CHC NEWS

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES

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NEWS

Hospital building programme cut

ACHCEW's fear that private finance will be used as a substitute for, rather than supplement to, public funding has been amply confirmed by November's Budget. Government capital spending on the NHS is to be cut by almost 17% in real terms next year (down from £1.8bn to £1.54bn). Part of the shortfall will be made up by investment under the Private Finance Initiative (PFI), which is expected to increase from £47m this year to £165m next year. Overall capital spending in the NHS is forecast to fall by 6.5% next year, by 3.7% in 1997/98 and by 1% in 1998/99.

Toby Harris addressed a NAHAT seminar shortly before the Budget, expressing his concerns about PFI. He spoke of the high costs of setting up PFI schemes and of the delays which the requirement to seek private finance is causing.

Toby correctly predicted that the Budget would show that PFI will not genuinely complement and supplement publicly-funded developments, but instead be a (partial) substitute for losses in public funding. Stephen Dorrell has recently insisted that PFI is about the provision of supporting facilities and not clinical services. Perhaps Toby will also be proved right in his "cynical" suggestion that this "policy change" may apply only to this side of the General Election. In the seminar, he outlined ways in which private health care providers might seek to cut costs – not only by genuine efficiency savings, but also by lowering quality, shifting care costs away from hospital, avoiding expensive patients and lowering investment in training and research.

Progress on PFI

According to a Treasury document, the Government expects £670m of PFI investment in the NHS over the next three years.

The first hospital building scheme under PFI was approved on 28 November. South Buckinghamshire NHS Trust has entered into a £35m contract for new hospital buildings at High Wycombe and Amersham.

Twenty-five potential schemes, each worth over £25m, are being considered including:

- a 700 bed hospital in Norwich
- an 80 bed patient "hotel" at St James' Leeds
- a district hospital in Bishop Auckland
- redevelopment of Princess Margaret Hospital Swindon
- redevelopment of the Royal London Hospital

It has been estimated that by the time of the General Election, projects worth about £2bn could be under active consideration.

ACHCEW recently sent copies of its Health News Briefing on PFI to the Health Secretary and the Welsh Secretary. Responding to evidence that PFI is delaying essential capital projects, ministers insisted that the initiative could speed up the completion of developments.

Independent 27&29 November
DoH press releases 21&28 November,
NAHAT seminar 23 November, speech transcript

Deaths of detained patients: mental hospitals could do more

The Mental Health Foundation has called for an urgent review of procedures for mental hospitals to follow if a patient dies suddenly.

A report on 206 deaths of detained patients in the 24 months to 31 March 1995 concluded that 95 of the deaths were probably suicides. Of these, 41% died after absconding, 33% while on leave and 26% while in hospital. According to the Mental Health Act Commission, "a good many" of the suicides could have been prevented. A further 15 patients died "as a consequence of a health intervention", ten of them after receiving drugs.

The report says that too many hospitals didn't hold internal reviews after sudden deaths. Where reviews were held, there was often no independent assessor in potentially controversial cases. The Commission's chief executive commented that a number of reviews would have benefited from having an outsider to ask questions which the internal inquiry might prefer to avoid.

Deaths of detained Patients is published by the Mental Health Foundation, 37 Mortimer Street, London W1N 8JU, £8.

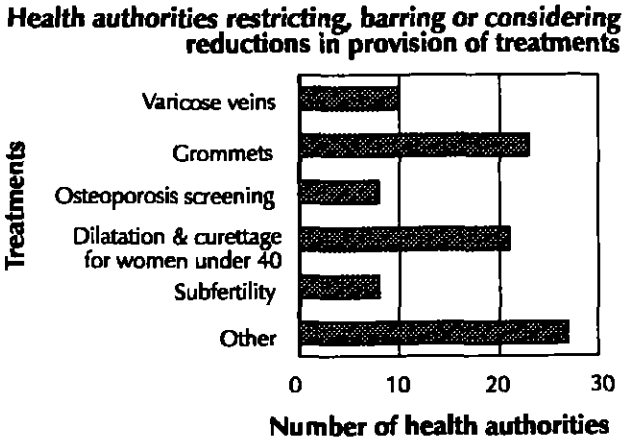
Guardian 15 December 1995

Rationing

Rationing of NHS care is becoming widespread according to a survey conducted by a consultancy firm, Blackwell Masters. It found that 40 of the 129 health authorities in England, Wales and Scotland have stopped buying some types of care and are limiting others. An earlier survey carried out by the University of Bath showed that in 1993/94 four health authorities were rationing treatment.

As the graph shows, different health authorities are choosing to restrict different types of care. The graph explicitly lists five of the treatments most commonly limited or barred by health authorities, but "other" covers a wide range of treatments. ACHCEW would be interested to hear from individual CHCs of the experience in their areas.

Independent 18 November, BMJ 2 December



BREAST CANCER

Variations in morality

Figures published by the Labour Party show that mortality rates from breast cancer vary widely across England. Breast cancer is responsible for 5% of all deaths in women. The average mortality rate is 86 per 100,000 with a high of 125 per 100,000 in South Essex health authority and a low of 45 per 100,000 in South West Surrey. There is no obvious geographical pattern to the highest and lowest rates. South West Surrey's immediate neighbours have among the worst figures with rates of 110, 121 and 122 per 100,000 in East Surrey, Mid Surrey and North West Surrey.

Independent 7 December

Radiotherapy side effects confirmed

Women seeking compensation for injuries caused by radiation treatment for breast cancer have been encouraged by a report from the Royal College of Radiologists which confirms that their pain and paralysis of an arm was probably caused by the treatment. The main cause was not high doses, but the position in which the women were placed for radiotherapy. This led to damage to tissues in the lower neck and armpit. The incidence of these side effects is now declining as practice has changed. The report makes recommendations for formal written procedures for the treatment.

Independent 7 December

Waiting lists: cutting back to a year

Health ministers are hoping that they will soon be able to announce that no NHS patients have been on a waiting list for longer than a year. Although there is no formal target to bring waiting lists down to a year, all eight health regions in England are working towards that figure, and seven of them estimate that they will achieve it by the end of March. The most recent published figures show that in September 1995, there were 27,900 patients (2.7% of the total list) on lists in England who had been waiting for over a year, 11,000 of them in North Thames. In Wales 5100 (8.3% of the total list) had been on the list for over a year.

