

SUPPLEMENT

The Week

A personal view of current medicopolitical events

The Prime Minister has dry cleaned the DHSS's ministerial team (p 768), and until the general election we shall have to brace ourselves against the penetrating tones of the chatty Edwina Currie extolling this government's allegedly virtuous intentions towards the NHS. Perhaps Norman Fowler, who still soldiers on after five years at the top of the DHSS (despite a much leaked desire to move on), will pass on sufficient paperwork to prevent her from irritating the electorate too often with government washed health statistics and the like. Meanwhile her immediate political superior, Antony Newton, the new Minister for Health, comes with glowing reports of his parliamentary and administrative abilities after piloting through the House of Commons the stupefyingly complex Social Security Act. He will need every skill he has in turning round the public's perception that this government is not doing well by the NHS.

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On the day that Mrs Thatcher was juggling with the middle and junior ranks of government Frank Dobson, Labour's front bench spokesman on health, was launching one of a series of Labour party papers on health. This paper, *The Best of Health: Charter for the Family Health Service* (summarised at p 768), is surprisingly circumspect in its approach to the family practitioner services, and in his presentation and responses at the press conference the usually rumbustious Mr Dobson was playing a cautious hand. Reluctant to give financial figures, placatory towards the health professions, and pragmatic about timetables, he confined himself largely to the unexceptional themes of preventive care and concern for patients. Indeed, there wasn't too much for even the BMA to jib at—apart from the aim of bringing family practitioner committees under the wing of district health authorities (as is already the case in Scotland).

I would describe Labour's package as middle of the road rather than radical—very much massage therapy for the electorate. Even the idea of a salaried service for general practitioners was muted and aimed specifically at deprived areas. Given that declared political intentions are usually ground down once a party is in office, the outcome of these proposals—should Neil Kinnock reach 10 Downing Street—could be modest reforms indeed. Perhaps the Labour party has diagnosed that NHS staff morale has been lowered enough by too many hastily introduced changes during the past decade. Further disruption, however well intentioned the motives, could demoralise still further.

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Julia Cumberlege is a name that general practitioners may have cause to remember for her energetic proselytising of the proposals in the community nursing review that she

chaired. Indeed, this week she will be carrying her campaign to introduce community based "neighbourhood nursing" into the General Medical Services Committee—a veritable Danielle in the lions' den. More of that next week. Meanwhile I dropped into the Great Hall of St Bartholomew's Hospital, where the City and Hackney branch of the Royal College of Nursing had invited representatives from the Health Visitors Association, the Royal College of Midwives, the Royal College of Nursing, the community health councils, and the BMA to discuss the review after a presentation by Mrs Cumberlege.

The nursing organisations have enthusiastically seized on the review, with the Health Visitors Association even appointing a full time development project officer to look at ways of making neighbourhood nursing services work. The association's general secretary, Miss Shirley Goodwin, said that though there were many good primary care teams, too many such teams were that in name only. When the audience was asked who worked in a good team only a handful responded, and several admitted that in their experience cooperation was often lacking. Patient care would be improved, Miss Goodwin argued, if teams were based on population groups and not practice lists—though for the life of me I don't see the logic in this. But that did not mean, she admitted, that the neighbourhood nursing model and the primary care team were mutually exclusive. Quite so.

According to Mrs Ainna Fawcett-Heney from the Royal College of Nursing, the review provided a blueprint for action because many nurses were unhappy about the services they provided. The representative from the local community health council welcomed the report's suggestion for local health care associations, emphasising how difficult it was to get the consumers' view across at district health authority level. She complained of doctors turning up to meetings complaining that they had been working hard all day and hoping that the proceedings would be dealt with rapidly. But can you blame them, particularly if they are on call later in the evening?

Dr Michael Wilson, chairman of the General Medical Services Committee (Daniel in the lionesses' den?), explained the stand that the GMSC had taken in defending the status quo on practice nurses. He has taken—and took again—the review team and the Royal College of Nursing to task for campaigning for the recommendation in the report to phase out partial direct reimbursement of the salaries of practice nurses—this despite the government's rejection of the idea. But the chairman of the discussion, Mrs Valerie Durston, who also chairs the Royal College of Nursing's representative body, pointed out that even this government had been known to change its mind. And what, I wondered, if there was to be a change of administration?

SCRUTATOR