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# COUNTY COUNCIL OF ESSEX



# REPORT

of the

COUNTY MEDICAL OFFICER OF HEALTH

for the Year

1973



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J. A. C. Franklin, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M., D.P.H.

County Medical Officer of Health

85/89 New London Road, Chelmsford

Tel: Chelmsford 67222

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## COUNTY COUNCIL OF ESSEX: HEALTH DEPARTMENT

# Report of the County Medical Officer of Health for the year 1973

85-89 New London Road, Chelmsford, Essex.

Telephone: Chelmsford 67222

**MARCH 1974** 

It is my pleasure and privilege to present the Annual Report for 1973 which is my ninth report and the eighty-fourth and final one in respect of the administrative County.

The Department of Health and Social Security have not issued their usual detailed advice in respect of annual reports for 1973 having regard to reorganisation, but nevertheless it seems appropriate to submit a report, although for various reasons it will not be practicable for this to be of the same nature and with the same statistical information as previously.

I have therefore decided to concentrate solely on matters which are of general interest and give an indication of improvements to the local health services which have taken place since the publication of the Report for 1972.

#### General

Due to general economic considerations little, if any, expansion has taken place but some variations in staff establishments were approved and implemented. The health visiting and home nursing establishments were increased by 10 and 6.5 posts respectively in order to meet the requirements of the increased population. In order to improve patient care, two more district nurse liaison officers were appointed, one to work in the Thurrock Health Area and the other in the Borough of Colchester. Five posts of senior chiropodist were created and so far as the priority dental service is concerned, the establishment was varied by creating 8 posts of senior dental officer within the total establishment of 50 dental officers.

Eighteen student health visitors, who completed their training in July 1973, were offered and accepted appointments as health visitors and a full quota of 20 students was appointed and commenced training at the beginning of the 1973/74 academic year.

#### Environmental Health

There are special problems in the administrative County concerning the disposal of toxic wastes, large quantities of which are received from many parts of the country and it has been accepted that it is necessary for a continuous study of the special problems which this presents being

undertaken. It was therefore decided that it was necessary to appoint a chemist with special knowledge of these problems and we were fortunate in obtaining the services of Mr. L. J. Lionnel, A.R.I.C., M.I.P.H.E., A.M.I.W.P.C., who took up his duties on 1st December 1973.

## THE CARE OF MOTHERS AND YOUNG CHILDREN

#### Health Centres and Health Services Clinics

Extensions to the clinics at Dovercourt and Corringham were completed in the early Autumn and these are now functioning as health centres in accordance with the provisions of Section 21 of the National Health Service Act, 1946, with facilities being available for and used by general medical practitioners. A community health services building in Coptfold Road, Brentwood is nearly completed and this will include a health services clinic as well as an office for the Social Services Department. This should be in operation shortly after 1st April 1974 and will permit the existing inadequate accommodation at Queens Road, Brentwood to be given up. Towards the end of 1973 work commenced on a modest extension to the clinic at Braintree to provide better accommodation for the increased number of health visitors now based on this clinic.

In the preface to last year's report reference was made to the slowing down by the Government of programmes for the provision of projects such as health centres and it is of considerable concern that no major building works at all commenced during the 1973/74 financial year. Experience shows that once there is a halt to such programmes there are great difficulties in getting them rolling once more and particularly in maintaining the interest of general medical practitioners.

# **Dental Inspection and Treatment**

The report of the Chief Dental Officer on the County Dental Service appears as an appendix.

# PREVENTIVE MEDICINE, CARE AND AFTER-CARE

#### Health Education

The County Health Education Officer, Mr. C. E. Williams, was absent for a large part of the year as he was attending Leeds University on a course which he successfully completed and obtained the Diploma in Health Education. This, together with some staff changes, meant there were more than the usual crop of difficulties, nevertheless, a satisfactory service continued to be provided.

The project to adapt some part of the former Isolation Hospital, Baddow Road, Chelmsford to provide an improved health education centre started later than envisaged but the adaptations were virtually completed at the end of the year and the centre was brought into limited operation early in 1974. In order to make full use of these facilities it was decided that in addition to the technical assistants the two assistant health education officers should also be based at the centre and that a clerk/receptionist should be employed on the premises primarily to maintain the library and film catalogue but also to welcome and generally look after visitors. It is envisaged that this improved accommodation will be of considerable help and importance in relation to an expanded service on reorganisation.

