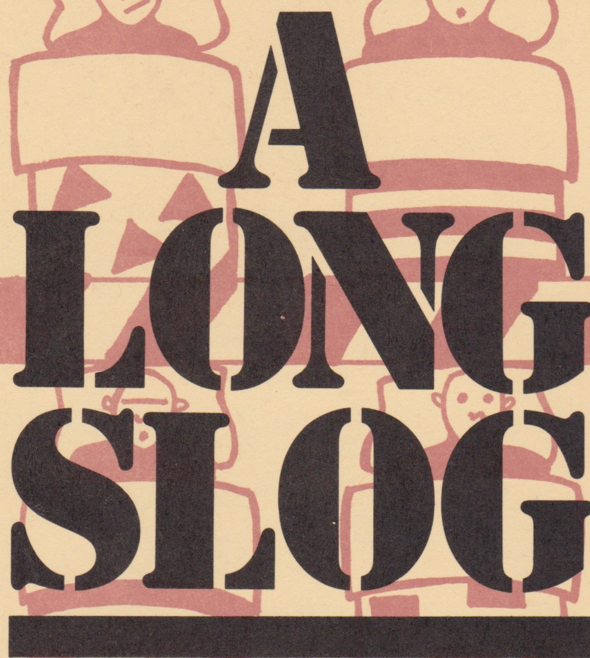
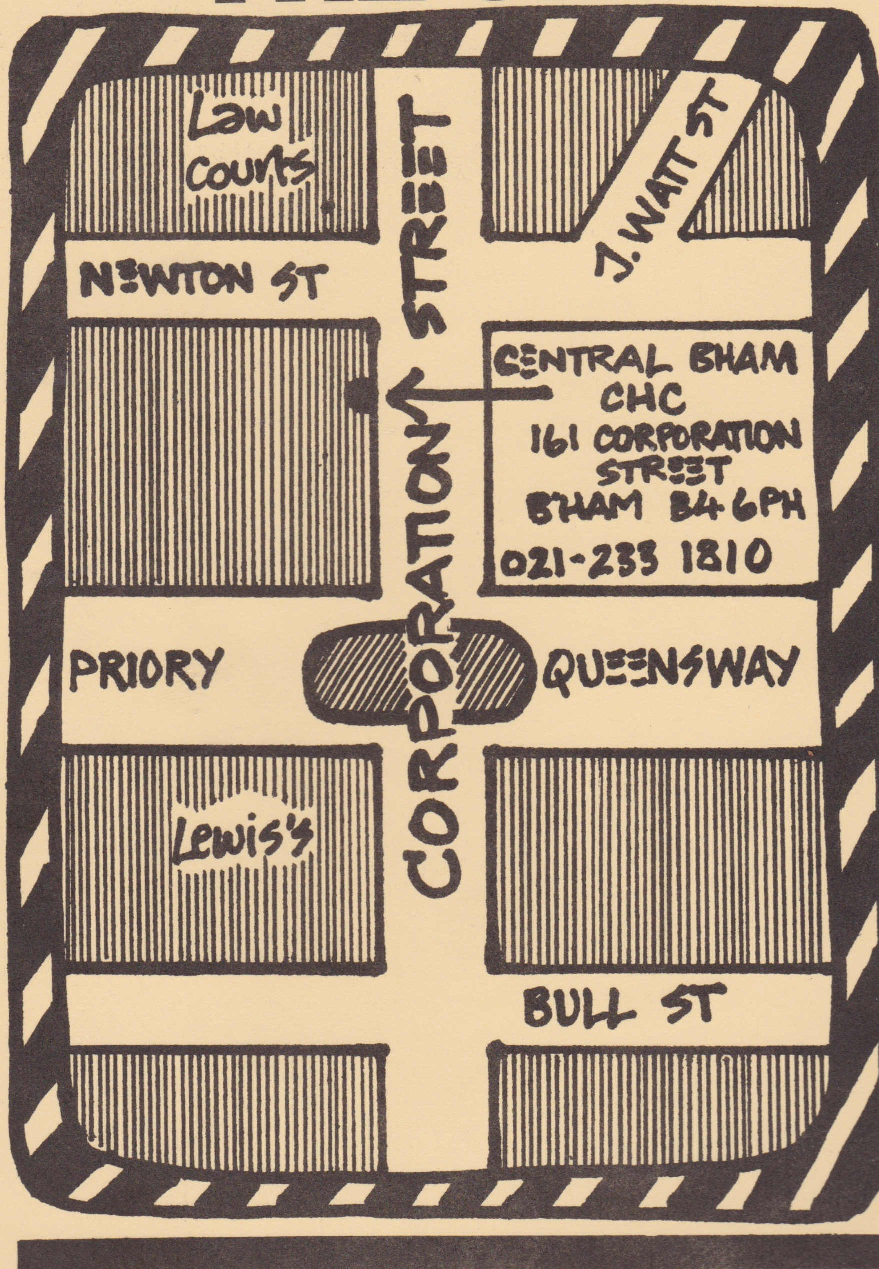


THE ANNUAL REPORT OF CENTRAL BIRMINGHAM COMMUNITY HEALTH COUNCIL, JUNE 1 1978 – MAY 31 1979.

". . . there is clearly no room for complacency. But it would seem difficult to argue that there is widespread inadequacy . . . To improve performance is a long slogging job".

The late Sir Richard Clarke, quoted in the Report of the Royal Commission on the National Health Service, July 1979.

HOW TO FIND THE CHC



Chairman's Message

IN FORMAL terms this report is addressed to the West Midlands Regional Health Authority, which is responsible for establishing and maintaining the CHC, and to the Birmingham Area Health Authority which is required to respond to our findings. Both these authorities are responsible to the Minister and to Parliament. *Our report is thus addressed to the people.*

Many documents are sent to the people by this tortuous route, so, as a short cut, we have tried to present ours in a way which we hope will encourage people to read it. The report will be distributed widely. We hope that it will serve to remind the statutory authorities that it is on behalf of the people that they must read and respond to what we have to say.

Of course, our involvement of the people goes much further than the way we present our reports. There are examples throughout this report of the ways in which we have been able to involve the people of the District in our job. Residents of inner city areas have helped shape our policy on these areas, and future users of health centres have helped us to advise those who build them. But for every such example, there are probably as many other cases in which we have not heard the opinion of the people, because someone didn't think we would listen, or didn't think it would make any difference. This report shows that we *do* listen and it *can* make a difference.

It is easy to imagine that our job is simply to complain. This year we give the lie to that. Identifying and sharing good practice is as important as exposing and condemning bad. Page seven shows one way in which we have been able to devote real resources to "accentuating the positive".

Community health care services are relatively easy to understand, and where we have penetrated the barriers of suspicion that surround our work, we have rapidly reached an understanding with health workers in this field. This has been of value to us all. Hospital care services have much less commitment to the community and parts of this report make it clear that workers in those sectors sometimes do not understand our view of the world. Fortunately, the administration has, like us, been forced to accept the arbitrary shape of our District as an entity and plan to care for the people in it. We would commend this approach to those who work in our hospitals be they trade unionists or senior medical staff.

The recently issued 10 year Regional strategy makes clear that there will not be enough resources to do everything we could identify as worth doing. In these circumstances the CHC has felt obliged to involve the community in shaping the compromises that will affect it. We hope that others will join us in this process; just as the trade unions' 'fight back' campaign seeks to identify danger to the public with danger to jobs, so the consultants must consult the healthy as well as the sick when they see parts of the service threatened. But when the consultations are over we must be prepared for the service to be the best that we can afford and not always the best that there could be. Acceptance of this is not an admission of failure, but if the narrow pursuit of imagined perfection begins to damage what we do have, then the CHC may have to oppose it.

The contents of this report make it clear that the CHC has pursued what it believes to be the people's interest on a wide range of issues throughout the District. That such a range of activity is possible is a reflection on the energy of members and, because these members change and the energy still flows, it is a measure of how the Council as a body continues to identify an important job to do. None of us could do the job without the equally impressive energy of our staff. Anita Brock and Steve Burkeman, with our various part-time and temporary helpers, have done great work this year and I thank them for it, as I'm sure everyone in the District who reads this report would want me to do.

Rod Griffiths.

A LONG SLOG

ANNUAL REPORT JUNE 1 1978 – MAY 31 1979

CENTRAL BIRMINGHAM COMMUNITY HEALTH COUNCIL
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Contents

HOW THE NHS WORKS 2
HOW THE CHC WORKS 3
WOMEN AND CHILDREN 4
Antenatal Services/Rubella/Birmingham Maternity Hospital/The Women's Hospital/Child Health Services
ROUND-UP 1 6
Clerical Support/Staff Accommodation/Smallpox/Industrial Dispute/Environmental Health/Waiting Times.
MENTAL HEALTH 7
The Mentally Ill/Good Practices/Enquiries/Mental Handicap
ETHNIC MINORITIES 8
INNER CITY PARTNERSHIP 8
THE ELDERLY 8
ROUND-UP 2 10
Voluntary Service Co-ordinators/Pain Centres/Alcoholism/Discharge from Hospital/Prestel/GP Deputising Services/District Nursing Problems/Patients Booklets/Transport to the QE/Teeth/Domiciliary Equipment & Incontinence/ Talks to Groups/St. Mary's Hospice.
CHC WHO's WHO 12
The CHC's membership
AREA OPERATIONAL PLAN 14
RELATIONS WITH THE NHS 14
VISITS & VISITORS 15
CHC PUBLICITY 15
RELATIONS WITH OTHER GROUPS 15
PATIENTS PROBLEMS 16
REPRESENTATION ON OTHER BODIES 16
EVENTS 17
Statutory Meeting with AHA/Meetings with local Residents/Events Attended
CHC EXPENDITURE 17

