CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

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NEWS

Passing the buck on long-term care

Draft guidance on long-term care from the Department of Health appears to diminish the rights of patients to nursing care from the NHS. The guidance talks of NHS responsibilities "within available resources", and mentions what they "may" include, "where appropriate". Within these vague national guidelines, the responsibility for drawing up policies about eligibility to care is passed to health authorities, GP fundholders and local authorities

The expansion in the nursing home sector is being used as a pretext for reducing the right to nursing care funded by the NHS: "Where a person ... no longer requires acute treatment, but is likely to need intensive long term support, including the possibility of nursing home or residential care, they should be eligible for a multi-disciplinary assessment". If a nursing home is deemed to be the appropriate setting for care, then the individual or the local authority will be responsible for arranging it. In effect, then, where there are nursing homes which can provide suitable care, the health authority will be free to say that it is not responsible for funding care. This is a shift from evidence submitted in 1991 by the Departments of Health and Social Security to the Social Security Select Committee which stated that "Health authorities have a responsibility ... to provide nursing care for those who cannot or do not wish to pay for it."

The draft guidance includes just one sentence which explicitly mentions NHS responsibility for nursing care: "For some people, and certainly those with complex or multiple heath care needs who will require, on a long or short term basis, continuing and specialist medical or nursing supervision, the NHS should be responsible for securing and funding their care."

The guidance is more prescriptive when it comes to the question of information. Health authorities are to be required to demonstrate that they have agreed policies and eligibility criteria for NHS continuing care. These must be publicly available, and patients and their families must be fully informed about procedures and options.

NHS responsibilities for meeting long term health care needs NHS Executive HSG(94). Draft.

Ofsick

Labour health spokesman, David Blunkett, has come up with a new name for the Department of Health – Ofsick – since, he says, it is becoming more interested in regulating care provided by a mix of private and public companies than in its role as a provider of a universal and public health service. His comments were prompted by health minister Tom Sackville's professed "neutrality" as to whether clinical services are privatised. Mr Sackville has recently held talks with a Los Angeles health firm which is trying to win NHS business. In 1992/93, the NHS spent £268 million purchasing care from non-NHS bodies, an increase of 19% on the previous year.

The Scottish Office seems to have strayed from "strict neutrality" by giving funds to a private hospital in Clydebank. The £180-million Health Care International (HCI) Hospital, which was set up as an "industrial project", received Government funding variously estimated at £30 million and £44 million. HCI had said that its only market was overseas private patients. It is now to treat up to 50 cardiac patients from Manchester Royal Infirmary who have been waiting for surgery for over a year. The hospital explained that it now has "some spare capacity" which it is using to treat patients "who have already waited far too long". There are concerns in Glasgow that, with an acute services review under way, HCI could be offered as an alternative to three local NHS hospitals which are already in a vulnerable position. HCI says that it is not actively seeking NHS contracts, but that it has been inundated with enquiries from GP fundholders and directors of trusts and health boards.

Nursing Times, Guardian 3 & 15 August

Healthcare 2000

A new forum has been announced to discuss a long-term perspective on the mismatch between the demand for health care and the resources available. *Healthcare 2000*, under the chairmanship of Sir Duncan Nichol, will hold a series of meetings this autumn and report next spring. Its ten other members come from universities, research institutes, the pharmaceutical industry (which is funding the group), a hospital and the Patients Association. The announcement prompted responses from senior figures in the medical establishment, each putting forward views on priorities for debate, particularly on the need to ensure equity. Sir Raymond Hoffenburg argues that if we were to spend at the average OECD level, much of the mismatch between demand and resources would be removed. He is also angry that the debate did not come before the NHS reforms, but he welcomes the initiative as do most of the other correspondents. The one dissenting voice, apparently from a practising clinician, sees it as yet another example of the bandwagon of NHS advisers, consultants, analysts and newly created professors adding to pressure on healthcare workers.

One of the forum's members is Chris Ham, Director of the Health Services Management Centre in Birmingham. In a feature article in the *Guardian*, he argues that the mass of initiatives for NHS reform lack direction. Priority shifts from one initiative to another and it is difficult to reconcile the *Health of the Nation* initiative with the various other policies coming from the Department of Health.

Crucial questions about the NHS reforms remain unanswered: What balance will be struck between competition and management? What will the relationship be between fundholding and DHA commissioning? How will NHS trusts develop? Given the lack of clarity at the heart of Government, the resolution of these issues depends as much on local developments as on ministerial decisions and, to that extent, the reforms are out of control. Professor Ham calls for ministers to put their house in order. They must assess the founding principles of the NHS: the principles of access, equity and comprehensiveness. They need to be clear about long-term direction of the current reforms. They must also articulate a vision of the future of health services, taking into account technological and demographic change, even if this involves a politically uncomfortable acceptance that market principles may not guarantee the best of all possible worlds.

