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Association of Community Health Councils for England and Wales

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NEWS

Collective Compensation

Just over a year ago, amid fierce controversy, a settlement was reached for about 1500 Opren victims. The weaknesses of claiming compensation in such cases in this country are still apparent a decade after the Thalidomide litigation scandal. Claimants faced delays, low levels of compensation and for many ineligibility for Legal Aid. In fact some would have had to withdraw their claims had not businessman Godfrey Bradman acted as benefactor and underwritten claimants' legal costs to the tune of £5M. Under our legal system there is no formal court procedure for a group of individuals, with the same complaint, to pursue collective damages. Individual test cases have to be found and these can be problematic as an individual may withdraw or agree an out-of-court settlement depriving the others of a court precedent. Nor is there any means of financing collective actions adequately or fairly. The Court of Appeal decided in June 1987 that the costs of the Opren action must be borne by all the claimants, even those who were elderly and living on very limited means.

Because of the potential size of the costs, claimants would have been left with very little compensation had it not been for the action of Mr Bradman. Master of the Rolls Lord Donaldson pointed out: "Parliament has required the defendant to pay the damages not to him but to the legal aid fund and that fund is required to use his damages to pay itself back every penny of costs which it has incurred in assisting him to fight his case. It is only if, after this has been done, that anything which is left will be paid to him. It may be that nothing will be left or it may only be relatively small change".

There are other cases in the pipeline behind Opren - tranquilliser users, women injured by the Copper 7 intra-uterine coil and haemophiliacs who have contracted AIDS after being given contaminated Factor 8.

The Legal Aid Board have published a consultation paper on multi-party action, recognising that when a number of claims are being made against a huge company, the issues to be proved are often the same and claimants are divided only by whether or not they can afford to sue. It proposes that the Board should enter into a contract with a firm, or small number of firms, of solicitors who would liaise with complainants' local solicitors and that eligibility limits should be abolished and legal aid extended to all claimants in the group, irrespective of income. But there are still issues the Board has not tackled, such as failing to recommend that "clawback" of money from compensation awarded should be subject to statutory financial limits to avoid years being spent fighting a case, only to see compensation devoured by legal costs. (**Independent** 19.5.89).

More Reactions to the White Paper

The Social Services Committee of the House of Commons has now published its initial interim response to **Working for Patients.** Dominated by Conservative MPs it is critical about many aspects of the White Paper. It urges, for example, that the government introduces its planned reforms over a period and on an individual, experimental basis. Each experiment should be monitored and subsequently either implemented nationwide, adapted, reconsidered or rejected when its outcome has been properly evaluated. On funding it says the White Paper and its associated working papers raise more questions than they answer and notes that the Health Secretary was unable to provide any figures whatsoever to the Committee for the likely cost of implementing his plans. They dislike the planned tax subsidy for the elderly taking out private health insurance and are concerned at the prospect of yet another re-organisation requiring changes for the medical profession and say that the proposals will only work if that profession can be assured the new methods are in the best interests of patients. "Cost effectiveness" the report notes "in health care must include the assessment of outcome for the patient, in the widest sense, and not be simply a financial assessment." Consultation has been insufficient and the government is criticised for saying its plans were settled and could not be altered. The Committee says a Green Paper should have been issued first followed by extensive consultation. At the end of a catalogue of criticism the Committee points out the problems the Government experienced after doing too much too fast on regrading. "If their proposed timetable for introducing the vastly greater changes to the health service proposed in the White Paper is adhered to, we have serious fears that the stability of services and continuity of patient care may suffer during the years of transition to a new, untested system." The Committee also deplored the continuing lack of clear policy on community care.

The National Consumer Council has called for more emphasis on meeting patients'needs in response to the Government's White Paper. "Curbing waste and making use of financial resources are vitally important - but the Government should give the same attention to improving the quality of care. We looked through the White Paper to see exactly what incentives were proposed for improving care to patients - and found the methods far less clearly worked out than the systems for saving money. Withough incentives to improve the quality of care we fear that some patients could actually be worse off," said the Chairman of the NCC's Services Working Party, John Mitchell. The NCC call for patients' representatives to be involved in setting standards of care and the design of medical audit, and explicitly recommend extra resources and a stronger role for CHCs. The NCC raise doubts about many aspects of the proposals and urge pilot studies to test their effectiveness, but welcome the improved appointment systems and waiting areas and clearer explanation to patients about treatment, none of which the NCC stress need major organisational reforms. Available from NHS Reform, NCC, 20 Grosvenor Gardens, London SW1W 0DH. Price £2.50.

The NHS Review: what it means has been produced by the British Medical Journal, it is a collection of articles by various authors all but two of which have previously been printed in the BMJ along with ten pages of letters written to them on this subject. One paper emphasises that although the review was set up amid widespread fears about underfunding, the white paper offers no prospect of change in funding. The paper notes that the 1989 Public Expenditure White Paper was published the day before the health white paper and forcast annual increases in total NHS expenditure of 7.7%, 5.3% and 4.2% respectively ove the next three years. "These figures do not allow for inflation, nor do they take account of demographic or technological changes" notes the author and continues, "Circumstances could easily arise (such as the continuation of high inflation) in which these figures would become real cuts." Available from BMA House, Tavistock Square, London, WC1H 9JR. Price £4.50.

The **NCVO** has published a summary of the Review's proposals along with pertinent questions the various voluntary organisations should be asking themselves about it. Available from NCVO, 26 Bedford Square, London WC1B 3HU. Price £1.00.

Slightly different views are put by **NAWCH** who raise a number of issues, for instance, how will the government ensure that parents can still be admitted with their children to hospital and take a full share of their care if their hospital "opts out", how will the government ensure specialist facilities for children will be provided in every health district? In a free market economy, how will the government safeguard the choice for consumers and allow parents to make decisions in the best interest of the child (i.e. the most caring unit rather than the most cost effective) and how will the role of voluntary organisations and CHCs be encouraged and strengthened? Copies available, on request, from: NAWCH Ltd., Argyle House, 29-31 Euston Road, London NW1 2SD. (Tel: 01-833 2041).

Top Industralists join new NHS policy board

Thirteen new members of the NHS policy board, to be chaired by Mr. Clarke and Sir Roy Griffiths, deputy Chairman of J. Sainsbury plc, as Deputy Chairman, were appointed at the end of May. They include top industralists, Sir Graham Day, the Chairmen of Rover Group and Cadbury Schwepps, Sir Kenneth Durham, Chairman of Kingisher Holdings and Deputy chair of British Areospace, and Sir Robert Scholey Chairman of British Steel, Sir James Ackers, Chairman, West Midlands Regional Health Authority, Professor Cyril Chantler, Professor of Paediatric Nephrology at Buy's Hospital, Sir Christopher France, Permanent Secretary at the Department of Health and Duncan Nichol, Chief Executive of the Management Executive. Other members of the board are Sir Donald Acheson and Julia Cumberledge but no nursing representative.

