King's Fund Centre

Review

1974 ~ 5

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KING'S FUND CENTRE

1974 - 5 REVIEW

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KING'S FUND CENTRE

1974 - 5 REVIEW

INTRODUCTION

1. The purpose of this report is to review the work of the Centre and to attempt some evaluation of this work as at the end of March 1975. The report starts by recalling the original objectives of the Centre and commenting upon the Centre's role as a forum and meeting-place. The main body of the report is concerned with the main projects and activities with which the Centre has become involved in recent years. Appendices at the end give details of conferences, projects, exhibitions, costs, personnel and publications.

Aims of the Centre

2. The original aims and objects of the Centre were determined by the Fund's Management Committee as the result of discussions during the two years immediately prior to the opening of the Centre in 1963. These aims can be summarised thus:

a) to provide a neutral forum at which there can be free and informal discussion of matters affecting the development of the country's health services,

b) to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services,

c) to be a meeting place and source of information for all those interested in health service matters - administrators, doctors, nurses, architects, engineers and other professional and technical staff, members of health authorities, manufacturers and indeed to any section of the health service world, at home and overseas.

3. In trying to achieve these aims, the Centre has developed four main functions: conferences and meetings; exhibitions; library and information services; research and development. With limited funds and staff, the Centre has had to try to avoid dissipating its efforts over too wide a field. The development of the information function on a regional, national and international scale has always been one of the principal objectives underlying the Centre's work. In addition there has been a policy of concentrating upon particular themes or topics over a period of time. At present the other main themes are concerned with :

i) services for the mentally handicapped

ii) care of the elderly

iii) development of voluntary help

iv) integration of health services

In addition the Centre is involved with some projects that originated in earlier years and others that appear worthy of support for some specific reason. In all these activities it is the Centre's aim to involve staff of all disciplines in all branches of the health service from all parts of the country, as well as voluntary organisations concerned with health and social services.

In this sense the original title 'The Hospital Centre' became somewhat misleading, and in February 1973 the Fund's Management Committee formally resolved that the title should be changed to the King's Fund Centre.

The Centre as a meeting-place

4. If the number of visitors to the Centre is any guide, then the Centre can reasonably claim to have achieved its aim of being a forum and meeting-place and source of information for all those interested in health service matters. The statistics for conferences and meetings (see pages 227-235) show that the Centre has been very fully used since its earliest days, and the demand for the use of its facilities has consistently been much greater than can be accommodated. In the course of a year about 500 groups, totalling around 14,000 people, came to the Centre for one purpose or another, and a few thousand more came individually to use the library, visit the exhibition, or see members of the staff. Many of the meetings are of course arranged by the Centre for its own purposes and to further its own particular interests. At the same time, the Centre has been particularly glad to welcome many small organisations and groups that have insufficient funds for the hire of other meeting rooms, or that find it difficult to arrange meetings at or near their own place of work. Because of the demand for the use of the facilities, organisations are not encouraged to come to the Centre regularly for every routine meeting, but rather to come only two or three times a year, and to arrange other meetings at hospitals or elsewhere.

5. In this connection it is worth mentioning that the Centre has provided a meeting-place on an international level. The International Hospital Federation (IHF) and the British Hospitals Export Council (BHEC) both have their offices at the Centre, and this means that some hundreds of overseas visitors come to the Centre each year for meetings with IHF or BHEC staff or to make use of the Centre's services and talk with our staff. The two-way exchange of information and ideas that these contacts generate is very valuable and it is to be hoped that this side of the Centre's work will be encouraged in any future development.

6. At present three other organisations are based at the Centre - the Centre on Environment for the Handicapped, the Spinal Injuries Association and the Volunteer Centre. All of these are working in fields that are closely related to the Centre's current interests, and their presence in the Centre has positive advantages not only for them but also for the Centre. As time passes, growth and change may mean that these organisations might find it desirable to re-locate themselves elsewhere. But in principle the ability of the Centre to provide initial accommodation for new organisations is a valuable asset, and one that should also be kept in mind for any future development. One of the features of the work of the Centre, and of the King's Fund as a whole, has been its interest in helping other organisations to help themselves, particularly in their early formative years, and the following is a list of just some of the organisations to which the Fund has given support in recent years :

Association of Professions for the Mentally Handicapped
Centre on Environment for the Handicapped
Combat Huntington's Chorea
Drug Dependency Discussion Group
Hospital Domestic Administrators Association
Institute for Mental Subnormality
National Association of Health Students
National Association of Industrial Therapy Managers
National Association of Voluntary Help Organisers

Spinal Injuries Association
Toy Libraries Association
Volunteer Centre

Relationships with DHSS

7. Since its earliest days the Centre has enjoyed close and cordial relations with the Department of Health and Social Security (DHSS) and statutory and voluntary authorities. As the Centre became established, many aspects of its work came to be recognised as an almost integral part of the National Health Service (NHS). In this context, the Fund considered that the Centre should not continue indefinitely to be financed wholly out of charitable funds. Discussions took place with the DHSS and resulted in an arrangement whereby the DHSS now makes a substantial contribution to the running of the Centre.

8. In keeping with this change, the Fund's Development Committee, which since 1963 had been responsible to the Fund's Management Committee for the Centre's policies and programmes, was disbanded in 1973 and replaced by a new King's Fund Centre Committee, with a chairman appointed by the Fund and half of its members nominated by the DHSS and half by the Fund. The membership of the Committee is shown on page

Projects and activities

9. Between 1963 - 73 policies for the Centre's projects and activities were determined by the Development Committee. Following the disbandment of this Committee, a new Research Committee was established by the Fund in 1973 to take overall responsibility for the Fund's research and development policies and grants. In recent years, the Fund has allocated around £100,000 p.a. for project grants (by comparison, the Department of Health has some £18 million available in 1973/4 for R & D in the health and welfare services). This means that the Centre has not been able to undertake many large-scale, expensive studies, but has tended rather to support practical projects at working level and to encourage innovation and change. In fact the most important objective of the Centre can fairly be said to be to help accelerate the introduction of good ideas and practices in the planning and management of hospital and health services. In furthering this aim, the four main functions of the Centre (conferences; exhibitions; information; research) are usually harnessed in a co-ordinated effort. The best way of describing and assessing the Centre's work therefore seems to be review the main projects and activities with which the Centre has been concerned in recent years up to March 1975. There are also a number of projects currently in progress of which it is as yet too early to produce a report. An appendix to this review (pages 238 - 244) lists virtually all the investigations sponsored by the Fund over the past eleven years. In the following pages, the main projects and activities are each summarised and reviewed under five headings:

Origins
Objectives
Progress
Evaluation
The future

10. The comments under 'evaluation' in each report are in many cases necessarily rather tentative and speculative. With many projects, the contribution of the King's Fund is but one part of a larger pattern, one element in a widespread movement towards change and development, in fields such as voluntary help, mental handicap or care for the elderly. It is therefore hard to isolate and assess the particular influence of any one individual project. Nevertheless for each project an attempt has been made to make some assessment of its impact.

11. Each report has been prepared by one of the senior members of the staff at the Centre or by an officer from the organisation to which a grant was made. But it needs to be remembered and emphasised that the successful conduct of all these projects and activities depends upon the help and co-operation of all the staff. The names and posts of the staff are listed at the end. Their support in the work described in the following pages is gratefully acknowledged. The Centre is also greatly indebted to the many statutory and voluntary organisations that have helped in so many ways with so many of the projects and activities described in the following pages.

M.C. Hardie
Director

March 1975

PROJECTS and ACTIVITIES 1974/5

This table relates the projects and activities of the Centre to the main themes in which the Centre is currently interested. In the table there are listed vertically the titles of the projects and activities reviewed and horizontally the five main themes. The asterisks indicate the involvement to a greater or lesser extent of each project with one or more of these themes.

	Information	Mental Handicap	Elderly	Voluntary Help	Integration
INFORMATION SERVICES					
National information network	*				*
International network of hospital centres	*				
Bliss classification	*				
Multi-disciplinary library and information services	*				*
Advisers for postgraduate medical centre libraries	*				*
Schools of nursing directory	*				
Health centres directory	*				
Information service for the disabled		*	*		
Wessex planning information project	*				*
Health care and technology publications	*				
House journals	*				*
Caring and communication	*	*	*	*	
CARE FOR THE ELDERLY					
Care for the elderly	*		*	*	*
Five-day ward for geriatric patients			*	*	*
Clothing and dressing of handicapped people	*	*	*		
Clothing for long-stay patients	*	*	*		
Exeter - care of the elderly			*	*	*
Art for the elderly			*		
Staff from geriatric services					
MENTAL HANDICAP					
Mental handicap project	*	*		*	*
Centre for the mentally handicapped	*	*		*	*
Handbook for parents of the handicapped	*	*			
Physiotherapy for the mentally handicapped		*			
Association of professions for the mentally handicapped		*			*
CUSS group home project		*		*	*
VOLUNTARY SERVICES					
Voluntary Service Information Office	*	*	*	*	*
The Volunteer Centre	*	*	*	*	*
Social workers and volunteers	*			*	
Student liaison officer - mental health	*	*		*	*
Preparing volunteers for mental health service	*	*		*	*
Case aides in a psychiatric hospital	*			*	
Anchor House project	*			*	*
Community Service Volunteers in hospital	*	*		*	*
Health of the elderly project	*		*	*	*
OTHER PROJECTS AND ACTIVITIES					
Association to Combat Huntington's Chorea	*			*	
Spinal Injuries Association	*			*	
Association of Domestic Management					
National Association of Industrial Therapy Managers					
National Union of Students - Health Student Section	*			*	*
Toy Libraries Association	*	*		*	
Centre on Environment for the Handicapped	*	*	*		*
Staff from alcoholic units					*
Staff from general practice teams					*
Caring for the sick child at home					*
'Shop window' staff	*				*
The language barrier	*				*
Nurses reporting on patients					
Counselling for nurses					
An approach to retirement for nurses					
Drug Dependency Discussion Group	*			*	*
Drug dependency and personal problems				*	
Violence in marriage					
Admission of patients to hospital	*				*
Control of noise in hospitals	*				
Living in hospital	*	*	*		
Patients' satisfaction studies	*				
Pain relief unit					
Client response to social work					
Occupational therapy research course					
Industrial design bursaries					
Chair for nursing severely disabled					
Investigation into fire regulations					
Disposal of human waste					
Aspects of management					
Putting research to good use	*				
Centre Lunch Talks	*				
NHS and EEC	*				
Course for overseas hospital administrators					

INFORMATION SERVICES

A NATIONAL INFORMATION NETWORK FOR THE HEALTH SERVICES

Origins

1. Since the King's Fund Centre opened, in 1963, there has been a tendency for its library to be regarded as a national reference and lending service. With the amount of money available, there are limitations to how far the Centre can expand its library and information facilities to meet the ever-growing demands by users from the health services, and it has long been felt by staff at the Centre that the provision of literature and other information essential to a national health service should become an integral function of the NHS, with the Centre's library being but one component in a nation-wide network.

2. The provision of libraries and information services for people working in the national health care effort is fragmentary and under-organised. In many hospitals, for example, libraries are provided only for medical staff and nurses in training; even these are often inadequate in terms of space, stock, staff and funds. Yet, in common with other major industries, the health services are rich in information. There is a constantly increasing flow of books, periodicals, reports, statistical material and other information, from government departments, commercial publishers, commercial and voluntary organisations, hospitals and other health care units. Information and potential users exist in abundance, but there is a lack of systematic effort to regulate and facilitate the flow of information to and among originators and users. People complain that on the one hand they are subjected to too much general information, while on the other hand they encounter difficulties in obtaining specific information when they need it.

3. In November 1967, Wessex Regional Hospital Board appointed a professional librarian to plan and develop a regional library and information service. This marked the beginning of the first attempt to rationalise information services for multidisciplinary use on a significantly large spatial basis within the NHS. The Wessex project has developed into an operational system which can be regarded as a model for similar networks in other regions. Such regional services, together with the libraries at DHSS, the King's Fund Centre, and the Scottish Health Services Centre, could become the main components of an information network for the health services. If such a network comes into being, there will be a need for coordination at the national level. It seems reasonable to suggest that in England the coordinating body should be DHSS.

4. Soon after the appointment of R.B. Tabor as Wessex Regional Librarian, he, Miss A.J. Bunch (Librarian, Scottish Health Services Centre) and K. Morton (Assistant Director, King's Fund Centre) agreed that they would work together to publicise developments in Wessex, and that they would try to encourage similar developments in other regions.

Objectives

5. To encourage the establishment of a national information network for the health services, by:

- identifying, assisting and publicising any development within the health services which could lead to better library and information services;
- bringing together, formally and informally, people who are in a position to initiate and effect such development;

- encouraging the adoption of standard and compatible methods for classifying and processing literature and other information materials;
- encouraging the DHSS and other central departments to recognise the necessity for improved information services and to take a more active part in coordinating developments within the NHS.

Progress

6. The NHS librarians' group, mentioned in previous reviews, has continued to meet and has grown in number. A similar group in Scotland, dissatisfied with the slow rate of progress towards unifying this branch of librarianship within the Library Association, has recently formalised into the Scottish Association of Health Sciences Librarians. The motivation behind this move is the belief that by raising the status of health sciences librarians the members will in turn be able to accelerate the pace of improvement of services.

7. As was anticipated in last year's review, there has been some development of library services at Area level of the NHS. Since reorganisation, however, the most marked expansion of interest in information handling has been at District level, where many information units are in process of being planned or set up. These units usually are concerned with management statistical information rather than library-based collections of literature.

Evaluation

8. Although the development of hospital-based libraries and information services has been impressive in a few areas, such as the Wessex region, the Oxford region, and in West Yorkshire, the concept of regional networks has not materialised to any significant national extent. One result of this failure is that there is a serious shortage in the NHS of professional or expert information specialists; many of the district and area information units mentioned above are being set up by people who, though in many cases very enthusiastic, have little or no knowledge of the routines and methods needed for efficient information handling. There is also a danger that the units now beginning to proliferate at the district level, unless coordinated at area and/or regional levels, will collect and collate statistical information in such different ways that their potential usefulness at the higher planning levels will be seriously limited.

The future

9. One of the main reasons given for NHS reorganisation is that it will result in a strengthened administrative structure. Good management depends largely upon good communication of information; good communication in a service as large and complex as the NHS needs and depends upon some kind of structural network. It is hoped that DHSS will develop machinery for the coordination of information services, starting with the establishment of an adviser or team of specialists to examine library and information needs within the NHS.

10. The King's Fund has recently formed a staff working group to examine how best the Fund can assist in current attempts in the field to improve information services.

March, 1975

Keith Horton
Assistant Director

AN INTERNATIONAL NETWORK OF HOSPITAL CENTRES

Origins

1. Several countries in Europe already have hospital centres or similar institutes which conduct activities like those of the King's Fund Centre. Some other countries are currently establishing or planning such centres. Most of these organisations offer or will offer library-based services which collect the same kinds of literature and disseminate information to similar kinds of user.

2. For some years there have been informal and occasional exchanges of literature between several of the centres' libraries and information units, notably those in London, Edinburgh, Stockholm, Düsseldorf, Utrecht, and Lisbon. In September 1970, at Stockholm, representatives from those centres, and from other organisations in Oslo and Copenhagen, met to discuss the possibilities of forming an active information handling network which would link all European 'hospital centres'. During that meeting it was agreed that an attempt should be made to build such a network, that the use of common classification schemes and indexing languages should be encouraged, and that consideration should be given to the use by all centres of one, perhaps mechanised, central information storage location. It was realised that any agreement for cooperation would have to be based on the pooling of material and labour, rather than on shared financing in the direct monetary sense.

Objectives

3. The primary objective of the proposed cooperation is to make the best use of resources, including literature and other information, expertise, and processing systems and equipment. A secondary objective is to facilitate the exchange of news and information about the centres and their programmes of work.

Progress

4. Plans to set up an International Hospital Federation Study Committee on Documentation and Information Handling, reported in last year's review, have materialised, and the Study Committee met for the first time on 6 September 1974 at Edinburgh. It is anticipated that the membership of the Committee will extend beyond Europe, and already it has been joined by a representative of the Cooperative Information Center for Hospital Management Studies (University of Michigan, USA).

5. The aims of the Study Committee are fivefold:

- To study the possibilities of cooperation in health services documentation and information handling at national and international levels;
- to study the information needs of personnel working at all levels within health services;
- to study systems for information handling with a view to using them in a health services setting;
- to study problems of thesaurus construction and other terminological problems, with a view to producing an indexing language of common interest;
- to avoid unnecessary duplication of effort in information handling.

6. Although most of the centres involved are already cooperating with each other - for example, by exchanging research reports and other publications - it is obvious that the achievement of the aims will not be an easy matter. Difficulties of discontinuity, so often met in attempts at international working, will inevitably frustrate rapid progress. It will be a struggle to meet often enough and regularly enough to obtain and maintain any impetus, and there will be problems in deciding upon a sensible and workable division of labour and responsibility among the participants. It will not be easy to design the most efficient methodological approaches to the studies outlined above.

Evaluation

7. It is unlikely that any of the current members of the Study Committee would claim that the services they offer in their centres are much more than rudimentary; nor could they paint glowing pictures of health services information systems in their countries. They all suffer from the nagging knowledge that if international cooperation in information handling is to achieve anything worthwhile it must start from firm bases of well-established practice within the cooperating countries; not only in the member-institutes but also in the health services which they strive to serve. Clearly, many problems of information transfer are related to an inability to make the best use of available material. Equally clearly, any attempt to move towards international cooperation in the provision and exchange of information must make proper use of existing tools, such as published indexes and abstracts, and must harness existing systems, such as commercially available computerised data bases. The information needs of people working in health services have not been studied sufficiently for service providers to know what kinds of facility are most necessary. The Study Committee will attempt to examine, and will encourage others to examine, these and other problems.

The future

8. The Study Committee is due to meet at Utrecht in March 1975, primarily to discuss two proposals: the first for the setting-up of a central information clearing house to be used by all the centres; the second for the development of a system which will facilitate access to information by all centres but will not involve the establishment of a physical unit. The outcome of this discussion, it is hoped, will be the acceptance of a common philosophy about how best to develop the cooperative effort to meet the aims already enumerated.

March, 1975

Keith Morton
Assistant Director

BLISS CLASSIFICATION

Origins

1. The Bibliographic Classification, which is usuually referred to as the Bliss Classification or simply BC, was originally constructed by an American, Henry Evelyn Bliss. It is a general classification scheme, covering the whole of human knowledge, and is used primarily for the subject-organisation of literature collections. Although originally formulated in the United States of America, BC is now used mostly in the British Commonwealth, in academic and government departmental libraries.

2. When, in 1965, a decision was taken to reclassify library holdings at the King's Fund Centre, it was decided to fall in line with the library at the Ministry of Health (now the Department of Health and Social Security) where BC had already been used for several years; it was felt that this would be in the best interests of any future movements toward standardisation of library methods within the health services.

3. Even though the Centre's library and other similar libraries collect material mainly about subjects concerned with the planning and management of health care facilities, it is inevitable that they also attract a great deal of literature on a wide range of topics not directly related to health service and hospital matters. For this reason it is necessary to use a general classification scheme rather than one which sets out to cover only the central interests of such libraries; naturally, in specialist libraries of the kind under discussion, the part of the general classification scheme which is most used is the section on planning, managing and organising health care facilities. In the Bliss Classification this is the section labelled HO.

4. The HO section in its original form was too superficial in coverage to be effective in libraries specialising in its subjects, so when it was first brought into use at the Ministry of Health library the staff there expanded the section into a number of divisions and subdivisions covering aspects of hospital planning, design, management and staffing. Later, when these revised schedules were used for reclassifying the library collections at the King's Fund Centre, it was found that even greater expansion and refinement were needed to meet the kinds of demand made by users. Senior library staff at the Centre, after revising the schedules to suit the needs of the library, arranged for them to be produced as a book which also included an alphabetical subject index to the schedules. This publication - Bliss Classification HO schedules, and subject index to HO schedules - has since been made available to librarians and information specialists working in the field.

Objectives

5. The primary objective of developing the HO schedules was to produce an improved classification for use at the Centre. A secondary, but in some ways an even more important objective, was to make available a tool of librarianship which would encourage standardisation of methods and thereby facilitate cooperation between organisations performing similar roles.

Progress

6. Last year's review mentioned that the whole of BC is at present being revised and brought up-to-date through a project based at the Polytechnic of *** North London's School of Librarianship. The expected completion date of this project, which has received some support from the King's Fund, has now be extended to mid-1976. A completely new edition of Bliss will then be published, making the most up-to-date general classification available.

7. Nearly 200 copies of the Centre's HO schedules have now been sent, in response to requests, to libraries in health service and hospital authorities, national and university libraries, and schools of librarianship. It is known that many of the recipients, both in the UK and abroad, are using or are planning to use the schedules in their libraries.

Evaluation

8. Because BC has been adopted by several key libraries in the health services, librarians appointed to newly developed libraries in the field feel encouraged to use the scheme. It has been stated that having the schedules and index in book form has greatly facilitated use of the scheme; in one or two cases this has been the factor which has tipped the balance in favour of adopting the Bliss Classification. It is especially gratifying that the Northern Ireland Hospitals Authority and some RHAs in England are using Bliss, because it is at this level that area-wide standardisation can be encouraged effectively.

The future

9. A problem, stemming from NHS reorganisation, is that the HO schedules are now too hospital-orientated to cope with the closer integration of hospital-based and community-based services. It is becoming increasingly difficult to classify literature as being about hospitals, or social services; Librarians at the DHSS, at the King's Fund Centre, and at other locations where the HO schedules are used, are developing their own new schedules, or are deciding how best to use the existing schedules, to solve these new problems of classification. With a new edition of the whole BC now in sight it is important, if the use of Bliss is to expand in the health services, that users of the special HO schedules get together and try to develop common methods of modifying the scheme, to meet the problems of defining the newly-emerging reorganised NHS and the widespread changes now appearing in health care organisation in many other countries.

*** PN 141
King's Fund Development Committee minute no. 69/11.
Allocation - £500.

March, 1975

Keith Morton
Assistant Director

HOSPITAL-BASED MULTIDISCIPLINARY LIBRARY AND INFORMATION SERVICES

Origins

1. Library provision in hospitals generally is not good. Even where libraries do exist they often serve only one or two types of professional user, such as medical staff, or nurses in training; usually they are understaffed, underorganised and underexploited as information sources. Apart from the Wessex Regional Library and Information Service, and a cooperative scheme among medical libraries in the Oxford region, there are few signs of coordinated effort to build more adequate literature and information services. If the proposal for a national information network for the NHS (discussed in a separate review) gains acceptance, and if any other regions develop services similar to those in Wessex, hospital-based libraries will be the main access points for many users. It is important, then, that these libraries should be improved, or should come into being in hospitals where there are none, both in the interests of local staff and patients and to provide effective components in larger networks.

2. Although the situation described above is unsatisfactory, there are signs of a growing awareness in hospitals of the need for improved libraries and information services. During the past few years doctors, nurses, administrators and other staff from many hospital and health service authorities have approached the King's Fund Centre library seeking advice about library development. Often these enquiries have arisen from the planning of a postgraduate medical centre, or from a desire to improve nurse training facilities; only rarely has an enquiry been connected with a proposal to develop a multidisciplinary library within a multidisciplinary education centre.

3. With the knowledge that new district general hospitals can be expected to have multidisciplinary education centres with general libraries, and believing that this kind of unit will be the most useful for ntework development, the Centre's library staff, when consulted, make a standard practice of encouraging enquirers to think seriously about multidisciplinary rather than unidisciplinary services. When an enquiry comes from, for example, from medical staff, attempts are made to interest the enquirer in the concept of a general education centre rather than a postgraduate medical centre.

Objectives

4. The objectives of the advisory service given by senior members of the Centre's library staff are:

- to assist in the improvement of hospital-based library and information services as educational facilities;
- to encourage the development of multidisciplinary education centres with library and information services for all kinds of hospital staff, general practitioners and local authority health workers;
- to convince health service authorities that they should employ professional librarians to plan and implement library and information services;

- to encourage the greater use, by hospital staff and patients, of local authority and other non-hospital libraries.

Progress

5. Library staff at the Centre have assisted in the setting-up or improvement of some 25 hospital-based libraries during the past few years. Several multidisciplinary education centres have emerged or are being planned, and staff from the Centre are currently involved in some of these developments.

6. NHS reorganisation has resulted in a greater interest at the statutory and operational levels (area and district) in information handling. Much of this new interest is centred on the need to collect and process data and facts necessary for the day-to-day management of services; but some authorities are also showing a recognition of the need for integrated literature services and the more statistics-based management information services.

