CHC NEWS

For Community Health Councils December 1983 No 921

OPEN MARKET FOR EYE CARE

NHS spectacles will become a thing of the past for all but children and the poorest sections of society when the Government's new *Health and social security Bill* becomes law.

The Bill — which had its first reading in the House of Commons early this month — will break the NHS monopoly on dispensing and selling glasses, and overrule General Optical Council rules against advertising by opticians.

In a statement to Parliament outlining his intentions towards the general ophthalmic service (GOS) Secretary of State Norman Fowler said:

"Although the NHS will continue to provide free sight-tests and to supply glasses to the present exempt groups" — children and people on supplementary benefits or very low incomes — "there will no longer be any need for the general supply of NHS glasses."

The move follows an Office of Fair Trading report — see *CHC NEWS* 85 page 3 — which was criticised by the Association of CHCs in February. ACHCEW's standing committee called for the retention of a comprehensive GOS within the NHS — with optician's premises available throughout the country. But Opposition MPs have argued that ophthalmic opticians — who are registered to test sight — may have to close if they are unable to compete with large firms selling cheap frames Safeguards will ensure that frame sellers are competent to read lens prescriptions.

A DHSS press officer confirmed this month that a review of the GOS planned by the DHSS for this year did not take place because of disagreement on its terms of reference.

But ministers believe that an open market on spectacle selling will bring prices down. The removal of a duty on the GOS to supply frames to the public in general will save £17 million in a full year.

Ministers have used the opportunity for legislation to include several other, important measures in the new Bill. Family practitioner committees will receive their long-awaited independence, and a number of changes will be made to occupational pensions, attendance allowances and other social security benefits.

The non-contributory invalidity pension will be replaced by a new "severe disablement allowance" for men and both single and married women. This follows a DHSS review of the controversial household duties test imposed on married women who apply for the housewives' non-contributory invalidity pension.

The new benefit will use industrial injury and war pensions tests to gauge degree of disability. Those who become disabled before the age of 20 will have to demonstrate incapacity for work to qualify for the new benefit. Those over 20 will qualify if they are assessed as 80% disabled or more.

Clarke heckled on NHS cuts

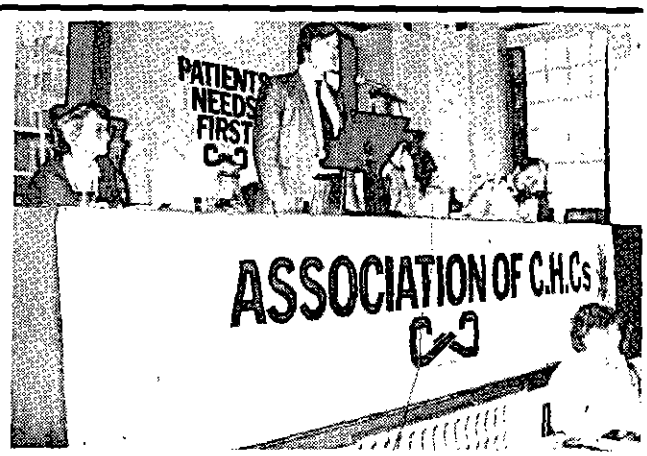

Photo: Chris Saville

Health Minister Kenneth Clarke was heckled by patients' representatives last month as he tried to defend the Government's record on the NHS.

Mr Clarke was speaking at *Patients' needs first* — an emergency conference called by the Association of CHCs (ACHCEW) during National CHC Week to involve a broad spectrum of patients' interest groups in discussions on the present crisis in the health services. His defence of the Government's spending record came after the *Guardian's social services* correspondent David Hencke had cited official statistics — from the DHSS and a House of Commons select committee report — to show that "growth money" since 1979 has been wiped out by inflation, medical advances, population changes and efficiency savings.

The Minister was presented with rose-tinted glasses by Liverpool Central and Southern CHC Chair Sylvia Hikins after he claimed that wards are shutting because of "over-bedding". She replied that Liverpool's 100% bed occupancy means patients must queue for empty beds, yet further cuts are planned.

Representatives heard from Mencap Secretary-General Brian Rix, Jean Davis of the National Association for the Welfare of Children in Hospital and Elizabeth Ackroyd of the Patients' Association on how staff cuts and cash squeezes are affecting their client groups.

Professor Peter Townsend warned that health services are neglecting low income groups' needs at a time of accelerating increases in poverty. Cuts have gone ahead despite the UK's uniquely low spending on health services, he said.

Finally Labour's health spokesperson Frank Dobson urged representatives to believe the evidence of their own eyes rather than misleading statistics which disguise the decline of health services.

ACHCEW is preparing transcripts of the conference proceedings for distribution along with a resolution on cuts from Liverpool Central and Southern CHC.

INSIDE...

Your letters

Through the chair

Marcia Saunders, Secretary, Islington CHC

Over the years Islington, like many other CHCs, has given a good deal of thought to the problem of how to achieve democracy in the NHS. We are conscious that this is a role which some who are not particularly friendly to participation and democracy find it convenient to thrust wholly upon CHCs, when in fact the responsibility is also very much that of health authorities.

Despite the current darkness and gloom, we have felt that one immediate campaign — for a realistic step which would greatly strengthen the ability of members of health authorities to have a real voice in policy making and running of the local health services — would be for chairs of regional and district health authorities to be elected by their members.

The National Association of Health Authorities has agreed that the issue of chair's accountability is an important one and in its evidence to the Griffiths enquiry has argued cogently against professionalised chairs, identified with officers, who "undertake certain tasks or achieve certain objectives without the prior agreement of, or even without prior consultation with, the authority itself".

While obviously the role and accountability of health authority members *themselves* is a crucial question, it seems to us that a first step toward offering them a chance to get control of policy, and therefore have something to be accountable *for* in more than symbolic terms, is to give them a focus and advocate in the form of chairs whom they elect to be their spokespersons and focus for their efforts to get local improvements, officer accountability, and responsiveness from the centre.

We would be interested in other CHCs' views and commend to everyone NAHA's concise "NHS Management Enquiry — Paper 2 — The Role of Health Authorities — Their Chairmen and Members".

● *Available free from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.*

Integrated dentistry

H Baker, Secretary, Kettering and District CHC

The article entitled *How to stop the rot in the dental service — CHC NEWS* 89 pages 4 and 5 — gives a misleading impression of the Community Dental Service — especially in Northamptonshire — and its relationship with general dental practitioners (GDPs).

Since 1974 the CDS and the GDPs have co-operated through the Dental Advisory Committee. The CDS has evolved a complementary role to the General Practitioners Services so as to provide a fully integrated service for our county.

Cost of consultation

Brian Sherlock, Secretary, Herefordshire CHC

My CHC has recently been informed that it will have to buy copies of a consultation document containing proposals for the future management of ambulance services in this district.

This would appear to infringe at least the spirit of paragraph 21 of statutory instrument 1973 No. 2217, which lays on the relevant authority the duty to provide the CHC with such information about the planning and operation of services in the area of that authority as the CHC may necesarily require in order to carry out its duties.

I would be interested to hear if this situation has arisen in any other district.

Parents in partnership

Erica De'Ath, Development Officer, National Children's Bureau, 8 Wakley Street, London EC1V 7QE.

I would like to bring a new project to the attention of your readers.

A new three year development project on *"Parents in partnership: services for families with young children"* has begun at the NCB. The project will:

- explore the extent to which services for families with children under five are planned, implemented and delivered in partnership with those families for whom they are intended;
- identify and examine a number of initiatives in which a working partnership is achieved between parents and professionals in the health, education and social services and the voluntary sector;
- disseminate information and promote discussion of parent-professional partnership by means of in-service training, conferences and publications.

We would very much like to hear from any of your readers of any schemes or services in which they feel attempts are being made to plan, implement and deliver services in a real partnership with parents.

