LETTER FROM WESTMINSTER

DHSS surprised by nurses' attack on management

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The Minister for Health, Mr Barney Hayhoe, has had a relatively trouble free start to his tenure of office, but the stormy political winds that always threaten to buffet the holder of this most high profile of government jobs have begun to blow.

The campaign by the Royal College of Nursing against the direction being taken by the Griffiths management initiative has taken the DHSS by surprise. Not that ministers were unaware of the grievances held by the nursing profession. Last month Mr Hayhoe wrote to the chairmen of the 14 regional health authorities in England urging them to ensure that nurses are brought into the general management structure.

Mr Hayhoe and his superior, the Secretary of State, Mr Norman Fowler, did think, however, that the nurses were exaggerating the effects of their exclusion and were confident that the new management arrangements would sooner or later include all the professional groups in the NHS. Health authorities, too, according to a statement issued by their national association, believe that nurses have not been "frozen out of management" (p 286).

What the ministers were unprepared to do was to lay down the law on how the management teams should be structured, though some draft proposals from the districts were being returned for further consideration following adverse comments from professional interests.

In his letter Mr Hayhoe said: "Proper arrangements for the provision of professional advice to authorities and managers are of considerable importance, but I do not wish to be any more prescriptive about management structures than has already been laid down in line with the concept of general management set out in the Griffiths report."

Mr Hayhoe went on to insist that where the district management structures do not provide for nursing or medical membership of the district board or similar body "alternative arrangements should command the confidence and commitment of all the medical and nursing interests locally, and I would be grateful if you could ensure this is so."

It remains the government's position that any local difficulties should be sorted out by the people on the spot. Despite the campaign—costing the Royal College of Nursing an estimated £250 000—ministers have no intention of imposing from the top any rules on how the unit management systems should be constructed.

Mr Hayhoe feels strongly that there should be more local consultations taking account of the nursing point of view and making sure that nurses have a say in management. But he also suspects that the intention of the nurses is to establish their own management hierarchy, something that the government regards as incompatible with the Griffiths initiative.

On one level ministers are saddened that the college has chosen to make a major political issue out of what they regard as the inevitable teething troubles of the new system. They also think that the nurses have been scratching around to find concrete evidence to justify the scale of their attack. But on another level there is a sneaking hope that the campaign may assist in jolting the few recalcitrant areas into proper consultation with the nurses.

At the DHSS there is a quiet confidence that the college is batting on a sticky wicket; many nurses welcome the opportunities offered

by the new structure to widen their horizons and might not be too keen to get stuck into a full scale fight with management.

SDP looks at primary care

The long delayed primary care Green Paper is now expected some time next month though many of the groups interested in its contents have already shown their hand, an interesting case of the consultation process taking place before the government has even published its own proposals.

Last week it was the turn of the Social Democratic party to enter the debate, publishing a discussion paper drawn up by its health and social services working party. The party's health spokesman, Charles Kennedy—at 26, the youngest member of parliament—lamented the government's procrastination but added: "It is to be hoped that the lengthy delay may have persuaded ministers to back off from some of the wilder notions which they appeared to be entertaining in the course of last year."

In essence, the general thrust of the embryonic policy—more comprehensive proposals are to be produced later this year—is similar to that being propounded by the government. There is a desire to improve the quality of primary care by examining critically "the delivery of the service both on an organisational level and in terms of individual capacity."

The document calls for better planning and coordination, the creation of a central primary care fund through which cash could be channelled towards local initiatives, and the establishment of primary care pilot schemes to which patients would have direct access.

The party applauds the "significant improvements" in the family doctor service over the past two decades, particularly the sharp fall in the number of patients now being referred by general practitioners.

It adds: "This is a remarkable achievement but it needs to be carried still further by continuing reduction in list sizes coupled to an extension of general practitioner services and facilities to absorb even more of the hospital outpatient workload. . . . The present situation whereby the more general practitioners do in providing new services and taking on new work and staff, the greater their personal financial loss, has to be tackled in this context."

The Social Democratic party would seek further improvements by extending the range of services carried out by the general practitioner, placing greater emphasis on prevention, and "essentially striving towards a system which gives more people what they want."

For doctors there would be options for fiscal relief on capital expenditure on surgery equipment and computers, legislation to bring about a retirement age of 65 for all general practitioners, the introduction of performance assessments, and a continuing review of item of service payments.

For patients (or consumers, to use the current vernacular) details of surgeries, sex of doctors, names and availability of attached staff, and other information would be distributed through family practitioner committees; and the "archaic" requirement whereby permission must be obtained from a patient's existing general practitioner in order to change doctors would be abolished.

I suspect that many of these proposals will be contained in one form or another in the government's own Green Paper. Within the next few weeks we should find out, though on past form I would not bet on it.