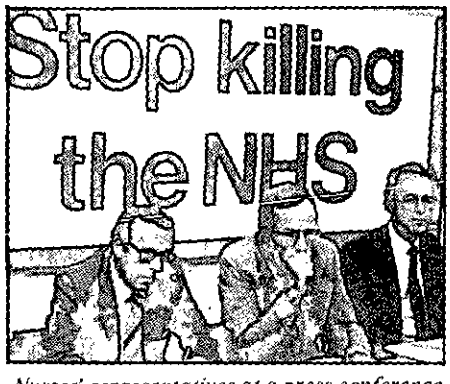
CHC NEWS

For Community Health Councils

October 1983 No 90

Cuts fury grows



Nurses' representatives at a press conference — "We find the Government guilty".

Photo: Chris Taylor

Growing unease turned to fury in the health service last month as the full implications of post-election ministerial actions were spelt out at regional and district level throughout England and — to a lesser extent — Wales.

While the "Lawson cuts" in this year's cash limits — see *CHC NEWS* 89 page 3 have meant closures of wards and services and delay in new developments, the staff cuts now under discussion between ministers and regions have thrown health authorities' (HAs) development plans into utter confusion.

Distrust of Government motives was added to the explosive situation when the final draft of the much-criticised circular — *HC(83)16* and in Wales *WHC(83)24* — on contracting out ancillary services was issued.

Complaints about staff cuts centre on the 31 March 1983 payroll baseline used as a "snapshot" of HAs' staffing figures to calculate cuts of between 0.75 and 1% as targets for 31 March 1984.

HAs say these snapshots do not give the true picture. The baseline — the final day of the first year of NHS reorganisation — gives untypically low staff figures because many reorganised posts had not yet then been filled. It takes no account of plans to hire staff for new hospitals — nor of labour-intensive community care schemes which ministers have earmarked as a priority.

But staff employed by private companies and used by the NHS on an agency basis are excluded from the 1984 targets, and junior health minister John Patten told cleaning contractors at a trade exhibition last month that his answer to an HA which complained about shortages of money or staff would be "have you put your support services to competitive tender to see whether you can make savings".

The circular concentrates on cleaning, catering and laundry services, but asks HAs to "develop the use of private contractors for the whole range of support services" — which could include laboratory and other technical functions — and asks districts to submit plans to regions in February, with regions reporting to ministers in April.

In August the Royal College of Nurses started collecting reports from its member about the effects of cuts on local services, intending to release a national report this month. But within weeks of beginning the exercise RCN officials were so concerned at the severity of reported service closures that they summoned the press to hear them accuse the Government of breaking its election mandate to protect the NHS. They refuted ministerial claims of overstaffing and laid a counter-claim — that the staff cuts are a device to force HAs to put services out to contract.

Continued on page seven

Order a Triple A

Alcohol consumption in the UK has nearly doubled in the last 30 years, says Action on Alcohol Abuse, and the symptoms of misuse follow the same trend.

The new organisation — which hopes to become known as Triple A — will campaign to reduce alcohol abuse by educating the public and by pressurising Government to implement prevention policies.

Jointly established by the UK medical Royal Colleges with a three-year King's Fund grant, the organisation hopes to emulate the successful campaigning style of ASH — action on smoking and health — and its honorary secretary Mike Daube is a former director of ASH. But at Triple A's launch at the Royal College of Physicians last month committee members stressed that they are not attacking the "reasoned use" of alcohol.

The target is abuse — and the social, medical and economic ills that stem from it. Alcohol is implicated in 80% of deaths from fire, 65% of serious head injuries and over 50% of homicides — as well as its involvement in traffic accidents. Of male admissions to general medical wards, one in five is estimated to be related to alcohol, and deaths from cirrhosis of the liver have risen by 63% in the past decade.

Until permanent premises are found Triple A can be contacted c/o Mike Daube at the Department of Community Medicine, Usher Institute, Warrender Park Road, Edinburgh EH9 1DW.

•*Drinking behaviour and attitudes in Great Britain* reports findings from an NOP survey designed to supplement information gathered by the General Household Survey. *OPCS monitor SS 83/1* is free from the Office of Population Censuses and Surveys, St Catherine's House, 10 Kingsway, London WC2B 6JP.

Photo: Maria Bartha

INSIDE.....

Book reviews

The lead scandal

by Des Wilson, Heinemann Educational, £3.95

Lead versus health

edited by Michael Rutter and Robin Russell Jones, Wiley Medical, £18.50.

Now that the Royal Commission on Environmental Pollution has recommended lead-free petrol by 1990 at the latest — see *CHC NEWS* 86 page 1 — and the Government appears to be falling in with this thinking, there will be a great temptation to conclude that the lead campaign is over and won.

That would be a serious mistake. It is no accident that *The lead scandal* begins with a chapter on the US, where the phasing out of leaded petrol began in 1975 and had reached the half-way point by 1980. Yet as recently as 1982 the oil and lead industries, egged on by President Reagan, were pressing hard to have lead "de-regulated". Only a tooth-and-nail struggle in the courts and within the bureaucracy of the Environmental Protection Agency prevented a complete reversal of all the progress the US has made on lead. The lessons are that the lead lobby never gives up, and that protecting the environment can only get harder as the economic climate becomes chillier.