Further information on this project is available from Gillian Pugh or myself at the NCB.

Untimely advice

Sue Beatty, Secretary, Hammersmith and Fulham CHC

A glossy 34-page booklet entitled *"Ceremonial occasions — a guide"*, published by the Public Relations Department of the North West Thames Regional Health Authority has recently come to our attention. The booklet gives all the advice one might need if organising a ceremonial occasion such as a "grand opening of a complete new hospital complex". A most comprehensive booklet, it is full of words of wisdom on such matters as how to cope with several hundred dripping umbrellas in rainy weather, which shade of flowers to select so as not to clash with "the Royal Dress", sending invitations and an exhortation to refer to Debrett's "Correct Form" if in doubt about protocol and correct titles.

It is gratifying that adminsitrators are being instructed on the conduct of such occasions, but we wonder whether they will find much use for this information when closures in the NHS, rather than "openings" are the order of the day.

Informing opinions

Doris Pirt, Secretary, Solihull CHC

At a recent meeting of the CHC there was concern expressed by some members at the real, or imagined, political bias of *CHC NEWS*. The main headline in the October 1983 issue was instanced — "Cuts fury grows".

It was said that the recent format of *CHC NEWS* appears to be that of a national newspaper whereas it should be a factual journal enabling CHCs to make informed opinions.

It is suggested that if the name of the writer was appended to the *Comment* column it may go some way to allaying the fears of those members concerned and would also encourage members to respond. *Ed: all unsigned contributions to CHC NEWS — including the* Comment *column — are written by the editorial staff.*

Apology

We regret that that the November issue of *CHC NEWS* was posted a week late due to circumstances beyond our control. We also regret that some CHCs received incomplete copies. This was due to production difficulties.

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

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DECEMBER 1983 No 92

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Comment

Dear Santa Norm,

As you no doubt know, this is traditionally the season of cheer and goodwill so I have a request to make of you.

I know I am making this at a difficult time for you — you are probably up to your sleigh bells in wrapping paper — and I know that these days there are not as many presents to go round. I also saw that you cut back in reindeers recently and that two can't pull you as far as four. So I realise that you are having to be more selective about which chimneys you put presents down.

But I do think you are missing out some of the chimneys of poorer folk — folk with little girls and boys who can't afford their own presents.

I know you are going to say that two reindeers are more efficient than four and that not visiting all the chimneys doesn't necessarily mean that you are not committed to the National Happy Season (NHS), but I do think dropping empty sacks down some of the chimneys is a bit much.

Far be it for me to lecture you on the idea of Christmas because your white beard shows you've been at it for some time now ... but the idea of Yuletide is to make sure everybody gets something and that presents are shared out equally.

At the same time, I think you should be warned that new "private" Santas, who appear to want to take over part of the National Happy Season, are not doing a very good job. For a start they only want to go down the rich chimneys and I've heard they often take more than they leave. It is also said that they are not very efficient — a point I know you are very careful about.

So when you give out the big presents to all the local Happy Authorities (HAs) I want you to be aware that we, here at the Community Happy Councils (CHCs), will be taking note of which chimneys you visit and how big the sacks are. So make sure you don't give some of them the sack, but the presents inside.

You see, you asked that nice man from Sainsburys to give you a discount on mince pies this year, but we would quite like a slice of the pudding as well. We are not being greedy but it seems silly to improve the mince pies and not the pudding.

So please, Santa Norm. When we all wake up on Christmas morning, could you make sure that in our stocking or below our tree, we find some nice, big happy presents so that we can look forward to a better and improved Happy Season next year with more presents for us all.

Yours in Xmas Spirit

CHC News

Health News

Putting the wind up Seascale

Concern over levels of radioactive material emanating from the Windscale nuclear fuel plant in Cumbria has led to an urgent Government inquiry.

Sir Douglas Black, former president of the Royal College of Physicians, is leading the review of evidence following allegations that radioactivity in the area is causing a high incidence of cancer among children and young people.

This inquiry comes on top of studies being compiled by the National Radiological Protection Board in conjunction with the Medical Research Council on the incidence of cancer, including leukaemia, near nuclear plants in England, and the Office of Population Censuses and Surveys which is conducting a similar analysis of such areas with nuclear plants operating before 1955.

The Government has already authorised the construction of a filtering plant — SIXEP — intended to reduce the level of nuclear waste being discharged into the sea at the cost of over £80 million. In addition, health ministers have been pressed by Labour MP Austin Mitchell to investigate the levels of radioactive elements in household dust in villages around the Windscale plant.

Ministers have promised to publish the results of the Black inquiry as soon as they are available.

Disabled people call for rights

Labour MP Bob Wareing's Bill to outlaw discrimination against disabled people was torpedoed by the Government last month

Photo: Pam Isherwood

amidst Labour Party cries of foul play when Tory MPs voted on a procedural motion to halt the Bill's progress through the House of Commons.

The Bill aimed to:

- make it illegal to discriminate against disabled people solely on the grounds of disability
- establish a Disablement Commission to promote the integration of disabled people into society, investigate discriminatory practices and individual complaints, and advise the Secretary of State on implementing anti-discrimination measures
- tighten up the duties of local authorities under the *Chronically sick and disabled persons Act 1970*
- increase representation of disabled people's interests on consumer and advisory committees.

Considerable support for the Bill throughout the disabled people's lobby was demonstrated by a series of regional conferences held by the Spastics Society during the summer. All ten conferences found an overwhelming majority of disabled people attending were in favour of anti-discrimination legislation. But health ministers have not demonstrated that discrimination exists on a scale to justify legislation.

The Bill will continue to appear on the Commons' order paper and was presented for a first reading in the House of Lords by Lord Longford on 28 November, where a second reading is tabled for 12 December, but the Government's hostility towards the Bill is thought to be so marked that it is unlikely to progress far in either House.

Concern for change

CHCs have been a catalyst for change within the fragmented UK welfare services, says MIND — the National Association for Mental Health, and increasingly powerful consumer and self-help movements have exposed many defects in institutional service provision.

Now MIND is calling upon all those concerned for mental health to work towards a radical reform of services for the mentally ill and handicapped. *Common concern — MIND's manifesto for a new mental health service* outlines a "vision" of comprehensive, locally-based services appropriate to people's needs and built around mental health service development *groups* — for operational planning, budgetary control and management — overseen by MHS develpment *committees* — responsible for strategic and policy development.

The groups would bring together representatives of the professions, housing and social service departments, supplementary benefit offices, trades unions and clients — including CHCs. Members of

Continued on page four

GPs and PATIENTS...

by Susan Clayton, Vice-Chair, Lancaster CHC

A new and potentially powerful opportunity for patients to express their views on general practice has arisen with the setting up of a patients' liaison group by the Royal College of General Practitioners — see *CHC NEWS* 83 front page.

The group is intended to further links between patients, GPs and the RCGP itself. It consists of seven lay members — who all have close links with CHCs and were chosen with the assistance of the Association of CHCs — and seven GPs.

The group reports to the council — the main governing body — of the RCGP, and to its communications division executive. The development of such a group is unique for it is the first time a medical royal college has created a group of this nature.

The first two meetings have been most constructive — although much time had to be spent deciding how the group should operate, and it is likely that this discussion will continue for some time.

At the first meeting the group decided to ask members to identify those areas of general practice they believe are sometimes found unsatisfactory by patients or are in need of review by the college. We also gave thought to ways of continuing to collect the views of patients.

As a result members have drawn up a preliminary list of topics the group might consider, and are also approaching patients' and allied organisations to learn what they consider the group should debate. We would very much welcome comments of relevance to our work from CHCs and of course from other relevant organisations and individuals.

For example we would like ideas on additional topics relating to general practice and of concern to patients, detailed information about the difficulties which have already been identified by the group — see below — as well as aspects of general practice which people would particularly commend and ways by which previous difficulties have been resolved.

