Bibliographical Note

All Parkinson's works are now exceedingly rare, correspondingly valuable, and hence not easy of access. Unlike many of his other books which ran through several editions, the *Essay on the Shaking Palsy* was never reprinted in his lifetime, and although the American Medical Association reissued it during the 1930s in beautifully exact facsimile form, even this is very scarce. So for the interested reader the Parkinson bicentenary volume which contains the text in full is recommended as the most readily available source (see McMenemy[4]).

References

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Reorganization—1974 or 1984?

Where the Nurses Will Stand

FROM A SPECIAL CORRESPONDENT

One of the aspects of N.H.S. reorganization I explored was the position of the nursing services in Newcastle upon Tyne. Mr. Anthony Carr, the Chief Nursing Officer of the Newcastle University Hospitals, told me that this group now consisted of 4,000 beds in 21 hospitals—making it, after Cardiff, the largest nursing teaching group in the United Kingdom.

Mr. Carr was previously chief nursing officer to the Central Wirrall Hospitals, in Cheshire, and before that principal of the William Rathbone Staff College, a nursing (public health and hospital) management training college in Liverpool. He had previously been a district nurse for four years, had been a full-time official at the Royal College of Nursing, and had also spent another four years outside nursing working in industry. Mr. Carr was appointed at Newcastle to amalgamate all the nursing services concerned, when the hospitals were reorganized in 1971. He now also sits, as one of the nursing representatives, on the Newcastle Joint Liaison Committee—the other one is the local authority's director of nursing services.

Mr. Carr was interested in the role of the area management team. He believed that there would be no extra money available for the services in his area. This worried him because the only top post would be the area nursing officer, which would replace the two existing posts of the hospital chief nursing officer and the local authority director of nursing services. But in some areas, he said, there could be up to six chief and top principal nursing officers and two directors who would be competing for one area post and perhaps two or three district nursing officer posts. As Newcastle would experience so little change, he thought the situation there would not be typical of the confusion and competition that would occur in other areas. Even so, Mr. Carr added, the Grey Book said that the area nursing officer must have supporting staff so that her two roles might be fulfilled. These were, firstly, the day-to-day management in the hospitals and in the community, and, secondly, liaison with the local authority, and with the education department planning ahead, and detecting deficiencies through the primary health care planning teams. He feared that because there was to be no extra money the forward planning could not be done by the area nursing officer without supporting staff. Possibly he could obtain such staff by saving on day to day line management posts.

Plan Approved

With these limitations, however, the top nurses in the area had already prepared a plan to submit to the shadow authority when it was appointed, and this had been approved by the joint liaison committee. It involved the principal nursing officers of the eight hospital nursing divisions—psychiatric, two midwifery, three general, two education. These nursing divisions had nothing to do with the Cogwheel divisions, but were lines of management of nurses. The general divisions were shortly to be integrated with the community nurses into three new ones, on a geographical basis, since community nurses could not fit into specialist divisions. These would be run jointly by a senior community nurse and a senior hospital nurse.

Mr. Carr, or whoever was the area nursing officer, would then have to develop the nursing services by looking at the needs of the school health service, the general-practitioner attachment schemes, and the responsibility for the 1,000 nurses in training—at least until the Briggs report was implemented. A degree in nursing was being started in the Polytechnic in September 1973, and the head of the department would be a nurse. In this nurses and social workers would be trained together, but no one had so far looked into staff counselling or recruiting as a job. No one had done detailed manpower planning, for example, working out annual and monthly staff turnover, and Mr. Carr thought that there might well be too many nurses, but nobody knew. If, for instance, wastage were cut by half far fewer people would have to be taken in for training. The nurse training schools could then be contracted rather than expanded, and the result could be better-trained nurses.