7. In response to an increasing number of enquiries about libraries and information services, the King's Fund has set up a staff working group to examine how best the Fund's resources might be used to encourage the best kinds of development of information handling within the health services.

Evaluation

8. It is an interesting and revealing fact that both the King's Fund Centre and the Scottish Health Services Centre have become recognised as national advisory services for the planning and development of libraries and information services. There are two main reasons for this. First, library staff at both centres, only too aware of the difficulties of trying to supply a country-wide service from limited resources, and knowing something of the needs of users, believe that there should be a steady build-up of library services in the field; also they are able and willing to offer advice and information. Second, potentially authoritative central bodies such as the DHSS, and professional organisations such as the Library Association, have so far been slow to offer a lead in these matters, so the two centres find themselves taking the iniative 'by default'. Although both centres willingly accept this responsibility, it should be recognised that if rapid, widespread improvements are to be effected, there must be greater involvement of statutory and professional organisations, and some more realistic allocation of resources than is currently visible.

The future

9. Library staff at the King's Fund Centre will continue to make available information and advice to health services authorities which show interest in developing libraries and information services, especially those which are concerned with multidisciplinary facilities. It is hoped that the King's Fund Staff Working Group on Libraries and Information Services will enable us to identify locations where such developments can be expected and encouraged. It is also hoped that the statutory authorities will take some positive steps to promote coordination of services at national, regional and area levels.

March, 1975

Keith Morton
Assistant Director

PERIPATETIC ADVISERS FOR POSTGRADUATE MEDICAL CENTRE LIBRARIANS

Origins

1. In June 1972 the British Postgraduate Medical Federation (University of London) applied to the King's Fund for financial assistance towards the appointment of an itinerant professional librarian to act as adviser to medical centre librarians throughout the four NHS metropolitan regions. There are more than 80 university-appointed clinical tutors in the four regions, some working in purpose-built medical centres, others in adapted hospital accommodation. These centres usually consist of a lecture theatre, seminar and common rooms, a library, a bar, and offices for the clinical tutor and the librarian. Most of the librarians are employed partly as medical secretaries and have received no formal training in librarianship; in many cases they are unable to offer much more than a clerical service in the library.

2. The King's Fund Centre, through its senior library staff, has for several years been active in promoting the appointment of professional librarians in health service libraries, including those in medical centres. Recently there has been a marked increase in the number of chartered librarians moving into health service posts; this is a trend which is welcomed by Centre staff and others concerned with information handling, because they believe that the future development of NHS libraries and information services should, wherever possible, be firmly based on professional staffing. Nevertheless, it is recognised that many medical centres are so restricted in terms of space, stock and funds, that they are unlikely to attract or be able to afford full-time chartered librarians. In these circumstances every encouragement should be given to non-professional librarians already in post to improve the efficiency and effectiveness of their service to users, and staff at the King's Fund Centre were very interested in the Federation's proposal to appoint a professional libraries adviser.

3. The proposal was discussed at a meeting of the Directors and other staff of the Federation and the Centre, and general agreement was reached about the desirability of the envisaged work, although it was felt that the size of the task would require two advisers. Subsequently the Federation approached the Nuffield Provincial Hospitals Trust, from which body they received assurance that financial support would be provided for a second adviser if the Fund would agree finance the first. At a meeting of the King's Fund Development Committee, on 3 November 1972, *** it was agreed to allocate up to £5,000 for each of three years towards the cost of the project. The Federation had previously stated that, if the project proved successful, they would seek permanent establishment of the two posts by the University of London.

Objectives

4. The objectives embodied in the original job description and set out in previous reviews have recently been modified in the light of experience. The new terms of reference are:

- to advise on the planning, design and development of libraries and services throughout the Thames regions, with the exception of services to patients and library

services in the teaching hospitals;

- to be responsible for an in-service training programme for all newly-appointed library staff;
- to encourage liaison with other medical libraries, local authority libraries, universities and other organisations;
- to advise on the wording of advertisements and job descriptions for librarians;
- to be present at selection committees for the appointment of librarians;
- to receive agenda of all library committee meetings held in the four regions and, where appropriate, to attend committee meetings;
- to survey existing library services available to all NHS staff working in the Thames regions, and to put forward proposals for their improvement;
- to cooperate with staff of the regional department in the planning of meetings for medical centre secretary/librarians.

Progress

5. During the first phase of the project the two advisers visited all the medical centre libraries in the four regions. As was anticipated, they found that, with a few exceptions, the libraries hold inadequate book-stocks which often include out-of-date editions and old books in poor condition which are not being used; they also found inadequate classification and cataloguing of collections; they reported insufficient knowledge by secretary/librarians of inter-library lending facilities and routines. In many cases library services were found to be of an unacceptably low standard simply because the secretaries were too busy with other duties to be able to spend sufficient time in their libraries.

6. The Medical library bulletin is now well-established as a bi-monthly publication; several sections of a manual for secretary/librarians have been issued during the past year; a questionnaire-based survey to ascertain the use made of medical centre libraries has been carried out and results will be made available later. Using funds made available by Heinemann Medical Books Ltd., several guest lecturers have spoken to meetings of medical centre librarians and secretary/librarians. The advisers have continued to make available on-the-spot advice and have also continued to arrange practical training sessions at various locations within their areas.

Evaluation

7. The project is now at the half-way stage, and there is no doubt that the presence and activities of the two advisers is having a measurable effect, not only on the effectiveness and morale of medical centre librarians but also on the attitudes of many clinical tutors and others responsible for library services. The advisers have encouraged many of the librarians and secretaries to become involved in extra-mural activities which have sharpened their awareness of the wider implications of inter-library cooperation.

The future

8. As should be expected at this stage of a project of this kind, some of the people involved, especially the two advisers and some of the librarians who are benefitting from their advice and support, are expressing concern about the future. There appears to be little doubt in the minds of these people and others involved with the project, such as members of the Federation's Libraries Committees and clinical tutors, that the work of the advisers should be carried into the future in some form. During the coming year the advisers will be putting forward recommendations for consideration by the Federation, the King's Fund and, presumably, the Nuffield Provincial Hospitals Trust and London University.

*** PN 212
Development Committee minute no. 72/73.

March, 1975

Keith Morton
Assistant Director

SCHOOLS OF NURSING DIRECTORY

Origins

1. This project originated from a proposal submitted to Management Committee by Mr P.H. Constable in March, 1970. The proposal arose from earlier discussions at the King's Fund Centre and elsewhere, and from suggestions put forward in the nursing press. Particularly involved in the early discussions with Mr Constable were Mrs K.M. Bennett (Nursing and Hospital Careers Information Centre), Dr G. Maguire (at that time with the GNC Research Unit), Miss J.B. Craig (King's Fund Centre), several senior nurses from teaching hospitals, and nursing representatives from some regional hospital boards. At the time it was hoped that a directory would be the first practical move towards the setting-up of a central admissions system for nurse training, but that part of the proposal has not yet been promulgated.

2. At a meeting on 28 May, 1970, Management Committee discussed Mr Constable's proposal, which, broadly speaking, was a request for the King's Fund to support the preparation and publication of a directory which would give details of all schools of nursing in the United Kingdom. At the request of Management Committee, a small committee was then formed to investigate and report back to them with details of how the work would be conducted. Subsequently, having received the report, Management Committee duly approved the proposal and allocated £1,000 towards the salary of a research assistant to collect and analyse information for the directory. (Management Committee minute 7902). Since then, further grants have been made, bringing the total up to £3,875. (Management Committee minutes 8007, 8148).

3. The small 'reporting committee' mentioned above was enlarged and reconstituted as a 'project committee' with the task of guiding the project. This committee held its first meeting on 25 November, 1970; its membership was:

Mr P.H. Constable	Chairman
Miss E. Barnes	King's Fund
Mrs K.M. Bennett	Nursing and Hospital Careers Information Centre
Mr M.W. Cuming	King's Fund College
Mr K. Morton (Convener)	King's Fund Centre

4. The Lady Paulina Pepys was appointed Research Assistant and took up her duties on 1 October, 1970.

Objectives

5. The primary objective was to publish a directory of schools of nursing which would give information to potential recruits to the nursing profession. It was envisaged that the directory would be bought mainly by organisations, such as schools of nursing, secondary schools, libraries and so on, but also by some of the potential recruits.

6. A secondary objective was to make the directory self-supporting. With this end in view it was decided to produce a much larger number than is usual with King's Fund publications, and not to subsidise the selling price. This would mean that if sales were successful the King's Fund

would be repaid the full amount of money invested in the project. (In the event, it was discovered that the market had been overestimated; only about one-third of the 10,000 copies were sold. Accordingly, it was decided that the print order for any subsequent editions would be reduced).

Progress

7. A second edition of the directory was produced and published in May, 1974. This was a completely revised and updated version, and 4,000 copies were made, of which 1,000 were bound in hard covers. The interim period between first and second editions had seen considerable increases in all-round costs of production, so that the second edition was marketed at the selling prices of £3.25 for the paperback version, and £5.00 for the hardback. Nevertheless, by the end of 1974 about half of the total had been sold and the distributors were very hopeful that the balance would also sell within a few months.

Evaluation

8. The first edition was well-received and, apart from some minor criticisms of format and layout, was acclaimed by reviewers and users. The Briggs Committee on Nursing commented very favourably and went so far as to recommend that 'there should be an annual national publication listing educational institutions and courses similar to the King Edward's Hospital Fund for London School of Nursing Directory' (1)

9. Sales of the second edition and comments by users indicate that this version has been equally well-received. Already some users are asking when they can expect a third edition which will reflect the changes caused by the recent reorganisation of the NHS. It seems safe to conclude that the directory is already firmly established, and that it is considered to be useful and necessary by many people who are concerned with the employment, recruitment and training of nurses.

The future

10. So far as King's Fund financial support is concerned, this project has now ended. The Fund has for some time made it clear that there was no intention of underwriting any editions beyond the second. It is the hope of most members of the project committee that DHSS will undertake the task of making possible future editions; officers at the Department have been made aware of this hope and, as was stated in last year's review, DHSS involvement has not been ruled out as a possibility. Some commercial publishers have shown interest in taking over publication of the directory, but it is still the opinion of most committee members that this course should be adopted only if DHSS and the national nursing organisations decide against supporting future editions.

Reference

(1) GREAT BRITAIN. PARLIAMENT. Report of the committee on nursing. (Chairman: Professor Asa Briggs). London, H.M. Stationery Office. 1972. p213.

March, 1975

Keith Morton
Assistant Director

BRITISH HEALTH CENTRES DIRECTORY 1973

Origins

1 This project originated at a conference at the Centre in January 1969 during which Mr M. P. Curwen, Department of General Practice, Guy's Hospital Medical School, gave a paper pleading for more, and more up-to-date, information on health centres to be made readily available. His paper was subsequently revised by Mr Curwen and Mr B. Brookes, Assistant Director, King's Fund Centre and published in the Lancet*.

2 In response to this paper a small meeting of representatives of local health authorities, executive councils, the Department of Health and Social Security and other organisations was held to discuss the apparent lack of information and the lack of means of disseminating it.

3 Although this meeting agreed that there was a need for the collection and dissemination of information on a national scale, there was little agreement about the type of information required by the planners of health centres.

Objectives

4 It was therefore suggested that the Centre should compile a working paper that would, as a first step towards a comprehensive information service, provide simple data about each health centre in the United Kingdom. This first step had three objectives. Firstly, was to test on a national scale, the needs for an information service on health centres, and secondly by providing deliberately simple information, it was hoped it would provoke suggestions about the type of information urgently needed which could be incorporated in the second stage of the project. Thirdly, it was hoped that the basic information it contained would be of some immediate use to health centre planners.

Progress

5 At its meeting in February 1971 Development Committee approved a grant of £450 (Minute 71/61) towards the preparation and circulation of the first stage working paper.

6 The working paper, 'Directory of British Health Centres', was prepared by Mr M. P. Curwen and Mr Brookes from information given by medical officers of health in all counties and county boroughs in the Kingdom. In June 1971 the completed working paper was circulated to all county and county borough health authorities, all executive councils, all regional hospital boards and government health departments as well as to selected university departments, medical organisations and general practitioners.

7 Each recipient of the working paper was then asked, by questionnaire, whether the document was useful, and what additional information should be collected and published in the second stage.

* The Lancet, vol.11 for 1969, no. 7627, 1st November 1969. pp.945-948

8 The analysis of the replies received (400 out of 500 circulated) showed that, in general the working paper was useful but that the information content could be extended and clarified.

9 At its meeting in November 1971 Development Committee agreed to allocate a sum of up to £1,000 for the preparation of the second stage of the project as a revised and expanded edition taking account of the comments made by the recipients of the original working paper (Minute 71/54). In January 1972 the Fund's Editorial Panel agreed that this new edition would be formally published by the Fund under the title 'British Health Centres Directory 1973'.

10 This new Directory was compiled by Mr Brookes and contains information about every new health centre built, or approved for building, by the end of April 1972, and was published at the end of March 1973.

Evaluation

11 The first stage working paper was, on the evidence provided by the questionnaire, successful, and the present edition has been received well as a collation of information although it has provided little in the way of feed-back from its users.

The future

12 The continuation of the project is still a matter of discussion. In theory the collection and exchange of information useful for planning health centres should be easier after the introduction of a planning structure within the reorganised NHS, and therefore the Directory, in its present form, may not be necessary. Indeed the 1975 'Hospitals and Health Services Yearbook' contains names and addresses of the health centres for which each AHA is responsible. On the other hand, the project 'Evaluation of Health Centres' has reinforced the view that an information service may still be needed and discussion with the Health Departments in England, Scotland and Northern Ireland is now being directed towards identifying the scope and nature of such a service.

B. Brookes
Assistant Director
February 1975

INFORMATION SERVICE FOR THE DISABLED

Origins

1. The Information Service for the Disabled (ISD) came into being at the end of 1964, as part of the Disabled Living Activities Group of the Central Council for the Disabled. The King's Fund supported the service until 1967, by which time, due to the fact that a large number of hospital authorities and local authorities had become subscribers, the service was financially self-supporting. When, in March 1970, the Disabled Living Foundation (DLF) was established, the ISD was transferred to it and is now housed, with the Foundation's Aids Centre, at 346 Kensington High Street, London W14. During the past few years the ISD has received from the Department of Health and Social Security an annual grant towards its running costs.

2. The ISD collects and collates information about many aspects of disabled living in hospitals and in the community, and makes the information available to people who are concerned professionally with the treatment and care of disabled people in hospitals, local authority health care units, and at home. The main subjects covered are:

- aids to mobility and movement;
- aids to assist functions (such as toilet, dressing, eating and drinking);
- educational and training facilities;
- employment (both sheltered and normal);
- accommodation;
- recreation, holidays, handicrafts, and social centres;
- the provision of special services by government, local authorities and voluntary organisations.

3. From its inception, the ISD has worked closely with the King's Fund Centre. One result of this cooperation is the information retrieval system used by the service. This is a coordinate indexing system, with field-punched cards, which enables users to isolate relevant information about narrowly defined topics within the broad categories listed above. As far as we know, this was the first application of the system to this subject field; the procedures and the official language of the system were the outcome of a year's cooperative effort between the ISDs Information Officer and senior library staff at the Centre.

Objectives

4. The primary objective of the service is to improve and enrich the environment of disabled people. Subordinate to this overall aim, the objectives are those described in paragraph 2. Information and facilities which can assist in resolving problems of handicapped people do exist, and the ISDs objectives are concerned with making optimum use of existing resources.

Progress

5. The workload - handling enquiries, dealing with subscriptions, issuing bulletins and equipment lists - continues to increase and there is no indication that a ceiling for these activities has been reached. Not only have enquiries increased in number but, according to the information staff, the proportion of more complex enquiries is also greater than during the early years of the service.

6. The subscriptions structure has been reshaped to reflect changes brought about by NHS and local authorities reorganisation. The response by subscribers to these changes has been satisfactory; a great majority of users have retained access to the service despite widespread organisational changes in the field.

Evaluation

7. Last year's evaluation still holds good. The ISD is firmly established; continued increase in usage and continued DHSS financial support indicate that the service is accepted as useful and necessary by many people who are concerned with health care in general, and, in particular, with implementing the statutory requirements of the Chronically Sick and Disabled Persons Act, 1970. The ISD is one of many organisations which strive to make reality of the legislation by offering practical advice and information about resources and applications.

The future

8. There are signs of imminent regional development of some of the activities carried out nationally by the ISD. It seems likely that some of the DHSS designated National Demonstration Centres for Rehabilitation will build information units into their facilities, probably with a measure of specialisation based on the main clinical interests of the individual hospitals at which the Demonstration Centres are located. The ISD, with lengthy and significant experience of handling information for professional people concerned with the care of the disabled, is strongly placed to provide advice and leadership to the emerging regional services.

King's Fund grants in support of this project:

15 May 1964 (Dev. minute no. 237)	-	£ 2,500
2 Feb 1966 (Dev. minute no. 375)	-	£ 6,500
28 Oct 1966 (Dev. minute no. 422)	-	£ 1,000
Total	-	£10,000

PN54

March, 1975

Keith Morton
Assistant Director

PLANNING INFORMATION PROJECT - WESSEX RHA

Origins and objectives

1. In May 1972, the Fund's Development Committee approved an application from Wessex Regional Hospital Board for a grant of £3,500 to finance an experimental appointment in the Board's Forward Planning Division, so that practical experience could be gained in the acquisition and flow of information to a specialist health planning unit, in anticipation of developments in comprehensive health planning resulting from the reorganisation of the NHS. In May 1973, a renewal of the grant for one year was given (Minutes Dev. 72/41 and Res, 5Axi).

2. The project arose out of work done by Mr Keith Barnard, when research officer at the King's Fund Centre, looking at the whole subject of information for health planning. He had reported that there was a fundamental need to recognise in the context of health planning the wide range of sources and types of information which need to be procured in order that the planning process could successfully be prosecuted. He saw the information handling skill as that of ensuring the presentation of the needed information, suitably packaged, at the appropriate stage of the decision-making process, and presentation in such a manner as to encourage the understanding and acceptance of the information.

3. Mr Barnard suggested that such skill might be exercised by a person acting as an intermediary between planners and their many sources of information. This person, being a close colleague of the planners, would be responsible for developing a network of contacts in order to ensure a continuing and controlled flow of information. In the course of fulfilling this responsibility the individual concerned, by virtue of the closest contact with the planners, would be in a position to sift and evaluate the information against the requirements of any assignment and to ensure as relevant a flow as possible with the minimum of redundant information. Such a person might be called an 'information broker'.

4. Some of the information handled by such a 'broker' would be relatively stable over a short run and applicable over a general range of health planning issues. Such information as, for example, population forecasts, digests of official policies, review summaries of the consensus of professional thinking, might best be made available in some form of handbook or bench book. This would develop out of the practical experience of the proposed information broker but should also be of more general interest and application.

5. Mr Barnard was concerned that these ideas - the broker and the handbook - for which there were precedents and analogies in fields outside the health service, should be tested in practice. Through the King's Fund Comprehensive Health Planning Seminars Mr Barnard met and exchanged ideas with the Forward Planning Division of the Wessex RHB. This unit had, in the course of its two years' activities in the area of policy and service planning, identified a large information need and a problem in satisfying this. It was therefore proposed that the 'information broker' concept be tested in the Forward Planning Division.

6. On 1 September 1972, Miss Maureen Valdez took up the post on PAA grade. She had obtained the University of Leeds Postgraduate Diploma in Health Service Administration in June 1972, and had thus a broad

familiarity with health service theory. Prior to this she had worked in a voluntary organisation maintaining communication links between branches and central HQ., and therefore was considered to have a concern for communication if not the detailed knowledge of formal information theory.

7. In order to bring the lessons of this experiment to the attention of other authorities with as much impact and objectivity as possible, it was necessary to build into the experiment an assessment process to be conducted by a third party. Aslib (Association of Special Libraries and Information Bureaux) expressed willingness to undertake this task and to bear the financial responsibility for the assessment. Their interest is in looking for lessons that can be generalised for the wider field of information handling. Aslib staff have been working in the board since Miss Valdez took up her post and they have devised means of recording the activities of the Forward Planning Division and the information broker. The recording system was designed to identify the information handling aspect of the work.

Progress

8. At the outset Miss Valdez was assigned some specific activities which it was hoped would give opportunities for:

(a) meeting people and making the contacts which would become part of the informal information networks;

(b) learning about health planning philosophies and practices;

(c) becoming familiar with existing information systems and services;

(d) introducing the concepts of information and information broking, and testing reaction to and interest in these.

These activities included:

(a) an initial reconnaissance of a new subject, as a base for decisions about the need for further study or action;

(b) information support for working parties established to apply an existing policy in a new area;

(c) searching for regional policies and decisions on resource commitments in order to prepare guidelines for the Dorset trials of the DHSS proposed new planning system for the reorganised NHS.

In terms of the initial criteria they yielded learning experience and some opportunities for meeting people, but in the event less a testing of the reactions to the basic concepts of information than had been anticipated.

9. A review of these activities showed the need for more adequate expressions of policy, i.e. for statements about health care group or service objectives and priorities, about means of achieving these, and the resources to be allocated:

- the 'initial reconnaissance' project found many narrow operational-type policies but no overall concern or stance;
- the 'working party' projects show how regional policies were needed as counter-weights to immediate pressures and local politics;

- the 'guidelines' search shows that in general policies have not been debated, assembled or published at regional level.

As policies provide starting points for other planning projects and a framework for them, the definition and assembly of policies, and the recording of progress in implementing them, would be a vital part of the information broking task. Such policy and progress information would form a large part of a planner's everyday needs and would be incorporated in any planning handbook.

10. A more general briefing was that of promoting information flows to, within, and from the Forward Planning Division. Work here has included providing a divisional current awareness service, strengthening structures for internal communication, and joining in 'middle management' discussions of communication problems within the Regional Board. Information flows out from the division to the board have been given comparatively little attention to date, other activities having dominated the work pattern.

11. The post has attracted a certain amount of interest and attention. Miss Valdez has spoken to various groups - students of health service administration at the Nuffield Centre in Leeds, the 'October Club' group of health service administrators, and an International Course on Hospital Planning. A report on the project was given at the Aslib jubilee annual conference in the autumn of 1974. Visitors to the Forward Planning Division have had opportunities to discuss the project and its underlying concepts.

12. In talks to the 'October Club' and in the course on hospital planning, Miss Valdez outlined some of the questions and processes in information broking:

(a) defining the information task. Dialogue with the planners to define the question or situation to which the information is to relate, to clarify the reasoning behind it, and to identify any constraints;

(b) procuring the information. Methodological questions about whether the information exists, is collected, is known about and available, and about its possible sources, channels and forms;

(c) analysing the information. Looking at its contents and quality (for example, 'texture', relevance, validity) and at what is omitted or not covered. Devising the appropriate assembly and packaging of the information;

(d) communicating the information. Passing the information in a manner to promote its understanding and acceptance by the planners, using knowledge of the information content, knowledge about the planners, knowledge of the factors which hinder or aid communication;

(e) assessing the exercise. Considering any further or on-going need for the information, whether for the planners or for others within the organisation or outside it. Reviewing the above exercise for lessons about the effective use of existing communication structures, internal and external, or about the need for new or different structures.

In all this the significance of the broker being part of the planning division is seen. It is on the basis of an on-going and developing relationship with the planners that an understanding of their needs, whether explicitly or implicitly expressed, can be gained and effective communication achieved. The broker has equally to make effective links with the formal information systems and services and promote the planners' understanding of what these can offer, as well as developing the informal contacts which can throw up the often crucial pieces of intelligence a planner needs. It is in developing these relationships and in remaining adaptable and responsive to changing situations that the need for a 'human' interface or intermediary is underlined, and the value of the non-specialist (not aligned with specific professional interests) is emphasised.

13. The testing of the original concept of the broker's role has been hindered by the prevailing climate of uncertainty in which the Forward Planning Division has been working, arising both from internal organisational factors and the approach of NHS reorganisation. Whilst any such unit, both new in itself and dealing with new ideas, would be expected to have a volatile work-flow, the extent of outside influences on this were very much underestimated. These contributed too to a much longer 'implantation' time than expected, for instance in becoming accepted by the planners, of learning about their work, and in becoming familiar with the regional board's structure and functions. This meant that many aspects of the original concept have not been tested in the way initially envisaged. The concepts themselves have not been discredited but practical demonstration has not always been clearly achieved. Meanwhile the process of developing and refining the concepts has gone on. The uncertainty of the work background meant that more time and attention could be given to thinking about planning theory and to the role of information and information services in this.

