war — the costs

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**WELL
WOMEN
CENSORED**

page 6

The report criticises hospitals which make savings on their cash-limited drug budgets by encouraging GPs to take over prescribing for discharged patients (see page three for a notable example of this practice). The Group says this can harm patients.

Most of the Group's recommendations have already been accepted by the DHSS but the major proposal on generic substitution has been received with hostility by the drug companies — and so the entire report will be under consultation until 15 April.

Pricing

Drug manufacturers have threatened to raise the prices of their patent-protected drugs to compensate for losses if pharmacists are able to substitute cheap generics for those brand drugs no longer protected by patents.

Companies have also warned that an assault on their profits would result in less investment and research in the UK drugs industry.

But investigations by the House of Commons public accounts' committee (PAC) have thrown light on Health Minister Geoffrey Finsberg's assertion — reported in *CHC NEWS* 83 page 3 — that "overall savings" on generic substitution "would be very small indeed."

The PAC has looked at DHSS controls on drug prices through the Pharmaceutical Price Regulation Scheme. Individual drugs are not costed — instead, pricing policies are set for each company to receive a given return on its capital, so it would be easy under the Scheme for companies to make up losses which occur through substitution. The DHSS has agreed to review the Scheme.

Marketing

Meanwhile Health Minister Kenneth Clarke was pressured by MPs during a debate on Open to stop the "hard sell" in drug marketing. A code of practice is on its way he said. It will include provision for an ethical committee to oversee trials of new drugs in general practice.

* Report to the secretary of state for social services of the informal working group on effective prescribing. Copies available free from David Caygill, DHSS, Room 618, Eileen House, 80-94 Newington Causeway, London, SE1 6EF.

Tax cuts for private contracts

Health service unions have reacted angrily to Sir Geoffrey Howe's plans for tax refunds to health authorities which use commercial cleaning, catering and laundry firms to replace NHS services.

The Chancellor of the Exchequer will introduce a clause in this year's *Finance Bill* allowing refunds of value added tax (VAT) to health authorities which pay private contractors for the work. In announcing the move Health Secretary Norman Fowler said that the experience of Ministry of Defence hospitals suggests some NHS hospitals could make savings of up to 20% of the cost of domestic, catering and laundry services.

But the unions see the move as an attempt to undermine the wages and conditions of low-paid workers in the NHS, and claim



that commercial firms will be unable to match the standard of service provided by NHS employees. Worries centre around inadequate infection control in laundries and the loss of ward sisters' influence over ward cleaning.

Health authorities will be asked to put their ancillary services out to tender, and will be expected to accept the lowest offer. Mr Fowler intends to use the regional and district review system to make regular checks on the progress of privatisation. He warns that the forthcoming health circular on contracting out these services will be "more than simply exhortation".

Book reviews

Whose file is it anyway?

by Ruth N Cohen, National Council for Civil Liberties, £2.60 inc post from NCCL, 21 Tabard Street, London SE1.

Confidential records can damage your life. Their contents can be inaccurate and irrelevant, and may well be heavily laced with value-judgements, hearsay, gossip and the like. Opening up records to the people they are about would be at least a partial safeguard against this damage, yet most professionals have a knee-jerk reaction against such ideas. Doctors tend to argue that their records are hard for lay people to interpret, could cause them distress or embarrassment, and might encourage them to sue when things go wrong.

This useful set of case-studies of how open records work — in the NHS, in education, in social work, in housing and in the vetting of

people's credit-worthiness — shows that with open records "matters proceed very much as before but with the additional element of mutual trust, which enhances the service being provided".

In all but one of the seven examples described, records were opened because of suggestions from staff, not in response to pressure from the subjects of the system. "Subject access generally arises from administrative or other reasons rather than from moral beliefs about civil liberties". The quality of the records kept generally improved, with few if any adverse consequences for staff or subjects. Hence the book's sub-title: "How open records can improve record-keeping".