Guardian 5 January

Doubts about medical research

Only 19% of patients think that medical research is always conducted responsibly according to a survey conducted by INFORM TM, an information service for the pharmaceutical industry. Although 84% of patients thought that people should contribute to medical research, only 60% would agree to take part themselves. Only 42% of respondents from the general public said they would agree to take part in clinical trials. Reasons for not taking part or being unsure about taking part included the fear that doctors may have incomplete knowledge about side effects and the fear of being treated as a guinea pig.

Healthcare Parliamentary Monitor Issue No 163

Changes to blood service approved

The Department of Health has approved the National Blood Authority's revised proposals for the National Blood Service (see *CHC News* 108). Bulk processing and testing will cease at five of the 15 centres: Lancaster, Oxford, Cambridge, Liverpool and Plymouth. New blood banks are to be established in South Lincolnshire and Central London. A two-hour maximum is to be set for the delivery of emergency supplies of blood.

A "key proposal" is to improve donor convenience and care. An interim Donor's Charter has been published with sections on convenience, information, the use of blood and complaints. It is rather confusing on the use of donated blood. While the Charter states that "**Blood and plasma are never sold**" (their emphasis), it also says that Bio Products Laboratory (which manufactures plasma products) can offer surplus products for sale abroad. In Parliament Stephen Dorrell seems to have chosen his words carefully when he said that "the national blood service does not make a profit out of the act of donation of human blood".

Plans for the future of the National Blood Service, DoH; Hansard 27 November, cols 929-39; Blood Donors: Interim Charter, DoH (for copies ring 0800 555 777)

PARLIAMENTARY NEWS

Mental Health Bill becomes law

The **Mental Health (Patients in the Community) Bill** passed into law in November. The Act will require patients under supervised discharge to abide by the terms of a care plan drawn up under the Care Programme Approach. The plan might include conditions on where a patient can live and require him/her to attend for treatment, education or training. ACHCEW, along with other patient organisations, professional bodies and pressure groups, is opposed to the power the Act gives to professionals carrying out supervision to "take and convey" patients who are not complying with their after-care plan. During the Commons Third Reading debate, health minister John Bowis rejected arguments against the power, saying that the measures would "strengthen the care and support of vulnerable people".

Healthcare Parliamentary Monitor, Issue No 160

Striking off patients

ACHCEW's concerns about GPs striking off patients from their lists for inappropriate reasons, for example for making a complaint or because their care is particularly expensive, were recently aired in the House of Commons by Alice Mahon, MP for Halifax. Mrs Mahon asked for leave to bring in a Bill under the 10 minute rule (a device by which MPs can raise issues, though in general the Bills they bring have no chance of becoming law). Mrs Mahon's Bill would require doctors to explain to patients in writing why they are being removed from the GP's list. In some cases it would also require doctors to issue patients with a warning before striking them off, to offer counselling and to offer a transfer to another GP in the same practice.

Hansard, 7 November, cols 733–736

Ombudsman's powers to be extended

A Bill to extend the powers of the Health Service Ombudsman has been published. If passed, the Bill will allow him to consider complaints about family health service practitioners and about matters relating to clinical judgements. He will also be able to investigate complaints about independent providers where they are providing services to patients under arrangements made with health service bodies or family health service providers. The changes are expected to cost £6.5m. Staff working in the Ombudsman's office will increase from 130 to 140.

DoH press release 1 December, Healthcare Parliamentary Monitor Issue 162

Clinical Negligence Scheme

In a written answer, health minister Gerald Malone announced that the necessary parliamentary procedures are under way to set up a special health authority which will establish and administer a Clinical Negligence Scheme for NHS trusts. The authority will be known as the NHS Litigation Authority. The Government intends to appoint Sir Bruce Martin QC as the Authority's chairman, and Dr Oscar Craig and Mr Ronald Bradshaw as non-executive members.

Hansard, 30 October, col 43

FOCUS ON ... ACUTE BED SHORTAGES

Nicholas Geldard died on 8 December after journeys between four hospitals covering 69 miles. He was ten years old. The family believes that Nicholas's life could have been saved if he had been treated in time. However, both diagnosis and treatment were delayed. Nicholas was first admitted to Stockport Infirmary, then transferred to Stepping Hill Hospital (it took an hour to find an ambulance to transfer him). Since there were no intensive care beds available locally Nicholas was to be taken over the Pennines to Leeds. Leeds would offer a bed only if he first had a brain scan. Stepping Hill has a scanner, but for use only in office hours. Nicholas therefore was transferred for a scan at Hope Hospital in Salford, where he was diagnosed as having a brain haemorrhage. A consultant anaesthetist, a paediatric registrar and a senior nurse accompanied him in an ambulance to Leeds. His mother had been told there was no room in the ambulance, so was not with him when he died before arriving at the hospital.

Having gone into premature labour, Shirley Price had to undergo a three-hour, 265 mile trip from Gloucester to Plymouth since no special care baby cots were available nearer to her home. The four special care baby cots in Gloucester were occupied, and no free ones could be found in Bristol, Cheltenham, Cardiff or Worcester. The Gloucester Royal NHS Trust said that there had been an unexpectedly high number of babies needing special care.

Leanne Lester died of meningitis three days before her 16th birthday. Doctors treating her at Horton General Hospital in Oxfordshire had rung 16 hospitals across England trying to find a specialist paediatric bed for her. The chief executive of the hospital has said that their failure to find such a bed had no effect on the outcome of Leanne's illness.

No bed could be found in Greater Manchester for 10-year-old Christopher Satterthwaite on 14 December after he had been hit by a car. He had to be taken across the Pennines to Leeds 45 miles away with serious head injuries and a broken pelvis and elbow.