Times 29 July & 4 August, Guardian 6 August

A "bold attempt" at reform

The Organisation of Economic Co-operation and Development has welcomed the NHS reforms, saying that competition, particularly fundholding, is making hospitals more responsive to patients and boosting efficiency. Having given this encouragement to the Government, the OECD's report adds that any overall conclusion about the impact of the reforms is "premature". The report asserts that there is no firm evidence that fundholding is creating a two-tier system. It also favours the "streamlining" of London's health services. Britain spends a lower proportion of GDP on health than other industrial countries while achieving comparable results. This is due to lower medical costs than elsewhere. The OECD argues, however, that attempts to keep down costs during the 1980s exposed flaws in the system and the need for reform.

Sunday Telegraph 17 July

London's novel incentive scheme

London GPs aged over 50 who "do not feel that they are coping" are to be offered early retirement, and receive payments on a sliding scale from £43,000 to £143,000. GPs will be eligible for the scheme if they meet five of nine criteria, including failure to meet performance targets, not employing a practice nurse, not undertaking child health surveillance and having a non-computerised practice. The scheme is to run for six months from October. FHSAs have been asked to assess every GP to discover who might be eligible. The details are given in a confidential Department of Health document, which explains the "urgent need to facilitate the exit ... of GPs whose continuation in practice is not in the interests of the service." GP leaders are said to be angry that the scheme will reward "bad" doctors, and not those who perform well, but want to leave the NHS.

Daily Telegraph 5 August

FOCUS ON ... DARING TO COMPLAIN

Largely because of the way in which some GPs and sections of the medical press have reacted to stories about patients being struck off from GP lists, the whole question of removals from lists has become entangled with the issue of complaints made by patients.

ACHCEW's annual report generated quite a bit of interest in the press. The report had highlighted the removal of patients from GP lists against their wishes. A defensive editorial in the GP newspaper, *Pulse*, claims that 30,000 patients struck off per year is "hardly earth shattering", since it represents one patient per GP per year. *Pulse* also finds it "baffling" that patients who lodge serious complaints can be thick-skinned enough to expect to stay on their doctor's lists. The editorial denies that a reason for removal of patients is cost: "GPs do not remove patients because they cost too much money to treat. They remove them only when they are too expensive in terms of the doctor's emotion or time." Are we to assume, therefore, that patients who are emotionally draining or have time-consuming conditions are fair targets? A Nottingham doctor apparently thinks so, since in a letter to the *Independent* he says that GPs' "only sanction against unreasonable demand ... is to remove patients from their list". In similar vein, the *Telegraph*'s doctor diarist, James Le Fanu, comments that if doctors are to be "traduced" (for the most part by politicians) "their only recourse is to defend themselves by off-loading the work created by the heart-sinks [elsewhere he describes 'heart-sinks' as 'these dependent clingers and manipulative demanders'] and discouraging complainers with the threat of being thrown off the list".

"I would always, rightly or wrongly, support my staff in preference to a patient"

The 30,000 estimate, based on responses from 96 CHCs, in fact understates the problem. A Parliamentary written answer, revealed that for the latest year for which figures are available, 78,993 patients were de-registered in England at the request of the GP. This represents 1.2% of all deregistrations and 0.16% of all registered patients. There is a seven-fold variation across England. The proportions struck off by GPs are highest in North West Thames (1.9% of deregistrations, 0.35% of all patients) and North Thames [sic, presumably North East Thames] (2.1% and 0.33% respectively). GPs in Wessex seem to be least inclined to strike off patients (0.3% and 0.05% respectively).

The publicity surrounding the issue also prompted a letter from the Chair of AIMS, the Association for Improvements in Maternity Services, claiming that there is another reason why patients are struck off. In her letter, Beverley Beech says that one of the commoner reasons for whole families being struck off is a pregnant woman asking for a home birth. This happens even where the woman opts for midwifery care, so that the GP is unlikely to be involved.

The case that attracted most attention last month was of a Birmingham GP, Dr Barrie Kenyon, who struck off 12 members of one family after the daughters in the family had complained to the FHSA about the practice receptionists. They said the receptionists had been "rude and offhand" when they had asked about the care of their elderly father who had suffered a stroke. Dr Kenyon, in turn, said that the letter had been "extremely offensive" and that he could see no way of salvaging his relationship with the family. Perhaps, more telling was his comment that "I was very sad to lose them, but would always, rightly or wrongly, support my staff in preference to a patient".

