

CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

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NEWS

Dorrell signals change of tone

The new Health Secretary, Stephen Dorrell, has signalled a change of approach for the Department of Health. Mr Dorrell, who is said to have little patience with arguments over the health service reforms, is to place more emphasis on public accountability and on the development of the role of health authorities.

A substantive change is that the Government is to lessen the pressure on GPs to become fundholders. Instead, in what appears to be a move to occupy the Labour Party's territory, Mr Dorrell has said that fundholding "is not the only model" and that there are "no preconceptions, no closed minds, no rejection of ideas because they weren't invented here".

On other aspects of health policy it remains to be seen whether the change is one of substance, or one of presentation now that the health service reforms are in place. On the earliest possible opportunity after being appointed Health Secretary, Mr Dorrell made it clear that he would not overturn Virginia Bottomley's decisions.

Sunday Telegraph 30 July, Times 1 August

Judicial review heralds resource-based needs assessments

A judgement in the High Court enables local authorities to take the availability of resources into account when they decide what services they will provide to disabled people during needs assessment.

In a judicial review hearing, Lord Justice McCowan and Mr Justice Waller ruled that Gloucestershire County Council (GCC) had acted unlawfully in withdrawing services from disabled people without reassessing their needs. However, they rejected arguments that section 2 of the Chronically Sick and Disabled Persons Act 1970 (which was incorporated into the 1990 NHS and Community Care Act) guarantees an unconditional right to support services for disabled people.

Although the case was brought on behalf of five people, GCC had withdrawn services across the board, a decision based only on lack of resources. The judgement means that councils must reassess individual users before

reducing care services. GCC estimates that it will cost about £200,000 to reassess the 150,000 users from whom it had planned to withdraw services. However, since resources can be taken into account when assessing needs, many reassessments will result in services being withdrawn.

The judges refused the Public Law Project leave to appeal against the judgement. The Project's lawyers are to ask the Court of Appeal directly to hear the case. If the Court of Appeal refuses, the Project will then decide whether to challenge individual reassessment decisions.

Independent 17 June, Community Care 22-26 June

Carers remain sceptical

Carers have seen little benefit from assessments of their needs, according to a survey commissioned by the Carers' National Association from Norman Warner, a former director of social services in Kent. The week after the Carer's Bill (which will guarantee full-time carers a right to an assessment of their needs) passed its Parliamentary stages, the survey has shown that 60% of carers who have already had formal assessments of their needs say that the system has made no difference. Only 10% believe that the system has made it easier for their needs to be met, while 16% say that they have had more attention from social services.

Among carers as a whole (2300 were surveyed), 69% thought that community care had made no difference. Where benefits were reported, most concerned more chances of breaks or respite care. Among the carers who said they *did* get breaks only one in five had had a week's holiday in the previous year.

A MORI poll undertaken for the report found that 91% of people said that they would like more public funds to be used to offer services to carers. The report estimates that for less than 1p on income tax, a million intensive carers could be provided with a four-hour break every week, a two week holiday and three weekends a year. This package would cost £1.4 billion. Mr Warner also estimates that if one in ten carers could not continue caring, the cost of alternative care would be £2 billion a year.

Guardian, Telegraph 19 June

Steep rise in cancelled operations

Between 1 January and 31 March this year, 14,500 patients in England had their NHS operations cancelled on the day of admission to hospital, or later. This represents an increase of 22% over the previous three months. The number of patients who have had operations cancelled and are not subsequently admitted within a month (as set out in the Patient's Charter) has risen by 49%.

Independent 26 June

Let the patients choose: justice or treatment

A consultant orthopaedic surgeon at Hope Hospital in Salford has a policy of refusing to operate on patients who are involved in legal action relating to their injuries. He also refuses patients with "unsuitable" psychological profiles – a judgement he reaches on the basis of their responses to a questionnaire. Raymond Ross rejects about one patient a month, claiming that the stress of legal action makes patients less likely to recover from surgery. He backs up his claims with anecdotal stories of successes and failures in patients undergoing spinal surgery. The Salford Royal Hospitals NHS Trust is supporting Mr Ross. Members of the medical profession seem to be less eager to back him up. While the BMA merely said that it is "unhappy when a doctor says he is not going to treat a certain group of patients", a London surgeon commented that such an attitude towards patients was "completely barmy".

Sunday Times 2 July

Judicial review on Barts closure

A woman who regularly attends St Bartholomew's Hospital for arthritis treatment has won the right to a judicial review of the decision to close the hospital. Mr Justice Sedley said that Monica Willan's claim that the consultation process was flawed should be argued in court. Mrs Willan will argue that the DHA did not approach the consultation process leading up to the closure decision with an open mind since the Royal Hospital Trust, which favours the closure of Barts, had helped to draft the consultation document.

Times 1 August

The costs of fundholding

Fundholders have received over £200 million in management and computer allowances since 1990/91 according to figures collated by Alan Milburn, MP for Darlington. Between 1990/91 and 1994/95 fundholders have received extra payments of £123.7 million to cover administrative costs. Fundholders also get more help than non-fundholding GPs with computer costs – a 100% refund on hardware and 75% on software, compared to 50% for other GPs. These refunds to fundholders amounted to £77.4 million between 1990/91 and 1994/95. A Department of Health spokesman commented that fundholders receive additional payments to meet their extra responsibilities.

Although the Department is confident enough to give the management allowance and higher computer allowances to GP fundholders, a Government minister has confirmed that the Department and NHS Executive are unable to provide information on the actual transaction costs between trusts and GP fundholders.

Hansard 13 July col 760, Guardian 2 August

Refund for private care

A woman who demanded a private bed after waiting untreated on a hospital trolley for almost five hours has been refunded the £3000 she paid for her 12-day stay at Bury General Hospital. Florence Harper was admitted to the hospital after she had become dehydrated at home, but was refused water to drink while she awaited treatment because she might have needed an operation. Eventually she insisted on a private bed and was seen within 20 minutes. She brought a complaint with the help of Bury CHC. The Trust disputes how long she had had to wait, although Mrs Harper's recollections are confirmed by independent witnesses. However "as a gesture of goodwill" the Trust agreed to give her a refund. Afterwards, Mrs Harper said that she had taken up the issue because she wanted to make sure that the same thing never happened to anyone else. "I hope that this will encourage others to seek help from the CHC", she added.

