

Central negotiations vital

The HJSC chairman, Dr Peter Hawker opened question time by expressing concern over Mr Meacher's comments on decentralisation. His committee believed that central negotiations were vital for doctors and that it would be harmful if local authorities set their own local standards. Mr Meacher assured the committee that there would be no interference with national negotiations—indeed, a circular would be issued to health authorities requiring a minimum standard to be achieved. An elected health authority would be more sensitive to local conditions but it would not be able to “zoom off in a particular direction.”

On the question of manpower Mr Meacher said that he was persuaded that a consultant based service was necessary and he did not think that the government disagreed but it was a question of resources.

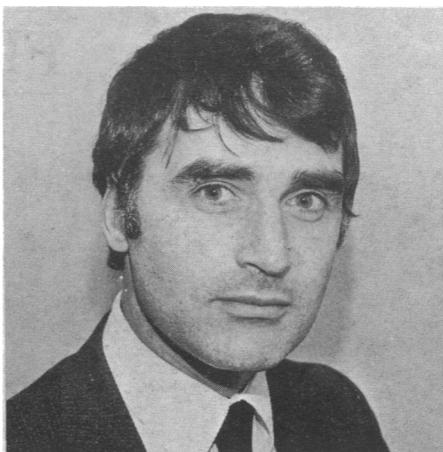
Dr Aubrey Bristow asked for a commitment on increased spending because even with the 2% extra there was a deterioration in the health service. If the Labour party was committed to doing something for the low paid and improving the community services how much would go into the acute sector? He pointed out that specialised services were suffering because there was not enough money for the district hospitals and the specialist services such as the spinal injuries unit at Stoke Mandeville. Mr Meacher agreed that 3% was not sufficient but he would not be believed if he promised more. Three per cent would, however, be the minimum.

Mr Meacher agreed with the speaker who complained that joint funding was not working and that local and health authorities argued over who should pay for services for the elderly and the mentally handicapped. He pointed out that Northern Ireland had joint health and personal social service authorities, and this could be a solution on the mainland. The Labour party was discussing the subject but no decision had been made. The joint funding could be expanded from the present level. The problem would also be eased if the block on local authority rate capping was lifted.

To the proposal that if the public knew exactly what was spent on health they would be prepared to spend more Mr Meacher did not think that the Treasury would agree with hypothecation but it was a good idea. Although health service charges were only a small part of the total budget the Labour party intended to reduce them. He also saw no reason why the professional employment register should not be restored. This would make it easier to find out how many doctors were unemployed.

No political Rambo

Mr Derek Machin warned the opposition spokesman not to sour relations with the consultants by attacking private practice as he would end up by not achieving a decision on anything else. He agreed that there were difficulties in some areas but these were mainly administrative. Mr Meacher assured him that he did not want to be seen to be a political Rambo by taking on the medical profession, but he had to reflect the interests of patients. He hoped that there could be an increase in the number of full time consultants from the present 60%, and that greater incentives could be given to those who worked full time. He would also favour removing the tax relief that was given to companies to encourage them to give their employees medical insurance. Mr Meacher criticised Mr Fowler for saying that he would take



Dr Peter Hawker.

account of private practice in considering allocations to the NHS. He would like to see the amount of private practice regulated and he was pleased that the number of NHS pay beds had not increased as much as the government had wanted.

Finally, he wholeheartedly agreed with the committee's dismay at the sixth interference by the government in the recommendations of the review body. Although he could not give a commitment that a Labour party would never interfere in any future award he said that there was no intention of changing the present system.

Standards of residential accommodation

The profession and the Department of Health have agreed a joint statement on standards of residential accommodation in the Joint Negotiating Committee. The NHS Management Board has supported the statement, which has been circulated to regional and district general managers.

The management board had refused to issue revised guidance on accommodation, maintaining that the matter was one for local management. The Hospital Junior Staff Committee took exception to this and sought a legal opinion as to whether the Department of Health could refuse to issue guidance on a subject that was part of junior doctors' terms and conditions of service. The council of the BMA stepped back from a request from the HJSC “to initiate appropriate action,” but it was agreed to consider using the Important Notice procedure in the *BMJ* for those authorities that provided substandard accommodation.

The statement from the Joint Negotiating Committee was received by the Hospital Junior Staff Committee at its meeting on 6 June. The statement sets out “minimum desirable standards” and points out that in some instances it is difficult for authorities to provide as high a standard as that recommended. The management board had already conceded some of the committee's demands, such as the provision of a “made bed.”

Recommended standards

“The structure of residents' quarters should be sound and free from leaks and damp.

“The quarters should be as conveniently situated as possible from the point of view of privacy and quiet, and of accessibility to the residents' work.

“Where there is a number of residents there should be a separate common room of adequate size with suitable furnishings. It should not be used as a dining room.

“The resident's room is his home for the time being, and in it he should be able to relax and study in comfort. It should be fitted with a security lock, and the resident should hold a key. It should be large enough to allow adequately for, and should contain, a three foot bed or divan, necessary cupboards and drawers, a writing table and chair, bookcase or bookshelves, and an armchair. The floor should be carpeted and the windows curtained. The room should be in good decorative condition and well lit, with a reading/bedside lamp. All furniture and fittings should be of reasonable quality and in a good state of repair.

“If the size of the room is not such as to provide a reasonable bed sitting room consideration should be given to providing a separate sitting room.

“Heating arrangements should be such that rooms can be heated as quickly and efficiently as possible.

“Where practicable each room should contain a washbasin with hot and cold running water. A bathroom and a WC should be provided: ideally, these should not be shared between more than two residents.

“There should be a telephone by each bed connected to the internal hospital telephone. There should be external telephones readily accessible from residents' rooms and one in the common room.

“Domestic services should include regular room cleaning and laundering of bed linen and towels, and, in the case of accommodation provided under paragraph 173(b) of the terms and conditions of service, the provision of a made bed between changes of occupant.

“In view of the length and irregularity of most residents' hours of duty, it is important that their meals should be adequate, varied, attractively and efficiently served, and, within reason, freshly prepared. It may therefore be desirable for some separate catering arrangements to be made, especially at night, to ensure that meals and hot drinks are obtainable.

Consultative arrangements

“Residents should be encouraged to take an active interest in the accommodation, food, and services they receive. There should be informal machinery for the discussion of their views. Responsibility for resolving complaints must rest at local level; arrangements should be made for staff to be able to make direct representations to the employing authority, should this be necessary. Residents should be informed of these arrangements.

“There should be clearly understood arrangements for the recovery of the costs of damage, fair wear and tear excepted, caused by residents; provided that no deductions may be made from a practitioner's salary without his written consent.”

Correction

Manpower: Compendium of deliberate mistakes

The fifth paragraph of the paper by Dr J Parkhouse (10 May, p 1286) should begin with the sentence: “Secondly, there have been the regulations confining limited registration to those working in posts with educational approval, and limiting its duration to a maximum of five years.”