PRIME MINISTER

NATIONAL HEALTH SERVICE

As you will see from the attached PA Report, the leaders of the Royal College of Nursing have been attacking the Government in particular on kidney and bone marrow patients. You have already given the House some figures on kidney patients which shows that under this Government more people have been treated. I am getting similar figures for bone marrow patients. As you will recall, Kenneth Clarke announced an increase in the provision for such transplants of £150,000 to £500,000 a year.

Of the material you have and have not so far used, perhaps the most telling is that under this Government the proportion of GDP devoted to the Health Service has increased from 4.7% to 5.5%, whereas under Labour it fell from 5.3% to 4.7%.

On the specific issues of kidney and bone marrow patients, perhaps the best line is that this Government has increased provision (figures to be supplied). We would all like to devote more resources to such deserving cases but as the Merrison Committee pointed out, they "had no difficulty believing the proposition put to us by one medical witness that we 'can easily spend the whole of the Gross National Product'".

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9 November 1983

THE ROYAL COLLEGE OF NURSING OF THE UNITED KINGDOM

ANNUAL GENERAL MEETING 1983

PRESIDENT'S ADDRESS

EMBARGOED - NOT FOR PUBLICATION IN WHOLE OR IN PART BEFORE 14.00 HRS WEDNESDAY, NOVEMBER 9, 1983

TO BE CHECKED AGAINST DELIVERY

Welcome to the 1983 Annual General Meeting of the Royal College of Nursing, the first to be held in this city since 1967. It was here in January 1918, less than two years after the establishment of the College of Nursing in London, that the very first local Centre, known as East Lancashire, was established.

Their activities were reported in the first issue of the Bulletin of the College of Nursing published in January 1920, when the Centre was just two years old. Among those activities was a Bazaar, which realised £7,346 for the Nation's Fund for Nurses. Later, the Finance Committee sent altogether £12,500 War Funding Loan to this Fund for the endowment of the College. No other local Rcn entity has a longer history of continuous and enthusiastic membership activity than the East Lancashire Centre and its successor, the Greater Manchester Centre.

The message of this year's Professional Conference was to 'get political'. It was a message that caught the imagination of the meeting and the membership. Let's put it into action, 'let's get political' but let us remember that we will be at our most effective politically if we 'stay professional',and every time I mention the word political in the context of the Rcn's activities I mean political with a small 'p'.

For once, nurses' pay is not our predominant concern today, that must be reserved for the state of the Natinal Health Service. But first, let us look at

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our progress in other fields, both professional and political.

I begin with the College's work on nursing structures because it exemplifies the way in which the professional side of the College's activities underpins our work in other fields- most importantly, in this instance, nurses' pay. The Report of the Rcn Working Group 'Towards a New Professional Structure' was ratified by Council in March of this year as College policy, and the principles contained within the Report will be embodied in our evidence to the Review Body.

It is nearly three years since the publication of 'Towards Standards' which set out a clear philosophy of the professional responsibility for maintaining standards, and the College is entering on a new phase of its work, in an effort to devise guidelines for standard setting which will be able to be used by nurses in a variety of clinical settings. I hope that by the New Year we shall have a document able to be utilised by you, the members, in assisting you to make objective assessments of standards of nursing care. This work has become even more urgent in a climate of continuing cuts, which makes it essential for nurses to be able to be precise about the effects on care.

As the old gave way to the new statutory bodies on July 1 this year, we have the beginnings of a new statutory structure for nursing which the Rcn foresaw as being essential to the future of the nursing profession as long as forty years ago. A vision which began to feel like a pipe dream, but has finally emerged as reality eleven years after the Briggs Report.

We can be justifiably proud of the extent to which the Rcn has influenced the development of the new bodies both before and after the enactment of legislation in 1979. The College's own Working Group on the Nurses, Midwives and Health Visitors Act has continued to monitor and make representations to the new statutory bodies on all the key issues relating to the implementation of the legislation. In particular, the Rcn has been at pains to ensure that any new

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rules for nursing made at the initial stage should not be so radical as to pre-empt the more substantial changes that are rightly the prerogative of the reconstituted and elected bodies.

Now that we have passed the period designated as 'the end of the beginning' of the new statutory structure, considerable College input is needed. We will not wait passively for the new statutory bodies to tell us what changes in nursing education should take place, and how they should be implemented. We are determined to be at the forefront in shaping such changes ourselves and providing the leadership that nurse educationists need in a period when they feel themselves to be more than usually vulnerable - a leadership within which the educationists themselves must take a major role. The implications of the Griffiths Report for nurse education are particularly uncertain, and sadly, nurse education lacks the kind of public support that clinical nurses can harness in the face of antipathetic governmental policies. The College intends to take the initiative here; and at its meeting next week Council will have on its Agenda an item concerned with a major new Rcn activity to focus on the whole field of nurse education and training. This could be a major initiative on a scale not carried out since the Council set up in 1961 the Special Committee that, under the chairmanship of Sir Harry Platt, produced that radical document, 'A Reform of Nursing Education'.

