SUPPLEMENT

The Week

A personal view of current medicopolitical events

After their bitter medicopolitical lessons of the past two years it was no surprise that the juniors were canny in approaching the Government's latest contract package. Consultants, in their turn, were downright sceptical about Lord Goodman's ideas for defusing the pay bed confrontation. "Half a poisoned loaf" was the scathing comment of one speaker at the special CCHMS meeting on 18 December. Not everyone was quite so rude but with the Government so far adamantly refusing to refer pay beds to the Royal Commission widespread doubts were expressed at the meeting—and at the special Council meeting next day—whether any compromise was either possible or desirable on matters of such fundamental importance to patients and doctors. It was not only consultants who felt this way: both the HJS Committee and the GMS Committee, which met on 18 December, strongly criticised the Goodman proposals. The GMSC resolved that: "The proposals contained in the document of 15 December are unacceptable to the GMS Committee which reiterates its support for the resolution of the Representative Body of July 1975" (p 50).

These views are clear enough and with the backing that Council gave to the CCHMS show the Government that this row is not just the result of a handful of "9/11th consultants" defending their private practices. Mr Grabham stated unequivocally in both the CCHMS and the Council that the proposals for reducing pay beds by 1000 and for setting up an independent board to control any further reductions in line with the availability of alternative private facilities were not in any way an agreement between the Government and consultants' leaders. Lord Goodman, who had advised the BMA and the Independent Hospital Group on the consultative document, acted as an informal arbitrator—a not unfamiliar role.

My impression was that speakers at both gatherings were less than enthusiastic about that turn of events. Nevertheless, the two meetings agreed that it was up to all consultants to decide on the proposals. So the CCHMS is to hold a ballot, but I was pleased to hear that it is not rushing to dispatch ballot forms: these will go out in the New Year accompanied by a statement prepared carefully by a small working group containing all shades of opinion within the CCHMS. Mr Grabham is looking for an informed poll—it is essential that he achieves this. In the meantime sanctions continue.

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There was uncertainty in the Council, and elsewhere, too, I think, about whether the statement that had emerged from the juniors' overnight sessions with Barbara Castle was an agreement or not. The word agreement had been liberally used by Mrs Castle in her subsequent Parliamentary statement and it also appeared in the opening paragraph of the statement—as well as in the *BMJ's* headline to it. Dr David Wardle, who, I thought, presented the juniors' case well to the Council, explained that he and his colleagues had made an agreed statement with the Government but the proposals did not represent an agreement. Well, at 3.00 am it is only too easy for an agreed statement to metamorphose into an agreement. It is, however, up to the HJS Committee and its constituents to accept or reject the proposals in the statement. In Mrs Castle's absence Dr David Owen discussed with the juniors' leaders some points they wanted clarified, and as the *BMJ* goes to press the HJS Committee is meeting to decide the next move.

Dr Cameron recalled in Council that leading the militant GPs in the 1964 crisis had been like riding a tiger—exhilarating *after* it was all over. Dr Wardle seemed uncertain which victim might be destined to satisfy his own tiger's considerable appetite—Mrs Castle or another round of juniors' negotiators. Well, my money is on the former for the next course.

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Let me turn to a more constructive action by nurses. In 1974 the Royal College of Nursing and the Royal College of Midwives joined with the BMA in preparing a paper showing the Government the extent of the underfinancing of the NHS. The RCN has now published a commendably succinct document of its own, *Priorities in the National Health Service*, which makes some valuable points: "All 'cuts' have long-term implications, not always foreseen," it states in referring to the dangers of curtailing student nurse entry to save money now. The 24-hour service provided by hospitals is "extremely prodigal" of nurses, with the effect, according to the report, that five nurses (including qualified nurses, students, pupils, and auxiliaries) are employed to keep one on duty. The report continues: "Reduction of the number of beds in any one ward produces little in the way of 'cover' savings. To effect a reduction in the number of nursing staff needed whole wards should be closed rather than the number of beds being reduced in several wards throughout a hospital. If the need to provide this 168-hour week cover could be avoided—as by the use of day wards, five-day wards, and short stay wards—an overall reduction in the number of nursing staff for the whole institution could be achieved." The comment that appointing more doctors generates more work for more nurses is pertinent to one in a *BMJ Supplement* article (20 October 1973, p 13) which argued that a more realistic method of allocating hospital revenue would be to calculate the total clinical salary expenditure and the nursing and therapeutic costs. This would then provide a means of financing policies of defined medical priorities.

The RCN joins in the swelling criticism of the top heavy post-1974 administrative superstructure. It also tells us that recruitment of nurses was improving in terms of numbers and criticises the DHSS for extravagant expenditure on advertising and recruitment campaigns that are, apparently, superfluous. Other useful suggestions, I thought, were that "hotel" accommodation and specialist units might be shared among districts or even areas and that home helps and nursing auxiliaries might be made interchangeable.

SCRUTATOR