



Future funding of the NHS

ANTHONY CARR

Recent events recorded in the public media bring into doubt once again the present Government's intentions regarding future funding of the NHS. Mr Norman Fowler on the one hand is making public statements about how committed the Government is in maintaining the NHS, while Sir Geoffrey Howe is on record as saying that efficiency savings this year should result in a ten per cent reduction in the manpower of the service. If, therefore, a health authority decides to protect its medical and nursing staff posts then the cuts in other staff will be correspondingly higher. I can only leave the readers to consider who is likely to take on the extra work left by the reduction of staff.

There are also assumptions that extra efficiency is calculated in terms of a certain definable amount of work to be done. Often a works study officer, when determining staffing levels of say domestic staff, fails to appreciate what some domestics contribute both to the ward team and the patients, that defies explanation. Sometimes efficiency demands that if work cannot be defined in precise terms it does not exist.

Taken to its extreme conclusion an extreme drive for efficiency could mean that staff are employed only for what work can actually be seen to be done. Imagine trying to estimate in time or in dependency terms how many times patients will arrest in a week or how many patients and/or their relatives will wish to receive counsel. Relatives would be rationed in terms of time spent with a nurse because someone will have worked out the average time it should take. Fantasy? If thinking on efficiency continues unabated then the very essence of what nursing is about — caring for the whole person — becomes a series of technical procedures attending to the physical needs of patients only.

It may seem an impossible thing to happen but the cry for efficiency in the public sector sometimes seems to forget effectiveness. It may be slightly more costly to be effective but it is that extra input that adds quality to living. The professions in the health service have always insisted on attempting to provide quality of life through their educational systems, even if their practice has fallen short of the ideal on occasions.

Another concern to many is the drive towards privatisation by the present Government. There is a natural law operating in terms of payment for service. In other words 'you get the service you pay for'. I know of a health authority that would genuinely wish to rid itself of a private contract for a service. The experience of some is that a private contractor offers a first class service for a time but it is not on all occasions maintained at the same level. I have heard of experiences of colleagues who have had superb catering and laundry services offered to them but as the institution has rid itself of the means of providing its own service so the standard outside has correspondingly reduced. Managers of the health service have to consider seriously whether they are going to spend their time monitoring outside services and negotiate periodically standards previously contracted, or develop extremely effective systems of laundry, catering and domestic services. In many of these areas they are not as efficient as they could be. What are the long-term effects of mixing public and private sector services? Are they compatible over a long period? Are they even cost effective apart from the short-term to obtain the contract?

With efficiency savings expected at 0.5 per cent for each of two years for all health authorities to achieve together, with the funding of some of the monies for the current pay talks, poor authorities are to be made even poorer. A personal estimation of a teaching authority has shown that to keep abreast of the existing service about one per cent of cash is needed each year. It will be difficult to see how some hospitals are to remain at the same level of service; and for others a radical re-appraisal of the service they offer their community must be made.

With the reorganisation of the NHS management structure, reform of nursing education about to take place and dwindling NHS resources, 1983 will demand high levels of decision-making and commitment if the NHS is to survive in the form we know it today.