rod and spoil the nurse?

Rosemary Cook wonders whether charities can claim independence if they also provide services

One of the best scenes in Monty Python’s Life of Brian was the one in which someone demands: ‘What have the Romans ever done for us?’ Roads were suggested and conceded. And aqueducts. And law and order... It was conceded that the Romans had in fact been instrumental in shaping most parts of local life.

At a recent meeting, I was reminded of this scene, when it was suggested that charities could use new opportunities in primary care to begin providing services. After I protested that many already did, it was conceded that cancer charities such as Marie Curie did provide some services. Charities, however, had no role in the ‘difficult services’.

Then came the Pythonesque additions – ‘... apart from those providing HIV services’, ‘And drugs services’, ‘And terminal care’. ‘But not mental health,’ the rearguard maintained feebly. Until someone mentioned telephone helplines and resettlement services. The services provided by the voluntary sector are woven into the fabric of provision, and so seamlessly that people barely notice the charitable warp in the NHS air.

Still, it is true that there is scope for more development. Why not charity provision of entire home care services for specific long-term conditions, as well as sponsored nursing posts? Why not a continence service from a charity that provides information and support, in collaboration with specialist nurses and manufacturers of continence supplies?

One of the brakes on such development is the subject of impassioned debate in the charity media at the moment. The question is whether a charity can retain its unique and prized lobbying voice if it receives statutory funding to provide mainstream services.

Would a mental health charity feel secure when its short-term service contract came up for renewal if it had been vociferous in its criticism of government policy on mental health?

Maybe a charity providing a telephone helpline for people with alcohol problems would find funding suddenly unavailable and have to make staff redundant if it spoke out against a loosening of the licensing laws?

Opinion is divided. There are those who see their charity in an ideal position to provide genuinely local, tailored, responsive services, and see no reason not to take NHS or social care money to do so. Others argue that they have more to lose than to gain if becoming a service provider means becoming compliant insiders instead of robust outsiders.

Independence – and the ability to advocate, lobby, complain and make a fuss – are at the heart of many charities. And they might well not want to lose that role in return for short-term statutory funding to run a few more services.

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