In the UK there is also the problem of EEC membership. The Government now says it

Continued on page six

Your letters

More homeopaths please

Ann Williams, Member, South East Kent CHC

In response to public demand we are trying to get an NHS homeopathic clinic established in our district.

When I was referred by my doctor to the Tunbridge Wells homeopathic hospital I learned the enormous benefit which can be derived from this treatment, but I also experienced the long waiting lists for first appointments and the expense and inconvenience of having to drive two hours each way for periodic care.

We all realise the danger and expense of unqualified care. It seems to us that the NHS should be leading the field instead of having to pick up the pieces when damage has been done — and where natural and more simple remedies with no side effects are used by doctors the hard-pressed health service could save a lot of money.

We have found two areas of difficulty. Firstly, money — while the medicines are less expensive this does not initially help the regional budget. But we believe there is spare clinic space along with an existing administrative facility — and the enormous benefit would outweigh the minimal expense of such a clinic, which we hope would be available for referral by GPs and for direct access by patients.

The second problem is a real shortage of homeopathic doctors to staff such a clinic.

It seems that — in our region at least — GPs do not make use of existing grant sources for homeopathic training, and without grant aid the added expense and loss of earnings can make training costly.

We hear of unemployed doctors. Would it not be professionally and economically sound to allow those wishing to add homeopathy to their skills to train at NHS expense in order that public demand for this kind of care can be met?

Are other regions finding — as we are — that this need is a very real one? We should like to hear from you.

MND action

Pamela Emy, Patient Care Officer, Motor Neurone Disease Association

Motor neurone disease is a progressive and severely disabling disease of the central nervous system leading to weakness and wasting of the muscles. The disease's progress is often rapid and may lead to complete immobility and loss of speech. The sensory system is not affected, nor — most importantly — is the brain or intellect affected in any way.

Those affected are most commonly in their 50s and 60s but onset at a younger age is not unusual and the disease can be devastating for patients and their families.

The cause of MND is unknown and there is no treatment other than palliative measures for some of the distressing symptoms. There are estimated to be around 5000 or 6000 patients in the UK and about one person in 50,000 will develop MND each year.

Much can be done to alleviate distress by speedy provision of appropriate aids and equipment but most important is continuing support, opportunities for discussing problems and anxieties and assistance in planning for the future. In the latter states of the disease short-term relief for carers may be needed and in some cases long-term admission to hospital.

The MND Association was formed in 1979 by patients and relatives to bring together all those concerned with the disease. The Association supports current research into causes and treatment — but above all is concerned with the welfare of patients and is anxious that its work should be brought to their notice.

More information is available from the National Director, 38 Hazelwood Road, Northampton NN1 1LN. Tel: 0604 22269.

The way the money goes

Liz Haggard, Secretary, Nottingham CHC

Our district health authority has produced a shortened form of its annual financial report this year. It is attractively printed and we think it is excellent. The use of clear diagrams, coloured bar charts, statistics in graph form and pie charts makes the district's health finances more understandable than ever before.

Perhaps other CHCs should press for something similar in their own districts.

Fringe notes

Nick Harris, Secretary, Central Birmingham CHC

At the Association of CHCs' annual general meeting this year my CHC organised a fringe meeting on community care for mentally handicapped people. I agreed to circulate notes from the meeting, together with a request to CHCs for any relevant information they may have on care and activities in this field.

I am now circulating the report with an appropriate questionnaire to those CHCs whose representatives left their names at the meeting. Unfortunately the longer list of CHCs which originally expressed interest in the meeting was mislaid. So if any CHC — or anyone else — has not received a copy of the report and would like one please contact me direct.

Wanted

Information about inititiatives — CHC or otherwise — to increase public awareness o the problems of the elderly. Barnsley CHC

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

CHC NEWS

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Comment

The health service is reeling from a series of "adjustments", "rationalisations", and downright cuts which — coming after last year's downwardly adjusted cash limits and reorganisational disruption — seriously call into question the sincerity of the Government's much-repeated committment to the NHS.

Ministers' intentions to "shake up the nice people in the NHS" — to quote Kenneth Clarke — are wreaking havoc upon health services not so much on account of their severity but because of their arbitrary and impractical nature.

Even Mr Fowler's Conservative party friends in high health authority places have said that while they can live with the cash cuts, they cannot plan services efficiently if their programmes are to be overturned mid-year by DHSS diktat.

HC(83)16 is a ridiculous measure which fully matches the "silly season" in which it was first released. It is ironic that the panic caused by its cloud-cuckoo staff targets has only now begun to feature regularly on the front pages of national newspapers — now, in the weeks preceding the triumphant Tory party's annual conference.

Ironic, but hardly surprising, since the health circular called for firm agreement by mid-September on staff cuts that scarcely anyone agrees with.

It is surprising, though, that Norman Fowler did not foresee, and take steps to avoid, this furore accompanying the public horsetrading between ministers and health authorities which, region by region are pressing their "special cases" for more staff.

He seems to have joined in the general panic when he confirmed three regions' agreed staff targets and then decided to withhold details of others until all fourteen are agreed — hence rumours fly and fury grows.

Meanwhile the Prime Minister has weighed in by instructing us — via satellite — to "shoulder our own burdens".

What will the footsoldiers of the Tory party think of all this as they assemble in Blackpool this month? Many of them have benefited perhaps more than most from NHS services in the last three decades, and have agreed that their leaders should protect those services.