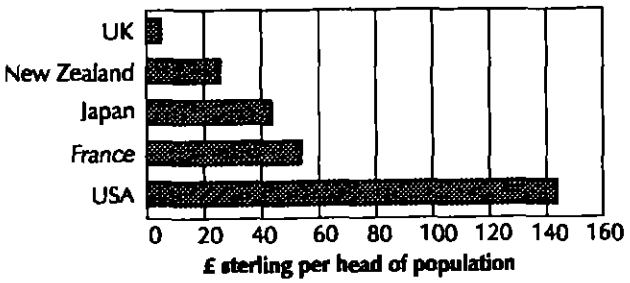
These four examples show what recent warnings about bed shortages can mean in practice. It may not be possible to say whether Nicholas and Leanne would have died had beds been available. But the suspicion that they might have lived is distressing in itself, and must add to the grief of their families. And surely nobody should have to suffer a long ambulance ride away from major hospitals while they are seriously injured or in pain.

Specialists' warnings

Intensive care specialists have recently blamed a shortage of **intensive care beds** and specialist staff for unnecessary patient deaths. A survey of intensive care units in 55 hospitals found that over 15% of beds were closed for financial reasons and the others had very high occupancy rates, with the result that staff are "juggling patients around to make beds available".

Dr David Bennett, director of intensive care at St George's Hospital, London, says that because of the bed shortage UK intensive care units have a 20% higher mortality rate than units in America. This may amount to 2800–3500 extra deaths a year across the country.

Spending on intensive care in five countries



The most recent National Confidential Enquiry into Peri-Operative Deaths analysed almost 20,000 post-operative deaths which occurred in 1992/93. The report highlights:

- the lack of **high dependency beds** (intermediate between intensive care and general wards). Only 22% of hospitals had such a unit, with the result that post-operative patients are inappropriately occupying intensive care beds or are returned too soon to general wards.
- the absence of **recovery rooms** in 10% of hospitals.
- the lack of **emergency operating theatres** – as a result patients are kept waiting for emergency surgery. Only a third of hospitals have theatres dedicated to emergencies and there are reports that some hospitals have closed or are misusing emergency theatres.

Another warning has come from the BMA, which has said that bed shortages, staff shortages, the Government's waiting list policy and failures in community care are combining to produce "a potentially lethal cocktail of problems". Over the last few weeks some hospitals have had great difficulty in coping with a sharp rise in admissions. At St Helier hospital in Carshalton Surrey the casualty department had to resort to treating some patients in ambulances, which were then not available to respond to calls.

The BMA says that a consistent rundown of beds has left the hospital system unable to cope with seasonal fluctuations. According to the Association's figures 9000 **acute beds** have been lost in England over the last five years and 31,000 since 1984. The total number of beds has fallen from 335,000 in 1984 to 212,000 in 1994/95.

Independent, Guardian 29 November; Daily Telegraph, Independent 2 December; Daily Telegraph 14 & 15 December; Sunday Times 17 December; Times 5 January; Guardian 12 January

FROM THE JOURNALS

Children in A&E

An article in *Nursing Times* calls for A&E departments to formulate formal policies on how children should be prioritised during triage. A survey of A&E departments in England, Scotland and Wales (151 responses) showed that various approaches are being adopted:

- 14 departments had no special policies for children.
- 4 allocated a doctor to see all children, who are therefore assessed separately from adults.
- 19 had no formal policy, but said that in practice children were allocated to higher triage categories than would be the case for adults with the same injury.

Formal policies took a number of different forms:

- Some departments put children into triage groups in the normal way, but then move them to the front of the queue for their group.
- Some do not allocate any children to the lower (less urgent) triage groups.
- Some allocate children to higher triage groups depending on their age, commonly with a cut off age of five or ten.
- Some set maximum waiting times for children.
- Some departments take other factors into account, for example the child's level of distress and the needs of the child's family.

Nursing Times, 20 December, pages 38-39

GPs and patients: pulling in different directions

A survey of 220 patients in each of 89 general practices in the South Western Region asked 26 questions about satisfaction with the practice in general and satisfaction with accessibility, availability, continuity of care, medical care and premises. The practices were asked to provide details of the practice partners and the organisation of the practice.

Patients were more likely to be dissatisfied with all the aspects of care in practices with more registered patients. Patients were more likely to be satisfied with all the aspects of care except practice premises where GPs held personal patient lists. Thus, while GPs in general have been trying to develop large practices in order to provide a wide range of services, patients prefer a personal service. Unless larger practices change their current systems, patients are more likely to find a service which suits them if they go to smaller practices which have personal list systems.

The authors conclude that GPs should have personal list systems and that larger practices should consider the creation of personal teams within the practice.

British Journal of General Practice, December 1995, pages 654-59

Telephone consultations

A survey aimed at estimating the effect on GP workload of telephone consultations compared patients who had consulted their GP by phone and a control group of patients who had never done so. Patients who consulted by phone were more likely to have children under five years old at home and more likely to be receiving repeat prescriptions. Almost a third would have preferred a face-to-face consultation. Patients in this sub-group were less likely to have their own transport and more likely to live alone than the patients who preferred the telephone.

Fifty-three per cent of patients who had had a telephone consultation said they would otherwise have made an appointment, and 10% said that they would otherwise have asked for a home visit. Only 5% said they would not otherwise have made an appointment to see the doctor. That the number in this last group was so small is presented as an advantage in the paper, since this group of patients adds to a GP's workload. One could, of course, look at it the other way round: these patients are presumably receiving advice or reassurance which they would otherwise have gone without.

British Journal of General Practice, December 1995, pages 673-75

NEWS FROM ACHCEW

The new complaints system and CHCs

ACHCEW is planning a national seminar to look at the extent to which the new system for handling NHS complaints will meet the needs of patients and how it will affect the role of CHCs. The seminar is aimed at CHC members. It will be held on:

Wednesday 24 April 1996
in
Central London

Speakers will include William Reid, the Health Service Ombudsman.

Booking details have been sent to CHCs.

Back from the margins: which future for CHCs?

This paper was prepared for the Institute of Health Services Management and ACHCEW by Christine Hogg. It is intended to contribute to the debate about the future of CHCs and does not necessarily represent the views of the IHSM or ACHCEW.

