

in this movement has been taken by two of the largest Approved Societies, and a meeting of representatives of Nursing Associations in Kent was held on April 2nd, when it was resolved:—

That the Nursing Associations are prepared to consider a scheme from the Approved Societies by which their members shall be nursed by the Associations in return for a grant.

Subsequent to this meeting the Queen Victoria Institute, acting on behalf of the Kent County Nursing Association, proposed a scheme whereby the sick members of Approved Societies may be nursed by the existing District and Village Nurses in return for a capitation fee of 3d. per head in respect of the membership in Kent of the Societies adopting the scheme.

A difficulty has, however, arisen in connection with this arrangement over the form of report which the nurses are to render to the Societies. The Committee of Management of some Societies concerned consider it necessary to receive a signed report from the nurse as to the *bona fides* of each case she visits. It is probable, however, that the Nursing Associations will not wish to go much further in this direction than to render to Societies a report of the number of visits paid to the member by the nurse. We feel it necessary to draw particular attention to this difficulty which is likely to be a serious stumbling block in the way of any such arrangement. Most Societies will probably wish to enter into arrangements for nursing from a two-fold point of view:—

(1) From the point of view of reducing the duration of sickness through the ministrations of a trained nurse.

(2) From the point of view of checking malingering.

Some Societies may consider one of these the more important, and some the other, but probably all Societies will have these two points in mind, and it is in connection with the second of these points that the difficulty to which we have referred above is likely to occur.

At the meeting of the Queen Victoria Institute, and at the Joint Meeting already referred to, it was pointed out by some of our members, and substantiated by all the nurse representatives of Nursing Associations present, that the standard of nursing which could be given under the Kent scheme (which is practically the original scheme adapted to one particular county) would not be of a very high order. The village Nurses are certified midwives, and, as a rule, have only six months' training in the elements of nursing—not acquired in a hospital, but in the homes of the poor. There appears to be a strong feeling in some quarters that only fully-trained nurses should be employed in nursing insured persons.

The Queen Victoria Institute offers in its Kent scheme the services of fully-trained nurses in all towns with a population of 3,000 or over, but in rural districts it cannot guarantee to give any higher standard of nursing than that provided by

the village nurse referred to above, although such nursing is under periodical supervision and inspection. In the opinion of the Institute, the existing supply of fully-trained nurses is not sufficient to meet the demand, and at the present moment they consider it would be impossible to provide fully-trained nursing for all insured persons in all parts of the country. If it were possible to provide such trained nursing the Institute considers the cost of the scheme would apparently be very much heavier, amounting probably to a sum approximating to 9d. or 1s. per member per annum. The Nurse representatives expressed the opinion that if adequate salaries were offered the necessary supply would soon be forthcoming.

It was pointed out at the second Conference that Nursing Associations, just as much as the Medical profession, resent any suggestion of outside control, and this, in conjunction with the difficulty as to the report on sick cases, seems to us to put a very grave obstacle in the way of any scheme of nursing of insured persons being partly managed by an Approved Society unless the nurses are in the direct service of such Society.

We therefore beg to recommend the Executive Committee as follows:—

(1) That the Kent scheme, or any similar scheme, being of a purely experimental nature, should be left to the sympathetic consideration of individual Societies. Such an experiment will provide data upon which to base future arrangements. We would, however, make the reservation that Societies should bear in mind that in such a scheme, although their urban members would receive the services of a fully qualified nurse, their rural members would in many cases be attended by nurses who are not trained nurses in the accepted sense of the word.

(2) That some scheme of universal nursing ("Nursing Benefit") would be of inestimable value to the health of the country, and hence to the finances of Approved Societies. We consider it fully proved that trained nursing undoubtedly operates to reduce the frequency and duration of sickness.

As we have stated above, we consider it impracticable that any universal scheme for the nursing of insured persons could adequately be conducted by the Approved Societies themselves, and we therefore recommend that urgent representation be made by Approved Societies to the Government that a scheme for "Nursing Benefit" be introduced into the Insurance Act Amendment Bill, and that an adequate Nursing Service should be provided for all insured persons by the Insurance Committee in the same way that Medical Benefit is at present provided. Such a scheme would appear to be practicable, and it may be pointed out that several Insurance Committees have already taken tentative steps in this direction. The scheme which the Bradford Insurance Committee had prepared for providing medical benefit failing an adequate panel in that city, included the provision of several fully-trained Nurses, and we understand that other Insurance Committees have

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