The medical case-study concerns three ante-natal clinics at St Mary's Maternity Hospital, Portsmouth, which in 1973 implemented a system of open records retained in the possession of the patient.

Because records no longer needed to be un-filed and re-filed at each visit a large saving in administrative time was achieved, with very few records being lost — far fewer than the 2% going astray when records were held at the hospital.

On the debit side, some fragmentation of records has been produced. For every patient the hospital retains a "brown folder", which contains notes of previous pregnancies, GP referral letters (sometimes couched in "unrealistic and unthinking" terms) and any test results showing possible abnormalities. Where an abnormality is suspected the patient may not be told at once, but a coded entry will be made in the open records, directing staff to the brown folder. "So far as the doctors are concerned, this is being done for the protection of the patient, but they have not enquired from their patients to what extent they wish to be

protected".

Medical staff at St Mary's felt that their system might not work in other medical specialities, and it is interesting to note that two thirds of the patients interviewed at St Mary's tended to agree — because other kinds of medical records were more likely to contain "bad news".

Ruth Cohen once worked for CHC NEWS and is now Head of Consumer Support at the National Consumer Council — a useful contact for CHCs.

Dave Bradney, former Editor, CHC NEWS

Books received

Medicines — a guide for everybody by Peter Parish (Penguin, £2.95). **Multiple sclerosis: simple exercises — a do-it-yourself manual** prepared by Gill Robinson (Multiple Sclerosis Society, 286 Munster Road, Fulham, London SW6 6AP, £2.50 inc post to members, £4.50 inc post to non-members).

Your letters

Family planning — what's available...

Sonia Markham, NAC London Survey, 374 Gray's Inn Road, London, WC1.

We are compiling a London-wide survey on abortion, contraception and sterilisation facilities for the National Abortion Campaign, and would be grateful for help from your readers.

CHC NEWS

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The views expressed in signed contributions are not necessarily to be taken as those of CHC NEWS or the Association of CHCs.

We want to assemble information on provision in each district health authority — which hospitals offer abortion or sterilisation and what procedures are used, how many family planning clinics and well women clinics there are and what they offer, and what private clinics exist, what they offer and what they charge.

This information will be published in booklet form — probably on a district basis — so that it is easily available to as many women as possible.

We are also collecting accounts of women's experiences of the services, which we hope will clarify just how well their needs are being met. We would be glad to hear from anyone with ideas on how these accounts might be obtained.

...and where the cuts are falling

Ruth Kirby, Member, Midlands Regional Executive, Family Planning Association. CHC NEWS 81 reported on its front page that some services in Oxfordshire might be cut or "abandoned to the private sector" for economy reasons. One of these services is family planning.

I would like to strongly emphasise that family planning services provide a sizeable cost benefit — besides being socially necessary. The free service was introduced into the NHS in 1974 — after many years of pioneering work by the Family Planning Association and others — largely because it saved such a large amount of money as well as reaching the target groups more

effectively as a free service.

Some districts have already cut or curtailed their family planning clinic services because it seems an easy thing to do, and because some GPs provide a contraceptive service. But thousands of women still prefer to attend a clinic. It would be extremely short-sighted to cut any further family planning services.

Funds invested in family planning save an enormous amount of money on other services which would be necessary to support an unwanted pregnancy.

May I ask all those involved in CHC work to bear this in mind and to fight to retain full and free NHS family planning services in their districts.

● See page 8 for CHC action on family planning.

Wanted

The section where we publish letters in shortened form from readers asking other readers for help of one kind or another. Information on ante-natal clinic booking systems which allow a woman to see the same doctor on subsequent visits and on methods of encouraging natural birth positions without buying an expensive birthing chair.

— Nottingham CHC.

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

Comment

And at last the good news. This will *not* be the final issue of *CHC NEWS* as was feared last October.

After consulting CHCs with details of our survival plans, the Association of CHCs has given the green light to continued publishing of the magazine from April—for as long as it remains able to pay its own way.