Members would also welcome ideas as to how permanent patient-GP liaison can be encouraged and enhanced at all levels of service.

The issue of **patient-GP interaction** and relationships was raised by several members. The quality of communication and the accessibility of GPs were frequently listed. The attitudes of GPs towards patients were felt to be important topics — in particular the extent to which patients are involved in decisions affecting their own care.

Many issues relating to **practice management** were raised. These included appointment systems, the role of receptionists, surgery hours, arrangements for handling urgent calls, deputising arrangements, home visiting, access to women doctors,the availability and suitability of interpreters, access for disabled people, information about practice arrangements available to patients before and after registration, and the circumstances under which practices accept new patients.

The provision of care for itinerant and homeless people was raised, as well as arrangements for screening patients, dealing with children with infectious diseases in waiting rooms, the protection of confidential records, and complaints procedures. It was also felt that the way GPs learn about the provision of services by other branches of the NHS and by voluntary organisations might warrant review.

On the question of **GP training** it was felt that certain topics may require greater emphasis. The skills of communicating well with patients were particularly stressed, together with increased awareness of the social and emotional needs of patients. It was also felt that greater attention should be focused on the needs of elderly and homeless people and those from ethnic minorities and lower income groups. Support for relatives of patients was

Health News

Continued from page three

local and health authorities would join group members to make up the committees.

The manifesto document includes reports on each region's mental health strategies, and costs £2.50 inc post from Yorkshire MIND, 2 Blenheim Terrace, Woodhouse Lane, Leeds LS2 3EF.

Calling old money new

Chancellor Nigel Lawson's claim that his announcement of £800 million last month is new money for the NHS has been dismantled by the British Medical Association.

It will at best merely restore the NHS budget to its position at the beginning of 1983-84 and in some areas could mean a cut of services in real terms.

The figures show that the £800 million represents at most a 7% increase in some areas of NHS spending and as low as a 4.7% increase in others. The DHSS has admitted that this will be hardly enough to keep pace with the expected increase in the number of very old people or with inflation — the retail price index is expected to be 4% at its lowest next year but NHS expenditure has run at a total of 17.5% more than the RPI over the past four years.

Some £400 million has been put aside for the hospital and community health services making a 4.7% increase on 1983-84, £50 million goes on NHS capital spending — a 7% increase, and £190 million goes on Family Practitioner Services — also a 7% increase.

The BMA declares that the cash announced does not build on last year's White Paper on NHS expenditure but on expected spending after the Chancellor's mid-year cuts: "The NHS starts, therefore, from a disadvantaged position. The expenditure may yield real growth of over 1% but this will do no more than cover population effects and will constitute an effective standstill."

Cause for complaint?

Between 1 September 1981 and 31 December 1982 some 184 complaints were formally referred to regional medical officers (RMOs) in England under the clinical complaints procedure.

Of these, 26 cases were resolved locally, 45 were rejected as unsuitable for the procedure, five withdrew voluntarily and 63 were referred on by RMOs for review by consultants giving "second opinions". Of these 63 cases, 31 remained unresolved by December 1982 and of the 32 where reviews were completed, one quarter of complainants were not satisfied

In Wales 13 cases were referred to the new medical officer for complaints (MO(C)), four reviews were completed and in one case the review found cause to criticise the consultant's handling of his patient's case.

Ministers have hailed the *Report on operation of procedure for independent review of complaints involving the clinical*

also noted as a topic of concern.

The way information about pharmaceutical drugs is disseminated and assessed by GPs was raised. It was suggested that greater emphasis might be placed on educating doctors about preventive measures and non-pharmaceutical forms of treatment. It was recognised that these issues are relevant both to the initial and the continuing training of GPs.

The **education of patients** was also stressed, including the possibility of using micro computers in this context. Generally it was suggested that patients should have a greater involvement in the design and operation of training programmes for GPs.

Some members thought that there should be greater evidence of **audit** or performance review by GPs. The question was raised as to whether patients should be permitted to report suspected adverse effects of drugs to the committee on safety of medicines.

The role and relationship of GPs with regard to other workers in primary health care — and in the health service generally — was felt to warrant further debate. The difficulty for some patients of being restricted to one GP or partnership rather than being free to seek assistance from any GP was also raised.

A number of questions relating to the **participation of patients** in general practice were identified. It was felt that we should look carefully at ways in which local liaison between patients, GPs and other primary health care staff could be strengthened — for example by developing the Patient Participation in General Practice movement. The importance of participation in policy formation — locally and nationally — was also stressed.

It must be emphasised that the topics listed above are those that individual members of the group have raised for possible consideration. The group has not yet taken any decisions about which concerns it will endorse or what recommendations it will make.

The lay members of the patients' liaison group are: myself, Anne Crerar of Central Birmingham CHC, Nancy Dennis of Greenwich CHC, Geoffrey Havelock of East Berkshire CHC, Lawrence Murphy of Llanelli-Dinefwr CHC, Rev Francis Smith of West Fife Local Health Council, and Daniel Taggart from East Belfast and Castlereagh District Committee.

Comments should be sent to the lay members via their CHCs.

making links

GP and CHC members of the Royal College of General Practitioners' patients' liaison group.

Photo: Annie Henderson

judgement of hospital doctors and dentists as demonstrating that "the procedure has got off to an encouraging start".

Health circular *HN(83)31* accompanies the report — extra copies from the DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs

Learning patients

College of Health founder Michael Young proposes that patients should take an "empiric" oath beginning "I will accept responsibility for the condition of my body" — to match the Hippocratic oath of doctors. Writing in the new College's journal *Self Health*, he also outlines the aims of the College — education on prevention, self care when ill, treatment and alternative medicine — and its activities — including courses, and information service, and local and Channel 4 TV viewing groups. Membership includes the quarterly journal and costs £10 per year — from the College of Health, 18 Victoria Park Square, London E2 9PF.

News in brief

•The dangers of german measles (rubella) to young women are the target of a new campaign launched by the Government. The National Rubella Council, set up in October, will spearhead the 11 voluntary organisations who have put their name to the move. Their main aim is to increase immunisation against rubella amongst schoolgirls and susceptible women of child-bearing age. Rubella can have tragic consequences on the unborn child — often causing severe abnormalities or handicaps.

•The co-ordination of care and treatment services for misusers of alcohol has now been centralised by the Government with the launch of a new agency. The National Agency on Alcohol Misuse replaces three of the four existing groups — the Alcohol Education Centre, the Federation of Alcoholic Rehabilitation Establishments, and the National Council on Alcoholism — but the Medical Council on Alcoholism has chosen to carry on. The new agency has set its first task as encouraging a better understanding of drinking problems rather than a direct anti-alcohol crusade. Triple A — *CHC NEWS* 90 page 1 — was launched in October to directly fight alcohol misuse but does not receive Government funds.

•CHCs have been invited to submit their views on the NHS Management Inquiry Report (Griffiths) by Health Minister Norman Fowler. Comments to CA Muir, Room B1201, Alexander Fleming House, Elephant and Castle, London SE1 6BY by 9 January 1984.

•Health authorities have been told by the Government to make a complete review of all their buildings and land. Health circular *HC(83)22* asks them to submit the survey by June 1984 along with a system of notional rents for health service buildings based on rateable values with the threat of financial penalties for underuse — *CHC NEWS* 84 page 3. *Underused and surplus property in the NHS price £3.95 from HMSO.*

A CUT A DAY ...

Humpty Health Service sat on the wall,
Humpty Health Service had a great fall,
All the health watchdogs, women and men,
Couldn't put Humpty together again.

The Government sits in Whitehall and juggles with the figures — but it is the patients and staff in hospitals, clinics, ambulances and homes who are left to pick up the pieces.

As Norman Fowler maintains that the Government is committed to the NHS, the picture painted by CHCs is very different.