Times 27 July

FOCUS ON ... PRESCRIPTION CHARGES

Disciplined for charging less

A chemist from Newbridge in Gwent has been brought before a disciplinary panel for selling NHS-prescribed medicines to patients for the market price where this is less than the £5.25 prescription charge – something he has been doing since the miners' strike 12 years ago. The Gwent Health Commission brought Allan Sharpe before Mid-Glamorgan FHSA for breaching his contract, a charge which Mr Sharpe denies.

Chemists are allowed to sell over-the-counter medicines if they are cheaper on that basis than on an NHS prescription. However, their contract prevents them from selling prescription-only drugs in this way. For prescription-only drugs, patients can ask their doctors to give them a private prescription. If the doctors are willing to do this, the patients can pay the market price plus a dispensing fee to the chemist.

Varied opinions

- ♦ The Pharmaceutical Services Negotiating Committee, which represents community pharmacists, has opposed private dispensing on the grounds that it would benefit the larger chemists which could buy in bulk. Smaller chemists might be forced out of business.
- ♦ The Parliamentary Health Committee has recommended that "the Government introduce a system whereby the pharmacist may dispense the item privately if the cost of the product prescribed is less than the NHS prescription charge".
- ♦ The Government has said that GPs can prescribe privately for cheaper drugs.
- ♦ The British Medical Association has received legal advice that doctors cannot issue private prescriptions to NHS patients.

A survey from Kidderminster

Kidderminster & District CHC has recently published interesting research on whether prescription charges deter people from having prescribed medicines dispensed. For more details see *CHC Publications*.

Some facts and figures

The Department of Health says that the average cost of prescribed drugs is £8.80.

At least 200 commonly prescribed drugs are available over the counter for a price less than the £5.25 prescription charge.

It is estimated that over 50% of all prescribed items cost the NHS less than £5.25. (Diazepam, for example, costs 20p for 50 tablets.)

A survey by Chester & Ellesmere Port CHC found that 74 of the 100 most commonly prescribed drugs cost less than £5.25. The data provided to the CHC have not been used within the DoH for analysis apparently because they are considered to be "commercial-in-confidence".

In 1994 83% of prescription items were dispensed free of charge, compared to some 42% in 1968 (when, one might add, the prescription charge was 13p).

Last year 523 million NHS prescriptions were written, an increase of 11 million on the previous year.

The NHS family health service bill for medicines last year was £4 billion, equivalent to 18p per person per day.

The Association of the British Pharmaceutical Industry claims that medicines result in fewer and shorter hospital stays, resulting in savings to set against this drugs bill. ABPI estimates 1994's net saving in 12 major areas of disease to have been £3.6 billion.

Britain spends less on drugs than France, Italy, Spain, Belgium and Germany.

ABPI Briefing: Medicines and the National Health Service, Hansard 28 June cols 684-6, Guardian 21 June, Independent on Sunday 25 June, Telegraph 4 August

FROM PARLIAMENTARY ANSWERS

A series of recent questions put down by Martin Redmond address issues debated at ACHCEW's AGM. We give the gist of the answers (A) below, and of the questions (Q) where their content is not obvious from the answer.

Joint working (cf AGM resolutions 1 and 10)

A "We have no plans to establish a working party on collaboration between community health councils, district health authorities and social services departments."

"We have no plans to extend the role of CHCs to monitor mental health care in the community services provided by local authorities."

"Guidance issued in January 1994, EL(94)4 ... pointed out that CHCs might find it useful to discuss with local authorities social services departments the role that they play in joint health and social services arrangements."

Hansard 12 July cols 549-50

DoH Guidance on NHS continuing care (cf AGM resolution 2)

A The Government has no plans to withdraw this guidance, which "should lead to a substantial improvement in the provision of a full range of continuing health care services".

Hansard 12 July col 550

Registered sick children's nurses (RSCNs) (cf AGM resolution 3)

Q Asking the Secretary of State for Health if he would take steps to increase the number of RSCN training places.

A "Training commissions for RSCNs have increased from 776 in 1989/90 to 1612 in 1993/94."

Hansard 11 July col 483

Requirements placed on GP fundholders (cf AGM resolution 4)

Q A call for action to ensure that GP fundholders (a) hold regular meetings in public, (b) consult with the public on their purchasing intentions, (c) submit their contracts to quality monitoring at least as rigorous as that for health authorities and (d) establish relationships with CHCs comparable to those already existing with other purchasers and providers.

A "The Accountability framework for GP fundholding requires GP fundholders to make their plans and performance reports available for public scrutiny by sending them to CHCs, making them available to patients at the practice and involving patients in service planning. GP fundholders are also required ... to submit to the health authority an annual report of their performance including quality improvements achieved."

Hansard 11 July col 483

Funding allocation: GPs and health authorities (cf AGM resolution 5)

Q Mr Redmond called on the Government to withdraw its decision to amend the funding formula for health authorities, to introduce capitation-based funding for GP fundholders and to ensure equitable allocation of resources between patients of fundholders and non-fundholding practices.

A "The fair allocation of resources is a fundamental principle of budget setting in the national health service. This applies irrespective of whether practices are fundholding or not."

Hansard 11 July col 483

Rural dispensing (cf AGM motion 7, remitted to standing committee)

Q Asking if the Secretary of State for Health will guarantee the rights of rural GPs to dispense prescriptions irrespective of the opening of pharmacies in their locality.

A "The conditions which govern the rights of general practitioners to dispense medicines and appliances are contained in the National Health Service (Pharmaceutical Services) Regulations 1992."

Hansard 12 July cols 550-51

CHC funding (cf AGM resolutions 16 and 29)

A Further funds would not be allocated to CHCs to enable them to raise their public profile. Further work is needed "in relation to equalising CHC resources after RHA functions transfer to the NHS Executive in April 1996. This work will be based on our commitment to ensure broad consistency in handling CHC affairs."

Hansard 13 July col 757

Infertility treatment (cf AGM motion 12, remitted to standing committee)

A "Decisions about the priority and resources given to infertility treatment services must be left to the individual health authorities"

Hansard 13 July col 756

Community nursing appointment times (cf AGM resolution 13)

Q Mr Redmond asked the Secretary of State if he would allow nurses and midwives more discretion under the patients charter in the timing of home visits where this is in the best interests of patients and carers.

A This suggestion was rejected on the grounds that the charter standard provides a challenging but achievable level of service delivery which the NHS must aim to meet in all but exceptional circumstances. "To weaken the standard would not be in the interests of patients."

