

Many would welcome the idea that health visitors should have greater opportunity to use neglected clinical skills and district nurses more opportunity for health education, but there are some who, in the words of the report, are "trapped by tradition and fearful of change." What many doctors will not welcome is the suggestion that general practitioners should lose their right to payment for specific items of care that are normally carried out by their practice nurse without extra payment. Nevertheless, it has been argued that this has long been a source of discontent, especially as the general practitioner is also reimbursed for 70% of the practice nurse's salary.

I like the recommendation that within two years there should be a common course for all first level nurses who wish to work outside hospital. One of the disappointments of the proposed neighbourhood teams, however, is that the community psychiatric nurse, the community nurse for the mentally handicapped, and the community midwife are not included as full members of the team.

Nurses see an equal partnership between themselves and doctors as fundamental to the effective working of the

primary health care team, and I hope that all affected by these recommendations will carefully consider them and not become locked in demarcation disputes. The report was somewhat lamed on publication by the government's immediate rejection of two proposals that would have engendered medical opposition. One was to end the system of partial reimbursement for practice nurses' pay and the other was to amalgamate family practitioner committees and health authorities. It is also unfortunate that the government released its long awaited discussion document on primary health care at the same time, as well as embarking on an inquiry into the future of the public health function and community medicine—for, while these are all linked, the proliferation of reports may become an excuse for either delayed or no action. The public and community nurses want action, and both deserve to get it.

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1 Department of Health and Social Security. *Neighbourhood nursing—a focus for care*. London: HMSO, 1986. (Cumberlege report.)

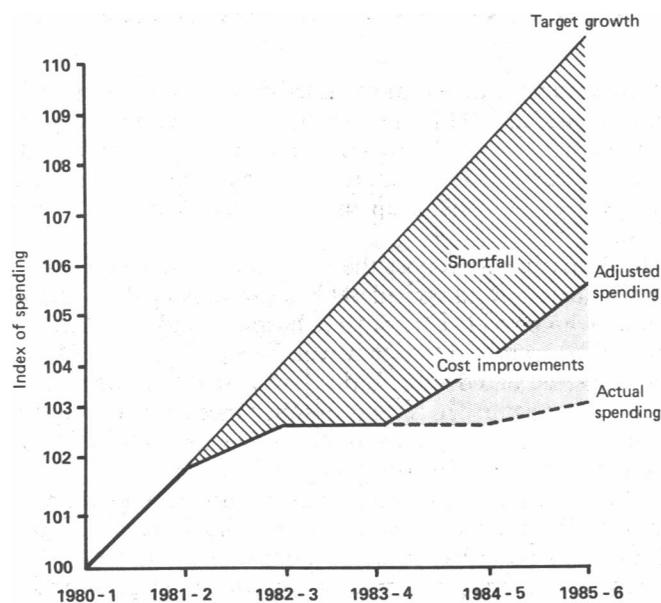
A rise is a rise is a rise

When Gertrude Stein made her mysterious statement (paraphrased in our title) about a rose few could comprehend it. The same is true of the government's repeated assertion that spending on the NHS has risen in real terms by a fifth between 1979 and 1986: most people who work in the NHS perceive it as being more short of money now than seven years ago.

Much of the mystery has been dispelled by the House of Commons Social Services committee, which recently published its report on public expenditure.¹ Firstly, more than one third of the rise was the effect of a single pay award—the Clegg settlement in 1980—which was essentially retrospective. Secondly, a further 36% of the rise has gone on family practitioner services. That leaves only 27% of the rise for hospital and community services—though these account for two thirds of the total spending on the NHS. "In real terms," says the committee, "current spending has grown by less than ½% per annum in the past five years."

In giving evidence to the committee the health ministers acknowledged that the health service needed a growth in expenditure of 2% a year: 1% is needed to keep pace with the steady increase in very old people, 0.5% for advances in medicine, and 0.5% for policy objectives (such as improved renal services and better community care).

The figure (taken from the committee's report) tells the story. On the most favourable interpretation of the government's own data in the past five years it has done no more than half of what it ought to have done. The committee (which has a majority of Conservative members) concludes its analysis with a simple sum: "Between 1980-1 and 1985-6 the cumulative total underfunding of the hospital and community services was £1325m at 1985-6 prices after taking full account of the cash releasing cost improvements." Such a vast sum is beyond comprehension, but it amounts to a shortfall of rather more than £6m for each and every health district in England and Wales.



Trends in spending on hospital and community services: targets and shortfall (£ million at 1985-6 prices).

That money will never be recovered but all health service staff should press their members of parliament to support the committee's recommendation—that the government formally commit itself to achieving a real 2% increase in services in 1986-7 and to making up any possible shortfall caused by the Whitley settlement even if this entails a further increase in resources for the current year.

1 Social Services Committee. *Fourth report. Public expenditure on the social services*. London: HMSO, 1986. (Short Report.)