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- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Nursing manpower

SIR,—Mr Nick Bosanquet's leading article (28 March, p 791) lays insufficient emphasis on retaining nurses in hospitals as opposed to recruiting.

I can speak only from my own experience, but my comments probably apply widely. In this district, managers have recently closed nearly 90 beds in the district general hospital because of nursing shortages. In addition, over five working days recently they have stopped all admissions (except for geographically immediate dire emergencies) while day care services have been inadequate in spite of repeated requests for improvement.

The nursing shortages in many districts may well be in part self inflicted.

Firstly, our district has failed to maximise the use of day wards where a high therapist/nurse ratio exists. Our own geriatric day hospital has only reopened on a very low key—10 patients a day with an inadequate establishment of therapists. Having a properly functioning day hospital has been shown to help early discharge and prevent unnecessary admissions, not only in geriatric departments but also in general medicine and orthopaedic departments,^{1 2} quite apart from the cost benefits.³

Secondly, with the present level of nurses' pay it is essential for hospitals to provide attractive working conditions. Our hospital has recently had to close a crèche for the use of those with young children, because managers priced the crèche beyond the means of nurses. A holiday club for children above crèche age has been similarly closed. Nurses and other staff, including doctors and porters, who work during the night in operating theatres should be looked after well, yet in this large district general hospital no hot food is available between 130 and 630 am, when the canteen is closed. The nurses' homes have been

allowed to become dilapidated—to put it no stronger. Nurses' homes are essential both for new staff who want some degree of security and staff coming into the area who are waiting to find adequate accommodation locally. Accommodation for married couples, which is essential, has been and is being sold off.

Our own hospital may well be in a worse position than many others, yet I fear it is far from unique. Managers, whether at unit, district, or regional level, who are responsible for the service, must rectify these types of deficiencies speedily if the

Financing the NHS

SIR,—As the general election approaches there is bound to be much debate over the future of the National Health Service. Government supporters will correctly state that more money than ever is being spent on the service, more patients are being treated, and extra funds have been directed at reducing waiting lists. At the same time, however, everyone else knows that the service is being curtailed through lack of money. Even a health authority that has made exceptional progress in both efficiency and economy is compelled to make further economies, which must limit services to patients.¹

I believe that it is time to take another approach. Two years ago our health board found it impossible to fund the rebuilding of our antiquated and inadequate neonatal unit. Within 18 months an enthusiastic lay committee had raised £900 000, and already the walls are up and the roof is being completed. There are few weeks when our local paper does not carry a picture of a group of patients presenting an expensive piece of apparatus to one

National Health Service is to continue to function adequately.

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- 1 Bendall MJ. Changing work pattern in a geriatric unit and the effect of a day hospital. *Age Ageing* 1978;7:229-32.
- 2 Irvine RE. Geriatric day hospitals: present trends. *Health Trends* 1980;12:68-71.
- 3 Hildick-Smith M. Geriatric day hospital—changing emphasis in cost. *Age Ageing* 1984;13:95-100.

of our specialist units. It is therefore not surprising to read that the Harris Poll, taken on the two days following the recent budget, found that 52% of those questioned would have preferred proposals for more public spending to the tax cuts offered.²

I believe that these facts reflect a widespread public belief that the NHS is a national asset that is worth supporting at some personal cost, and it follows that many people would prefer to contribute more to it rather than take out private health insurance because of its deficiencies. It must be recognised that promoting more private health care is no solution as the private sector makes little or no contribution to the care of those concerned in accidents and emergencies, sick children, and the mentally disabled and the obstetric services. Furthermore, it would only accentuate the already reduced number of private beds in NHS hospitals by making more consultants travel away from their main place of work. Those who promote private hospitals should also remember that all nurses, medical students, and future consultants