But a Government which calls for efficient management within a service while at the same time making a mockery of that service's planning process, which espouses the ethos of local control while taking a tighter grip on the reins, cannot for long avoid accusations of double-speak.

Health News

Not wholly medical

Acupuncture, dietary advice, exercise, osteopathy and meditative techniques would all feature in a "marriage of old and new approaches to healing" advocated by the British Holistic Medical Association, which was launched with a two-day conference last month.

The BHMA aims to educate doctors and other professionals on the benefits of a "holistic" approach, to encourage research in the field and to publicise complementary treatment methods. Membership is limited to doctors and medical students but this is under review, and the BHMA hopes to provide a forum for discussion of health promotion and self-care.

The BHMA is at 23 Harley House, Marylebone Road, London NW1 5HE.

Behind the smokescreen

Last month's DHSS-sponsored reports on smoking were greeted by ASH — action on smoking and health — with a call for "real action" from the Government.

Smoking attitudes and behaviour by Alan Marsh and Jil Matheson (HMSO £15.80) found a majority of smokers and others in favour of more public spending on discouraging smoking, and 70% of smokers had tried to give up smoking in the past decade. But ASH points out that 44% of smokers surveyed agreed that if smoking were really dangerous the Government would ban cigarette advertising.

Smoking among secondary school children by Joy Dobbs and Alan Marsh (HMSO £8.50) analyses seven-day smoking diaries and other data from English, Welsh and Scottish 11 to 16 year-olds. These showed that 27% of the oldest children were regular smokers — 19% across the age range. Children consume £60 million-worth of cigarettes a year and ASH says glue sniffing on this scale would provoke a public outcry — over ½ million children now at school will die early through smoking.

Both reports are by the Office of Population Censuses and Surveys, which has also published figures on smoking prevalence in *OPCS monitor GHS 83/3* — free from OPCS, St Catherine's House, 10 Kingsway, London WC2B 6JP.

Challenging the CSM

A consumer organisation launched last month has attacked the committee on safety of medicines for being "too biased, slack, superficial and slow".

Drugwatch will campaign for faster action on new drugs found to have hazardous effects. Patients should have access to information about drugs and should be involved in monitoring side-effects, campaigners believe. Chaired by Swansea/Lliw Valley CHC secretary Brian Maunder and involving CHC secretaries Emrys Roberts of South Gwent and Bryn Williams of Merthyr and Cynon Valley, Drugwatch is supported by three South Wales MPs and a team of solicitors who have worked closely with CHCs on drug damage cases.

The launch coincided with the withdrawal by Astra Pharmaceuticals of Zelmid — an anti-depressant drug first marketed last year — only days before the CSM was due to discuss a "relatively large" number of adverse reaction reports including 60 "serious" cases. Zelmid is the third new drug to be withdrawn this year and in each case action was taken only after patients had died. The DHSS announced last month that deaths linked with the anti-arthritic drug Osmosin have risen to 20, with 650 people suffering side effects.

Meanwhile a new artificial sweetener aspartame went on sale as a slimmers' tablet called Canderel — amid controversy over potential harm to symptom-free carrriers of phenylketonuria trait, estimated to be one person in 60 in the UK.

Drugwatch can be contacted c/o the Local Government and Health Rights Project, 157 Waterloo Road, London SE1.

News in brief

- Doctors' consulting rooms are included in proposed regulations under the *HASSASSA Act 1983* —see *CHC NEWS* 87 page 1 — to control cosmetic laser treatment by requiring registration and inspection under the *Nursing homes Act 1975*. The consultative paper *Proposals for new safeguards on the use of lasers for medical and surgical purposes* comes with *Dear administrator* letter *DA(83)37*. Comments are required by 19 December.
- Workplace accident reports no longer gathered through the defunct industrial injuries benefits scheme — see *CHC NEWS* 85 page 4 — will be collected directly by local authorities and the Health and Safety Executive. Occupational diseases will be included in the proposed reporting scheme along with a new method of "zooming in" on incidents of special interest — the Health and Safety Commission will be empowered to request follow-up information. Comments are required by 31 October on the Commission's consultative document *Proposals for revised arrangements for reporting accidents, ill health and dangerous occurrences at work*. Price £3 from booksellers or — postage extra — from HMSO.
- CLEAR — the Campaign for Lead-free Air — is claiming that paints with dangerously high lead levels have been sold for household use, and says the public could be misled by paints labelled lead-free which in fact contain lead in amounts up to 16 times the US maximum permitted level. The CLEAR newsletter number 5 contains a report by Brian Price on lead in paint — free with a large sae from CLEAR, 2 Northdown Street, London N1 9BG.

CROSSROADS CARE ATTENDANT SCHEMES

An idea whose time has come

Photo: Central TV

*by Joy Gunter, Jane Horn and Pat Osborne**

Everyone has heard of *Crossroads*, the Central TV serial about a family which runs a Birmingham motel. The real life saga of the creation of an entirely new caring service called Crossroads is not so well known outside the world of nursing and social work.

Crossroads care attendant schemes — undreamt of at the beginning of the 1970s — are becoming more familiar and have spread from a pioneer project in Rugby to more than twenty areas of the UK.

The term *Crossroads* has become a by-word for a special kind of care and its influence extends well beyond newly created schemes which have adopted the name. It is both a blueprint for a practical solution to a particular problem — and a philosophy.

Unlikely though it may seem, the TV serial and the caring service are connected.