High Pressure Hearing Aid Sales

A Bill to curb malpractice in the private sector provision of hearing aids had an unopposed Third Reading in the Commons last

month. It followed complaints which had reached MPs of high-powered salesmen calling on deaf people, particularly the elderly. Most of the complaints referred to just six companies who used high-pressure techniques and coupon advertising to reach vulnerable people. Because the Hearing Aids Council has been dominated by industry, its powers to deal with abuses were weak and the only sanction was for a company to be struck off the register. The new Bill changes the Council's composition, giving more power to consumers, and also makes a breach of a code of practice a disciplinary offence liable to a range of penalties. (**The Times** 29.4.89).

Quackbusters

A new organisation The Council Against Health Fraud, based on a loose federation of doctors, lawyers and journalists, has been set up to campaign for more stringent evaluation and control of orthodox and non-orthodox medical techniques. CAHF is concerned about the trend (identified in ACHCEW's briefing paper on Non-Conventional Medicine), that more and more people are turning to alternative therapies, where they get the time, understanding and the chance to be involved in the management of their care, which is so often sadly lacking in the NHS. CAHF has also picked up the points raised by ACHCEW about the lack of standards, regulations or reliable information on which users of alternative medicine can make an informed choice. They are calling for good practices in the assessment of treatments and a better understanding by the public and the media that valid clinical trials are the best way of ensuring public protection. CAHF can be contacted at BOX CAHF, London WC1N 3XX.

Complaints and GPs

A project has been set up at Leicester University to put basic skills in dealing with people at the centre of medicine rather than at its periphery. Many problems arise because of the way doctors are trained, still without any recognition of the importance of communication skills, coupled with overwork. A number of medical centres, as well as Leicester, are now offering training to doctors and in some cases actors and actresses play roles based on real case histories to help doctors learn how to cope. It is hard particularly, for young doctors, to come to terms with distress, disfigurement and death and their defence is to depersonalise the patient. One recent session at the London Hospital's gynaecology clinic featured a joint effort by students of RADA and the hospital's medical students who played out their roles in front of colleagues. Both medical and ethical issues were raised. (**The Times** 4.5.89). Meanwhile complaints about GPs continue to rise, by some 10% to 1,162 in 1988 according to FPCs. They say this is due to two reasons - higher expectations from patients taking a "consumerist" approach and because both FPCs and CHCs have raised their profiles in the community so that more patients knew what to do if they had a complaint. (**Pulse** 29.5.89).

Dentists and Service Committee Hearings

According to an article in **Dental Practice** (20.4.89) one FPC had virtually no service committee hearings for the first eight years of its existence but this was then followed by a flood. The LDC was so concerned that it set up a special working party to try and find out what had happened and the result is a simple leaflet explaining to dentists what should be learned from past cases. Four points picked out particularly are that dentists must always tell patients what they have to pay, that private treatment should not be mixed with NHS, that all treatment must be really necessary and that dentists must be sympathetic to patients as this way, difficulties can often be ironed out at an early stage. Above all, if it does really seem that the patient has a reasonable case, then a dentist should not be afraid of apologising and, when appropriate, refunding any charges. That way a Service Committee Hearing may well be avoided all together.

"Blackmail" at Fertility Clinics.

Women who want to be sterilised are being pressured by doctors in private hosiptals to donate their eggs to infertile couples wanting a test tube baby. Owing to a severe shortage of donors, women are being offered the operation free if they donate their eggs. Now there are growing complaints, not least because the women in question have to undergbo a series of hormone injuections before the eggs are collected under general anaesthetic and some women suffer side effects. Hospital offering free sterilisations in exchange for eggs include the Lister Hospital in London and the BUPA Hospital in Manchester. Guy's Hospital which has close links with the London Bridge private hospital considered the policy but rejected it. A 34-year old mother of three who had a hysterectomy had to have daily hormone injections for 14 days, sniff a nasal spray every four hours and make two visits for ultrasound scans, before ten of her eggs were collected. Now there are calls for this practice to be made illegal and it has been criticised by Dame Mary Donaldson, Chairwoman of the Interim Licensing Authority which monitors fertility clinics who says she is sure it is "unethical". (**The Sunday Times** 14.5.89, **Independent** 19.5.89).

Questions of Ethics

The death took place recently of "Baby C", who was at the centre of a difficult case. On April 14 a Leeds High Court Judge decided that this seriously handicapped baby who was terminally ill should be allowed to die and no further attempts made to prolong her life. The wording was that the baby should be "treated to die". Unhappy at this, the Official Solicitor appealed and on 20 April the Appeal Court endorsed the previous decision but agreed that the words "treat to die" could be misunderstood and approved their removal. The rest of the order, that the baby should be allowed to die with as much comfort and dignity as possible, was retained. The baby had been made a ward of court before birth for reasons unconnected with her condition (which was not diagnosed until 35 weeks gestation) as it was felt

her unmarried parents would have difficulty caring for her. (In fact they were also incapable of participating in treatment decisions). The Judge felt the baby came into an exceptional category as there was no hope for it whatsoever and quality of life "had already been denied" to the child. (**The Lancet** 29.4.89).

In another ruling five Law Lords agreed to the sterilisation, without her consent, of a severely mentally handicapped 36-year-old woman. In a rare move, they reserved their reasons for this decision until an unspecified later date. The woman has a mental age of four and her mother wants her to have the operation to prevent a pregnancy as she is sexually involved with another patient. The Law Lords are said to be split over the legal basis for sanctioning operations on patients unable to give valid consent. (**Guardian** 5.5.89).

Open Records

Pulse (25.4.89) runs an interesting feature on how patients visiting their GP at a Sydenham practice are allowed to browse through their medical notes if they wish to. This came about because GP Dr. Brian Fisher had been offered this opportunity when seeking medical treatment on his own behalf ten years ago. So back in 1983 he introduced a similar system into his own two-handed practice. This means that those patients who take up the offer can discuss any issues raised with the doctors during consultations. Records are checked to ensure there is nothing in them that might unnecessarily upset patients and confidentiality is ensured, spouses cannot be shown each other's records. Dr. Fisher says the financial cost is more than offset by benefits to patients. People describe the practice as "wonderful" and appreciate the frankness. Most felt it gave them more confidence in the doctors. The doctors feel it also helps in promoting better health and that patients take health education advice more seriously.

