Government is just protecting the richest with regional pay variations

The government’s plan to introduce regional pay variation for NHS nurses as soon as 2013 (news December 14) is the latest in an orchestrated series of attacks on nursing.

A letter from chancellor George Osborne announcing that doctors, dentists and judges will not be affected adds insult to injury.

A Treasury spokesperson says that doctors and dentists have been excluded because ‘they may operate in national, rather than local, labour markets’. Has it escaped the Treasury’s attention that doctors are recruited according to local needs?

Of course, it would be cynical of me to suggest that the government is trying to protect the interests of the richest in society.

Craig Hopkins, by email

STAFF NUMBERS MUST INCREASE TO ACHIEVE CARE CAMPAIGN’S GOALS

My 97-year-old father recently had an operation. As a nurse with 40 years’ experience, I was generally impressed with his care – as was he. But there were not enough staff to cover mealtimes. If my father was asleep when his food arrived, it was left untouched.

Nursing staff have to make a difficult choice between caring for the very sick and caring for those patients who are supposedly getting better.

On discharge, my father was anaemic and had horrendous thrush in his mouth. He stayed with me for 11 weeks before being able to return home and continue living independently.

Had I not accepted responsibility for his care, my father would have become a problem for the NHS.

Patricia Wilson, Berkshire

RATIO OF DEPENDENT PATIENTS TO NURSES MAKES JOB MUCH HARDER

Standards are not going to improve in line with the aims of the Care campaign without good staffing levels.

I am a staff nurse on a medical ward, where one staff nurse, and hopefully a nursing auxiliary, are responsible for up to 14 patients. At times, half the patients are totally dependent and in need of regular turns to prevent pressure sores.

Drug rounds take time, as we need to make sure that patients take their medication. It is not always possible to help wash the patients, so we do not see their skin and mobility first hand.

We are always short of staff with people off sick or moving on, and we often rely on bank or agency staff.

I do not know of a nurse on the ward who does not want to give great care. But it is physically impossible with such a high percentage of totally dependent patients.

Name and address withheld

UNIVERSITY DEPUTY DEAN WOULD MAKE FINE ADDITION TO THE LORDS

I back your Peer Pressure campaign to bolster the representation of nursing in the House of Lords by nominating potential peers (analysis December 7).

I would like to nominate Dame Jill Macleod Clark.

Professor Macleod Clark is deputy dean of the faculty of medicine, health