Evaluation

14. In the course of her paper presented at the Aslib 1974 conference, Miss Valdez evaluated the project in general terms as follows:

> 'the broker's services were less effective in the area originally defined by the planners as of their greatest need, and more effective in areas where information gaps had not been specially noted.'

Evaluation of the original objectives beyond what has already been said in this review is not easy. It has been rendered difficult because the context for the experiment has changed with NHS reorganisation; the Forward Planning Division has been superseded by a much larger planning and development unit in the new regional health authority. Nevertheless, evaluation of the project within the RHA, and of the usefulness of the information broker concept, can be judged by the fact that the post has now been permanently established in the new management structure. The role is now being redefined in the light of experience and against the reorganised background of the RHA.

The future

15. Miss Valdez, speaking at the Aslib conference, also gave some of her views of the future of the information broker role; the following extracts are from the published account of her paper(1):

'A key principle of the reorganised NHS is that there should be a more systematic debate about planning policies, about objectives and priorities and means. This debate will take place at all levels of the service, and will involve providers and consumers of health care, as well as outside agencies and experts.

'A main emphasis of the broker's role will be in relation to these policies:

In assembling and publishing existing policies.

In ensuring that policies are regularly reviewed and updated.

In recording progress towards their implementation.

'This will be achieved through the general information support activities already described:

Through the current awareness service that would capture information in any form and from any source that might be relevant to existing policies. Through providing structures that will ensure that policies are regularly reviewed and new ideas incorporated; and that the results of any reviews are disseminated as appropriate.

'The other aspects of this general information support will continue much as before. There will be extra emphasis, however, on communication between the planning unit and the region, with the broker acting as co-ordinator, for example, in preparing newsletters and reports, and in arranging meetings between planning staff at the different organizational levels.

'The essence of the original idea, of having a member of the planning team particularly responsible for promoting information flow and for exploiting the whole range of information forms and sources, remains the core of the broker's role and tasks.'

A full report of the project will be available later this year.

Reference

(1) VALDEZ, M. An information broker as a member of a health service planning unit. (Paper presented at the 48th Aslib annual conference, Churchill College, Cambridge, 22-25 September 1974) In Aslib Proceedings, vol. 26, no. 12, December 1974.

PN 203

Maureen Valdez/KM
March, 1975

BRITISH HEALTH CARE AND TECHNOLOGY PUBLICATIONS

Origin

1 This series of publications arose from discussions between the King's Fund Centre, the British Hospitals Export Council and the publishers of Health and Social Service Journal and Hospital International. As a result of these discussions, the King's Fund agreed to help underwrite the cost of producing the series (Minutes Dev 72/77 and Res Cen 74/9).

Objective

2 The aim of these publications is to produce an authoritative review by expert contributors on developments in selected themes of health care, together with descriptions and illustrations of interesting developments in services and buildings. It is intended that the publications should have a wide circulation overseas as well as in this country.

Progress

3 The first publication in the series was produced in September 1972 on the subject "British Operating Theatres". Some 10,000 copies were printed for distribution or sale at home or overseas, and of these nearly 3,000 were given to delegates attending the World Congress of Anaesthesiology in Kyoto, Japan. Since then the following have been issued :

1973	The Elderly Mind
	Hospital Catering
1974	Accident and Emergency Services
	Health Centres
	Intensive Therapy

For 1975, the topics being considered include rehabilitation, maternity services, biamedical engineering and operating theatres.

Evaluation and the future

4 It is difficult at this stage to give a firm assessment of the value of the publications, but they have certainly been in very great demand, both overseas and in this country. Financially, the aim is to make the publications self-supporting through advertising or sales. In practice, however, some of the topics that the Centre would like to cover do not have a high advertisement potential, particularly on subjects that are as much concerned with organisation as with equipment.

M C Hardie
Director
March 1975

PN 215

HOUSE JOURNALS IN THE NHS

Origins

1 The project started in 1966 when a survey of 23 hospital magazines and newsletters was undertaken. At the time this was the total number that could be found. The results were published in an article in the Hospital (M Dorothy Hinks "House Journals - an aid to management?" The Hospital, Vol 62, No 10, October 1966 pp 490-493). It was felt that a valuable tool of management and means of improving communication awaited development.

Objectives

2 (a) To help hospitals and health authorities to improve their staff relationships, communications and public relations by encouraging the establishment of house journals, newsletters and bulletins.

(b) To help hospitals and health authorities to improve the standards and efficiency of their publications by means of conferences, annual workshops for editors, advisory and information service for enquirers and editors, and a biennial national competition.

Progress

3 Details of the various activities carried out during the year under review are as follows:

(a) Annual Workshops for editors and editorial assistants

The first meeting for editors was held in 1967 with 40 members. By 1971 it was necessary to hold two meetings a year, and since 1972 the Centre has organised three workshops each year for editors and editorial assistants. The programmes have increasingly included practical exercises, and are planned to meet as far as possible the varying needs of different types of publications and editorial skill.

(b) National Competition

The Fund's Development Committee has allocated a sum of money every other year for this contest which started in 1969. The number of hospital publications entered steadily increased from 64 in the first year to 102 in the 1972 contest. The 1974-5 contest attracted 95 entries. The continued popularity of this competition lies to a considerable extent in the very detailed individual analyses on all publications that are written by a panel of experienced judges.

(c) Exhibition

An exhibition of examples of current British and overseas publications is mounted every year during the period covered by the workshops. Every other year this exhibition concentrates on the entries to the national competition.

(d) Enquiries and information services

Many enquiries are received by the Centre both from editorial staff seeking to improve their publications and from hospital and health authorities considering starting house journals or newsletters. Help is offered by individual correspondence, by lending folders containing useful material, and by an occasional "package" information service which includes material used in past workshops and reprints of relevant articles and samples of current hospital journals. A register of all known journals is kept up-to-date and editors are also supplied with individual copies of the Centre's quarterly newsletter.

(e) Research

A readership survey by means of postal questionnaires of 12 hospitals house journals was undertaken in 1971/2. Following this, requests have been received from a number of editors for similar surveys to be carried out. As a result, a total of 17 journals have been subjected to a readership survey, covering a total of 119 hospitals and 30,000 staff.

Individual editors and editorial committees have found the results of the surveys to be a useful guide to the needs and views of staff and a help in planning future developments. A report of this study was published in August 1974 - 'Hospital House Journals' M Dorothy Hinks, King's Fund Project Paper No 7.

A further development has been the receipt of requests from several hospitals for help in conducting their own surveys. A revised form of questionnaire was prepared but the results seem to indicate that, despite promises of anonymity, staff appear to respond better to a survey carried out by an independent outside investigator than by staff of their own hospital.

Evaluation

4 In 1966 when the first survey was undertaken, the Centre knew of only 23 newsletters or magazines for hospital staff in this country. The number at the moment is just under 200. Reorganisation disruption in 1974 caused the demise of a considerable number of publications, but new journals, newspapers and bulletins, are appearing regularly, particularly at area level.

The Future

5 Plans for the future include a continuation and extension of the present activites - information, advice and training. A start is being made with the organisation of workshops outside London, and a handbook of guidance for editors is also planned.

Finally, the Centre wishes to record its gratitude to member of the British Association of Industrial Editors who have given unstintingly of their time and expertise to advise and guide as well as taking part in the workshops and competition judging.

M D Hinks
Research Officer
March 1975

CARING AND COMMUNICATION

Origin

1 There are many voluntary organisations concerned with different aspects of disablement and the needs of disabled people, a number of which publish some form of newsletter or magazine. Too often these organisations are working in comparative isolation and their services, and very existence, can be quite unknown to the caring professions in the health and social services, to each other, and to the population they seek to help. Early in 1974, the Centre was asked by Ann Armstrong, MBE, editor of Responaut, if a meeting of representatives of these organisation could be arranged.

Objectives

2 The purpose of the first meeting which was attended by representatives of both voluntary and professional 'caring' publications was to discuss problems of common interest and concern and explore possibilities of improving communications, and the dissemination of news and information.

Progress

3 It was agreed at the first meeting that the ideal would be some form of central clearing house for information on all types of disablement but as a first attempt to improve communications the following action was taken:

(a) a temporary revised and enlarged edition of the King's Fund booklet of organisations, now out of print, has been produced.

(b) The publication Social Services produced four special issues containing details of voluntary 'caring' organisations.

(c) The journal Community Care agreed to publicise some of the smaller organisations dealing with rare and little known disorders.

(d) The King's Fund Centre agreed to organise a practical workshop for editors and reporters of voluntary 'caring' publications with the aim of offering training in the skills necessary for successful reporting, the use of press releases, and the general production of newsheets and magazines.

Evaluation

4 The activities so far undertaken have demonstrated the need for improvements in communication and for training in editorial skills. Individual members are discovering many sources of information previously unknown to them, and it would appear that further meetings and activities along the lines suggested would be welcomed.

The Future

5 Further meetings are planned to meet representatives of the medical and other health service press and requests have been received for training sessions to cover public relations, editing and reporting and working with the media.

M D Hinks
Research Officer

March 1975

EQUIPMENT ADVISORY SERVICE

Origins

1 The post of Equipment Adviser was added to the establishment of the King's Fund Division of Hospital Facilities in 1960, and was created to meet the growing demand for information about hospital equipment. Mr. S G Wakeling was appointed to the post and has held it ever since.

Purpose

2 The original purpose of the appointment was to provide a focal point within the Fund for the collection and dissemination of information about equipment and supplies, engineering and technical services for hospitals and other organisations concerned with care of the sick and disabled. The aims of the Equipment Advisory Service (EAS) are to provide information in subject areas that are not adequately covered by other sources, calling for changes in emphasis and direction in the light of services provided by the Department of Health and Social Security (DHSS), organisations such as the Disabled Living Foundation (DLF) and other specialised advisory and information services, with whom liaison is maintained.

Progress

3 The work of the EAS is best described by referring to the various activities shown in the following paragraphs.

i) Enquiries

4 Most of the enquiries are made by telephone, others by correspondence and some by personal visits to the Centre. A very large proportion of questions concern source of supply and they come mainly from supply departments of hospitals and local authorities, but also from hospital suppliers who have been asked to provide items outside their normal range of products. Architects and engineers ask for technical details of equipment they have to include in their schemes, while manufacturers and designers seek information on other types of equipment available in the field in which they are concerned.

5 The growing awareness of the community to the existence of aids for themselves or for nursing relatives at home continues to increase the number of private enquiries, particularly from those who regard the local welfare services as charitable sources, or otherwise embarrassing to approach while others are unaware of the type of help available. In some cases, however, there is an anxiety to purchase immediately to avoid the delay of official or administrative procedures. Enquiries of this nature are received sympathetically and although information is given as to sources of supply it is usually accompanied by advice to consult the patient's doctor as to the suitability of the product and the local welfare services regarding supply and installation. Other sources of information such as the Disabled Living Foundation, British Red Cross Society and other associations dealing with specific ailments are quoted where appropriate.

6 No distinction is drawn between types of enquiries and, providing that the information is intended for the ultimate benefit of the sick and disabled, no request is refused, but some are re-directed to other organisations where more detailed information is available.

7 A considerable number of enquiries are received direct from overseas and help is often given to the British Hospitals Export Council in dealing with the enquiries they receive.

ii) Collection of Information

8 This entails the collection, filing and indexing of trade literature describing all types of equipment and materials, excepting drugs and pharmaceutical preparations, likely to be used in health care situations, ranging from the large hospital to the domestic household. At present 7,300 companies are listed as manufacturers, suppliers or agencies from whom details of products can be obtained, showing an increase of 400 during the last year. An index of trade names is maintained as a means of identifying particular products and during the year a further 1,400 entries have been made, giving a total of over 11,000. Details of each product on which information is received and considered suitable for inclusion is logged and this year the entries numbered 1,800, giving a total of 14,000.

iii) Information Retrieval

9 A numerical coincidence system is used, by which each separate item of information is logged when received and subsequently posted on individual term cards. Reference to the appropriate term cards and identifying coincident numbers gives a log reference by which the information can be traced.

10 As an example of the system and the way in which it is operated, a typical log entry is shown below.

"MINIFETON - Foetal Heart Monitor - TE-16 - 6213"

The log number 6213 is entered on term cards 'foetal', 'heart' and 'monitor'. Reference to these three cards would also indicate, by other coincident log numbers, all other foetal heart monitors on which information had been received. "MINIFETON" is a trade name and, as such, is entered on the trade names index, together with the log number and the code number TE-16 which gives the identity of the company supplying the equipment.

11 The present collection of over 3,000 terms has been built up randomly to cover the extremely wide range of products and subjects on which information is held. It is acknowledged that this thesaurus is too large for convenience and a study is being made on ways in which this can be reduced.

12 Code numbers are used to identify companies in order to obviate the necessity of writing the full name and address of the company at each stage of recording, and also to safeguard the possibility of changes of title or address. Each company has a separate card which carries their last known address and telephone number. Commercial mergers, rebuilding and direction of industry to other areas cause a great deal of change in addresses and titles of companies and quite a number lose their identity in larger

amalgamations. Reference to a single point where current data is recorded saves the embarrassment of giving out of date information. Lists of companies supplying a particular type of equipment are also prepared and over 600 of these are available.

iv) Maintenance of Information Services

13 Additions and revisions to the information index are made daily, and although this constitutes the main routine of this section, its value is reflected in the speed in which enquiries can be answered. Telephone enquiries generally are answered during the initial call, or within the same day: letters are generally answered within 24 hours of receipt.

v) Sources of information

14 A large number of journals which carry advertisements or articles on items of potential interest are scanned. Exhibitions of products within these broad interests are visited and occasional visits are made to hospitals or manufacturers premises where new products are in use or being made. Liaison is maintained with other information sources on a reciprocal basis.

vi) Disposables Index

15 One of the most popular subjects of enquiry is the availability of disposable products, and since no other organisation appears to cover this important field, it has been the practice to publish an index of products, and the companies supplying them, at intervals of every two years. The 1973 edition, which was the seventh, contained references to cover 600 different classes of products, 200 companies and some 750 trade names. Preparation of the index involved the preparation and circulation of a detailed questionnaire to each company and collation of their replies. A different method of listing and reduction in the size of type were used to conserve paper, whilst providing a great deal more information than previous editions. The coding system employed makes it possible to identify the suppliers of any product, the material from which it is made, and whether the company concerned is a manufacturer importer, or a distributor of that particular item.

The index is sent by request only, free of charge to health service authorities and other government departments, but commercial establishments are charged 20p per copy to cover printing and postage. Since October, 1973, approximately 800 copies have been distributed of which some 150 copies have been sold to commercial establishments. Requests from overseas, including one from the New Hebrides, account for about 50 copies.

Work on a new edition will be commenced shortly, so that publication in September/October 1975 will maintain the tradition of a bi-annual review of this important section of the hospital and health services supplies field.

vii) Conferences and Exhibitions

16 The general range of subjects on which conferences and exhibitions are held at the Centre include very few that concern the Equipment Advisor from a technical viewpoint, but he has the responsibility for provision of all audio-visual aids. Generally, day to day operations of the equipment is in the hands of other staff, but all

technical matters, special arrangements, breakdown etc. are referred to the Equipment Adviser, who is also called upon to operate or instruct others to use equipment when normal operators are unavailable. He also advises on photographic and sound reproduction materials, the methods and equipment used in preparation of audio visual programmes used for conferences and exhibits.

viii) Outside activities

17 Membership of various committees involve absence from the Centre and also work at the Centre on documents or correspondence. The present main commitments are listed below:

Chairman - British Standards Committee - Hospital Castors
Chairman - British Standards Committee - Bedside Lockers
Member - British Standards Committee - Incinerators
Member - British Standards Committee - Tubular Equipment
Member - British Standards Committee - Sanitary Equipment
Member - D O H S S Committee - Trolleys
Member - U K Liaison Committee for Sciences Allied to Medicine and Biology

Attendance at conferences and exhibitions, visits to hospitals and manufacturers premises are made to maintain topical interest in the wide range of subjects covered by the information service.

Evaluation

18 The demands being made on the EAS, both from inside and outside the health services indicate that there is a need for advice and information of a kind that will help enquirers on the way to finding answers to their problems. It cannot be claimed that there is specialist knowledge in any particular fields, and many enquirers already know a great deal about the subject in question, but lack a few links in their chain of enquiry. The systematic recording of information over an extremely wide range of subjects calls for consistent application to routine, but it is proving to be a firm and widely-based foundation on which to build a reputation, not only as a source where information can be obtained, but also to where it should be directed.

The Future

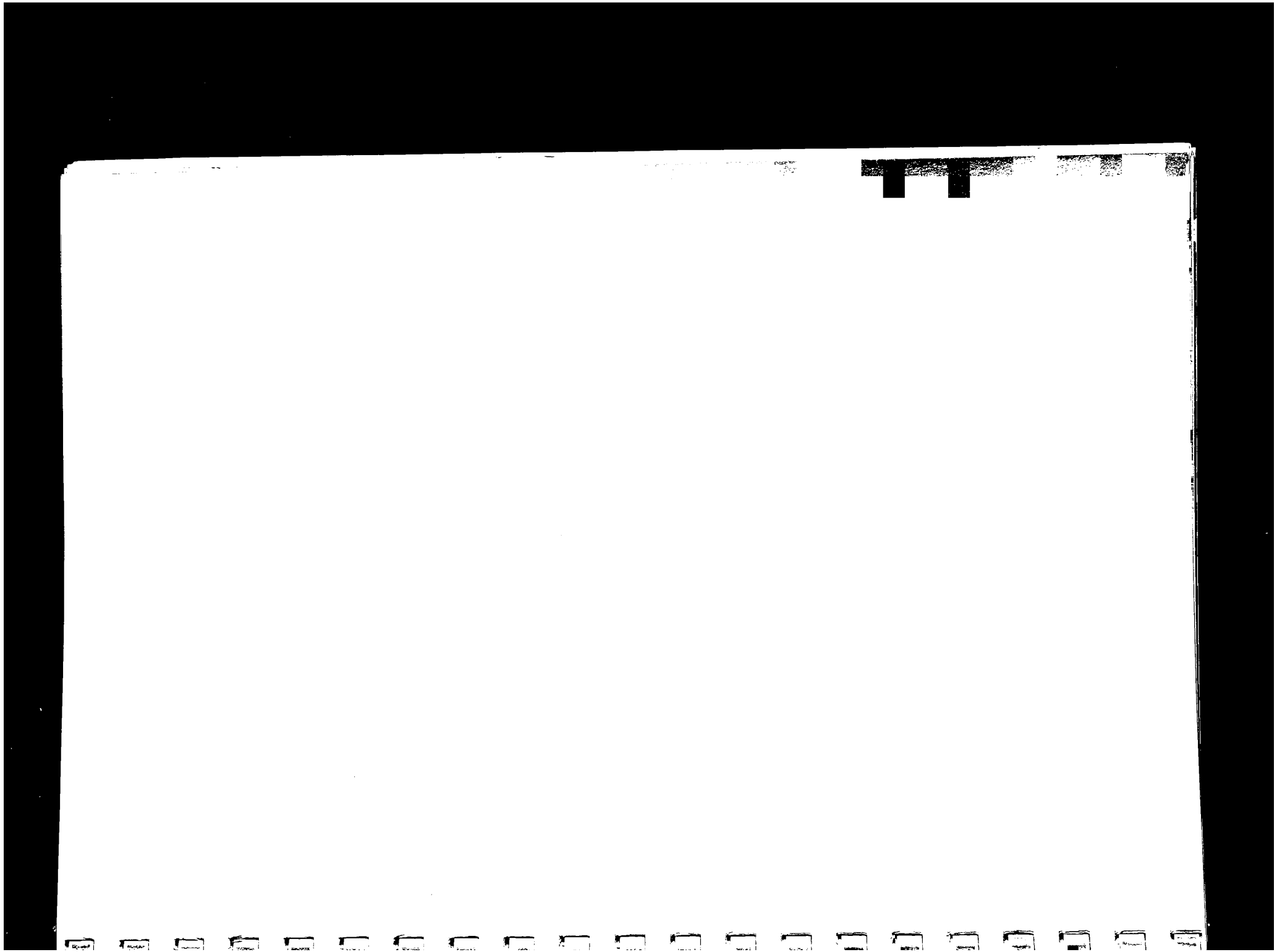
19 The aims of the EAS will be to continue providing a service that is sensitive to the demands likely to be made upon it and to seek ways of improving the standards of operations by which information is collected, indexed and disseminated. Much work has been done already to streamline these processes and it is hoped that the opportunities which arise from moving to the new King's Fund Centre, will allow such changes to take place.

A new system of coding will allow filing under categories, as well as under the company name and eventually will provide information in a form which could be distributed to Supplies Officers on a subscription basis.

The many changes that have taken place in the reorganisation of the health and social services administration have also involved the transfer of personnel and duties in the supplies field with the result that there is a need to re-build, or expand the internal information services and catalogue libraries regarding products that supplies departments are required to provide.

S G Wakeling
Equipment Adviser

CARE FOR THE ELDERLY



CARE FOR THE ELDERLY

Origins

1 Problems of care for the elderly in hospital and community have been causing increasing concern for some years both in public and in professional circles. The staff of the Centre have certainly been made well aware of this concern through comments and enquiries from visitors and correspondents and through the national and professional press, as well as from discussions at conferences and meetings at the Centre and elsewhere. It was largely these considerations that have led the Centre to concentrate some of its efforts upon improving care for the elderly.

Objectives

2 In this field, the Centre's aims can be broadly defined as being :

i) To identify problems in the planning and operation of services for the elderly in hospital and in the community.

ii) To provide a forum for multi-disciplinary discussion of these problems and for exchange of information and ideas about ways of preventing or overcoming these problems.

iii) To disseminate information about good ideas and practices in the care of the elderly.

iv) To promote investigations and research directed towards the improvement of services for the elderly.

Progress

3 For many years the Centre, and its predecessor - the Division of Hospital Facilities - has provided information on request about facilities and services for the elderly, and the Fund has given many grants to help improve these services - notably its support for the establishment of the Elderly Invalids' Fund. A number of investigations and research projects have also been initiated on different aspects of care for the elderly : descriptions of some of these are the subject of separate reports.

4 In 1970, Development Committee agreed (Minute 70/5, January 1970) to allocate up to £1,000 towards the organisation of conferences and other activities concerned with geriatric care. This programme was worked out in close association with the North West Metropolitan Regional Hospital Board and included a series of 12 conferences on different aspects of geriatric care, together with a 6-month exhibition on this subject. The conferences were over-subscribed and attended by over 1,200 people of all disciplines from hospital and local authorities and voluntary organisations, and over 3,000 attended the exhibition.

5 In preparation for the exhibiton and other activities, information about innovations and developments in geriatric care was sought from statutory and voluntary authorities all over the country. The response was good, and much of the information was summarised and reproduced in the booklet 'Improving care for the elderly'. 3,000 copies were produced : of these, about 750 copies were sent to the statutory and voluntary authorities from which information was originally sought; about 1,000 copies were issued on request to those attending the conferences; over 200 were given to special visitors or enquirers from this country or abroad; and about 900 copies were sold.

6. In association with Whitehall Press Ltd, a special publication "Modern British Geriatric Care" was produced in the autumn of 1970 as a supplement to the journal "Hospital Management Planning and Equipment", and several thousand copies of this were distributed at home and overseas. A collection of the conference reports was also prepared under the title "Care for the Elderly" and over 1,500 copies of this have been distributed or sold.

7. During 1971, some smaller meetings were held to follow up some of the problems and ideas raised during 1970, and these meetings continued into 1972. During 1970/2 one of the main problem areas was defined as being in the field of psychogeriatric care, and it was agreed to concentrate on this topic in the exhibition and conferences arranged for the latter part of 1972 and early 1973. Accounts of the smaller meetings are given elsewhere in the review. A collection of reports on five of the large meetings has been prepared under the title "Care for the Elderly Mind" and 1,500 copies of this have been produced. Of these five meetings, one was organised in co-operation with the Geriatric Care Association; one with Luton and Dunstable HMC and the North West Metropolitan RHB (and held at Luton and Dunstable Hospital); and one with Kingston and Long Grove HMC (and held at Kingston Medical Centre).

8. An exhibition on the same theme was held at the Centre from August 1972 -January 1973, which was well attended by many people from the health and social services, voluntary organisations and schools. The exhibition included a slide/tape audiovisual programme"Helping People", which has subsequently been sent out on loan to quite a number of places and has been included in the library of the Medical Recording Service Foundation. Later another audiovisual programme "A Life Worth Living" was produced to illustrate problems and progress in the provision of psychogeriatric care.