Talking it Over

And another story of good practice, this time from **Nursing Times** (24.5.89). This concerns a South Gwent Health Unit's way of managing complaints "as part of a quality assurance programme and developing more customer-orientated services". After looking into the whole problem - how were complaints received, how should complainants be contacted, how investigated, the speed of response, how personal should the process be and how trends might be identified - a philosophy was worked out. First it is explained that criticisms will be positively acted upon and action taken to change practices if necessary, that personal contact will be made with the complainant wherever possible, that managers should be prepared to apologise and thank the complainant for bringing the matter to his/her attention and that during the initial contact, managers should always inform complainants "of the advice and assistance available from South Gwent CHC, reflecting the constructive working relationship developed with the council and Secretary over the years".

Complainants should have written confirmation of initial meetings, given regular updates on the state of their complaint, and a positive final response.

Bexley's Pilot Scheme

Bexley Council has handed over responsibility for some mental handicap services to a "not for profit" company run by its former Social Services Chief, Mani Srivalson. Some local authorities are watching what happens with interest while critics, including Labour MP Dale Campbell-Savours, have expressed concern over back door privatisation. According to the council privatisation was not the aim, the important thing was to set up a company to bring more services into operation at a minimum cost which is possible because of that particular company's status. Former patients living in the community are eligible for board and lodgings allowance and an annual "dowry" of £14,000. It enabled the statutory services to produce a care plan for individual residents and, in time, for all people with mental handicap in the community. Critics have been assured that a system of checks and balances operates. The scheme is considered to be quite unique not least because hundreds of Bexley staff have been seconded to the new company where their performance is, again, the responsibility of their former boss. (**Social Work Today** 2.4.89).

Information Service on Mental Health

Good Practices in Mental Health now offer an Information Service available to all health professionals in the field who would like to learn from the experience of others. As well as responding to enquiries from health service providers it also produces publications and information packs on topical issues, such as community mental health centres/teams, advocacy and housing. Conferences and workshops are organised often in conjunction with other organisations. Further details from **GPMH**, 380/384 Harrow Road, London W9 2HU.

Mental Health Network

MIND, the mental health charity, has set up a national "consumer" network of more than 350 members who have had a personal experience of mental hospitals. Their views will help influence MIND's future policies at a time when more and more mental hospitals are closing and the future of community care is still being debated. Anyone interested in joining should contact Jan Wallcraft, MIND, 22 Harley St, London W1N 2ED. Tel: 01-637-0741. (**Disability News** May 89).

FROM THE JOURNALS

Glaucoma & Race

The new regulations governing free sight tests under the NHS may discriminate against people of Afro-Caribbean origin, according

to a letter in **The Lancet** (20.5.89). Signed by four doctors from Moorfields Eye Hospital, it notes that evidence from the USA, Africa and the Caribbean suggests chronic glaucoma is a more severe disease in black people with a racial origin in West Africa and that its onset is considerably earlier than amongst white people. NHS regulations specify that if there is a history of glaucoma in a first-degree relative and the patient is over 40, a free sight test may be obtained. However evidence seems to show the condition beginning to develop in black patients in their late 20s and 30s. As the government has made provision for free sight tests in people from high risk groups for glaucoma and diabetes, and Afro-Caribbean people are such a group, free sight tests should be available to all this minority.

Social Support and Pregnancy Outcome

7% of all babies in Britain weigh less than 2500g at birth. Apart from the anguish and anxiety to the parents, the cost to the NHS of caring for them is enormous. Recently research was undertaken to demonstrate that social support, in addition to medical care, could improve the outcome of pregnancies, including low birth weight. The Social Support and Pregnancy Outcome Study was a randomised controlled trial funded by Dr. Ann Oakley and carried out at the Thomas Coram Research Unit. Four midwives were employed in different centres in Southern England and the Midlands and they recruited 509 women to the trial at hospital booking clinics. To be eligible, the women had to have already had a low birth weight baby and to be less than 24 weeks pregnant with a singleton pregnancy. After obtaining their consent, half the women received standard antenatal care and the rest "intervention" in the form of additional home visits, telephone calls, and access to a midwife on a radiopager. Women were encouraged to ask for advice if they wanted it. Although the sample was too small to be statistically significant, those in the intervention group had fewer low birthweight babies, were more likely to have spontaneous onset of labour, non-instrumental delivery and less analgesia. They had fewer antenatal admissions and a better post-partum period. They had overall better health and made less use of primary health care services and they also suffered less from post natal depression. The economic implications of this to the NHS are obvious and those who undertook the survey feel that social support should become an integral part of antenatal care for those women thought to be at risk. (**Nursing Times** 30.5.89).

"Awful" Standards of Wheelchairs.

The standard of wheelchairs is so awful it can only get better according to the **BMJ** (6.5.89). Of the half million in Britain only about 1500 are electrically powered, the rest being manually propelled by the occupant or helper. Some users suffer inconvenience and discomfort because of inadequate design standards, engineering, construction and maintenance. DoH power wheelchairs are criticised for their size, weight, jerky power drive and lack of manoeuvrability. Yet new battery driven models obtainable outside the NHS are portable, light, durable and their

control boxes provide smooth acceleration and deceleration. As to manual wheelchairs, less than a quarter of hospital ones are safe and in good working order, it appears, and more than one in ten of those used at home need repair. Defects in seats, tyres and brakes are common. The average user spends over 36 hours a week in a wheelchair, yet the upholstery soon wears out and becomes torn, seats sag and some occupants develop pressure sores. Suspension is poor and although heavy solid tyres have largely been replaced by pneumatic ones, over half the hospital chairs have tyres which are not properly inflated as do a third of those used in homes. Flat tyres give an uncomfortable ride. Two thirds of hospital chairs have braking faults, and many wheelchair brakes are so crude they need constant adjustment. Many chairs are too wide to go through doors, cannot be properly propelled up and down curbs, and footplates are defective or missing. At the end of a long list of horrors the reports says that hospital wheelchairs "are not only unsafe and uncomfortable: they are also unhygienic, being contaminated with blood, urine and faeces". The materials used in chairs for sports enthusiasts should be made available to a wider population and hospitals should consider appointing a wheelchair team to ensure staff are taught about the problems involved and that chairs are regularly inspected, maintained and cleaned. Most of all consumers who use them should be involved in their design.

Unemployment and Consultations with GPs

The relationship between unemployment and consultations with GPs was investigated among a sample of 13,275 active men aged 18-64 by the Epidemiology and Public Health Research Unit of Surrey University. Men who were unemployed and seeking work consulted doctors significantly more than those in employment, the highest consultation rate being among those who had been out of work for five years or more. The high rates persisted even after adjustment for self reported longstanding illness. The findings suggested that in areas with high unemployment a GP's workload is likely to be high - not surprising really but something which should be taken into account if/when GPs are allocated their own budgets. (BMJ 6.5.89).