Hansard 13 July cols 756-7

GPs and CHC monitoring rights (cf AGM resolution 15)

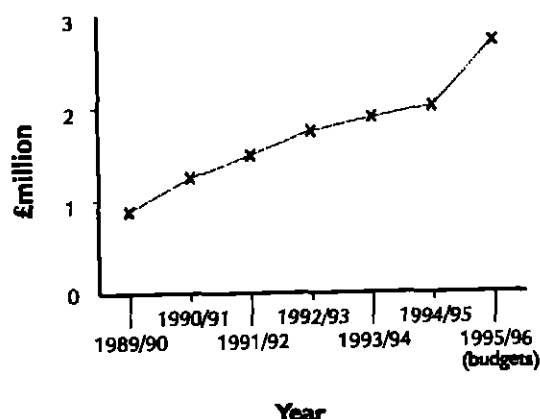
A "We have no present plans to extend the statutory role of community health councils to monitor services provided on general practitioners' premises"

Hansard 11 July col 484

Information Division costs

Q Margaret Beckett asked about the budget for staff and running costs (excluding expenditure on publicity) in the DoH Information Division over the last 10 years. The figures provided are:

A Manpower and running costs (excluding publicity campaigns)



The minister commented that the figures are not comparable over the years since the information division now includes a public inquiry office and a central print unit. He did not, however, mention when the office or unit were set up or whether the functions which they now carry out were paid for by the information division (as part of running costs) before those functions were provided in-house.

Hansard, 12 July col 552

Access to medical records

Q Mr Redmond asked if the Health Secretary would amend the Access to Health Records Act 1990 to allow patients full access to their complete records other than in exceptional circumstances and for patients to be issued with an explanatory statement when full access is denied.

A Tom Sackville reiterated the rules about access laid down in the Act. Although access to documents before 1/11/91 is a matter for health professionals "it is our policy that access be given whenever possible". He added that "The Act does not require the record holder to inform the applicant when part of the record is withheld. It is a matter for the record holder whether to do so, but our guidance does not require it and we have no plans to change the current arrangements."

Hansard 13 July col 755

CHC role

Q On plans to ensure greater CHC involvement in needs assessment, monitoring performance and quality and in "Local Voices" programmes.

A Gerald Malone would not be pinned down on plans to involve CHCs specifically. Stressing the priority of giving health services users greater voice and influence, he said that CHCs would have and continue to play "a significant role".

Hansard 13 July col 757

NEWS FROM ACHCEW

Training sessions

ACHCEW has organised a second set of training sessions aimed at CHC Members, Chairs, Vice Chairs and Chief Officers. CHCs have been sent details of the sessions and a set of course descriptions. The courses will be held throughout England and Wales and cost between £50 and £85.

The courses are:

- 1 Consultation procedures Birmingham*, London
- 2 A guide to contracting in the NHS London, Manchester
- 3 Understanding the changing health service and role of the CHC Birmingham*, Manchester
- 4 Using the media effectively Manchester
- 5 Working with the media Sheffield
- 6 Giving the public and users an effective voice in the shaping of health services: local voices Harrogate*
- 7 Understanding and working with the community Newcastle*, Cardiff, Bristol, Llandudno
- 8 Setting performance standards for CHCs in the context of a changing health service Nottingham, London
- 9 Complaints: monitoring, setting standards, measuring the quality Milton Keynes, Bristol
- 10 Giving strength to patient feedback: understanding consumer audit techniques Preston, Bristol, Cambridge
- 11 Developing skills for CHC Chairs and Vice Chairs London, Birmingham, Harrogate
- 12 Tackling research Cambridge, Birmingham

To ensure participation, numbers on each course are limited to 14-20. It is therefore wise to book early. The courses marked with an asterisk are to be held on or before 9 October. For these please book by 1 September. For the rest, please book by 15 September if possible.

AROUND THE CHCs

"An open and honest debate"?

North Manchester CHC is to apply for judicial review of the consultation on children's health services in Manchester. The CHC has passed the first hurdle in successfully applying for leave to apply for judicial review. Its case relies on legal entitlements to be consulted and the nature of a fair consultation. For a consultation to be fair:

- ◆ consultation should be on definite proposal(s)
- ◆ consultations must be undertaken when the proposal is at a formative stage
- ◆ there must be adequate and accurate information on which to respond
- ◆ adequate time must be allowed for responses
- ◆ responses must be conscientiously considered

The CHC's submission is that the consultation did not meet these requirements: secretiveness and bias were demonstrated in the provision of information, the failure to seek or take into account certain information and the review of responses. In addition, the decisions which were ultimately taken by the health authorities were unreasonable. Specifically, the CHC argues that there was a failure to consult on one of the options. Information which is now available was withheld until after the close of the consultation (despite a request for information, which went unanswered). Serious financial doubts were not mentioned in the consultation document. As a result, the consultation proceeded on a false basis. In short, the consultation failed to live up to the consultation document's assurance of a "genuine desire of all the Authorities involved for an open and honest debate".

Gair o Gyngor (Word of Counsel): Bulletin of the CHCs of Wales

The CHC Development Unit in Wales has launched a bulletin on CHC activities in the principality. Aimed primarily at readers in CHCs, it offers an outlet for CHCs to let others know what they are doing. The 10-page first issue includes (among others) contributions on GP user feedback from Montgomery, Health Watch Groups from Rhymney Valley, Emergency Services Response Cards from Ceredigion. To ask for copies or make suggestions or contributions, contact The CHC Development Unit in Cardiff on 01222 681307.

Whispers in the wind

North Derbyshire CHC and North Derbyshire Health recently held a conference to raise awareness of issues identified by elderly people during the course of the Elderly Action Research Project, which they carried out in partnership with the Social Services, and to start a debate on priorities for future action.

The conference heard about what elderly people had said about their lives, their care and their wishes for the future. Participants were challenged to consider whether they would like to be on the receiving end of current services. Each workshop session identified three priorities for action which are set out as an Agenda for Action in the conference report.

The CHC will be taking forward recommendations for developing an advocacy service for elderly people and producing fact sheets on rights and services. For further information about the Elderly Action Research Project and the follow-up work contact Sue O'Donnell at North Derbyshire CHC.

