

# Advice for the advisers

**ANTHONY CARR** outlines a Newcastle answer to the problem of ensuring the professional voice of nursing is heard at district health authority meetings.

**A**LL chief nurses of district health authorities now will be considering what type of organisation should represent nurses at authority meetings. Recent circulars give scope to experiment and move away from the present rigid structure.

The DHSS, under a circular HC(82)1, gives advice and guidance on the establishment and continuance of professional advice to the new authorities. It makes proposals for medicine, dentistry, nursing and midwifery, pharmacy and opticians in particular. The emphasis is towards flexible arrangements that can be agreed between each profession concerned and the district health authority. Circular DA(82)2 gives further details of the nursing committees.

The chief medical officer and chief dental officer set up separate national working parties to consider how professional advice was to be offered to the new health authorities. But the chief nursing officer decided to ask the original steering committee – which managed the 1974 advisory structure for nursing and midwifery advisory committees – to review the present arrangements and report back to her. Many nurses who held the chief nurse's posts

at health authority level objected about the way nursing advice was being sought. Most senior nurses wanted a national working party of both nurse managers and experienced committee members – like the other two major professions – to examine weaknesses and strengths of the system of nursing and midwifery advice to the health authority and its chief nurse.

At the time some nurses felt that the steering committee, made up of organisations which had originally strived for professional advisory machinery for nurses and midwives, would have an in-built resistance to review the present situation. As forecast, the steering committee published its recommendations in circular DA(81)7 after a conference held by the DHSS's chief nursing officer to a regionally selected audience of about 80 nurses. Essentially it made recommendations about changes in the constitution, rather than on the problems encountered by many of the nursing and midwifery advisory committees.

Senior nurses mentioned the obvious difficulty of nurses at a different and lower level in the hierarchy giving advice direct to the authority, but not always having all the information or experience to make a sensible judgment.

Another problem, depending on the experience of the committee, was trying to make professional decisions on major issues before the health authority, with little expertise available in the committee to debate such issues.

The steering committee either ignored these matters or considered them too unimportant to mention. The present circular, however, HC(82)1, takes them into account when making recommendations to health authorities.

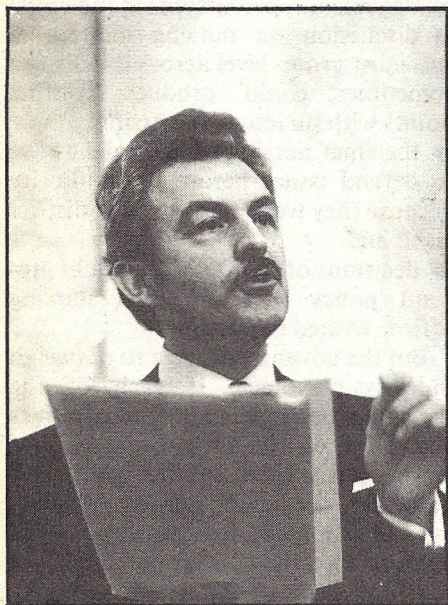
It is now up to the chief nursing officer in each district to initiate consultations with nurses locally, paying particular attention to the members of the nursing and midwifery advisory committee. The chief nursing officers' responsibilities require that they will be responsible for seeing that the new arrangements will carry out adequately the broad functions of the existing area nursing and midwifery advisory com-

mittee. This responsibility also requires them to present the views of the nurses to the district health authority (DHA). The circular also places the responsibility on the chief nursing officer for deciding, with the profession locally, the method of appointing members to a committee.

In 1974 the Newcastle Area Health Authority (Teaching) established a nursing and midwifery advisory committee. The elected or appointed chairmen and members have all worked to give constructive advice to the health authority, particularly on matters relating to capital projects, closure of hospitals, operational and strategic plans, and the financial situation and budgets in general. Very little of what could be called "nursing advice" on professional nursing matters has been offered over the years, either to the area health authority or the area nursing officer. This is not a criticism of either the members or chairmen of the committee, but focuses attention on how the committee was formed. Essentially, one nurse from each major medical specialty is appointed with representatives of education and nursing management. On nursing matters, a particular nurse may not feel qualified to comment on the subject being discussed because it is outside her experience. Perhaps as important is the member's own conception of how influential she is in proposing, challenging, or commenting on the various matters appearing before the health authority.

In the new structure it is important that nurses working with patients have an opportunity to comment on all the issues presented to the health authority and contribute more on professional nursing matters. Any new proposed structure for professional nursing and midwifery advice should take into account this present weakness.

Three options were discussed with members of the existing nursing and midwifery advisory committee. The proposals ranged from unit sub-groups to clinical groups supporting the main district committee. A fourth proposal was generally acceptable to the present



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