The paper looks at different options for developing the role of CHCs. On balance, it concludes that CHCs should be restructured as community-based agencies that facilitate user involvement in the NHS and are accountable to the community. To achieve this, CHCs would need to accept many changes to their duties and ways of working.

The paper has been sent to CHCs.

AROUND THE CHCs

Charter Mark recognition

Congratulations to **Pontefract & District CHC** and to **Salisbury CHC** whose services have been recognised under the Charter Mark awards scheme.

Pontefract & District CHC's Information Centre has been awarded a Charter Mark. In 1993 the Centre moved to shop premises in the town centre in order to be more accessible. From July to December 1994 the centre was visited by 2,205 members of the public, compared to 43 from July to December 1992, before the move.

Salisbury CHC was highly commended by the judging panel of the Charter Mark awards for "providing a high quality public service".

Improving access to healthcare for lesbians

Wandsworth CHC has produced a leaflet aimed at improving access to healthcare for lesbians, who often experience both direct and indirect discrimination when using NHS services. The leaflet provides information on how they can use the CHC and the NHS complaints system to influence the shape of services purchased and provided on their behalf. Wandsworth hopes that its lead will encourage other CHCs to seek the views of lesbians living in their community and provide them with the information they need. For further information, contact the CHC's Chief Officer, Lesley Stuart.

CHC PUBLICATIONS

Advocacy Scheme report
Bradford CHC, 24 pages

Bradford CHC's Advocacy Scheme was set up three years ago to work with two specific client groups: people with learning difficulties and older people. The scheme was intended primarily to provide short-term or "crisis" advocacy, though this is interpreted very flexibly. The CHC regards the service as a great success. It is soon to expand and move into its own office (still as part of the CHC).

Ruth Gallagher, who advocates for older people, describes the varying forms her advocacy has taken, from a couple of telephone calls to sort out a minor problem to months of work spent on untangling complex situations which may have emotional roots long in the past. Her work involves her with older people themselves, relatives, official agencies, staff, voluntary organisations and legal experts. Relatives and staff caring for people can feel upset and angry when they are told that they cannot really advocate for those they care for: some of the most fraught situations have involved families having to look at issues they didn't want to face. Despite this Ruth has been approached by health and social services staff, nursing homes and relatives where something seemed to be wrong or abuse was suspected. She is also approached by older people directly, often asking for help with getting the services they need.

Pauline Seddon advocates for people with learning difficulties. As the project began a local hospital was being closed down, so there was a ready-made workload. Gradually people living in the community made contact with the scheme. Although the scheme was set up for short-term work, Pauline soon found that long-term work was needed with some clients with profound disabilities. One of the most difficult areas of work has been where families do not believe that a person with learning difficulties can make decisions. Dealing with such situations can be frustrating, especially when clients decide not to continue challenging decisions made on their behalf. Like Ruth, Pauline has had a number of referrals from care staff who recognise the need for an independent advocate. On the whole, staff and carers have been responsive to suggestions, though the professional isolation of some staff working in the community is a problem.

Primary health care in schools
Dudley CHC, 17 pages

This survey report presents the views of schools (as represented by a teacher with responsibility for the health and social needs of pupils) and parents (represented by a parent-governor) on the school health service. As would be expected there was dissatisfaction in schools where the school nurse was unable to attend regularly. Many comments referred to the lack of cover for vacancies and absence. The purchasers of the school health service do not appear to have set up any mechanisms for monitoring the service or for enabling schools to inform them of shortfalls.
Another area of vociferous dissatisfaction among both teachers and parents was the withdrawal of regular checks for headlice and verrucas. The checks have been withdrawn on the grounds that they achieve no measurable reduction in incidence. Health professionals have either not put these arguments across to parents and teachers or have failed to convince them.

Hearing and acting: A guide to developing effective complaints procedures and handling in NHS and community care services
Salford CHC, 27 pages

This guide draws together recommendations from Salford's own work, the Citizen's Charter Initiative and Department of Health publications on complaints handling. It is intended as a summary to help NHS (and to some extent social services) organisations develop a complaints system. Sections on *Access*, *Culture and organisation*, *Procedures and handling* and *Evaluation* outline relevant issues, quote recommendations from official documents and highlight suggested standards for complaints procedures.

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.

Did you keep your appointment? An up-date on patients' failure to attend out-patient appointments and some reasons why

Southampton & West Hampshire CHC, 29 pages

Responding to Dr Brian Mawhinney's call to the ACHCEW conference in 1993 to contribute to solving the problem of unkept NHS appointments, Southampton & West Hampshire CHC undertook a survey to find out why people missed appointments and what action they took. It also sought to identify ways of reducing the Did Not Attend (DNA) rate in the future.

A third of the DNAs said that they had simply forgotten about the appointment (there were many very apologetic comments from these patients). The CHC recommends that clinics send out reminder letters about two weeks before appointments.

Of those who did not attend, 18% said that they had not been informed of the appointment. One cannot be certain how many of these actually had forgotten, but clerical errors are clearly made. This is shown by the fact that 14% of the patients identified as DNAs had actually attended the appointment. In addition, over half of the DNAs who did try to cancel said that they had successfully contacted the hospital and done so, but that the hospital had not removed their names from the lists. Comments from these two groups of patients show how much they resent being recorded as not attending.

It is worrying that 74% of the DNAs did not try to cancel. This includes some who were in hospital or were too ill and some who had forgotten, but must also include some who knew of the appointment and could have cancelled. The CHC recommends a publicity campaign encouraging patients to ring in as soon as possible to cancel appointments.

Community Health Councils at the millennium: the views of CHC members

Cath Arnold, Paul Etherington and Barrie Taylor, 21 pages

Copies have been sent to CHCs.

This project is the first attempt at seeking the views of all CHC members and co-opted members in England and Wales on the future direction of CHCs. Over 4000 reports containing a questionnaire were sent to CHCs – this report is based on an analysis of the first 864 questionnaires returned.

