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Faith, hope and dignity

SOMEONE with remarkable prescience was involved in the planning of last week's open meeting of the Queen's Nursing Institute. To have arranged several months ago for Anthony Carr, chairman of the Panel of Assessors working parties on district nurse training, to speak on district nursing in the 1980s at the height of the present campaign was indeed inspired.

This is, as he said, a year of great significance for district nursing, with the DHSS about to approve the new outline curriculum and the idea of mandatory training at last winning acceptance in the right places. In the 1980s, Mr Carr speculated, there will be three levels of district nurses, all protected by mandatory training. We will look back at 1977/8 as a turning point in the history of district nursing.

He quite rightly described the *Save district nursing* campaign which has now spread throughout the country as 'real and spontaneous'. He added, 'Of the many I have talked to, not one has mentioned status, but all have mentioned two essential demands. First, the proper education of all district nurses and, second, protection for the patient from unsafe practitioners.'

If the Carr vision of the '80s comes to pass, then these two 'essential demands' will have been achieved. But what of status? True, district nurses themselves have never, throughout their slow progress towards statutory recognition, shown concern with status for its own sake.

But many others within the nursing profession and associated professions, preoccupied with their own status, have dismissed the *Save district nursing* campaign as purely status-seeking. They do not understand how vulnerable the district nursing service is, how it has been left to fend for itself against sometimes overwhelming odds.

District nurses have retained public sympathy at a time when all health professionals have been prone to attack. Could this be because district nurses have never propounded a pretentious over-blown view of their role?

They work with people in their own homes giving basic care and practical advice. They take their place in the primary health care team, convinced their contribution is equal to that of the other members but sometimes, surely, only too well aware of their underprivileged position especially in terms of training and education. Status in the sense of relative importance is part of the campaign.

Mr Carr's vision of the 1980s is a welcome stretching of the imagination. The idea of a high-level district nurse leading a district nursing team within the whole primary health care team is an attractive one, providing of course that our most highly trained people do not become too far removed from the patient. And providing that 10 years from now, the primary health care team as we now know it has not degenerated into an uneasy group of inward-looking, status-conscious, jealous professionals.

SAVE DISTRICT NURSING

NursingTimes

Community
Outlook

Nationwide support

The campaign continues at its usual lively pace—which must not be allowed to slacken. Recent events:

●Mrs Suzanne Taylor, district nursing sister in Bagshot and Lightwater, Surrey, has written to HM the Queen and received a reply which reads in part:

'Her Majesty, as patron of the Royal College of Nursing, is of course aware of the interest which the College is taking in this question and is following the progress of their discussions with the Minister of Health.

'The Queen thanks you for having taken the trouble to write to her on this subject and has asked me to

assure you that her interest in this matter has been made known to the Minister concerned.'

●Requests are still coming in thick and fast for *Nursing Times/Outlook* stickers and for the reprint of our September 15 issue giving the history of district nurse training and specimens to help readers write their own campaign letters. Please send foolscap sae.

●The Polytechnic of North London is supporting the campaign and displaying our publicity material in all its seven buildings. Particularly involved are the health visitor tutors and students, the

social workers' course students and tutors and—of course—the district nurses' course.

●West Midlands nurses have contacted the opposition spokesman on health, and Swansea nurses have written to Mrs Thatcher.

Don't forget these major local meetings:

Reading. Today (October 27), 7.30pm at the Nurse Education Centre, Royal Berkshire Hospital.

Manchester. November 1, 7.30pm at Sparshott House, The Nurses' Home, Manchester Royal Infirmary, Oxford Road.

Farnborough, Hants. 7.30pm at the Farnborough Suite, Recreation Centre.

Carr's vision: a three-tier qualified district team

A three-level district nursing team within the primary health care team is the way Anthony Carr, ANO Newcastle, sees the community services developing in the next decade.

Speaking on district nurse training in the 1980s at the annual open meeting of the Queen's Nursing Institute on October 19, Mr Carr claimed that in a few years' time 1977-8 would be seen as a period of the greatest ever changes in the community nursing services.

Coming at a time of huge uncertainty for district nurses, Mr Carr's predictions were welcomed by his audience as a realistic assessment of training needs. As chairman of the working party on education and training for district nursing and a long-standing advocate of statutory recognition and mandatory training, his speculation carried weight.

At the top of the district nursing tree, said Mr Carr, would be the first level district nurse, whose training would be protected by law. She would be trained to a high level to assess and meet patient needs by means of the Nursing Process, to communicate effectively, co-ordinate appropriate services and to manage and organise within a multidisciplinary team.

At the second level, would be a new nurse, the district staff nurse who would carry out home nursing duties under

the supervision of the first level nurse. She would hold a basic qualification either SRN/RGN or SEN, have at least three years' experience in hospital and be trained for the community with appropriate experience for the field in which she chose to work—clinic, surgery, community, school and so on.

'All would require mandatory training,' said Mr Carr. 'It is to my mind almost unbelievable how we put some patients at risk by not insisting on proper post-basic preparation for all nurses meeting with patient in the community.'

The third-level nurse would be the district nursing auxiliary with appropriate training, able to bath, dress and undress elderly and disabled patients under supervision. There would be carefully laid down ratios and training would again be mandatory.

Mr Carr explained: 'In the 1980s I see the district nurse statutorily recognised as a leader of an enlarged nursing team. The team in an urban area would consist of up to three district staff nurses SRN/SENs and not more than three district nursing auxiliaries. A team within a team.'

'I would suggest that the cost of developing this service over 10 years would not be much more than 6% pa as confirmed in the recent government

document *The Way Forward*,' he added.

Referring to the current campaign for statutory recognition, Mr Carr said the reaction of district nurses throughout the country had been 'spontaneous and real'. They were seeking two main objectives—the proper education of all district nurses and protection for the patient from unsafe practitioners.

How will it be possible to achieve a district nursing team that is appropriately qualified? 'We proposed that from the date of acceptance of the report by the secretary of state, all new vacancies or posts created should be filled only by qualified district nurses,' Mr Carr explained.

'Within five years all existing nurses presently carrying out district nurses' duties without post-basic qualifications be given the opportunity to qualify for the new training as a right without entry requirements being fulfilled. At the end of five years, a fully qualified district nursing service would have been achieved.'

In her report to the meeting, Mrs James Bull, chairman of council, said the QNI endorsed the action taken by the Rcn and district nurses all over the country in seeking statutory recognition. 'There are some signs of progress', she said.