We have held down the cost of individual yearly subscriptions at the April 1982 level and will offer discounts on orders over twenty copies (see opposite). CHCs have been invited to take out as many subscriptions as they need, and we hope the principle of providing a copy of the national magazine for every CHC member will be preserved.

But to survive we must sell subscriptions outside CHCs.

So we need the support of our readership in literally spreading the word. We want *CHC NEWS* to be read in health authorities and social service departments, in health education units and in the local offices of those charities and voluntary organisations which are shouldering an increasing share of the health care burden.

If health care moves into the community, the community must become aware of health issues — and we believe *CHC NEWS* is well placed to explain these issues in plain language and a lively style that busy people will want to read.

As the only periodical which puts the health care consumer first, we try to present the complex development and structure of the health care network in a readable and informative way — our

subscription sales will indicate if we succeed in this.

But if potential readers are unaware of our existence they cannot subscribe.

So we are producing a publicity leaflet in the new financial year, and have approached the national offices of a broad range of organisations for help in distributing it to their branches.

And we hope that you, dear reader, will help too. Does your public library subscribe to *CHC NEWS*? And what about college libraries — especially medical colleges? Why not ask them to take a copy for their students?

We are convinced there is a large, untapped, potential readership for *CHC NEWS*. If we can reach those new subscribers the magazine will survive — and CHCs can only benefit from the increased publicity.

Health News

The squeeze goes on

The DHSS has announced a 1.2% growth in cash for the NHS in 1983/4 — but only 0.7% of the money will come from the Government. Extra cash needed — at a minimum rate of 1% — to maintain present levels of service must be found by health authorities through “efficiency savings”. The DHSS wants each region to make savings of 0.5%, and advises authorities to look carefully at staffing levels. Increases in staff can be avoided by paying for the use of beds in the private sector, says health circular *HC(83)4*, which sets out revenue and capital allocations for each region.

Provisional Treasury allocations for the following two years show cash increases to take account of expected inflation only. Development money will have to be found from further savings on regions’ budgets.

Health Secretary Norman Fowler says the Treasury figures will be reviewed “in the light of the state of the economy and the scope for further improvements in efficiency”.

Hard decisions

The West Midlands regional health authority (RHA) has proposed a controversial solution to the problem of overspending on kidney patient treatment by Central Birmingham district health authority (DHA).

The DHA provoked a media outcry when it prevented two doctors — already treating three times the budgeted number of patients — from accepting new patients for CAPD treatment of kidney failure (for a discussion of techniques and problems in kidney failure treatment see *CHC NEWS* 81 pages 4 and 5). Cash limits meant that money spent on these patients — drawn from the whole region — would come from district services for local people, said the DHA.

Central Birmingham CHC agreed that

advanced medical techniques such as CAPD should not be developed at the expense of much-needed services for the district’s residents, and urged the RHA and the Government to seek proper funding of fast-developing, regional specialties.

Instead the RHA has “ducked the issue” says the CHC, by top-slicing one-third of the necessary funds from its own budget — and committing the region’s family practitioner committees (FPCs) to providing the other two-thirds. Dialysis fluid is an expensive part of CAPD treatment, but if GPs prescribe the fluid the cost is removed from the RHA’s budget.

The FPCs were not consulted on this move and the CHC says some GPs may be unwilling to take clinical responsibility for specialised hospital treatment. The CHC is repeating its call for *proper* funding of regional specialties.

Recording an objection

The police could soon gain new powers to “trawl” through medical records in search of suspects if the British Medical Association fails in its campaign against provisions of the *Police and criminal records Bill* — now in a committee of the House of Commons.

The Bill would allow police to apply for a warrant to seize confidential records from professionals other than lawyers. A call to exempt medical records from the new law was rejected by the Government but — as a concession to the BMA lobby — doctors will be able to attend Court to speak against warrant applications, and will be informed if their records are about to be seized.