Such developments depended on data collection and analysis and were the object of the whole reorganization, whose value would be dissipated if skilled staff were not made available apart from line management. Mr. Carr thought the areas without districts would suffer particularly in this respect; hence if it were his responsibility he would prune the line management (numbering 135 staff above ward sister) to provide staff positions. Line management could be overdone anyway, he thought; people breathed down each other's necks—and job dissatisfaction, grumbling, and backbiting resulted.

Turning to the Briggs report, which had set out to "review

the role of the nurse and the midwife in the hospital and the community and the education and training required for the role . . .", Mr. Carr thought that nurses had been waiting for years for its ideas. The report looked towards the 1974 integration, in which the nursing service would account for about one-third (300,000) of the manpower and a third of the budget of the N.H.S. Nevertheless, the educational reforms suggested by the report—with which he agreed—would not be achieved or affect the profession for a considerable time. Mr. Carr continued that, though the trend today was to look after more people at home—partly on the grounds that hospitals were too expensive—to provide an adequate nursing service at home with adequate laundry facilities and equipment would entail astronomical expense. It might easily cost as much to look after an old person properly at home as in a geriatric hospital, though so far as he knew this had not been costed. To provide hospital standard nursing at home was probably not a reasonable aim, but it would be acceptable to give more help to families to look after patients at home. Day hospitals were probably a more rewarding area, and Newcastle needed a revolutionary approach with a comprehensive geriatric community and hospital service —all of which could be achieved within the reorganization framework. On the other hand, the numbers of potential patients revealed by the surveys undertaken as a result of the Chronic Sick and Disabled Persons Act would add to the difficulties for many local authorities had inadequate resources to meet these needs. This kind of result illustrates the problems of starting research in the community.

Nurses and Management

Mr. Carr was interested in how nurses might come into management. A degree would show that the girl had the breadth and depth of knowledge required in the higher posts, but other attributes were also important. What use had she made of her experience; what did people think of her as a nurse, administrator, or educator; what was her drive, initiative, and motivation? He hoped to surround himself with people who had obvious ability, irrespective of degrees, to carry the integration programme forward. But the big problem was that many women had a gap in their careers while they had their families. This gap could not be replaced, as the Briggs report had acknowledged, so it was necessary to attract some men into the profession, perhaps up to 25%. These men would probably hold too many of the senior management posts which Mr. Carr believed could and should be held by women. Women were not sufficiently worried about this prospect, he thought, but there were few men with community health experience such as would be coming into the reorganized health service from the local authority services.

The future for a young man coming into nursing now was very bright, Mr. Carr said. Even so, the top nurses still earned about £4,000 while the chief administrator got over £7,000 and the treasurer over £6,000. This differential raised the question of how equal the members of the area management team would be in the reorganized Health Service if the area nursing officer earned £2,000 less than anyone else—and at the same time was managing a third of the total resources. When the social services had been reorganized the director of social services had been given salaries equivalent to their new responsibilities, but Mr. Carr felt that a fair deal for nurses would not be reached by April 1974.

He also questioned the wisdom in the long term of a three-tier system of management. In both Scotland and Wales the area health authorities would report to their own departments of health. It had been argued that with over 90 area health authorities, control and monitoring would prove difficult from the Department of Health. Yet the 90 family practitioner committees would have this sort of relationship with the Department while the present local health authorities (all 158 of them) seemed reasonably content to spend about 80% of all their resources by direct grant from the Department. If regional planning and monitoring were felt to be important, perhaps a better way would have been to have strengthened regional officers of the Department rather than what many would see as a continuation almost without change of the regional hospital boards. The undoubted skill that staff already had at regional level might have had a greater impact on the central department if they became, in fact, part of the Civil Service. Mr. Carr hoped that members of the nursing colleges, organizations, and unions with nursing members would at least be allowed to nominate members on the professional advisory committees.

In conclusion, Mr. Carr was worried that just before the reorganization and for up to perhaps two years afterwards the care to the patient might deteriorate. All doctors and nurses must recognize the problem, and monitoring and providing for patient care remained the priority—especially for the members of the new management teams.