A huge amount of time is put in by CHC members (though many had not been advised of the level of commitment expected before they became members). If the responses are representative of members in general, the contribution of CHC members is the equivalent of three full time staff for each CHC. With the commitment required from membership, it is not surprising that 57% of members are retired from full-time work. One result of this is that the majority of members are aged between 55 and 69. A mere 0.23% of members are aged between 16 and 24 and 5.3% aged between 24 and 39. The report calls for an active campaign to recruit younger members.

The report highlights the need for more training and support for CHC members (a need identified by an overwhelming majority of respondents) and the need for CHCs to address issues of standards and accountability. Although respondents were clear about the need for explicit standards, there was little consensus as to how they should be set: 41% said that they should be set locally by the CHC alone, while others suggested that national core standards might help to reduce variability between CHCs. Only 28% of respondents wanted ACHCEW to play a main role in setting standards.

Deadline

If you have items for inclusion in February's *CHC News* could you please get them to ACHCEW by 7 February.

CHC PUBLICATIONS: LISTINGS

Cross-infection control training courses for Hertfordshire dental nurses at W&H(UK) Ltd. St Albans & Lister Hospital Postgraduate Centre, Stevenage: course assessment
North West Herts CHC, 6 pages

The Oldford Estate, Welshpool: a study of the views of the local community about maternal and child health services
Sophie Aindow, Montgomery CHC, 9 pages

Discharge arrangements for South Warwickshire orthopaedic patients: project report
South Warwickshire CHC, 19 pages

A rapid appraisal study of the views of the local community about health and social care services in Llanfyllin
Sophie Aindow, Montgomery CHC, 42 pages

A rapid appraisal study of the views of the local community about health and social care services in Welshpool
Sophie Aindow, Montgomery CHC, 43 pages

Patient's Charter Standards Survey at Warwick and Stratford-upon-Avon Hospitals
South Warwickshire CHC and South Warwickshire General Hospitals NHS Trust, 33 pages

Code of practice on openness in the NHS: implementation by Bassetlaw CHC
Bassetlaw CHC, 4 pages

Views on local health services: a local voices project
Milton Keynes CHC, 34 pages

A study of the Accident & Emergency Department at Southend General Hospital, 1993-1995
Southend CHC, 37 pages

Health services for children and adolescents
Huddersfield CHC, 71 pages

Supporting and developing health councillors and Decisions and dilemmas: the rationing debate
A report of two conferences from the Scottish Association of Health Councils, 18 Alva Street, Edinburgh, EH2 4QG

Aggression in GP surgeries
Barking, Havering and Brentwood CHC, 15 pages

Monitoring the mental health contract in North East Derbyshire
North Derbyshire CHC, 21 pages

Your right to know. Openness in the NHS in Salford. A guide for the public.
Salford CHC, 7 pages

Pain relief
Dudley CHC, 20 pages

Skin deep? A report of a project on the dermatology service of the Salford Royal Hospitals NHS Trust
Salford CHC, 43 pages

Views on elderly care services at Ladywell Hospital and their future
Salford CHC, 20 pages

Elderly people's voices ... "Whispers in the wind".
Conference organised by North Derbyshire Health and North Derbyshire CHC, 8 pages

Directory of counselling services in Barnsley
Barnsley CHC, 36 pages

A very present help? A survey of patients aged 65 and over discharged from Grantham and District Hospital
South Lincolnshire CHC, 24 pages

Report of the conference "Health After Fifty" organised by ARP/50 with the CHC
Barnsley CHC, 14 pages

Mixed sex wards
Dudley CHC, 12 pages

A future for the Formosa Drive Family Clinic: a community response to proposals for closure
Liverpool Eastern CHC, 29 pages

Women's use of mental health day services
Liverpool Central & Southern CHC and Liverpool Eastern CHC, 19 pages

Community link project
Liverpool Eastern CHC, 22 pages

Welcome home: discharge home of older people from acute hospital wards in Liverpool
Bound in with a directory of domiciliary care services in Liverpool
Liverpool Central & Southern and Liverpool Eastern CHC, 30 pages

Complaints and advocacy service user satisfaction survey
Chester & Ellesmere Port CHC, 10 pages

Diagnosis: crisis
A report on the state of London's health services in 1995
Jill Russell and Nikki Joule, Greater London Association of CHCs, 40 pages

Your right to know. Openness in the NHS in Salford: a guide for the public
Salford CHC, public information leaflet

OFFICIAL PUBLICATIONS

Informed choice
MIDIRS and the NHS Centre for Reviews and Dissemination
Informed Choice, PO Box 669 Bristol BS99 5FG

At last – an official NHS publication which really deserves to be glossy and printed in full colour. This pack of leaflets will be welcomed by both women and the professionals who care for them during their pregnancy and delivery.

So far five topics have been covered:

1 Support in labour
2 Listening to your baby's heartbeat during labour
3 Ultrasound scans: should you have one?
4 Alcohol and pregnancy
5 Positions in labour and delivery

Leaflets on a further five topics are being prepared.

Information on each topic is presented in two leaflets: a slightly simpler one for members of the public and a fully referenced one for health care professionals. The information covered in the two leaflets is basically the same so that they can form a basis for discussion between a pregnant woman and her health carers.

All the information comes from research evidence and has been thoroughly reviewed by experts. The leaflets have been piloted. They are very clearly written and laid out and, although they are easy to understand, they are not patronising. As one mother-to-be has commented, it gives you "the good bits and the bad bits ... it's what you need to know."

The House of Commons Health Committee has published a report, **Long-term care: NHS responsibilities for meeting continuing healthcare needs** (HMSO, £12.15)

In ACHCEW evidence to the committee:	**In recommendations from the committee:**
"CHCs are concerned that the services provided will be based on local eligibility criteria and available resources, rather than on national criteria."	"The nationally set framework should include the eligibility criteria for long-term care to define what the NHS as a *national* service will always provide..." "The DoH should introduce a national Long-Term Care Charter." Among other items, this would specify minimum levels of provision and access to a named range of services.
"Further information is required concerning the provision of services for people who are not being discharged from hospital, but are in their own or a private home."	"We support the view that the NHS should continue to place emphasis on providing high quality services for people in their own homes, with institutional care being a last resort or a positive personal choice by the patient, where appropriate."
"The guidance should contain a requirement to inform people that they have a right to refuse discharge from hospital to a private home." (A point for CHCs to bear in mind since DHAs are currently working on the information to be provided to patients.)	The committee makes no direct recommendation on this point. It does, however, note that patients do have the right to refuse discharge into a home and further recommends that patients should have a right, within limits, to choose their nursing home. This right should be set out in the the proposed Long-Term Care Charter and not merely be regarded as a matter of good practice.