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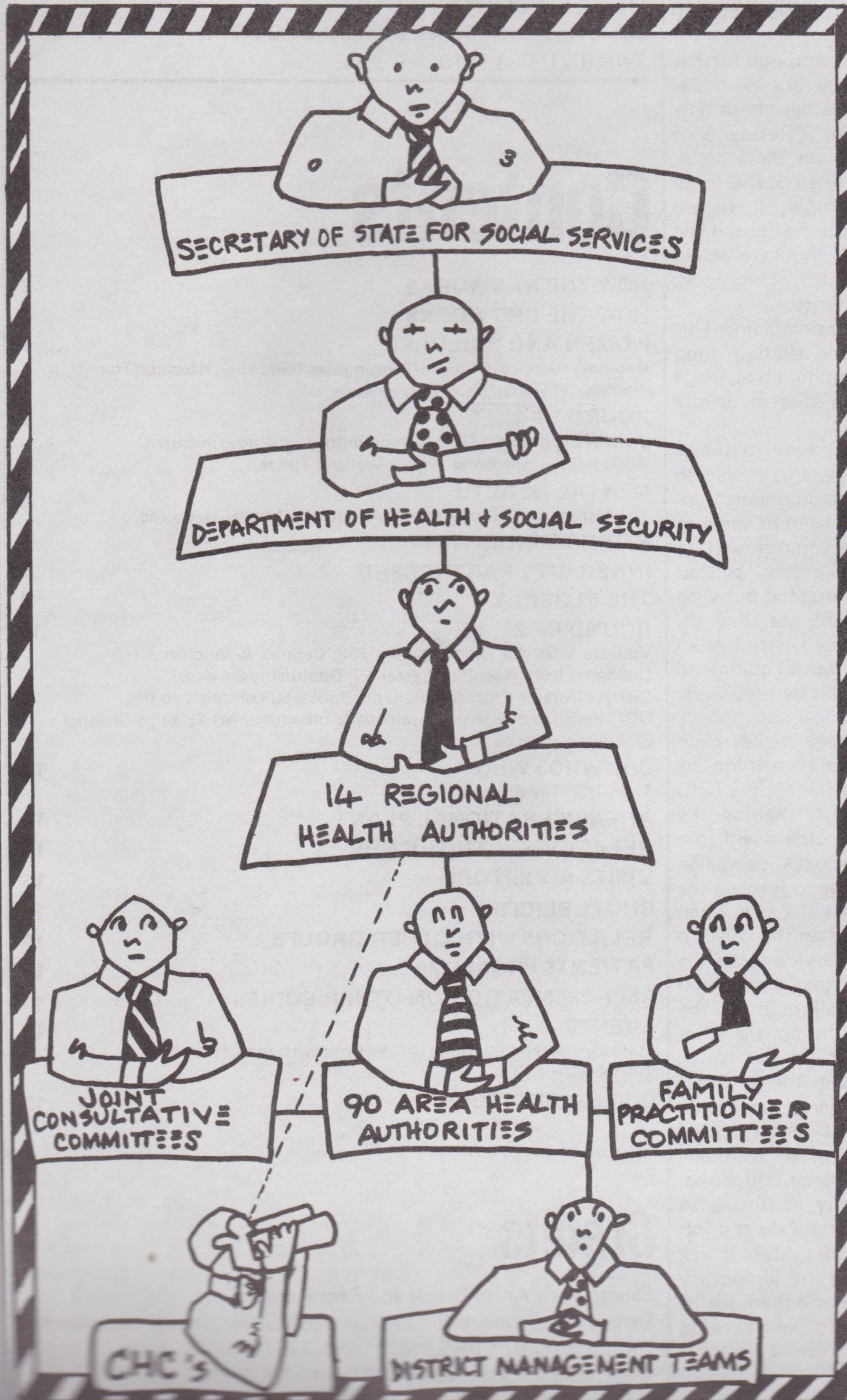
HOW THE NHS WORKS

THE RE-ORGANISED National Health Service is still a mystery to many people. By the time this report appears, it may be on the way to being reorganised again. But, in the interests of consumer involvement we outline here the organisation of the Service.

The National Health Service costs about £6,000m. a year to run. This, together with the Social Services, takes up about 13% of the Government's total income. Most of the money goes directly to the Health Authorities to be used for their hospital and community-based services. The organisation of the National Health Service is shown in the chart.



WHAT THE VARIOUS BODIES DO

Department of Health and Social Security (DHSS)

This is the Government Department responsible for the Health Service. There are four Ministers, one of whom, Mr. Patrick Jenkin, is the Secretary of State and sits in the Cabinet. The Minister with specific responsibility for Health is Dr. Gerard Vaughan.

Regional Health Authority (RHA)
146 Hagley Road, Birmingham 16. Meets monthly in public.

There are fourteen RHAs in England, one of which is the West Midlands. The main function of the RHA is to plan the development of services and to allocate resources across the Region. It also deals with major building contracts for hospitals. The Chairman and members of RHAs are appointed by the Secretary of State. They include people from the medical and nursing professions, universities, local authorities, trade unions and voluntary bodies. The RHA is responsible for appointing specialist medical staff, and for administering research, manpower planning and other administrative services.

Area Health Authority (AHA)
Alpha Tower, Suffolk St., Queensway, Birmingham B1 1TP. Meets on fourth Thursday in the month at 3.00 p.m. (open to the public).

There are ninety AHAs in England, responsible to the RHAs. There are 11 AHAs in the West Midlands, of which Birmingham is one. Birmingham is an "AHA (Teaching)". This means that it has a university medical school and teaching hospital. The Chairman of the AHA, at time of writing, John Bettinson, is appointed by the Secretary of State. Some members are appointed by the RHA and others by the local authorities. The AHA has to provide comprehensive health services, including hospital, community and domiciliary care. It is also concerned with planning the requirements and distribution of those services.

Where local authorities are also involved in services (e.g., care of the elderly, mentally ill and handicapped, the disabled), the AHA has to work together with the local authority, and the Joint Consultative Committee (JCC) is meant to be the focus for this.

The CHC sends an Observer to AHA meetings, with the right to speak but not to vote.

District Management Team (DMT)
Central Birmingham Health District, District Offices, Queen Elizabeth Medical Centre, Birmingham B15 2TH.

The Area, since it has a large population, is broken down into Districts, with DMTs to run the services for different sections of the Area. Birmingham has five DMTs – for North, South, East, West and Central Birmingham. There are no members or Chairmen of DMTs. The officers of the DMT – Administrator, Finance Officer, Nurse and Community Physician – are staff of

the AHA in the ordinary way. However, they are responsible on behalf of the AHA for managing the hospital, community and administrative services for the District. Central Birmingham DMT has its headquarters in offices just opposite the University Rail Station at the Queen Elizabeth Medical Centre. Unfortunately, Central Birmingham DMT does not have a district community physician since it has been unable to recruit one. The officers listed above are joined by a consultant and a general practitioner who are the Chairman and Vice-Chairman of the District Medical Committee (DMC). Apart from managing the day to day business of providing services, the DMT also has to construct plans as a key part of the planning system.

District Medical Committee (DMC)

The District Medical Committee has doctors from general practice, hospital and community medicine. There are usually six general practitioners nominated by the Local Medical Committee, six consultants and six doctors working in community medicine. The DMC makes recommendations about medical policy and practice to the DMT.

Family Practitioner Committee (FPC)
Sutton New Road, Erdington, Birmingham 23.

There is one FPC for each AHA in the country. Its job is to administer the contracts of the general medical and dental practitioners, pharmacists and opticians practising in the Area. Birmingham Family Practitioner Committee has members nominated by the professionals and the AHA, and including lay members.

The FPC is only responsible to the AHA for certain administrative matters. However, they work together over planning matters particularly in relation to primary care and health centres. Money to pay for Family Practitioner services is allocated directly from the DHSS and does not form part of the AHA's budget. The CHC sends an Observer to FPC meetings with the right to speak but not to vote.

Community Health Council (CHC)

There is one CHC for every District. The CHCs have the job of representing the public's interest to the Health Authorities. The CHCs do *not* provide any health services themselves. For more information about how the Central Birmingham CHC works, see below.

Association of CHCs for England and Wales (ACHCEW)

ACHCEW is a statutory body, existing to provide a forum for the exchange of views and for the discussion of matters of common concern to member CHCs, and when appropriate to express views on National Health Service matters to Ministers, Government Departments or other bodies, and to publicise such views. It also helps with information and advisory services for CHCs. ACHCEW is specifically forbidden to do anything which would reduce the independence of individual CHCs, or undermine their right to make direct representations on Health Service matters to any persons or organisations, in any way. Of 228 CHCs eligible for membership, 206 have actually joined. Central Birmingham is one of these.

HOW THE CHC WORKS

THE CHC IS responsible for making sure that the patients' interest in the National Health Service is represented effectively. It covers the Central Birmingham Health District — that is, Sparkbrook, Greet, Small Heath, Sparkhill, Balsall Heath, Highgate, Acocks Green, Hall Green, Tyseley, Duddeston, Fox Hollies, Quinton, Harborne and Edgbaston.

The CHC has thirty *members* usually, of whom half are appointed by Birmingham City Council, and the West Midlands County Council. Ten are elected by voluntary organisations and community groups, and five further members are appointed by the West Midlands Regional Health Authority (RHA).

The CHC has two full-time *members of staff,* Steve Burkeman, the Secretary, and Anita Brock, his Assistant. In addition, the CHC usually has someone appointed on the Government's Work Experience Programme for a maximum of thirty weeks at a time, and at any one time is likely to have someone else working on a research project, perhaps paid for by outside funds. Because of the volume of work, the CHC also sometimes has to bring in part-time temporary assistance.

But the main work of the CHC is done by the members. As well as meeting in public once a month (usually the second Thursday, in the Children's Hospital), the CHC has two Committees which also meet once a month. One of these deals with primary care — that is, everything affecting patients before they get to hospital. It includes anything to do with general practitioners, health education, health visitors etc. The other Committee deals with secondary care — in other

words, everything that happens to patients in Hospital.

The CHC also has a number of working groups. These usually concern themselves with a particular client group, such as children or the mentally ill. They remain in being for a few months while preparing recommendations which are then considered by the CHC at one of its main monthly meetings. At any one time there are likely to be about five or six CHC working groups in existence, as well as the two Committees and the CHC itself. Finally, the CHC has just started a new Committee on an experimental basis called the Chairman's Advisory Committee. This meets once a month and takes tactical —not policy— decisions about how to pursue the various recommendations which the CHC has taken on board. This is intended to help us to move forward swiftly and effectively on a range of issues.

KEEPING IN TOUCH WITH THE COMMUNITY

How the CHC keeps in touch with people in Central Birmingham is described in a number of ways in this Report. Sometimes it undertakes surveys or sends leaflets round or talks to groups in the community. Its office is open to the public. People with suggestions, ideas or problems relating to the National Health Service in Central Birmingham are encouraged to visit and talk these over with the staff. Some 2,000 copies of this Report will be circulated in an attempt to get across to the public what the CHC is all about. The section of the Report describing our publicity sets out in more detail the ways in which we try to "get across" to people.

RELATIONS WITH THE AUTHORITIES

In order to pursue its goals, the CHC has to press its case with the various Health Authorities. Once a month, CHC members meet with members of the District Management Team, the professionals responsible for running the Health Service in Central Birmingham on a day to day basis.

