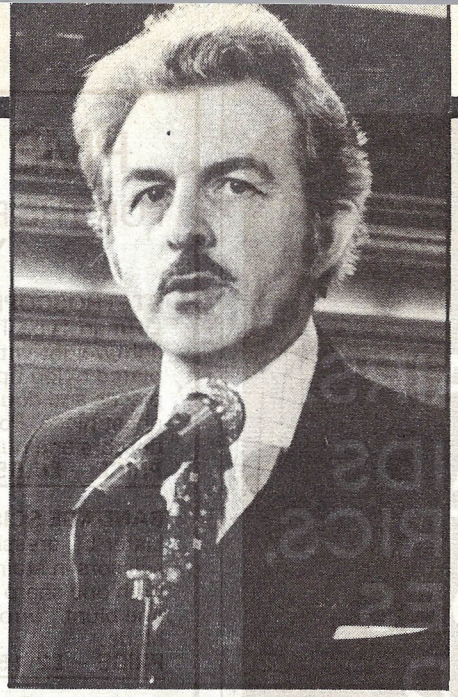
Anthony Carr



New units for the new NHS

In the first of two articles on The reorganised Health Service, Anthony Carr, Area Nursing Officer for Newcastle upon Tyne, discusses some fundamental principles for the setting up, and running, of specialty units.

I AM TOLD most senior nurse managers are waiting for instructions through a health circular before considering how units are to be organised. I do not believe this but I am sorry so few have put pen to paper to demonstrate what the present thinking is on this subject.

It is true that the Royal College of Nursing is having discussions with other organisations on the definition of a "unit". I hope, however, that the conclusion of that debate will allow a variety of solutions to emerge.

Senior managers of all disciplines believe that nothing can happen until the new authorities are appointed and chief officers are in post. What about thought and discussion on the principles of establishing units? Not even the Secretary of State has said debate, even locally, cannot start on the principles involved. By "principle", I mean "that which is fundamental; a fundamental truth on which others are founded or from which they spring".

Now is the time to establish the principles on which units should be built. From my understanding, our nursing colleagues at the DHSS would also welcome this approach. To start this important discussion, I am suggesting, in two of my columns, some principles which I understand to be important to the nursing profession.

First principle – Who is the policy maker?

This does not come out very clearly in the health circular, as the greater part of the document is concentrating on more day-to-day decisions between the professions at unit level. Although I should perhaps be more sensitive on this issue, I have no doubt in my mind that the most important nursing post to establish is the district nursing officer position. This is where the health authority will look for advice on both policy and standards of care.

It is here that the co-ordination of the Service takes place. The nursing advice to the district team and the health authority on nursing specifically, and health care generally, is co-ordinated at this level. If there is general agreement about that, then it follows that advice from the organisation below has to be sound, and organised appropriately.

Second principle – professional advice

It may be just as important to organise units not only in terms of workable units, but also in the quality of advice that is offered to district officers. There are many ways of organising work to produce the advice required at district level which will also meet the objectives of (a) caring for patients; (b) facilitating professional training and education; and (c) conducting research, which are the three major preoccupations of the Health Service. An extreme approach may be to organise on the basis of clinical specialties – that is, medicine and medical specialties, surgery and surgical specialties, paediatrics and midwifery with gynaecology, and so on.

Another thought is to bring geriatrics into a community division. The combination is, of course, endless. The professional advantages of forgetting the walls around an institution are many, one being strong directors of nursing, clinically qualified. Another is that nursing education would have a high priority at both pre- and post-basic levels. In such an arrangement most nurses could be motivated to concentrate thoughts narrowly along their particular choice of specialty.

The major disadvantage is that there could be no recognised head of service for each institution. Most people like to know who their leader is and where they can be found. Now I could continue the discussion, listing other advantages and disadvantages, but I would suggest that this is to detract from the major principle of the district nursing officer and, through her, the authority and district team receiving professional advice.

I repeat, the district nursing officer requires to be given expert knowledge and advice of high quality if she is to be in a position to influence the health care of the population, organisational policy and affect planning. It will depend on the construction and content of the local health authority, but I would suggest that most authorities and their senior staff will require advice and need to deliver care through:

(i) *Community nursing unit* (district nursing, health visiting and school nursing services). It may be seen to be important that a senior nurse, qualified in at least one of these specialties, heads that team. Depending on the size of the district, I personally would not be prepared to accept community nursing advice from a hospital-dominated unit.

One of my principles would be to separate the management of the community nursing services from hospital nursing. I would consider that this proposal should be an important consideration for every district. The quality of care is influenced by its type of management. Some district services have lost the importance of seeing that caring for a whole population is generally better provided through a community nursing division.

(ii) *Midwifery unit*. There are comparatively few midwifery units in the country at present. Again, depending on size, each district nursing officer should receive expert advice on midwifery education and service from a qualified head of midwifery services. The dominance of general nursing over midwifery in a combined division can divert resources away from the community and from development of specific services to mothers. I would suggest this is looked at very critically.

(iii) *Mental illness unit*. The Nodder report gave sound advice on the organisation of mental illness services, including the management of acute units in general hospitals. There may be opposition from doctors and administrators to this concept of combining these units with the larger traditional mental hospital. What matters most is: will patients receive better care? Will staff be more effectively employed? Will the teaching of learners be helped, and will the nursing advice given to the district nursing officer be more knowledgeable? I think the answer to these questions is generally "Yes".

(iv) *Mental handicap unit*. Many of the arguments attached to other specialties also apply here.

This leaves general nursing and size of those units – especially if the number of beds is small – middle management positions and support posts at unit and district level. I will attempt to deal with these principles next month □