ACHCEW's national conference last month demonstrated their anger at the seeming indifference from ministers as CHCs face hospital closures, clinic shutdowns, ambulance cutbacks and the sight of the NHS being drained of life. Here, in a special feature *CHC NEWS* looks at the picture from the patient's point of view ...

Finance

It is the staff cuts which have grabbed the headlines and illustrated the dire straits of finance in the National Health Service. The myth has been blown that the Tories are presiding over growth in the NHS. Even before the new staff targets were announced in September, figures revealed last March demonstrated that Government claims of increased money available in the NHS were misleading.

The Research Division of the House of Commons Library completed a detailed analysis of Government claims that expenditure in 1983-84 represented a 7.7% growth in services compared to figures for 1978-79. Increased costs from demographic changes, increased costs from medical advances and efficiency savings account for 7.2% of that so-called growth. But this fails to take into account the fact that NHS prices have risen faster than the Retail Price Index on which these figures are calculated.

In reality there has been a 0.7% cut in resources in real terms between 1983-84 and 1978-79.

Staff

Just like finance, the public face of staffing in the NHS — depressing as it is — hides the true picture.

Norman Fowler's controversial announcement of a 4,837 reduction in staff targets in September was greeted with universal condemnation. His explanation that the cutbacks represented just 0.5% of the total workforce concealed the arbitrary way the figures were decided. They failed to take account of:

- posts left vacant by health authorities to comply with previous targets;
- posts left vacant on 31 March 1983 due to reorganisation;
- posts left vacant but earmarked for new developments

All these factors mean that the baseline of 31 March will leave many authorities well below the Government's targets. Lewisham and Southwark for example should have a full-time nursing staff of 3,801.

It was from this figure that the 80 jobs the Government sought should have been shed. Instead the 31 March baseline was 3,710 and so 171 jobs ended up on the scrap heap. This reflected around the country reveals the real effect of the Government's edicts on staffing.

Family planning

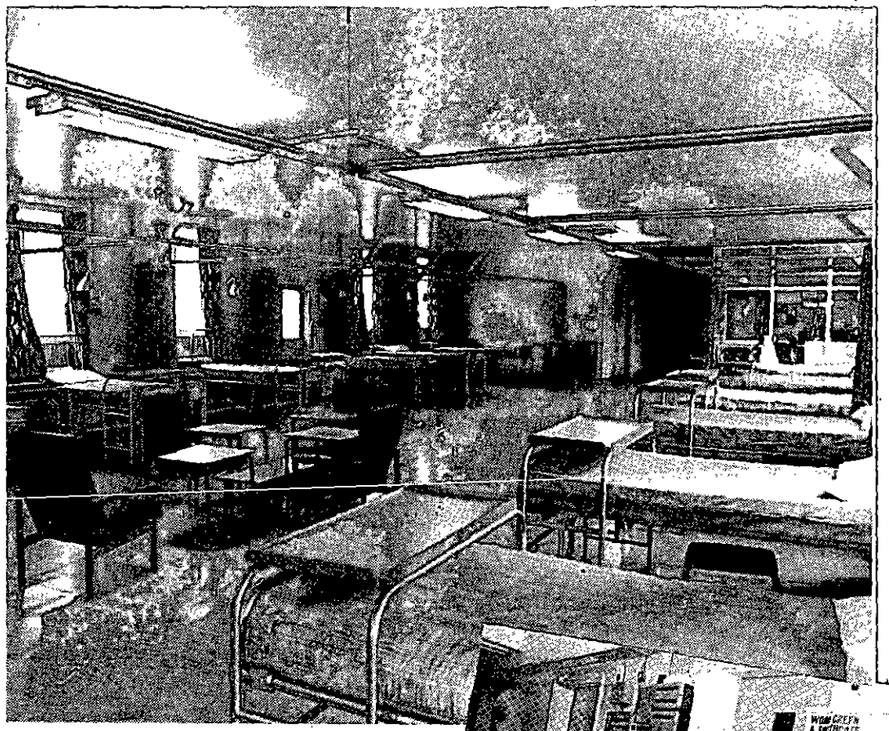
Cuts in the health service immediately bring hostpitals to mind but other provisions have also faced drastic surgery.

Family planning clinics have been one of the major targets as health authorities seek extra cash. Oxfordshire CHC has watched the exercise in their area which their secretary Tom Richardson described as a "shabby little exercise" which will save a small amount of money and cost a great deal of public trust. The Government's Chief Medical Officer designate, Professor Donald Acheson, went further and said the idea of cutting clinics was extremely silly because it could lead to unwanted pregnancies which would ultimately cost the NHS more money. In Oxford the DHA closed one clinic completely and cut sessions at ten others and eight have lost time from both nurses and doctors. Queues are getting longer and time for each patient shorter, says the CHC.

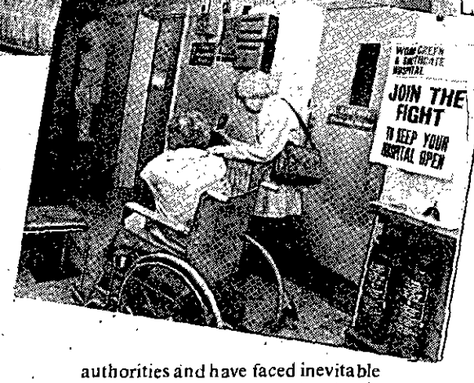
In West Berkshire vasectomies and sterilisations have been stopped on all but medical grounds. This will save £45,000 but again the consequent costs could be higher.

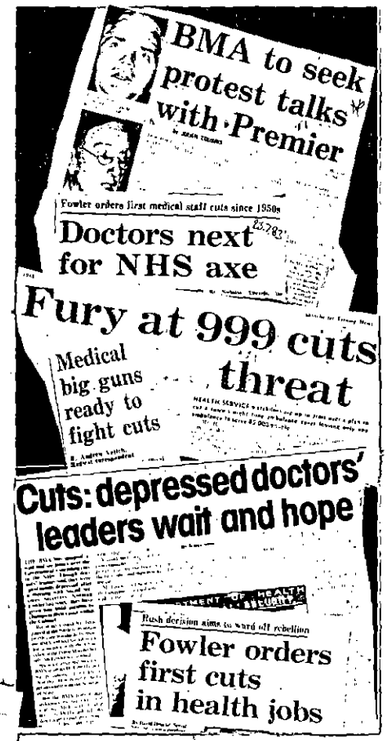
Maternity units

Maternity provision is another area where cutbacks are causing a public outcry. Yeovil, Rossendale, Tunbridge Wells, Staffordshire, Hull, Colwyn Bay, Norwich, Cheshire — the list goes on and on all round the country. Some are claimed to be uneconomic and underused but the recurring message from local campaigners including CHCs is that choice is being taken away from expectant mothers and hardship caused by greater distances to travel. The Shaftesbury Health Authority in Somerset announced the closure of its maternity unit at the Westminster Memorial Hospital in September. The decision leaves women with a 23 mile journey to a hospital on the outskirts of Salisbury — a local GP estimated that this could mean an hour's ambulance journey for some.



(Photos: Roy Cuckow)





Community care

The field of community care is the most difficult to evaluate. Services like home helps and meals on wheels come under local authorities and have faced inevitable cutbacks as the squeeze on local government spending has continued. But CHCs have made their largest protest about the Government policy of transferring community care facilities from large institutions into the community. Claybury Hospital for the mentally ill in Essex is a prime example. In the process of closing the hospital the regional health authority proposed an increase of just 10% in expenditure to cover the transfer — Waltham Forest CHC said a 100% increase was needed for the shift of services.

Hampstead CHC has been more direct in its attack saying that the present job cuts are incompatible with the policy of shifting community care. They say that staff/patient ratios should be increased and not decreased.

What Waltham Forest CHC said ...

