British paediatrics

Primary health care

In its response to a Department of Health and Social Security (DHSS) document *Primary health care: an agenda for discussion*, the British Paediatric Association (BPA) emphasises the fact that departments of paediatrics in university hospitals in inner city areas are providing a considerable amount of primary care for local children. If alternative arrangements cannot be made this service should be appropriately funded. The point is also made that reductions in university finance are seriously limiting the contribution that academic departments of child health and general practice can make to the training of general practitioners.

The Association welcomes the recommendation that general practitioners should work in community child health but would like to be assured that there will be adequate postgraduate training for this work and that general practitioners will be able to devote more of their time to the care of children. The timing and content of screening procedures is currently being examined by a joint working party of the BPA, the General Medical Services Committee of the British Medical Association, and the Royal College of General Practitioners. The BPA hopes that no firm policy will be laid down until this working party has reported. The DHSS document makes no mention of the school medical service. This may have been deliberate if the government sees this service as secondary care. The BPA has sent its own working party report on school health services to the DHSS and would welcome the opportunity to discuss the matter further.

Neighbourhood nursing

The BPA has responded to another DHSS report

Neighbourhood nursing—a focus for care in somewhat critical terms, indicating that it does not accept the premise that current arrangements for community nursing need the proposed radical revision.

The DHSS report seems to have almost totally ignored the needs of children and has disappointingly overlooked the BPA's recommendations for a community nursing component in the district child health service. The care of sick children in the community demands the specialised training required for the Registered Sick Children's Nurse Certificate rather than general district nursing experience. The BPA rejects the notion that specialist children's nurses working in the community—for example, in oncology or dialysis—should be under the management arrangements of the neighbourhood nursing service. These nurses are part of the secondary care team, sometimes replacing and at other times supporting the primary care nurses.

Although the recommended checklists are accepted by the BPA as an aide memoire they are not comprehensive and should not be used inflexibly. Some of the checklist items are naive or obscure and those dealing with the community child health services are of limited value. For example, the role of the District Handicap Team is ignored and the items on child abuse do not refer to the current DHSS recommendations.

In the Association's view the report places too much emphasis on management and not enough on working nurses, especially in its manpower recommendations. Indeed, the proposed increase in responsibilities and status of nurses could make the managerial arrangements superfluous.

A D M JACKSON