A storyline written into the *Crossroads* programme was based on a physically disabled young man being cared for at home by his mother. As with so many families in this situation, the right type of help was not available at the right time. A way of coping with the problem was written into the serial and later — with a donation of £10,000 from Central TV's predecessor ATV — an adaptation of the fictional idea was translated into a real scheme in Rugby, providing help for those who cared for disabled people in their own homes.

Many handicapped people are able to live at home only because of the constant support they get from another person — a friend, a housekeeper or most often a relative. Sometimes a large family of brothers and sisters will organise a shift system to look after their handicapped mother or father.

But there is always a danger that the system will break down — the relative will fall ill, or the family providing help day in and day out will begin to crack under the strain. How many handicapped people have had to leave their homes for long periods — or forever — because the person or people who looked after them could not cope any longer?

One or two hours of outside help each week, at the particular time when help is most needed, can make all the difference.

It is perhaps surprising that there should still be unmet needs despite the existence of district nurses, health visitors, social workers, occupational therapists, home helps, the meals-on-wheels service and so on. Yet without duplicating in any way the help provided by any of these services, a properly trained, reliable care attendance can be the crucial factor in determining whether or not a disabled person is able to continue living at home.

And everyone concerned with the care of the disabled believes that wherever possible they should be given the chance to live in their own homes rather than a hospital or institution.

Two features of the crossroads care attendants make them unique. Firstly, they work very flexible hours. They can provide help exactly when it is needed, whether that is early in the morning, late at night or in some cases overnight. Secondly, they copy as closely as possible the routine of caring given by the person they temporarily replace.

The first families included in the pioneer scheme received help in April 1974 — 28 families were helped by five care attendants. Now over 2000 families per week receive help from over 500 care attendants employed by the crossroads schemes.

Some ten years ago the term "carer" was new but now there is more emphasis on the role of the carer and the need to give such people some respite from their caring duties.

There are now 54 crossroads schemes in England, Wales and Northern Ireland. The Scottish schemes are administered separately and there is one scheme in Holland which started during the 1981 International Year of Disabled People.

When someone in a particular area is interested in starting a crossroads scheme the headquarters in Rugby will suggest an open meeting to involve people from health authorities, social service departments and voluntary organisations as well as disabled people themselves.

A development officer will attend the meeting to show a film and answer questions, and if the group wishes to take the next step of applying for funding a steering committee will be formed. Working closely with the national Association of Crossroads Care Attendant Schemes, they will then be able to develop an application for statutory authority funding — either joint finance, health authority money, social services funding or sometimes urban aid.

Geographical boundaries, population figures, ages, and disabilities must all be examined and a realistic cost for such a scheme must be worked out. It is known that an annual budget of around £25,000 can employ a part-time co-ordinator with between six and twelve care attendants — who can help to keep between 30 and 50 severely handicapped people at home.

Dewsbury CHC discussed this excellent scheme in November 1978. Details were sent to the joint consultative committee — as the scheme clearly is important to both health authorities and local authority social services departments — and a JCC sub-group concerned with disabled people discussed and commended the principles of the scheme.

For a while the idea seemed to have disappeared, but in 1980 the CHC was delighted to see that the joint funding programme included an allocation of £15,000 for two years for a crossroads scheme in the Dewsbury district. Upon enquiring as to progress, the CHC was given the job of setting up the scheme!

We wrote to the national association in Rugby for further details and received copies of their explanatory booklet, the constitution acceptable to the Charity Commissioners, proposed job descriptions, salary scales and suggested advertisements for co-ordinator and care attendants.

In September 1981 we held a public meeting and invited representatives from the local medical committee, the health authority, the local authority, the social services department, local organisations for the disabled, the community nursing staff, the home help department and the local council for voluntary service.

The speaker from Rugby described how cost-effective the scheme can be — with our £15,000 budget we could help some 28 to 30 families while it could cost around £9000 per week to keep 30 people in hospital and places such as Cheshire Homes could cost £5000 or £6000 per person per year.

At a follow-up meeting in October the national crossroads constitution was adopted, the group was named Dewsbury and District Crossroads Care Attendant Scheme, and a committee was elected.

The committee consisted of the CHC chair and secretary, a consultant orthopaedic surgeon and a GP, the divisional nursing officer for the community, the district community physician, the area health liaison officer, a home help organiser and representatives from the social services department, Kirklees metropolitan council, Batley council for voluntary service, and the social centre for the disabled.

After receiving approval from the health authority and the social services committee to advertise the post, a part-time co-ordinator was appointed in February 1982 on a salary scale equivalent to the local authority AP3 grade. In April three part-time care attendants were appointed — at £1.92 per hour — and were given two weeks' training.

The co-ordinator and the care attendants work around 20 hours per week each but there are no guaranteed hours. Clerical assistance is provided — about six hours per week — at the same rate of pay as for care attendants.

By August of this year 58 families were being helped out of a district population of 164,000 and a waiting list has been started because we overspent our 1982/3 budget of £15,000. During that year we submitted a request for an extension to our budget and have been granted — still from joint funding — £25,000 for the year 1983/4.

We now have eight care attendants on the books and the scheme is free at the point of service although — as each scheme is a registered charity — donations are welcome.

The great advantage of a crossroads scheme is its flexibility. If you need someone to look after your disabled father so that you can go shopping for a few hours once a month — well that is what you will get.