"In our 1977 annual report, the CHC condemned the closure of Connaught Hospital and asked how the Health Authority could ensure that the service did not deteriorate further. In each subsequent annual report, the CHC has had to report on further fights against closure of local hospitals.

This year, Waltham Forest DHA decided to close Lugano and Harts Hospital, despite massive local opposition, for the sole purpose of making financial savings. While this proposal was still under consideration, the DHA produced plans for further closures at Jubilee and Forest hospitals. Pressure at Whipps Cross has grown greater and the hospital was forced to close a ward and cut back the number of patients seen in order to meet the cash limit. All District hospitals and units were instructed to make savings of 0.5% this year, so no service has escaped the axe."

Kidney and bone marrow diseases

Military medical personnel have a system called Triage which is used at times when they are short of resources. It applies to injured personnel and has three categories:

- personnel too badly injured to be worth treating;
- personnel who can treat their own injuries
- personnel who are worth treating to get back into action

The expensive treatments for kidney and bone marrow diseases fall into the third category with doctors recommending for treatment patients they believe will be useful to society and not the poor or disadvantaged.

Every year about 2,000 people in Britain between 45 and 70 die of kidney disease who could be treated if facilities were available. Figures show that about 500 kidney patients will die this year who could be saved because of the freeze on health spending.

Bone marrow disease suffers the same shortage of facilities. Health minister Kenneth Clarke recently announced a £650,000 grant for present transplant centres contradicting the Black Report on bone marrow treatment which advocated new facilities outside London. This came just a month after health officials in the North East revealed that £250,000 was too high a price tag for a unit in their area.

Ambulances

As hospitals close leaving patients with further to travel, so the means of getting them there is cut back as well. In Warrington it has been proposed to have just two ambulances on emergency call at night to serve a population of 85,000. In Greater Manchester 44 ambulances are to be cut and in Northumberland 19. It is becoming clear that the health service will serve patients to differing degrees depending on where they live. In Portsmouth a dying man was taken in a police transit van to hospital because no ambulances were available.

Contracting out

Experience has told many CHCs that contracting out services can eventually cost more money and that standards of care will decline. Yet the Government has told all health authorities to put forward programmes for cleaning, catering and laundry services to go out to competitive tenders by February 1984. Peter Ruheman of West Berkshire CHC summed it up: "I am concerned about public safety. The only way private contractors can undercut is by using fewer staff and paying them less." East Herts CHC has already seen its local health authority scrap private contractors and return to direct labour because it was more efficient and less expensive.

But the argument from the Government on contracting out remains based around cost and not standards of service. The highest estimate for the number of private firms running cleaning services in the NHS stands at just 4% and already the example in East Herts is not an isolated one. One hospital in the South West Thames region reversed the process by employing its own staff after 10 years with a private cleaning firm — administrators were worried about standards of supervision.

... keeps the doctor away

Book reviews

The experience of handicap

by David Thomas, Methuen, £4.25

This is a penetrating and wide-ranging psychological analysis of the impact of handicap on the individual and his or her family. It should be read by all professionals involved with disabled people and by interested CHC members. Many of these need the fresh wind of change in personal relationships with their disabled clients so well generated by this book.

Attitude — of the disabled person, of the caring relative, and of associated professionals — is examined in depth. Honestly and persuasively the book indicates the acceptance of handicapped folk as just people, no better nor worse than their able-bodied peers.

All disabilities and age ranges are covered and there are many personal stories included. The publication of this book is well timed, coming as it does when society is just beginning to look upon disabled people as an untapped asset rather than a liability deserving patronising care.

Pat Saunders, Assistant Editor, Handicapped Living

Working with the confused elderly

*by Eva Banks and Roger Winn, London Borough of Wandsworth, £15**

Memory, a user's guide

by Alan Baddeley, Penguin £4.95

Health care of the elderly

edited by Tom Arie, Croom Helm, £13.95

Caring and elderly people

by Susan Hooker, Routledge and Kegan Paul, £3.95

These four publications offer perspectives on looking after old people that range from the general to the specific — should geriatrics be a speciality? to the care of the elderly person in bed.

The most novel of the four is the Banks and Winn training pack. These two Wandsworth social workers originally devised the programme for the benefit of unqualified fieldwork staff but have since used it with professional groups.

However, the trainees are not brought to grips with the problem of how to go about caring for confused old people until the fifth of the six sessions. The first three deal with the background to the problem while in the fourth carers examine their own feelings of stress. Only in the fifth session do they arrive at "communication and practice" while the last is about "reality orientation in the community".

Course leaders might prefer to rearrange the order of sessions. They might also wish to check the sources of the many factual statements made in the text — but although there is a useful biography, no specific references are given. This is not really good enough in what is after all a teachers' manual.

An item that could well be included in the bibliography is Alan Baddeley's guide. Trainees could then read a more accurate description of memory than that offered in session one. For example, the current view amongst cognitive psychlogists is that "long-term memory" means information that is stored sufficiently durably to be accessible over a period of anything more than just a few seconds rather than merely information for distant events.

Demented old people often have general intellectual deficit as well as obvious inefficiency in retaining new information. They probably get confused because of their reduced ability to rapidly gain access to and turn over the information about where they are, what they are meant to be doing and the social rules about their current situation.

The health care of all people over 65, not just those who are confused, is the focus of Arie's book. Each contributor offers a specialist's view of a particular aspect of the field. Some of the chapters like Exton-Smith's review of the consequences of living in a cold climate for old people are of scholarly depth while others such as Boyd's account of what constitutes a 'social problem' in geriatrics are of more general appeal.

Susan Hooker's book includes a section on incontinence which would benefit from up-dating with more information on the various types of incontinence pad and garment that are now available.

Sadly not all health authorities stock a wide enough range of these aides some do not provide any pads at all for sufferers able to get about during the day and they can be very expensive to buy over the counter.

This is not so much a book to recommend to relatives as it covers too much but it is a must for community nurses, residential home care assistants and anyone else involved in the day-to-day care of old people in the community. Of these three publications Arie's is probably of the widest appeal.

*Available from K Woolf, London Borough of Wandsworth Social Services Department, Welbeck House, Wandsworth High Street, London SW18 — £15 inc post.

Janet Simpson, Research Psychologist

The herpes manual

by Sue Blanks and Carole Woddis, Villiers Publications, £2.99

Herpes — what to do when you have it

by Dr Oscar Gillespie, Sheldon, £3.95

Herpes — the facts

by Dr JK Oates, Penguin, £1.50

Of these three books, the one I would most recommend is *The herpes manual*. Written by two members of the *Herpes association*, it offers practical advice on how to live with herpes, how to tell others you have it and how to prevent spreading or catching it. They use extracts from letters to introduce points, answer questions and give considerable detail about methods of prevention and self-help during an attack.

Herpes — what to do when you have it includes much of the same material and has summaries at the end of each chapter reinforcing the main points. My only criticism is that this is an American book and therefore a number of the medical treatments suggested are not available in this country.

I found *Herpes — the facts* curious in that a number of the facts did not correspond with those in the other books, and that without my medical training I would have found it difficult to understand. It is preoccupied with virological detail and offers little positive advice or reassurance.

Both *The herpes manual* and *What to do when you have it* cover all aspects of the disease and its implications and offer constant reassurance. They are excellent reading for anyone with an interest in this subject.

Sally Wiltshire, CHC NEWS Information Service

Social responses to handicap

by Eda Topliss, Longman, £3.50

This book was inspired by the author observing her only sister change from a sturdy childhood playmate into a heavily dependent invalid, disabled by a progressive disorder of the nervous system. The reactions of society to her needs were the starting point of this book.

The first part contains a survey of the various provisions by the State for both mentally and physically handicapped people in the UK. The second half is an investigation into the attitude of society towards the handicapped — it suggests that although disabled people may have improved their lot in recent years this has been in common with the rest of society, and their relative position has changed little.