A CHC Observer attends each monthly meeting of Birmingham Area Health Authority and has the right to speak but not vote. Also, on a monthly basis, a CHC Observer attends meetings of Birmingham Family Practitioner Committee, which is responsible for running the family doctor service and other services, including those provided by opticians and dentists. The Observer, again, has the right to speak but not to vote.

THE WOMEN'S HOSPITAL

THE CHC has declared itself firmly opposed to any proposal to close the Birmingham Women's Hospital. We are aware that some medical staff would like to see the services offered at the Women's Hospital moved up to the Queen Elizabeth Medical Centre and closely linked with the Birmingham Maternity Hospital. The Regional strategy document also refers to the possibility of linking obstetrics and gynaecology services at the Queen Elizabeth Medical Centre site. However, our contact with the Women's Hospital has impressed us both with the services being offered there and the state of the building.

Nursing and domestic staff like the Women's Hospital because they can live near, which is not possible on the Queen Elizabeth Medical Centre site. This helps to produce good staff morale and, as a result, a good standard of patient care. The Outpatient Department at the Women's Hospital is one of the pleasantest in Birmingham, and the X-ray facilities at the Hospital are under-used. The physiotherapy services offered by the Hospital are much appreciated by the local comminity. **For all these reasons, the Council has pledged to fight any proposal to shut the Hospital** and we are happy to note that so far District officers seem to agree with us on this.

WOMEN AND CHILDREN

BIRMINGHAM MATERNITY HOSPITAL

BIRMINGHAM Maternity Hospital has been the subject of a great deal of CHC attention this year. A small working group has been looking at the *nurse staffing problems,* since the hospital claims to be chronically short of midwifery staff. We have been concerned to investigate whether staff shortages are directly affecting the standard of patient care. Some concern has been expressed by patients about standards of cleanliness in wards, failure to inspect stitches leading to the need to keep patients in hospital longer, delays in the ante-natal department, and insufficient support for breast-feeding mothers.

At the same time we recognise that the technical facilities at the Hospital are excellent and we want to see them made more accessible to women in Central Birmingham. For this reason, the CHC has been looking at the Hospital's *booking policy* and particularly at the work which the Hospital will do if the Sorrento Maternity Hospital closes. Area Health Authority plans to increase the number of babies born at the Hospital each year by 1,000 per year have been accepted by the CHC only on the basis that the additional births would be to Birmingham women. The Area Medical Officer, Dr. Nicol, has so far declined to give any undertaking about this. Yet the Hospital's statistics reveal that only about 15 per cent of its patients come from Central Birmingham: some 42 per cent come from South Birmingham. While we accept that the Hospital must serve some patients living outside the District, **effectively, at the present, Central Birmingham has no maternity service of its own.**

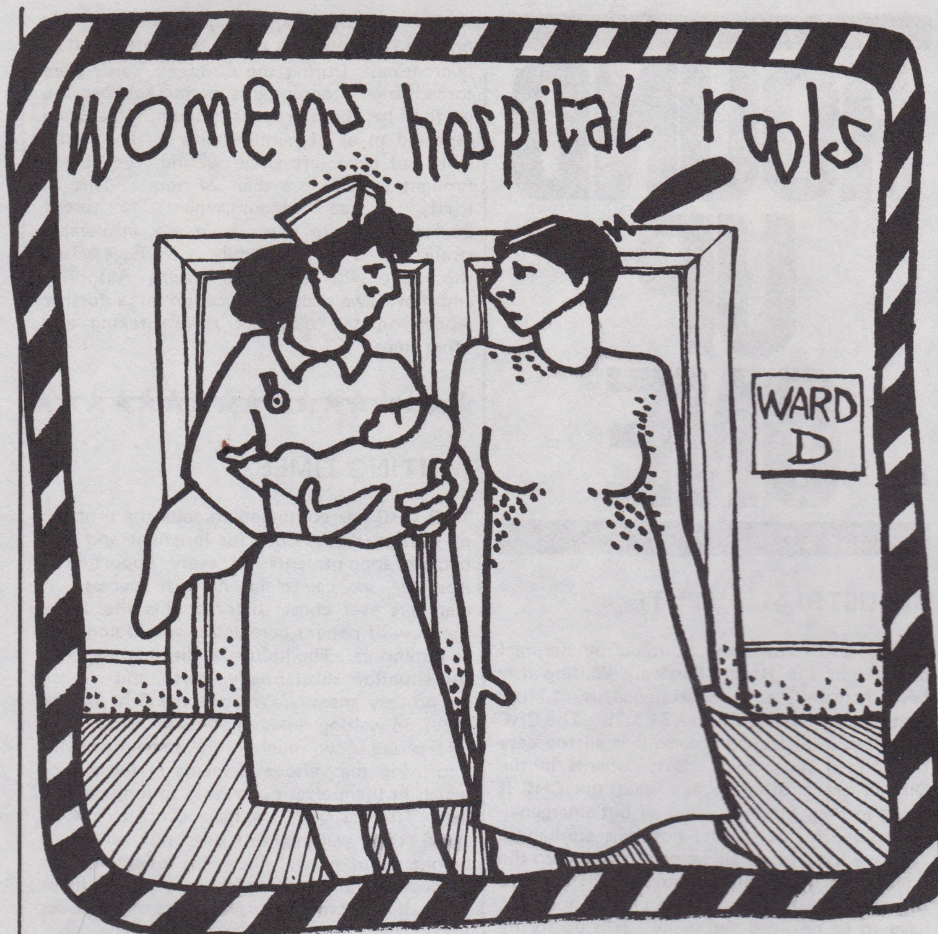
At the same time, the CHC office has dealt with complaints from local women about the Hospital's refusal to accept patients who have a clear claim to be admitted there. One case concerned a local lady who had tried for over a year to get pregnant. She reported her pregnancy at nine weeks, and her doctor tried immediately to book her in at Birmingham Maternity Hospital. The booking was rejected on the basis that there were no beds available — despite the fact that other sources of information clearly indicated that there *were* beds available. **The Birmingham Maternity Hospital is an excellent and modern facility: the CHC insists that it serve women living in the Central District.**

In the debate about the merits of *home deliveries* the CHC believes that women should have a fundamental right to choose the place of birth of their child, subject to the constraints of safety. However, we also recognise that the practical exercise of this right depends on the input of more resources into the domiciliary field. For the present we are not clear whether the state of knowledge in the maternity field and the historical development of the service makes it a practical possibility to transfer resources in this way. We intend to consider the matter again during the coming year.

The CHC is also concerned to make maternity units more 'home like' and responsive to the needs of the women who use them. Toward the end of the year, it was decided to undertake a survey of women in the Maternity Hospital shortly after delivery, in order to find out what improvements they would like to see made in the environment there. While the delivery rooms are being re-modelled there is an excellent opportunity to make them less 'clinical' places.

ANTE-NATAL SERVICES

AS WELL as pressing for improvements in the ante-natal services offered at Birmingham Maternity Hospital, we have tried to make sure that general practitioners book patients for ante-natal care at the *earliest possible date.* A CHC survey



of general practitioners in Central District showed that though most GPs book patients for ante-natal care before the thirteenth week of pregnancy, a few fail to do so.

The issue of ante-natal care is particularly important in the District, in the light of the possible closure of Sorrento Maternity Hospital. *It is absolutely vital that the women who presently use facilities at Sorrento Hospital should continue to have available to them a good local ante-natal service, regardless of where their babies are born.* Some obstetricians claim that patients' records should be located in the same place as that in which the birth is booked, but clearly, this is only a matter of organisation. Other areas of the country manage to maintain a good *local* ante-natal service away from maternity hospitals, and we must do likewise in Birmingham.

The CHC is maintaining its close links with the Child Poverty Action Group (CPAG) which, together with DHSS, has recently sponsored a study of useful initiatives aimed at increasing the take-up of ante-natal care. We are co-operating fully in this survey.

RUBELLA

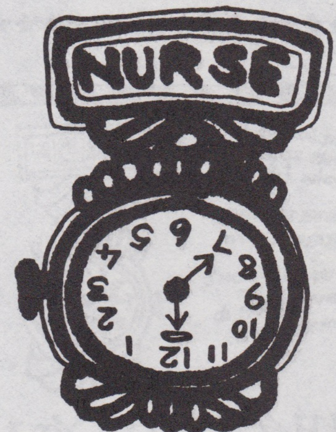
RUBELLA — commonly known as German measles — can have disastrous consequences when the disease is caught by women in the early stages of pregnancy. The Spastics Society has focused national attention on the individual records of various health authorities in vaccinating adolescent schoolgirls and others at risk. Birmingham does not emerge with great credit from the Spastics Society survey and the CHC has taken this matter up with the Area Health Authority. The Authority makes a strenuous effort to vaccinate all twelve-year old girls in school, but the Regional Public Health Laboratory Service does not offer routine screening in family planning clinics, allegedly, because of the lack of resources. *A handicapped child requires far more resources to care for it through life than the cost of a simple preventive measure of routine screening in all family planning clinics.* The CHC will continue to press for this with the relevant authorities.

CHILD HEALTH SERVICES

WHEN the Court Report on Child Health Services, entitled "Fit for the Future" was published in 1977, the CHC helped South Birmingham CHC to run a major conference (attended by Professor Court) to look at the recommendations in the Report and at the possibility of implementing them in Birmingham. Over a year later, Central CHC held a second Conference attended by more than 70 people to take a look at how far Court's aim — an effective integrated health service for all children — was being achieved. Speakers included Dr. H. McC. Giles, a member of the original Court Committee, Joan Smith, Area Nursing Officer (Children) and a member of the new National Joint Committee for Children, Dr. J. Paris, an inner city general practitioner, and Dr. Stewart Green, Consultant Paediatric Neurologist. All made substantial contributions to a lively day, and to the radio programme broadcast subsequently.

Following the Conference, the CHC is to undertake a *major research project* to assess the take-up of child health services in the community. The Court Report will be used to produce a guideline as to what provision the consumer should expect and it is intended to survey 400 children and their parents, chosen by geographical area, family support and ethnic status. It is hoped that this research will be an important contribution to developing good child health services in our District.

