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EDITORIAL

THE GREATER LONDON PROVIDENT SCHEME FOR DISTRICT NURSING.

We have received the Rules and Constitution of the Greater London Provident Scheme for District Nursing, of which the Earl of Athlone is President and Lord Horder is Chairman of the Council, the object of which is "the promotion and organisation, in the mutual interests of the public and of the District Nursing Service of Greater London, of a Provident Scheme for District Nursing in Greater London."

The object of the Scheme is admirable, for at present the expense of nursing in sickness is so great as to render the employment of a trained nurse prohibitive for any length of time to all but the wealthy classes, and it appears that, to provide for this need, a Provident Scheme is essential.

There are at present in London some 150 independent nursing associations which will all be invited to share in the conduct of the Scheme as well as in the provision of benefits, and here we are at once faced with the question of the standard required of the nurses to be employed, which unquestionably should be that of the State Registered Nurse. It is now over 18 years since, by Act of Parliament, nursing was constituted a profession in the three Kingdoms, and General Nursing Councils were established to define and maintain standards.

It should, therefore, be the first essential of any new Scheme proposed for the nursing of the sick, if it is to command public confidence, that the nurses it supplies are State Registered Nurses. We understand upon enquiry that probably 99 per cent. of the nurses employed will hold this qualification, that the Queen's Nurses and the Ranyard Nurses who will form a large part of the nurses employed in the new Scheme are State Registered Nurses, but that some of those employed by Associations on the outer fringe of Greater London may not hold the State qualification.

We suggest that if Nursing Associations which have not so far made this essential, concerning the nurses they employ, are admitted to share in the conduct of the new Scheme, it should be a *sine qua non* that only such of their nurses whose names are entered on the General Register maintained by one of the General Nursing Councils shall be eligible for employment under its provisions. It is certain that in a medical capacity only Registered Medical Practitioners will be eligible for appointment, and the nursing qualification should be just as sharply defined.

Given this essential the Scheme has much to commend

it for, by foresight and combination, contributors through workers' organisations, and their dependents, will be able to obtain:—

(1) Nursing care, when and as required, by the regular payment of one halfpenny a week, subject to medical direction, in the patient's home, in all cases of general illness, surgical conditions or accidents; but in accident cases, where any compensation granted includes payment for nursing care a charge may be made.

(2) The loan of certain nursing appliances, when available, when a nurse is in attendance.

(3) Benefit without contribution (except when payments are made indirectly on the patient's behalf through Public Assistance, or otherwise) during the first three months of continuous unemployment, on production of a nursing voucher from the Group in which the contribution was last made.

(4) Participation through workers' organisations in the administration of the Scheme.

The Scheme has received a donation of £1,000 towards the initial expenses and a Guarantee for an overdraft of £5,000 to be repaid in the third and fourth years of the Scheme's operation. It is estimated that a minimum of 250,000 contributors will be sufficient to provide (by means of a 15 per cent. retention) for the normal annual expenditure of the Centre, and that a larger number of contributors will enable the initial debt to be discharged and the guarantee to be released, after which it is anticipated that a substantial reduction in the percentage retained may become possible.

Such is the Scheme which, if it proves acceptable to those whom its promoters hope to benefit, and provided that the nursing conditions and salaries are such as to attract a good type of nurse, should do much to bring skilled nursing within the reach of many for whom at present it is impossible by reason of its cost.

The Council governing the Scheme will be composed of members nominated by all the District Nursing Associations within the Area of Greater London which have expressed their willingness; in principle, to participate in the proposed Scheme. We hope that these Associations will recognise the propriety of sending a substantial proportion of Registered Nurses to represent their colleagues in what will be essentially an organisation of nurses, together with competent financiers, whose help is also essential to the success of the Scheme.

We shall watch its development with interest, and, provided that the points to which we have drawn attention are observed, we have every hope that a very useful Scheme for the benefit of the workers, and of those unable to afford private nursing care, has been launched.

[previous page](#)

[next page](#)