9. To complement the conferences and exhibition, another publication "The Elderly Mind" was published in 1973 by the Health and Social Service Journal and Hospital International in conjunction with the Centre and the British Hospitals Export Council. This contained over 90 pages, with a foreword by Dr. Bernard Mallett, Chairman of the North West Metropolitan RHB's working party on psychogeriatric care, and 24 articles by consultants in geriatric medicine and psychiatry, medical officers from the Department of Health and Social Security, nurses, social workers and others involved in the day-to-day care of the elderly in hospital and community. Some 3,000 copies were printed for distribution or sale at home and overseas, and over 800 copies were sold within a few months of publication.

10. In 1973/4 work continued on the preparation of a publication concerned with the social needs of people in long-term residential care, and this is due for publication in the spring of 1975. More details of this project are given elsewhere in this review.

11. Following on the earlier large conferences, a series of smaller seminars were organised in co-operation with some of the London regional health authorities for nursing officers with responsibility for the care of the elderly in each region. These meetings are continuing and are described elsewhere in this review.

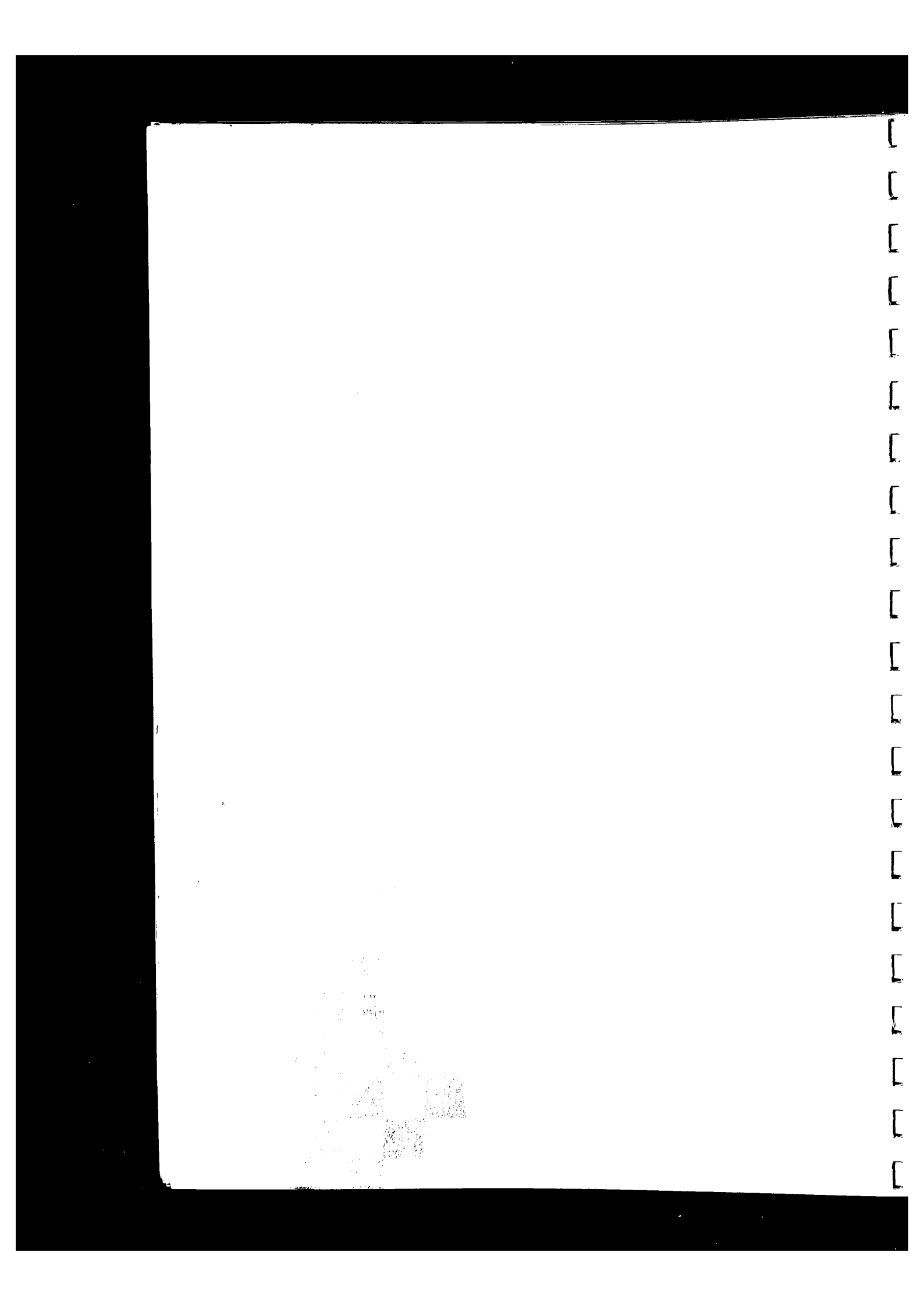
Evaluation and the future

12. From the conference questionnaires returned by participants, and from comments in the press and elsewhere, it seems that the conferences, seminars and exhibitions have helped to identify problems and to stimulate people to improve their services, although it is proving hard to measure such improvements precisely. During 1975 the Centre will be maintaining and developing its interest in the care of the elderly through various activities, including an exhibition and meetings arranged in close collaboration with the Hospital Advisory Service. To some extent, this work dovetails in with the Centre's other interests in the care of long-stay patients in hospital and community, including the mentally ill and mentally handicapped - fields where staff share many common problems over training, attitudes, environment and other matters. In order to help determine more clearly in what directions the Fund could develop its work in this whole field, a joint Centre/College working party was set up late in 1974.

13. This working party suggested that the Fund might aim to develop and co-ordinate its activities in long-term care for five main groups: the mentally handicapped, the mentally ill, the elderly mentally ill, the elderly sick and the physically handicapped. Within this broader definition of long-term care there are three generic groups to be considered: those who can stay at home with good back-up support; those who need social care which a hostel or community home can provide, and those who need clinical support in a hospital. Following the working party's report the Fund is now considering how best to develop its interests in long-term care, bearing in mind the need to collaborate with many other organisations that have interests in parts of this wide field.

M.C. Hardie
Director

February, 1975



FIVE-DAY WARD FOR GERIATRIC PATIENTS

Origins

1 This project originated in an application from Dr R Naylor, consultant geriatrician at the Lennard Hospital, Bromley, for a grant for a study of a five-day rehabilitation ward for geriatric patients at the Lennard Hospital. In February, 1972, Development Committee allocated £2000 for the project (Minute 72/16).

Objectives

2 The chief purposes of the project were :

a) to see if elderly hospital patients can be successfully rehabilitated on a five-day basis, spending each weekend at home

b) to investigate the sharing of the care of these patients by hospital and family, and to find out whether this prejudices the patient's recovery, or whether it favourably affects their morale as adjustment to living at home is achieved in the course of treatment.

c) to find out whether the establishment of this type of five-day ward helps to recruit nurses back into hospital work.

Progress

3 The help of the Queen's Nursing Institute was sought for the conduct of the project, and it was agreed that Miss J W Parnell, SRN SCM HVCert, Nursing Officer at the QNI, should act as Research Officer. The study commenced on 1 September 1972, and attention was concentrated on nine factors listed in the original application :

i) Type of patient and their reaction to the five-day programme
ii) Method of pre-admission assessment
iii) Discharge difficulties and relapse rate
iv) Family reaction and difficulties, especially at weekends
v) Problems of clothing-whether to use the patient's own clothing or to provide hospital clothing
vi) Transport organisation and difficulties
vii) Type of nurse applying for work on this ward, and their reaction to the work
viii) Overall cost being compared with conventional rehabilitation ward
ix) Possibility of establishing a five-day ward for long-stay patients, as distinct from rehabilitation patients.

4 When this new venture was planned, it was decided that a completely new nursing team should be recruited. Posts for trained staff were advertised in the national nursing press, and for both trained and auxiliary staff in local newspapers. The response for both types of post was very satisfactory. The applications and inquiries for the nursing auxiliary posts showed a wide range of background and experience, and a wide age range - from 15½ to 62. Although this type of post is often thought to appeal to the married woman whose family no longer needs her full time care, a considerable number of applications were received from single women. A small number of men also applied for posts as auxiliary staff.

5 Since the ward opened, the staff involved in the five-day ward - medical, nursing, occupational and physiotherapy and medical social work - have integrated into a team in which everyone is encouraged to contribute to discussions, and which encourages the patient to achieve the maximum amount of independence possible. A brief description of the project was published in an article "New developments in five-day care" in the Nursing Times on 1 November 1973 (KFC reprint 839), and later the same month a full report on the project "Home for the week-end - Back on Monday" was published by the Queen's Nursing Institute (Price £1.25).

6 The Ward has continued to function as a useful unit with a turnover of about two hundred patients a year. The Ward has eighteen beds, but because of the rapid turnover these are rarely completely filled. Because of the above-mentioned Report and Press publicity, we have had numerous visitors from all over the country and one or two from overseas. The appointment of a Nursing Liaison Officer, shared by the Community Nursing Service and the Hospital, in 1974 has further enhanced the efficiency of the Ward by improved communication with the community nurses. The Officer attends the weekly ward round and contacts the group-attached home nurse, who will look after the patient at the weekend, and may even visit the household herself.

7 The absence of a Ward Clerk in the original establishment has proved a disadvantage, as senior nursing staff are heavily involved in repetitive clerical work. A survey of existing Five-Day Wards serving all types of speciality at present operational in the UK, was the subject of a Leader in the "BMJ" in February 1974. ThisLeader discussed the Bromley Five-Day Ward and incidentally revealed that almost all the other Five-Day Wards had Ward Clerks. A part-time Ward Clerk should shortly be in post to help the Bromley Ward.

8 The Five-Day Ward was started before re-organisation of the NHS and the local General Practitioners were not consulted before the Ward opened. It would seem wise to use the new Committee machinery in the re-organised NHS to consult GP's before setting up similar wards in other areas. A retrospective study of local GP re-action will be the subject of an article to be published in "Update", probably in March of this year. This particular piece of research has been carried out by a GP Clinical Assistant attached to the Ward one session a week. We have had no real difficulty in replacing members of staff as they leave the Ward team, and the high degree of work satisfaction, indicated by the Major Report, is still present.

9 The Ward was also described in a paper presented at the Seventh European Congress in Gerontology at Manchester in September, 1974. We are convinced that at least in the Bromley area the Five-Day Ward has improved the overall service to the elderly and has provided a forum for discussion between hospital and community staff.

Evaluation and the future

10 The research study has now been completed, but the five-day ward continues. Interviews have showed that most of the patients and their relatives found that the five-day ward provided a very acceptable form of care. The study shows that patients in this age group can be successfully rehabilitated on a five-day basis, and that the sharing of care does not prejudice the improvement of suitable patients. The wide range of medical conditions treated in the ward indicates that this type of ward may be a suitable form of admission for some patients who are at present being treated in general medical wards, as well as those for whom it was intended - the geriatric patient requiring rehabilitation. The latest development is that the DHSS Third Report of the Joint Working Party on the organisation of medical work in hospitals (HMSO 1974) recommends in the section on geriatric services that hospitalsreview the desirability of establishing a Five-Day Ward for geriatric patients, the reference being the Bromley Five-Day Ward.

Dr R Naylor
Consultant Physician in
Geriatric Medicine
Bromley AHA
January 1975

PN 192

CLOTHING & DRESSING OF HANDICAPPED PEOPLE

Origins

1 This project arose from an application from the Disabled Living Foundation for a grant to help with the preparation of a manuscript for a book on problems of clothing and dressing of handicapped people. In May 1972, Development Committee agreed to allocate £5000 for this project over 18 months (Minute Dev 72/43).

Objectives

2 The purpose of the project is to produce a book designed for a readership of both practising nurses and of students, and aiming to cover problems encountered for patients of all ages whether in hospital or the community.

Progress

3 The project worker, Mrs Rosemary Ruston, SRN HV, started work in 1972 on a part-time basis (which means that the project will extend over a longer period than the 18 months already envisaged). Her work started with a study of the literature on the subject, which showed that in fact there has been very little study on how people dress or undress, either by themselves or with assistance. Subsequent visits to discuss the problem with nurses in hospital and community likewise showed that little had been done to discover any techniques or ways of dressing particular groups of handicapped people, largely because nurses are not innovators in this field - since nursing is a caring profession, the nurses are more likely to help someone in difficulty than to watch him struggle and find out why he has particular problems in putting clothes on or taking them off. As a result, more information and advice was sought from physiotherapists, occupational therapists and patients.

4 During 1974, the manual took shape according to the basis of how clother were put on. The plan is to have a central core of illustrations with attendant text of the activities of dressing oneself or being dressed by another, surrounded by chapters concerned with the various aspects of clothing, the way disabilities affect both the dressing process and clothing, and the problems of toiletting. The contents of the manual as planned at present are :-

1 Introduction
2 Dressing as part of daily living activities and rehabilitation
3 The development and teaching of dressing skills
4 Fastenings; dressing aids; openings ; the use of grasp and grip
5 Dressing and undressing oneself
6 Dressing and undressing someone else
7 Controlling clothing in the lavatory
8 Dressing and clothing modified by disability or handicap
9 Selection of suitable clothing
10 Fibres, fabrics and finishes
11 The problems to be found with large groups of handicapped people
12 Conclusions

Appendix 1 Behaviour modification

Appendix 11 Money

Appendix 111 Bibliography

5 Chapters 2, 3, 4, 7, 8, 9 and 10 have now been written and have had a first editing. Further re-writing is to be done before they go for typing as a first draft. The illustrator had done rough sketches for half of the drawings, and two or three finished drawings and accompanying text will be included with the first draft.

6 The year has seen the completion of visits and the compilation of a card index of all the information. Arrangements for the illustrator to visit various disabled and handicapped people dressing themselves have also been made. Three meetings of a small group within the steering committee have taken place during the year and have discussed the contents, a first chapter and the basis for the illustrations. A meeting of the full steering committee is due at the beginning of March, 1975, when they will have before them the draft and suggestions for the name of the book.

Evaluation

7 It is not yet possible to evaluate the project.

Future

8 After acceptance of the text by the Steering Committee, the main tasks will be the completion of the drawings and the accompanying descriptions and fitting the illustrations and text into a suitable layout. It is to be hoped that this will be completed by the middle of the year.

Miss B M Stow
Director
Disabled Living Foundation
January 1975

CLOTHING FOR LONG-STAY PATIENTS

Origins

1 For some years, the Centre has been concerned with the problems of clothing for long-stay and disabled patients, including the mentally handicapped. A number of conferences and discussions have been held at the Centre. Often in association with the Disabled Living Foundation, to investigate these problems and to disseminate information and ideas about improving the standard of such clothing and making it readily available to those who need it.

2 An initial allocation of £2,750 was made by the Development Committee in 1969 to support the first year work in the project. Further grants of £3,500 in February 1971 (min 71/15) £3,800 in February 1972 (Min 72/11) and £3,500 in November 1972 (min 72/63)and £8,650 in December 1973/Min 19(c). Making a total of £22,150.

3 The project was guided by a steering committee consisting of :

Mr M C Hardie,Chairman
Mrs W M Arnett-Rayson,Exhibition Officer King's Fund Centre
Miss M Fels, Textile Adviser Dept of Health & Social Security
Miss M E Frazer, Hospital Nursing Officer Dept of Health and Social Security
Dr K Greenwood, Head of Textile Products Division Shirley Institute
Lady Hamilton, Disabled Living Foundation
Mr N Hill, Nursing Officer Dept of Health & Social Security
Miss D Norton, Scottish Home and Health Dept and Hospital Advisory Service
Dr T N Rudd, Dept of Geriatric Medicine Southampton General Hospital
The National Association of Hospital Supplies Officer nominated Mr R W Durrant as Liasion Officer between the association and the steering committee
Mrs J Lord Senior Technical Officer at the Shirley Institute was the research officer working on the project until her retirement in March 1973. Miss Clulow continued the work on the project.

Objectives

4 The initial aim of the project was to select or develop garments which would enable patients to dress with ease, to feel comfortable and clean, and to look their best. The project was to consist of three parts; a survey of existing knowledge, field observation in hospitals, fabric and garment development. Following an initial survey and observations a further specific aim was to compile a catalogue of clothing which had been found suitable for use in hospitals either by adequately documental trails in hospitals or by special trails arranged by the Shirley Institute.

Progress

5 The first stage of the project resulted in the preparation and publication by the Shirley Institute of a review of world literature on this subject, together with five supplements :

i) Visits and contact made with hospitals and geriatric departments

ii) Experience and trials in hospitals

iii) Information submitted by individuals

iv) Specifications of hospital clothing in various countries

v) Develpments and trials by the Shirley Institute

This review and supplements provide important background papers for futher development, and are aimed primarily at specialists and research workers.

6 Some work was initiated in the development of new fabrics and garments, but the chief emphasis was on collecting and disseminating information and on trying to identify the main problems and needs.

7 An article "Clothing for the Long-stay Patient" was prepared by Mrs Lord and published in the Nursing Timeson 28/5/71. Reprints of the article were circulated to all long stay hospitals and other Health & Social Service Authorities. The article reviewed the work of the project to date and gave practical information and advice on problems of clothing.

8 A close contact with the Disabled Living Foundation was maintained throughout the project and the research officer took part at conferences and clothing demonstrations throughout the country.

9 The first edition of the catalogue of clothing was produced in 1972.

10 A steady sale of the catalogue has continued to all parts of the world, copies going to America, Australia, Canada, Denmark, France, Holland, Norway, Israel, Kuala Lumpur and Portugal. To Regional Hospital Boards, Hospital Management Committees, Social Services departments and Voluntary Organisations throughout the United Kingdom. Up to the end of April 1974 480 catalogues had been sold.

11 A further supplement of new garments for 1973 was published.

12 A mail order catalogue of comfortable clothes was published for the disabled person in the community to have access to suitable clothing, about 7,500 of these catalogues were distributed.

13 In 1974 the catalogue of clothing for the disabled and handicapped was completely updated with more pages of garments added. Childrens garments were also included in this catalogue.

The mail order catalogue was also updated and more pages added. A selection of the garments have been maintained for a mobile exhibition, and a slide/tape lecture on garments has been produced.

Evaluation

It can be said that the project and the associated work of the DLF has had the following effect :

i) there is much wider recognition, from DHSS to individual hospitals and wards, of the serious deficiencies in the arrangements for patients' clothing in long-stay hospitals and for clothing for the handicapped in the community,

ii) an increasing number of authorities are taking steps to try to deal with these problems, particularly through the appointment of clothing managers or clothing co-ordinators,

iii) through the research workers articles and contacts with hospitals, and participation in the DLF clothing demonstrations, many more authorities and individuals are now aware of the useful garments that are already available,

iv) by the same token, clothing manufacturers are much more aware of the problems and are beginning to take more active steps to overcome them, particularly by increased production of garments proved to be suitable for the handicapped.

The future

14 The King's Fund grant came to an end in December 1974. It is hoped that the Disabled Living Foundation will continue with the project through its own work in the field of clothing.

Some regional boards have instituted practical clothing schemes in their hospitals with the help obtained from the Clothing Catalogue.

It is hoped that the importance of suitable clothing for the disabled and long stay patient will be recognised by government and industry and that manufacturers will take an increasing interest into the needs of the disabled person.

PN 157

Mrs W M Arnett-Rayson
Exhibition Officer

March 1975

EXETER - CARE OF THE ELDERLY

Origins

1. This project was jointly proposed by the Devon County Council and the Institute of Biometry and Community Medicine, University of Exeter. It has been funded by a grant of £13,340 over three years from the King's Fund (Research Committee Minute 26ii, April 1974). A working party has been set up consisting of local health care and social services personnel, including specialist advice of the IBCM,a consultant psychiatrist and a consultant geriatrician. A medical consultant has also been appointed to advise the research co-ordinator particularly in the early stages.

Objectives

2. The specific objective of the study will be to devise a simple and economic record system that will co-ordinate the information and which can be applied to GP practices elsewhere. It is not the purpose of the study to undertake sophisticated assessment and measurement of need, but rather to co-ordinate the judgements that doctors, health visitors and social workers make in their contact with the elderly population and to make the best use of these assessments.

3. A co-ordinator will be appointed to work in conjunction with a GP practice for a period of two years. The co-ordinator will have the task of establishing a record system and a communications network to ascertain that the needs of all the elderly persons within the study will be regularly assed in this way.

The operation of the communication network

4. The basis of the system will be a special 'at risk' register of all the elderly patients within the practice. TheGP will assess a proportion of those patients during the normal course of his work and the record system will be updated appropriately. The system will also show those who are not 'screened' in this way and the HV will be asked to undertake home visits. It is hoped that a further development will be updating of the record by contacts not initiated by the GP, for example by social workers.

Assessment information

5. This will be kept as simple as possible and will include simple information about mobility, capacity for self care, family support, etc. The co-ordinator will be influenced by considerations about feasibility, but will receive specialist advice from the working party about 'danger signs' in the social psychiatric or geriatric sphere.

Progress

6. The support working party met on three occasions during 1974 and the medical consultant has been appointed, Dr. A. Lepine. The project has received the support of the local health care planning team. The research post was advertised later in 1974, and Mrs. M.A.E. Munday, a social worker from Exe Vale Hospital, was appointed, taking up her duties early in 1975 and working closely with a group practice in Exeter.

Evaluation and the future

7. It is of course too early to make any assessment of the project. However, as good relationships between the various Area Health and Social Services representatives are clearly vital, the working party have taken time to consult fully with the interested parties before the appointment of the Research Co-ordinator. Although this has taken more time than originally planned, it is anticipated that this ground-work will prove essential when the Research Co-ordinator begins the more detailed work.

J.D. Hamson
Director of Social Services
Devon County Council

ART FOR THE ELDERLY

Origins

1. A request was received in 1970 from the consultant in geriatric medicine at Guy's Hospital for a research grant to enable a teacher of art,Miss Poulden, to develop art classes for the elderly patients in both hospitals and residential homes. Development Committe made a first grant of £900 (min 70/48) on the understanding that an equal sum was provided jointly by the Hospital and its Guild of Ex-patients and Friends. In November 1971, a further grant of £1,250 for each of two years (min 71/47) was made on the same conditions. In December 1973, the Fund's Research Committee allocated a final grant of £3,000 (min 19(L)).

Objectives

2. The main purpose of the project was to demonstrate the value of painting classes in reducing apathy and depression in elderly people.

3. To supervise the project, a Steering Committee was set up consisting of:

Professor J C Brocklehurst	Department of Geriatric Medicine, University of Manchester
Dr D Hyams	Consultant in geriatric medicine Guy's Hospital
Mr K Jamieson) Mr A Keefe)	Art Inspectors, Inner London Education Authority
Mr J Missen	Hospital Secretary, New Cross Hospital
Mr M C Hardie	Director, King's Fund Centre
Miss M D Hinks	Research Officer, King's Fund Centre.

Progress

4. Experimental art classes for elderly people were held in geriatric units of general hospitals, and in a private residential home; exhibitions of the work of these students were held at the King's Fund Centre.

It soon becaome clear that the most urgent need was for an adequate supply of trained teachers specially equipped to undertake the teaching of art to this particular type of student. A pilot course was run by Miss Poulden at Goldsmith's College, University of London, followed by two more courses. This particular training scheme was planned to help qualified teachers of art to acquire the additional skills necessary to teach a different age group in very different surroundings from those to which they were accustomed. Twenty-three students have so far successfully completed the course and art classes taken by some of these specially trained teachers have been instituted in five residential homes and eleven hospitals in the London area. The project has received the active support of the Art Inspectors of the Inner London Education Authority throughout, and two of the successful students at present taking art classes in hospitals have been seconded from their full-time work in local schools. Selected students from the first two courses have completed a further special course to qualify them for tutorial work in future training courses.

Refresher courses and residential weekends for past students have also been run by Miss Poulden. The King's Fund Centre assists by holding occasional discussion meetings for the teachers themselves, their Principals, and nursing, administrative and other staff involved with the patients.

This pioneer course has recently been officially recognised by the ILEA and Miss Poulden has been appointed to the staff of one of the Authority's Adult Education Institutes where she is continuing to run training courses for the teaching of art to the elderly long-stay patient.

In March 1974, the King's Fund Research Committee gave a grant of £10,500 to Guy's Hospital for the building, to Miss Poulden's specification, of an art studio adjoining the geriatric day centre at New Cross Hospital

5. A video tape entitled "A new vision" has been made and it is hoped to complete a black and white 16 mm film version shortly. A 16 mm colour film on the subject, intended for a wider audience is also envisaged.

