name of the people, define what is true democracy.—I am, etc.,

ROBERT LEFEVER

London S.W.7

[1] Department of Health and Social Security, *Democracy in the National Health Service: Membership of Health Authorities*. London, H.M.S.O., 1974.

Financial Allocations for N.H.S. Staff

SIR,—At this time, when so many problems in the N.H.S., particularly staff discontent, appear to be getting critical and the dangers at long last generally recognized, I would like to draw attention to a most important financial factor which is, I am sure, not generally recognized, believed, or understood.

For some years it has been consistent financial administrative practice and policy to provide funds for staff, particularly nurses, on a basis of less than the agreed optimum establishment. Figures for hospital nurses are obtained from nurse:bed ratios, averaging 100 nurses per 100 beds in some hospitals but with higher ratios allowed for heavy dependency cases such as neurosurgical and maternity and lesser figures for some other types of patient. Finance is then made available for 90% of this figure and sometimes cuts are made in this if recruiting has been poor recently, the assessments being made on the numbers of people likely to be in post. Similar restrictions are imposed on other grades and types of staff to varying extents. Consequently attempts to recruit up to establishment are met with allegations of overspending and are thoroughly inhibited. (There are no doubt minor variations from the formula in different regions but the general effect is similar.)

It follows that the existing staff, already inadequate in numbers, become overworked and stressed by the increasing and continuing sophistication and rate of patient turnover in hospital practice; this becomes known, recruiting becomes more difficult, and the numbers in post even less. The financial allocations consequently dwindle further and the vicious circle progresses. Bed closure is only a temporary solution, as it can lose more funds eventually so long as this type of assessment is practised. I have watched this process, in spite of many protests, during four years' service on a hospital management committee, culminating in the temporary closure of one large general hospital to admissions in 1973.

The reason I write now is to emphasize that, whatever benefits to individuals are obtained as a result of the protests by various groups of hospital staff and the forthcoming review of the pay of nurses and paramedical staff, there will be no benefit to the N.H.S. or to the working conditions of hospital staff until finance is provided to cover the full agreed optimum staff establishments. Then, and only then, will it be possible to try to recruit to the agreed figures (or employ alternative grades of staff or labour-saving devices in lieu) and to work out for future developments of the N.H.S. what is really needed. Otherwise the vicious circle will inevitably reappear in a year or two.

Many working in the N.H.S. are aware of this problem, but I do not believe that it is well known to the general or even the professional public and certainly its significance is not understood by many of the lay members of the committees and authorities charged with our management. Being no longer a member of such a committee, I now feel free to express my views on this subject in public. I would even go so far as to suggest that no N.H.S. pay award be accepted unless enough funds are voted to let it cover the agreed establishment as opposed to the numbers presently in post—particularly since it is understood that the pay award arising from the review will be covered by a supplementary estimate and not taken out of existing N.H.S. funds.—I am, etc.,

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Rescuing the N.H.S.

SIR,—At last we have as a profession captured the headlines of all the daily newspapers and not simply on the narrow issue of private medicine, important though this may be as a principle. Initially there was the terrible danger that we might once again be misconstrued by the public, but I would like to suggest that the following points will have dispelled criticism from most quarters.

(1) That at last we are pressing for realistic financing of the N.H.S. and social services in the form of a demand for a critical evaluation and an immediate injection of £500m.—£40m. will just not do.

(2) That at long last we are joining forces with the other health professions as a united front, instead of selfishly guarding our own interests.

(3) That the B.M.A. is now prepared to take radical action on behalf of doctors if the N.H.S. is not rapidly rescued.

Let all of us in the health professions from now on constantly apply pressure both locally and centrally to improve the lot of nurses, all other N.H.S. employees, and the N.H.S. in general.—I am, etc.,

ANTHONY E. HARDMAN

Oxford

SIR,—There can be no doubt that this country is facing an exceedingly serious financial crisis. We must recognize the likelihood of an inevitable lower standard of living, possibly for some years, if we are to survive as a prosperous nation without serious hardship for the less fortunate.

At the risk of being considered naive, I wish to suggest that the medical profession should take the initiative in accepting a voluntary reduction of salary. I realize only too well the great difficulties of such a proposal. One aspect concerns pensions; these should not be reduced and should a salary increase be successfully negotiated, pensions should be based on this, even though a part or the whole of the increase was voluntarily not taken up. Nevertheless, I think that such an action would be wise and forward-looking, and preferable to a compulsory salary reduction which could happen later as a governmental measure similar to the previous "Geddes axe."—I am, etc.,

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Industrial Action and the Patient

SIR,—Nurses, technicians, radiographers, and ancillary hospital workers have a just grievance about their poor pay and conditions. They have all my sympathy. In recent weeks, however, in company with several medical colleagues, I have been watching with increasing anguish and revulsion the distress, suffering, and danger to life and health of patients resulting from industrial action by these professions. Yet it would seem that we doctors, who have been observing all this, are now only too eager to initiate similar action ourselves. The myth that such action can be successful without harming the patients is no longer tenable, as it has been exploded before our very eyes.

I should like to appeal to all those of my colleagues who think that industrial action by doctors is not morally justified to let their voices be heard in public, lest each of us should think that he is alone.—I am, etc.,

THERESA LAZAR

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Finance and the Health Service

SIR,—It would be disastrous if the present dispute over private beds in N.H.S. hospitals were allowed to obscure the more important issue of the adequate financing of the Service as a whole. The profession must make it clear that they are concerned with the standards of pay at all levels in the N.H.S. and not solely with their own. We must not let ourselves be manoeuvred into defending the wrong issues.

It may be useful for a whole-time paediatrician, in a specialty in which private practice is almost non-existent, to make some comments before the whole situation is confused by polemic. There are, for example, two points which should be disposed of. Firstly, the suggestion that the conversion of private beds to public beds in the hospitals will make a significant reduction in waiting lists. This can be seen to be obvious nonsense when one looks at the very small number of private beds in acute hospitals. Secondly, some doctors have argued that private practice is necessary for the maintenance of standards in the N.H.S. This seems to me to be a rationalization which is insulting to full-time consultants and shows a "second-class" attitude to N.H.S. patients. Naturally a large private practice will divert time and energy away from academic work, committee meetings, and teaching, but the distraction is less if both private and N.H.S. beds are under the same roof, and not miles apart. At present the private patients in an N.H.S. hospital are supported by a resident staff and the whole technological backing of a modern hospital. To remove private patients completely from the N.H.S. hospitals would encourage the growth of private hospitals or clinics which would be either well staffed and well equipped and ruinously expensive (oil sheikhs only) or inadequately equipped to deal safely with serious illness.

The financial constraints placed on the N.H.S. by a series of governments are producing a deteriorating standard of care which can result only in an increased demand for private practice. Also an increasing number of consultants will find that private practice

Br Med J: first published as 10.1136/bmj.3.5925.261 on 27 July 1974. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.