The law at present permits police to apply for the medical records of individual suspects. The new provisions would allow police access to an entire category of suspect — all women who have given birth within a certain period, for instance.

The *Data protection Bill* — presently in the House of Lords — has added to the BMA’s fears on confidentiality with a provision which exempts police records from registration and hence from controls. Despite a Home Office promise to amend the first Bill to ensure that police destroy their copies of medical records after use, the second Bill means no checks will be made to see that they do so.

The BMA also opposes a clause in the Police Bill which would recruit doctors to perform forced body searches on people detained by the police.

Trimming the fat of the land

Property management in the NHS has not received enough attention from health authorities says a report* currently under consultation. Land sales do not always obtain the best prices or benefit local services, and there is little systematic identification of underused property.

The report recommends removing impediments to and introducing incentives for health authorities to identify and dispose of surplus property. These incentives could include a controversial — and complex — scheme for calculating notional rents to be used as performance indicators. Districts could be asked to reduce the total rental figure, and failure to do so might lead to financial penalties.

The need for staff accommodation is also questioned by the report and further study is called for.

**Underused and surplus property in the NHS — report of the enquiry team DHSS, HMSO £3.95.*

Fighting addiction

As consultation gets under way on a major report on the misuse of drugs*, junior Health Minister Geoffrey Finsberg is

Continued on back page

THE HUMAN COSTS OF NUCLEAR WAR

"In the event of nuclear attack, the activities of community health councils would be suspended" — it's official.

Sir Richard Doll — Emeritus Professor of Medicine at Oxford University and President of the Medical Association for the Prevention of War — was quoting from the DHSS circular on planning for nuclear war* as he opened the first session of a national conference held in Cardiff.

Over a thousand doctors, nurses, and health service workers took part in the January conference of the Medical Campaign Against Nuclear Weapons. The first session was devoted to the medical consequences of nuclear weapons.

Professor Allan Jacobs of the Welsh National School of Medicine gave a grim overview of a nuclear strike on this country and then went into the detailed effects of radiation on the blood. He was followed by Professor Jack Boag — Emeritus Professor of Physics as Applied to Medicine at London University — on the effect of radiation on human beings.

To complete this session, genetics specialist Professor Peter Harper explained the grim sequence of events which leads to mutation of chromosomes and how these mutations are passed down the genetic chain for generations.

The second session — health planning in relation to nuclear war — got off to a lively start with the leader of South Glamorgan County Council the Reverend Bob Morgan explaining why his council

would be challenging the Government's civil defence plan.

Bloomsbury's district medical officer Dr June Crown described the kind of routine forward planning medical officers deal with and how they have to plan for possible limited disasters — accidents, floods, road crashes. She could see no possibility, she said, of proper planning for disaster on the scale of nuclear war.

On the appointment of war officers — condemned by the

he illustrated the Government's "triage" plan for nuclear casualties. Doctors would decide on the fate of survivors according to their injuries, choosing those left to die, those left untreated in the hope they might get better, and those it might be worth saving if medical staff remain alive.

Detailing the theatre hours and numbers of doctors needed for each of the injuries illustrated, he said there would be insufficient of both — even

by Judith Cook*

Association of CHCs — she said such use of scarce DHSS resources would come very low down on her list of priorities.