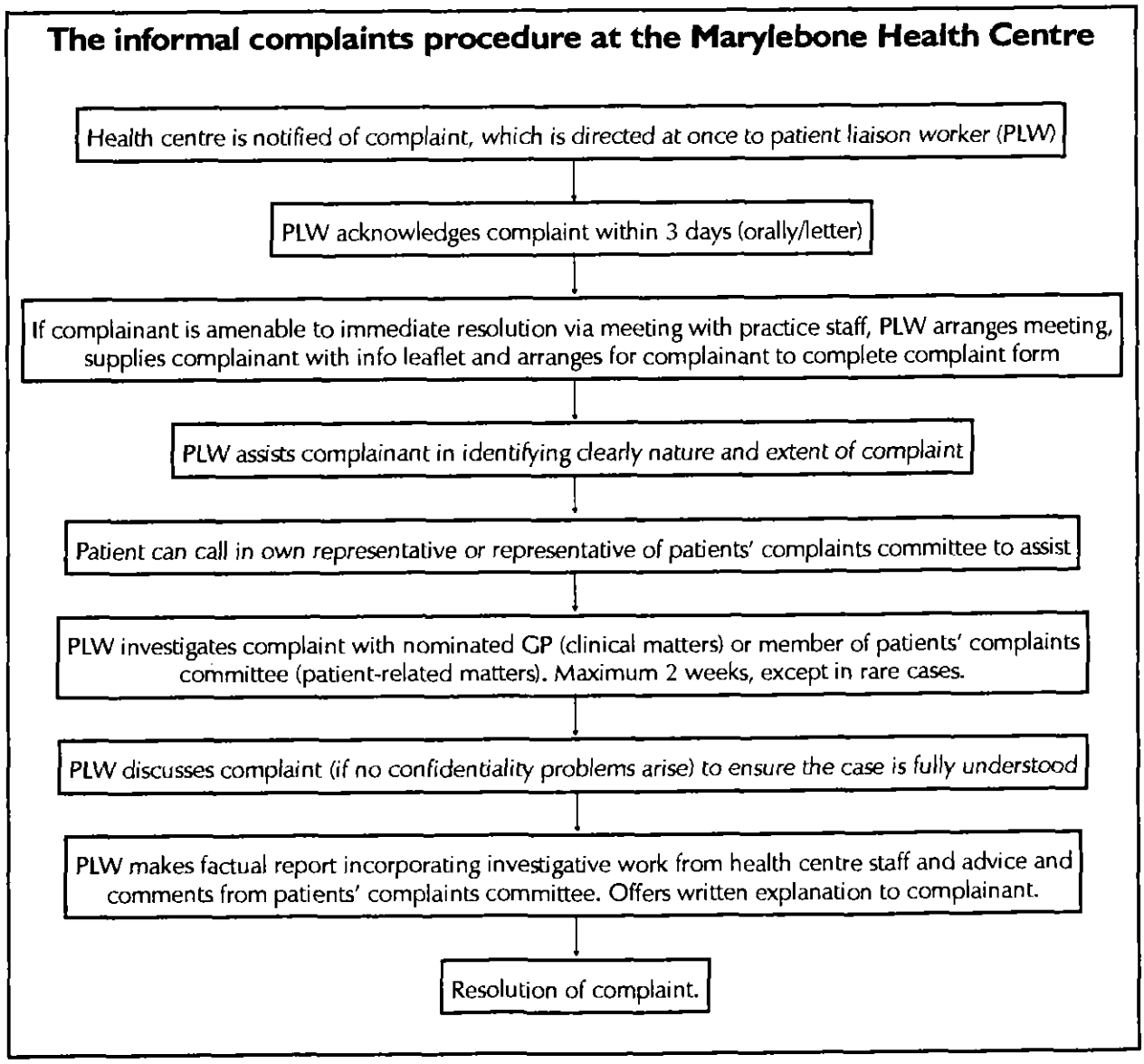
Dr Kenyon's remark raises worries about whether informal complaints procedures, which are being increasingly welcomed by GPs, can be fair. In a *Pulse* survey 57% of GPs said they already ran a practice-based informal procedure and 32% said they would be happy to introduce one. This should not be seen as an enthusiasm for hearing complaints: 85% did not share the view that complaints "are treasures to be learned from". Doubtless some

GPs believe that informal procedures can quickly bring about a genuine resolution of problems. But the fact that 78% of the survey respondents oppose having a lay majority on formal complaints panels suggests that their preference for practice-based procedures may have more to do with control.