## Chiropody

It is encouraging to report that at the end of 1973 there was virtually a full establishment of 50 chiropodists and that due to this a direct chiropody service for almost all those in the priority groups was available. By the end of the year only about 200 patients were still receiving treatment through the Essex Old People's Welfare Association with the aid of a grant from the County Council and it is expected that a direct service will be provided for them within the next twelve months.

This is therefore an appropriate occasion to express thanks to the officers of the Association and those voluntary workers who have assisted with this scheme of chiropody over many years.

A total of 19,485 sessions were undertaken in 1973 compared with 17,622 in 1972, which is a significant improvement. The biggest increase in percentage terms and in real terms was in the field of domiciliary treatment.

Eleven clinics were re-equipped during the year; additional equipment was made available at many others. The fabrication of foot appliances showed an increase during the year and if this continues it should result in an extension of the treatment interval for many patients with a consequent release of clinic time for the treatment of a higher percentage of the eligible population.

# Family Planning

The Family Planning Association have continued to act as the County Council's agents in respect of the provision of family planning services except in respect of the small pilot scheme for a domiciliary service in Thurrock. This service had been restricted to local authority residents and with free consultation and free supplies being given to medical cases only. Early in the year the County Council agreed in principle to the scheme being extended to provide that non-medical cases should have free consultation, although they would still be required to pay for supplies. It was recognised that it might not be possible to provide a service on this basis until very late in the financial year but ultimately arrangements were made for this extension of the service to take effect from the beginning of February 1974 by applying some savings under another head of estimate to the family planning service.

## Renal Dialysis

Since 1967 the Council have arranged for the adaptation to the homes of patients to enable them to be provided with renal dialysis equipment. It has been recognised that in the event of a power cut the lives of such patients would be in danger and during the year the Department of Health and Social Security agreed that Regional Hospital Boards should, where necessary, supply emergency generators for use in connection with renal dialysis equipment. This however necessitated the provision of additional wiring and external electricity sockets together in some cases with hard standing for the generator. This expense falls to be met by the County Council and authority was given to spend approximately £3,000 on such works.

## Domiciliary Physiotherapy

Two branches of the British Red Cross Society have for some time been providing a domiciliary physiotherapy service in the Epping and Saffron Walden areas and in 1972, upon application from them, each branch was given a grant of £100 from the Trust Funds handed over in 1948 by the former Essex County and District Nursing Associations.

Further applications for financial help were received and on this occasion it was considered that they could be dealt with under Section 65 of the Health Services and Public Health Act, 1968 and that it would be more appropriate for any grant to be provided out of County funds rather than from Trust Funds. The Society were therefore given a grant of £200 in 1973/74 to be divided between the two branches in such proportions as the Society thought fit.

### THE AMBULANCE SERVICE

The main developments in the ambulance service during the year were in the field of training. Specialised training for officers was introduced during the year and in consultation with neighbouring authorities the Essex County Council were asked to accept responsibility for arranging a series of courses of two weeks duration for first-line supervisors and these have proved very successful. Arrangements were also made for ambulance driver/attendants within 6 to 12 months after completing their basic training to have a week's hospital experience aimed at relating basic training in medical matters to the realities and problems arising with hospital patients. Six general hospitals agreed to co-operate in such a scheme and each nominated a hospital doctor to organise and supervise the attachment and training of the driver/attendants.

In 1972 new frequency-modulated radio equipment was installed at the ambulance control and in all ambulance vehicles and this was the beginning of a phased programme for an improved communications system. During 1973 £20,000 was spent on the second phase which provides that ambulance

vehicles can be identified, located and their availability or otherwise known without any speech taking place between control and ambulance crews. This reduces noise in ambulance vehicles to a minimum and does not require the attention of ambulance crews themselves unless additional information is needed. It also has the advantage of making more 'radio time' available on each radio channel for other communication purposes connected with the ambulance service. This system reduces strain and tension in the ambulance control, relieves ambulance drivers of the necessity to maintain a constant listening watch, reduces noise in the vehicles and unless additional information is needed, does not require the attention of the crews.

A new purpose-built ambulance station was opened at Braintree in June 1973 and replaced the former station which was in rented accommodation and was required in connection with a town re-development scheme.