While the CHC aims to raise the standard of services, through activities such as conferences and research, it also has to demand changes from the National Health Service authorities. During the past year, we have pressed for the recreation of Central District's *Health Care Planning Team for the Young,* a demand which arose from the CHC's conference. We have urged the **improvement of facilities at the Children's Hospital,** in particular the construction of a covered way between blocks so that children no longer have to be wheeled in the open air between ward and theatre,



and the development of a decent paediatric ophthalmic service at the Hospital. **The appointment of a consultant paediatric ophthalmologist to the Central District is of vital urgency and is high on the CHC's list of priorities. We will press for urgent action on this from the Area Health Authority.**

Finally, we have noted that increasingly the Regional and Area Health Authorities are raising doubts about the future of the Children's Hospital. The possibility of removing paediatric services from the present site to the Queen Elizabeth Medical Centre site is increasingly mentioned. The CHC will determine its view on that proposal as and when it emerges in a robust form, but in the mean time, **we cannot accept that much-needed improvements to services and accommodation at the Children's Hospital should be delayed pending some long distant "final solution".**

ROUND UP ONE

ENVIRONMENTAL HEALTH

ON THE whole, the CHC steers clear of environmental health issues — *not* because they are unimportant, but because with our meagre resources we cannot hope to tackle effectively issues which are not the direct responsibility of the National Health Service, while still fulfilling our statutory responsibilities with respect to the NHS. However, in one particular case, the pressures were too strong for us to resist. When it was announced that there was a planning application to site a toxic waste disposal plant on a former Birmingham Small Arms (BSA) site in the heart of Small Heath, the CHC, together with many other local organisations, protested vigorously. The combined protest was effective and the plant is not to be built. Parents in the neighbourhood will be grateful — not only for the industrial effluent which has been avoided, but also because there would have been a vast increase in traffic flow of large lorries where children play.

★★★★★★★★★★★★★★★★★

CLERICAL SUPPORT FOR PRIMARY HEALTH CARE STAFF

THE CHC has continued to press for clerical support for health visitors and district nurses so that they can spend their time doing the work for which they were trained rather than just pen-pushing. We have been pleased to hear, therefore, that clerical staff are to be appointed in greater numbers.

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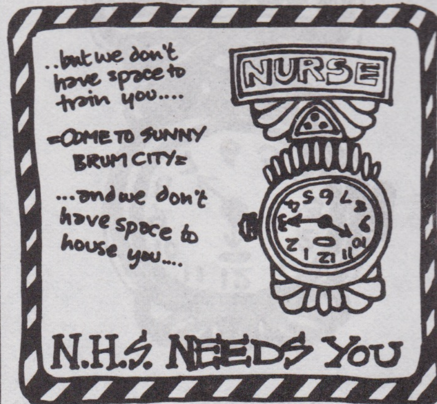


ACCOMMODATION FOR PRIMARY HEALTH CARE STAFF

A CHC initiative has helped to ensure that Central Birmingham can compete more readily with the new towns and more prosperous areas in the recruitment of health visitors and district nurses.

We suggested to the District Nursing Officer that voluntary housing associations, with their statutory responsibility to house "key sector workers", might be prepared to negotiate a form of words, for use in recruitment literature and advertisements, which would enable the Health Authorities virtually to promise decent accommodation to primary health care staff coming to Birmingham. The present restrictions on City Council high rise flats — a two year residential qualification and an age qualification of 24 — mean that great difficulty has been experienced in housing staff in the past. Thanks to the CHC's initiative this will shortly no longer be the case.

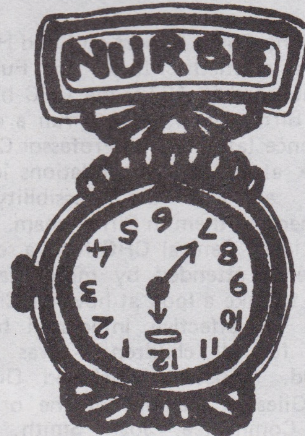
INDUSTRIAL DISPUTE

THIS YEAR has been troubled by national disputes in the Health Service. Waiting lists have increased, as a consequence, by 13 per cent between 31.12.78 and 31.3.79. The CHC has faced a difficult problem: it is all too easy to rush to judgement. But, patients in the District are entitled to ask what the CHC is doing in their interest, when all but emergency admissions to the district hospitals are halted. We have tried to do all we can to safeguard the interests of the public, and to prevent conflict. Disputes about national wage claims, however, have to be resolved nationally. It is up to the Department of Health and Social Security to give a lead in solving them. In the recent dispute, however, there came a point at which we had to try and avert the more serious consequences for patients in the district. *When the then Health Minister, Roland Moyle, visited Staffordshire just before Birmingham's General Hospital was due for a complete shutdown, we telegrammed him and urged him to divert a few miles and intervene directly in this local situation.* He refused to do so. Nevertheless, our cable, with its expressed concern for the suffering endured by patients in the District (and the great strain placed on primary care services) also went to all the other parties to the dispute. Once the enormity of the situation was realised (by a happy coincidence) the closure of the General Hospital was averted.

★★★★★★★★★★★★★★★★★

SMALLPOX

THIS YEAR saw the tragic smallpox out break at Birmingham University, magnificently contained by the efforts of the Birmingham Area Health Authority. The CHC's concern has been to ensure that, in case of future



similar occurrences, adequate support is provided for possible contacts who are put in quarantine. During the outbreak, some were forced to go shopping in supermarkets because no food had been brought to them. Cases were reported to us of families with small children who had been left alone without food being brought in for more than 24 hours. This, in itself, is an encouragement to break quarantine, quite apart from the intolerable strain placed on the family. We have raised this issue with the Area Health Authority and now await the publication of a further report on the outbreak before taking any other steps.

★★★★★★★★★★★★★★★★★

WAITING TIMES

THE CHC has continued to raise the problem of waiting times, both for inpatient and outpatient appointments, at every opportunity. However, we can claim no real success. If members ever chose to forget this vital issue, the flow of patient complaints would continue to remind us. The industrial dispute has made the situation substantially worse, and we can see no easy answers. Whereas the CHC used to focus on waiting times as an issue in itself, our efforts are now much more concerned with improving the various elements in the service which in themselves contribute to long waiting lists. Increasingly, we have come to understand that waiting lists are not simply a barometer of need. They also reflect changes in medical practice. Indeed, there may be times when, if the community was aware of the issues

involved, then it might decide not to have improvements in medical practice at the expense of increases in waiting lists. The problem at the moment is that decisions are taken arbitrarily outside the NHS planning system. For example, it is clear to us that eye consultants in Birmingham have decided to work in such a way as to treat a relatively small number of patients in an intensive manner. While the CHC does not criticise the pursuit of professional excellence by the consultants, it is vital that an alternative view should be considered. If the community had been consulted, would it have given its approval for better eye care for a small number of patients thus causing longer waiting lists for cataract and other operations, or would it have said that it was better to deal more quickly with relatively simple operations and to postpone the use of more sophisticated and time-consuming techniques for relatively few patients? The CHC does not pretend to know the answer to that question — it does intend to make sure that in future it is a question that is asked.

MENTAL HEALTH

TO BE mentally ill in our society is to be treated as largely outside that society. To be mentally ill in Birmingham is even worse: the city sadly deficient in resources for this, the most neglected group of all. Because of this a CHC Working Group has examined provision in Central Birmingham. As well as visiting all the establishments which are actually in the District, the Group looked at Government guidelines and produced a report detailing some of the problems facing psychiatric patients in the District. The Group was shocked to find that **in Birmingham the kind of psychiatric treatment you get depends on where you live.** The CHC adopted the Group's report and now urges the health authorities to:

- **urgently** review the catchment area policy so as to ensure that patients who move house nevertheless continue a course of treatment at their original hospital, if they wish.

- **develop** more small locally based day centre facilities for the mentally ill;

- **recruit and employ** more community psychiatric nurses;

- **spend** money allocated to mental illness *only* on mental illness and *not* on other things;

- **urgently consider** the expansion of the Midland Nerve Hospital on its existing site;

- **clarify** the role of the Midland Nerve Hospital and the psychiatric wards at the Queen Elizabeth Hospital, with a view to the hospitals beginning to meet the needs of patients living in Central Birmingham;

- **encourage** all psychiatric hospitals serving the Birmingham area to develop a wider range of treatments.

GOOD PRACTICES IN MENTAL HEALTH PROJECT

MUCH of the time, the CHC is naturally forced to emphasise what's wrong with health services, instead of what's right. It makes a pleasant change, therefore, to be able to focus on the good things which are happening — in order to persuade more people to develop useful initiatives.

This is the aim of the *Good Practices in Mental Health Project,* which the CHC was asked to run in Birmingham. The project, sponsored nationally and in Europe and the USA by the International Hospital Federation, is intended to spread information about good ideas in the mental health field, in the hope that others will imitate them. A grant of £750 has been received from the Barrow and Geraldine Cadbury Trust, paid through Birmingham Voluntary Service Council. Steve Burkeman acts as convener of the project, and there is a Core Group made up of representatives from North and West Birmingham CHCs, the National Schizophrenia Fellowship, the Social Services Department, Birmingham Association for Mental Health and several other individuals. Alex Davis, an experienced interviewer, has been appointed as project researcher. Some 3,000 questionnaires were distributed across Birmingham, to doctors, churches, schools, community groups, trade unions, etcetera, and from these over 100 projects were listed for possible investigation. The Good Practices exercise will draw to a close in the next month or two with the publication of a report detailing some two dozen projects concerned with mental health, operating in an interesting or unique way in Birmingham, mostly in the inner city. Later in the year, a book is to be published containing accounts of the "Good Practices" exercise and a chapter will be devoted to Birmingham. A further book will be published next year, listing particular examples of good practices and it is expected that some of these will also come from Birmingham.

ENQUIRIES

AREA Health Authority member, Mrs. Phyllis Carter, has been chairing a Working Party to look at John Conolly Hospital which serves parts of the Central District. The CHC has attended a meeting with the Working Party, (as well as a meeting of the Health Advisory Service to consider the services provided at Highcroft Hospital, which also serves part of the District). Now that the findings have been accepted by the Authority and made known to the CHC, we will be urgently considering our response to them.

MENTAL HANDICAP

THE MENTALLY handicapped in Birmingham, particularly children, face hospitalisation in large and underfinanced institutions a long distance from their own homes and families. We have tackled this issue in two ways. Firstly, we have been represented by John Pickup and Heather Pearce on the Working Group on the Care of the Mentally Handicapped, which was set up some three years ago by South Birmingham Community Health Council. This has been an active Group whose programme has included visits to all the hospitals taking Birmingham patients, i.e., Monyhull, Middlefield, Lea Castle, Lea Hospital, Coleshill, Chelmsley Wood, St. Margaret's, and so on; hostels in and near Birmingham and elsewhere, mainly Health or Local Authority accommodation; stimulation groups, support skills and other specific centres. It has been particularly concerned in meetings with parents' organisations and in the collecting of data and information concerning the services for the mentally handicapped in Birmingham.