Evaluation

6. The patients' appreciation of this opportunity is demonstrated by a resident of 81, an enthusiastic member of the art class in his home who wrote " I soon realised that in the past I had missed something that would have made my life more interesting .... it gives us something to do and breaks the monotony. Apart from anything else, the value of this in itself lies in having to concentrate for two or three days on the task in hand - a mental process not to be despised when one is getting old."

An increasing interest is being shown in the organisation of art classes for elderly long-stay hospital patients, and a number of enquiries regarding classes and training are being received. The value of such activity can be seen from the comment of one teacher - "the staff, both nurses and administration, are amazed at the results. They didn't think these patients were capable of anything, as on the whole, they have sat around the hospital doing nothing and saying nothing. New friendships have started up, and some are talking together who have practically given up all conversation altogether".

The value of the training course for teachers is demonstrated by the comments of one successful student. "Without the course, in spite of my specialist art training, I should have found it very difficult indeed to anticipate and cope with many of the problems arising from the hospital context. I think it is very important to have such an intelligent training before attempting serious work with long-stay hospital patients".

The future

7. Now that the course of training has become established, it is hoped that a pool of qualified teachers may be built up to be available to work in long-stay units. Following consolidation of work in the London area, it is anticipated that there will eventually be similar developments in other parts of the country.

It is also hoped that the proved value to patients will encourage hospital authorities to consider the provision of additional accommodation for art classes. The importance of

a separate art room with its own 'atmosphere' is becoming increasingly obvious. To quote one teacher, it is important for patients to be "away from the hurly burly of ward life, with its hospital noises and smells, and other invading background noises which continue perpetually". "I am convinced, " wrote another, "that it is invaluable to get the more sensible of the long-stay patients out of the depressing and distracting conditions of some of the wards and to make it possible to create a real atmosphere of relaxation and learning."

Publications

Poulden, Sylvia M Art in the geriatric ward. BHJSSR May 29, 1971 (THC Reprint no 577)
Art fights apathy in the elderly. BHJSSR March 4, 1972 page 491.
Hinks, M Dorothy From apathy to activity. KFC Reprint no 859 March 1974.

PN 165
PN 240

M D Hinks
Research Officer

March 1974

STAFF FROM GERIATRIC SERVICES

Origins

1 These meetings arose out of a series of twelve conferences on the care of the elderly held at the King's Fund Centre in 1970.

2 Arranged jointly by the King's Fund Centre with the North West Metropolitan Regional Hospital Board, they took the form of discussion groups for nursing officers with responsibility for the care of the elderly in the Board's area.

Objectives

3 The purpose of the meetings was to explore the problem of providing care for elderly people in the area and to exchange good ideas and practices with particular reference to the reorganised health service.

Progress

4 Eleven discussion groups have been held at the King's Fund Centre. Topics discussed have included the problem of incontinence, the use of voluntary resources, the care and aftercare of emotionally disturbed elderly people, the use of Day Centres and community services, the problems of wheelchair living, and the use of minimal care wards. Visits have been arranged to the Disabled Living Foundation, to Severalls Hospital to learn abour boarding out schemes for elderly patients and to the St Pancras Geriatric Day Hospital.

Evaluation

5 The results of a revision session with the participants and an account from the assistant Regional Nursing Officer, who made follow-up visits to the units, suggest that the nursing officers have valued the opportunity for discussion with each other and have been very much encouraged by meeting with various experts in clinical practice who introduced the topics at each session.

6 Practical innovations which have followed the meetings include training programmes for incontinent patients and educational schemes set up for workers and relatives regarding the transfer of patients from hospital to the home situation. Other improvements have included the development of better working relationships between people caring for patients whether inside or outside hospital and increased multidisciplinary co-operation resulting in improved patient care, for example, meals on wheels, night service recruitment, the use of volunteers and the voluntary organisations which seek to supplement with people and resources the efforts of caring teams.

Future

7 The nursing officers are increasingly concerned about the problems of providing effective care for elderly patients in terminal illness and would like opportunities to discuss this further. Plans to arrange this are under discussion with the King's Fund Centre.

8 It is intended that an article should be published describing the work in this series to serve as a stimulus to other regions who might find it useful.

9 In association with the North West Thames Regional Health Authority a series of four seminars for senior nurse administrators is planned for 1975 under the general title 'The unification of the health service'. The following topics will be explored with experienced speakers who have already undertaken practical application of their theories:

a Programme budgetting - identifying needs

b Staffing resources

c Collaboration with local government - the social services

d Co-operation between statutory and voluntary bodies.

Publications

KFC Reprint 876 Geriatric Services
908 Geriatric Services Study Group
925 Life on Wheels

H G Edwards
Nursing Officer

March 1975

MENTAL HANDICAP

THE MENTAL HANDICAP PROJECT

Origins and objectives

1. The Mental Handicap Project was established by the Fund in 1970 to run for five years, the prime objective being to provide an officer who would collaborate with hospital boards and committees, and other authorities and organisations in their plans for the improvement of services for the mentally handicapped. (Management Committee Minute MAN7900 - 28 May 1970)

2. It is now 4½ years since the Fund appointed me as Associate Director of the King's Fund Centre, for this project. Progress reports were given in April 1971 (paper THC 71/287), April 1972 (paper THC 72/87), April 1973 (pp.9-14 of 1973 review) and April 1974 (pp.9-13 of 1974 Review). The progress report given below relates to the objectives declared in the 1973 report.

Progress and evaluation

Objective 1
Improve the management system in hospitals for the mentally handicapped

3. I still pay some visits to hospitals upon invitation, and I make myself available for direct advice on request. Interest in the management system of hospitals for the mentally handicapped has led me to an interest in the management of long-stay hospitals of all kinds. As a result, I have given a number of illustrated talks at the King's Fund College on this topic, for such diverse groups as members and officers of regional health authorities, area health authorities, community health councils; and for management courses at various levels.

Objective 2
Encouraging exchange of ideas between the various professions who work for the mentally handicapped

4. Virtually all the meetings organised have involved a mix of professions. Continued efforts have been made to reduce the isolation of members of the smaller professions who happen to work for the mentally handicapped but who have little opportunity of coming together on mental handicap matters.

5. For the time being I continue to act as Secretary of the Association of Professions for the Mentally Handicapped, which will be organising its Second Annual Congress at Nottingham University in April 1975.

6. An exhibition Fun and Games relating to play and toys for the handicapped was held at the King's Fund Centre in December 1973 and January 1974, and a special audio-visual programme was made. Arising from this we have now produced a suitcase exhibition, complete with audio-visual programme, fact sheets, photographs, leaflets covering special groups and advice to study organisers. This pack has been developed in collaboration with the Toy Libraries Association and is available at a cost of £6 for one month's hire. The exhibition itself was transferred almost in its entirety to a permanent venue at Toynbee Hall under the auspices of the Toy Libraries Association. In addition, a version of the exhibition, with associated study groups, is being put on by Mrs. Joan Rush in Newcastle-upon-Tyne, for the period 5-10 April, 1975. Because of the willing collaboration of health and local authorities, of manufacturers, and of the Newcastle Polytechnic, the exhibition will cost little or nothing. This is an example of the way in which an exhibition can be used to foster study groups at the Centre; to encourage study groups in the provinces; and to develop a focus outside the King's Fund Centre where interest may be maintained.

7. I have given papers at various national and international meetings, including The Hague, Edinburgh, Birmingham and London. I am due to speak at the triennial congress of the International League of Societies for the Mentally Handicapped in Dublin in September 1975.

8. Conference topics have included new ideas in staff training; participation with handicapped people; de-personalisation in large institutions; goal-setting in mental health strategies; physiotherapy and the mentally handicapped; and systems for volunteers to meet the mentally handicapped on a one-to-one basis. Workshops and seminars lasting two or three days, some residential and some not, have been held on the employment of the mentally handicapped; collaboration between parents and professionals; and the abnormal offender. Forthcoming workshops will deal with the organisation of mental handicap services in the light of the recent establishment of a National Development Group for Mental Handicap; and the care of the profoundly retarded person who needs special care. Forthcoming day conference topics include an examination of the way in which hospital staff can work with the mentally handicapped in the community; and two separate conferences featuring Professor Gunnar Dybwad of USA - one dealing with the universal issues in mental handicap; and the other offering a contrast of the various organisational patterns of service throughout the world.

Objective 3
Assist in the training and education of workers for the mentally handicapped

9. For the fifth year in succession we have been compelled by continued demand to run a series of non-resident study groups for care staff, each study group being made up of about 40 direct care workers from three or four regions of the country. This year's programme is organised by Mrs. Joan Rush, and topics include:

Reorganisation and the mental handicap service
Family unit approach - working in small units
Adult education
Security wards
Totally dependent patients
Sex and the handicapped

10. Mrs. Rush is also organising mental handicap study groups at Surrey University, in conjunction with the South West Thames Regional Health Authority, and these study groups have been supported by staff from the community and from hospitals. Community staff have included doctors, health visitors, district nurses, and staff from training centres. Hospital staff have included doctors, nurses, teachers, therapists and volunteers. As well as an exchange of ideas and information directly concerned with the topic under discussion, there has been a greater understanding of each other's roles, and direct links have been made between community and hospital staff which has resulted in these staff arranging exchange visits. There has also been the opportunity for staff attending the study groups to meet other groups of workers in the health care field attending courses at the University. This has resulted in many more staff, apart from those directly involved, learning about work with mentally handicapped people.

11. Four Information Days have been held at the King's Fund Centre: these programmes have included films, video and talks, designed to convey the basic facts about mental handicap to members and officials whose decisions affect the mental handicap services, but for whom this is only part of a spread of responsibilities, and whose knowledge of the topic may be non-existent or out-of-date. The programmes seem to have filled a need: it is hoped to produce a suggested outline programme which can be used by local mental handicap workers in order to inform members and officials in each area.

12. In the last Review we reported the issue of Mental Handicap Papers 1 to 4. Since then No.5 has been issued - Education for Care : experiments with in-service training for health and social service staff. Drafts are in an advanced state on The Abnormal Offender; Adult Education for the Mentally Handicapped; and The Employment of the Mentally Handicapped.

13. Ventures which are on a collaborational basis have increased in number. Organisations which have participated in jointly-sponsored events have included the Institute of Mental Subnormality, the Association of Professions for the Mentally Handicapped, the Chartered Society of Physiotherapy, Manchester University and Surrey University.

Objective 4
Expand and improve the information service

14. The Mental Handicap Bulletin continues to prove acceptable, and requests are frequently received from overseas. It is one of the activities of the project which will need to be continued after the project itself winds up.

Objective 5
Advise the Fund on those of its activities which relate to mental handicap

15. This work continues. In the previous report I mentioned the possibility of making a contribution in the field of long-stay care generally. The group of King's Fund Centre staff mentioned in the previous review have helped me to write the manuscript of a publication entitled Living in Hospital - the social needs of people in long-term care. The manuscript has been approved by the Fund's Publications Panel, and illustrations and printing are now in hand. This book will be used as the basis for the project on long-term care which has been proposed to the Centre Committee and to the Fund, under which a project akin to the Mental Handicap Project would be established, with a separate project director to work in the field of long-term care. Strictly speaking, the work I am doing under this heading is outside the scope of the Mental Handicap Project proper, but hopefully will assist the new project director when appointed.

Objective 6
Advise on the staffing of the mental handicap service

16. In the last Review, reference was made to Mental Handicap Paper No.4 - Perspectives of the Briggs Report. The paper envisages the possibility of radical change in the content of the training of the mental handicap nurse. It develops the idea of modules of training so that the syllabus for nurses is developed in parallel with the syllabus for residential care, and the syllabus for teachers. Recently the Royal College of Nursing has adopted a policy which has much in common with the ideas expressed in the Mental Handicap Paper. Within the last few days, Mrs. Barbara Castle has announced the formation of a committee of enquiry to look into mental handicap nursing and care, with particular reference to training. Mental Handicap Paper No.4 should be useful base material for the new committee.

The Future

17. The situation has changed since the issue of the last report. I have now agreed to continue the project for a further two years until Autumn 1977 but with my personal involvement being on a part-time basis, probably about half-time. The idea of this is to enable some tapering off of the project, in the hope that the Department of Health and other organisations will ensure that by 1977 there will exist some organisation able to take over that part of the work of the Mental Handicap Project which ought to be continued. Very recently, the Secretary of State has decided to set up a National Development Group for Mental Handicap, to guide policy on a nationwide basis, and I have been invited to join that group. It may perhaps be possible for the Development Group to take over some of the project's functions on its completion.

Staffing

18. The contributions of Mrs. Joan Rush, Project Officer and Miss Andrea Whittaker, Project Assistant, have been extremely valuable, and there is no doubt at all that the project would not have achieved anything like its impact without their help.

Conclusion

19. The decision to form the National Development Group for Mental Handicap, and to invite me to be a member of it, is so recent that I have been unable to consider all the implications, but it does seem that there is now a chance to distil into the new group all the valuable experience I have had the privilege of gaining during the past $4\frac{1}{2}$ years, which incidentally have been the most interesting of my whole professional life.

James R. Elliott
Associate Director

March, 1975

TOYNBEE HALL

CENTRE FOR THE MENTALLY HANDICAPPED

Origins

1 The case for the Centre arose from reports of volunteers for Toynbee's Toy Library scheme that parents of handicapped children were not receiving as much practical help as they needed and wanted. Nor was there the support from the statutory services that they should receive. The services also reported that they were unable to get to the people who were entitled to assistance. After local consultation these needs were discussed with Mr Elliott of the King's Fund, who indicated the extent of the national problem about inadequate practical help and the further need for joint planning and co-ordination of the delivery of services, locally, for the handicapped person or family in need. Following the meeting of the Fund's Research Committee on 6 December, 1973, it was agreed to allocate £20,000 for this project over a period of three years (Minute RES 19f).

Objectives

2 The primary aims of the centre are :

i) to provide a base for the families of the mentally handicapped which will give them practical assistance through a variety of activities and services.

ii) To ascertain whether or not there are aspects of the provision for the mentally handicapped and their families which need supplementing and to cater for these as far as possible.

iii) To respond to expressed local needs as well as to introduce new schemes resulting from research and experiment in other contexts.

iv) To encourage parental involvement and community participation whilst at the same time working in close co-operation with the statutory services and voluntary organisations.

Progress

3 The Centre for the mentally handicapped and their families has established close links with all of the statutory services. There is liaison with the Area Health Authorities, Social Services, Local Education Authorities and allied professions, as well as with relevant voluntary organisations.

4 Referrals come from :

a The Development and Assessment Clinic at the London Hospital, which Centre staff attend weekly, and in the near future will also come from Queen Elizabeth Hospital.

b Health Visitors.

c Local ESN (S) schools.

d Local Adult Training Centres.

e Local audit hostel for the mentally handicapped.

f Social Services.

g Parents.

5 Activities and services provided by the Centre at Sunley House (which is part of the Toynbee Hall complex) are as follows :

a Home and Centre-based activities, the specific aim being to develop the capacities and stimulate the abilities of the mentally handicapped in consultation with the parents and involved professions such as a child's teacher or doctor. Commenced January 6 1975.

b Youth Club for younger adolescents in order to provide meaningful occupations for the children's leisure hours which are as near as possible to "normal" youth club pursuits. Commenced December 19 1974.

c Adult evening club which puts great emphasis on social education, self-help and self-initiated activities. Commenced January 27 1975.

d Saturday morning club for children who find great difficulty in communicating, the aim being to provide a continuing social and self awareness programme. Commences April 12 1975.

e Holiday activities wherever and whenever possible in order to broaden the children's range of experience.

All of the above are limited to Tower Hamlets, City and Hackney areas.

6 Services provided by the Centre and which are not limited to areas are :

a Counselling, advice, supportive and allied services for the parents at the Centre and at the parent's homes where this is feasible.

b Social, educational and informative meetings for parents, volunteers and professionals who work in the field of mental handicap.

c Workshops and discussion groups.

d A telephone-answering service - the Centre is open from 10.00 am to 5.00 pm each day from Monday to Friday (an extended service is provided on Mondays and Thursdays, when the telephone is manned until 7.00 pm. Queries relating to Centre activities or to mental handicap are welcome.

e The production of information leaflets for parents on varied aspects of the care of the mentally handicapped child or adult - any contributions from parents on their experiences would be of great value.

f The collection of published information relevant to the field. A small lending library is at the Centre.

g Links with manufacturers who design or make equipment for the handicapped.

h An open day every Friday from 10.00 am to 5.00 pm, when parents can bring their children if they wish and can stay for as long as they require.

i Designing and testing Centre-made equipment and toys which can easily be made by parents for their children. (There is a local branch of the Toy Libraries Association based at the Centre also).

j Listing and showing useful films, video tapes, the recommendation of television programmes and other sources of information.

k Contacting and establishing links with as many interested services and organisations as possible, with a view to close liasion between these, the Centre, and others in the field of mental handicap.

l Following up suggestions for other services wherever possible.

Evaluation

7 The initial fact-finding period has proved to be of inestimable value, in that personal contact has been established with all of the statutory organisations. Methods of working and means of mutual collaboration have been discussed and planned. Home visiting is the most valuable activity, giving advice, support, counselling and encouragement with the necessary expertise and interest, but without appearing to represent "authorities". The service has been well received by the local authority and in no way duplicates their work, but supplements those already in the area.

8 The Centre has become a focus for the mentally handicapped and their families and we are contacted by the professions and voluntary organisations on a consultative basis. The Centre's staff visit all of the services and establishments and report back to parents and professionals and voluntary organisations about local facilities. Flexibility of approach is the keynote. Within the structure of the Centre there is the freedom to initiate personal service to the families, all of whose needs differ widely.

The Future

9 The continuation of the established services and activities provided by the Centre whilst at the same time being aware that needs vary, and that supplementary services may have to be provided. It should be possible to provide for the needs of the families from the assessment stage through to maturity, but particularly in the vital 0-5 years.

The needs of the working mother and one parent families should be closely assessed, and a "Friends of the Family" service be established. At this stage in the development of the Centre the emphasis is on providing for the individual requirements of the families of the mentally handicapped, and to extend the services in whichever direction they are required.

PN 235

Anthony Locke
Warden
Toynbee Hall
February, 1975

HANDBOOK FOR PARENTS OF HANDICAPPED CHILDREN

Origins

1 This project started in the summer of 1972 when it became apparent that with the intended reorganisation of the Social Services, of the National Health Service and the Education Authorities, many more people were going to come into contact with the handicapped child. Some of these people had professional training, though not necessarily in appropriate fields, and all of them were wanting to find out more about the children with whom they were dealing. In attempting to answer questions there were many which recurred and there were many misconceptions about apparently simple problems.

2 The need for a small and relatively factual handbook became obvious. In order to collect information as widely as possible and to prepare diagrams and illustrations, a request was made to the King's Fund for a grant of £500 which was awarded in June 1973 (Research Committee Minute RES 5B xiv).

Objectives

3 The purpose of this project is to prepare a handbook for use by parents and those involved with handicapped children. Topics to be included are the problems of diagnosis, assessment methods, training, use of special equipment, as well as more general information on the social problems of the child and the family.

Progress

4 The reoganisation of the health services has posed problems. The appointment of community health physicians and attempts to implement sectorisation has not only highlighted the variability of facilities in different areas of the same county but also the difference in how people see their roles and responsibilities. It seemed necessary to leave this part of the publication until a more cohesive idea of roles and responsibilities was available and to concentrate on other sectors of the book.

5 Work has been completed on analysis of the problems seen by the parent and the siblings on suggestions for solving some of these and in dealing with the handicapped child at home and in hospital or hostel setting.

The chapter has been completed on the role of the paramedical members of the team and simple descriptions produced of various types of treatment which may be recommended. A chapter has been prepared on causes of subnormality and a simple explanation of genetics and chromosome abnormalities.

Future

Much of the text is written and is being checked and reviewed in the light of the reorganisation of the Health Services. The requirements for diagrams and illustrations are to be assessed now so that these may be prepared to integrate with the text.

Dr E A Green
Consultant Psychiatrist
Cell Barnes Hospital

PN 219

January 1975

PHYSIOTHERAPY FOR THE MENTALLY HANDICAPPED

Origins

1. In June 1973 The Fund made a grant of £3,700 to finance an investigation into the provision of physiotherapy for the mentally handicapped.

Objectives

2. In the field of mental handicap: to ascertain the need for physiotherapy, and the degree to which it is being met; to identify the role of the physiotherapist; to make proposals for a system of in-service training for qualified physiotherapists.

Progress

3. The investigation is largely complete. Much information has been gathered by questionnaire and by personal visits, and this has been discussed at a conference attended by 125 physiotherapists. Arising from that conference, a working party was set up to examine particular issues about in-service training, and to ascertain which part of the work of education and training is already being covered (for children only) by the new Association of Paediatric Chartered Physiotherapists. As a result of all these consultations, the draft report has been revised in places, and the final report should be available for typing and presentation during April 1975. The report will go first to the Institute of Mental Subnormality and then to the Chartered Society of Physiotherapy.

Evaluation

4. The interest stimulated has been very great, in fact much greater, and more nationwide, than was originally anticipated. No evaluation is possible at this stage.

Future

5. The project has lasted longer than expected, largely because of the volume of interest shown. Thus it has been necessary to ask the Fund to make a further financial allocation to cover work up to 30 June 1975. After that, much depends on the action which the Chartered Society decides to take on the report, with particular emphasis upon in-service training and the formation of a special interest group within the Chartered Society. An edited version of the report will appear in Apex (journal of the Institute of Mental Subnormality) and in the King's Fund's Mental Handicap Bulletin. Articles on the subject will be offered to other relevant journals. An autumn conference is projected, possibly under the auspices of the Chartered Society, or IMS, or King's Fund Centre: or all three jointly.

J.R. Elliott
Associate Director
March, 1975

ASSOCIATION OF PROFESSIONS FOR THE MENTALLY HANDICAPPED

Origins

1. In January 1973 the Committee made a grant of £500 to assist the inauguration of a professional association (APMH) of workers of all disciplines in the field of mental handicap. (Minute DEV 73/16)

Objectives

2. The aims of the new association have been defined as follows:

> "To promote the general welfare of mentally handicapped people and their families, by encouraging high standards of care and development of the mentally handicapped, by facilitating co-operation and the sharing of knowledge among all professionals working for or with the mentally handicapped, by offering a unified professional view on the strategies of mental handicap, and by educating the public to accept, understand and respect mentally handicapped people."

Progress

3. Membership continues to widen and at least 40 different professions are represented, from health, education, employment and social services, and from voluntary organisations. A constitution has been adopted, and the Association has been registered as a Charity. The Executive Committee includes representation from England, Wales, Scotland, Northern Ireland and Eire. The Association is a member-organisation of the International Association for the Scientific Study of Mental Deficiency, and has been invited to membership of the International League of Societies for the Mentally Handicapped. The Association is consulted by government departments, principally the DHSS, a member of whose staff attends meetings as an observer. Representations by the Association to the Secretary of State in 1974 have at least contributed to the recent decision to set up a National Development Group for the Mentally Handicapped, coupled with an inquiry into mental handicap nursing and care.

4. A successful national congress was held in July 1974 and a report published. A further congress is to take place at Nottingham University in April 1975. Scotland will hold its first APMH conference at Edinburgh University in July 1975.

5. With most of its internal and organisational objectives achieved, the Association has restated its operational objectives to include work in such areas as special care, education, employment, staff training, collaboration between parents and professionals, and collaboration amongst professionals. Each of these topics is, or will be, the subject of either a full conference or a smaller workshop.

Evaluation

6. At this stage, the Association seems to be meeting a real need, and is well supported by fieldworkers in all professions. By April 1976 it should be possible to record a real advance towards meeting the aims stated in paragraph 2.

The Future

7. In this formative period, expenditure has been artificially low because of the Fund's generosity in permitting the Associate Director and his Assistant to provide administrative and secretarial services. This can only last until Autumn 1977, when the King's Fund's Mental Handicap Project finally winds up. However, the establishment of the National Development Group for the Mentally Handicapped opens up new prospects that some organisation may emerge, probably related to education and training, which will be able, inter alia, to continue the current work of the Fund's Mental Handicap Project. In that event, APMH might seek a joint secretariat, or joint officer, with the new organisation. In any event, the Association is facing the fact that after 1977 finance will have to be found for an office and secretariat, somewhere. Whilst at the moment the Association has enough revenue for its needs, the stage may well be reached, perhaps in 1977, when help from the Fund might be sought.

