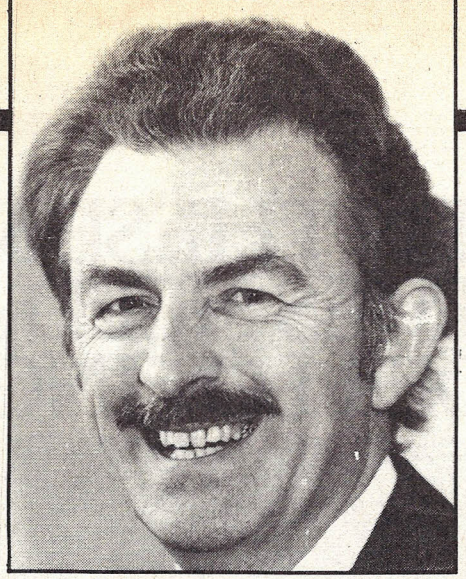
Anthony Carr



Which way now — area nurse?

Anthony Carr, Area Nursing Officer for Newcastle upon Tyne, says that Clegg and his consultants did not understand the role of an area nurse, who now faces a dilemma over her future.

IF I WERE to single out one grade of nurse, the holders of which face the future with great apprehension, it would be the regional and area nurse.

If I can take readers back to a few months before the 1974 reorganisation, a government publication containing the new management structure was issued. This is now known as the *Grey Book*. (There was another *Grey Book* – in fact there was a series of three dealing with collaboration with local authorities. But this is a publication that is almost forgotten although it contained proposals for radical change.)

Coming back to the *Grey Book*, the proposals included senior administrators in charge of functions such as personnel, capital planning, operational services, supplies, etc. Matching those functions were nursing positions with the addition of, in the case of nurses, child health and local authority liaison. A further complication was a network of community physician posts which, in some respects, matched up with the nurse's subjects in the community and planning.

It is also important to remember that the new posts in the NHS at 1974 affected every nurse above senior nursing officer level. Regional nursing officer posts were filled first, followed by area nursing officer and district nursing officer posts. After that came the regional and area nurse posts.

This caused great concern to a number of nurses who, for many valid reasons, wished to remain in line management but felt unwilling to take the risk of not obtaining a divisional nursing officer position. Others having held posts of real responsibility, but not holding the most senior posts in the pre-1974 structure – ie, chief nursing officer or regional nursing officer – felt they had the necessary expertise to apply for the new posts and looked forward to a change of work with great enthusiasm.

In my own area, the capital projects/service planning nurse had been a full-time member of a project team. The personnel nurse had held a staff post in nursing personnel, while the child health nurse was an experienced senior nurse and health visitor in the local authority nursing service. I suppose nearly all the nurses who took these positions had to come to terms with the possibility that they would remain in these posts for the rest of their careers. It was unknown as to whether the authorities in the future would recognise staff posts as relevant experience for the promotion to the positions of area and district nursing officers. In the event, it has been proved that some nurses have taken these posts.

How, then, did area nursing officers use these staff officers? I understand that the work and whole approach to the job is different in multi-district to single-district areas. I can only speak from experience for a single-district area, which is also a teaching area. I have gradually developed the role in the areas of capital projects/service planning, personnel, child health/local authority liaison, as extensions of my own role.

Although there is full discussion with divisional nursing officers and a whole range of staff, nursing, medical, and para-medical and others, these area staff now find they are competent to carry out a whole range of decision-making within a broad policy agreed by the senior nurse management team. They have become like the senior line nursing manager of each division, indispensable to the smooth and efficient running of the health services at area level.

They now face a dilemma. The Clegg commission and its management consultants did not understand the role of the regional and area nurse. Actually, I could have forecast that fact, having spoken to an area nurse who had just been interviewed by the consultants concerned. So what they are worth is anyone's guess. The supplementary evidence from the staff association to Clegg did nothing to define clearly the role and function of this grade of staff within the nursing structure.

Having now read the consultative document *Patients First*, I am not at all sure if they have a future or not. Present Government policy on health seems dominated by medical opinion. If that was informed opinion then that may be acceptable. When, however, it is clear that what is really wanted is a return for nursing to the 1950s, I do become angry and a little irrational. But that is another subject.

Patients First mentions the area nurse (child health) on the last page, so she is safe. Of the others – not a word; rather the reverse, lots of hints about over-management, slimming managers at area and district level without giving the staff concerned the courtesy of knowing what it means for them. I do not suppose either the Minister of Health or the Secretary of State for Social Services knows either, which makes the statement seem even more irresponsible to those likely to be affected by them.

Let me, then, make my position very clear. In the new Health Service I want area nurses retained. Not just because of their experience, not because they are being poorly treated by Government, DHSS and so on. I want them in the new Health Service because they have proved themselves indispensable in the many subjects in which nurses must have a view on. I know several senior nurses who, if given the opportunity to reorganise in 1981–1983, would opt for a strong nursing personnel function under the direction of an area nurse (personnel).

How will the planning teams of the future receive nursing advice if the area nurse post is abolished. Again, it is back to the days of the matron when nurses were told not to trouble their pretty heads about such things. This is why so many hospitals built a few years ago are run inefficiently – because nursing advice was absent. Whenever a development of the Service takes place, its effects on nursing must be calculated and, in my opinion, that advice is best given by a properly experienced nurse.

So, my area nurse colleagues, what about starting a campaign to maintain a voice at the new district level? I, and many of the area/district colleagues need both the advice and you □