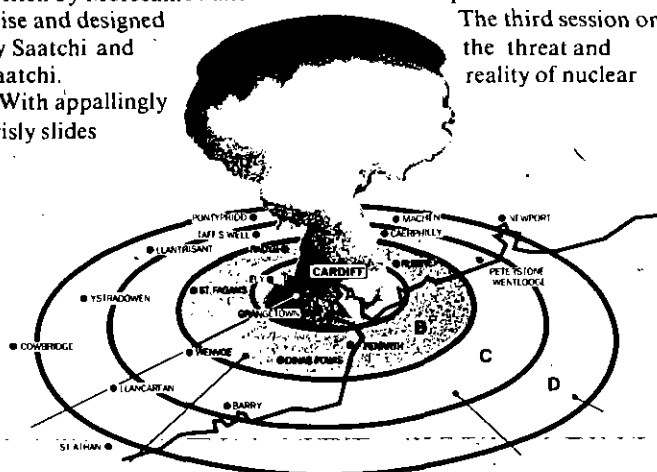
Dr Roger Evans — Consultant in Accident and Emergency Medicine for South Glamorgan — had his audience howling with laughter at his black humour. He described *Protect and survive* as written by Morecambe and Wise and designed by Saatchi and Saatchi.

With appallingly grisly slides

if every hospital in the UK was left standing and fully staffed — to deal with a one megaton bomb on Cardiff alone.

This view was echoed by Mr Michael Tempest, one of the country's leading plastic surgeons specialising in the treatment of burns. He stated that the treatment of such appalling injuries would be impossible.

The third session on the threat and reality of nuclear



WHAT ONE NUCLEAR WEAPON DROPPED ON CARDIFF WOULD DO TO SOUTH GLAMORGAN

war featured four psychiatrists — Dr James Thompson of the Department of Academic Psychiatry at Middlesex Hospital Medical School, Dr Stewart Britten of the Society of Analytical Psychology, London, Professor Horst-Eberhart Richter of the Centre of Psychosomatic Medicine at Leibig University and Dr Eric Chivian of the Massachusetts Institute of Technology.

All four were splendid speakers. Professor Richter was particularly illuminating on how people can be made to contemplate the possibility of nuclear conflict, and how they can be persuaded to imagine that such a war can be justified and can be won.

Summing up the conference Sir Douglas Black emphasised doctors' vital role in impressing on governments that nuclear conflict could never be justified. The proper facts must be made available and placed before the public, he said.

But many participants must have most clearly remembered Dr Chivian's film of young children being asked about the Bomb. Not one child thought he or she would live to grow up.

Most of the conference was video recorded and cassettes will be available for hire shortly. A book based on the conference proceedings is also due to be published soon by the Medical Campaign Against Nuclear Weapons. For further details contact MCANW, 7 Tenison Road, Cambridge, CB1 2DG Tel: 0223 313828. *The medical consequences of nuclear weapons* a booklet by MCANW is 75p plus 16½p postage from the above address.

*Home defence circular HDC (77)1 — *The preparation and organisation of the health service for war*, January 1977.

*Judith Cook is a freelance journalist and part-time press officer for the Association of CHCs.

Health news special Well women censored

A series of health education programmes for women will be broadcast on BBC radio and television in April without the booklet especially commissioned to accompany them — after Government officers in Scotland stepped in to prevent publication.

Contents of the six-part television series — called *Well women* — will reflect the concerns of the women's health movement. Beginning with an explanation of the reproductive system, programmes will cover menstruation, contraception, depression, the menopause, and how to get the best out

of the health system.

And a "support booklet" to complement the series has been prepared by the Scottish Health Education Group — which has in the past produced a range of material on pregnancy, self-help and problems such as thrush.

But printing was halted after doctors at the Home and Health Department — the Scottish equivalent of the DHSS — made last-minute objection to the "style and tone" of the booklet.

Guarded statements from both the SHEG and the Scottish HHD deny outright censorship. But a spokesman unofficially

admitted that doctors disagreed with the self-help approach of the booklet and felt it was "heavy on sexual matters".

The booklet's co-author Angela Phillips says the text had been checked by medical advisors and was based on much discussion within the SHEG. "The Government has previously bowed to pressure to censor sex education materials for children. It is disturbing to see the same principle now applied to health education for adults," she says.

The booklet has now been taken over by the Health Education Council — but will be revised before publishing.