J.R. Elliott
Associate Director

PN 217

CUSS GROUP HOME PROJECT

Origins

1. This project arose from an application from Cardiff Universities Social Services (CUSS) for a grant towards the cost of establishing a group home for the mentally handicapped. The main support is coming from Cardiff City Council and the Welsh Hospital Board. In December 1973, the Fund's Research Committee (minute 19e) made a grant of £1,000 towards the project.

Objectives

2. CUSS is concerned with the develpment of a community-based system of caring for the mentally handicapped that encourages integration and participation in the oridnary life of the community. With this in mind it worked to open a group home in which students and mentally handicapped young people could live together. The project has been designed to increase the social skills and independence of the mentally handicapped residents, so that they can enjoy a normal pattern of life within the community. Nine people (four students and five mentally handicapped people) provide a large enough group to minimise interpersonal stress without the creation of a 'mini-institution'. The home is mixed - this is obviously essential if any degree of normality is to be achieved. The residents have been working with CUSS on other projects since late 1968. Throughout the first half of 1974 the clients worked on an intensive lead-in programme in preparation for the group home, with two full time Trainers of the mentally handicapped employed by CUSS.

The students live in for between three and twelve months. They take shortened, staggered vacations during which their rent is subsidised so that they incur no financial penalty. All the students pursue their courses normally - CUSS is able to provide substantial back-up from its other workers at all atages of the running of the project.

Progress

3. On July 13th 1974 the Group Home opened, the house being rented from University College Cardiff. During the weekdays, while students are attending lectures the residents attend Trelai Adult Training Centre, learning simple industrial and domestic skills. In the evenings and at weekends they not only perform their various household tasks but also work on training programmes with other students. They are also learning much about social habits - settling into a non-institutional atmosphere and gaining confidence in themselves to act in a more independent fashion. Three of the five clients were formally discharged from Ely Hospital on October 7th 1974. The other two clients are due to be discharged in the near future.

Evaluation

4. The Group Home has proved successful in a number of ways. The mentally handicapped young people have reached a much higher level of independence and self-confidence than was attained in the hospital setting. The experience has given them the opportunity to develop as individuals and explore their own particular interests and abilities. It has also proved a satisfying experience for the students living in the home, especially during the first six months in which time the progress of the five mentally handicapped members of the household was most apparent. The on-going support and advice of professionals in the field of mental health has been of great value, particularly in terms of assessment and training.

Future Plans

5. It is intended that the Group Home should be a permanent home for the five mentally handicapped young people, and that in the long term the number of students living in will be reduced as the need for support and supervision declines. At the same time it is hoped that links with the local community will be developed so that support is available from a variety of sources.

There will be continued assessment of each one's strengths and weaknesses, with training programmes designed to meet their individual needs. Possibilities of employment should also be considered in the future, already one of the handicapped residents has obtained part-time employment for one evening a week. The progress made so far is an indication of the potential these individuals have for further growth and development.

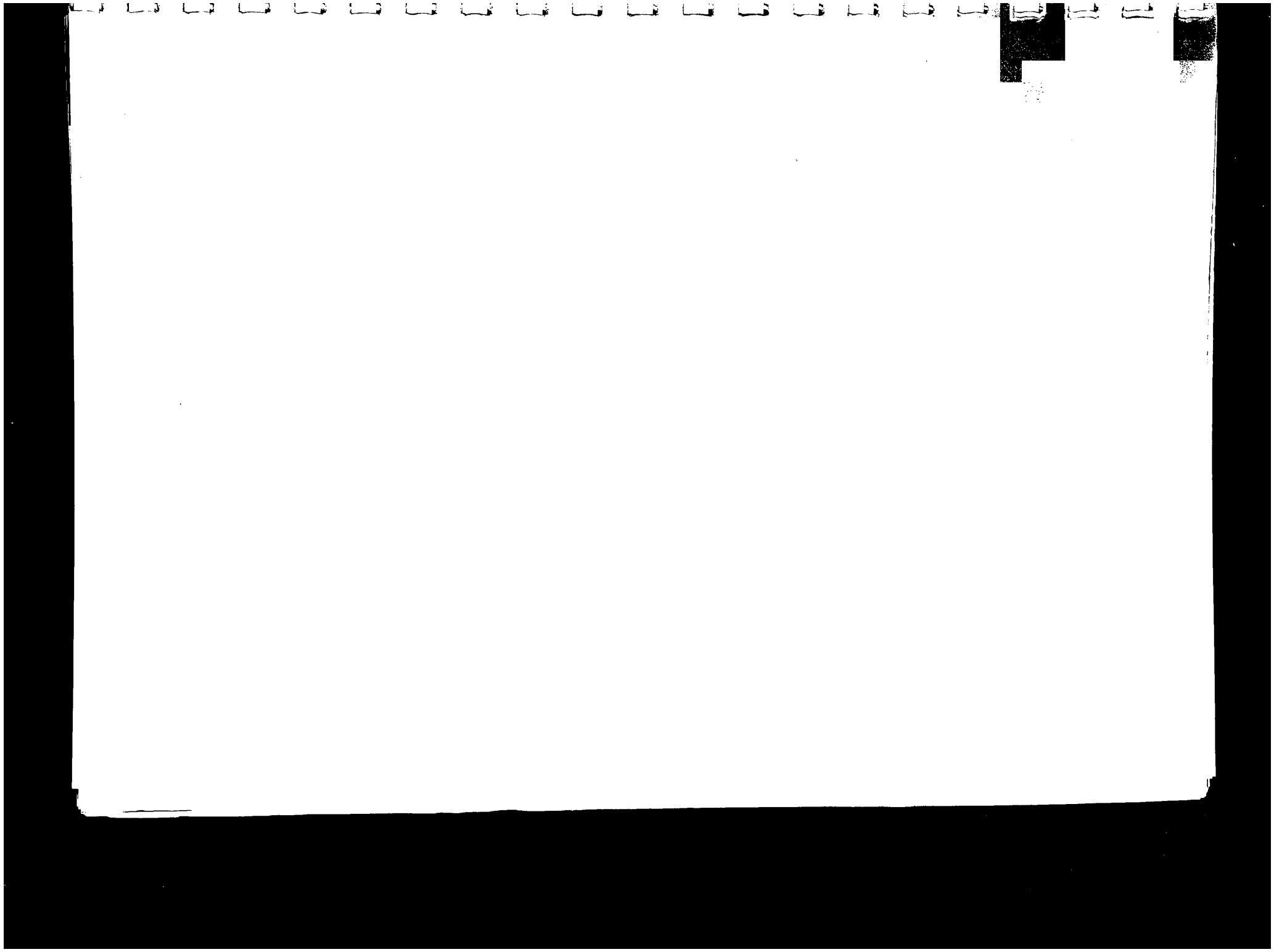
Discussions have taken place with the Central Council for Training and Education in Social Work, and it is intended that during vacations students on social work courses should live in the group home as a residential placement. A full time Social Worker has recently been appointed by CUSS, and it is hoped that in the future an organiser to co-ordinate the activities of volunteers will be appointed, in relation both to the group home and other projects involving the mentally handicapped.

Timothy Dowling
Chairman
Cardiff Universities Social Services

January 1975

PN 232

VOLUNTARY HELP



VOLUNTARY SERVICE INFORMATION OFFICE

Origins

1. As a voluntary organisation itself, the King's Fund has for many years had a natural concern for the development of voluntary services. In recent years, the Fund has been particularly interested in the organisation of voluntary help in hospitals, and in 1968 published the report 'Organisers of voluntary services in hospitals', which was the outcome of a study sponsored by the Fund and carried out by Mrs. Jan Rocha. In the following year a proposal was put to Development Committee for the establishment of an information service covering aspects of voluntary help in the hospital and health services. In the paper supporting this proposal (THC 69/310) it was stated that:

> "the Department of health and Social Security, in various circulars, and notably in HM(62)29, urges the use of volunteers by hospitals and health authorities. Although many voluntary organisations, as well as individual persons, are involved there is no central independent source of information of the ways in which their help can be utilised, nor of the problems which may arise in the course of such help in the hospital. The King's Fund has been prominent in encouraging and developing voluntary help in hospitals. It seems appropriate therefore that the Fund should now try to help meet the increasing demand from professionals of all disciplines in the health service for information and advice on this subject, by establishing an Information Service for a limited period on an experimental basis. "

2. In May 1969, Development Committee (Minute 69/31) allocated £6,450 over two years for this project. Further grants of £5,350 in 1970 (Minute 70/78) and of £19,300 in February 1972 (Minute 72/8) have been made to enable the Voluntary Service Information Office (VSIO) to continue until 1975.

3. Mrs. Chrystal King, who had previously been one of the first voluntary help organisers in the country, at Fulbourn Hospital, was appointed as Voluntary Service Information Officer and took up her duties at the King's Fund Centre in June 1969. She retired in March, 1973 and was succeeded in September by Mrs. Donna Johnston, formerly voluntary help organiser at Amersham General Hospital. During the interim, Mrs. Janet Boorer, formerly organiser at Springfield Hospital, served as acting VSIO. Mrs. Johnston remained as VSIO until mid-1974, when most of the functions of the VSIO were transferred to the Volunteer Centre and the National Association of Voluntary Help Organiser (NAVHO).

Objectives

4. The objectives of the VSIO were defined as being :

a) to collate information on existing schemes of voluntary help,

b) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units, or in joint health service/local authority schemes

c) to prepare guide material on the various methods of recruiting, use and support of voluntary help in the health services,

d) to arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (e.g. doctors, nurses, occupational therapists, etc.) on the way a particular profession can use voluntary help and on how such resources can be mobilised.

Information

5. In its early days the VSIO concentrated on collecting information on voluntary help schemes, taking particular interest in innovation in the use of volunteers, both in hospitals and in the community, and in good practice wherever it was found. The VSIO provided information in a variety of ways: through personal contacts, visits and talks; by answering postal and phone enquiries; through the Centre's library and information service; by means of written material, conferences and exhibitions; and through serving on committees of other bodies.

6. A major part of the work of the VSIO involved consultation with health service employing authorities concerning their plans to develop voluntary services. This included the provision of relevant information and material on the work of volunteers and voluntary help organisers, as well as guidance on the implications of making such an appointment. Consultation consisted of informal talks with hospital committees and staff, and help with shortlisting, interviewing, and assessing of candidates. The VSIO also received enquiries from social services departments about appointments similar to those in hospitals; and from voluntary organisations and professional associations with particular interest or concern in the development of voluntary resources in the health service. In this role, the VSIO tried wherever possible to promote effective co-operation and understanding between statutory, voluntary and professional bodies.

7. The number of VHO's in hospitals known to the VSIO has risen from 37 in December, 1969 to around 300 by the end of 1974. Two developments have been particularly evident in the past year: first, the growing number of replacement appointments and second, the growing number of assistant VHO appointments. With the increase of VHO's in post, there was a concurrent increase in enquiries from individual VHO's, generally requests for 'how to do it' information about recruiting, using and supporting volunteers; development of record systems; advice about insurance, etc. This side of the work properly began to diminish as VHO's turned increasingly for support to the recently formed regional branches of NAVHO.

Guide Material

8. A considerable amount of guide material was published by the VSIO, and details are given in Appendix A. The two King's Fund manuals for VHO's, 'Organisers of Voluntary Services in Hospitals' (1968) and 'Volunteers in Hospitals' (1971) continue in demand, especially by employing authorities, VHO's and those interested in becoming VHO's.

9. A series of 80 slides with accompanying sound tape was produced by the Medical Recording Service Foundation from the exhibition 'The Volunteer - Friend or Foe?' which was held at the Centre early in 1973. These slides illustrate the contribution of volunteers in hospital and demonstrate how professionals and volunteers can help each other to help the patient.

10. Between April 1973 - April 1974 the Centre commissioned a series of 16 essays for pulication in 'Health and Social Service Journal' under the general title 'The Volunteer in Society'. In this series a number of leading figures in the voluntary field were invited to give their views on problems and progress in voluntary service with the aim of stimulating further thought and action on these issues.

Study days and training

11. Over 20 conferences were organised during 1969 - 1974, of which half were held jointly with other organisations, both professional and voluntary. Well over 100 talks given to professional, statutory and voluntary organisations on the use of volunteers in the health and social services.

12. The VSIO was a member of an informal working party of concerned people from a wide range of interests who prepared a report on the training needs of VHO's in May 1973. This report concluded that there were areas of training needs common to all VHO's, regardless of field of work, in the broad categories of values, knowledge and skills. The provision of adequate preparation and training for VHO's was in fact a chief preoccupation of the VSIO who worked closely with NAVHO in preparing policy documents and in discussion of the standards of work that should be required of VHO's. The arrangement of induction days for newly appointed VHO's was a continuing responsibility of the VSIO until 1973/4, when this work was largely taken over by the regional branches of NAVHO

13. Because of its concern for training of VHO's, the King's Fund approached the DHSS in May 1972 with a request for the provision of a training officer. The DHSS responded to this with a proposal that they would finance a training project for volunteer organisers under the joint auspices of the King's Fund Centre and the National Institute for Social Work. This Joint Training Project came into being on 1 February 1974, with the aim of promoting, providing and monitoring training courses for VHO's in related fields over a period of two years. Miss Jean Finzi and Miss Patricia Sutcliffe were appointed to the project and six courses were organised by them during 1974. Close contact was maintained with the working groups formed by the Centre Council for Education and Training in Social Work and the Volunteer Centre to study training needs in the voluntary field. The reports from these groups were due to be completed early in 1975 and the intention is that their recommendations should be taken into account in planning the courses for the second year of the project and the subsequent seeding-out of training to other organisations.

Evaluation

14. The development of the work of the VSIO was one of many indications of the growing interest in the concept of voluntary service, and of the increasing realisation of the important contribution such service can make to the life of the community. The changing emphasis of its work since 1969 illustrated the change in attitudes towards voluntary service by statutory and voluntary bodies and by health professionals. Judging by the increasing demand made on the VSIO for information and guidance, it would seem that the project went a fair way towards meeting the overall objectives laid down at its inception.

15. At the same time, it is also clear that there remains much work to be done. A number of employing authorities still appear to have little understanding of the broader implications of voluntary help schemes or of appointing organisers. Too many schemes are established without clarification of objectives and without any real understanding of the proper role of volunteers, and too many appointments of VHO's are made with little, if any, prior consultation with professional and other staff. With the integration of the hospital and community health services in April, 1974, there will also be further scope for development work with the professions and health authorities to encourage the use of volunteers outside institutional settings.

The future

16. The establishment in 1973 of a national Volunteer Centre, with objectives similar to those of the VSIO but covering the whole field of voluntary involvement, created an opportunity to re-examine the future of the VSIO. Many discussions have been held with all concerned, and the King's Fund Management Committee agreed with the recommendation put forward by the King's Fund Centre Committee (Minute 74/6) to transfer most of the current functions of the VSIO to the Volunteer Centre by 1 June 1975, and to encourage other organisations such as the National Association of Voluntary Help Organisers, to assume responsibility for those functions which are more appropriate to their roles. It is hoped that these new arrangements will create a logical framework for the further development of community participation in the provision of health care.

M.C. Hardie
Director

PN 148

February 1975

Appendix A

VOLUNTARY SERVICE INFORMATION OFFICE PUBLICATIONS

Books

ROCHA, Jan. Organisers of voluntary services in hospitals. London, King Edward's Hospital Fund for London 1968 (reprinted 1971) £0.57.

FINZI, Jean, KING, Chrystal and BOORER, David. Editors. Volunteers in hospitals: a guide for organisers. London, King Edward's Hospital Fund for London. 1971. £1.10.

Pamphlets

Voluntary help in the field of mental handicap (April 1971)

Voluntary help in the care of the elderly (May 1971)

Voluntary help in the field of mental illness (July 1971)

Voluntary help in general hospitals and for children in hospitals (September 1971)

Work camps in hospitals (October 1971)

Community service volunteers in long stay hospitals (with Community Service Volunteers, July 1972)

Pupils and patients
Guidelines for the organisation of hospital-based social education projects for young people still at school (with the Volunteers Advisory Service, London Council of Social Service, April 1972). 15 p.

THE VOLUNTEER CENTRE

Origins

1. The Volunteer Centre was set up primarily as a result of one of the recommendations of "The Voluntary Worker in the Social Services," a report produced by a committee under the chairmanship of Miss Geraldine M. Aves. The Centre, a registered charity, started operations in September 1973 as an independent centre to serve as a focus for all that affects volunteers in the health, penal and social services.

2. It is supported financially by the Home Office and a number of voluntary trusts. The King's Fund is one of the major supporters, having given a grant of £10,000 in 1972/3. A further grant of £15,000 is to be made available at a later date on the basis of a further application after 2 years experience in the running of the Centre (Minute 8150 of 19 October 1972).

3. The Centre's policies are decided by a Board of Governors chaired by Lady Marre and executed by the Director (I.W. Bruce) and staff. The first Director, Mr. M. Thomas, left the Centre in September 1974 on his election to Parliament.

Objectives

4. The objectives of the Centre are:

i) to extend substantially the direct involvement of voluntary organisations, individual volunteers and community groups in the provision of health, social and probation services by statutory organisations and by so doing to extend and enhance, not dilute professional provision;

ii) to improve the effectiveness of voluntary participation in the statutory services through training, information and research services and through direct development work in the field;

iii) to encourage the use of volunteers in new ways to meet social need;

iv) to enhance the community's knowledge of and concern for social needs and the statutory and voluntary provision made to try to meet them.

Area of Interest

5. The first 6 months of the Centre's life was spent in evaluating its potential role in relation to relevant statutory and voluntary organisations. A revised schedule of activity based on the objectives above, was submitted to the Voluntary Services Unit of the Home Office who in July 1974 gave financial backing for an expanded programme.

6. The Centre is concentrating its activity into 3 main areas.

i) Information Service

The Centre acts as a central, independent source of information of ways in which voluntary participation takes place in the health, social, probation and after care services. It is building up information on a wide range of examples of community involvement in the caring services so that enquirers can be provided with material and put in touch with contacts who have experience of projects similar to those in which the enquirer has an interest.

ii) Training Advisory Services

Training related to voluntary action is increasing. The Centre aims to provide an advisory service to those who are involved in the training of volunteer organisers, professionals working with volunteers, and volunteers themselves.

iii) Development Services

In a limited number of cases the Centre is able to examine in detail the current situation in an individual locality or service (local authority, health authority or probation committee) and discuss with both statutory and voluntary organisations the potential of extending voluntary participation, the problems that might occur in such a development and the assistance the Centre could offer to overcome them.

7. The Development Team (comprising 4 Officers covering the Social Services, Health Services, Prison Probation and After Care Services, and voluntary organisations) have made contact with a large number of individuals and organisations in different parts of the country. These contacts have resulted in the collection of a considerable amount of information on the position of volunteer utilisation, much of which has been translated into advice and consultancy on the optimal use of volunteers by different organisations. The methods of communication of Development Officers are flexible to suit the situation and include speeches, seminars, group work, tutoring on courses, interviews, telephone conversations, letters, articles, etc. The Development Officer (Social Services) has completed a booklet which will be published shortly by the Volunteer Centre to stimulate discussion of such issues as recruitment and placement of volunteers, finance, liaison machinery, voluntary organisations and community groups.

8. Training of volunteers and volunteer organisers is of the very greatest interest to the Centre. A Working Group, chaired by Miss M. Taylor, (Director of Social Services, Redbridge) has been meeting over the last year to consider

the training of volunteer organisers and is currently drawing up its recommendations. The Centre's former Training Officer has completed a booklet on the preparation/ training of volunteers which will be available shortly.

9. Role of Volunteers - A Working Group, chaired by Mr. G. Drain, (General Secretary of NALGO) has been discussing the sensitive area of the relationship between volunteers and paid employees (non-professional). The membership of the Group is taken from the major relevant trade unions (e.g., NUPE, GMWU), the employers (e.g., Social Service Departments, Health Authorities) and voluntary organisations (e.g., Age Concern, MIND, WRVS). The Centre has also published a report on a conference of 250 people representing employers, trade unions and the voluntary agencies, held in March 1974.

10. A Study Day has been held for organisers of paid and semi-paid street warden/good neighbour schemes.

11. A report on current research relevant to volunteer utilisation has been published identifying what is being/ has been done (1970-74) where, by whom, and on what subject. This is the only such document of its kind and has been of great help to users of volunteers and those involved in research.

12. Conscious that a small staff, however professional, runs the risk of dissipating its energies over too wide a geographical area, the Volunteer Centre is undertaking a pilot project studying community involvement in Leicestershire. This is at the invitation of the Social Services Department, the Area Health Authority, the Probation and After Care Service, the Education Department and voluntary agencies. It is hoped that the study (preliminary work has started) will intensify staff experience of grass root involvement across different service areas; encourage an improvement in the use of volunteers in the county; and help the Volunteer Centre in its task of developing models of volunteer utilisation. Particular reference will be made to the role of volunteer bureaux.

13. As is outlined in section 16 of the Voluntary Service Information Office Report, the Volunteer Centre has taken over some of the responsibilities of that office. These specific activities, which relate to the Health Services, are parallel to other Volunteer Centre work linked to the social services, the probation and after care services, and voluntary organisations.

Future

14. The Centre will continue to stimulate community involvement in the caring services in the belief that voluntary action has a vital contribution to make to the quality and quantity of a wide range of services.

15. In particular there will be a concerted attempt to explore a more generic use of voluntary effort across different services.

I.W. Bruce
Director
March 1975.

SOCIAL WORKERS AND VOLUNTEERS

Origins

1 This project was put forward by the British Association of Social Workers (BASW), which was formed in 1970 at the wish of members of seven constituent social work organisations. The Association's membership now numbers over 11,000 social workers employed in both statutory and voluntary agencies throughout the United Kingdom. One of the objects for which the Association was established is :

> 'to provide opportunities for the social work professions to work in unity towards promotion of the welfare of individuals and the social well-being of the community by the encouragement of good social work practice and efficiency in the conduct of the social services.'

2 The enactment of the Children and Young Persons Act in 1969 was followed in 1970 and 1971 by further major legislation affecting the role and task of the Social Services Department. In parallel with the growth of professional social work, recent years have seen a revival in the participation of voluntary workers. An innovation has been the involvement of volunteers in the statutory social services.

3 One of the interests which the Association gladly inherited from the constituent organisations was concern to develop a good working relationship between social workers and volunteers in providing effective personal social services. This interest was stimulated by the publication of 'The Voluntary Worker in the Social Services', the report of the Aves Committee. In February 1971, informal discussions led to the formation of a planning group which drew up proposals for a three-year project. The Council of the Association approved the proposals in priniciple in December 1971.

4 A Steering Committee was appointed and the present members are :

Mr Hugh Barr (Chairman)	Asst Director of Social Work Education, Central Council for Education and Training in Social Work.
Miss Geraldine M AvesCBE	Former Chief Welfare Officer, Ministry of Health.
Miss Selby Box	Senior Social Worker, Tavistock Clinic.
Miss Matilda Goldberg	Director of Research, National Institute for Social Work.
Mr Keith Jones	Principal Officer, Field Support Services Branch, Social Services Department, Essex County Council.
Miss Enid Warren OBE	Former Chairman, British Association of Social Workers.
Mr Bryan Woods MBE (Hon. Treasurer)	City Parochial Foundation, London.
Miss Doreen Bateman (Min. Secretary)	Principal Social Worker, Whittington Hospital, London N19.
Mr Louis Moss (Hon. Research Consultant)	Office of Population Censuses.

The Association has appointed a member of the Secretariat, Miss Joan Baraclough, Assistant General Secretary, to have oversight of the project as one of her special concerns.

5 To undertake a project of such importance was at this stage beyond the financial resources of the newly-formed Association. In January 1973, the King Edward's Hospital Fund for London donated a sum of £5,000 over the three-year period, as its contribution to the study (Minute DEV 73/7). Later in the year, the Leverhulme Trust Fund made an award of £18,000, and thus the necessary finance to support the project was secured. The Funds are administered by the Social Workers Educational Trust, a registered charity set up under the auspices of the British Association of Social Workers. Two workers were appointed to the project, Mrs Anthea Holme and Mrs Joan Maizels, who commenced work in January 1974. Later in the year, Mrs Judith Nasatyr was appointed as project assistant on a part-time basis.

Objectives

6 The aims of the project are :

(i) to study the attitudes of social workers towards the involvement of volunteers in social work settings ; the ways in which volunteers and social workers work together, and the organisational structures which define their relationships ;

(ii) to consider the implications for social work practice of the involvement of volunteers and

(iii) to explore how the involvement of volunteers in social work settings can make the optimum contribution to the total service to clients.