Monitoring the mental health contract

North Derbyshire CHC has also undertaken a project to investigate how the CHC could be involved in monitoring the local mental health contract. It examined the effectiveness of the partnership between services and service users as promoted by the care plan approach. CHC members had interviews with 40 recent service users. Most of those interviewed did not have care plans and a third had not been given a choice in their treatment. The project report makes recommendations on: patient involvement in care planning, access to services and a multi-disciplinary approach. North Derbyshire Health has agreed to implement the recommendations in the next round of contract negotiations.

Welsh/English leaflet for people with a hearing impairment

Ceredigion CHC has produced a bilingual information leaflet on *Communication for the Hearing Impaired*. It includes information on Typetalk, Minicomms, grants and equipment, as well as local and national contact points.

CHC PUBLICATIONS

Do prescription charges deter people from having treatment? A study of prescription uptake in the Kidderminster area

The West Midlands Health Research Unit for Kidderminster & District CHC, 51 pages

A background section to this report clearly sets out how the prescription charging system operates and briefly reviews studies of why people do not have prescriptions dispensed.

Questionnaires were sent to patients of five GP surgeries (280 patients responded of whom 166 pay for their prescriptions and 114 do not.) A short telephone survey was used to elicit views of local pharmacists.

A third of "payers" said they found prescriptions "difficult" or "impossible to pay for". Over a third of the payers said they would consider not getting a prescription because of the cost and 37% said that they ask the chemist if there is a cheaper alternative. However, 84% of payers said they always collect all the items on the prescription (7% do not, and 9% no response). This contrasts with 96% of non-payers who said they always collect all the items (3% do not, 2% no response). Of the 13 pharmacists, 11 said that they had been asked by patients to select the most important items and three of the 13 had or used to have a credit system for people who had difficulty paying.

Other questions concerned knowledge of costs, GP advice, season-tickets, over-the-counter medicines, use of the chemist instead of the GP, benefits and medical conditions which require frequent medication.

The results are clearly set out and analysed. The CHC makes practical recommendations to help people who are paying for their prescriptions, while remaining committed to its view that in the long term charge exemptions should be extended to all patients who need continuous medication.

A guide to visiting health services

Salford CHC, 42 pages

This guide is intended to be used as a "menu" of issues and questions from which visiting teams can select. Sections cover the various stages from deciding to visit through to the visit report. Appendices provide checklists of questions, sample letters, a list of possible recipients of visit reports and a sample visit report.

Rationing and priorities: report of a survey *Health Watch Project, Warrington CHC, 60 pages*

The sixth Health Watch Project report comprises four sections:

- ♦ **rationing health care** (a survey based on one carried out by Gallup for the Daily Telegraph and with which it is compared). Although almost 50% believed that rationing in the NHS is necessary, 88% believed that every ill person should have the right to the best treatment as soon as possible.
- ♦ **blood donors** (eight questions on history of donating blood and attitudes). There was a high drop out rate among blood donors. Many respondents said that they could be persuaded to become a donor.
- ♦ **organ donors** (six questions on donor cards, knowledge and attitudes). Of the 399 respondents, 250 did not hold a donor card. Almost half of these said they could be persuaded to carry one. A small majority supported the idea of a system from which one would have to opt out rather than opt in.
- ♦ **accident & emergency services** (ten questions on use of and experience at A&E). Patients were fairly satisfied with the service, but commented on: improvements needed to communications, staff shortages, and the delay in seeing a doctor.

Community care: guide to good practice

Scottish Association of Health Councils, 18 Alva Street, Edinburgh EH2 4QG, 29 pages

This booklet aims to enhance public understanding of community care and produce recommendations for wider public debate. Early drafts were sent out for comment, and the final version incorporates advice and comments from many users, carers, voluntary organisations, hospitals and local authorities. It is written in clear English for use by the general public. Once the principles of community care have been explained, the booklet describes the practicalities of the system. At each stage it sets out what people are entitled to and briefly outlines procedures.

A separate section on recommendations is aimed at those involved in ensuring that community care in Scotland is of good quality.

CHC publications: Listings

A survey to assess disabled access and facilities in four community units
Hull CHC in association with Kevin Reynolds & Gwen Irving, 25 pages

Women's experiences of attending the hospital antenatal clinic in Newcastle upon Tyne: a survey of user views
Jacqueline Calder, Newcastle CHC, 21 pages, £5

Community child health clinics in Newcastle upon Tyne: a survey of user views
Jacqueline Calder, Newcastle CHC, 27 pages

One in four: mental health in the community
Gloucestershire CHC, 28 pages

A survey of health care services in Purbeck Local Authority District
East Dorset CHC, 19 pages

Guide to respite care 1995
Walsall CHC, 24 pages

Survey of non-attenders (outpatients departments) at Dorset hospitals
East Dorset and West Dorset CHCs, 17 pages

Outpatient non-attendance survey at Furness General Hospital
South Cumbria CHC and Morecambe Bay Health Authority, 14 pages

HealthLinks: a study to seek the views of people on local health services
Aylesbury Vale CHC, 32 pages

Asking people about mental health services: report of a forum held by Rochdale and Bury CHCs
Bury and Rochdale CHCs, 13 pages

Consumer survey of nursing care at Worthing and Southlands acute hospitals
Worthing District CHC, 35 pages

A guide to local services for people with a disability
Winchester & Central Hampshire CHC, 54 pages

Report on a survey of public views and experiences of out-of-hours health services *North Bedfordshire CHC, 73 pages, £2 (summary also available - 5 pages)*

A substantial questionnaire on out-of-hours care received responses from 312 of the North Beds 500 Panel and a further 124 from other samples. The questionnaire explored what type of care people actually sought (e.g. GP, A&E, 999), their reasons for seeking help and their views about services. It also explored views on appropriate actions in various hypothetical situations.

In actual cases the main reason for seeking help was anxiety about the seriousness of the problem, followed by pain or distress and a clear need for urgent professional attention. Respondents agreed that there is abuse of the out-of-hours services, but their responses based on their actual and hypothetical use of services did not confirm this view. There was some support for and evidence of people seeking out-of-hours care when they had tried,

but failed, to get adequate GP attention during the day. There was no support for doing so because it would be difficult or inconvenient to go the next day. The difference between the perceptions of patients who call out GPs and the GPs on this point is perhaps best summed up by the comment from one respondent: "It may be obvious to a doctor that a child's complaint is minor, but that's what he/she had spent six years training for".

Obtaining CHC publications

If you want copies of any CHC publications, could you please contact the relevant CHC direct (details in directory) and not ACHCEW.