Can Screening Damage Your Health

A recent study set out to see if screening can be psychologically harmful to health adults. A study was carried out on 215 healthy adults attending a "by invitation" coronary heart disease screening clinic in a general practice. A general health questionnaire was used as an indicator of recent psychological distress. Patients attending the screening clinic were found to suffer from significantly lower subjective psychological distress than an unscreened group of 225 aged-matched controls but it was found that their own assessment of their distress was significantly increased three months after screening compared with that of controls who showed a non-significant decrease. The organisers of the survey therefore conclude that there is real risk of causing distress by screening healthy adults and that this possibility has been largely ignored by previous studies.

They feel it is a significant finding in view of pressure for more screening services.(**Journal of the Royal College of GPs** May 89).

Opportunistic Health Promotion: Quantity or Quality?

A cohort of 130 working class mothers were studied in depth to quantify the extent of recording and counselling of lifestyle problems by general practitioners and their staff. The women were interviewed at either end of a five year period, 77 had lifestyle problems, mainly smoking. Good coverage was achieved for smokers in the population, but exercise and alcohol problems were under represented. Clinical records only included details of advice given and follow-up plans for lifestyle problems in 40% of patients. However 48% of women remembered advice being given. Three quarters of these women remembered advice several years later. Women who were smokers and very obsese were particularly targetted. The majority of these women (over 9%) were neither surprised nor annoyed at being given advice. 49% of smokers took action on advice, 14% maintained long-term improvements, all those with weight problems took action, 57% maintained long-term improvements. The women who had lifestyle problems noted in their clinical records, perceived their own health as being significantly improved. The paper highlights the argument between targetted counselling of those at high risk and general population counselling. The paper tends to support the former. The paper calls for a study to compare levels of intervention outcome in a wide range of people. The report suggests better record keeping of lifestyle counselling in primary care and greater systematic audit of advice given. (**Journal of the Royal College of GPs** May 89).

Drug Costs

The Drugs and Therapeutics Bulletin published by the Consumers Association has published a list of medicines on prescription which cost less than the £2.80 now charged on the NHS. The list is intended to help doctors when they wish to recommend such a medicine to a patient. "Black-listed" medicines have been left out, along with paediatric formulations as children under 16 are exempt from payments. Both brand names and generic names are given and drugs which are not considered to be a very good choice are listed in light type. The list is intended for doctors more than patients. Warning is given in the accompanying bulletin of self medication other than for minor ailments in the short-term unforeseen drug interactions and undiagnosed unwanted effects are potential disadvantages. The list is in the 30 May issue (Supplement to Vol 27 No 11) and the bulletin is published fortnightly by the CA, 2 Marylebone Road, London NW1 4DX.

AROUND THE CHCS

Bexley CHC has drawn attention to the growing disparity in charges made by opticians for eye tests. In order to find out what local opticians were charging, the CHC telephoned fifteen in

its area and discovered that three charged £10, one charged £10.40, eight charged £10.50 and three charged £12. One said they only charged £7.00 if the glasses were bought from them and only charged elderly people £5. Another said that people with diabetes or whose relatives had suffered from glaucoma were treated free. Bexley CHC notes that Kenneth Clarke stated recently that an optician in Oxfordshire charges £7.50 to new patients and one in Devon offers free tests to all patients. Bexley is, therefore, concerned at this wide variation and advises people to check on how much they will have to pay before making their appointment. The CHC would also like to hear what people are having to pay elsewhere.

The four Gwynedd Community Health Councils held a well attended public meeting on 14 April at Caernarfon to express their opposition to proposals to reduce the number of CHCs in the area. "Because of the large distances in Gwynedd, the poor travelling conditions in winter and traffic congestion in the summer, and the scattered nature of the rural population, one CHC - wherever based - could not possibly represent the public in Gwynedd.

"Neither", continues a statement from the CHCs, "could it even regularly visit the many rural health premises, clinics and hospitals. A reduction from four to one CHC would also dramatically lessen the democratic representation". This call was supported by a large number of voluntary organisations, local authorities and other interested bodies who expressed their total opposition to the plan, a view which is now being put to Welsh Secretary Peter Walker for his comments.

Barnet CHC recently organised a Schools Day so that young people from secondary schools could find out what a CHC does. The Hospital Unit General Manager responded enthusiastically when asked whether a hospital visit and lunch could be included but as planning progressed it became clear that the aim of the CHC, which was to show how it represented patients' interests, was at odds with his view of the event as a recruiting and promotional one. However, a compromise was reached.

The students first were told about the place of CHCs in the NHS along with the whole question of Patients' Rights and the current activities, problems and complaints with which the CHC has to deal. The students then went to the hospital where they heard talks by the Manager and the director of midwifery training, toured the maternity department, had lunch, toured the day surgery unit, children's ward and pathology labs and then returned to workshops where they were invited to share opinions on the hospital, the work of CHCs and generally comment on the day. Each student was given a CHC pack containing a note about its role, Patients' Rights and the Patients' Charter and also an information pack from the hospital. Problems did arise - not least because of the size of the group. Some students compared the hospital unfavourably with those shown on soap operas on TV or in private hospital commercials and they had little opportunity to gauge the quality of care being offered. They were, however, impressed by the knowledge shown by the CHC of the

NHS. Some students felt the tour was too rushed and that they ought to have been able to ask patients their views but all involved, students and CHC members, felt the exercise had been worthwhile and that much had been learned which could be put to good use for future visits. Further negotiations are needed with hospital managers, it is felt, and also ways should be found to provide students with some insight into care provided outside hospital, especially community care.

Plymouth CHC at a recent meeting agreed its reponse to the consulation document issued by the DHA on its decision to replace St. Mary's Hospital in Launceston with a private facility. The CHC does not, in general, feel it has either been adequately consulted or that its pertinent questions have been answered - in fact it has been told that some of the vital information on issues such as the quality of nursing care, cannot even be answered until the final contract is agreed. The CHC has been invited to participate in aspects of the contract specifications and would have liked to accept if it had decided to support the proposals. Nor was the CHC happy when it submitted its recommendations to receive a response, not from the DHA, but from an officer whose views may or may not be upheld by that Authority. Therefore, until such time as the DHA, confirms there are grounds for further discussion, the CHC formally rejects the proposal to replace this hospital with a private one run by Westminster Health Care and supports the option to replace it with NHS hospital units in the grounds of the local DGH as proposed in Plymouth Health Authority's own Annual Programme for 1989-91.

