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Crisis in the N.H.S.

SIR,—This letter has been written as a result of a meeting of the South Clwyd Medical Executive Committee. We wish to express our whole-hearted support for the thoughts expressed in the letter from Rochdale (25 May, p. 447).

Our committee includes members of the B.M.A. and the Hospitals Consultants and Specialists Association and we are united in stating that the present situation in the N.H.S. cannot be allowed to continue. The morale of the ancillary staff, radiographers, medical technicians, and others, quite apart from the nurses, is at an all-time low. The statement that the service can either have buildings or better salaries is patently untrue. The recent reorganization of the N.H.S. has demonstrated that many thousands of pounds are available to carry out what amounts to little more than an exercise in administration with no guarantee of improved services to the patient. It is time that realistic thought and action are used to manage the Health Service. We would draw attention to the reference in the McKinsey report¹ to Health Service salaries. We deplore the delay in publishing the Review Body report. This practice is insulting to both the members of that body and to the profession as a whole. The terms and conditions of service of the hospital consultant are unacceptable. Many of us believe that the concept of a 10-session week is basically unsound in that it will continue to give the Government too much control over the practice of medicine in hospitals. We consider that private practice must not

only be retained, but it must be retained within the Health Service or some form of fee per item of service instituted.

We are now quite resolved to support the principles of the Rochdale letter and urge others to follow suit.—We are, etc.,

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J. M. FRANCE
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Maelor General Hospital,
Wrexham

1 Maxwell, R., *Health Care: the Growing Dilemma*.
London, McKinsey, 1974.

SIR,—In reply to Mr. P. J. E. Wilson (8 June, p. 562), who queries the sterner measures or secret weapons which the Rochdale consultants are prepared to use to strengthen the hands of our negotiators, the answer is simple.

The majority of consultants in the area work well beyond the normal session times in an effort to provide a reasonable service. A simple work-to-rule as regards the hours spent at outpatient clinics and operating sessions would soon result in lengthy waiting lists and complaints from the public. We believe this could be achieved without detriment to emergency or serious (for example, cancer) cases, provided that outpatient referral letters were screened by a competent clerk who

could give an appropriate degree of priority to differing conditions such as varicose veins and a case of dysphagia. The general practitioners in any event do at present indicate the degree of urgency which the consultation merits. In addition, an adequate period of time (which would vary with the specialty) would be set aside for the examination of each new case, further cutting down the size of clinics.

We believe, however, that even the measures outlined above have been outdated by a resolution passed at the National Conference of Hospital Medical Staffs on 11 June (*Supplement*, 29 June, p. 132) in which it is proposed that our undated resignations be held by our negotiators and arrangements for agencies be set up so that we may hire out our services to our employers at improved conditions of service and remuneration.—I am, etc.,

M. G. NOTT
Secretary, Rochdale Area
Senior Medical Staff Committee

The Infirmary,
Rochdale

SIR,—There is a financial crisis in the Health Service. It is clear from occasional letters appearing in your journal that a decreasing minority of consultants believe that they are adequately recompensed for the work they undertake. I, however, believe that all doctors working in the Health Service have been underpaid since 1948. This has, in the hierarchical structure in which we have been working, caused all ancillary and junior staff to be