A report on a survey into County Durham Health Commission's proposed criteria for offering infertility treatment to its residents

Sue Barnes and Daphne Ledge, North Durham and South West Durham CHCs

The CHCs used their Public Consultation Registers for this survey. People were more likely to support the availability of infertility treatment on the NHS if they knew of someone who had received treatment or who would benefit from it.

Whereas 20.5% of people aged 65 and over thought that infertility treatment should not be available on the NHS, only 1.9% of those aged under 30 thought this.

A large majority thought that there should be some age restrictions. Large majorities also thought that couples should be in an ongoing

stable relationship before being offered treatment and that couples should be offered more than one treatment if necessary. A significant minority (32%) disagreed with the Health Commission's guideline that couples should have lived in County Durham for a certain length of time before being offered treatment (but 57% supported the idea of not offering the treatment to newcomers). A sizeable minority (22%, with 21% not sure) disagreed with the guideline that couples with a living child should not be offered treatment.

OFFICIAL PUBLICATIONS

A place in mind:

commissioning and providing mental health services for people who are homeless

edited by Richard Williams and Kina Avebury, HMSO, 166 pages, £12

Together we stand:

the commissioning, role and management of child and adolescent mental health services

edited by Richard Williams and Gregory Richardson, HMSO, 202 pages, £9.95

Both of these reviews from the Health Advisory Service stress the need for cooperation between agencies and within the NHS. *Together we stand* describes how services tend to be unplanned and historically determined. It gives advice on tasks and procedures which should lead to an integrated service with explicit objectives. A recurring theme is the need for training at all levels.

A place in mind lays down principles for developing services which currently, with noteworthy exceptions, range "from poor to lamentable". It stresses the role commissioners of services can play in determining an effective strategy and in developing good working relationships with users and other agencies. It also offers guidance for service providers.

Health Service Commissioner for England, for Scotland and for Wales: Annual Report 1994-95

HMSO, 67 pages, £14.30

The Ombudsman's report presents case summaries and remedies proposed where appropriate. In his introduction Sir William Reid expresses his gratitude for the work CHCs do in helping and supporting complainants.

The main themes this year are: dealing with bereavement; treatment delays or cancellations; communications; record keeping; handling of complaints; and care and supervision. The Ombudsman does not yet have powers to deal with clinical judgement (he will do soon subject to Parliamentary approval), but the last category deals with care after a diagnosis has been made.

There is a new leaflet describing the Ombudsman's role and a poster to draw

attention to the leaflets. The leaflet explains what the Ombudsman does and what he can and cannot investigate. It includes his powers to investigate failures to provide information in accordance with the 1995 Code of Practice on Openness. It refers to the proposals to extend his investigative powers, but a revised leaflet will be issued if the proposals become law. The leaflet and poster are available in English and Welsh - copies have been sent to CHCs.

The leaflet will soon be available in Bengali, Gujarati, Hindi, Punjabi, Urdu, Chinese, Greek and Turkish from: Health Service Ombudsman, 11th Floor, "Leaflets", Millbank Tower, London SW1P 4YY.

General practitioner fundholding in England

House of Commons Committee of Public Accounts, 27th Report, HMSO, 27 pages, £11

Among the main conclusions and recommendations of this report are a number on removal of patients from GP lists. The committee notes that it is "disturbed by the [NHS] Executive's apparent complacency in noting that the number of removals represents less than one in 600 of all patients". On this topic it recommends the following:

"We look to the Executive to ensure that they now regularly monitor the numbers of patients removed at the doctor's request."

"We look to the Executive to ensure that the reasons for patients being removed at the doctor's request are ascertained to ensure that patients are not suffering discrimination on cost grounds."

"We consider it would be an important safeguard if the Executive were to analyse the data so as to establish whether or not fundholding status has had any impact on removals at the doctor's request."

Other recommendations include:

"We urge [the NHS Executive] to secure further progress in developing a system of budget allocation which can demonstrate compatibility between fundholders and non-fundholders."

"We urge the Executive to ensure that health authorities work closely with GP fundholders to avoid the accumulation of savings, so as to ensure that unused NHS money is directed without undue delay to meet the needs of patients, including those elsewhere in the NHS."

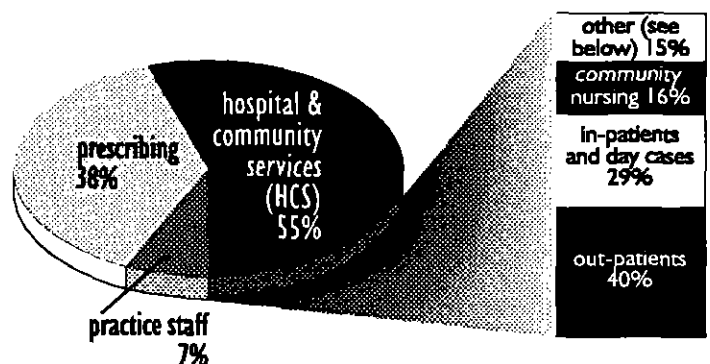
This last recommendation is put forward because the Committee is not convinced that the NHS Executive has good grounds for its assurance that, in the main, savings are being well spent in the interest of patients.

Briefing on GP fundholding

*Audit Commission, HMSO,
30 pages, £6*

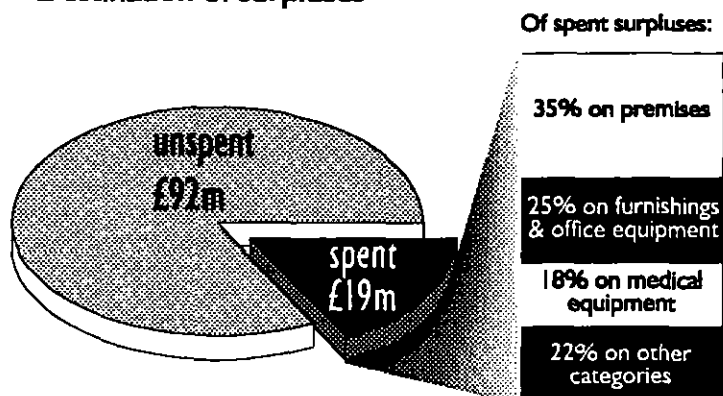
The Audit Commission is planning a report on GP fundholding next year which will analyse the costs of the scheme, assess fundholders' progress in meeting the scheme's objectives and make recommendations. The Commission has decided to publish an interim review so that the debate on fundholding can be "informed by more facts". Sections cover "What is fundholding?", "The developing scheme", "Managing the fund" and "Finance". Some findings about the purposes for which budgets have been used and the use of accumulated savings are shown on the right.