Tyneside CHC has been looking at the effectiveness of the breast screening service with regard to disabled women in view of the fact that it might be getting mobile screening units in its area. In a letter to the organisers of the programme, the CHC points out that at the AGM workshop on the subject, it was mentioned how difficult it was for many disabled women to gain access to such a unit and that, having learned by experience from cervical cytology screening that relatively small embarrassments make the difference between women attending or not, this must be taken into account. The response has been that while no one "disputes for a moment the rights of disabled women to have access to breast screening", it was decided by the panel of experts advising on the design of mobile units that some disabled women could not be screened in them and would have to be screened at related assessment centres not least because the standard technique involved in mammography required the patient to stand. Therefore disabled women should be made fully aware of the problems and encouraged to go for screening at units where special provision can be made.

In its Annual Report Cambridge CHC congratulates its Health Authority on its commitment to a Community Development Project. "The Authority's commitment in recognising the importance of communities identifying their own health needs and empowering them with the knowledge and skills to meet the needs, is heartening to see". It goes on to detail the setting up of an

action research project jointly funded by the City Council and HA undertaken in two deprived areas of the city. The two project areas developed very differently, one having been set up with a well established base in a GP practice and the other in an area with no direct or official link with health professionals or GP practices, but based in a community house in the middle of a council estate. Not surprisingly the worker in the latter area took longer to establish herself than that in the former, pressured too to produce results within a short (three year) time scale. A list of needs emerged from both along with real concern at the poor response to requests for improved facilities in both areas. In the council estate in particular "there was a general feeling of being a forgotten area of the city". The CHC says three years is just not long enough for a proper assessment of the project and that it needs to be extended for at least another two years. If it is accepted that community development approaches are valuable (which appears to be the case from **The Black Report** and **The Health Divide)** then such projects need to be properly resourced, something the DHA "clearly demonstrated by its commitment when the project was set up".

INFORMATION WANTED

Salford CHC asks for information from any CHC which has successfully tackled the issue of people having to wait long times for outpatient appointments with orthopaedic surgeons and even longer times for elective surgery. A trawl for information through local newspapers produced one of their biggest responses - a catalogue of misery, pain, loss of employment, mobility and social activity. The CHC is working towards recommendations for improving the situation, realising that the most important need is probably adequate resources, but is also looking at other issues - the need for double checking when waiting lists are reviewed, the need for better communication and liaison with medical staff, etc.

Newcastle CHC is interested in receiving information from other CHCs across the country on whether their DHA has followed any of the guidance contained in HC(88)37 concerning the Hospital Complaints Procedure Act 1985. The CHC is particularly interested in receiving examples of leaflets prepared by DHAs explaining the Complaints Procedure and including references to the Health Service Commissioner's role. They would also be interested in hearing from people where DHAs are not providing this information.

Merton & Sutton CHC are trying to find out what the effects of faster throughput are on patients and their families. Secretary Niki Cartwright would be interested to know if any other CHCs have undertaken any work on this. She notes "of course it might not be possible!"

West Birmingham CHC will shortly be taking an interest in advocacy and would welcome information from the CHCs with experience of successful schemes.

CHC Publications, Reports, Surveys etc.

Hampstead CHC has produced a punchy leaflet on the NHS White Paper entitled **Patients Last on the List** which goes through the main issues point by point. Under the heading "What's Missing?", it points to Community Care (not one word in the NHS Review), Health Promotion (the document concentrates almost entirely on the acute sector) and the staffing crisis. Accountability will be the loser if the proposals go ahead and the rights of CHCs are still in doubt. Other CHCs considering publicity on similar lines might well look at this.

N.W. Surrey and N.E. Hampshire CHC has published results of a pilot survey on non-attenders at local out patient clinics in conjunction with the DHA. About 11% of those called to attend do not do so. Some had genuinely never received notification of an appointment, some (especially older people) had forgotten and it was recommended that they should be reminded nearer the time especially if the wait was a very long one. In fact half the respondents wanted a reminder system. Booking systems in the gynaecology clinic should be re-assessed, the CHC felt, to reduce the levels of mis-appointments and double bookings and one point made by those who did not turn up was the prospect of long waits in overcrowded clinics. The Appointment Systems, the report concludes, should be adequately resourced in the mornings to maximise the receipt of telephoned cancellations.

The CHC will be happy to provide one free copy of this survey to any other CHC who might find it useful. A small charge would have to be made for photocopying and posting additional copies.

North Tees CHC has published a survey into the referral patterns of GPs in its area. In part this was carried out to find out how many of the larger practices were sending their patients to hospitals outside their district, thus establishing referral patterns which would be significant to the District Hospital when, and if, GPs become their own budget holders. Late in 1987 the DHA closed a significant number of beds largely due to staffing shortages and insufficient resources. A year later beds are still remaining closed. GPs were asked if they had had difficulties in referring patients to the DGH and 74% said they had, although some qualified this by speciality. Rheumatology, gynaecology, dermatology, orthopaedics and back clinics featured among those most frequently cited where unacceptable delays arose. A wait of upwards of 44 weeks for a back clinic appointment was reported by one GP. Therefore 68% of respondents said they had referred patients to other hospitals in other Health Authorities, 21% saying they had had no difficulty in doing so. The CHC points out that the results of the survey might be a "lesson for the more entrepreneurial general manager who might be surprised by the referral habits of GPs in their district if they care to examine them, especially in the light of changes contained in the NHS Review on GPs". The CHC is also keen to point out that long waiting times may mean a deterioriation in the health and general quality of life of the patient.

Hospital Food is a subject which often raises its head and Bristol CHC surveyed patients views on it in six hospitals in the Bristol and Weston areas. The survey concludes that most patients found the food neither remarkably good nor remarkably bad but somewhere in between. One hospital, a maternity hospital, produced comments consistently worse than for the rest in part, the CHC felt, because of the younger age group of the patients who were less likely to be easily satisfied and partly because some of those surveyed had expected to be out of hospital faster than they were. Special diets appeared a particular problem. Half the patients surveyed were not asked if they were on a special diet. Of the 24 identified as being on a special diet, 12 either sometimes or often received the wrong meal. Patients' notes included special diets for medical reasons, but tended not to include vegetarians, or cultural reasons. The CHC suggest patients should be routinely asked about special diets. There were significant differences in the standards between hospitals and the CHC felt that some of them could learn from other hospitals' good practices.

