Letter from Westminster

Fate of nurses may decide pay battle

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The speed with which everything got back to normal at Westminster once the Union Jack was flying again over Port Stanley was remarkable. For weeks nothing else had mattered except the war in the Falklands, and the troubles in the NHS over pay were cold political turkey indeed. But not any longer. It is proving to be a bitter battle. What ministers now hope is that the Royal College of Nursing will be able to carry its members with it in accepting the latest pay offer, and that other NHS workers—for example, physiotherapists—will learn exactly what the offer means for them. Ministers have been taken aback by the ignorance of some of those concerned about the offer as it affects them, and also by the extent to which the RCN are lambs loose in a world populated by wolves. They believe that if they can get the nurses to settle there is a chance that a full-scale battle with the other health unions backed by the TUC may be avoided, because public support depends on the fate of the nurses.

The danger is that over the coming months the TUC may opt for a war of attrition, pulling key workers out here or there where it can be done to greatest effect. A laundry put out of commission, for instance, may have a devastating effect on a hospital. The Government has told health authorities that it will help out with troops if necessary, and they should not pay workers who take industrial action. What it fears is that in some cases the management is so weak that it can be bullied. The message on pay is firm: there is no more money. The £90m needed to uprate the offer was made up of £45m of new money extracted from the Treasury, £5m from elsewhere in the DHSS budget—there is always a “back pocket” that can be raided for topping up purposes—and £40m from the Health Service budget. It is simply not on for ministers to return to the Treasury cap in hand, and the unions must realise this.

Test of nerve for ministers

The dispute is important for Mr Kenneth Clarke, the Minister of Health, and Mr Norman Fowler, the Social Services Secretary. It is their first major test of nerve. What is more, the Prime Minister will not be pleased if they fail to settle the dispute with the nurses amicably. The plight of the nurses is highly emotive, and they have no trouble in attracting public sympathy. Being the hammer of the hospital porters, let us say, is one thing. But being harsh to nurses is quite another. In some ways, however, the tactic adopted by the other Health Service unions of getting nurses on to the picket lines might prove counterproductive. Somehow picket-line militancy sits badly with the image of dedicated servants of the sick—it muddies the image and makes them seem a bit too much like other people seeking more pay.

Labour's plans for Health Service

Labour has now published the home policy section of its programme for 1982, which will form the basis for the next general election manifesto. The section on health promises an increase in budget of 3% a year and argues that primary care is the linchpin of the Health Service; thus primary care services are at the centre of the strategy to reduce inequalities. “Our objective will be to encourage and support groups of practitioners working together with health visitors, community nurses, dentists, pharmacists, chiropodists, and other supporting staff and in close collaboration with local social services,” it says. “These teams will require purpose-built centres; health centres should be provided whenever possible, but assistance will also be given to groups of practitioners who wish to develop their own premises.” It goes on to emphasise the need to take action on the problems of the inner cities, where there is a greater proportion of elderly singlehanded practitioners with a heavy dependence on deputising services.

The document promises to transfer the responsibilities of the family practitioner committees, which the Government proposes to create as health authorities in their own right, to the district health authorities as recommended by the Royal Commission on the NHS.

Charges on overseas visitors will be abolished, an approved list of drugs for prescription by general practitioners will be set up, and a major public stake will be taken in the pharmaceutical industry as a means of ensuring that it serves the interests of the NHS. On private practice, the document says, Labour is utterly opposed to the Conservative strategy of undermining the NHS by encouraging the private sector.

The consultants' contract will be renegotiated so that full recognition is given to those who choose only to work for the NHS, and also to those who work in underdoctored areas and specialties. The system of merit awards is also to be replaced by a new system of career structure supplements designed to establish a more sensible career structure geared to the needs of the NHS. On complaints, it says that at present the dice is loaded against the complainant because the Health Service Commissioner is barred from investigating complaints on matters of clinical judgment. There should, therefore, be machinery for the independent investigation of clinical complaints in hospital, either through an extension of his functions or through the establishment of regional investigating panels. “The present system of investigating complaints against family practitioner services is also highly unsatisfactory, in that those involved in providing the services act as judge and jury in deciding upon complaints,” it adds. “The adjudication of these should be undertaken by an independent body.”

All this is something for doctors to look forward to if and when the voters tire of Margaret Thatcher's ideology.