

Document details plans for dealing with nuclear attack

by Rose Shapiro

Health service plans for dealing with a nuclear attack on Britain should be drawn up both at district and regional level, but can not be done in isolation, according to a consultation document from the DHSS.

Civil defence planning in the National Health Service is a 20 page circular detailing the plans that need to be made and how they should be coordinated in readiness for nuclear war. In the present international situation the risk of war in Europe is considered to be very low, states the document, but important plans should be capable of being implemented within a period of seven days, and their most vital elements within 48 hours.

Regional and district general managers would assume wartime responsibilities for controlling health services. Health authorities should plan for rapid dispersal of supplies and equipment in a period of tension before an attack, and

consider holding necessary stocks, 'bearing in mind the costs inevitably incurred and the problems of shelf-life, location and transport', the draft document states.

A spokeswoman for the British Medical Association said the Government had 'begun to look at the problem with some degree of sense, which was

previously lacking'. Earlier guidance had not sufficiently taken into account the major differences between nuclear and conventional warfare.

But such plans are inadequate when there is no provision for the protection of the general population, said Dr Jeffrey Cundy of the Medical Campaign against Nuclear Weapons.



Princess Diana tries her hand at sign language on a visit to deaf students at a deaf youth rally in South Wales recently.

Domestics' strike foiled by bosses

A teaching hospital has been able to maintain the number of patient admissions despite a five-day strike by 300 domestic staff. They are protesting against pay cuts proposed by management as part of their in-house tender for the hospital contract.

Barry Dowdeswell, administrator of the Royal Victoria Infirmary, Newcastle upon Tyne, said the hospital had anticipated trouble when it informed domestic staff that the 20 per cent bonus scheme and a large proportion of unsocial hours work would have to go if the in-house bid was to be made competitive.

'Because we are a teaching hospital with regional responsibilities for specialties such as bone marrow transplants, haemophilia and oncology, we had to make contingency plans for any strike action', Mr Dowdeswell said.

He refused to give details of contingency plans though managers were involved in maintaining services.

According to the Confederation of Health Service Employees, management is demanding 60 per cent cuts in pay, and a 30 per cent cut in hours. David Williams, general secretary of Cofse said members had been forced to take action 'rather than stand back and watch standards of cleaning deteriorate to levels which are totally unsafe'.

But Mr Dowdeswell said the union stance was 'just rhetoric'. The loss of the bonus scheme would mean a 20 per cent cut in pay, about £14. And a reassessment of unsocial hours could mean further cuts of between 10 and 15 per cent.

'We are not conceding to government pressure. We are implementing government policy which, as a politically sensitive service, we have to do,' he said.

But Mr Dowdeswell said he had sympathy with the dilemma facing domestic staff because of the 'significant cut in wages'.

'They also face the problem that they have no long-term security.'

Health management centre rejected

A proposal to set up an academic health management centre in Scotland, based on similar units already existing in England, has been rejected by a review of research and development needs of the Scottish NHS, commissioned by the Chief Scientist's Health Services Research Committee.

The review points to the dearth of research into Scottish management. It calls for closer links between the research community and health policy community and recommends that researchers should spend less time studying the formal relationship between the Scottish Home and Health Department and the health boards and more time investigating 'the structure of power and the political dimension of managing a complex system'.

But it says the establishment of a management centre along the lines of the English national educational centres would not be

practicable at the moment.

Instead a small central steering group should be created, with NHS interests repeated and a programme director responsible for

assembling and implementing a programme of management development and research initiatives.

The review is published in the *Health Bulletin*, May 1985.

Blueprint for smoking restrictions

Employers are being urged to provide practical alternatives to a complete ban on smoking on working premises. 'It should be remembered that action on smoking is *not* action against smokers', a Health Education Council booklet says.

Action on smoking at work provides a Health Education Council blueprint for implementing a smoking restriction policy. Written by a team of experts from King's College Medical School, London, and the Kingston Polytechnic, it outlines the options open to employers and trade unions.

The most important point to

remember, says the booklet, is that whatever policy or option is adopted, it must reflect the wishes of the workforce as a whole. Employers must consult with employees and not introduce a smoking ban unilaterally, says the team of experts.

When drawing up a policy, groups should identify what policy is practicable in various sections of an office or factory, and outline disciplinary procedures.

Assistance should also be given to smokers who want to quit, and the progress of the scheme should be monitored and evaluated.