An article in the *BMJ* from the Marylebone Health Centre, which has long been an innovative practice working in an area of great need, is positive about the experience of the Centre's informal complaints procedure. In the five years before the procedure was introduced, there had been only two formal complaints against the practice. With the new procedure in place, 39 complaints were recorded in a year. Most were resolved within three days, though two took three weeks to resolve. The total time taken and correspondence generated in resolving the 39 complaints was less than that required to resolve the two formal complaints received in the preceding five years.

The procedure does not replace or prevent access to formal procedures, but it appears that no patients wished to use the formal procedures. A patient liaison worker was recruited to pilot the scheme, though the authors comment that practice managers should be able to undertake the task. Patient representatives were recruited to a complaints committee. The procedure allows for complaints from staff about patients – these accounted for 10 of the 39 complaints.

BMJ 11 June; Pulse 16 & 23/30 July, 13 August; Daily Telegraph 12 & 14 July; Doctor 21 July; Independent 13 July; Hansard 20 July, cols 367–68



FROM THE JOURNALS

Mixed-sex wards

The need for *West Birmingham CHC*'s AGM motion on single-sex wards is confirmed by the results of two surveys. The *Nursing Times* brings together its own survey of a self-selecting sample of nurses all of whom work in a "mixed ward area" and a representative sample of 967 members of the public aged 15 and over. Both reveal unhappiness about the trend towards mixed-sex wards.

The nurses responding to the first survey said that:

- 61% of wards had patients of different sexes separated only by a curtain
- 67% had unsegregated washing facilities
- 44% did not designate toilets for males or females
- 50% had had complaints from patients/clients, mostly informal.

Among members of the public responding to the second survey, 41% said they *would* mind being put on a mixed-sex ward (58% among female respondents). Older people and people who were or had been married were more likely to mind than younger and single people. The arguments usually used to defend mixed-sex wards are that they save costs and that they are more "normal". As the article points out, most of us "normally" choose who to share a bedroom with.

There were some positive comments from nurses about a mixed-sex environment, mainly from those wards where patients were able to care for themselves to a large extent. There were many more that were critical – and some patients are being put into mixed sex areas when it is clearly not appropriate. One nurse (who had been a patient) had to be readmitted to hospital three weeks after a mastectomy. She was the only woman in a six-bedded male bay. Although upset by the situation, she had to put up with it since she knew she needed emergency treatment.

The UKCC Code of Conduct states that nurses must "safeguard and promote the interests of individual patients". The author comments that nurses need to act against the increasing trend of mixing patients on wards that are unsuitable for the purpose.

Nursing Times 3 August

Healthy eating

A *Which? Way to Health* survey on hospital food stresses that "healthy eating " in hospital isn't the same as conventional healthy eating. Many, but not all, hospital patients need nutrient-dense foods at every meal. These foods provide plenty of calories, proteins, vitamins and minerals in small volumes of food, and enable the body to repair itself. Other reasonably fit and healthy patients may need the low fat, high fibre foods we more often think of as healthy. Added to this is the need for a choice of food for vegetarians and for members of ethnic and religious groups. While almost all hospitals surveyed offered a vegetarian option, and 75% a "healthy" option at every meal, under half offered a choice to meet the needs of ethnic and religious groups and only a third offered a nutrient-dense choice at every meal.

The survey of 288 hospitals also looked at food policies (61% had a healthy eating policy which they could confirm referred to food for patients), variety of items offered, when choices are selected and when meals are served (evening meal at 4.30 in nine hospitals). It traces the various routes the hospital food chain can take and makes suggestions for improvement.

Which? Way to Health August 1994

NEWS FROM ACHCEW

ACHCEW is publishing a handbook for CHC members. Twenty-five copies of the handbook are being sent to each CHC in September.

FOUND

A Liberty handkerchief/scarf was found at the AGM. To claim, please contact ACHCEW.

PARLIAMENTARY NEWS

Dentistry Green Paper

The Government has published its Green Paper on the future of NHS dentistry. Proposals for consideration during the consultation period, which will last until November, include:

- requiring patients to pay 100% of the cost of "advanced" treatments, such as surgical work, crowns, bridges and dentures, while bringing down the cost of check ups;
- in the long term creating a purchaser/provider split in dentistry;
- paying dentists on a sessional basis, rather than on the basis of work done with individual patients.

The government has said that the proposed changes would both stem the flow of dentists into private practice and discourage a "drill and fill" approach.