The patients' guide to DI and IVF clinics
Human Fertilisation and Embryology Authority, Paxton House, 30 Artillery Lane, London E1 7LS, phone: 0171 377 5077, fax: 0171 377 1871, 55 pages

A guide to help people who are considering donor insemination or in-vitro fertilisation to understand the services offered by licensed clinics and decide which to use. Briefly describes treatments and raises questions to think about. Gives information about all licensed clinics.

The HFEA has also published a revised edition of its **Code of practice.**

Health Authority costs
NHS Executive, 24 pages

Management costs in NHS trusts: financial year 1994/95
NHS Executive, 28 pages
Copies of the two above reports from DoH, PO Box 410, Wetherby LS23 7LN

Health update 5: Physical activity
Health Education Authority, HEA Customer Services, Marston Books, PO Box 87, Osney Mead Industrial Estate, Oxford OZ2 0DT, £3, 34 pages

Clinical audit in England
National Audit Office, HMSO, £8.95, 46 pages

Child protection: clarification of arrangements between the NHS and other agencies
Department of Health and Welsh Office, DoH Store, Health Publications Unit, Number 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ, 23 pp

United they stand: co-ordinating care for elderly patients with hip fracture
Audit Commission, HMSO, £10, 68 pages

"Dear to our hearts?" Commissioning services for the treatment and prevention of coronary heart disease
Audit Commission, HMSO, £10, 60 pages
CHCs should have received copies of these two

GENERAL PUBLICATIONS

Is health care rationing necessary?

Penelope Mullen, Health Services Management Centre, University of Birmingham, Park House, 40 Edgbaston Park Road, Edgbaston, Birmingham B15 2RT; phone: 0121 414 7050; fax: 0121 414 7051, 31 pages

This discussion paper challenges the unquestioning assumption that rationing is inevitable. Penelope Mullen refers to the element of machismo that comes into discussions about rationing, with its talk of "hard choices". By taking on the pro-rationing arguments, she undermines the common assumption that it is only the weak-minded who advocate implicit rationing within global budgets, or who deny the need for rationing at all.

Opening sections cover what rationing is, whether it is necessary and whether it should be applied. Ms Mullen questions the commonly forward argument that need for health care is infinite – "we do not all wish to consume health care simply because it is there". The associated phrase "... and resources are limited" can also be used misleadingly. While it is true that resources for health care are not infinite, it does not follow that they cannot be increased. Ms Mullen points out that the level of funding allocated to health care is not fixed by a force beyond society's control – it is a political judgement.

The paper goes on to consider five different methods of rationing, outlining the practical and ethical problems associated with each. The author concludes that the unquestioning acceptance of the necessity of rationing is leading to a climate of defeatism and is detracting from debates about what sort of health service we want.

Purchasing and providing asthma care: a summary of good practice

National Asthma Campaign, Providence House, Providence Place, London N1 0NT phone 0171 226 2260; fax: 0171 704 0740, 33 pages

These guidelines are intended as a framework within which local purchasers and providers of healthcare can plan a comprehensive asthma service with effective liaison between primary and secondary services. Although it draws on the clinical expertise of asthma specialists, doctors and nurses, it is intended to complement clinical guidelines from the British Thoracic Society by providing background on organisational issues.

Older people having a say in community care

Compiled by Rosemary Tozer, Social Policy Research Unit, University of York, 21 pages. Available from: York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO3 7XQ; phone: 01904 431213, £9.50 for a pack of ten.

Building on research into how older people can have a say in community care, this booklet contains ideas for developing the participation of older people in the planning and provision of community care services. It looks at what is involved for groups taking part and gives suggestions on how to make meetings effective within a group and with authorities. It also offers some ideas on how active older people can make links with those who are unable to get out of the house and who have fewer chances to give their views.

Four windows on whistleblowing

Public Concern at Work, Lincoln's Inn House, 42 Kingsway, London WC2B 6EX phone: 0171 404 6609; fax: 0171 404 6576; email: whistle@pcaw.demon.co.uk, 80 pages

Contributions from:

Sir Gordon Borrie
Business ethics and accountability

Dr Elaine Sternberg
A vindication of whistleblowing in business

Canon Eric James
Lift up thy voice like a trumpet

Michael Brindle QC and Guy Dehn
Confidence, public interest and the lawyer

A whistleblower protection act: Would it work?

The Whistle, Freedom to Care, 32 pages, £4 Subscription details from PO Box 125, West Molesey, Surrey KT8 1YE; phone: 0181 224 1022

A special issue of *The Whistle* focusing on a proposed Act of Parliament to protect whistle-blowers from reprisals. Freedom to Care has moved from an initial reaction of qualified support to an unequivocal rejection of the draft Bill.

IN BRIEF

Going well: six projects on death and dying
Jef Smith, 46 pages

Care betrayed: a discussion of issues which give rise to abuse in homes
Les Bright, 29 pages

Two publications from Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG; phone: 0171 485 1500; fax: 0171 267 6877:

Epilepsy: questions to ask your doctor
12 pages leaflet

Specification for epilepsy services
4 pages

Purchasing and providing epilepsy out-patient services: a guide to good practice
9 pages

These three publications come from the Epilepsy Task Force, which was set up by a group of hospital doctors, GPs and patient support groups. Address: PO Box 2996, London W11 4WL; phone 0171 221 6167; fax: 0171 229 2989

Health Tapes Directory
The Help for Health Trust, Highcroft, Romsey Road, Winchester, Hants SO22 5DH, phone: 01962 849100; fax: 01962 840454, 22 pages

A listing of the tapes produced by the College of Health for the Health Information Service provided in the Wiltshire, Bath and Portsmouth areas.