Some people have been soldiering on with little support for years — and they naturally find it hard to accept that this is a scheme for them. Some are overcome with relief in sharing their burden — even if for only a few hours a week — and some are gradually venturing further afield as confidence is built up between themselves and the care attendants.

This confidence may be developed gradually. One week the carer may do some gardening while the care attendant is present, and the following week she or he may feel able to leave the home to do some shopping.

Very often during one of the co-ordinator's visits a carer will say: "I cannot believe it is happening" and "are you sure it is alright for us to have help? We would not want to take from someone in more need". Surely these unpaid carers are some of the unacknowledged saints of today!

The care we provide through crossroads follows exactly what the carer does and — most importantly — how the carer does it.

In one family this may mean changing incontenence pads and making lunch to enable a daughter looking after her elderly mother to do a day's shopping or visit her own children and grandchildren. In another family it may mean emptying a catheter bag and holding a cup for a tetraplegic wife while she takes her tablets, so that her husband need not rush back from work when he is some distance away.

It may mean sitting up all night with someone who needs regular turning to prevent pressure sores — so the caring relative can have an unbroken night's sleep — or playing dominoes with a mentally handicapped 20 year-old son — so his parents can have an evening out together.

The care attendants become friends to the families they see, and may at times be caught up in some of the anger at the disability felt by the relatives as well as the disabled person. That is why we take particular care in choosing care attendants — they are selected not only for their practical caring ability, but also for their ability to relate to people around them.

So a crossroads scheme is flexible, cost-effective and a real contribution to community care. But above all, crossroads gives genuine choice to disabled people and their relatives.

Further reading

An appraisal of the Wirral crossroads care attendant scheme describes a pilot scheme to extend crossroads support to those caring for mentally handicapped people. Care attendants found the main difficulties were in the timing and frequency of support needed. Price £1.50 inc post from the Association of Crossroads Care Attendant Schemes Ltd, 94a Coton Road, Rugby, Warwickshire CV21 4LN Tel: 0788 61536.

Who cares? — a report of a door-to-door survey into the numbers and needs of people caring for dependant relatives by Anna Briggs found that in the areas surveyed most intensive all-day caring was by women and some retired men. A substantial proportion of carers were in their mid-fifties and over, and there were more people caring for dependant relatives than those looking after children under 16. Price £1 inc post from the Association of Carers, 58 New Road, Chatham, Kent ME4 4QR Tel 0634 813981/2.

Differences between... discusses how the needs of and demands on male and female carers differ emotionally, financially and practically. Price 60p inc post from the National Council for Carers and Their Elderly Dependants, 29 Chilworth Mews, London W2 3RG.

Photos: Dewsbury and District Crossroads Care Attendant Scheme

** Joy Gunter is Secretary of Dewsbury CHC, Jane Horn is Co-ordinator of the Dewsbury and District Crossroads Care Attendant Scheme and Pat Osborne is Chief Executive Officer of the Association of Crossroads Care Attendant Schemes.*

Beyond the incubator

*by Priscilla Alderson**

A CHC visit to an intensive care unit can be more difficult than a visit to an ordinary ward. The clinical atmosphere, high technology and worry about infection risks can be intimidating. Facts about staffing, equipment, mortality rates and costs are complex and you need some basic knowledge before feeling able to ask useful questions or absorb the answers.

Clinical care is so important in these units that there may be little time to discuss the patients' social and emotional needs. Staff and visitors are likely to be strained and preoccupied, patients tend to be inert and it is not easy to wander freely around an intensive care unit or to gain information through informal chats.

Intensive care for babies poses extra problems, and perhaps larger questions. *Does it rescue tiny wrecks* who will suffer expensive handicaps? Should babies who may be brain-damaged be allowed to die? How can their families be helped to cope with anxiety and grief?

Early separation of baby from parents is linked with higher rates of child neglect and abuse, so how can families be held together as much as possible to prevent potential tragedy?

There are too few *intensive care cots* for the very small and sick babies who need them. Yet there are too many *special care cots* for babies with less serious conditions — who may only need observing, help with keeping warm or with tube feeding, or treatment for a minor problem.

A survey in 1980 of staffing levels (1) showed that a few special care baby units — SCBUs — admit almost half of all babies born in their hospital, but one SCBU managed to keep the admission rate down to 4% because special care is given to many babies in the postnatal wards beside their mothers' beds (2).

Increasingly, maternity and special care staff work together to prevent admission to SCBUs, with all its increased risk of family problems and of acquiring infection — 16.8% of patients in SCBUs acquire infection but only 4.4% in obstetric wards do so (3).

There are around 250 SCBUs, some with less than six cots, some with more than 40. Around 40 units are staffed and equipped to provide intensive care — usually for four cots, sometimes more. No-one is quite sure, but there may be *around 200 intensive care cots* — but the estimated need (4) is for between 450 and 600.

Ideally intensive care cots should be designated by regional health authorities so that they are properly funded and planned to serve several districts. However many units stretch resources to offer intensive care to babies in emergencies and when regional centres are full.

Excellent intensive care saves lives and prevents handicap. *Each cot* for intensive care should have 5.5 nurses to ensure that here is always one nurse on duty per cot — but there is a serious shortage of trained neonatal nurses (1) and many leave because of stress and overwork.

The neonatal nurse establishment should be linked to the local birth rate — if it depends on the number of babies in SCBU there is a danger of babies being admitted partly to help to keep up nursing numbers.

