

cern, nor is inhaled lead from motor cars. Whether the lead deposited alongside busy motor routes can present a hazard must at present remain unanswered. Meanwhile more experimental work is needed to provide a clinical guide in the form of some measurable biochemical deviation which would indicate an early reversible effect of lead on brain metabolism.

- <sup>1</sup> Department of the Environment, *First Report of the Joint Working Party on Lead Pollution around Gravelly Hill*. London, H.M.S.O., 1974.
- <sup>2</sup> Waldron, H. A., and Stöfen, D., *Subclinical Lead Poisoning*. London, Academic Press, 1974.
- <sup>3</sup> *Environmental Health Perspectives*, Experimental Issue No. 7. U.S. Department of Health Education and Welfare, May, 1974.
- <sup>4</sup> Albert, R. E., et al., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 33-39.
- <sup>5</sup> Puschel, S. M., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 13-16.
- <sup>6</sup> David, O. J., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 17-25.
- <sup>7</sup> Lansdown, R. G., et al., *Lancet*, 1974, 1, 538.
- <sup>8</sup> Haar, G. T., and Aronow, R., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 83-89.
- <sup>9</sup> Rabinowitz, M., et al., *Science*, 1973, 182, 725.
- <sup>10</sup> Rabinowitz, M., et al., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 145-153.
- <sup>11</sup> Barltrop, D., et al., in *Environmental Health Perspectives*, Experimental Issue No. 7, pp. 75-82.
- <sup>12</sup> Ministry of Agriculture, Fisheries, and Food, *Survey of Lead in Food*. London, H.M.S.O., 1972.

## Overdue Recognition for Nurses

Lord Halsbury and his colleagues on the independent committee of inquiry into nurses' and midwives' pay have accepted that N.H.S. nurses have had good cause to be unhappy. Their report, published last week,<sup>1</sup> not only recommends broadly what the nurses' representatives asked for but in some instances considerably more. (Radiographers and other ancillary workers may be less happy, for they will have to make do with interim awards—from £117 a year to £492 a year—while the Review Body makes a detailed study of their case.) The proposed overall average increase in nurses' pay of 30%, backdated to 23 May (the day when Mrs. Barbara Castle set up the inquiry), will add £170 m. to the £510 m. the Health Service spent on nurses in 1973-4. It will, however, be money well spent, and the Government, with its policy of putting people first in the N.H.S., has accepted the findings.

The report brings together an extensive range of data on nursing. Among other things these show the complexity of the staffing and pay structures. The persistent undervaluation of nurses (a policy that has afflicted other groups in the N.H.S. such as radiographers) has meant that often the only way of effecting any improvement in pay has been to introduce an extra scale here or a special allowance there in recognition of this particular skill or that onerous duty. The Whitley negotiating machinery, which has thrived on such negotiating fare, stands condemned, as does the management-orientated Salmon structure<sup>2</sup>, which gets no marks from Lord Halsbury. The recommendations will certainly simplify the pay structure. They include a proposal to integrate the grading and pay structure for nurses and midwives, but in line with the Briggs Report<sup>3</sup> the tutorial grade will now be separate from the service grade. One proposal that all doctors will welcome unreservedly is the value that the committee of inquiry attaches to skilled bedside nursing. Ward sisters—styled as nursing sisters in the official scale—are given enhanced career prospects and will now be able to earn up to £3,300 a year, with the percentage increases proposed for this group, which includes charge nurses, ranging from 36 to 58. Only first-year

student nurses (37.9 to 41.7%) do as well in percentage terms, though senior nursing administrators are not forgotten, with rises of between £600 and £1,062 bringing the highest paid nurse just into the £8,000 a year class.

Of course, in the context of the much vaunted social contract these are large rises and they will operate only a few weeks from the start of a phase 3 award averaging 11%. But, as Lord Halsbury argues, despite four special reviews—all in the last 10 years—as well as the Salmon, and Briggs reports—nurses have fallen badly behind in the pay race. Furthermore, their work has become both more demanding and more technical. One finding in the report may surprise some readers; with an average full-time working week of 42 hours most nurses do little overtime, though there are exceptions, as Lord Halsbury and his team discovered when they paid individual visits to 36 hospitals. These hospital walkabouts undoubtedly brought home to the committee the difficulties under which many staff, particularly in the long-stay institutions, have to work. They prompted adverse comments on old buildings and poor accommodation, points that doctors will wryly recall have been regularly impressed upon Lord Halsbury in his capacity as Chairman of the N.H.S. Doctors' and Dentists' Review Body.

The committee of inquiry calculates that 25% of the work is done by part-time nurses, who form 40% of the hospital nursing strength, and, interestingly, this group does proportionately more night and week-end work than do those employed full time. The report's authors are not enthusiastic about the extent to which nurses do second jobs (moonlighting) but are realistic enough to acknowledge the compelling motives. Much of this moonlighting is done for nursing agencies and the report devotes a section to this growth sector. Agency nurses make up only 1.4% of the total nursing manpower but if staff nurses alone are considered the figure rises to a more serious 7.9%. In view of all the stories about highly paid agency staff it is surprising that if the benefits of holidays, sick leave, and superannuation available to N.H.S. staff are taken into account then agency nurses earn little more than their colleagues.

Lord Halsbury makes the expected comments about the proper use of qualified staff, suggesting increased recruitment of less skilled supporting staff; but such people are not easy to come by, particularly at nights and weekends or in rural areas. The medical profession may be disappointed, though not surprised in view of the pressure on the committee for urgent conclusions, that other possibilities for a more effective use of nurses have not been explored. The committee could well have given a big push to the quicker introduction of five-day wards as well as advocating the transfer of nurses to the community services so that more patients could be cared for outside the increasingly expensive hospitals.

Few will disagree that the proposals are a realistic attempt to improve the nurses' lot. Recruiting and keeping nurses where they are needed—with the patient—is not just a question of pay, however. Personal motivation and dedication play a part, even in the 1970s. Thus the nurses' working environment—ward facilities and accommodation, and the attitudes of doctors, senior nursing staff, and administrators—is just as important as money. Here faster progress in introducing the Briggs proposals and the burial of the controversial Salmon structure would help.

<sup>1</sup> *Report of the Committee of Inquiry into the Pay and Related Conditions of Service of Nurses and Midwives*. London, H.M.S.O., 1974.

<sup>2</sup> *Report of the Committee on Nursing*, Cmnd. 5115. London, H.M.S.O., 1972.

<sup>3</sup> *Report of the Committee on Senior Nursing Staff Structure*. London, H.M.S.O., 1966.