Scanner

The hospital world

The Institute of Health Service Administrators has two new booklets in its management series. *Procedures following deaths in hospitals* — management series five gives guidance on the legal and administrative requirements following the death of a patient in hospital. It includes advice on religious requirements and the rights of relatives. *The hospital shop window* — management series six describes hospital "shop windows" — reception and enquiry desks, switchboards and other points of contact with the public — which can help put patients at ease by developing a welcoming atmosphere. It includes advice on printed information to patients. *Management series number five* is £3.25 inc post and number six is £2.50 inc post from the IHSA, 75 Portland Place, London W1N 4AN.

Creating health

An arts project set up to improve the visual and social environment of Manchester's health service buildings is the subject of a book by Peter Coles, who has now been commissioned by the DHSS to survey arts in health buildings. He describes the routine of the Manchester project and the problems it faced and overcame. Stressing the need for a greater role for arts in hospitals as a new adjunct to medical care, he says "If hospitals remain dull, boring and depressing places people do not feel well...and take longer to get well." *Manchester hospitals' arts project* is £3.00 plus 45p postage from the Calouste Gulbenkian Foundation, 98 Portland Place, London W1N 4ET.

Facts and stats

If you want national figures to compare with the local scene these may help.

Health and personal social statistics for England 1982 on population, staffing, finance, bed use, preventive medicine, abortions, disease registrations, and the family practitioner, community health, maternity, child health and personal social services. Most figures are for 1980 or earlier. DHSS, HMSO £7.50.

Health and safety statistics 1980 on accidents,

occupational diseases, factory inspectorate activity, international comparisons and more. Health and Safety Executive, HMSO £5.50.

Cancer statistics — registrations 1978 tables on sex, age, occupation, social class and type of cancer, analysed by health region, rural and urban areas and country of birth. Office of Population Censuses and Surveys, HMSO £8.

Children in the UK — signposts to statistics recent statistical sources listed under 25 topic headings. National Children's Bureau, £2.70 inc post from the Book Sales Department, NCB, 8 Wakley Street, London, EC1V 7QE.

Fit for old age?

Age Concern and Help the Aged have both turned their attention in recent pamphlets to the quality of health care for the elderly. *No one to blame? A searching enquiry into the role of the GP and the elderly patient* is an anonymous GP's passionate indictment of present standards of care. She cites "miserable shortages" of services, accommodation and medical staff, along with a "lack of urgency in dealing with old people" — and urges GPs to use their age-sex registers of patients to ensure better care. At 25p inc post it is produced by Help the Aged, which has balanced its case with *An experience of caring — the Middletown approach to primary health care and the elderly*. Describing a "complicated network of care" successfully established in a

small English town, the study shows how teamwork based on a health centre can involve auxiliaries, volunteers and "the growing army of the young retired" in the welfare of the town's elderly residents. "The Middletown experience could be repeated all over the



country" it says. Price 50p inc post from Help the Aged, 32 Dover Street, London, W1.

Age Concern England's *Better health in retirement* by Dr JA Muir Gray is a practical guide to maintaining independence, activity and mobility in retirement. It includes chapters on keeping fit, "body maintenance" — care of eyes, teeth, feet, for instance — eating well, coping with common and chronic illnesses and handicaps, using drugs and home treatments, keeping an active mind and getting help from health services. Clear layout and humorous cartoons make it easy to read and a useful source-book at £1 plus 20p post from Age Concern England, Bernard Sunley house, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL.

Safe breastfeeding

The risks to babies from drugs in breastmilk are outlined in a bulletin for doctors listing information on drugs which nursing mothers can use. At least one drug for each condition likely to require medication is included. *The drug and therapeutics bulletin* Volume 21 No. 2 is 90p inc post from Dept DTB, Consumers' Association, Caxton Hill, Hertford SG13 7LZ.

New leaflets on breastfeeding by the La Leche League include *Finding out about breastfeeding* and *Beginning breastfeeding* — free with a large sae — and *Crying — why and what to do* — 20p with a large sae from the La Leche League (Great Britain) Ltd, BM3424, London WC1V 6XX, Tel: 01-404 5011.