Progress

7 The project has now completed its first year. The main objective during the first months was to gather together ideas about current practice and developments in social work, and to discover how the topic of study, namely social work relationships with volunteers, was generally regarded. To this end, a number of visits were made to social work agencies, both statutory and voluntary, for exploratory discussions with social workers, students, researchers, administrators and teachers of social work.

8 It was quickly apparent that the main theme was thought to be an important one for study. It highlighted the more deep seated problems surrounding the nature of social work. Considerable differences in expectations of social workers and volunteers soon emerged, and seemed clearly linked with a number of factors, such as the organisational structure, characterisitcs of the setting and nature of the satisfaction in doing social work.

9 Following the period of intensive pre-pilot interviewing, the pilot stage of the study is now nearing completion. Postal questionnaires were prepared and distributed during November and December 1974, and in January 1975, to over 400 social workers in different parts of the United Kingdom. Differential methods of approach were used in distributing the questionnaire. Although discussions have taken place with staff at all levels in social work agencies, completion of the questionnaire has been restricted to social workers who work directly with the public, since one of the main objectives is to examine the implications for the social work service of the way social workers and volunteers work together. It is anticipated that the main study based on the results of the pilot study will begin in the late Spring.

Evaluation

10 In these early days there is little to be said about evaluation except, perhaps, that both workers and members of the Association with whom there have been initial discussions about the work of volunteers and social workers in the social service departments, have found the experience rewarding and we feel this augurs well for the development of the project.

The Future

11 The project is a three-year one. It is hoped that during this period reports can be made which will assist the development of a satisfactory working relationship between social workers and volunteers and will help to identify the range of tasks undertaken in social services departments.

Miss Joan Baraclough
Assistant General
Secretary, BASW

PN 209

February 1975

STUDENT LIAISON OFFICER - MENTAL HEALTH

Origins

1 In December 1971, MIND/National Association for Mental Health approached the King's Fund for a grant towards the cost of appointing a liaison officer for three years to encourage the development of mental health activities in colleges and universities. Subsequently Development Committee allocated £3,000 for this project for one year, on the understanding that any future grants would be dependent upon a satisfactory report at the end of the previous year (Minutes 72/17 and 73/5).

Objectives

2 By concentrating on 3 or 4 selected areas, it was proposed that the student liaison officer should :-

a) encourage participation by students in voluntary work in support of services for the mentally disordered

b) to disseminate information on the mental health services through publications, conferences, lecture series etc.,

c) to explore student attitudes to mental health

d) to explore the possibilities of establishing MIND groups in universities and colleges to fulfil some of the tasks set out above, and to work in collaboration with NAMH on educational, fund raising and voluntary service projects.

PROGRESS

3 Mr Tim Gauntlett was appointed Student Liaison Officer (SLO) in May 1972, and took up his duties in June 1972. From being an exploratory project of finding out what students were doing and could do in the field of mental health, and from working in the three areas of Cambridge, Colchester and Norwich, he has responded to student activities throughout the country, by developing 'MIND ACTION for Students'. Having established that students were making a valuable contribution, and that MIND was able to encourage greater participation, it was decided to change the emphasis of the project to providing a service for all students, and that MIND would make a long term commitment to working with students. To launch 'MIND ACTION' a mailing was sent to all Presidents of Student Unions, asking for their support and if they would initiate a mental health group in their college or university. He received seventy replies, and added to his existing contacts the SLO is now directly in touch with over one hundred and fifty universities, colleges and polytechnics.

4 'MIND ACTION for Students' has three main functions :

a) to provide information ; with the intention of collecting, duplicating, and distributing, to student groups throughout the country, accounts of individual projects, as well as material produced by other nationally based charities/groups ;

b) to act as a resource centre ; making available the services of MIND, and specifically preparing a series of guidelines which give advice on how to run action groups, on organising specific projects eg running a babysitting service ;

c) to provide a forum to discuss relevant issues and problems ; by bringing together the users of the services, professional workers in mental health, and students, to exchange experiences, discuss issues and problems related to projects.

5 Apart from the mailings, the SLO has visited and given talks to many groups, and attended and contributed to conferences, where he has been encouraged by the growing enthusiasm and interest in mental health, and by the fact that students now look to MIND for guidance.

EVALUATION AND FUTURE

6 The value of this work lies within what has been achieved by the project itself and in what student groups themselves are doing. It has been an exploratory project, where flexibility has allowed the SLO to respond to student demands and requests. The decision to move away from working only in three areas was taken as it was felt that there was an existing demand from all students, which MIND could respond to. As important was the feeling that MIND itself was able to provide the information and resources through the SLO. To this end it is hoped that the work will continue beyond the specified three years of the original project.

7 'MIND ACTION for Students' does not mean establishing MIND groups, although colleges and universities can adopt this title if they so wish, it is a desire for there to be greater participation on behalf of students in voluntary work in support of people who are mentally ill or mentally handicapped. It is going to be important not only for students to develop their own awareness and involvement, but professional workers in mental health to realise the contribution that all young volunteers can make. The SLO will work towards bridging any gaps that exist between the professional and volunteer, and developing understanding and co-operation. In a situation where an adequate provision cannot be provided by the statutory services and professional groups alone, it is going to be increasingly important to find imaginative ways in which other groups and resources can be involved.

8 Students not only have manpower, but their colleges and universities have resources and expertise which can be used in practical support of services. Over the last year students, as part of their academic studies, have done projects for MIND and Local Mental Health Associations. 'MIND ACTION' will enable MIND and the SLO to work with students and assist them in their exciting projects. It is intended to talk with and to inform professional staff about these activities, and when appropriate, to bring the two groups together. These are prospects which this project has now made possible.

Tim Gauntlett
Student Liaison Officer
MIND
January 1975

PREPARING VOLUNTEERS FOR MENTAL HEALTH SERVICE

1. In April 1973 MIND (National Association for Mental Health) applied for support to extend work already started by the Local Association's Department of MIND in preparing and training volunteers for mental health work. In June 1973 the Fund's Research Committee approved a grant of £750 for this purpose (Min.5Axv).

Objectives

2. There are particular difficulties in preparing volunteers for mental health work, and especially so in the case of volunteers working with Local Associations which undertake a great variety of activities, ranging from very sensitive personal service, such as giving support to long-term mentally ill patients, to more practical tasks like equipping houses for group homes. With such variations in local programmes, a national body is not the right organisation to run training schemes for individual volunteers working in the localities. Nevertheless, MIND does consider itself to have an important function in the preparation and training of volunteers, and its current policy is to establish methods by means of which study courses have been arranged by MIND for these purposes. The objective of this project was to develop this work and in particular to prepare some guidelines on preparing and training volunteers for mental health work.

Progress

3. As intended, a King's Fund grant did enable the work of MIND in this field to be developed further, and by the end of 1974 some draft guidelines had been prepared by Miss Hilda Watson, a senior social worker with training expertise who was employed by MIND for this project. These guidelines are due for publication early in 1975, aimed primarily at Local Associations, but available to others who might find them useful.

Evaluation and the future

4. With the publication of the guidelines, the King's Fund participation in the project is complete, but the work of MIND in this field of course continues. It is too early to assess how widely used and acceptable the guidelines will be, but it is felt that they should be of practical help to many of those concerned with the use of volunteers for mental health work.

Mrs. Edith Morgan
Deputy Director
MIND
February 1975

PN 220

CASE AIDES IN A PSYCHIATRIC HOSPITAL

1. ORIGINS:

In 1973 the Voluntary Services Organiser at St. Crispin Hospital, Mrs. Jeanne Lewington, was awarded a Winston Churchill Fellowship to spend nine weeks in the U.S.A. studying the use of volunteers, particularly in the field of mental health. One technique she became interested in was the use of specially picked and trained volunteers as Case Aides, working in a one to one relationship with psychiatric patients for the period of one year, in State Psychiatric Hospitals and Community Mental Health Centres. On her return, through St. Crispin Hospital Management Committee, Mrs. Lewington applied for a grant of £2,870 spread over two years for the establishment and evaluation of a Case Aide programme in this country, based on St. Crispin Hospital. At their meeting in December 1973 the Fund's Research Committee (Minute 19g) agreed this.

2. OBJECTIVES:

The primary objective was to introduce a Case Aide programme into a psychiatric hospital in this country, so that volunteers might be selected and prepared to relate closely with individual patients, working towards specific goals set down by their professional therapeutic team and receiving supervision and support in a special opportunity provided by professional co-workers.

The objectives in the case of the patients broadly were to establish a relationship and so enrich their lives within the hospital experience, and in some cases to assist in the process of moving from a hospital to a community environment.

The objective in the case of the volunteers was to give them an interesting and worthwhile commitment, which would extend the depth of their contribution in the field of mental health.

The objective with professional staff was to encourage in their attitudes an acceptance of volunteers relating more closely with the patients in their care and to recognise that the volunteer could make a useful contribution in the therapeutic team.

3. PROGRESS:

Late 1973 and early 1974 were taken up with a special recruitment campaign for this project. These were volunteers who would be committing themselves for a specific period of time, to undergo a training programme, to allocate time to meet their patients once weekly, and to participate in fortnightly meetings of Case Aides. Eventually eleven Case Aide Volunteers were selected, six men and five women, well balanced in age and work backgrounds. Most had some experience with a Group Dynamics Course held at the University Centre, none had social work or psychiatric nursing experience.

Concurrently, psychiatrists agreed to refer patients and eleven people were referred from the inpatient population of several wards at St. Crispin Hospital.

Then the V.S.O. met with members of the ward therapeutic team of each referral to discuss possible goals and to obtain any background information available. After this she met each patient individually to obtain their reactions about having a special volunteer friend assigned to them for a period of time. Matchings of patient and volunteer were also being considered.

On Friday, 25th January, 1974, a training programme commenced consisting of seven lecture/seminar opportunities, designed to give the volunteers information about the mental health background which would increase their understanding and reduce anxiety about working with psychiatric patients. Professionals involved in these training opportunities were the Medical Director, Consultant Psychiatrist, Clinical Psychologist, Social Worker, Voluntary Service Organiser and Nursing Officers. Lectures were recorded and transcribed so that a basis might be established for subsequent training programmes.

At the conclusion of training each Case Aide was introduced to his or her case, having received beforehand some information regarding the person, though not the medical diagnosis. The introduction itself was normally carried out in the ward by a member of the ward therapeutic team. The Case Aides then continued to meet with their patients on a weekly basis for the remainder of 1974, endeavouring to work towards the goals which at first were detailed by ward staff, but later these goals were sometimes reviewed by therapist and volunteer and amended in the light of experience.

The Case Aides met fortnightly as a group led by a Social Worker experienced in leading groups and the Voluntary Service Organiser. In this setting they received support and guidance from the co-leaders and, not least, from each other. Each group meeting was recorded and transcribed, and other data was collected.

Throughout 1974 the Social Worker and V.S.O. had consultation sessions with the Consultant Psychiatrist involved in the project. These sessions were used to consider how the Case Aides were progressing with their cases, how they were functioning within the group, and how the Social Worker and V.S.O. were working as co-leaders in the group.

4. EVALUATION:

The process of evaluation is now commencing. The Consultant Psychiatrist and Voluntary Service Organiser are now stepping aside from the ongoing 1975 Case Aide programme in the hospital to process data collected in the 1974 Pilot Project, and to look at various aspects of the experience. Meetings will take place individually with Case Aides and with ward staff. Hopefully, there may be opportunities to compare this initial programme with the Case Aide work now proceeding in the same hospital.

5. THE FUTURE:

Already considerable time and trouble has been taken regarding leaders for subsequent programmes. Having worked out a method for Case Aides to contribute in a mental hospital, this needs testing with average resources, since a "special" project has all the advantages and disadvantages of a trail-blazer. Thus, evaluation of the 1974 experience which takes place in 1975 can be a resource for those involved in the current programme. Then, on the basis of the two programmes other psychiatric hospitals further afield may be encouraged to attempt similar enterprises.

Mrs. Jeanne Lewington
Voluntary Help Organiser
St Crispin Hospital

January 1975

ANCHOR HOUSE PROJECT

Origin

1. It is now a year since Brian Gorsuch took up his appointment as a Social Worker attached to the Orpington Mental Health Association, at Anchor House, Orpington. This appointment was made possible by a grant of £2,000 a year for three years from the King's Fund. (Research Cttee. Minute 13 iii of 6.12.73)

Aims

2. At the start of the Project the aims included:

a) increased training and support for volunteers working with the mentally ill

b) the provision of placement opportunities for trainee social workers

c) support for relatives of the mentally ill and an expansion of the activities of Anchor House workers in the community.

Progress

3. During 1974, we have seen steady progress in all these aspects of our work. Brian Gorsuch has been able to undertake a greater number of visits to new and existing clients than was formerly possible. Such visits have involved the whole families of the clients and have been conducted in greater depth.

Liaison with the statutory authorities has also been strengthened, largely as a result of having a professional within our organization. 138 new referrals from various sources were received during 1974, an increase of 50% over the previous year.

Sources of referral	
Community - self referral	26
Psychiatrists	7
General Practitioners	28
Social Workers and Health Visitors	77
Total	138

General categories of referral	
Severe chronic depression	9
Depression	69
Phobic	11
Anxiety states/depression	40
Schizophrenia	4
Agoraphobia	5
Total	138 *

(* N.B. The categories of referrals are approximate working definitions and are not intended to be interpreted in a strict diagnostic sense.)

The local GPs are now more willing to refer their patients to Anchor House, and Brian Gorsuch attends a large group practice for counselling sessions on a regular basis. Local Health Visitors now attend weekly group meetings at Anchor House and have shown great enthusiasm for the facilities offered to clients. Contacts have also been established with Consultant Psychiatrists' clinics. Their Medical Social Workers' regular co-operation is also very welcome. The Probation Service has also been involved in

discussions, and the Social Services department referrals are noticeably up on last year. At all times, however, the Association is aware of the danger of exploitation by the statutory authorities and tries to avoid undertaking work which is either a duplication or substitute for their duties.

New volunteers have become involved in Anchor House, either from the interested public, or from people who are themselves referred for help. We have had one training weekend for new helpers, with follow up meetings. We hope to run several more of these sessions this year.

Sixth Form pupils from local schools now play an active part in the Association in various groups. A recent innovation was the opening of Anchor House on Saturday evenings where people can drop in informally. Weekends are lonely times for the mentally ill, and there is a need for such a rendezvous. The greatest increase that has taken place this year is in the number of "isolated" mothers - especially those from "high-rise" estates. A single group has now grown so large that it has had to be split into three. There is a more rapid turnover of patients as a deliberate policy, although there will always be some who need prolonged support.

Two social work placements have been undertaken during the year, supervised by the Social Worker.

Evaluation

4. The above remarks indicate that the Project is progressing according to expectations and that the scope of the Association's work has been broadened and intensified by the employment of the Social Worker.

Future

5. In the short term, it is hoped a) to initiate further training sessions for voluntary helpers - and b) to undertake a local survey of mental health needs of the local population and of the effectiveness of the statutory and unofficial services available, to see how they match up. In the longer term, we hope to examine the possibilities of starting new schemes - i.e. boarding-out, group homes, etc.

Kina Avebury

Chairman, Orpington Mental Health Association.

COMMUNITY SERVICE VOLUNTEERS IN HOSPITALS

Origins

1 Community Service Volunteers (CSV) has been sending volunteers into hospitals since 1963. In the early days volunteers were sent in one by one following personal negotiations with the hospital Secretary or Principal Nursing Officer. The recent trend, however, has been to extend CSV involvement in hospitals by sending groups, sometimes as large as fourteen or even twenty volunteers into each hospital. These groups now form the backbone of CSV projects in hospitals and are sent into 50% that regularly take our volunteers. This change of emphasis has also lead to a reassessment of the type of support that is needed from CSV headquarters if these projects are to be successful. We have found it even more important that the volunteers and staff are given suitable preparation before volunteers are sent to the project and supported adequately whilst they are actually working if the benefits of any such projects are to be fully realised. In the early stages of the development of group projects, initial bad planning led to a few terminations. For example, a group of twenty volunteers was sent to Leybourne Grange Hospital, but due to the inadequacy of the support and supervision provided this project had to be suspended. At Calderstones Hospital, however, a group of fourteen volunteers are quite happily and successfully working on a project with young mentally handicapped patients. Extensive discussions, not only with nursing staff at a senior level, but also with ward staff, took place before the volunteers were sent in. This provided support for the new volunteers from both the senior and ward level and support was also given from outside the hospital from a local CSV supporter who was able to spend a great deal of time in an advisory role.

2 Over the last few years the King's Fund has provided CSV with a grant to enable it to extend its activities in the hospital field. At its meeting in February 1971, the Development Committee allocated £2,000 for each of two years for this project (minute 71/11). In June 1973 a further grant of £2,500 for each of two years was made.

Objectives

3 The first objectives of the scheme are to persuade hospital authorities to use CSV help and then to help the hospital staff and long-term volunteers to have a better understanding of each other so that they can work together more effectively to the ultimate benefit of the patients.

Progress

4 Over the last year there has been a gradual expansion of both the number of hospitals using CSVs and the numbers of volunteers involved. By the end of 1974 there were well over 200 CSVs at work in over 50 selected hospitals. A number of volunteers were members of teams of 4-6 involved in resocialising programmes, whilst others worked singly assisting with the introduction of new volunteers. Work in art and occupational therapy departments has also increased as well as our group management projects which seem to have been developing at an even greater rate in 1974. Our group management projects provide the hospitals with an opportunity to develop their work in a way which would be impossible in normal staffing situations. A group of volunteers are placed on a ward and treated as purely supernumerary staff. Despite the fact that there may be six extra staff on the ward, none of the qualified staff are removed if staffing shortages occur elsewhere. At its simplest level, it means that the staff/patient ratio is increased dramatically from say, 20:1 to 5:1. The patients, therefore, have much more individual attention and there can be no doubt that their degree of development has increased dramatically in these circumstances.

So far there has only been a limited amount of research on group management and we hope to employ a researcher and set up a control group so that we can objectively compare this method of social training with others. At Calderstones Hospital we have 14 volunteers working on two wards for mentally handicapped patients. The success of this project has been very gratifying, but it is important to recognise that there cannot be one universally correct programme for the introduction of volunteers and therefore the needs of each hospital and a particular group of patients have to be discussed individually. The quality of preparation at this stage of the setting up of the project is critical and a great deal of time has to be devoted to this particular area.

Evaluation

5 The hard work and enthusiasm that volunteers contribute in long-stay wards are an important part of their work, but CSV has also been able to identify other areas within hospitals where volunteer involvement would be of great benefit to the patients. On many occasions volunteers have been able to achieve the "impossible" by virtue of their unorthodox approach. One group of volunteers greatly desired a room where they could teach mentally handicapped patients to read and paint. They were told that no room was available so they searched the hospital until they found one small room completely full of rubbish and lumber. They were then told that no money was involved for clearing, cleaning and decorating the room and if they wanted to use it then it would have to be done by the volunteers. So work began on the clearing and cleaning, paint was begged from a local shop and the room was papered with old newspapers - what more suitable wallpaper for a room where reading was to be taught'. Thus a room that had not previously existed was now fully operational and a reading and art therapy programme, which has proved extremely successful, has been instigated. Similar tactics have provided gardening facilities and extra occupational therapy activities in many of the hospitals.

6 The degree of isolation of the hospitals is important as well as the degree of supervision that the volunteer is given. It is vital that there is a great deal of discussion within the project between the volunteer and the supervisor, especially when the projects are considered in the context of the hospital as a whole. The initial introduction to the hospital and the people they will be working with is also very important for the volunteers' understanding of their role from the first. It is clear that no amount of information given to the volunteers before they join their project can ever replace an on-the-spot induction programme. The attitude of the hospital staff especially those with whom the volunteers are to work closely is a very important indicator of the sort of role that the volunteers will be expected to play. Therefore, in the preparation of the project by CSV, it is necessary to involve the ward staff that the volunteers will be working with.

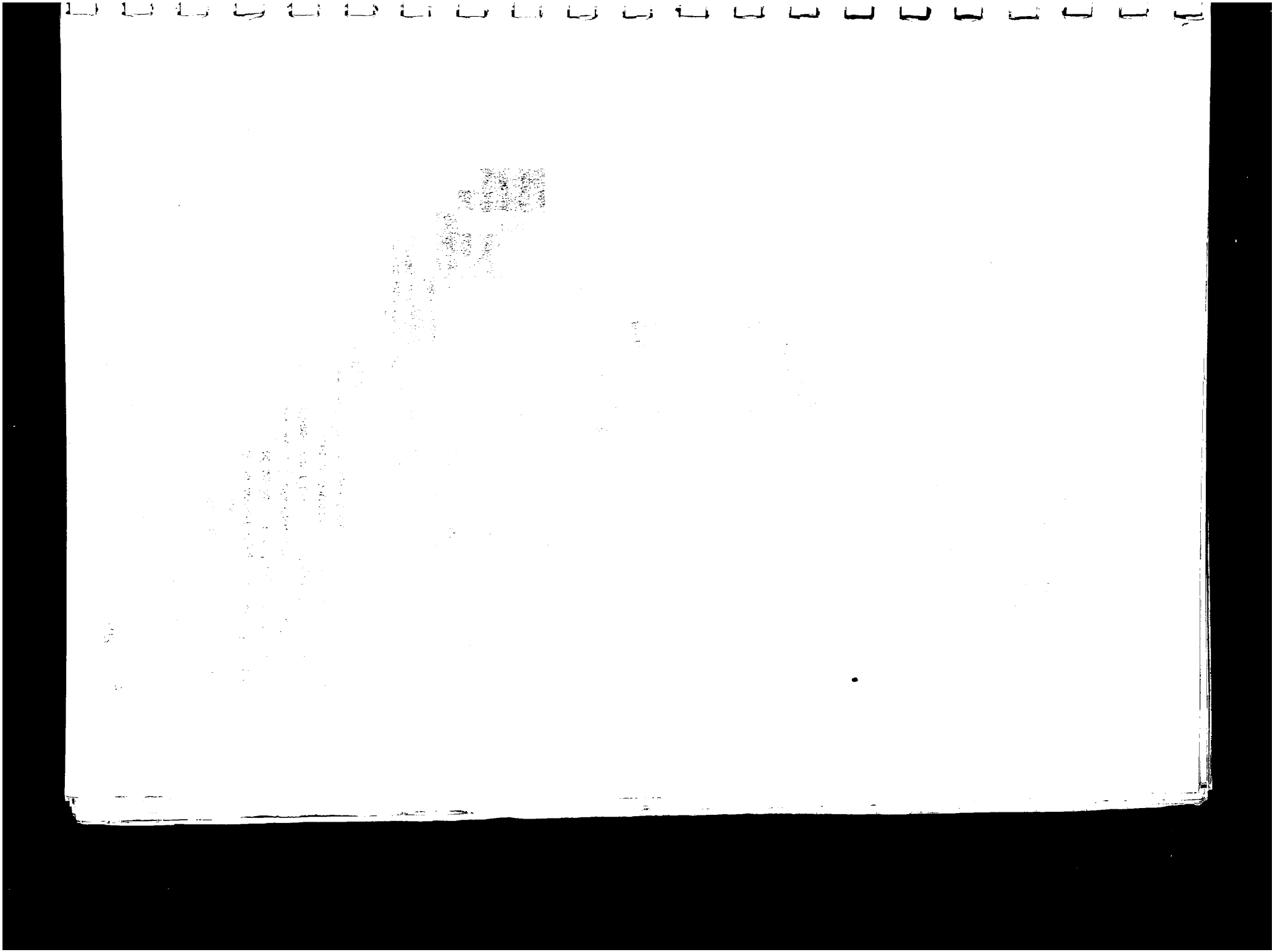
7 The decision to concentrate on long stay hospitals or units within one regional hospital area has been of great benefit to CSV. It has allowed CSV staff to cut their travelling times between hospitals, thus enabling them to spend considerably more time in discussion with the ward staff with whom the volunteers will be working. In these ways it is hoped, not only to gain approval and understanding by ward staff of what a volunteer can do, but also to use the intimate knowledge that the staff have of their patients needs so that a relevant and effective programme can be designed to which the staff will give active support thus narrowing the gap between hospital and community.

Future

8 In view of the success of group placements, CSV is continuing to approach other long-stay hospitals drawing on the experience gained so far. Meetings will be arranged to facilitate the flow of ideas between volunteers and members of staff. Whilst not moving away from the face to face hospital situation, projects involved in breaking down the barriers between hospital and the surrounding community are being increasingly developed, and it is planned that our present placement of groups of volunteers can be closely linked with these.