Parents with a baby in special care can go through agonies of shock, anxiety, guilt and a sense of failure. Some leading units taking very small or sick babies welcome parents and their other children at any time and involve them in caring for their babies. Unfortunately in other units parents' access is still restricted.

Parents are very dependent on SCBU staff — and grateful to them — and so seldom feel able to explain which practices distress them or *suggest improvements.*

CHCs can be very effective in helping with this if members learn about three aspects of neonatal care:

- information from staff about local services
- the best standards as practised in leading units
- the views of parents in the local unit — gained through thoughtfully planned surveys, interviews or parents' discussion evenings.

CHC members can help parents and staff to work *together to aim for standards* of care that will improve babies' chances for happy childhoods.

- 650,000 babies are born in a year in England and Wales
- 88,400 — one in seven — are admitted to SCBUs
- 18,000 need intensive care
- 8,400 *are stillborn or die in* the first week.

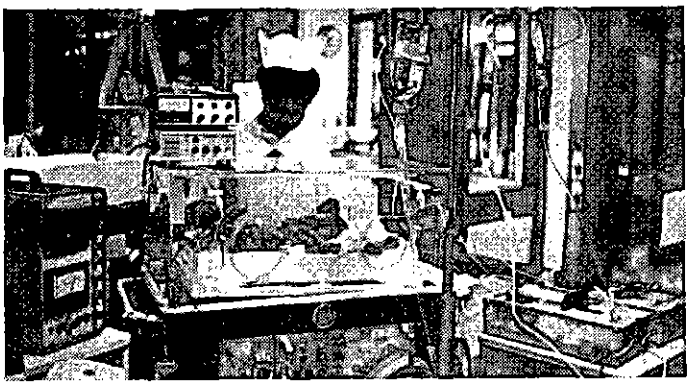


Photo: Camilla Jessel

**Priscilla Alderson is a member of the National Association for the Welfare of Children in Hospital and the author of* Special care for babies in hospital *— a guide to good practice which includes checklists for reviewing local services. Price £2 inc post from NAWCH, 7 Exton Street, London SE1 8UE.*

References

1. Published recently by the British Paediatric Association — see *CHC NEWS* 88 pages 3 and 8.
2. *Infants weighing 1.8 to 2.5 kg — should they be cared for in neonatal units or postnatal wards* by C Whitby and others, in the *Lancet*, 6 February 1982 pages 322-5.
3. *Report on a national survey of infection in hospitals* by P Meers and others in the *Journal of hospital infection* 1981 Vol 2.
4. *Perinatal and neonatal mortality — the Short report* second report from the social services committee, House of Commons paper 633, 1980.

Book reviews

Continued from page two

will press for a Europe-wide ban on lead in petrol, and has refused to commit itself to unilateral action if this initiative fails. Des Wilson sees this as a formula for yet more "lengthy deliberations, scientific sellouts and industrial dishonesties."

Whereas *Lead scandal* is a rough-and-ready political-with-a-small-p book, *Lead versus health* seems certain to become "the Bible" for anti-lead activists. It contains the edited proceedings of a symposium organised by CLEAR in May 1982, with papers on lead from a constellation of internationally-recognised experts. In the book's final chapter Michael Rutter, a former member of the DHSS's Lawther Committee, concludes that there is "every reason" for a UK ban on lead in petrol, and that "the reduction of lead in petrol to an intermediate level is an unacceptable compromise".

What do we care most about — the performance of our children or our cars? Until there is a clear, social answer to *this question these two books* will help to keep the lead issue on the boil.

Dave Bradney, former editor, CHC NEWS

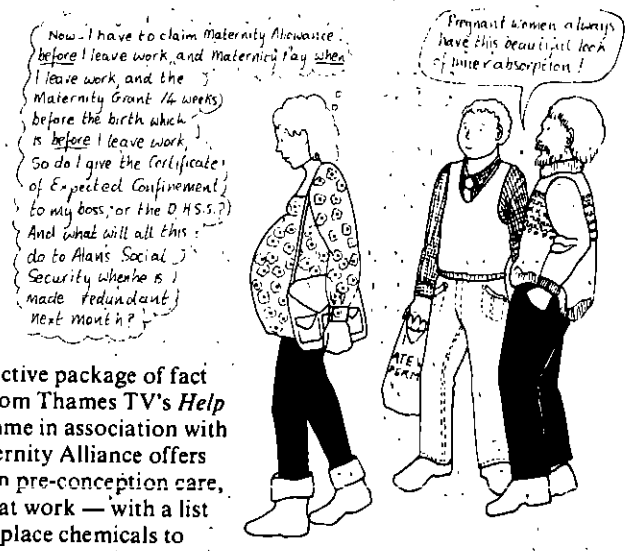
Scanner

Rights and wrongs...

The National Consumer Council's guide for patients — see *CHC NEWS* 79 page 1 — has been republished by HMSO in a pocket-sized UK edition incorporating details from the Scottish and Northern Ireland Consumer Councils' versions. *Patients' rights — a guide for NHS patients and doctors* is now available at £1.50 from bookshops and newsagents. Its publication coincides with *A patient's guide to the NHS* from the Consumers' Association — a disappointing result of collaboration with the Patients Association. Despite its title the guide advocates private medicine as a remedy for delays in many of the services it describes, while sloppy writing, inaccuracies and some serious omissions mar what could have been a useful companion to *Patients' rights*. Published by the CA with Hodder and Stoughton, it costs £3.95 from bookshops.