Next, a CHC Working Group has examined provision in Central Birmingham, looking at services for children and adults, and measuring these against official guidelines. The Group found that there was a total lack of hospital beds in Birmingham for mentally handicapped children — with the result that 134 Birmingham children are living in hospitals for the mentally handicapped outside the city. These hospitals are under-financed and under-staffed. The CHC urges the health authorities to:

- **increase** the subsidy offered by the AHA toward the Sunday bus service to Lea Castle Hospital. The subsidy should be raised from the present £275 a year to £850 a year, enabling fares to be cut to 50 pence for adults and 25 pence for children, with a maximum of £1 per family;

- **provide** a small hostel-type hospital for children with around 20–25 beds, one-third of which should be for short stay patients.

- **set up** a multi-disciplinary District Handicap Team as recommended by the Court Report on Child Health Services;

- **appoint** a community nurse to provide much needed family support.

The CHC urges Birmingham District Council to:

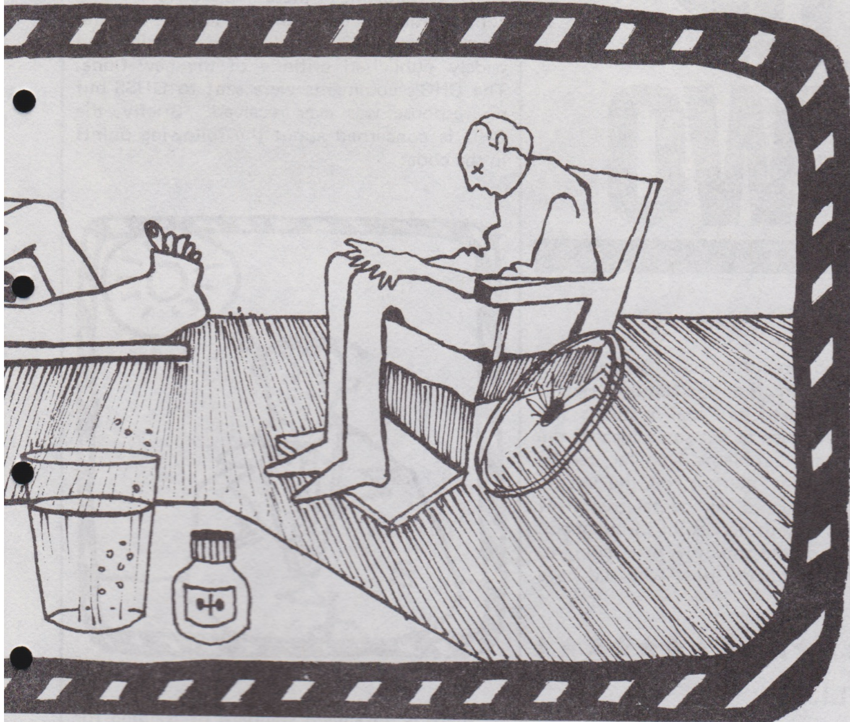
- **provide** enough places in adult training centres so that children leaving special schools will not have to remain at home without work;

- **employ** additional staff to enable special schools to stay open for at least 48 weeks in the year in order to overcome the unbearable strain on families which occurs during the present long holidays;

- **initiate** a cash programme to increase the number of hostel places for adults.

We believe that these recommendations, together with the need for better employment facilities for mentally handicapped teenagers, are the minimum necessary as a basis for services for the mentally handicapped in Birmingham.

ELDERLY



no rigid age limits for retirement, the maintenance of pensions at maximum level even if work is done after retirement, and greater preparation for retirement. A variety of improvements to the financial situation of the elderly was suggested, in particular the wider use of free telephones. With respect to the geriatric service, the CHC emphasises that **living in hospital is usually the worst option for an elderly person.**

Clinical standards in a geriatric service can only be maintained by ensuring that consultants are directly and closely involved, and this means keeping a large medical element in the service. The CHC does not accept that the elderly can only receive a satisfactory service in a general hospital. General practitioners can be used on a sessional basis, in conjunction with a collection of smaller hospitals as happens in the South/Central District of Birmingham. There should be more rotation of staff so that no-one in the nursing profession has to care exclusively for the aged. There should be a mixture of work available to staff working in medical and geriatric wards, and medical wards should care for geriatric patients from time to time. The CHC wants to see better training for nursing and medical staff to enable them to deal with the problems of the elderly, and an increase in day places and hospitals, and Social Services Department Day Centres. The CHC's comments on the DHSS document end by emphasising **the need to seek imaginative ways in which people can be trained and persuaded to care for disabled elderly patients without the payment of large sums of money.** The use of voluntary help organisers based in the community should be considered.

In common with other CHCs, we have also been concerned that discharge arrangements for elderly patients leaving hospital should take account of their home conditions and the need to arrange appropriate community services. This is doubtless a subject at which we shall be looking more closely during the coming year.

The issue of **foot care** for the elderly has continued to concern us. Considerable correspondence followed the publication of last year's Annual Report in which we set out the CHC's policy with respect to foot care assistants and the improvement and that its administration needs to be clarified. At present, the Central District Superintendent Chiropodist also works for another District and for the Area Health Authority. Booking for chiropody appointments are not made at the Centres where the treatment is carried out, but centrally. Prospective patients may not always know of the availability of local services. **While we welcome the expansion of chiropody services in clinics which has taken place in the District during the last year, the CHC wants to see a much clearer situation in the chiropody field■**

The fact that the Balsall Heath Health Centre is being paid for by the Inner City Partnership has concerned the CHC (see below) but reluctantly we have come to accept that any Health Centre is better than no Health Centre. So, when the time came to put forward schemes for the second Inner City Partnership Programme, the CHC pressed the case of Greet Clinic, at present housed in a huge old Quaker Meeting House and urgently needing replacement. The CHC, together with Central District Management Team, is pressing for a health centre to replace the Greet Clinic, but this has been put off until the third Inner City Partnership programme, beginning in 1981. **The CHC's health care strategy in the District is founded on the need for a ring of health centres serving all the primary care needs of the inner city population. This is a strategy which is now accepted by the District Management Team and we look to them and the Area Health Authority to move swiftly towards its implementation, if necessary by switching funds from the secondary care field.**

The funding of health centres through Inner City Partnership money has become an issue because of the under-spending on primary care capital in the West Midlands region. The CHC has taken up this issue and written to local MPs urging them to understand fully the effect of the Inner City Partnership on primary care spending in Central Birmingham. The failure of the Area Health Authority to submit plans for primary health care capital development has meant that money intended for health centres is now being spent on hospitals, the majority of them outside the inner areas. Almost the only capital funding for primary care has come from the Inner City Partnership, which can only offer a tiny proportion of the total primary care funding which the Region can make available. **In other words, Inner City funds are helping to ensure that suburban and more prosperous areas do not have to suffer any cuts in spending.**

A particularly worrying use of Inner City Partnership money was the proposed development of a city centre health facility to house a number of health care functions which are best offered from a central location. CHC accepts the need for such a facility, not least to house mass radiology services at present accommodated in 161 Corporation Street, where the CHC also has its office. (This building was described by AHA member, Councillor Mrs. Currie as a "grotty hole"). However, the cost of a new building was eventually estimated at £570,000 – some 35% of the capital funds available for the NHS from the Inner City Partnership Programme in the period 1980–83. Further, the facility was to be offered to all Birmingham and was by no means an inner city service. The CHC urged the Area Health Authority to transfer this proposal from the Partnership Programme and to fund it from main programme sources. As this report goes to press we were delighted to hear that the AHA had decided not to proceed with the City Centre Health Facility as an Inner City Partnership project■

TALKS TO GROUPS

CHC STAFF and members are happy to carry the message of consumer involvement in the NHS to wherever there are people who will listen. This year we have talked to a wider range of groups than ever before and some of these are listed below:

Acocks Green Townswomen's Guild
National Schizophrenia Fellowship
Balsall Heath Local Health Group
Birmingham University Fabian Society
National Council of Women, Harborne Branch
Birmingham Medical Group (Symposium on Medicine and the media)
Worker's Educational Association courses at Balsall Heath, Margaret Street (city centre), Sparkbrook
Public meeting on fluoride (Worcester)
Health Education (Balsall Heath)
Seminars for students and NHS officers in training at Aston University, Health Service Management Centre (Birmingham University), Birmingham Dental School.
Open University/CHC/Health Service Research Centre seminars on health choices.

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DOMICILIARY EQUIPMENT AND INCONTINENCE

CHC members have always taken a special interest in the service offered by the National Health Service to the elderly and disabled living at home. They continually pressed for improvements to domiciliary laundry and incontinence services. At times, members have protested vigorously to the District Management about the existence of waiting lists for incontinence pads. We are happy to say that this intolerable situation has now been substantially eliminated and we continue to monitor it carefully.

In considering this issue, we have also looked at the availability of a variety of equipment from the *nursing loans service*. In particular, we have pressed the Area Health Authority to look at some kind of central accounting system in conjunction with the Social Services Department so that officers of both departments can order equipment without demarcation problems. At present, the situation sometimes occurs in which patients discharged from hospital with one piece of equipment have to hand it in after a short period of time and exchange it for another piece of very similar equipment provided by the Social Services Department. We would like to see workers from both departments able to order equipment regardless of the length of time which has elapsed since the patient left hospital.

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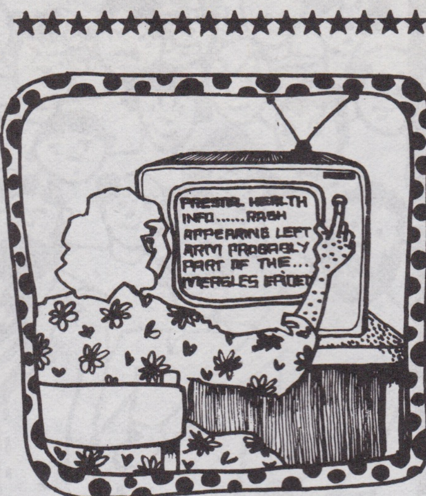

PRESTEL

OUR colleagues in West Birmingham CHC have brought together a number of Birmingham CHCs in a unique experiment to develop community health information for transmission on the GPO's PRESTEL system (formerly known as VIEWDATA). This is a computer store of information which television viewers can use by means of dialling a telephone number and turning "pages" through the use of an ultra-sonic key board. Following its experimental use in Birmingham, PRESTEL is now available — at a price — in London and will shortly become available in the Midlands too. It would be fair to say that CHC participation in this experiment was partly proferred in the hope that we might be asked to house one of the "free trial" specially adapted TV sets. The hope was not fulfilled: we hope that PRESTEL's enormous promise will be.