Daily Telegraph 14 July, Guardian 15 July

An unknown quantity

In the July reshuffle, Dr Brian Mawhinney moved from the Department of Health to Transport. The newcomer to the DoH is Gerry Malone. A solicitor by training, Mr Malone has had a difficult time establishing a foothold in politics. In 18 years of contesting Scottish seats, he held one for four years in the mid-1980s (Parliamentary Private Secretary to Leon Brittan during the Westland affair). In 1992, he was finally rewarded with the safe seat of Winchester. He was rapidly picked as a deputy chair of the Tory party – and given the unenviable task of "minding" candidates in the Newbury and Christchurch by-elections. He has a reputation for being on the left of the party (he had the temerity to oppose tax cuts in 1982), but it seems to be difficult to predict how he will react on any particular issue – he has been described as "pragmatic, cautious and occasionally rebellious". He lists his special interests as "Treasury, Europe and Defence" – no mention of Health.

Dod's Parliamentary Companion 1993, Health Service Journal 28 July

AROUND THE CHCs

Northallerton District CHC would like other CHCs to know of an initiative in Yorkshire to promote smoke-free air. West Yorkshire Smoking and Health and Yorkshire ASH have collaborated on producing a guide to smoke-free eating and drinking places in the region. It lists over 200 venues, including pubs, clubs and restaurants, with smoke-free areas. Within two months of publication, the guide was already into its second printing: 20,000 copies have been distributed through libraries, tourist information centres and GP surgeries.

Like many other CHCs, **Northumberland CHC** has been having discussions with local NHS trusts to agree working relationships. Arrangements with two new trusts have now been concluded. The CHC developed a protocol as a basis for negotiation with individual trusts. The trusts differed slightly in what they agreed to, particularly over CHC observer status on the trust boards. Northumberland CHC would be happy to send copies of the protocols to any other CHCs which might be interested.

Deadline

If you have any items for the next issue of *CHC News* could you please get them to ACHCEW by 7 September.

CHC PUBLICATIONS

With a two-month backlog of CHC publications, there is space – and time – for only a summary listing of titles for most of them this month. No reflection on their contents!

Views of private nursing and residential homes on the hospital admission, in-patient care and discharge of their residents (July 1992 – September 1993)
South Birmingham CHC, 58 pages

Working for the CHC: a handbook for community health council staff
Society of Community Health Council Staff, 23 Queens Road, Barnsley S71 1AN; phone/fax: 0226 770441, 30 pages

Survey to obtain patients' views on visiting times at Warrington Hospital
Warrington CHC, 12 pages

The mental health guide to services in Chester & Ellesmere Port
West Cheshire NHS Trust and Chester & Ellesmere Port CHC, 35 pages

A guide for older persons and their carers to services in Chester & Ellesmere Port
West Cheshire NHS Trust and Chester & Ellesmere Port CHC, 34 pages

South Bedfordshire Consumer Audit: a final report
College of Health, Luton & Dunstable Healthcare Trust, Bedfordshire Health and South Beds CHC, 26 pages

Access to your medical records: a guide
Salford CHC, 4 pages

Report of a survey of CHC membership, voluntary sector elections
Rochdale CHC (for North West Regional Association of Chief Officers), 4 pages

Users' perceptions of the district nursing service in Tynedale
Northumberland CHC, 32 pages £3

Outpatients survey: Bridlington & District Hospital
East Yorkshire CHC, 15 pages

A survey of patients discharged from Kidderminster General Hospital, Bewdley Road, Kidderminster
Kidderminster & District CHC, 9 pages

Mental health services: the views of people living in North West Anglia
North West Anglia CHC, 50 pages

Mental health resource directory
North Devon CHC, 94 pages

User perceptions of endoscopy examination at Bishop Auckland General Hospital
SW Durham CHC, 30 pages

And three from East Dorset CHC:

A survey of health care services, East Dorset Local Authority District, *21 pages*

A survey of outpatient departments, Royal Bournemouth Hospital and Poole General Hospital, *22 pages*

A study of stroke services, *19 pages*

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

IN BRIEF

Access to dental services: a survey of the North Beds 500 panel
North Beds 500, North Beds CHC, 38 pages

North Beds has had a permanent consumer panel of 500 people since 1991. This report gives responses of 152 of the panel to a survey of local dental services. Whereas 82% would prefer NHS treatment, 73% were in fact registered with NHS practitioners. Only 4% would prefer private treatment, yet 12.5% of respondents were treated privately. A number of respondents expressed unhappiness about the cost of dental treatment, even on the NHS. There was a widespread willingness (71%) to be treated by a dentist employed by the health authority, as distinct from an independent practitioner.

Place of birth and options of care: a woman's choice?
Aylesbury Vale CHC, 57 pages

By asking more questions about choice than some questionnaires, this survey of 214 women was able to get useful information about what is really being offered to women. Whereas 75% said they had been "given a choice about the place of delivery", 68% said they felt they had "*real* choice of place of birth". After the birth, 93% felt they had made the right choice. Women were asked about whether they had been offered specific choices. Only 9% had been offered "domino" care (domiciliary care, very short-stay GP care) and 11% had been offered a home delivery. A number of women had been explicitly refused a home delivery.