The Department of the Environment were not able to finalise plans for a road improvement scheme at Rayleigh which meant that no progress could be made in proceeding with a purpose-built ambulance station in this locality. However, the premises in use as an ambulance station were required in connection with developments of another County Committee and as a temporary and urgent measure a 'Portakabin' was purchased and equipped for the use of ambulance crews and has been sited on land made available by the Education Committee.

The work of adapting the former Isolation Hospital, Baddow Road, Chelmsford to provide a residential Regional Ambulance Training Centre, commenced very early in the year. Arrangements were made for the lecture rooms and the practical training area to be completed and brought into use in the late autumn of 1973 and for the rest of the accommodation to be brought into use gradually. Initially, students were accommodated in guest houses and private homes, having their main meal at an outside establishment but subsequently the dining room staff commenced providing mid-day meals and eventually the centre was brought into full residential use.

#### COMMENTS

It is much more difficult than usual to sum up and conclude an annual report on this particular occasion. In general terms there is cause for satisfaction in being able to report that the by now customary high standards of health care have been maintained and in doing this to place on record once again my thanks to the Members of the County Council and the Health Committee and to all those who work in the Department. The general public must also be given some credit as I think it is true to say there is a continued and growing interest in health matters as evidenced by requests for lectures and advice on all sorts of problems.

At the time this is being written the formal and legal creation of the new health authorities is only a few hours away but I suspect that it will be more than a few hours, days or weeks before this is translated into a reality. Although I and a few of my colleagues have been successful in securing established posts in the new reorganisation the majority of the staff in the middle and upper management strata have not been given any clear idea at the time of writing as to what their future roles will be. Having regard to other major problems which have faced the Government in recent times, it is perhaps not surprising that delays have occurred in determining staff establishments and filling other than the very senior posts. It may well be that no blame can be attached to anyone for these delays. However, I'think it is unfortunate that more progress has not been made in regard to this particular difficulty and there are still innumerable detailed problems which exist and which have not yet been finally resolved. It is, I think, a tribute to the Local Government service as a whole and the individuals who work in it that they have continued to respond to the challenge of maintaining existing services and becoming involved with the problems of reorganisation but I fear that unless the health authorities can speedily become living entities the morale of many staff may become extremely low and may not recover.

Perhaps this may sound too gloomy a note and that after all, despite our economic problems, the usual spirit of the nation will prevail and that the new service will justify the hopes of the politicians, the staff and of course the one for whom it really all matters — 'the patient'.

The chapter which opened with the Report of Dr. Thresh to the County Council in 1890 is now closed.

I am, Ladies and Gentlemen,

Your obedient Servant,

MAnnueln

County Medical Officer of Health

## REPORT OF THE CHIEF DENTAL OFFICER

The number of dental staff in post, and consequently the number of sessions devoted to the inspection and treatment of mothers and young children, was smaller in 1973 than in the previous year. Despite repeated advertisements of vacancies it was not possible to recruit sufficient dental officers or dental auxiliaries to maintain the previously existing numbers. Whether this difficulty of recruitment was fortuitous, or reflected the uncertainty regarding the future after reorganisation present in the minds of many in the dental profession, is uncertain.

For comparison, the figures for 1972 are shown in parenthesis hereunder:-

A greater number of children 4,212 (4,079) were inspected during the year but fewer, 1,655 (1,843) were offered treatment. 641 (475) children were re-inspected during the year. A total of 3,863 (4,030) visits by children were made and, commendably, a slightly greater number of courses of treatment were completed 1,386 (1,358). The number of fillings, 3,805 (3,894) and of extractions 587 (745) fell slightly, but a greater number of patients received prophylaxis 599 (429).

In a similar way, the number of mothers inspected 263 (374), offered treatment 222 (324), receiving fillings 577 (772) and extractions 131 (185) all declined due to the fewer number of treatment sessions available. One noteworthy exception is the greater number of sessions devoted to health education 146 (95) which reflects an attempt to prevent disease by talking to and advising mothers at ante-natal and welfare clinics on diet and oral hygiene.

In general, the pattern of treatment followed that of previous years fairly closely, albeit on a somewhat reduced scale. That staff shortages have imposed some reduction is regrettable since there is little doubt that early inspection of young children, so that any necessary treatment is carried out before more serious dental trouble supervenes, is a most important part of the salaried dental service's duty. Reorganisation of the National Health Service will, it is hoped, enable more care to be directed towards mothers and young children.