Moving now to issues in which our professional concern finds expression in areas beyond the immediate nursing arena - in other words, our growing political consciousness - one very successful report was that of the Rcn's Working Party on the implications for nursing of Nuclear War Civil Defence Planning chaired by Marian Morgan, the Deputy President. It received a very favourable reception from many quarters, and two weeks ago, it was praised and quoted during a House of Commons debate.

The principal areas of concern highlighted in this report were the problems associated with civil defence planning in relation to the NHS, and the lack of

consultation among nurses - a complaint widely expressed in the 1982 Representative Body meeting debate on the resolution that led to the setting up of the Rcn's Working Party. The Rcn was subsequently invited to a joint meeting with Home Office and Department of Health Ministers. A dialogue was established at this meeting which the College confidently looks forward to being continued, both Ministers expressing a willingness to consult further with the College on a new draft circular on civil defence planning in relation to the NHS now in preparation, and on the revised edition of the now notorious Home Office booklet 'Protect and Survive'.

Among new legislation that came into force this year and for which the Rcn can take a share of the credit is that relating to the wearing of seat belts in cars, for which the College has been pressing hard for some years. Government action has also been promised if not precisely scheduled on lead in petrol; again, the Rcn has been in the forefront of those organisations that have campaigned for the banning of this fuel additive on health grounds.

Now to progress on the pay front. The offer of a new Review Body to determine nurses' pay was made by the Secretary of State in the House of Commons exactly one year ago today. Three and a half months then passed before the Government's consultative document saw the light of day, and it was not until the end of July this year - eight and a half months later and over three months after the closing date for comments to be received - that the terms of reference of the Review Body were announced. A record of speedy inactivity?. The Government might well take to heart its exhortations on the efficiency drive in the NHS and apply them to the way it tackles its own tasks. We must I think extend a cautious welcome to this new mechanism, however sketchy our present knowledge of how it will operate may be. The College welcomes, too, the appointment of a man of the stature of Sir John Greenborough to chair the Review Body, but we seem to be in another period of typical Government inaction where nurses are concerned awaiting the names of the

rest of the team.

I do not believe that any of us have any illusions about the Review Body. It is not an instant cure for the ills suffered under the Whitley Council system and not even the greatest optimist could expect that from April 1 next year all of the deficiences in the present nursing pay structure will have been remedied. But we do actually have the prospect of a truly independent body taking evidence from all appropriate sources about nurses' pay and making recommendations for establishing a new order in which the levels and the structure will be right for nursing.

The College will not be party to any game of put and take. Our long term objective must be a revamping of the whole system which currently governs nurses pay.

To this end we will be arguing the case for a much more flexible pay system for nurses, one more attuned to the need to relate pay to what people do and can do in terms of qualifications and specialist experience - a system that encourages nurses to develop their clinical ability and undertake wider responsibilities, and reward them accordingly. The present arrangement of incremental scales is perfectly adequate as a system for rewarding nurses as employees; it is not a system which does justice to professional practitioners, nor encourages us to develop and extend our professional expertise.

It was this belief in ourselves as members of a profession ready to accept all the responsibilities which that entails, that underpinned our contention that the Review Body should deal exclusively with qualified nurses and those in training for a statutory nursing qualification - an attitude, not always supported among nurses themselves and seen as elitism. A favourite critical phrase levelled against the Rcn is that we do 'too little, too late'. Perhaps we can be forgiven sometimes for the feeling that the inability of the profession to take a united stand on a major professional issue sends our negotiators into the

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arena with one hand tied behind their backs. When will we 'get political' in that respect? This new and more stable system of pay determination gives us a unique and continuing opportunity to convey this message to an independent body and we shall do so determinedly. As the voice of nurses and nursing in this country, we intend to submit a major memorandum of evidence to the Review Body; and we will seek to support the written with oral evidence.

Now to the most serious matter of all - 'the state of the NHS' - a short-hand phrase to denote a proud health service reeling under the consecutive blows of reorganisation, cash limits, manpower targets and, most recently the 'Griffiths' Report. Concertinaed together, as they have been in the space of a year, it is difficult to see how these measures can serve the long or short term interests of the service and its consumers.