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PAIN CENTRES

THE CHC has pressed the Family Practitioner Committee to publicise the availability of Pain Centres in Birmingham to all general practitioners and not just those in the districts served by the existing Centres. The CHC's interest in this matter arose from the experience of one of its members. We will continue to compaign for this vital facility to be available in all districts, and particularly in Central Birmingham to any patients who need it. Further it is crucial that where a facility such as this exists, adequate information is made available to GPs so that all patients have an equal chance of being referred for treatment.

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DISCHARGE FROM HOSPITAL

ARISING from individual complaints brought to the CHC, we have been concerned about the fact that hospitals do not always prescribe a full course of drugs on discharge. For instance, the provision of just half of a two-week course of drugs might have the effect of encouraging the patient to contact his general practitioner more quickly: but it is also possible that the patient will not take the steps necessary to renew the scrip. The case that hospitals should prescribe a full course in such circumstances is strengthened since drugs obtained from hospital pharmacies are cheaper than drugs obtained by chemists. However, the Area Health Authority has to pay for drugs used by hospitals, whereas the *National* Health budget pays for drugs from chemists. It is short-sighted to choose to pay more for drugs simply because the cost does not fall on the local health budget. While the DMT has declined to recommend a change in practice to the hospital pharmacies, a new form has been introduced to be sent to the GP on discharge giving a much clearer indication of what the patient has been prescribed and at what stage (s)he ought to be visiting the GP again.

Toward the end of the year, the CHC also began to look at *discharge procedures for children*, concerned at reports from local health visitors that information about discharged children often reached the primary care services far too late. If necessary, we intend to make recommendations for the improvement of procedures in the near future.

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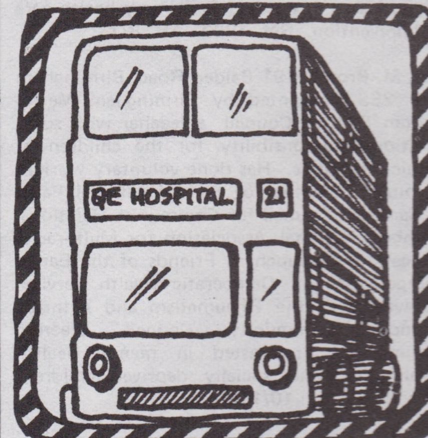
TRANSPORT TO THE QUEEN ELIZABETH MEDICAL CENTRE

THIS YEAR actually saw the start of the much vaunted shuttle bus at the Queen Elizabeth Medical Centre. CHC members spent a rainy Sunday afternoon along with some genuine passengers travelling on the first bus accompanied by the clicking of cameras and the whirring of tape-recorders. After all the hullabaloo, we have to face the disappointing results so far. The service has not been used as frequently as we would have hoped. This reinforces the CHC's original position which was that the only way of solving the problem at the Queen Elizabeth site was to divert the 21 bus. West Midlands PTE proposals to re-route the 21 into the City Centre, as suggested by the CHC several years ago, make this an even more attractive proposition. The CHC has continued to press the PTE to re-route the 21 through the Queen Elizabeth Hospital site.



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DISTRICT NURSING PROBLEMS

THE CHC is pressing for a review of the basis of district nurse staffing in Birmingham. We believe that staffing in some nursing areas is, for historical reasons, a great deal less adequate than in others. Our particular concern is about Nursing Area 10 — which covers the wards of Deritend, Hall Green, Acocks Green, Sparkhill and Fox Hollies — and whose staff are chronically over-worked and at the point of breakdown.

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PATIENTS' BOOKLETS

ENTERING — or visiting a hospital can be a terrifying experience. The CHC is concerned, therefore, that full and helpful information is given to patients and visitors. This year, we have had the opportunity to advise three hospitals in the District who have been preparing or revising booklets for patients and visitors — the Midland Nerve Hospital, the Queen Elizabeth Hospital and the Children's Hospital.

MIND). Interested in the needs of the mentally ill. Ret: 1982. Att: 8/10.

Ms. S. Mobbs, Lane Neighbourhood Centre, 422 Ladypool Road, Birmingham 12, appointed in May 1979 by the Lane Neighbourhood Centre, is a community advice worker at the Lane. Dealing mainly with housing and welfare rights. Particularly interested in the links between health and the social, economic and environmental aspects of inner city life Ret: 1982. Att: 1/1.

Mrs. J. Neill, 193 Russell Road, Moseley Birmingham B13 8RR, appointed in May 1979 by the Birmingham Metropolitan District Council, is Company Secretary of Soaring Equipment Ltd. Member and past Chairman of Birmingham Branch of NAWCH, former member of the House Committee of the Children's Hospital; now a member of the General Committee of the Friends of the Children's Hospital. Ret: 1982: Att: 1/1.

Mr. M.T. Parmar, 208 Mansel Road, Birmingham B10 9NL, appointed in September 1978 by the Vishwa Hindu Parishad Organisation, is an estate agent and a mortgage and insurance broker. Actively involved in promoting Hindu culture and improving communication between the Asian community and the Health Services. Chairman of Vishwa Hindu Parishad (Birmingham Branch) and is also on the Management Committee of a variety of bodies in Small Heath, including the Community Federation and Community School. Ret: 1982. Att: 7/9.

Mrs. J. Pearce, 5 St. Mary's Road, Birmingham B17 0HA, appointed by the Birmingham Metropolitan District Council, is the parent of a mentally handicapped child at home; formerly a parent member of the Board of Governors of Perry Grove School, Lea Hospital, Bromsgrove. Interested in mental handicap. Is a Playgroup Leader for the Birmingham Society of Mentally Handicapped Children. Ret: 1980. Att: 8/13.

Mr. B.W.E. Pearson (Vice-Chairman) 59 Eastern Road, Birmingham B29 7JX, appointed by West Midlands Regional Health Authority, is retired and formerly worked in industry. He is a magistrate and prison visitor, and a member of a variety of committees concerned with education, training and the arts. Concerned that the sick should be treated as individuals in the best and kindest way to help to relieve their suffering. Ret: 1980. Att: 9/13.

Mr. J. Pickup, 16 Highmore Drive, Birmingham B32 3JY, appointed by the Birmingham Society for Mentally Handicapped Children, is a retired local government officer and currently manager of a Mental Health Day Centre. Interested in mental handicap and mental illness. Member of the Birmingham Society for Mentally Handicapped Children and the Birmingham Association for Mental Health. Ret: 1982. Att: 11/13.

Mrs. J. Sohn-Rethel, 51 Fitzroy Avenue, Birmingham B17 8RL, appointed by West Midlands Regional Health Authority, is a retired Health Administrator. Member of the Socialist Medical Association Committee; the Executive Committee of the Birmingham Trades Council; the National Union of Public Employees. Interested in the elimination of hospital waiting lists, which she firmly believes could be done without extra resources. Has looked at and written about health services in Europe, China and the USA. Ret: 1982. Att: 12/13.

Mr. W.G. Symons, 16 Emerson Road, Harborne Birmingham B17 9LT, appointed by the Birmingham Metropolitan District Council, is retired. Formerly H.M. Superintending Inspector of Factories, Midlands Division, and subsequently Safety Officer, Dudley Borough Council. Now on National Executive of Institute of Municipal Safety Officers; occasional lecturer on occupational health and safety at Aston University, and at Birmingham Extra-Mural Department. Member of British Occupational Hygiene Society, Hon. Secretary Birmingham Council of Christian Churches. Ret: 1982. Att: 10/13.

Mr. S. Townsend, 23 Broomhall Crescent, Birmingham B27 7JR, appointed by West Midlands Regional Health Authority in September 1978, is a grinder in the car industry. Is a shop steward and convenor, and member of the Regional Executive Committee of the General and Municipal Worker's Union. Sits on a Supplementary Benefits Appeal Tribunal. Interested in best use of NHS resources, and improvement in industrial relations. Ret: 1980. Att: 7/10.

Mrs. C.M. Vaughan-Griffiths (Vice-Chairman of CHC till end of August 1978), 8 Warwick Crest, Arthur Road, Birmingham B15 2LH, appointed by Birmingham Metropolitan District Council in September 1978 (term of office expired on 31 August 1978 as member appointed by West Birmingham Soroptomists Club), is a Personnel Manager with Cadbury-Schweppes Limited. Member, Soroptomists International — West Birmingham, and a member of national committee on organisation and manpower planning of the Institute of Personnel Management. Interested in hospital care and access to hospital services. Former medical Social Worker. Has worked with British Red Cross Society. Ret: 1980. Att: 8/11.

Mrs. S. Venus, 152 Parkhill Road, Birmingham 17, appointed by the Birmingham Metropolitan District Council on 1 July 1979. Ret: 1980. Att: 0/0.

Mrs. C. Walton, 58 Oxford Road, Birmingham B13 9ES, appointed by Family Planning Association (membership terminated 31 August 1978), is Midlands Regional Administrator of the Family Planning Association (FPA). Member, Birmingham Consumer's Group; the Consumers Association; and the Services Committee of Birmingham Voluntary Service Council. Interested in home safety; family planning; women's health; child health; and holds the Certificate of Health Education. Has done research for the MRC Burns Unit of Birmingham Accident Hospital. Formerly a freelance journalist on health topics. (Co-opted Committee member). Ret: 1978. Att: 1/3.

Mr. N. Webb, 22 Augustus Road, Birmingham 15, appointed by Birmingham Metropolitan District Council, is a barrister. Was Conservative candidate for Sparkbrook in the 1979 General Election. Particularly interested in mental handicap and the problems faced by the Birmingham Maternity Hospital. Ret: 1982. Att: 9/13.

Mr. D. Welford, 6 Beech House, 165 Church Road, Northfield, Birmingham B31 2LX, appointed by the Birmingham Settlement in November 1978, is a Chemistry teacher. Took bachelor's degree in Biochemistry at the University of Birmingham and at present completing a thesis for M.Sc. following two years' research into the structure and function of vertebrate muscle. Interests include music and walking. Ret: 1980. Att: 4/7.

Mrs. C. Winter, 76 Livingstone Road, Birmingham 14, appointed by National Association for the Welfare of Children in Hospital, is a Special Schools Assistant; Chairman of the National Association for the Welfare of Children in Hospital. Interested in primary care; physical handicap and children. Has worked in hospital. Ret: 1980. Att: 5/13.