Community health councils and FHSA complaints: CHCs and clinical advice
Joyce Rosser for GLACHC, 356 Holloway Road, London N7 6PA, 13 pages

This survey (39 of 57 CHCs responded) aimed to find out what medical and dental advice CHCs access and what sort of advice they would like, when and how much. All CHCs felt the need for medical advice. While many wanted advice more at intermediate and later stages of a complaint, 36% wanted it at all stages. Advice at the initial stage may be useful in steering "thin" cases towards conciliation. Many different sources of medical advice are used (fewer for dental advice), the most common being a CHC member with medical knowledge. This may raise concerns about appropriateness of advice. For example if the member is a retired doctor, will s/he be sufficiently aware of current knowledge and standards? The next most common source (and the most preferred) is friendly local GPs. Many CHCs wanted to see ACHCEW (36%) or another national organisation (e.g. AVMA) (38%) funded to provide CHCs with medical advice.

IN BRIEF

OFFICIAL PUBLICATIONS

Health Service Commissioner for England, for Scotland and for Wales
Annual Report for 1993–94
HMSO, 60 pages, £12.90

CHCs were due to get a copy of the Ombudsman's report on 28 July, but have not yet done so because of two separate distribution delays. ACHCEW has now been told that they won't be sent out until September.

William Reid notes that the level of complaint against the NHS is very low considering the number of admissions. However, he received a record number of complaints last year. He found justification for grievances in 63% of those which he considered and in 85% of those about the handling of a complaint. Mr Reid makes some harsh criticisms, saying that there are cases in which "those responsible should feel a sense of shame". Commenting on the publication of the report, he said "it is pitiful and shabby when NHS authorities make out that they welcome complaints, but then deal woefully with them". When Virginia Bottomley was interviewed about the report she said that if chairmen and women "have systematically refused to establish the mechanisms for proper complaints procedures ... there is no place for someone like that running a health authority and trust".

CHCs are mentioned in a case in which the Ombudsman upheld a grievance about the third stage of a clinical complaint which concerned the circumstances of a birth. The assessors had not been prepared to accept the woman and her husband as joint complainants, and said that either the husband or a CHC officer could accompany the woman, but not both. The Ombudsman judged that this was unfair. The assessors had placed too narrow an interpretation on the term "personal friend" used in DoH guidance. He subsequently "invited the Department to consider whether regional directors of public health and the Joint Consultants Committee should be reminded of the right of complainants to decide who should be present as a friend at any meeting under the clinical complaints procedure".

Above report and Guardian 8 July

The following three publications were issued together by the NHS Executive. Available from DoH: 071 972 5801.

Public health in England: roles and responsibilities of the Department of Health and the NHS

Review of the wider Department of Health

Managing the new NHS: functions and responsibilities in the new NHS

This includes the following paragraph: "[CHCs] will continue as representatives of the public in the NHS. The creation of the NHS Executive provides an opportunity for a consistent approach to arrangements for appointing and supporting CHCs. The NHS Executive through its regional offices will be the establishing body for Community Health Councils. An NHS group with representatives from ACHCEW and other interested bodies has been set up to consider the implications of the new arrangements, including the future employment status of CHC staff."

Two books giving management guidelines have been published as part of the *Health of the Nation* initiative:

Nutrition & health
A management handbook for the NHS
19 pages, available free from BAPS, Health Publications Unit, Storage & Distribution Centre, Heywood Stores, Manchester Road, Heywood, Lancs OL10 2PZ

Suicide prevention: the challenge confronted
A manual of guidance for purchasers and providers of mental health care
HMSO, £14.95, 138 pages

CHCs should have received copies of:

Seen but not heard
Co-ordinating community child health and social services for children in need
Audit Commission, HMSO, £7.70, 40 pages

Report of the Working Group on High Security and Related Psychiatric Provision

Department of Health, Wellington House, 133–155 Waterloo Road, London SE1 8UG, phone: 071 972 2000, ca. 90 pages

Report of the Department of Health and Home Office Working group on Psychopathic Disorder

Department of Health and Home Office, 63 pages

The distribution list for these two reports includes "Directors of Community Health Councils", so perhaps you received copies.

It is not clear why these two reports, both prepared under the chairmanship of Sir John Reed, were not published before 14 July 1994. The group on High Security Provision was set up in October 1992 and completed its work in April 1993. The group on Psychopathic Disorder was set up in September 1992. Perhaps the involvement of two ministries caused a delay – if so those interested in responding to the latter report would probably be wise to read it with care.