Planning for families

After four years' work the final report of the Study Commission on the Family has been published. It details the state of the family in Britain today and the effects of trends in family life and employment on children. Only a quarter of all British households consist of a married couple with one or two children, it says. A nine-point agenda for the '80s — aimed at political parties — raises key policy questions of social security, child care and divorce.

The Commission's job of monitoring the effects of government policies on the family will be taken over by a new unit jointly financed by the DHSS and the Social Science Research Council. *Families in the future — a policy agenda for the '80s* is £3.25 inc post from the Commission at 3 Park Road, London NW1.

Health circulars

HC(83)1: introduces a code of practice for nurses' agencies.
HC(83)2: gives guidance on the use of agency nurses.
HN(83)1: details increases in fees for the general ophthalmic and hospital eye services.
HN(FP)(83)1: gives revised model constitutions for regional, district and local optical committees.
PM(82)37: instructs health authorities to implement by 1 March reductions in working hours of junior hospital staff.

CHC Directory: Changes

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

Page 2: South Cumbria CHC Chair: Cllr W Stewart

Page 5: North Bedfordshire CHC Acting Secretary: John Barclay

Page 5: South Bedfordshire CHC Secretary: Richard Edwards

Page 8: Tunbridge Wells CHC Secretary: Geraldine Russell

Page 10: Croydon CHC 28 Lennard Road, Croydon, CR0 2UL. Tel: unchanged

Page 11: Southmead CHC Chair: Mrs M D Richardson

Page 12: Cheltenham CHC Secretary: J C H Roberts

Page 13: North Birmingham CHC Chair: Cllr L Lawrence

Page 14: Chorley and South Ribble CHC South Ribble

Borough Council Offices, Civic Centre, West Paddock, Leyland, Preston. Tel: Leyland 54893. Secretary: Bob Files

Page 18: North East Thames Regional Group of CHC Chairs

and Secretaries Chair: Mrs M Helps. Secretary: Hazel Jones.

Tel: 01-360 5566

News from CHCs

□ Threatened family planning cuts have alerted **Oxfordshire CHC** to the dangers of losing its grip on consultation procedures. The DHA decided last September to close four family planning clinics, to curtail sessions at ten others and to reduce staff at another nine — but did not consult with the CHC on this substantial variation in service. Swift action by health workers' unions prevented the cuts going ahead because they violated a "no redundancies" agreement negotiated with the pre-reorganisation authority. The CHC says cuts in other services have come to light only through leaks of health authority documents — no proper consultation has occurred since last April. A meeting with the RHA chair produced a proposal to reopen discussions on all service reductions since that date, and to instigate formal consultation on the family planning cuts. Now the CHC wants to discover the public's opinions on a GP-based contraceptive service — and is questioning whether army medical officers can provide proper contraceptive advice for a nearby camp's army wives who now use one of the threatened clinics.

□ Meanwhile **Worthing CHC** is preparing a survey based on cervical cytology recall records to test out traditional arguments for retaining a clinic service. The local FPC has said several districts are considering handing family planning services over to GPs, but the CHC has already discovered that IUD fittings are outside

the scope of most local GPs, who rely on clinics as a back-up to their own service.

□ **Redbridge CHC** has also had consultation problems — over the sale of a hospital owned by neighbouring Newham DHA. Aldersbrook hospital is located in the Redbridge district but consultation papers on its closure last October never reached the CHC. After hearing of a bid by the private consortium Third Independent Hospital Ltd the CHC appealed to the Secretary of State to halt an auction of the hospital, and is now drawing up proposals for alternative use as a centre for psychiatric services.