Mrs. R.J. Wolf, 14 Barlows Road, Birmingham B15 2PL, appointed by the Midlands Preparatory Training Committee, is Hon. Sec. of the Midlands Council for the Preparatory Training of the Disabled. Member of various organisations concerned with disability including the Royal Association for Disability and Rehabilitation, and a member of the British Council for Aid to Refugees. Interested in rehabilitation; home care; education; training; employment; and housing for the disabled; and benefits and allowances. Has done Red Cross Hospital work and nursing. Formerly Secretary, Midlands Region Refugee Children's Movement. Ret: 1980. Att: 9/13.

Mrs. J. Woodward, 40 Middle Park Road, Birmingham B29 4BJ, appointed by West Midlands Regional Health Authority, works at the Birmingham Brook Advisory Centre. Member of the British Association of Social Workers; a founder member of Birmingham Branch of National Association for the Welfare of Children in Hospital. Interested in child health; mental health; counselling; and family planning. Former Psychiatric Social Worker (Child Guidance); has done research in the Burns Unit of the Birmingham Accident Hospital; member, United Birmingham Hospitals Board of Governors from 1970—1974. Ret: 1980. Att: 12/13.

MEMBERS WHO RETIRED DURING PERIOD 1 JUNE 1978 TO 31 JULY 1979.

Birmingham Metropolitan District Council

Mrs. V. Darby (resigned March 1979) Att: 6/11

Miss M.L. Oldbury (resigned June 1979) Att: 11/13.

Mr. R. Pain (resigned July 1978) Att: 0/2.

Mrs. A. Robbins (appointed to AHA, Nov. 1978). Att: 2/7.

Mrs. H. Shires (resigned October 1978). Att: 3/6.

MEMBERS APPOINTED BY VOLUNTARY ORGANISATIONS

The Birmingham Settlement

Mrs. J. Capel (appointed Sept. 1978, resigned Oct. 1978). Att: 0/3.

The Lane Neighbourhood Centre

Ms. M. Glaser (appointed Sept. 1978, resigned April 1979). Att: 5/9.

The Sparkbrook Association

Mr. H.E. Spragg (resigned July 1979). Att: 7/13.

Members appointed by West Midlands Regional Health Authority

Rev. T. Rowe (Membership terminated 31.8.78 Att: 1/3.

THE PERMANENT STAFF

Steve Burkeman, CHC Secretary, has worked in the welfare rights field, and in local government. Is a lawyer by degree, and trained teacher. Member, national executive of the Child Poverty Action Group, and a committee member of the Birmingham Tribunal Representation Unit.

Anita Brock, Assistant to the Secretary, trained at Solihull College of Technology. This is her first post and she hopes to improve her skills and knowledge in the secretarial and health fields. Interests include playing tennis.

RELATIONS WITH NHS AUTHORITIES

THE CHC is often asked whether it has good relations with the District Management Team, Area Health Authority and Regional Health Authority. In reviewing the way these relationships have developed over the year, we are forced to the conclusion that the **Area Health Authority, in particular, has not yet accepted the CHC's role.** A Parliamentary question asked in March 1979 elicited the information that the Area Health Authority had still not replied to the CHC's Report for 1977/8, issued in September of that year. In fact, comments were received at the end of June 1979.

This is a repeat of last year's performance and comes despite written assurances that this would not be the case.

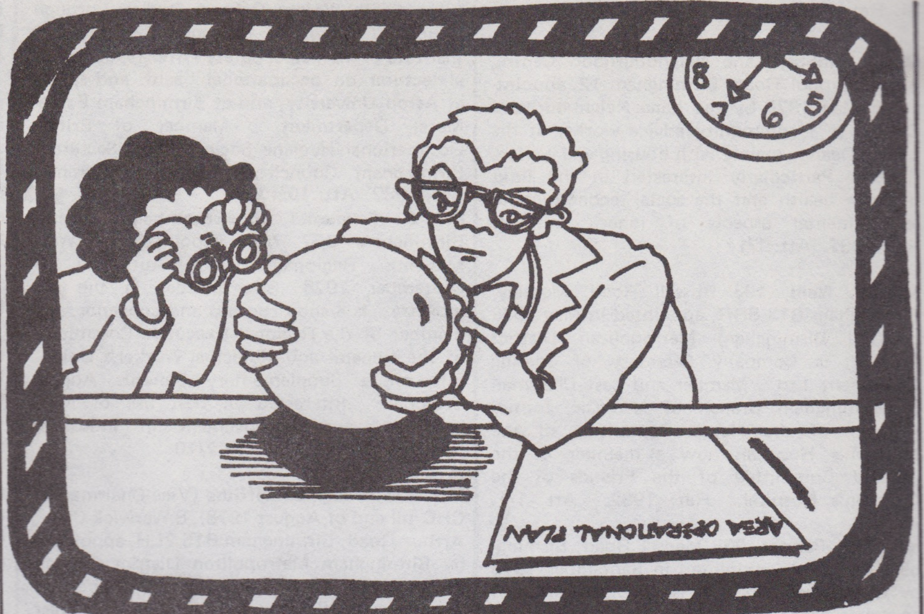
The Area Health Authority, in setting up its new sub-committees, which will meet in secret, has excluded CHCs from any involvement and created a situation which has the potential for an undemocratic approach to health service problems.

Central District Management Team has been under exceptional pressures this year, and this may have contributed to the need to communicate more in conversation than in writing: replies to letters have not always been as speedily forthcoming as they might. However, the monthly lunchtime meetings between the CHC and DMT members have been valuable, and, at times, even entertaining! Certainly, the basic relationship between the DMT and the CHC has improved since the early years. It is now as it should be – mutually co-operative, yet taut. In the coming year, we look to improvements in the consultation process, and more contact with all DMT members.

Since the CHC now considers itself to be under-staffed and under-accommodated, we have been pressing for improvements to be made by the **Regional Health Authority.** It is too soon to say whether such improvements will be made expeditiously. We also relate to the RHA in a number of other ways, often seeking Regional Officers' views on matters which are also under discussion with the Area. On the whole, we find a better acceptance of the CHC's role and a better understanding of our work by Regional Officers than we do by Area Officers.

CIRCULARS

INEVITABLY, a statutory body like the CHC has to spend some of its time responding to enquiries from Government Departments about what we think the consumer needs. This year we have received circulars on health records, child abuse and primary health care teams, amongst others. In each case, the CHC has attempted to produce a reasonable response aimed at representing the consumer interest to Government.



THE AREA PLAN: OUR RESPONSE

THE DEPARTMENT of Health and Social Security booklet, "The NHS Planning System" defines planning as:

"How the future pattern of activities should differ from the present, identifying changes necessary to accomplish this and specifying how these changes should be brought about".

The CHC has carefully examined the Area Health Authority's Operational Plan and the District Management Team's Operational Plan which preceded it in order to see how far the needs of the District were being met. Reluctantly, we concluded that the Area's plan was not worthy of the name. It contained no revenue resource assumptions and did not define the changes necessary to accomplish a defined future pattern of activities. By contrast, the District Operation Plan did attempt to describe how the future should differ from the present. In its response, the CHC:

- **enthusiastically endorsed** the District's commitment to the replacement of existing clinics by "a carefully planned network of multi-purpose clinics . . . serving an average population of 25,000 or so".
- **commented sceptically** on the possibility of locating the proposed new Eye Hospital on the Queen Elizabeth Medical Centre site.
- **emphasised the need** to recruit a District Community Physician to Central Birmingham
- **supported proposals** to computerise child health recrods in order to improve the efficiency of the immunisation service.
- **regretted** that the Area did not include the appointment of a consultant ophthalmologist at the Children's Hospital in its Plan.
- **urged** that Area Working Parties should be integrated into the planning cycle.
- **urged** the creation of a District Handicap Team.
- **supported** the proposed de-centralisation of physiotherapy services.
- **endorsed the employment** of foot care assistants and/or surgery assistants in the chiropody services.
- **expressed concern** about the attitude of the District to the decaying fabric of the Midland Nerve Hospital.
- **urged** the Area to improve the nursing loan service.

In its conclusion, the CHC pointed to a fundamental inconsistency in the Area's approach to planning. On the one hand, the Area insists on seeing Birmingham "as a whole" (an often stated approach at Authority meetings), and on the other hand, the Area chooses at times to regard the Districts as semi-autonomous.

It is vital that the varying needs of different parts of the City should be recognised. Members of the public should be able to assess the impact of plans on their own neighbourhood services. Operational Plans should relate to a coherent strategy for different services. So far, none of these requirements has been met. The CHC urges the Area to refine and improve the planning process in future years.

VISITS AND VISITORS

FOR the CHC to do its job properly, it has to keep in touch with what is going on in health service establishments throughout the District. Similarly, it has to hear from the people running the service — at the coalface, so to speak — in order to begin to tackle some of the problems which arise.

VISITS

This year, members of the CHC have visited the *Women's Hospital*, in order to form an opinion about the future of the Hospital. Members visited the psychiatric wards at the *Queen Elizabeth Hospital*, the *Midland Nerve Hospital* and a Social Services establishment, *The Rowans*, all in the course of preparing recommendations about the mentally ill in Central Birmingham. As part of a programme of visiting health clinics and centres, members have visited the *Sparkhill clinic*, the *Shirley Road Clinic*, *Nechells Health Centre*, and the *Green Road District Nursing Centre*. During the industrial troubles, a group of members toured the *General Hospital* in order to see how the dispute was affecting patient care.

Finally, a group of members visited the *Supplies Department* at the Queen Elizabeth Medical Centre to discuss a range of issues including the incontinence service, and the loan of domiciliary aids to the disabled.

VISITORS

During the year, discussions have been held with *Dr. Harrison*, a geriatrician from South Birmingham, in order to assist the CHC to develop its ideas about the elderly. *Dr. Stewart Green*, a paediatric neurologist from the Children's Hospital, visited members to discuss the question of communication with ethnic minorities particularly during paediatric consultations. He was accompanied by a representative of the nursing staff. Members met *Mr. Leon Abrams*, consultant Cardiac Surgeon to consider the problem of waiting lists. A group of *health visitors* from one of the nursing areas within Central District came in to discuss a number of the problems which they face in their work. *Dr. Joyce Carlyle*, a newly appointed Senior Lecturer in Community Paediatrics, met a group of members to discuss the possibility of creating a District Handicap Team in Central Birmingham, as recommended in the Court Report on Child Health Services. *Mrs. Phyllis Carter*, a member of the AHA and a former voluntary service organiser, helped members to consider the issue of voluntary service organisers. Various representatives of the *District Management Team* met the CHC on a number of occasions to discuss specific issues, especially *Mr. Matthew Dalton*, District Nursing Officer. A group of members met with *Mr. Peter Wilkinson*, newly appointed Area Health Education Officer to hear of his plans for the future and to make suggestions about health education in Birmingham.