The effect of stigma on disabled people is examined at length. Recent press reports of the hostile reception given by Teignmouth residents to parties of handicapped holiday-makers suggest this book is timely. It is an important contribution to the study of such social responses, though it does not offer an easy solution to the problems of stigma.

I recommend the book — but I feel it is not very optimistic and does not take into account progress involving disabled people with electronic aids such as computers, adapted cars, electric wheelchairs and other modern aids. The book contains relevant documents and a comprehensive bibliography.

Bruce Pallett, former Member, Croydon CHC

Let the train take the strain

by Edgar Evans, Secretary, Weston CHC

For many years Weston CHC has held *Aids to living* exhibitions to display for the elderly, for disabled people and their relatives the many aids that are available to enhance the quality of life of this section of the community.

Prominent amongst those taking part in these exhibitions have been the nationalised industries. The Electricity and Gas Boards do a tremendous amount of work through their home services advisors to ensure safety and to assist handicapped and elderly people to make full use of the modern and sophisticated appliances which are available for use in the home.

Recent years have seen major changes in the way British Rail sets out to meet the needs of disabled travllers. Its approach stems from a greater recognition of the crucial role transport plays in helping people with various disabilities to lead a fuller life — rail travel can offer great advantages of independence and personal freedom.

The past three years have seen the Board of BR in the forefront of change to improve matters for disabled travellers — with new stations and rolling stock being designed with their needs in mind. This will continue, bringing benefits to all passengers.

The major problems are a legacy of well over 2,000 stations built at a time when the needs of disabled people were not taken into account and, to a lesser extent, rolling stock of up to 40 years old.

By the end of 1984 BR plan — as the first part of a three-pronged campaign — to complete modification to a core system of 55 major stations so that they are totally accessible and readily usable by people with differing disabilities.

That means providing parking spaces, ramps, unisex toilets, stairs and platform edges marked to benefit people with sight defects, and induction loops at booking office windows to help those with hearing aids. Other improvements include better signing, adaptation of lifts to passenger operation, and staff training.

By concentrating initially on these stations, BR will be providing within its overall network in a comparatively short time a core of well-used stations and inter-connecting long distance trains that offer a consistently good and comprehensive service tothe disabled traveller.

A programme for installing unisex toilets at these core staions has already been agreed and other programmes are being developed.

Secondly, BR is making funds available to extend community involvement in improving access and facilities for the disabled at stations throughout the network. Local authorities, organisations or even commercial concerns are challenged to match £1 for £1 the money BR will make available for such station improvements.

Though early days yet, a number of initiatives are already under way with local authorities — ranging from car parking spaces, the adaptation of lifts and building of ramps, to provision of special toilet facilities.

Thirdly BR is seeking sponsorship from commerical companies — or indeed anybody — for provision of facilities for disabled people at stations. Recent exampies include purchase of wheelchairs, provision of a unisex toilet at a local station and some offers to provide induction loops at booking offices. There is considerable scope for such initiatives.

In all these developments, BR will seek to gain the best value for money, matching access and facilities to demand. Particular attention will be given to areas where specific needs are identified — for example at stations servicing hospitals, training centres and even hotels for people with particular disabilities.

The needs of disabled travellers are being incorporated into new rolling stock designs and in stock being extensively refurbished.

Modern InterCity coaches incorporate grab handles, wide, often automatic access doors, and a removable seat at one end of the first class coach allowing access for most people in wheelchairs. The passenger in a wheelchair is charged a special fare of half the ordinary second class fare and this reduction also applies to a companion.

In InterCity second class coaches a table has been removed from one group of seats nearest the entrance and the toilet, so easing travel for ambulatory disabled people.

New sleeper coaches include, amongst many improvements, inter-connecting doors between pairs of compartments.

New suburban and cross-country trains currently being constructed have lower steps, floor and automatic sliding doors, giving much easier access and enabling the wheelchair-bound to travel in the coach with other passengers.

Guide dogs accompanying blind people always travel free and can generally be taken into stations and train restaurants and buffets.

Complementing all these initiatives and recognising the particular needs of permanently and severely handicapped people, in 1981 BR introduced its Disabled Persons Railcard, recently extended to include people registered with their local authority as "deaf without speech". The Railcard — currently held by some 16,000 people — costs £12 and allows the holder a year's rail travel at half the full fare of Awayday fare. The same reduced rate travel is also available for an adult travelling companion.

As a next step, BR will be looking at ways of improving door-to-door transport facilities for the disabled. The aim will be to simplify the whole journey through co-operation with other transport systems — by providing clear information and ensuring that interchange facilities are available. This will embrace other public transport, will recognise the role of the car and taxi, and will link up with specialist transport operators for the disabled such as Dial-a-Ride.

Photos: British Railways Board

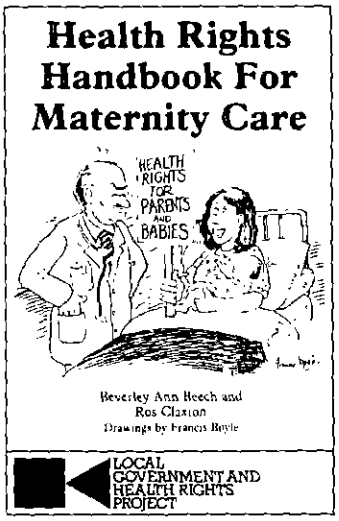
Scanner

Treating sickle cell

The need to publish a second, updated edition of the Sickle Cell Society's booklet *Sickle cell disease — the need for improved services* supports their claim that the 3,000 known cases of the disease are a gross underestimate. One in 300 to 400 babies of Afro-Caribbean descent are born with the illness and one in 10 are born with sickle cell trait which has important genetic implications. The booklet gives a detailed description of the disease from diagnosis to treatment and examines the present facilities for treating sufferers and the public's general awareness of its existence. Copies from the Society c/o Brent CHC, 16 High Street, Harlesden, London NW10 4LX — price 80p inc post. Donations also welcome.

Paying for lipservice

Lipreading is the topic of a booklet entitled *Lipservice — the state of lipreading in Britain.* Published by the British Association of the Hard of Hearing it gives an overall picture of lipreading services — from the facilities available to general needs. It highlights the example of one authority in Yorkshire which got its service right and presents this as a blueprint for action for local hard of hearing groups. Copies from the British Association of the Hard of Hearing, 6 Great James Street, London WC1N 3DA — price 40p inc post.



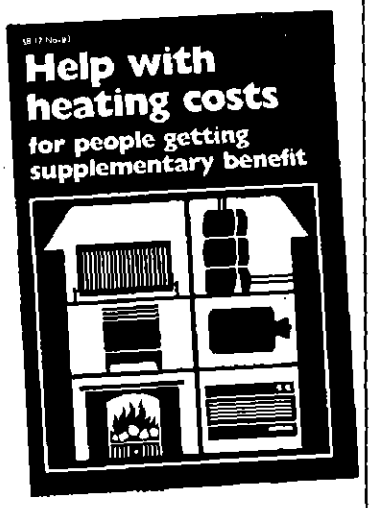
The complete range of maternity care is the subject of a special guide designed to help parents obtain the kind of care they want. Health rights handbook for maternity care — *produced by the Local Government and Health Rights Project — begins by telling parents that the ultimate responsibility rests with them. It covers the choice of ante-natal care, where the baby is born, what rights the parents have and the complaints procedure should anything go wrong. It finishes with a list of supportive organisations and a very useful reading list. The booklet is available from the project at 157 Waterloo Road, London SE1 8XF — price £1.30 inc post.*

Building in the community

Mentally handicapped people need not be segregated in special buildings costing thousands of pounds — so says the Campaign for Mentally Handicapped People. Their latest publication *Planning spaces* by John O'Brien and Connie Lyle challenges the Government to see through its policy of phasing out institutional forms of care and replacing them with services which enable mentally handicapped people to lead an ordinary life in the community. They say that expensive institutions remain the biggest barrier to this aim and suggest that planners think further than "let's build a building". The booklet costs £2.25 inc post from CMH Publications, 5 Kentings, Comberton, Cambs. CB3 7DT.