Meanwhile the CHC's battle against 3rd IH — first reported in *CHC NEWS* 80 page 8 — continues with efforts to clarify the position of health authority members and officers with financial interests in the consortium. While the Secretary of State agrees with the North East Thames' regional administrator that health circular HC(81)6 provides safeguards which cover matters wider than contracts with the NHS, the region's legal advisor acknowledges that the circular does not cover situations like that caused by the 3rd IH, where a private hospital could affect local services yet investors in the concern continue to take decisions on local NHS development. The CHC wants the DHSS to tighten up districts' standing orders to take account of financial interests even when contracts with the NHS are not planned.



□ The Association of CHCs (ACHCEW) has commissioned a new logo for use on letterheads, reports and publicity material — and here it is. The logo will be used for the National CHC Week planned for 13-19 November, and ACHCEW can provide camera-ready artwork for CHCs wishing to use the logo themselves. It is not intended to supplant successful CHC symbols already in use, but could be welcomed by CHCs without identifying logos for their letterheads — the new Chorley and South Ribble CHC is the first to take up the offer.

□ The Association of CHCs will press ahead with efforts to improve the regulations on new family practitioner committees. The new rules to establish FPCs as independent health authorities come in a Bill (see *CHC NEWS* 82 page 1) which is now in the House of Commons. ACHCEW Secretary Mike Gerrard will lobby MPs and health ministers during the Bill's committee stage to include consultation, visiting, observer and information rights for CHCs to match the rights which now exist in relation to DHAs. This was accepted in principle by the Government in the Bill's House of Lords debate, and Health Minister Kenneth Clarke says CHCs'

relationships with FPCs should be "similar" to those with DHAs. ACHCEW also wants to see a duty on FPCs to provide full information about their services and planning.

□ **Pontefract CHC** scored a victory for tinnitus sufferers after MP Jack Ashley helped with the case of a CHC member who had to pay privately for a "masker". Worn in the ear, the device emits a tone to counteract the buzzing noises of the hearing disorder, but because it is ineffective for some patients, local consultants refused to supply maskers on the NHS. The CHC argued that this is no reason to deny the device to those who can be helped by it, and Secretary of State Norman Fowler agreed. He suggested that DHAs should lend maskers to patients to assess their effectiveness. Pontefract DHA has now bought some maskers to lend out, and the Yorkshire RHA has circulated Mr Fowler's suggestion to all its other districts.

□ **Newcastle CHC** has gained assurances from its local FPC that women will have access to a list of GPs willing to supervise home births. The list of eleven GPs was drawn up after the joint consultative committee heard that midwives are obliged to accept home birth bookings even when no medical cover is available. The CHC took up the issue of consumer access to information — and the FPC has agreed to give the names of co-operative doctors to women if they phone to find a home birth GP.

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tackling the related problem of "glue sniffing".

In a letter to hardware retailers' and general shopkeepers' representatives the DHSS says that 27 deaths in the UK in 1980 may have been caused by inhaling organic volatile substances found in common household products such as paint thinner, butane lighter gas, nail varnish remover and aerosols — as well as a range of glues.

The Minister wants traders to tell him if they would be willing to co-operate in voluntary restraint on sales.

Another letter to organisations concerned

with the problem sets out the DHSS' views on other proposed solutions — and asks for opinions on the possibility of legislative changes.

**Treatment and rehabilitation — a report of the advisory council on misuse of drugs DHSS, HMSO £3.95.*

Changes for children

New procedures for assessing children with special educational needs will give parents a central role in drafting statements of assessment, as well as new rights to be informed and involved in the special educational treatment of their children.

A Department of Education and Science

circular 1/83 — issued jointly with the DHSS as HC(83)3 — sets out the duties of health and education authorities under the *Education Act 1981*, which comes into effect on 1 April.

Section 10 of the Act places on health authorities a duty to inform parents of under-fives if they are likely to need special educational treatment, and to tell them about voluntary bodies which may be able to help.

Meanwhile Health Secretary Norman Fowler has asked health authorities to draw up plans by 30 April giving target dates for transferring every child still in long-stay hospital care.