Chiropractic complements your skills in patient care
The British Chiropractic Association, 12 pages, 29 Whitley Street, Reading, Berkshire, RG2 0EG; phone: 01734 757557; fax: 01734 757 257

A booklet designed for GPs and other healthcare professionals.

Know more about your medicines
Association of the British Pharmaceutical Industry, 12 Whitehall, London SW1A 2DY, 8 pages

An outline of the ABPI voluntary scheme for pharmaceutical companies to provide more information to patients.

Bandolier: evidence-based health care
Editorial office: Pain Relief Unit, The Churchill, Oxford OX3 7LJ, phone: 01865 226132; fax: 01865 225775. Bandolier is available on Internet at http://www.jr2.ox.ac.uk/Bandolier

An 8-page monthly bulletin giving brief results from and comments on studies about what works and what doesn't in health care. It gives pointers to more detailed literature. It is free within the NHS .

Putting patients first
Association of the British Pharmaceutical Industry, 12 Whitehall, London SW1A 2DY phone 0171 930 3477, free of charge, 39 pages

This report states that "patients must have an equal say in the debate on rationing of health resources". It recommends:

- a Patients' Advisory Group serviced by civil servants to help in developing and influencing policy;
- patient representatives, advocates and users on decision-making committees within the NHS and DoH;
- independent national bodies able to make an informed contribution on behalf of patients.

IN BRIEF

General publications: listings

The nature of general medical practice
Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU; phone: 0171 823 9698, 20 pages

Health and housing: working together? A review of the extent of inter-agency working
Sue Goss & Chris Kent for Policy Press and the Joseph Rowntree Foundation. Policy Press, University of Bristol, Rodney Lodge, Grange Road, Bristol BS8 4EA, phone: 0117 973 8798, fax 0117 973 7308, £11.50, 547 pages

The right to know: a Bacup guide to information and support for people living with cancer
Bacup, 3 Bath Place, Rivington Street, London EC2A 3JR, phone: 0171 696 9003; fax: 0171 696 9002, 8 pages

Understanding asthma
Department of Health, Department of Environment, Institute for Environmental Health and National Asthma Campaign, 34 pages. Available from the Institute of Environmental Health, University of Leicester, PO Box 138, Lancaster Road, Leicester LE1 9HN

Easy to swallow, hard to stomach
The results of a survey of food advertising on television
National Food Alliance, 5-11 Worship Street, London EC2A 2BH; phone: 0171 628 2442; fax: 0171 628 9329, 38 pages, £25 (£7. 50 to voluntary and public interest groups)

Hypothecated health taxes: an evaluation of recent proposals
Andrew Jones and Alan Duncan, Office of Health Economics, 12 Whitehall, London SW1A 2DY, 28 pages

INFORMATION WANTED

Central Manchester CHC would like to hear from other CHCs which have done **work with local FHSAs** to gather more detailed information about **patients who have been removed from GP lists.**

Leeds CHC is planning to hold a **Review Day** and would like to hear from CHCs which have recently taken time out to review the way in which they operate. Any reports on events and outcomes would be welcomed.

South Cumbria CHC would like to hear from other CHCs about the practice in their area regarding partners being allowed to **accompany pregnant mums having ultrasound.** More generally, what is the practice regarding people being accompanied to other diagnostic procedures.

Greenwich and Lambeth CHCs would like to hear from any CHCs which have experienced difficulties with local **speech and language therapy provision.**

Barnet CHC would like to hear from any CHC which has done a survey on, or monitored the performance of, **emergency ambulance services.** Please contact Barbara Price on 0181 349 4364.

Central Manchester CHC is about to **survey patients who have been "struck off"**, asking them about the circumstances and what they believe the reason might have been. Reports of similar studies – or even the basic statistics on numbers of removals would be helpful.

Have any CHCs been involved with, or are they aware of, research into:
1. **hernia repair;**
2. **psychological questions in relation to surgical patients,** for example, on whether involvement in treatment decisions increases satisfaction or improve outcomes.

If you have information on either of these, please contact Chris Dabbs at Salford 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.

Each year NHS provider units loan thousands of **mobility aids**, such as walking sticks, crutches and zimmer frames. Eastbourne CHC has found that patients have difficulty in getting the providers to accept the return of aids when they are no longer needed. Is Eastbourne's experience unique – the result perhaps of a couple of isolated incidents – or have other CHCs knowledge of similar difficulties?

Do any CHCs have information on **problems people may have when they move from one home to another**, where fees are being paid under Preserved Rights and where the fee has increased above the level of assessed funding? If so, please contact Sheila West at North Birmingham CHC.

Does any CHC have information on complaints/ queries received from members of the pubic who are required to pay for **wigs and fabric supports**? Preston CHC has a case in which a lady has been discharged from hospital treatment as the consultant has said there is nothing more the hospital can do for her. Now she is required to pay for her wigs at £88 each, four times a year. If she was a patient, she would get them free of charge. Is there anything this lady can do? (The CHC already has copies of DoH leaflets WF11 and AG1.)

Has any CHC got local statistics on the number of **deaths caused by methadone**? Preston CHC has had a query from a lady whose son died as a consequence of taking methadone. She hopes to start a public campaign to raise awareness of the risks associated with methadone (which is apparently available on the street for as little as £1 a bottle) and to lobby for more control and monitoring of its use. Any information would be appreciated.

Do any CHCs know of difficulties experienced by **Citizen's Advice Bureau workers in getting copies of a client's medical records**, or those of a deceased spouse of a client, where the client has given authorisation. Please contact South Cumbria CHC.

South Warwickshire CHC is undertaking a **survey of oncology services** in its district and would like to hear from other CHCs which have been involved in a similar project.

Could CHCs please send ACHCEW copies of any written procedures or protocols produced by their health authority in relation to **extra contractual referrals**.

The Southampton Community Health Services Trust is looking at ways of **reducing the DNA rate** within its Children's Care Group. Southampton & West Hampshire CHC has been asked if any specific interventions have been introduced in other regions to bring this about, successful or otherwise. The CHC would be grateful for any relevant information.