Registering women

Few women employed in NHS administration ever reach the top — so says the Institute of Health Service Administrators in its booklet *Women in NHS administration.* Over the last year the IHSA has made a determined effort to change the situation including setting up a working party to look at the problem. In particular it examines ways of keeping in touch with women who may leave their jobs to start families or move because of their husband's jobs. A link register has been set up to establish a link person in each of the IHSA's regions and an employment register is underway to give part-time work to members unable to take full-time posts. Copies free from IHSA, 75 Portland Place, London W1N 4AN.



As winter sets in and heating costs shoot up, a new DHSS leaflet Help with heating costs *gives useful information for people on supplementary benefit. It explains entitlements for extra benefits each week and provisions for payments of lump sums for people in particular need. The leaflet — SB.17 Nov83 — is available free from your local social security office. It replaces the edition published a year ago.*

Parliament

Profitless charges

The income from new charges for overseas visitors having NHS treatment — see *CHC NEWS* 79 page 3 and 75 page 1 — totalled £374,459 from 1 October 1982 to 31 March 1983, averaging out at £1794 per district. Paddington and North Kensington's income was £36,664 — the most collected by any district — but 21 districts collected less than £100 and 68 had no income from charging overseas patients. Health ministers believe the scheme's first six months were "untypical" but are concerned at health authorities' "apparent failure" to collect charges from patients who are liable to pay. (Kenneth Clarke, written answer to three MPs, 16 November).

Cytology trend

The numbers of cervical smear tests carried out in England and Wales show a gradual upward trend to 1981, with GPs accounting for most of the increase. In 1977 2,545,000 smears were taken — 952,000 by GPs, 389,000 at family planning clinics and 1,204,000 elsewhere. By 1981 the total was 2,999,000 with 1,417,000 from GPs while the family planning clinics' share of the total fell to 349,000 tests, and other sources of smears rose slightly to 1,233,000 (Kenneth Clarke, written answer to Gwyneth Dunwoody, 31 October).

Community shift

Ministerial discussions with regional health authority chairs show that most RHAs are actively planning the closure of large, badly-sited mental hospitals and the build-up of community-based services — though some RHAs are planning on ten-year time-scales. Formal closure consultations affecting 2045 beds in 11 hospitals are in process or have recently been completed in six regions, and other RHAs' plans are "well advanced" (Kenneth Clarke, written answer to Gerald Bermingham, 18 November).

Residential places for mentally ill people provided by English local authorities rose from 3981 in March 1981 to an estimated 4137 in March 1983. Local authority day care places for the mentally ill rose in that period from 6843 to an estimated 7322, while NHS day hospitals provided around 15,300 day places in 1981. Data suggests that 11 local authorities have no residential provision and nine have no day centre places for mentally ill people (John Patten, written answer to Gerald Bermingham, 18 November).

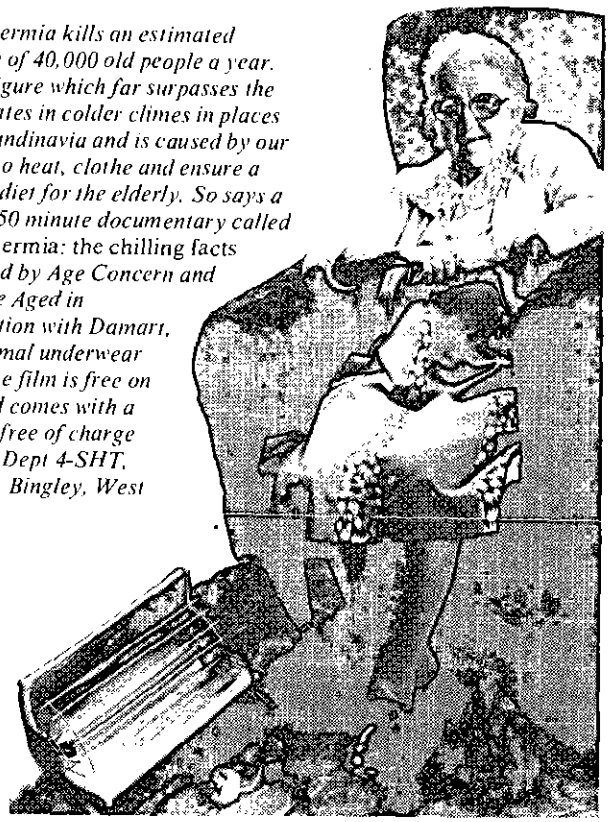
Over three years £6 million

In the picture

Channel 4's series *Picture of health* comes accompanied by a booklet of the same name. Written by Lesley Doyal of North London Polytechnic, it examines the Black report, smoking among women, hazards of health work, dietary patterns, pesticides, health in the Third World and cancer in the workplace. The booklet argues that health is too important to be left to doctors or other experts and should be directly linked to the wider political arena. Copies from Broadcasting Support Services, PO Box 7, London W3 6XJ — price £1.67 inc post.

After school hours

Further education for young people with special needs is the subject of *After 16*. It has been published as part of a public campaign being supported by groups such as MENCAP, the Royal Association for Disability and Rehabilitation and the National Union of Teachers. The aim of the campaign is to implement the law which states that it is the right of every young person with special needs to receive appropriate full-time education up to the age of 19. The booklet gives examples of recent cases where the law as been ignored and concludes by demanding Government action to enforce it. Free copies from the Library, the Spastics Society, 12 Park Crescent, London W1.



Hypothermia kills an estimated average of 40,000 old people a year. It is a figure which far surpasses the death rates in colder climes in places like Scandinavia and is caused by our failure to heat, clothe and ensure a correct diet for the elderly. So says a special 50 minute documentary called Hypothermia: the chilling facts *produced by Age Concern and Help the Aged in conjunction with Damart, the thermal underwear firm. The film is free on loan and comes with a booklet free of charge from — Dept 4-SHT, Damart, Bingley, West Yorks.*

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 3: South Tyneside CHC Secretary: Ian Webb
Page 3: Airedale CHC Chair: Isobel Scarborough
Page 11: Aylesbury Vale CHC Chair: Brenda Sainsbury
Page 11: Frenchay CHC Chair: Clifford Wherlock
Page 24: Society of CHC Secretaries c/o Rugby CHC, 18 Warwick Street, Rugby, Warwickshire CV21 3DH Tel: 0788 72409. Chair: Jim Smy Secretary: Mr TR Pitts.

Bearing your child

A new set of leaflets from the National Childbirth Trust cover many subjects rarely dealt with in detail. Among the leaflets are guides on breastfeeding, nursing beyond one, miscarriage and postnatal depression and some have been translated into Punjabi, Gujarati, Urdu, Hindu and Bengali. Copies from the NCT, 9 Queensborough Terrace, London W2 3TB — titles as follows — *Breastfeeding*: send large sae, *Breastfeeding if your baby needs special care:* price 25p, *Nursing beyond one:* £1.25 inc post, *How to express & store breastmilk:* 25p, *Miscarriage:* 25p, and *Mothers talking about postnatal depression:* £1 inc post.

Health circulars

HC(83)24: sets out general principles governing disclosure of information in social services case records to clients. It includes reasons for withholding information and client access to records.
HN(83)26: gives revised guidelines for design of hospital accommodation for children and for staff changing and the storage and issue of uniforms.
HN(83)27: announces revised charges for metal-bodied spectacle cases.
HN(83)29: announces an increase in the cost allowances for residential accommodation for staff and small mental handicap community units.