John Bowis, Under Secretary of State for Health, has already issued a statement on the action the Government is taking to follow up the High Security Provision report. He has invited comments on the Psychopathic Disorder report. Written comments should be sent by 30 November 1994, to: Andrew Cooper, Health Care (Administrative) Division 1A, Room 113, Wellington House, 133–155 Waterloo Road, London SE1 8UG.

Donated ovarian tissue in embryo research and assisted conception

Report of the Human Fertilisation and Embryology Authority, Paxton House, 30 Artillery Lane, London E1 7LS, phone: 071 377 5077; fax 071 377 1871, 13 pages

The production of this report has been a much more rapid business. It is the outcome of the Authority's public consultation (launched earlier this year) on the use of donated ovarian tissue. There were 9000 responses to the exercise. The authority has concluded that it is not acceptable for foetal ovarian tissue to be used in the treatment of infertile women. Nor is the use of ovarian tissue from cadavers acceptable for this purpose (though this is not a matter of principle in the case of adults who have given consent, rather a matter of assessing psychological impact on recipients and offspring). Live donors aged over 18 should be allowed to donate eggs which could lead to the birth of up to 10 children. The authority agreed, however, that all these sources of ovarian tissue are acceptable for licensed research.

Hospital and ambulance services. The Patient's Charter comparative performance guide 1993–1994

NHS Executive. Available free from Health Literature Line: 0800 555777. 150 pages.

These league tables present various indicators to do with waiting times and percentages treated as day cases for selected operations.

Hospitals are given "star ratings" as an indication of quality. While it is clear that the waiting time information captures at least one aspect of quality, this is less obvious for the day case surgery – here less than 20% of cases in a treatment category being seen as day cases attracts one star, rising to five stars for treating over 50% of cases as day cases. Thus if a hospital decides to admit a patient for an overnight stay for a cataract operation, for example, that decision will tend to pull down the hospital's rating even where an overnight stay is appropriate for that patient and thus, at the individual level, enhances the quality of treatment. The accompanying text states that "most patients prefer not to stay overnight in hospital if their doctor thinks it can be avoided" and that "on average, recovery rates are better for patients who are treated by day surgery" (which is of course what one would expect if the more complicated cases are selectively admitted for a hospital stay).

Changing perspectives: quality initiatives in accident & emergency and day case treatments

NHS Executive, 28 pages, available from Heywood Stores, Health Publications Unit, No 2 Site, Manchester Rd, Heywood, Lancs OL10 2PZ

Standing group on health technology: first annual report

NHS Executive, For copies contact George Asomaning on 0532 546170

Video

Meeting need: alternatives to hospital

NHS Executive, Mental Health Task Force, Room 237, Richmond House, 79 Whitehall, London SW1A 2NS, phone: 071 210 5736

A 39-minute video and accompanying booklet offer eight examples of projects around England whose aim is to support people with a serious mental health problem to prevent recurring admissions to hospital. Intended mainly for health purchasers.

GENERAL PUBLICATIONS

It'll never happen to me! and

It happened to me!

British Heart Foundation, 103 Charing Cross Road, London WC2H 0DT; phone: 071 734 0243; fax: 071 494 0271

Two public information leaflets giving information on healthy living and on support that can be offered by the British Heart Foundation and the Foundation's activities.

Home alone: living alone with dementia,

20 pages, £2.95

Safe as houses: a resource booklet to aid risk management,

30 pages, £1.50

Both from the Alzheimer's Disease Society, Gordon House, 10 Greencoat Place, London SW1P 1PH; phone: 071 306 0606; fax: 071 306 0808

Home alone is a report setting out facts about people with dementia who are living alone. It describes the human cost and makes recommendations for action. The Society estimates that there are 154,000 people in these circumstances, and the figure is rising. *Safe as houses* is a question-and-answer advice book covering such topics as Personal care; Wandering and Gas.

Policy consultation documents on:

joint commissioning; future of primary and community care; future of acute care; health-care management and the independent sector

Institute of Health Services Management, Policy Unit, 39 Chalton Street, London NW1 1JD; phone 071 388 2626, 28 pages

Unfortunately, the consultation period for these papers has already closed, but they may be of interest to people who want to see what the IHSM's agenda is.

INFORMATION WANTED

Has your CHC experienced any problems trying to assist clients with the **Family Health Services Appeal Unit**, such as:

- insistence on disclosing *all* of a patient's medical records to a GP making an appeal?
- allowing GPs to change grounds of an appeal after an oral hearing has been granted?
- refusing to send material by recorded delivery?
- giving unclear/contradictory advice to patients about appeals?

If you have, please write to or phone Nik Barstow at Central Manchester CHC.