I am prepared to be blunt about the College stand with regard to Government policy towards the NHS, lest our position may be in danger of being misunderstood. Within a month, no less an institution than 'The Times' has referred successively to 'apocalyptic interventions' by the College, that we are 'crying wolf', and that our 'new rather unattractive activist clothes' ill become us. It is good to see how seriously we are being taken.

But lest we be brushed aside with those who complain on doctrinaire rather than rational or humanitarian grounds, let me first try to establish some common ground with the Government, difficult though that may be. Earlier this year the DHSS identified (in the publication 'Health Care and its Costs') a number of weaknesses in the planning and management of health authority resources - excessively long chains of command, duplication of effort, little or no manpower planning strategy, unjustified growth in non front-line staff, a lack of sustained and systematic pressure to increase efficiency - the Rcn would not substantially disagree with any of these.

The Government is right to want to maximise value for money in the NHS, so long as efficiency savings are directed into improving patient care services

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and not simply spirited away back to the Treasury as an excuse for even further cuts in progressive years.Without in any way wishing to endorse the recommendations of the Griffiths' Report. I think it perfectly possible that modern commercial practice may have something to teach NHS managers in all disciplines.

Where the Rcn has to part company with this Government, however, is in the specific blood-letting regimen it is determined to impose on the health service - in terms of what is being cut, where it is being cut, and the time-scale within which it has got to be cut.

Let me first look at the timing of DHSS circulars on cash limits and manpower targets over the last year, in the context of what they were asking health authorities to do, and in the light of what most NHS managers interpreted in 'Patients First' and subsequent circulars as a governmental objective to achieve 'maximum delegation of responsibility' to District Health Authorities. The phrase 'maximum delegation' is beginning to sound like a very empty platitude. There is always an unbridgeable gap between what the DHSS preaches - maximum delegation to the health authorities - and what it practises - maximum direction in the management of finance and manpower.

July 1982 - the DHSS asked regions about district plans for making efficiency savings of half a per cent for the then current financial year and for 1983/84, and 'to strengthen the setting of manpower targets'. The more efficient, and one is now beginning to think gullible, authorities proceeded to do what they were asked to control manpower growth, only to be penalised later - but more of that in a moment.

January 1983-- regional allocations for 1983/84 were announced together with guidance on their use; these allocations showed a 1.2 per cent increase for the year.

June 1983 - long term revenue resource assumptions were issued, this circular asking health authorities to assume a growth rate of half per cent per year over the next ten years.

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July 1983 - revised cash limits for 1983/84 were announced, superseding those announced in January and reducing the figure of 1.2 to just 0.21 per cent. At the same time the DHSS called for a reduction of between 0.75 and 1 per cent in overall staff numbers from the total employed at 31 March, 1983.

These revised cash limits and manpower targets largely reflected the health service's share of the burden of the Chancellor's massive public spending cuts announced on 7 July, but what manager, in a service which the Secretary of State has stated to be the biggest in Western Europe, can be expected to plan and deploy resources effectively and efficiently when faced with a continually changing hotch-potch of requirements such has been issued by the DHSS in the last fifteen months, and where the most radical arrive well into the financial year when expenditure is heavily committed?

At the same time, the so-called 'restructure with minimum turbulence' developed into a long drawn-out reorganisation with maximum buffeting. We could put a date to the 1974 Reorganisation - all we can say about the re-structure is that it has occupied all the 1980's to date. The effect on staff has been devastating, especially for managers.

Let me next look behind the manpower figures that the Government have quoted to support their claim to reasonableness. By the beginning of October the 8000 jobs that Ministers were originally looking to cut had been reduced in negotiations with the Regional Health Authorities to 4837. 'It is ludicrous to charge', Mr Fowler told the Conservative Party's Annual Conference on 13 October, 'that a reduction of one half of one per cent of the staff of the biggest employer in Western Europe marks the end of the health service as we know it'. A convincing enough retort to the complainers, you might think, were such a reduction to be sought from within a service that had not over the years been subjected to a more or less continuous chiselling away of its

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resources, and were the figure quoted really a genuine one half of one per cent.

But the Secretary of State's calculations were based solely on a head count of employees at 31 March, 1983 and took no account of the very many posts unfilled due to NHS reorganisation or, ironically, authorities keeping posts unfilled for as long as possible to save money in the name of efficiency. Nor were the personnel needed to staff new developments yet to become operational taken into account. Even regions whose target appears to show a modest increase lose their apparent advantage when the sums for developments turn that modest increase into a considerable reduction. The result will be brand new developments unable to accept patients because they simply will not have the staff to man them.

This governmental fudging of the figures should not, perhaps, surprise us. Do you remember the pre-election boast of 45,000 extra nurses, with no acknowledgement ever made of the fact that more than half these 'extra nurses' were required simply to accommodate the reduction in the working week?