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will fund 27 development schemes selected by RHAs from districts which have planned jointly with local authorities to provide comprehensive services for elderly mentally ill people. RHAs were able to choose whether to apply their share of the central funding to a single district but in all except the Northern region between two and four districts will benefit from funding for their schemes (Kenneth Clarke, written answer to David Knox, 15 November).

Inner city

The package of primary health care improvements announced in October will include higher improvement grants for upgrading poor quality GPs' premises and improving practice organisation, central funds to help health authorities in health visitor and district nurse training, £1 million for inner city primary care projects, and new incentives for GPs to combine into group practices. Family practitioner committees will be asked to be active in advising GPs on premises, promoting improvements and monitoring standards through regular visiting. New minimum standards will be set and new guidance on design and adaptation of GPs' surgeries is being prepared (Kenneth Clarke, written answers to Jonathan Sayeed and Nicholas Budgen, 15 November).

Blood money

After consulting doctors, NHS representatives and the private sector health ministers have decided that both private hospitals and private patients in NHS hospitals will be charged the full costs incurred by the blood transfusion service when blood and blood products are supplied. No charge will be made for the blood itself, and it will be a "strict condition" of supply that private hospitals must not make profits if they pass on the charges to patients. Handling charges will cover the cost of collecting, processing, handling and transport. RHAs will be asked to use the money collected to ensure an adequate supply of blood plasma — to advance the Government's aim of achieving self-sufficiency in blood products (Norman Fowler, written answer to David Knox, 8 November).

In 1982 regional blood transfusion centres issued 31,437 units of blood to non-NHS hospitals. No figures are held on units supplied to private hospitals through NHS hospital banks (Kenneth Clarke, written answer to Frank Dobson, 11 November).

News from CHCs

Reports from around the country show a healthy level of activity during last month's National CHC Week, with enthusiastic media coverage in many districts.

□ **The Yorkshire Regional Association of CHCs** launched its publicity video during the Week. Introduced by Coronation Street actor Bill Roache and featuring examples of CHCs in action, it was made by York University's video department and will be shown at talks and meetings throughout the region.

□ Some 1200 came to **Hampstead CHC's** health fair — which brought together 34 groups from the NHS, voluntary organisations, complementary medicine and local authority services. The groups ran stalls, the CHC ran games and competitions, and the public enjoyed the all-day video programme and healthy food. The CHC recommends the exercise to other CHCs — not least because the stallholders themselves learned about each other's activities and were able to talk informally about areas of common concern.

□ Other activities during the Week included:

- an NHS exhibition bus touring **Bury CHC's** district with health education materials and videos,
- a local "kick-off" for **North West Herts CHCs** by *Match of the day* commentator John Motsen,
- a public meeting by **Bexley CHC** on the medical consequences of nuclear war,
- the launch of guides to local services by **Paddington and North Kensington CHC** and **Eastbourne CHC,**
- a conference on active childbirth held by **Liverpool Central and Southern CHC,** with French obstetrician Michael Odent speaking to health professionals in the morning and the general public in the afternoon,
- a joint seminar by **Airedale, Bradford, Calderdale, Dewsbury and Huddersfield CHCs** on the welfare of children in hospital.

□ The newly-formed **Greater London Association of CHCs** — see *CHC NEWS* 91 page 12 — has identified three clear trends in the effects of the cuts on the capital's health services. Initial reports from London's CHCs show cut-backs in:

- Services for the elderly — four small hospitals with a majority of elderly patients are closing and another four are under threat of closure. As they occupy over 50% of acute beds, elderly patients will also be affected by the closure of more than 500 acute beds.
- Services for women — as well as the closure of the women-only South London hospital from April and a halt on development of services at the Elizabeth Garrett Anderson hospital, women will be affected by closures of family planning clinics in two districts, a maternity ward closure, the threatened closure of Greenwich hospital for mothers and babies and planned centralisation of obstetric services in Camberwell.
- Planned developments — in four districts necessary improvements in services for the elderly mentally ill, young mentally ill, mentally handicapped, ethnic minorities and families will be delayed indefinitely.

GLACHC has written to London MPs pointing out that the four Thames regions' share of long-term resource assumptions mean that cuts will continue in London at the same rate over the next ten years.

□ CHCs should start campaigning now against the threat posed in the Griffiths report to their consultation rights on closures and substantial changes in services — and CHC secretaries must play their part in the fight. So said the **Society of CHC Secretaries'** chair Jim Smy at the start of the society's sixth annual conference in Southport last month. Secretaries heard from DHSS Assistant Secretary Margaret Edwards — who introduced the first report on the clinical complaints procedure — lecturer in general practice Dr CR Whitehouse — speaking on the potential for alliances between GPs and CHCs to protect health services — and Blackburn's district administrator Paul Whitfield, who explored the implications at district level of the Government's new review procedures and gave his initial reactions to the Griffiths report. After lunch Jean Robinson — former Oxfordshire CHC member and lay member of the General Medical Council — discussed in detail the inadequacies of the complaints procedure and the need for CHCs to become involved in their local ethical committees. CHCs need to gain a voice in the field of medical training and should be prepared to stir things up in the interests of patients, she said.

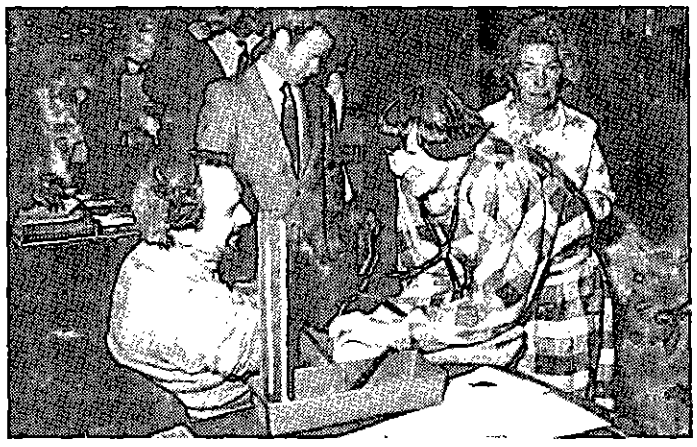

Photo: North East Thames RHA

Southend CHC *held an "amazingly successful" information day on heart disease during National CHC Week, with members of the public queuing all day for blood pressure checks, exercise classes, dietary and anti-smoking advice, and the chance to learn biofeedback relaxation techniques. The CHC will repeat the day next year to cater for people turned away through lack of space — but meanwhile district dieticians will meet school domestic science teachers to discuss putting the low-fat, high-fibre nutritional message across in cookery classes.*

□ **Newcastle CHC** found confusion amongst local women over how often smears should be taken, where to find screening services and whether they would be recalled automatically for repeat tests — but most women answering a CHC questionnaire knew they should have smears done. The CHC investigated the health needs of women in two of the district's eastern wards by setting up discussions with tenants' associations, mother and toddler groups, senior citizen's clubs and other groups, and by encouraging women to visit a "consultation caravan" loaned by the health education centre and staffed by CHC members, volunteers, and counsellors on rape and tranquilliser withdrawal. Women's comments were recorded and they were asked to complete questionnaires on how they perceived their health needs. Two job-sharing co-ordinators collected the information and produced the CHC's report *Women's health concerns* — which proposes short-term, long-term and immediate action to improve services and move towards establishing a "drop-in" well women's centre linked to a city-wide network of supporting facilities.

□ In November 1982 over 250 women attended **Calderdale CHC's** public meeting to discuss well woman centres — and formed six district groups to channel public demand into a central working party. A CHC report on behalf of the working party — copies available on loan from the CHC — puts the case for well women services generally and details local women's needs. The CHC recommends the proposals be given "highest priority".

CHC surveys and publications

"Do you have a problem?" — information and advice for young people (**West Berkshire CHC**). Survey of accident and emergency services (**Northampton CHC**). Guide to local services (**Paddington and North Kensington CHC**). Questions and answers about the health services in Southend — a guide to local services (**Southend CHC**).