Spending of fundholder budgets



Other: mental health and learning disabilities 6%, diagnostic tests 6%, direct access services 3%.

Destination of surpluses



Setting the records straight: a study of hospital medical records

Audit Commission, HMSO, 68 pages, £11

The report considers improvements which could be made in the handling of casenotes so that they can be used effectively as a record of symptoms and treatment, as a tool for research and audit and to provide management information.

The first section looks at ways of improving the content of casenotes: structuring them well, coding accurately, having only one set of notes per patient, and culling files regularly.

The second section looks at systems for issuing and receiving casenotes. An efficiently organised casenote library will help to avoid the vicious circle in which doctors hold on to casenotes because casenotes are difficult to retrieve, so that, in turn, other doctors cannot access the notes. The report recommends an explicit policy of culling the content of files, "weeding" older files, secondary storage and destroying files after a specified time.

The third section concerns management. The role of medical records managers needs to change so that they have greater authority over medical records systems, with clear reporting lines to a board member.

The final section looks briefly at opportunities offered by alternative approaches and new technology. It warns that unless the existing system is sound, alternative approaches can cause as many problems as they solve. A more comprehensive study of these issues is published in:

For your information: a study of information management and systems in the acute hospital

Audit Commission, HMSO, 70 pages, £10

(there is also an 8-page summary).

Telephone orders 0171 873 9090

Official publications: listings

Citizen's Charter complaints task force final report, comprising:

- ♦ Main report, 58 pages
- ♦ Executive summary, 9 pages
- ♦ Good practice guide, 31 pages

Available from Citizen's Charter Unit, Horse Guards Road, London SW1 P3A, phone: 0171 270 6954

The task force has also published research it commissioned on people's views of how public services handle complaints, entitled: **Complaints handling in the public sector**, HMSO, £13.50

Quality register

(organisations providing training, research, development and information on quality in health care)
Compiled by the Nuffield Institute for Health, University of Leeds and the Health Services Management Unit, University of Manchester, for the NHS Executive, 171 pages.

Availability enquiries to: Kathy Hoerty Quality and Consumers Unit, Room 4N34B, NHS Executive, Quarry House, Quarry Hill, Leeds LS2 7UE.

The NHS performance guide 1994-95 (for England)

NHS Executive, 217 pages

It's your NHS - find out how it's getting on

This leaflet about the *NHS performance guide* encourages members of the public to ring the health information service (0800 665544) "to find out what the guide says about your local services".
Free copies can be obtained by calling the Health Literature Line on 0800 555777 or by writing to RAPS Health Publications Unit, Storage and Distribution Centre, No 2 Site, Heywood Stores, Manchester Road, Heywood, Lancs, OL10 2PZ

Patients not paper: report of the efficiency scrutiny into bureaucracy in general practice

NHS Executive, 97 pages (summary 29 pages). Available from the Health Literature Line: 0800 555 777.

GENERAL PUBLICATIONS

Renewing the NHS: Labour's agenda for a healthier Britain

The Labour Party, John Smith House, 150 Watworth Road, London SE17 1JT, 37 pages

After a year-long consultation, the Labour Party has published its health policy document. It promises no major upheavals, though it says it will restore the NHS's traditional values.

It proposes to maintain the separation between planning and delivery, but to replace annual contracts with long-term agreements. Believing that neither GP fundholding nor the DHA purchase of care for GPs is satisfactory, the Labour Party hopes to move towards "GP commissioning". The document bends over backwards not to be prescriptive on this, but discusses two models: "Area commissioning" in which GP representatives advise a DHA on commissioning and delivery of services; and "Locality commissioning" in which a paid co-

ordinator (often a local GP) consults widely over the commissioning of services for a population of about 50,000.

Some proposals affect CHCs directly.

- ♦ "We will ... transform the Community Health Councils ... into Local Health Advocates which will be given new powers both to raise standards in hospitals and general practice and to provide more information to patients."
- ♦ CHCs will have a voice at board meetings of health authorities, which, along with hospital boards, "will be openly selected and broadly based to reflect the communities they serve."
- ♦ CHC monitoring will be extended to include services organised by local authorities ... there's no mention of extra funding though.

General publications: listings

Alcohol and the heart in perspective: sensible limits reaffirmed

Royal College of Physicians, Royal College of Psychiatrists and Royal College of General Practitioners Available from the RCP, 11 St Andrews Place, Regent's Park, London NW1 4LE. £6 (inc p&cp), 36 pages

The economics of family planning services

A report prepared for the Contraceptive Alliance by A McGuire and D Hughes. Available from the Family Planning Association's mail order service on 0171 636 7866, £17.49 (inc p&cp), 36 pages

Guidelines on in-house complaints procedures

Northern Ireland Faculty, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PY, phone: 0171 581 3232, fax: 0171 225 3047, 7 pages

Older people's sadness: a study of older people with depression

Rosie Chester and Jef Smith for Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG, phone: 0171 485 1550, fax: 0171 267 6877, 57 pages

Fact file '95: NCH Action for Children.

Policy and Information Department, NCH Action for Children Central Office, 85 Highbury Park, London N5 1UD, phone: 0171 226 2033, fax: 0171 226 2537, £5.00, 135 pages

Agenda for change: management development for primary care

Alison Baker and Marian Willmer for the Institute of Health Services Management, 39 Chalton Street, London NW1 1JD, phone: 0171 388 2626, £5 members, £10 non-members, 32 pages

An A to Z of British medicines research

Association of the British Pharmaceutical Industry, 12 Whitehall, London SW1A 2DY, phone: 0171 930 3477, fax: 0171 747 1411, 51 pages. Availability enquiries to ABPI.

Bridge building for effective user involvement in primary care

Pat Taylor, Portsmouth University, and Janet Upward, Birmingham FHSA Birmingham FHSA, Fazeley House, Aston Cross, 50 Rocky Lane, Aston, Birmingham B6 5RQ, £7.50, 37 pages in a 10-section pack

The older person: consent and care

*British Medical Association and
Royal College of Nursing*
65 pages. Available from the BMJ Bookshop,
Burton Street, London WC1H 9JR,
phone 0171 383 6185,
£6.95 (£5.95 to BMA and RCN members)

This report aims to provide guidance to health professionals and others on how to bridge the gaps between theories of patients' rights and the practical realities of care. It focuses on the small proportion of older people who may have their wishes overlooked – because they are cognitively impaired, because they have difficulty in communicating their wishes or simply because other people ignore their wishes.