Two new publications from GLACHC. **Community/Consumer Representation in the NHS with specific reference to CHCs** edited by Christine Hogg and Fidelma Winkler and **Frontier Medicine - New medical techniques and the consumer** by Christine Hogg. The first is based on a seminar on the NHS Review which took place last April. Among the interesting suggestions it threw up was one from the Institute of Health Services Management who argued the need for a counter-bureaucracy in the NHS to act as a strong countervailing force for 'consumers' and the community alongside a potentially very much stronger management body at DHA level. The Institute also favoured pilot projects for testing different models for providing health care against explicit criteria. John Dawson of the BMA looked at the effect the Review might have on patients and concluded that while doctors might benefit financially, the effect on patients especially in deprived areas (or if chronically ill) might be damaging and "CHCs needed to act quickly to draw this to the attention of MPs". Christine Hogg looked back at the opportunities missed by CHCs, "all the stresses which were inherent in the way CHCs were set up in 1974 are showing through. CHCs have remained amateurish bodies, in days when this is no longer acceptable". They have to become more professional and need to make the case for change themselves. There is too often conflict between staff and members. In the final paper Toby Harris underlines his fears that the Review might well marginalise CHCs and that it is necessary for CHCs to become involved immediately in looking at service contracts. CHCs have the opportunity to establish themselves in the role of assessing quality of care. CHCs might also collectively consider taking on the role of peer review and quality control of CHCs themselves. This paper is a discussion document as well as a conference report.

In **Frontier Medicine** Christine Hogg tackles the vexed question of the benefits and costs of new medical techniques and suggests that a new approach is required. "It is not enough to invite

consumers to complain and comment on the quality of hospital food, the politeness of staff or the length of time they have to wait. The real issue of quality in the NHS is in clinical care and practice. The record of clinicians, managers and politicians in safeguarding the public from invasive, unnecessary or hazardous techniques has not been good. They have not ensured a comprehensive health service by fair allocation of resources between different services. However, determining appropriate treatments, resource allocation and medical ethics are not professional and management issues, they are issues of great concern to the public. CHCs have a central role in co-ordinating the representation of local community interests."

The report looks at the hopes and expectations we have of medical advances and how they have determined planning and management of specialist services and the way that new techniques are researched, evaluated, introduced and funded, and looks at future developments in medicine and their implications for the NHS. Particular attention is given to developments in the London area, however it remains a book highly relevant to all CHCs.

GENERAL PUBLICATIONS

We have received several publications dealing with mental disability and mental illness. **Slipping Through the Net** is the title of a publication from the National Schizophrenia Fellowship expressing its concern over the lack of "community care" available to patients discharged from long stay mental hospitals. It calls for the implementation of a 20-point plan which includes a key worker in each community to whom patients are referred when they leave hospital (they estimate some 26,000 are needed), one lead agency to be made responsible for care in each area, the appointment of a Minister for Community Care, adequate resources and the retention of a number of existing mental hospitals, to be regrouped into domestic-style units, to provide short-term treatment in cases of serious relapse or for those who just cannot cope in the community. Available from NSF, 78 Victoria Road, Surbiton, Surrey KT6 4NS. Price: £1.26 (inc. p & p).

On a similar subject is **Managing Psychiactric Services in Transition** from the King's Fund. This is a pack of detailed papers providing A Checklist for Action, Managing Psychiatric Services in Transition - an Overview, A Strategic Framework for Developing Local Psychiatric Services, Designing Local Processes for Service Development, Assessment, Rehabilitation and Resettlement, Collaboration for Change which specifically intends to guarantee 'user' collaboration) and an Annotated Bibliography. The papers are based on the work and experiences of more than a dozen pilot projects over an extended period as they planned and implemented change. The papers aim to achieve 'a genuinely community-based pattern of local mental health services - particularly for people with severe psychiatric disabilities - and not just old services in new places." The pack is intended as a useful starting point for managing change. The authors

believe many questions still need to be worked upon. They see the pack as a useful management tool but also "for voluntary organisations and CHCs when determining the extent to which local statutory services are addressing the challenge of change." It is available from the King's Fund, 14 Palace Court, London WC2 4HT and costs £8.95.

Towards Co-ordinated Care for People with Long-Term, Severe Mental Illness is a report of a Working Conference called by the National Unit for Psychiatric Research and Development and the DHSS in February 1988. Again it proposes "Good Practice" elements of successful co-ordinated care based on the work of three pilot projects and the experience of the "40 specialists" from the statutory and voluntary sectors invited to the conference. The report looks at information systems, joint-planning, quality assessability and acceptability of services. Available from the National Unit for Psychiatric Research and Development, Lewisham Hospital, London SE13 6LH.

Power in Strange Places is produced by Good Practices in Mental Health and looks at user empowerment in mental health care. The user movement is discussed in relationship to consumerism, anti-psychiatry social action and normalisation. Four local projects are discussed in separate chapters, the work of advocacy and patient councils in Holland and America looked at as is the National Self-Advocacy network in Britain. A chapter is given over to models of advocacy, and another to the limitation of the patient's rights approach to user services. The four local projects reflect a range of activities and strategies. "User Empowerment", the authors write "is the most crucial issue in mental health services. Available from Good Practices in Mental Health, 380-384 Harrow Road, London W9 2HU. Price £3.50.

Self Help OK! is the title of a video produced by the National Self Help Support Network taking as its theme a family faced with a parent who has developed Alzheimer's disease, the carers' group which helps. Looking also at a project of Somali first and second generation immigrants which includes a nursery and study advice office for young people, and then at starting and maintaining a self-help group in a rural area, along with interviews with those who have worked in a variety of self-help projects the video aims to answer the question "What is Self-Help?" It is available from NACAB Vision, Middleton House, 115/123 Pentonville Road, London N1 9NZ. Price £15 + VAT.

The UKCC has published a booklet to assist nurses, midwives and health visitors to consider the ethical aspects of professional practice. It is called **Exercising Accountability** and covers, among other things, questions of consent and truth, patient advocacy and objection to participation in care and treatment. It is pointed out, with regard to the latter, that medical staff who do not wish to treat patients with AIDS or Hepatitis B cannot claim the support of the Code of Professional Conduct. The interests of the patient or client are paramount, says the booklet. Available free from UKCC, 23 Portland Place, London W1N 3AF. Tel: 01-637 7181.

The Welsh Consumer Council has produced a booklet, **Better Access** which looks at ways to improve access to outpatient clinics, which draws heavily on the results of a survey on the subject carried out in 1988. The booklet looks at types of transport i.e. private, public, hospital and voluntary, patients who have specific needs i.e. the elderly and children, information needed to harmonise the stress of an out-patient visit, the effect of decentralising services, the clinic waiting area and measuring effectiveness. Particular thanks is given to ACHCEW for its support. Obtainable from the Welsh Consumer Council, Castle Buildings, Womanby Street, Cardiff CF1 2BN.