Has any CHC looked at women's views of local **breast cancer services**, including breast screening, or done other work in the area of breast cancer? Please send information to Bath & District CHC.

Are any CHCs aware of problems experienced by women using both **oral contraceptives and antibiotics**, particularly where these problems could have been avoided by appropriate advice from a medical practitioner? Please send any details or general information on the sort of advice which is available to patients in relation to contraceptives/antibiotics to Jennifer Elliott at North Durham CHC.

For our files

ACHCEW would be grateful if any CHCs sending information direct to another CHC in response to a request for information could also send a copy to ACHCEW.

FORTHCOMING EVENTS

Everybody's baby

- a conference for all agencies working with single homeless people in need of care
- organised by CHAR: Housing Campaign for Single People
- on 12 September 1994
- at Institute of Education, 20 Bedford Way, London WC1
- statutory sector CHAR members £50, statutory sector non-members £65
- non-statutory sector, members £30, non-statutory sector non-members £45
- CLOSING DATE 5 SEPTEMBER

Further info from:
Chris Leigh
CHAR
5–15 Cromer Street
London WC1H 8LS
Phone: 071 833 2071
Fax: 071 794 7724

Training days for health information workers

Have a nice day at the office: stress & time management, security, health and safety etc. on 5 October 1994

Professionalism and consumer health information: accreditation, copyright and other issues
24 November

- organised by the Consumer Health Information Consortium
- both at London Voluntary Sector Resource Centre.
- places £20 CHIC members/ £30 non-members

Further info from:
Jean Harding
Healthline
St George's Centre
St George's Road
Dagenham
Essex RM9 5JB
Phone: 081 593 8353

Caring for rural carers

- conference at which a Charter for Rural Carers will be launched
- organised by the National Federation of Women's Institutes
- on 31 October 1994
- at Church House Conference Centre, Dean's Yard, Westminster, London SW1
- £25

Further info from:
Judith Gilboy & Associates
c/o NFWI
104 New Kings Road
London SW6 4LY
Phone: 071 371 9300

Re-energising the community health council

- workshop organised by the Office for Public Management (ACHCEW has not been involved)
- on 22 September 1994
- at OPM, Gray's Inn Road, London WC1
- £193.88

Further info from:
Anna Di Prospo
Assistant Education Programme Manager
Office for Public Management
252b Gray's Inn Road
London WC1X 8JT
Phone: 071 833 1973
Fax: 071 837 6581

FROM THE VOLUNTARY SECTOR

Insulin Dependent Diabetes Trust

This newly formed charity offers help and support to people with diabetes and their carers. The Trust's first priority is to help those who have had or are having problems with human insulin, and especially those who experience difficulty in changing back to animal insulin.

For further information, contact Sue Wren at IDDT, PO Box 294 Northampton NN3 2BN; phone/fax: 0604 721325.

DIRECTORY AMENDMENTS

Page 2 **Northern and Yorkshire**

Northern and Yorkshire Council of CHCs
2 Eldon Place
Bradford BD1 3AZ
Administrative Officer: Ms Annabel Taee
Phone: 0274 726406

Northern and Yorkshire Regional Association of Chief Officers
c/o Harrogate CHC
Claremont House
Victoria Avenue
Harrogate
N Yorks HG1 5QQ
Secretary: Mark Kennedy
Phone: 0423 530266

Page 5 **Northallerton CHC**
Chief Officer: Mark Learmonth

Page 9 **South Lincolnshire CHC**
Change of address:
Corn Exchange Chambers
17 Market Place
Sleaford NG34 7SR
Phone and fax unchanged

Page 12 **Bloomsbury CHC**
Fax: 071 485 5853

Page 14 **North Herts CHC**
Phone: 0462 454000

Page 21 **North Devon CHC**
Phone: 0271 73739
Fax: 0271 78084

Page 21 **Southampton & South West Hampshire CHC**
Change of address:
Third Floor
Queens Keep
1/4 Cumberland Place
Southampton SO15 2UN
Phone and fax unchanged

Page 22 **West Dorset CHC**
Change "Old Damers Hospital" to "Damers House"

Page 26 **Bolton CHC**
Change of address
St Peter's House
Silverwell Street
Bolton BL1 1PP
Phone: 01204 377022 + Minicom
Fax: 01204 377023

Page 28 **St Helens & Knowsley CHC**
Phone: 0744 755018

Stop press ...

The DoH has just issued draft guidance on the *"Confidentiality, use and disclosure of personal health information"*. Although CHCs are not being sent copies as a matter of course, they can obtain copies from Steve Goulding at the DoH, phone: 071 972 4925.

The deadline for comments on the draft is 9 December 1994.