Background information to the issues, case studies and practical guidance are presented in sections dealing with consent and care in day-to-day situations; general ethical principles of consent; consent and confidentiality; and consent and the use of protective measures.

The Patient's Charter

*Edited by Verena Tschudin for the Ethics
Series of Scutari Press*
(the publishing company of the RCN)
Viking House, 17-19 Peterborough Road,
Harrow HA1 2AX, 157 pages

This book brings together five divergent views and approaches to the Patient's Charter. ACHCEW's contribution (The patient's view, Part I) has already been distributed to CHCs as a Health News Briefing. The other contributions are:

- ♦ A nurse's view by Adrian Childs
- ♦ A doctor's view by Peter Baddely
- ♦ A manager's view by Andrew Wall and
- ♦ The patient's view, Part II by Verena Tschudin.

The Patient's Charter and beyond ...

*Health Rights, Brixton Small Business
Centre, 444 Brixton Road, London SW9
8EJ, phone: 0171 501 9856 ext 326, fax:
0171 733 0351, 8 pages*

Health Rights held a national conference, *Beyond the Patient's Charter*, in May last year. In this newsletter-style publication, Christine Hogg develops the conference themes and discusses ways of taking the Charter forward.

Under *Power through information* she looks at ways professionals can take the first step towards enabling users to empower themselves: by communicating the information that people want in helpful ways. She looks at different approaches to obtaining users' views, including those methods which encourage participation. Lastly she outlines some prerequisites for establishing genuine links with the local community, including training and support for user groups.

INFORMATION WANTED

Salford CHC would like to hear from any CHC that has done work which looks at how **health authorities (not CHCs) monitor private nursing homes.**

Could CHCs which have **recently appointed Chief Officers** send copies of their job descriptions and person specifications to ACHCEW.

Could any CHCs which have drawn up **protocols for their assistance to people pursuing NHS complaints** please send copies to ACHCEW.

Barnet CHC is concerned about the increase of haphazard **relocation of pharmacies into supermarkets**, without consideration of the longer-term implications for patients. The CHC would like to hear from any CHC which has looked into this or shares its concern.

West Surrey & North East Hampshire CHC would like to hear from other CHCs on any good ideas operated in their areas for **cutting non-attendance (DNAs) at out-patient appointments.**

The impact of high unemployment and areas of deprivation on the health of the local population has recently been the subject of a survey in South Tyneside. South Tyneside CHC and the local purchaser believe that the survey results should be shared with local people in order to involve them in solutions. One small step was a suggestion that the Workers' Education Association be involved in **setting up courses to explore not only the health of the community, but health service issues.** This would also, coincidentally, prove of benefit to CHC members. Have other CHCs had experience of this type of project? The CHC would be interested in building on other people's experience. Please contact Ian Webb.

Darlington CHC would like to hear from any CHC which has experience of the recent change in Ministry of Defence policy which extends the **length of time an army doctor must serve before taking premature voluntary retirement.** Do CHCs have any examples of cases in which this has delayed their starting employment in an NHS facility and had an impact on local service provision?

Jane Mountney of Community Care Development has been looking into difficulties encountered in Newham in **getting adequate GP cover for people in respite care.** Carers have told her of cases in which people have been sent home from respite care when they are unwell because the GPs who attend the residential home were unable or unwilling to make a home visit and so was the person's own GP. The problem appears to be greatest when the respite care home is in a different area to the person's home area. Could any CHCs which are aware of similar difficulties please contact Jane c/o Newham CHC.

East Yorkshire CHC has been approached about a local GP practice with **refuses to accept repeat prescription requests over the telephone.** This is in line with guidance from the Audit Commission and the Royal College of General Practitioners. The CHC is concerned, however, that this makes the ordering of repeat prescriptions a very tiresome procedure, particularly in rural areas. The GP practice has pointed out that requests may be posted, but the CHC considers that this may involve village dwellers in a long walk to the nearest post box. The CHC would be interested to hear from any other CHCs which consider this to be a problem.

North & Mid Hampshire CHC Group is suggesting working with its local Health Commission, together with GPs and Trust representatives, to form a **group to share information about and advice on consumer involvement initiatives.** It is intended that the group will have a sufficiently high profile to oversee the development of many new projects, particularly those established as a result of *Local Voices*, such as the setting up of panels. Information from other CHCs with a similar involvement would be welcomed.

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.

Bristol & District CHC would be interested to hear from any CHC that is aware of good practice or innovative ways of working in the following areas:

- ♦ **unified services for elderly people with mental health problems**
- ♦ **the provision of health services for young physically disabled people**

Scunthorpe & Grimsby CHCs would like to hear from any CHC that is aware of good practice in working with **women with post-natal depression**.

Liverpool Central & Southern CHC would be interested to know of any recent surveys of attitudes of hospital staff towards Patient Charter standards, or of their awareness of the standards. Please contact Liz Powell.

FROM THE VOLUNTARY SECTOR

You and your doctor: audio cassettes

Health Rights has produced a set of audio cassettes to help people make the best use of primary health care services. They are aimed at marginalised groups and people who have difficulty reading.

- ♦ They explain how primary care services work in much detail.
- ♦ They suggest ways to help people communicate effectively with their local primary care team.
- ♦ They help those who have no basic knowledge of the health service in this country.

The cassettes are available in: Bengali (Sylheti); Cantonese; English; Gujarati; Hindi; Punjabi; and Urdu.

They cost £10 per language or £50 per set for CHCs and voluntary organisations. Health Rights can also sell CHCs or DHAs translation rights to copy the cassettes into other languages.

Phone Helen Austerberry at Health Rights on 0171 501 9856 for more details.

Ageing Well

The health promotion arm of Age Concern England has produced a set of four leaflets encouraging older people to lead healthier and safer lifestyles:

- ♦ **Fit for life**
Sets out the benefits of keeping fit and gives tips on taking gentle exercise.
- ♦ **Make the most of your retirement**
Gives useful addresses for those wishing to find out more about benefits, health, travel concessions, leisure and relationships.
- ♦ **It's never too late**
Puts forward the benefits to older people of stopping smoking.
- ♦ **How safe is your home**
A simple guide to making your home a safer place.