...NHS and private

In contrast to the CA book, a booklet from the BBC's community programme unit faces the private/public debate head on. *The NHS* discusses the background to a recent *Open space* series in which CHC members joined doctors, nurses and other NHS workers in deploring the worsening pressures on health services. The booklet lists relevant books and organisations and outlines the results of a BBC survey of public attitudes to the NHS — free with a large sae from *Open space* community programme unit, BBC TV, London W12 8QT. The unit can also provide more information about the programmes.



An attractive package of fact sheets from Thames TV's *Help* programme in association with the Maternity Alliance offers advice on pre-conception care, hazards at work — with a list of work-place chemicals to avoid — ante-natal and birth place options, benefits and employment rights, screening tests, ante-natal classes, fatherhood and problems such as morning sickness. Free to people in the Greater London area but stocks are limited — bulk orders will be charged and outside London only single sets can be supplied. Contact the programme at Thames TV, 149 Tottenham Court Road, London W1P 9LL Tel: 01-388 5199 x336.

A hidden loss

Women who lose babies through miscarriage, stillbirth or perinatal death may find acceptance of their loss difficult if insensitive hospital procedures deny them help in mourning. Interviews with 22 women found that ten were not given the opportunity to see and hold their babies and nine felt a sense of dismissal when discharged early from hospital or denied further medical care themselves — one woman was sent home with a temperature over 100°F. Those who did not see their baby were usually also denied involvement in funeral arrangements and in some cases did not know how the body was disposed of. Only 12 of the 22 believed their loss was unavoidable — some reported disagreements with staff over the management of their pregnancies — and only 14 felt they were told enough about what went wrong. *A bereavement with a difference — a study of late miscarriage, stillbirth and perinatal death* by Alice Lovell is £2 inc post from the Department of Social Sciences, Polytechnic of the South Bank, Borough Road, London SE1 0AA.

Dental data

Falling tooth decay rates and improvements in dental hygiene — see *CHC NEWS* 89 pages 4 and 5 — mean a slower increase in numbers of dentists is needed, says *Dental manpower — report of the departmental study group*. The DHSS has agreed with the group's proposal for a 40% growth in numbers of UK dentists from the present 22,500 to around 32,000 by the year 2020 — a 10% reduction on the previous target figure. The report details demand projections and costs £3.10 from the DHSS leaflets unit, PO Box 21, Stanmore, Middlesex HA7 1AY.

Health circulars

HC(83)17: accompanies forms for detention and consent to treatment, leaflets on patients' rights and voting, and mental health review tribunal rules under the *Mental health Act 1983*.

HC(FP)(83)2: gives guidance on FPC's new duties to admit the public to meetings — they are asked to use powers to exclude press and public "very sparingly".

HN(FP)(83)25: instructs pharmacists on payment for calendar drug packs including broken packs for post-coital contraception.

HN(83)18: accompanies *Health technical memorandum 87* — on fire safety in health care premises.

PM(83)15: advises on posts of specialists in community dental health.

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 29p in stamps.

Page 5: North Bedfordshire CHC Secretary: John Foster
Chair: Bud Hudspith
Page 9: Lewisham and North Southwark CHC Secretary: Penny McVeigh

CUTS FURY GROWS

Continued from page one

Wales has escaped relatively lightly from the post-election trauma. Although HAs hav complained that resources are failing to keep up with necessary developments, they have not suffered cuts in this year's cash limits and junior Welsh minister Wyn Roberts says spending in real terms has hit record levels.

While the 0.5% "efficiency savings" target is a "minimum requirement", the Welsh Office wrote last month to HA chairs explaining that Secretary of State Nicholas Edwards will not set specific staffing targets for 1984 — "he does not wish to...impose disciplines that might be over-rigid". But staffing controls will become an "integral part" of the established planning and management framework for Wales.

As we go to press there are fears that other sections of the health care network may face damaging financial cuts. Secretary of State Norman Fowler is reported to have told the Pharmaceutical Society that family practitioner services must expect the same "rigorous approach" now governing HA expenditure — GPs' spending cannot remain unlimited "simply because there is a demand for it".

But the DHSS says claims made in the *Guardian* that grants to the voluntary sector will be squeezed are unfounded.

Further confusion is likely this month with the release of "performance indicators" ranking districts and regions by the cost of their services.

News from CHCs

□Outraged reaction from CHCs to staff and budget cuts in the NHS has prompted the **Association of CHCs** secretary Tony Smythe to request an urgent meeting with Secretary of State Norman Fowler. "Anxiety has turned to alarm" among many CHCs says Tony. Their first-hand knowledge of how the cuts will affect patients and their statutory duty to represent the public in their districts give CHCs a "legitimate interest" in the Government's action, he says, and he wants Mr Fowler to meet ACHCEW representatives before this month's standing committee so that a full report may be given to CHC representatives.

□In most regions CHCs have made strenuous protests against the cuts. South Western region's **Bristol CHC** has "deplored" both staff and finance cuts imposed on its district — and warned that they will lead to a "serious deterioration" in health care — while **Plymouth CHC** has written an open letter to the Prime Minister expressing members' distress at the "real suffering" the cuts will cause — especially among the elderly and women on the four-year gynaecology waiting list. The CHC calls itself "moderate...not party politically motivated" but says the cuts will cause "unacceptable harm" and accuses Mrs Thatcher of disrupting its district's planning process.