Leeds CHC would like to hear from any CHC whose FHSA uses its discretion in regard to the **90% target for immunisation** of children. The FHSA might do this to recognise the situations in which parents have been counselled and have made an informed decision to refuse immunisation. Under a discretionary system, such children would be removed from the total figures so that GPs could reach the target while ensuring that patient choice is respected.

The Chief Officer at South East Staffs would like to hear from colleagues who have knowledge of severe burns to the buttocks sustained during **diathermy loop excision of the cervix.**

The Public Health Trust (the charitable arm of the Public Health Alliance) has received funding from the DoH for a project to develop a **public health model of primary care**. The first phase of the project will involve reviewing the literature and finding innovative practices in primary care and public health – both in strategic approaches and small local projects. Six locations will then be identified for fieldwork.

The project team wants to establish a geographical database of projects in the UK. As well as conducting a postal survey, the team wants to identify key informants in local authorities and health commissions. If you can provide any relevant information, please contact Stephen Peckham at the Institute for Health Policy Studies, University of Southampton, 129 University Road, Highfield, Southampton SO17 1BJ; phone: 01703 593284; fax 01703 593177.

FROM THE VOLUNTARY SECTOR

Abuse in Therapy and Counselling Support Network

This network was set up in 1990 to offer support and information to women who have been abused within a therapeutic, counselling, professional or working situation. Most of the group's contacts involve sexual assault, inappropriate sexual behaviour or emotional abuse. They may concern one-off incidents or longer-term abuse.

Women complaining of abuse often feel isolated and may blame themselves. It is difficult to make complaints. Complainants are often not believed, or told that they "must have been willing". The group believes that professionals must be responsible for ensuring that appropriate boundaries are maintained within any helping relationship, no matter who initiates the breaching of the boundaries and no matter how willing the participants say they are.

The support network is a confidential voluntary organisation. It offers:

- ✦ information and support on complaints procedures and legal advice
- ✦ a confidential telephone support line (Veronica on 01361 850227, Tuesday, Thursday, Friday and Sunday, 7.30 p.m. - 10.00 p.m.)
- ✦ a contact list for women who want to get in touch with other women who have been through a similar experience
- ✦ occasional meetings, usually in the Glasgow area
- ✦ a quarterly information mailing

For further information, please write to Abuse in Therapy Support Network, c/o Women's Support Project, 31 Stockwell Street, Glasgow G1 4RZ.

Action for ME helpline

The charity Action for ME is relaunching its 24-hour helpline giving information on Myalgic Encephalomyelitis. The information will be updated from 1 February.

HELPLINE NUMBER: 0891 122976.

Calls are charged at 39p per minute cheap rate and 49p per minute at other times.

Breast screening

Age Concern launched a breast screening campaign on 10 January.

The incidence of breast cancer increases with age. However, women aged 65 or over are excluded from invitation to breast cancer screening. As a result many older women wrongly believe that they are not at risk. Women over 65 can request a screening every three years, but very few do so.

Age Concern hopes to:

- ✦ persuade the government to change the upper age limit for invitation to screening
- ✦ raise awareness of the benefits of screening to all women aged over 50 so that those who are not currently invited are encouraged to request a screening.

The organisation has produced booklet for older women and a more detailed briefing on the issues and the campaign. For bulk copies of the booklet and single copies of the briefing contact the Mail Order Department, Age Concern England, Astral House, 1268 London Road, London SW16 4ER; phone: 0181 679 8000; fax: 0181 679 6069.

Let us eat cake!

The Food Poverty Network has launched this quarterly newsletter giving (in its first issue) project news and lists of events and publications. The network will also offer a directory of contacts, occasional regional meetings and a toolkit of information for people planning to develop food projects. Membership has tentatively been set at £25 per year, but the network is open to comments on this.

Contact the Food Poverty Network at the National Food Alliance, 5-11 Worship Street, London EC 2A 2BH, phone: 0171 628 2442; fax: 0171 628 9329.

FORTHCOMING EVENTS

General Practice and the Market: current research and policy

- seminar organised by the School for Policy Studies
- on 18 March 1996
- at School for Policy Studies, University of Bristol
- £125 (some places – intended for academics – available for £80)

Further info on seminar content from:
Will Bartlett or Carol Propper

Further info on administrative details from:
Deborah Marriott
School for Policy Studies
University of Bristol
Rodney Lodge
Grange Road
Bristol BS8 4EA
Phone: 0117 946 6984
Fax: 0117 973 7308

Drug Services: changing context, changing practice

- conference and AGM of the Standing Conference on Drug Abuse
- on Thursday 29 February 1996
- at the Institute of Education, 20 Bedford Way, London WC1 0AL
- the morning conference is open to all and will be followed by the SCODA AGM
- £35 SCODA members, £45 non-members (reductions for bookings before 31 January)

Further info from:
AGM Office
SCODA
Waterbridge House
32-36 Loman Street
London SE1 0EE
Phone: 0171 928 9500
Fax: 0171 928 3343

DIRECTORY AMENDMENTS

Page 2 Northamptonshire South CHC
Fax: 01604 250966

Page 7 Newham CHC
Joint Chief Officer: Ms Jean Lowe
(other yet to be appointed)

Page 15 East Cumbria CHC
Phone: 01228 603130/603131

Page 23 Swindon & District CHC
email address:
swindonchc@cix.compulink.co.uk
(small "s" for swindon)

Page 25 Greenwich CHC
Chief Officers: Jean Lowe will leave on 1 February, when Celia Davies will become the sole Chief Officer.

Page 27 North West Surrey CHC
Chief officer: Martin Loughna

Page 38 North East Warwickshire CHC
Chief Officer: Jonathan Berry

North Staffordshire CHC
Change of address:
Winton House
Stoke Road
Stoke-on-Trent
ST4 2RW
Phone and fax unchanged
HealthLine: 01782 262600

Page 39 Solihull CHC
Change of address:
Clarendon House
76/90 High Street
Solihull
West Midlands
B91 3TA
Phone: 0121 705 6644
Fax: 0121 705 2989