All the leaflets are available from Ageing Well, 1268 London Road, London SW16 4ER. Single copies free if you send an SAE. For multiple orders, contact Ageing Well on 0181 679 8000.

Directory of Cancer Specialists

There is currently considerable interest and concern about the delivery of cancer services, which has been described as a "cancer lottery". Fewer than 50% of cancer patients are referred to a cancer specialist.

As a way of helping improve cancer services, the National Cancer Alliance has published a *Directory of Cancer Specialists*. The

Directory provides a detailed guide to over 400 recognised consultant cancer specialists in the UK and will help both patients and their GPs identify who to contact in their area about cancer treatment and services.

The Directory costs £5.75 (inc. p&p) from the National Cancer Alliance, PO Box 579, Oxford OX4 1LB.

National Pharmaceutical Association

Mary Allen from the National Pharmaceutical Association (NPA) came to ACHCEW's conference in Cardiff where she attended Alison Ewing's workshop on discharge planning and medication issues. Encouraged by the interest she found among participants, she has brought ACHCEW's attention to three leaflets explaining ways in which community pharmacists can contribute to patient care:

Caring for people at home

Mental health in the community

Cost effective prescribing and better patient care

The NPA believes its members' contribution can be highly cost effective. For instance, for those elderly or confused people who cannot manage their medication properly at home, the NPA has estimated that the cost of a pharmacist providing medicines in a fully labelled compliance aid, together with appropriate domiciliary visits to ensure that the client or carer knows what to do, works out at around £350 per patient **per year**, or less. If the client needed to transfer to residential or nursing home care because of bad medication management, this could cost around £350 **per week**. Worse, around 23% of hospital readmissions involving elderly people are thought to be due to poor compliance with medication. A night's hospital care can cost around £250.

For more information about services from NPA pharmacists contact Mary Allen, NPA, Mallinson House, 38 St Peter's Street, St Albans, Herts, AL1 3NP, phone: 01727 832161, fax: 01727 840858.

FORTHCOMING EVENTS

Local voices in a primary care-led purchasing system

- ♦ workshop organised by the Office for Public Management
- ♦ on 29 November 1995

Competing for attention?

- ♦ a workshop to explore who "owns" the involvement of local people in commissioning health care
- ♦ organised by the Office for Public Management
- ♦ on 20 October 1995

For both the above workshops

- ♦ venue, OPM offices in London
- ♦ fee: £185 + £32.38 VAT

Further info from:

Debra Cartledge
Events Co-ordinator
Office for Public Management
252b Gray's Inn Road
London WC1X 8JT
Phone: 0171 833 1973
Fax: 0171 837 5800

Delivering cancer care: the black perspective

- ♦ conference organised by CancerLink
- ♦ on 5-6 September 1995
- ♦ at Church House Conference Centre, Westminster, London
- ♦ £175 one day, £210 both days

Further info from:

CancerLink
17 Britannia Street
London WC1X 9JN
Phone: 0171 833 2451

The future of primary care

- ♦ conference organised by the Office of Health Economics
- ♦ at London Zoological Society, Regent's Park
- ♦ on 13 September
- ♦ £75 (payable to the ABPI)

Further info from:

Mrs Elizabeth Aulsford
Office of Health Economics
12 Whitehall
London SW1A 2DY
Phone: 0171 747 1412
Fax: 0171 747 1419

Mental health law update

- ♦ organised by MIND as part of its training programme
- ♦ highlights major developments in case law, legislation and government guidance
- ♦ on 17 October 1995
- ♦ at Regent's College, London
- ♦ £175 (£110 voluntary sector)

Further info from:

The Conference Administrator
MIND
Granta House
15-19 Broadway
London E15 4BQ
Phone: 0181 519 2122
Fax: 0181 522 1725

Innovations in primary health care

- ♦ two-day seminar organised by the School for Policy Studies, University of Bristol
- ♦ from 2.00 p.m. on 26 October to 12.30 p.m. 27 October 1995
- ♦ at School for Policy Studies, Bristol
- ♦ £279 inc accommodation (**A limited number of bursaries will be available for participants from CHCs.**)

Further info from:

Deborah Marriott
Course Co-ordinator
Rodney Lodge
Grange Road
Bristol BS8 4EA
Phone: 0117 974 1117
Fax: 0117 973 7308

Not just black and white?

- ♦ organised by Good Practices in Mental Health
- ♦ a repeat of its successful London conference for those interested in the development of good mental health services for people from African, Caribbean, Asian, Chinese, Vietnamese and refugee communities
- ♦ on 20 September
- ♦ in Birmingham
- ♦ free to unwaged users and carers;
£30 for organisations with income less than £10,000;
£60 for income £10,000 to £100,000;
£100 others

Further info from:

Caroline Harding
Good Practices in Mental Health
380-384 Harrow Road
London W9 2HU
Phone: 0171 289 2034

Deadline

If you have items for inclusion in September's *CHC News* could you please get them to ACHCEW by 12 September.

DIRECTORY AMENDMENTS

Page 1 Scottish Association of Health Councils

Change of address:
18 Alva Street
Edinburgh EH2 4QG
Phone: 0131 220 4101
Fax: 0131 220 4108

Page 2 North West Anglia
Phone: Delete 0733

Northamptonshire CHC
Change of address:
28 Headlands
Kettering
Northants NN15 7HP
Phone and fax unchanged

Page 11 Oldham CHC

Change of address:
Block D
Brunswick Square
Union Street
Oldham OL1 1DE
Phone and fax unchanged

Page 15 Airedale CHC

Change of address:
Cedar House
Aire Valley Business Centre
Lawkholme Lane
Keighley
West Yorkshire BD21 3DD
Phone: 01535 691913
Fax: 01535 691953

Page 16 Harrogate & District CHC

Change of address:
Clarendon House
9 Victoria Avenue
Harrogate HG1 1DY
Phone and fax unchanged

Page 20 Bristol & District CHC

Change of address:
Manulife House
10 Marlborough Street
Bristol BS1 3NU
Phone: 0117 987 3800
Fax: 0117 975 5565
Minicom: 0117 987 3801

Page 28 Worthing District CHC

Change of address:
19 Liverpool Gardens
Worthing
West Sussex BN11 1RY
Phone and fax unchanged

Page 29 Leicestershire CHC

Changed fax number: 0116 254 2854

Page 37 Herefordshire CHC

Chief Officer: Mrs Joanne Dixon