Finally, the CHC was honoured by two visitors from abroad interested in finding out how English health services work. *Dr. Gunji*, a representative of the Japanese Government, visited the CHC's office, as did *Mrs. Gerd Rodhal*, the Head of the Public Information Department at the Norwegian Department of Social Affairs, equivalent to our DHSS.

CHC PUBLICITY

ACCORDING to one survey, 93% of the population at large has no idea what a Community Health Council is. That is not surprising, given the lack of publicity with which CHCs were launched. Nor is it surprising when one reflects that the consumer councils attached to nationalised industries — for instance the Gas Consumer Council and the Electricity Consultative Council — are also largely unknown by the public. But this situation places a heavy burden on CHCs to do their best to get across to the public in their District. **Central Birmingham has made it a major priority to publicise its views and activities, not so much in the hope of getting responses from members of the public on individual issues, as to create a general awareness that the CHC exists, that its services are there to be used, and that the National Health Service will be all the better for effective consumer input.**

During the past year, the CHC has had some 400 column inches of *press* coverage in the local press for which we are grateful. Not all of it has been accurate and some of it has made us cross from time to time. But on the whole, the local press has served us well. In the national professional press we have had some 150 column inches of publicity and in national newspapers 25 inches — including such prestigious organs as the Times newspaper. Local *radio* and *television* have also served us well with considerable coverage on both BRMB and Radio Birmingham.

The CHC's door to door news-sheet was delivered to 10,000 households in Hall Green in June 1978, and more recently we have circulated widely a quarterly newsletter about the activities of the CHC. Last year's Annual Report was circulated to some 1,500 individuals and organisations and early in 1979 BRMB ran a Public Service Campaign for CHCs, organised by Central Birmingham CHC, with over 40 commercial advertisement "spots" complete with jingle. Future publicity plans, apart from the present Report which will be circulated widely, include revision of the CHC's exhibition stand so as to make it more interesting, up to date and appealing, and further attempts to maintain close and regular contact with community groups in the District.

RELATIONS WITH OTHER GROUPS

WHILE the CHC's own resources are limited and it has to restrict its work to keeping an alert eye on the National Health Service, we are well aware that there are many other groups with broader interests in health care or with a specific concern that is very much in tune with our own. It is this CHC's policy to assist such groups in any way possible, particularly by letting them use our office services, and providing advice and information when it is requested. Groups which have been assisted in this way during the last year include:

- Campaign for the Homeless and Rootless (CHAR)
- Friends of the Earth
- The National Association for the Childless

as well as various individual students undertaking research projects connected with the CHC's interests.

STATUTORY MEETING WITH AREA HEALTH AUTHORITY

AS REQUIRED by law, the CHC again held a meeting with the Area Health Authority to exchange views and information. In recent years, the CHC has tried to make these meetings more interesting to ordinary AHA members then they might otherwise be. Instead of an exchange of views between Chairmen and administrators, we aim at a discussion that involves ordinary AHA members and CHC members in considering major policy issues. This year's meeting focused on access to services, child health services, health education, and the inner city. Twelve AHA members attended the meeting, including the Chairman, together with the Area Administrator. Eighteen CHC members were present. Following four short talks by CHC members on the subjects listed above, members of both bodies split into discussion groups. The groups were, almost without exception, disappointing to CHC members. The plenary session which followed the discussion groups focused on the CHC's concern that the AHA never seems to discuss issues at policy level.

CHC MEETINGS WITH LOCAL RESIDENTS

THIS YEAR we have begun to meet groups of local residents at CHC meetings and to offer them a platform from which to express their concerns about local health care facilities. Balsall Heath Residents took advantage of this opportunity and so did Small Heath residents. In both cases, the meetings were livelier than the average CHC meeting and very helpful to CHC members. It is hoped to continue this during the coming year and **local groups with particular health concerns which they would like to share with the CHC, are invited to get in touch with the Secretary, Steve Burkeman.**

EVENTS

EVENTS ATTENDED

QUITE APART from their normal work as CHC members — all done in spare time — the women and men who serve as Central Birmingham's health care watchdogs also attend a wide range of conferences and courses in order to represent the view of Central Birmingham patients and also to learn about new ideas and approaches. This year, CHC members and/or the Secretary have attended:

A conference about voluntary service co-ordinators in hospitals

Course sessions at the Institute of Geriatrics and Gerontology (several)

The Second Balsall Heath Standing Conference

The Annual Meeting of the Association of CHCs for England and Wales

A conference focusing on the needs of elderly people who wish to continue living at home

Workshops on Good Practices in Mental Health (2)

A conference run by the National Association for the Welfare of Children in Hospital

A gathering of inner cities CHCs at Islington

An anniversary conference on the occasion of thirty years of the National Health Service

Training sessions for new members and for the Secretary (2)

REPRESENTING Cont'd

Other CHC members represent the Council on:

The Joint Committee of Birmingham CHCs — Mr. Webb, Mrs. Hill and Dr. Griffiths.

The Joint Birmingham Committee on Mental Illness — Mrs. Brown and Mr. McArdle.

The Family Practitioner Committee (as Observer)— Dr. Jones or Mr. Symons).

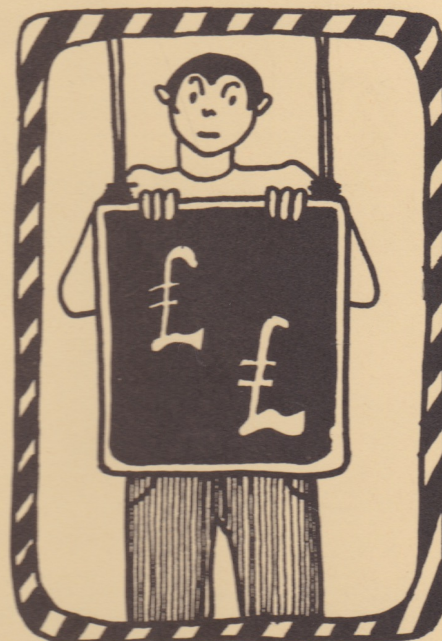
Birmingham Area Health Authority (as Observer)— Mrs. Sohn-Rethel).

In theory the CHC is also represented on a Radio Programme Planning Committee which helps to prepare programmes in the BBC Radio Birmingham series "The Patient's Voice". However, the CHC members appointed have been unable to participate in the Committee activities this year, partly because meetings have been held at difficult times in Coventry, though the Secretary has become involved from time to time.

CHC EXPENDITURE 1st APRIL 1978 — 31st MARCH 1979

(figures rounded to nearest £)

	Out-turn 1977/78 £	Allocation 1978/79 £	Out-turn 1978/79 £
Secretariat (salaries, superannuation, N.I., travel etc.)	9,134		10,783
Office Services and Expenses (telephone, stationery, printing etc.)	4,189		3,419
Accommodation overheads and other services (rent, rates, head, light etc.).	1,193		1,367
Other services	78		
EXPENDITURE AGAINST ALLOCATION	14,784	15,640	15,569
Members' expenses (travel, loss of earnings)	190	(taken from Regional reserve)	170
TOTAL EXPENDITURE	14,974		15,739
Underspending on allocation			70

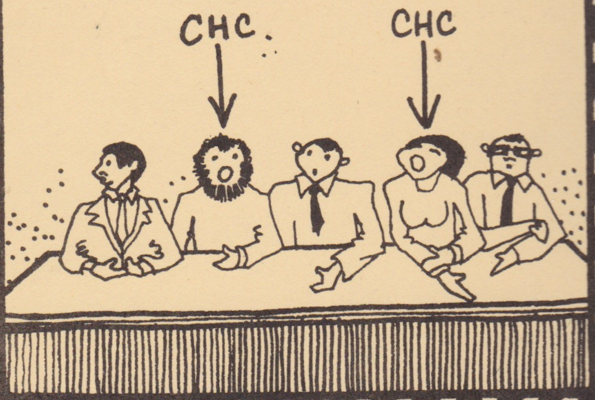


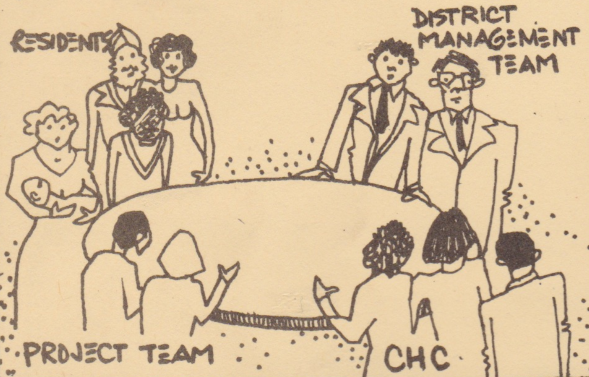
THE END

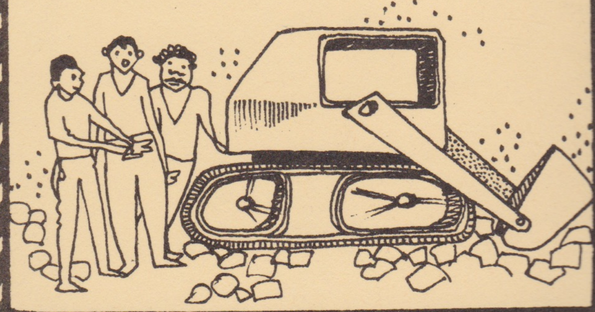
CENTRAL BIRMINGHAM

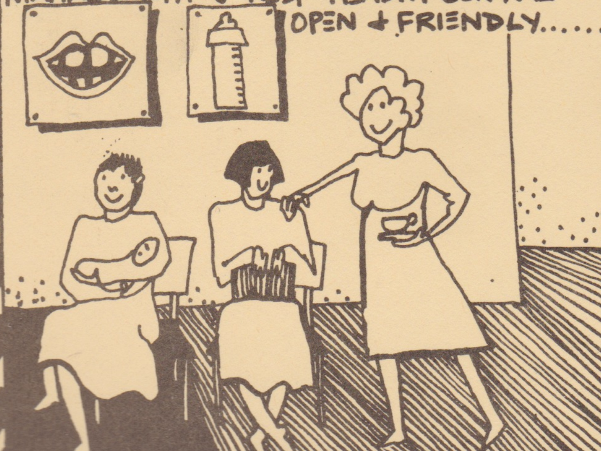
CHC IN ACTION

AN EXAMPLE









FOR MORE INFORMATION: CONTACT STEVE BURKEMAN, THE SECRETARY, CENTRAL BIRMINGHAM CHC
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