□Oxford region's **Aylesbury CHC** is urging local people to write to their MPs in protest at the spate of closures already disrupting its district's services, and has printed post cards for the public to send to Mr Fowler. The district has said it can no longer provide an adequate level of care for its growing population. **Oxfordshire CHC** wants local women to give their views on the drastic family planning service cuts made in April.

□The Thames regions are bearing very deep cuts. In the south east both **Hounslow and Spelthorne CHC** and **Richmond, Twickenham and Roehampton CHC** want to tell Mr Fowler in person about "serious losses" in services. In the north west **Brent CHC** is backing its rebel health authority — which has refused to implement cuts — and the north east's **Tower Hamlets CHC** has joined its "normally acquiescent" DHA in asserting that staff cuts demanded cannot be met. **Newham CHC** calls the region's cuts "unjust", ***Hampstead CHC*** says they are "totally unacceptable" and **Bloomsbury CHC** believes the staffing targets are "designed to facilitate privatisation". In the south east **Bexley CHC** has told Mr Fowler the targets are "unfair" and contrary to the ethos of local management.

□In the Mersey region **Liverpool Central and Southern CHC** has a window display to show the cuts' practical effects and has started a "memorial to the NHS" book with petition signatures and comments from local people.

□**Northumberland CHC** is anxious that people in the northern region should understand the implications of the cuts. In a press-released letter to Mr Fowler the CHC describes its fears for the future of the NHS. It says it can see "no reason or sense" in the staff cut calculations, and complains about the "growing intrusion by central Government" into management of local services. The CHC "pleads for a measure of stability" to protect the endangered planning process.

□Happier activities are stressed in preparations for **National CHC Week** — 13 to 19 November — but events may yet be coloured by concern over the cuts. While CHCs are responding enthusiastically to the opportunity to promote the CHC role — through conferences, exhibitions, radio phone-ins, quizzes and more — **ACHCEW** is producing a promotional leaflet describing a week in the life of a CHC secretary and highlighting the diversity of issues tackled by CHCs around the country. A short feature article will be circulated to local papers for use during the week, and many voluntary organisations have been approached for their help. But if the NHS crisis continues unabated ACHCEW chair John Austin-Walker may propose to this month's standing committee that a

national emergency meeting of CHCs and other consumer representatives should be held during the CHC Week.

□Patients at a psychiatric unit have complained to visiting **Central Birmingham CHC** members about a ban on seeing their GPs. The unit provides a weekly GP session on Friday afternoons — patients might manipulate their own GPs into giving them drugs, say the psychiatrists — but no cover is provided when the visiting GP is ill or on holiday. The CHC is concerned about the delays in treating physical disorders and argues that the blanket ban — covering day and in-patients — is insulting to patients and GPs alike.

Another problem for the CHC is posed by a pioneering home care diabetic unit for children. Set up with charitable funds, the unit has been saving health authority money and providing a better service for children by teaching management of the disease in the family home instead of admitting children for lengthy hospital stays. When funding ran out the DHA disclaimed responsibility for the unit — savings have been swallowed up by improved services for children with asthma and cystic fibrosis. Bridging funds split between the DHA and a local charity will maintain the service until March but the DHA wants the West Midlands RHA to take over the unit then as a regional training service. The CHC is recruiting local MPs to press their view that local children will lose out if this happens.

□**Macclesfield CHC** is providing office space for a DHSS-sponsored cervical screening scheme. The Women's National Cancer Control Campaign received £17,000 for two pilot projects — and Macclesfield is the first district to take up the offer. A mobile WNCCC screening unit is on a six-week tour of the district — co-ordinated from the CHC office by a family planning clinic staff member — and screened 300 women in the first ten days. Breast examination is included in the service and patients are asked to give a 12½p stamp to post their recall forms when the time comes.

□The Mental Health Act Commission — which will monitor the conditions and treatment of patients detained under the *Mental health Act 1983* — started work last month on the difficult task of organising its 90 members, who include Brenda Butler, member of **Medway CHC**, Joe Jackson, member of **Coventry CHC**, Lewis Kaye, former secretary of **York CHC**, Rita Lewis, member of **Croydon CHC** and Mona Morris, member of **Ceredigion CHC**. John Finch — author of **ACHCEW's** legal update service — is also a member.

□A fifth terminal at Heathrow airport would increase health problems in surrounding districts, says **Richmond, Twickenham and Roehampton CHC**. Stress caused by noise can lead to increased heart disease and can worsen mental illness says the CHC while greater heavy-vehicle road traffic serving the new terminal would increase general pollution. The CHC is especially concerned for the health of the many elderly people in its district and has submitted evidence to a public inquiry into the fifth terminal — which is proposed to follow a fourth terminal's opening in 1985.

CHC surveys and publications

Health help for the housebound *and* where to have your baby (**West Berkshire CHC**). Alcohol abuse in Hillingdon — report of a conference (**Hillingdon CHC**). Consumer views on visiting arrangements at Sandwell DGH (**Sandwell CHC**). Keep an eye on health services — publicity leaflet (**Sheffield CHC**). What is needed for mental health — report of a conference held jointly with Waltham Forest Association for Mental Health (**Waltham Forest CHC**).