The Government's message, then, is clear: these cuts are necessary and they can be made without significant detriment to standards of patient care. Unfortunately, or fortunately from the patient's point of view, the DHSS's own forward costings dispute this. The rate of annual growth needed to keep pace with demographic changes tending towards a continually increasing proportion of elderly people in the population is set at 0.7 per cent. A further half per cent per year of additional expenditure is required 'as a contribution to the costs of the constant process of medical innovation'. The Government's growth figure for the next ten years is half of one per cent, not allowing for further cutbacks in the future, which cannot be ruled out. The prospect, therefore, must be of a continuously deteriorating health service unless the shortfall can be made up from efficiency savings. The NHS cannot be squeezed much more without incurring an enormous human cost.

(Our message then must be)

Our message then must be equally clear: this Government is demanding too much too quickly; these cuts cannot be imposed without standards of care - and patients - suffering. Let's get political in getting our professional message across.

The College's 'Nurse Alert' campaign has produced abundant testimonials from members, and the public, to support this position, and we hope shortly to publish this documentary evidence that we are still collecting. Meanwhile, I ask you to be our eyes and ears in the hospital and the community, and to let us know the specific impact of cuts in your immediate locality.

I am not going to make foolish predictions about the imminent collapse of the NHS. But I am convinced that unless a more rational and humane approach is taken to improving the 'effectiveness and efficiency' of the health service, the NHS, in terms of what the patient can reasonably expect to receive from it, will steadily deteriorate. And on the subject of patient expectations, let me nail the myth of 'natural wastage'. This simply means, to give one example, that instead of the district nurse being made redundant, her post is left permanently unfilled when she retires. It matters little to the patient: whatever the cause, the effect remains the same - there is no nurse.

I have deliberately concentrated on the effect of government cutbacks in the NHS on patients. They do, of course, have an equally devastating effect on staff. For nurses, the Griffiths Report will have dealt a further damaging blow to their morale.

This is indeed a deeply disturbing report for the nursing profession, and the Rcn believes that if the Griffiths Report is implemented, nurses are in danger of returning to the handmaiden role they left twenty years ago.

Once again the College is in the position of agreeing with the need to make more effective use of manpower and related resources in the NHS - the objective that gave rise to the establishment of the NHS management inquiry - but has to take strong issue with the recommendations the inquiry team has made. The

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report is characterised by an absence of any serious consideration having been given to the nurse as a manager within the NHS, even though nurses make up some two thirds of the total workforce, have greater contact with patients than any other professional or occupational group, and their performance as members of management teams of equals has not previously been questioned.

The Rcn views with grave suspicion, proposals to establish general managers at regional, district and unit level - especially the last - because, despite disclaimers to the contrary, such restructuring could effectively strip nurse managers of the control they should properly be exercising over all matters relating to nursing and nurse education. We are concerned for the future of the Nursing Division at the DHSS, a centre of nursing excellence and expertise that enjoys an international reputation. We are particularly concerned that our Chief Nursing Officer is not mentioned as a member of the Health Services Supervisory Board. Her colleague, the Chief Medical Officer is. We shall not let that pass unchallenged.

The Rcn urges the Secretary of State not to implement the recommendations of the Griffiths Report without giving the fullest consideration to the likely effects on those very groups of staff whose morale has been hardest hit by reorganisation and the continually changing demands, with regard to cash limits and manpower targets, that they have had to face over the last eighteen months. In particular, I echo the message that emerged loud and clear from the national meeting held in London last week: leave Units alone, Mr Fowler, at least for the immediate future. At that meeting Mr. Griffiths twice reminded us that the NHS is not the prerogative of the professions. In reply to that we would say that neither is it the prerogative of the politicians. It belongs to the people of this country who use it, and who rely on those giving direct care to deliver the goods.

I wish to end on a confident note. Every Rcn Council believes that times are worst during its own particular term of office. I will claim no more than to say - I think with a large degree of understatement - that we have not had an

easy time over the last four years.

And yet look what we have achieved in that time - an increase in membership from 150,000 to 225,000 - a growth rate that, according to the 1982 Annual Report of the Certification Officer, made us by far the fastest growing of any trade union at the beginning of the 1980s.

This achievement is not accidental. The Rcn is, we believe, not only the trade union of today - it is the model of an effective trade union for the future, combining as it does, established educational and professional functions with those relating to the role of its members as employees, and, more importantly, successfully balancing the sometimes conflicting demands of each.

By now you will have caught the theme of this address. Let me end by spelling out the phrase to characterise Rcn action in the coming year - 'Let's get political, but stay professional'.

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