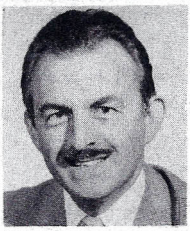

More consultants — at what cost?

ANTHONY CARR

The National Association of Health Authorities in England and Wales have made several important statements over the years but one that particularly impressed me recently was their comment on the government's response to the fourth report from the Social Services Committee (1980/81 session). This related to the new hospital medical staffing structure.

I have taken up some of their responses and given them a nursing orientation. This approach is important because the changes proposed have significant implications for nurses running patient care services at ward level.

One of the proposals the government is supporting is a target of 1 consultant to 1 junior doctor by 1988. It is now 1:1.57 if associate specialists are included. Taking into account the demand for junior doctors not to be permitted to work more than 80 hours a week, the working hours of the existing and new consultants would have to be changed significantly. The possible effect on nurses is that more instructions may be given by 'phone and the availability of the first line of medical help i.e. the junior doctor, is diminished. Will a nurse as readily 'phone a consultant as she does a junior doctor now? I admit this question depends on the individual consultant but overall I see that nurses may call for medical help less often, which is an extra burden the nurse will have to live with and this will not always benefit the patient.

The government states that the changes proposed in giving patients a greater opportunity to be treated more directly by a consultant are reasonable but the effects on the NHS are challenged by the Association. The main thrust of the government's argument is that savings would accrue because of improved efficiency of patient throughput and by more economical use of diagnostic services. All the evidence at present is that increased throughout increases costs. What can easily be forgotten in the discussion on this proposal is the effects of turnover of patients on nursing staff, the extra support services to support extra consultant activity, and the changes that need to be made to ward policies because of the increase in consultant staff.

It has been the experience of many senior nursing staff that when a consultant has retired and been replaced by a new young active consultant the demand for more nursing staff and more facilities has been intense. The fact that many new consultants are likely to be young and extremely active and be introduced rapidly into the present situation must also raise considerable concern among nurses. To have say three or four consultants to most wards will produce new problems to some ward sisters and have a considerable effect on the performance of staff, particularly learners. A ward sister is likely to encounter great difficulty in persuading her medical consultants to agree on one set of treatment regimes. Increased throughput often means the ward having a higher proportion of dependent patients to care for. Agreed, if no more time is given for theatre sessions or should the X-ray department already be at saturation point then the effects will be less traumatic. But that situation would militate against what the government is proposing.

Perhaps nurses are reluctant to speak about another profession's career patterns but when the proposals are to affect the way nurses are to work then perhaps the question should be asked 'have the government taken all these points into consideration?'. At least they are being warned!

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