If Only I'd Known That a Year Ago..." comes from the Royal Association for Disability and Rehabilitation and is a concise guide for newly disabled people and their families and friends. It covers aids, benefits, employment, respite care and carers' support and many other essential topics, along with many useful addresses. Available from RADAR, 25 Mortimer Street, London E1N 8AB. First copy free (SAE). For bulk order contact RADAR for more details.

Starting and Running a Voluntary Group is the self explanatory title of a new guide from the NCVO. Available from the Bedford Square Press, 26 Bedford square, London WC1B 3HU. Price £3.95.

Loss and Bereavement by Bridget Cook and Shelagh G. Phillips is the title of a paperback from the Lisa Sainsbury Foundation. It is one of a series on death and the problems associated with the dying as it affects both the person and their family which includes pain control care, nutritional needs, communication skills, chemotherapy etc. "Loss and Bereavement" looks at: concepts of loss; stages of grief; different types of loss e.g. marital breakdown, death, breakdown of a partnership between single people, different types of death, e.g. that of a child, death due to illness, an accident or suicide, and bereavement at different ages e.g. childhood and adolescence. The book also looks at practical support before and after the death and in the long term, including "how to break the news" and "the role of the family doctor".

Our review copy included several pages that were so badly printed as to be illegible, the Lisa Sainsbury Foundation have assured us that anyone who does receive such a copy will be sent a replacement. Price: £6.50 (inc. p & p) from Liza Sainsbury Foundation, 8 - 10 Crown Hill, Croydon, Surrey CRO 1RX.

Strong Medicine by Steve Iliffe looks at the state of the NHS which, says the author, is not just the result of government hostility but is also the result of a crisis whose origins lie in medical practice - the escalation of costs without commensurate improvements in cure, care or prevention and all against a background of increasingly sophisticated technology. This raises important issues for those who support the NHS and serious re-thinking is necessary. Among the author's recommendations are greater accountability by the NHS to its users, people taking more responsibility for their own health (aided by health

education) and the need to transfer resources from institutional care to community-based services along with alternative forms of funding - under which charges would be made to patients. Available from Lawrence & Wishart price £5.95.

Some Health Education Authority publications. **Birth to Five** is a guide to the first five years of being a parent. It seems an eminently sensible and helpful booklet and does not set out to tell you how to be a good parent but to offer help and advice when needed. Its authors appear to live in the real world too and some feeling comments are included from mothers guilty because they did not feel "love at first sight" when presented with a roaring bundle or a warm glow when the toddler gets you up in the night for a chat yet again. Other areas looked at are: diet, development, growth and learning, caring for yourself as a parent and making sure you are in good mental and physical shape (e.g. when returning to work, the possible change in relationship between the parents), help and support, rights and benefits. There is also a guide to child health, common complaints and immunisation and how to cope with difficult behaviour. The special section on "babies" details their feeding, crying and sleeping habits. The book tries very hard to be multi-cultural in its imagery and includes both parents as carers. It is free to all first time parents. Price £2.95 from bookshops. Published by Harper & Row.

The HEA, in conjunction with Central Birmingham Health Authority, has also produced a leaflet on the need for vaccination against measles, mumps and rubella in five different ethnic minority languages: Bengali, Gujarati, Hindi, Punjabi, and Urdu. All available from the Health Education Authority, Hamilton House, Mabledon Place, London WClH 9TX.

Practice Activity Analysis is a report published by the Royal College of GPs. The recent history of quality assessment and the mechanisms of the practice activity analysis (PAA) method are discussed. A discussion paper is included looking at the way PAA can be used in different areas, i.e. repeat prescribing, referrals to specialists etc., along with background information. It looks at practices which have undertaken activity analysis and how it has worked as a self-evaluation "tool". From this document it appears that it has proved itself an effective instrument for obtaining information from practices for research purposes both for the individual practice and in general. The method used proved to be simple, economical, flexible and enabled the information to be easily recorded. Some 2,000 doctors have used the method to identify their own performance but it is not, says the Report, for everyone as some cannot face the discipline of routine recording and are likely to respond better to an alternative authoritarian approach. However the authors do see self evaluation methods as a useful way of assessing performance. It is available from the Royal College of GPs, Alford House, 9 Marlborough Road, Exeter EX2 4TJ.

Health for All by the Year 2000 looks at North Western RHA's 1984 Health For All targets and plans to implement the themes emerging from the discussions and the experience gained by 1987 in taking these plans forward. The NWRHA received financial support from the HEC and the Sports Council in developing some projects. The RHA wanted to work on an intersectorial basis, concentrating particularly on alcohol abuse, sport, exercise and health and food and health. Three groups were identified for collaboration, the consumer, business and commerce and corporate ones such as voluntary and statutory agencies. Three types of activity were envisaged, that prompted by self-interest, voluntary agreement and coercion. Specific stategies followed on from this, i.e. education to discourage drinking and driving, education on the hazards of drinking in pregnancy, promoting low alcohol beers, to promote the installation of exercise facilities at the work place, to establish an exercise and leisure for life project and to develop health food programmes for schools and the NHS etc. The report concludes that there is a need for a formal framework for intersectional planning for health along with more guidance. The report looks to a second conference to take the work forward into the 1990s. Available from the Regional Prevention Manager, North Western Regional Health Authority, Gateway House, Piccadilly South, Manchester M60 7LP.

Partnership, Participation and Power is a brief report of the working party of the British Psychological Society Professional Affairs Board on Psychology and Physical Disability in the NHS. The report gives only short chapter summaries, a description of the working party and its recommendations in full. The complete report will be published later in the year. It looks particularly at people over 16 who have a permanent physical disability which may co-exist with learning difficulties or with a mental health problem. It takes as working principles: choice, consulting with consumer, information to consumers, participation, recognition of the shortcomings of the medical model and autonomy in personal decision making. It is available free from the British Psychological Society, St. Andrew's House, 48 Princess Road East, Leicester LE1 7DR.

The Office of Health Economics marked the 40th anniversary of the health service with a symposium titled **Patients as People and People as Patients** and the papers from that conference have now been published. The common theme of the day seemed to be 'individualism' and it is certainly encouraging to read eminent clinicians discussing the way to tailor treatment to individuals; in this case there are papers on the management of hypertension, arthritis and elderly people. However, there is little evidence of the community or the social basis of health care. In particular, the paper "The Tax Payer and the Patient" outlines an hypothesis of 'moral hazard' whereby those who contribute but make little use of the health service fear that they will see others benefitting more liberally at their expense.

