deleted and surveillance maintained by other systems—for example, through general practitioner reporting in the Royal College of General Practitioners Birmingham research unit scheme, laboratory reporting by medical microbiologists of data collected in England and Wales by the Public Health Laboratory Service Communicable Disease Surveillance Centre, local hospital and clinic reports, and special surveillance schemes. Other diseases could be included, such as legionnaires' disease, ornithosis, and Q fever, because these may need immediate preventive action.

Notification should remain the clinician's responsibility. It should be made on suspicion of the diagnosis and within 48 hours on a modernised form or by electronic means, although clinicians should telephone the consultant in communicable disease control if immediate investigation and control measures are required. The substantial increase in the fee in 1984 did not seem to encourage more complete notification,[4] the system is costly to administer, and it could be argued that notification is part of a clinician's duty to the public health. If the fee were replaced by regular provision of information to clinicians on prevalent infections and control measures then such feedback would be more likely to improve the ascertainment, encourage notification, and lead to more effective prevention. Prosecution for failure to notify is not appropriate, and these regulations should be repealed. If it ever occurred, deliberate concealment of a notifiable disease should be a medical disciplinary matter.

The present functions of port health authorities are also discussed in the consultation document, which asks whether these should be absorbed into local authorities and district health authorities.[2] The logical answer is yes, if only to reduce the multiplicity of authorities and simplify local public health action. Local authorities should assume the environmental functions and district health authorities the functions affecting people.

N S GALBRAITH
Consultant Epidemiologist

London SE3 8BS

1 Committee of Inquiry into the Future of the Public Health Function. *Public health in England. Report.* London: HMSO, 1988. (Cmnd 289.)
2 Department of Health. *Health of the population: responsibilities of health authorities.* London: DoH, 1988. (HC(88)64.)
3 Department of Health. *Review of law on infectious disease control. Consultation document.* London: DoH, 1989.
4 McCormick A. Notification of infectious diseases: the effect of increasing the fee paid. *Health Trends* 1987;**19**:7-8.

Nurses: the point of no return

Abandon the model of unbroken full time service, or there will be no more nurses

A tenth of qualified nurses and a quarter of nursing students leave the NHS every year. Meanwhile the pool of 18 year olds—from which nurse recruits are traditionally drawn—is shrinking fast. If the status quo continues future patients will pay a heavy price for the absence of skilled care. How are the profession and the service responding to this alarming prospect?

Trench warfare and workforce planning for nurses may not seem to have much in common, but Haig-style tactics have been the norm: recruits who were mown down or retired hurt (or pregnant) were replaced by fresh volunteers. This pragmatism was never beneficial to patients or staff, and it will soon cease to be an option. Society's need for skilled workers is creating attractive alternative careers for potential recruits as well as for nursing veterans. Until the NHS devises a new plan of campaign female staff will continue to leave in droves—and its workforce problems will prove more catastrophic than any amount of misguided reform.

The challenge to managers is simple: keep qualified nurses in the NHS, and tempt back the thousands who have left. As 90% of nurses are women and many have children, the "male model" of unbroken full time service must be abandoned in favour of practices that help the working woman to manage her double shift of home and job. The necessary measures, also vital to retain women doctors and other professional staff, include schemes for keeping in touch and returning to practice; flexible working patterns; and part time posts that are not career cul de sacs.

Outlining the challenges may be simple, but the solutions are complex, especially as success will depend on overturning decades of rigid attitudes and routines. The Department of Health, the nursing unions, and the regulatory nursing bodies are pushing for such measures, and enlightened health authorities are running back to nursing courses, opening crèches, and experimenting with flexitime. Yet these initiatives are still patchy and of variable quality; they may be too little and too late.

More positive attitudes to women workers on the part of the government would help. The NHS is the biggest employer of women in Europe, yet Britain lags behind most of its continental neighbours in the help it gives with child care. A more concerted effort is also needed from the Department of Health and the nursing bodies to build on current good practice, allocating funds and expertise to share and develop useful ideas.

Primarily, though, the battle will be won or lost at the grass roots. Given the right support and encouragement from local managers, hospital and community sisters and charge nurses can and do create environments that enable nurses with children or elderly or disabled dependents to work flexible hours with no loss of job satisfaction or professional development. The problem is that most nurses, let alone doctors or managers, have yet to rethink their own attitudes or grasp the full implications of flexibility. Dispensing with ritual morning reports or fixed ward rounds (which is beginning to occur as routines are reorganised around the needs of patients rather than staff) will not be easy. The cost of failure, however, will be huge. Whom would you rather have nursing you next time you need care: an expert nurse, or an untrained support worker?

JANE SALVAGE

Director, Nursing Developments,
King's Fund Centre for Health Services Development,
London NW1 7NE