is. I would also like to know that I will be working in a first-rate service, the child-health component of which lives up to the ideals expressed by Professor Court and his committee.

GILLIAN BRYANT

Cardiff

Private practice and the reduction of pay-beds

SIR,—I would appreciate the opportunity to make some comments on the letter from Mr John J Shipman and his colleagues at the Lister Hospital, Stevenage (4 November, p 1304). The letter contained some misunderstandings which appear to be widespread and it might be helpful to consultants generally to have them cleared up.

In the summer of 1975 the then Secretary of State issued a consultative document which, if translated into legislation, would have eliminated all facilities for private practice from NHS hospitals within two years. The concerted action of the profession (in which the Central Committee for Hospital Medical Services took a major part), supported by the Independent Hospitals Group, persuaded the Prime Minister to seek a compromise through the skilled mediation of Lord Goodman. The resulting agreement was incorporated in legislation in 1976 and the Health Services Board was set up, with complete independence, to control the phasing out of facilities for private practice from NHS hospitals. The board's remit requires it to maintain facilities for private practice where there is demand for them until alternatives can be created, while taking into account the efforts made to create such alternatives, in areas where it is practicable to do so. In addition the Act, reflecting the agreements made in the Goodman proposals, allows the Secretary of State to authorise the ad hoc admission of private patients to NHS hospitals after removal of all authorised private beds when the patients concerned require specialised facilities not available outside.

It may seem unnecessary to state the facts set out above at this stage, but it is clear that many consultants do not understand them and assume that removal of authorisations for private facilities in hospital is the result of some on-going negotiation between the Joint Consultants Committee or CCHMS and the Health Services Board. Such is not, of course, the case. The board operates independently within the instructions given to it by Act of Parliament and there is nothing that any professional group can do to resist its activities. Every communication sent out by the board is closely scrutinised by my committee and suggestions and criticisms are sent to the board, supplemented from time to time by deputations, which the board is always willing to meet. On occasions special representations are made to the board on behalf of individual hospitals where there is particular reason to fear serious consequences if proposals are implemented, while advice is regularly offered to the consultants in hospitals affected by the board's activities on how best to present the case for preservation of threatened facilities.

It surprises me that in a letter from someone as experienced in medicopolitical matters as Mr Shipman there should appear the sentence, "There has been no statement made that if demand increases the number of beds will be increased," since he must surely realise that

the Act of Parliament specifically excludes any new authorisation of private beds. Indeed, one of its less satisfactory features is the irrevocable nature of any actions taken by the Secretary of State upon the recommendations of the board, which are binding upon him. Even acknowledged mistakes cannot be rectified once the board's proposals have been implemented. Nevertheless, it is worth remembering that had Mrs Barbara Castle's proposals been converted into legislation we would already have lost all access to NHS facilities for the private practice of medicine. The view of Mr Shipman and his colleagues that "negligible effort has been made to counter this attack on private practice" hardly fits the realities of the situation.

D E BOLT

Chairman,
Joint JCC CCHMS
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Dispute at Fife Area Laboratory

SIR,—We wish to clarify the recent events which have occurred in the Fife Area Laboratory (11 November, p 1381). Towards the end of 1976, an appointments committee selected an applicant for the post of senior chief technician (now principal MLSO) at Fife Area Laboratory, the vacancy resulting from the retirement of the previous incumbent. The successful applicant asked for and received a job description together with the letter offering him the post. The job description specified his responsibility to six laboratory consultants. Before accepting the post the successful applicant phoned the district medical officer pointing out the difficulties he foresaw in being responsible to six people and asked if it could not be reduced to one person. The DMO then raised this verbally with consultants and the consensus view was that this was a reasonable request and administratively tidy. The DMO regularly attended all laboratory management/divisional meetings and for this reason the DMO was nominated as the link person, but the senior chief technician had to report to consultants. The new senior chief did ask that all consultants and chief technicians should see the job description prior to his taking up the post.

Soon after his arrival the new senior chief technician made it clear that, on the basis of his job description and Whitley Council regulations (the latter unchanged from those obtaining for his predecessor), he was insisting on a technical staff structure with responsibilities parallel to medical staff and no direct responsibility to them. Furthermore, the senior chief favoured arena-type management, not hierarchies. Many problems developed over the ensuing months, with unsatisfactory working relationships between medical and graduate scientist staff on one hand and the technical staff (now MLSO). In mid 1978, as the establishment was raised and exceeded 63, new gradings were claimed. The introduction of some of these promotions (PMLSO and SCMLSOs) brought further disputes—with resultant limited industrial action, ultimatums from MLSOs to the board on the timing of appointments, and appointments being made contrary to the wishes of consultants.

Ultimately, the board accepted that working relationships were so poor that some inquiry was necessary and it set up a working

party to investigate the problems by consulting both sides and to report. After this the Board decided to implement a new management structure forthwith. All duties of MLSOs were to be delegated from the consultant head of the department or from the consultant director for interdepartmental matters. The board's management proposals were largely based on the draft document on management recently issued by the SHHD.

The MLSOs were so angry at this decision that they threatened industrial action if the board's proposals were not withdrawn. This the board refused to do and mild industrial action escalated into total strike at 7.30 am on 13 October. From this time the MLSOs stopped all work, including emergency cover. Only when it was clear that no emergency work was to be done by MLSOs did doctors and graduate scientists indicate that they would attempt to provide this service. The initial strike was to be for 24 hours but in the event continued for eight days apart from a two-hour period on the Monday morning. During the period of the strike the ASTMS had official pickets on all hospital gates and with some success stopped drugs and food entering the Victoria Hospital.

After one week the board agreed to further discussions with ASTMS provided there were no prior conditions to withdraw their management document. In the event, after a meeting on 20 October the board agreed to postpone implementation of their management policy. It was expected that the definitive management document from SHHD would become available by mid November. Agreement was therefore reached that work would be resumed on the basis of the status quo as existed immediately prior to the dispute being restored. Although all staff are back at work the status quo has not been restored in one department and is subject to continuing disagreement.

Before resuming work the consultants and graduate scientists indicated their disagreement with the continuation of MLSO control of laboratory management but considered that this matter should be resolved at a national level. In the interest of Fife patients the doctors and scientists decided to co-operate in the early return to "normal working."

J D BARRIE

J G BEGG

D D KENNEDY

P N EDMUNDS

MAY MCGAUGHEY

B M WILLIAMS

Fife Area Laboratory,
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Royal Medical Benevolent Fund Christmas appeal

SIR,—May I remind your readers who intend to respond to our president's appeal (14 October, p 1092) that we like to distribute Christmas gifts to our beneficiaries in good time. I would ask all societies, groups, and individuals who have not yet done so to send their contributions as soon as possible to the Director, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN.

GEOFFREY BATEMAN
Honorary Treasurer,
Royal Medical Benevolent
Fund

London SW19