It seems that whilst many people agree on the problems of the NHS: its inflexibility, top down management, impersonal approach etc; solutions are polarised between those who believe that

increased cost efficiency, individual choice, competition and QUALYs are the answer and those who are demanding an improved working partnership between service providers and users and an expansion of basic rights and provision. OHE is clearly aligned to the first view.

People as Patients and Patients as People is published by the OHE, 12 Whitehall, London SW1A 2DY. Price £2.50.

The Voluntary Sector Under Attack..? is the title of a lecture by Stuart Hall now published by Islington Voluntary Action Council in which Hall outlines his perception of the important and dramatic shift that is going on in the whole context in which the voluntary sector works. He describes the crisis of funding whereby the great majority of organisations have experienced a substantial fall in their core regular funding as part of a wider assault on public spending. He then goes on to consider the sea-change in the economic, political and ideological context in which the voluntary sector functions, dating from the ascendancy of the New Right in the mid 1970s. In particular he outlines the view which says the welfare state has gone too far and is crowding out free enterprise and which says the answers are enterprise culture, not redistribution and an economically led, not socially led society.

What does all this mean for the voluntary sector? According to Hall, some voluntary organisations, which have also criticised the welfare state for being bureaucratic, inflexible and provider dominated, may be tempted to go along with the new orthodoxy, slim down their operations and put themselves in a strategic position to pick up responsibility for those services which are to be contracted out. His alternative is that voluntary organisations should resist this temptation which can only lead to a compromising of principles, and should fight back and meet the cuts by trying to find some way to hold on to their underlying principles. More importantly they should begin to articulate and develop a new kind of public culture, a new conception of welfare and the community and a new partnership between state and society. **The Voluntary Sector Under Attack..?** by Stuart Hall for Islington Voluntary Action Community, 322 Upper Street, London N1 2XQ. Price £2.50.

Maternity Alliance has produced a preliminary update of its 1984 publication **Poverty in Pregnancy.** This shows the cost in 1988 of an 'adequate and acceptable diet' for a pregnant woman to be around £15.88 per week (£15.97 in London). This represents around 8% of the average wage, but nearly 11% of the average woman's wage and nearly 14% of the average wage for women manual workers.

The report also points to an increase in the number of pregnant women living on baseline benefits, i.e. means tested benefits. There are now 47,000 pregnant women claiming welfare milk. The new benefits system, introduced in April 1988 has not improved the position of pregnant women on low incomes; although the new Income Support rates are slightly higher than the old

supplementary benefits, the disappearance of additional payments for maternity clothes and baby equipment etc. means that the apparent improvement may be illusory.

Maternity Alliance recommends that a pregnancy premium be paid to all pregnant women on Income Support to help with the finance of an adequate diet and that young pregnant women under the age of 18 be brought into the Income Support system.

Poverty in Pregnancy: The cost of an adequate diet for expectant mothers by Maternity Alliance. 15 Britannia Street, London WC1X 9JP. Price £2.50.

The Action Resource Centre is a national voluntary organisation with 10 regional offices which aims to provide a channel through which professional, managerial and technical skills and resources can be transferred to community organisations. In particular, ARC organises secondments from business and industry to community projects.

Getting the best from secondment describes the process of obtaining and managing a secondee, including types of secondment the type of skills secondees bring and drawing up a job description. The potential benefits from secondment are not inconsiderable, over and above the expertise brought in, many community projects could benefit from making links with local businesses. CHCs are already familiar with seconding students to assist with academic studies and the facilities of ARC could give an additional dimension to many 'one-off' projects.

Getting the Best form secondment: Guidelines for community organisations. The Action Resource Centre CAP House, 3rd Floor, 9/12 Long Lane, London EC1A 9HD. Price £2.50

Health Service Finance: An introduction by Tom Jones and Malcom Prowle, Published by CAET.

This is the third edition of a successful and very useful detailed summary of NHS financial structures. The chapters on allocation to RHAs and DHAs include a great deal of critical analysis of the now defunct RAWP approach and outline a number of alternative approaches based on needs. There is an excellent chapter on financial control and accountability which includes discussion on the advantages and problems associated with cash limiting, performance indicators and audit. The final two chapters on improving efficiency and information technology assess the current debates and show the way that NHS management is moving. CHCs might be particularly interested in the chapters on priorities and planning, which give explanation of techniques of financial planning, resource forecasting, programme budgeting and client group analysis. Clearly if HAs are to assess the problems and needs of their communities open planning is essential so that "the CHC and the public (can) appreciate the basis of the DHAs proposed developments".

Health Service Finance: An introduction by T Jones & M Prowle Published by CAET. Available from Meditec, York House, 26 Bourne Rd, Coisterworth, Lincs NG33 5JE. Price £8.

COMING EVENTS

June 15 Royal Society of Health Conference on **Breast Cancer** to be held at The Society of Chemical Industry, 14-15 Belgrave Square, London SW1. Fee: £55. Details: Royal Society of Health, RSH House, 38a St. George's Drive, London SW1V 4BH. Tel: 01-630-0121.

June 17 National Childbirth Trust Study Day on **Bereavement** to be held at Society of Friends, Dr. Johnson House, Bull Street, Birmingham. Fee: £10. Details: PNC Secretary, NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH.

June 22 Mencap National Conference **Quality During Transition** to be held at Purcell Room, South Bank, London SE1. Fee: £30. Details: Helen Smeed, Mencap National Centre, 123 Golden Lane, London EC1Y 0RT.

June 29 Acute Care at Home. Day (9.30 - 5.30 p.m) conference at the King's Fund Centre, 126 Albert Street, London NW1 7NF. The conference will concentrate on improved communication between primary and secondary care service for the care of acute patients at home. International and U.K. experience will be drawn upon to assess areas for improvement and implications for future provision. Cost £40.00. For more information contact: Pat Tawn. Tel: 01-267 6111.

June 30 Summerfield Conferences **Coping with Sudden Death** to be held at the Lady Ann Middleton Hotel, Skeldergate, York. Fee: £30. Details: Summerfield Conferences, Summerfield House, Outwood Lane, Horsforth, Leeds LS18 4HR. Tel: 0532-584874.

DIRECTORY CHANGES

Page 8: WEST SUFFOLK CHC. Tel. No. 0284 761390

Page 13: CAMBERWELL CHC. New Address:
55 Bavent Road,
Camberwell
London SE5. Tel: No. 01 737 7123

Page 19: HIGH WYCOMBE CHC.
Stephen Carter has now left. The two assistant Secretaries are temporarily in charge until the new appointment.

Page 1: NEWCASTLE CHC. Full Address:
Suite 4, Second Floor
Royal Buildings
13 Bigg Market
Newcastle NE1 1UN.