PN 178

Mrs E Hoodless
Executive Director
Community Service Volunteers
March 1975



AGE CONCERN NEWCASTLE

HEALTH OF THE ELDERLY PROJECT

Origins

1 This project was put forward by the director of Young Volunteer Force Foundation (YVFF), Mr. Anthony Steen, in April 1970 as that organisation was anxious to demonstrate that young people could play an active role not only in aftercare of geriatric patients, but also in preventive work, by providing community support to help prevent hospital admissions for purely social reasons.

2 Subsequently, Development Committee (Minute 70/294) approved a grant of up to £10,000 over three years for an experimental project in Newcastle upon Tyne. This area was chosen because a YVFF team was already well established in that city and because there was support for the scheme from the consultant geriatrician, the city medical officer of health and the voluntary organisations already concerned with the services for the elderly. In order that the project should be chiefly concerned with prevention rather than hospital care, it was renamed Health of the Elderly. £1,300 more was allocated in 1972 (Minute 72/51 and 72/60).

3 Two workers were appointed to the project, Mr. David Kettle and Mrs. Linda Hart who commenced work in August 1971. An additional full time worker, Mrs. Moyra Clark was appointed in January 1973. A steering committee was set up and the present members are:

Dr. D. L. Wilson	Area Officer of Health, Newcastle upon Tyne (Chairman)
Dr. R. G. Cooper	Consultant geriatrician, Newcastle General Hospital
Mrs. L Ford	Principal medical social worker, Newcastle General Hospital
Mr. F. Graham	Personal assistant to the director of social services
Mr. W. Morgan	University of Newcastle, Department of Family and Community Medicine
Mrs. A. I. Reed	Age Concern Newcastle
Mr. W. Thirlaway	Newcastle upon Tyne social services department
Dr. J. R. Elliott	General practitioner

Objectives

4 The aim of the project is to develop and demonstrate effective ways of activating local community people in the care of the elderly 'at risk' i.e.

i) those admitted to hospital and likely to be discharged home again, and

ii) those at risk of hospitalisation at some time in the future through lack of basic care at home.

The work of the project is based on certain premises:

(i) that a variety of personal needs encountered amongst the elderly population can be, and often are, met by untrained local people

(ii) that there remains, however, the care of isolated and frail elderly whose needs are not adequately met in this way, and that there are people living nearby willing and able to meet these needs once aware of them

(iii) that professional staff in health and social services are often aware of these needs, but to fulfil them personally would be a waste of their scarce expertise, and staff would welcome resources of local people to help in this area.

Progress

5 (i) Documentation

By February 1973, fifteen months after the inception of the project, 300 requests for help had been received and the help of 111 voluntary visitors had been enlisted. Questionnaires were administered to both elderly people and visitors; these were processed on an IBM 360 - 67 computer with the co-operation of the Medical Research Unit, Newcastle upon Tyne University. The results are presented in a 25,000 word report which will be published in the next few months; they are also summarised in an article which appeared in Health Visitor in December 1973.

(ii) The Elderly People

One third of the 300 referrals were made by Health Visitors and one third by medical social workers. The central work of the project - that of initiating continued visiting - prompted three-quarters of these referrals. The remainder concerned tasks of a 'once off' nature, e.g. transport to appointments or help with packing prior to rehousing. The project has dealt with a frail group of elderly people, many have entered hospital at some time subsequent to being referred. Where a visitor is involved she has been able to maintain contact with the hospital patient, and on discharge provide after-care with the aim of perpetuating the benefits of hospital treatment.

(iii) The Visitors

The Project operates in an area covering one and a half square miles of the West End of Newcastle. 73 of those 111 people who offered their help live within this area. The visitors were drawn from all five social classes, with social class III predominating. Altogether 88 visitors were introduced to old people, later 68 of these were questioned about their activities with 80 old people whom they had visited.

Nearly all had visited at least once weekly and one-third visited more regularly. In all but a few instances visitors have been placed with an elderly person so that they might undertake a practical task on a regular basis, e.g. shopping, escorting or pushing out in a wheelchair, providing regular transport.

(iv) Working with Professionals

Project staff have met with teams of health visitors at five clinics, and also with one group of general practitioners each fortnight. Contact has been maintained with the medical social worker of a Geriatric Unit by project staff attending the 'social' ward round each week. In addition the social workers at two area teams are met on an 'ad hoc' basis. The purpose of these regular meetings with professional staff are seen as being two fold

(a) It is important that professionals who make referrals are informed of their outcome, and that some explanation is given where no action is taken.

(b) These meetings also serve to keep professionals in touch with developments in the elderly person's situation; help them perceive situations in which the project might spark off valuable neighbourly support for an elderly person.

(v) Progress since February 1974

In April 1974 the commitment to continue the work of the Health of the Elderly Project was taken over by Age Concern Newcastle. The ultimate aim being to extend the aims and objectives developed within the framework of the project over a wider area in Newcastle, using existing visiting groups based on geographical areas and developed as part of the Age Concern network. This has necessitated the forming of contacts with other professionals working in these new areas. Efforts to develop in this way have continued alongside the maintenance of the existing Project. Despite the lack of funds, we feel that we have gone some little way toward development of the Project's objectives.
During the year 1974/75 the Local Authority allocated £800 to the visiting scheme, while the Area Health Authority have not so far made any contribution although we will continually urge them to do so. Unfortunately, Age Concern England was not able to grant aid the scheme due to their own strained financial position.
Everyone concerned with the Health of the Elderly Project has been greatly encouraged by the interest generated by the work as indicated by the excellent sales of the final report.

Evaluation

6 As part of the questionnaire administered to visitors, and in order to explore the practical side of their visiting, a list was presented to project visitors who were asked to tick those practical tasks which they had performed. It was discovered that in addition to the practical role specified on allocation, visitors undertook a diversity of practical activities acting on their own initiative. The more common activities included shopping, making a cup of tea, cooking a meal, bringing in coals, taking along books or magazines and reading out letters to an old person with failing eyesight. This would seem to bear out the value of regular support of visitors by project staff in order to help visitors to develop and maintain a sound perception of the old person's needs, and of their own involvement within the context of other help being given.

The value of regular meetings between project staff and professionals has been reflected by the pattern of their referral. Individual professionals who meet staff regularly have been twice as likely to use the project as those who have only met staff on one initial occasion, and those who have made referrals at such regular meetings have done so twice as frequently as others who have made referrals having only met staff once.

Future

7 With regard to funding, the position in 1975/76 is very little better despite the fact that the Local Authority has agreed to grant aid Health of the Elderly visiting schemes to the extent of £2,400. However, Age Concern Newcastle will continue to bear the burden of financial support to meet their commitment to the scheme.

We strongly believe that visiting is one of the services most likely to have a major part to play in preventive work and the work pioneered by the project will proceed within the framework of present limited resources. To this end Age Concern will soon appoint a Visiting Services Organiser whose job it will be to maintain existing work and to further develop H.E.P. visiting in other areas of the city.

Linda Hart (Mrs.)
Personal Services Officer
March 1975

PN 173

References:

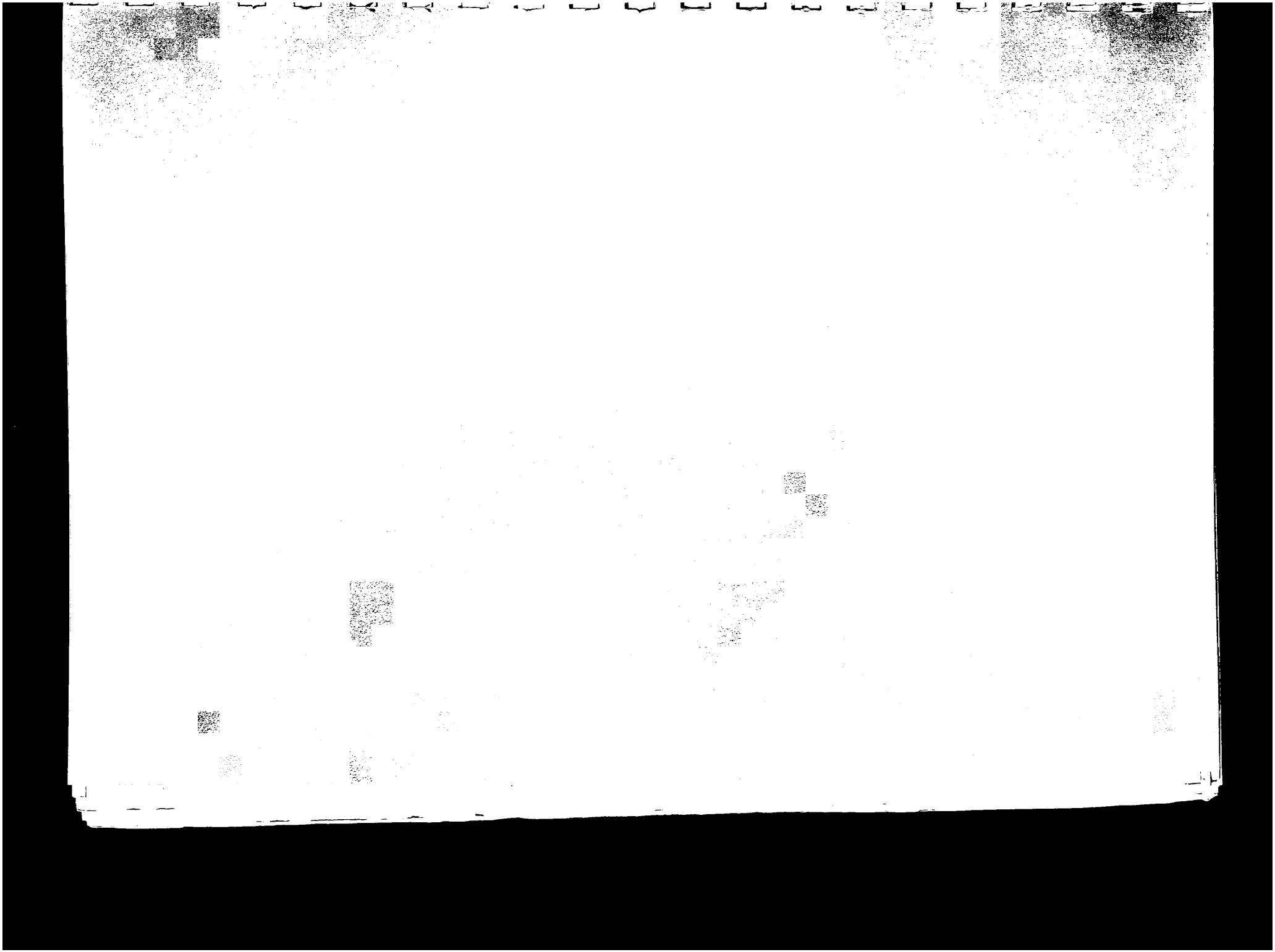
The following articles have been published:

Voluntary Work in Newcastle	The Elderly Mind (British Health Care & Technology) pp 52-53
Reprint No. 736 Sparking off Community Care	Age Concern Today Autumn 1972
No. 848 Health of the Elderly Project	Health Visitor December 1973
Health of the Elderly Final Project Report	King's Fund/YVFF
Article on the Project	New Society

The following is soon to be published:

Working with Professionals	Age Concern Today Spring 1975

OTHER PROJECTS AND ACTIVITIES



ASSOCIATION TO COMBAT HUNTINGTON'S CHOREA

Origins

1 The Association to Combat Huntington's Chorea was first formed in 1971 after publicity in a Sunday newspaper. This publicity resulted in a membership of 76 families, all of whom were directly involved with this hereditary incurable disease. Most of these families explained in detail the trauma of their family story, and the great relief felt by them that an organisation had been formed for this particular disease.

The Association received some initial help from the Central Council for the Disabled but in 1973 it became independent. However, in the meantime, 14 branches had been formed in various parts of the country and the work and activities had increased considerably.

Because of this and increased membership, it was necessary to appoint a full-time Secretary and it was necessary to seek a grant to pay for this. In May 1974 the King's Fund made a grant of £2,000 for each of two years. (Man Cttee. Minute 8335 of 28.3.74)

Objectives

2 The Association to Combat Huntington's Chorea has three main aims:

1. To increase interest and research into Huntington's Chorea and to assist research projects.

2. To improve all aspects of welfare for the Huntington's Chorea family and particularly for the patient.

3. To educate and inform on all aspects of the disease to HC families, professional workers and the general public.

Progress

3. The Association was already undertaking a number of activities prior to the grant being made available but often these had to be either curtailed or to await donations from members. As a result of the grant, the Association has made more steady progress.

4. Our membership has now grown to approximately 600 HC families and nearly 500 doctors, nurses, social workers and research personnel, and the Association became a registered Charity in August 1974.

5 A newsletter is now despatched to members on a regular six monthly basis. Two office machines have been purchased to make this operation more efficient: a stencil duplicator and an envelope addressing machine. These also enable the organisation to fulfill other functions more easily.

6 Visits by the National Secretary to several of the 14 branches throughout the country have also been arranged.

7 The grant has also enabled the National Secretary to receive a monthly salary on a regular basis, whereas before, this depended upon the Association's financial status.

8 The Association is a founder member of the International Huntington's Association which was formed in August 1974 by HC organisations in the U.S.A., Canada, Australia and Britain. The National Secretary of the British organisation is the International Secretary for 1974/5.

9 It is planned to hold the first Annual General Meeting of the Association in June, when it is hoped that leaders from the 14 branches will attend. The meeting will also be open to other members.

10 A publicity leaflet for the general public is shortly to be issued as well as a number of other publicity items. The booklet explaining the disease to the family is also to be reprinted after some up-dating.

Mrs. M Hart Jones
National Secretary

PN236

January 1975

SPINAL INJURIES ASSOCIATION

Origins

1. In June 1973, a conference was held at the King's Fund Centre to consider the need for a Spinal Injuries Association. The initiative for this move came from Baroness Masham and other paraplegics and tetraplegics in consultation with the Disabled Living Foundation and the King's Fund. The meeting was attended by disabled people and representatives of spinal units and rehabilitation units throughout the country, and of voluntary and statutory organisations and professional associations. There was strong support for the idea of forming an association of those with paraplegia and tetraplegia or other forms of spinal paralysis, who are not already catered for by any other voluntary organisation appropriate to their own disability. Subsequently, the King's Fund Management Committee allocated a total of £13,250 over three years to help launch the Association (Minute MAN 4211, November 1973).

2. An inaugural meeting was held on 12 February 1974 at the Centre, when a draft constitution was agreed, subject to minor alterations. It was also agreed that the steering committee should remain in office for the purpose of arranging the enrolment of members, the election of a Management Committee and the holding of a general meeting within one year.

Objectives

3. The overall objectives of the Association are to promote the benefit of all persons suffering from spinal cord injury, and in furtherance of these objectives, the Association may, in the words of its constitution:

i) Promote and organise cooperation in the achievement of the above objects nationally internationally and locally and to that end may bring together in conference representatives of voluntary agencies, government Departments, statutory authorities and individuals engaged in the furtherance of the above objects.

ii) Promote and carry out or assist in promoting and carrying out research, surveys and investigations.

iii) Arrange and provide for or join in arranging and providing for the holding of exhibitions meetings lectures classes and training courses.

iv) Collect and publish information regarding the welfare of the above-mentioned persons and exchange such information with other bodies having similar objects whether in this country or overseas.

v) Assist any such charitable body or bodies financially or otherwise and to appeal for funds.

vi) Do all such other things as may be incidental or conducive to the attainment of the foregoing objects.

Progress

4. The post of General Secretary for the Association was widely advertised, and Miss Diana Irish was appointed, taking up her post in December 1973. Miss Irish was severely disabled by polio 18 years ago, but has been in employment since 1959, with secretarial and administrative experience at Stoke Mandeville Hospital and Manor House Hospital, Aylesbury.

5. Full membership of the Association is open only to those with spinal cord injury. Associate membership is open to the families of full members, and to doctors, nurses and paramedical staff, and indeed to any person, able-bodied or disabled, interested in furthering the aims of the Association. There is also provision for junior or honorary membership. The Association also has an affiliate membership, this is open to other voluntary organisations concerned with the disabled. Membership of the Association is growing rapidly and now stands at:

Full	490
Associate	254
Junior	16
Affiliate	9

6. The first Annual General Meeting of the Association was held in Harrogate on 19 October 1974 at which the first Management Committee was elected consisting of the following members:

* Mr R Broke
* Mr G Chadwick
* Mr B Coburn - Vice Chairman
* Lord Crawshaw
* Baroness Darcy de Knayth
* Mr E H Flynn
* Mr K F Hughes
* Mr B Hellyer
* Mr D Hyde
* Mr T Marshall
* Baroness Masham - Chairman
* Mr M Tennyson
* Mr C Thomas
* Mr A E West
* Mr D Williams
Mr M C Hardie - King's Fund Centre
* Mr A Bond - Hon Treasurer

(* signifies paraplegic or tetraplegic)

7. In May 1974 the Association received a grant of £500 from the Eleanor Hamilton Educational Charitable Trust towards the preparation and publication of a booklet explaining paraplegia and its routine care. Miss Bernadette Fallon was commissioned to write the booklet which will be published later this year.

8. The Association publishes regular Bulletins, of the two published so far, the first was a general information bulletin the second dealt with all aspects of housing for the paraplegic and tetraplegic. It is planned to devote future issues to specific topics, and the next issue will deal with employment.

9. The SIA has a growing information service to deal with enquiries from members. Members are also encouraged to exchange information and ideas amongst themselves.

10. Since October 1974 the SIA has been a fully registered charity number 267935, and the association is now undertaking fund-raising activities.

Evaluation and the Future

11. Membership of the SIA is growing rapidly and whilst it is still too early to assess fully the role of the SIA, it is clear from the number and type of enquiries it is now receiving that it is fulfilling a need particularly in providing support to severely disabled paraplegics and tetraplegics living in the community, and to those returning to the community from hospital. One area that has been highlighted during the past year is the need for more adapted housing for the wheelchair user, combined with the provision of adequate care support systems within the community.

12. It is hoped over the next few months to arrange a series of meetings with the staff within the spinal units to discuss the part that members of the SIA can play in assisting those newly disabled and their families to cope with their disability.

Diana Irish
General Secretary

PN 230

February 1975

THE ASSOCIATION OF DOMESTIC MANAGEMENT

Origins

1. The Association which was formerly known as the Hospital Domestic Administrators' Association was constituted in 1949. Its objects, which were changed in 1974 in agreement with the Department of Trade and Industry are:-

a) To do all within its power to supply, maintain and encourage an efficient domestic service to support the medical, nursing and allied services throughout the National Health Service in their work for the healing and the comfort of the sick and to provide and maintain a national code of practice to complement professional and occupational training.

(b) To improve standards of training amongst domestic staff within the National Health Services, D.H.S.S. and comparable Government and local authority service.

(c) To establish the Association as the recognised professional body able to advise on professional matters.

2. Until the 31st March 1974 the affairs of the Association were administered by its honorary officers who had full-time occupations in the National Health Service.

3. During 1973 the Association decided to make changes that would enable it to meet the situation to be brought about by the re-organisation of the National Health Service in 1974. It applied to the Fund for financial support to enable it to appoint a paid Organising Secretary. A grant of £4,500 for two years was made (Research Cttee Min. 5A xix of June, 1973) and an Organising Secretary was appointed, who took up his duties on the 1st April, 1974.

Objects

4. The principal duties of the Organising Secretary are :-

(a) To expand recruitment
(b) To provide a secretarial service to the Association and its Council of Management
(c) To develop professional training programmes
(d) To undertake the functions of a public relations officer
(e) To act as the Association's Treasurer
(f) To arrange conferences, studies days and etc.,

Progress

5. The Association appointed as its Organising Secretary to Mr Robert Morgan who, until his retirement in April 1974 was Regional Staff Officer for the South West Metropolitan Hospital Area. Mr Morgan had had experience in senior hospital Administrative posts, with the National and Local Government Officers' Association and with the Whitley Councils for the Health Service.

6. Since his appointment one of the main pre-occupations of the Organising Secretary has been to undertake the work necessary to get the Association incorporated as a company limited by guarantee. The Association decided in 1972 to do this and had instructed solicitors in March 1972. These instructions were withdrawn in June 1974 when the Organising Secretary, (who is a Chartered Secretary), was instructed to carry out the work. In association with a few members a Memorandum of Association and Articles of Association were drawn up and were adopted at an Annual General Meeting held in October 1974. These will be lodged with the Registrar of Companies and an application for incorporation will be made as soon as a decision has been given by the Department of Trade and Industry on an application that has been made to omit the word "limited" from the name of the Association.

7. The new rules require the Association to be organised in Branches for Scotland, Wales and Northern Ireland and for each health region in England. This process is well advanced and it is hoped to complete it during 1975.

Evaluation

8. The Association has had a paid organising secretary for nine months and this has relieved the honorary officers of the administrative and clerical work they formerly undertook. The existence of the Association has been made known to the Department of Health and Social Security, the Scottish office and to the Welsh office. These departments have begun to consult the Association about central policy for the management of the domestic service. The DHSS has undertaken to consult the Association about the constitution of a National Staff Committee for staff employed in the support services. Some regional and area Health Authorities have begun to recognise the Association and it is expected that the Association will be one of the organisations to be consulted about the membership of Health Authorities in England, Scotland and Wales. It has already become obvious that the Association has an important and continuing contribution to make to the central direction of the National Health Service.

Future

9. Whether the Association will be successful depends upon two factors :-

(i) the efficiency of its internal organisation and
(ii) the number of eligible members who are recruited.

The rules to achieve greater internal efficiency have been adopted. A strenuous effort to increase the membership is about to begin. At the date of the Association's Annual General Meeting in November 1973 the number of paid members was 458. At the date of the Annual General Meeting in October 1974 the number of members was 700 but only 550 had paid their subscriptions. It was expected that this number would be increased to 600 by the end of the year. It is estimated that the Association needs 800 members paying present subscriptions to be able to pay its way by March 1976 when the King's Fund's donation will end. This is the first objective which the Association aims at achieving in 1975. Other plans now being discussed include :- the holding in April 1975 of a week-end conference to discuss some aspects of personnel management and financial management; A week's conference in 1976; The publication of an official journal.

Robert Morgan
Organising Secretary ADM
March 1975

NATIONAL ASSOCIATION OF INDUSTRIAL THERAPY MANAGERS

Origins

1 The need for a National Association of Industrial Therapy Managers was demonstrated at a conference in 1969 run by the local group of managers from the South West Metropolitan Regional Hospital Board area who had banded together in 1964 to discuss their problems, prevent competition and with the idea of putting a stop to what had been termed 'exploitation'.

A Steering Committee of 8 managers attending the conference was formed, who, with help and advice from the staff of the King's Fund Hospital Centre and the Legal Department of the South West Metropolitan Regional Hospital Board, drew up a constitution and brought the Association into being on June 1st, 1971. Later, in May 1972, the King's Fund made a grant of £1,000 for each of two years for providing secretarial help (Minute Dev 72/44).

Objectives

2 The National Association of Industrial Therapy Managers aims to:

(a) promote the interests of all persons referred for Industrial Therapy

(b) provide support, encouragement and advice for training courses in Industrial Therapy

(c) Disseminate advice and information on Industrial Therapy to members and interested persons in allied fields

(d) provide a democratically governed body who will be able to represent at local and national level the interests of all those concerned in Industrial Therapy

(e) mount study days to facilitate the exchange of information between members

Progress

3 As a result of the grant the National Association of Industrial Therapy Managers has been able to employ a part-time secretary (the Executive Secretary) for an average of 2 days per week. The Hon. Secretary has therefore been able to delegate a large amount of the purely secretarial work. The Executive Secretary now undertakes:

(a) the maintenance of membership files and register

(b) production and circularisation of newsletters

(c) arranging and minuting of Executive and other meetings

(d) replying to queries where factual replies are available

(e) acquisition of government reports and other necessary publications

(f) dissemination of information and literature on branch formation

(g) dissemination of information from National Executive to branches

(h) collection of information from branches for National Executive

(i) the ballot for returning members to the National Executive at the Annual General Meeting

(j) the basic secretarial work occasioned by the Annual Conference and Business Meeting.

4 This Association now has seven fully operational branches and there is an exchange of information between their Executive Committees and the National Executive. Plans are in hand for an 8th branch in the North East Thames area and an inaugural meeting will be held early in 1975.

5 There have now been four successful Annual Conferences, each including an Annual General Meeting and in 1973 the first Spring Meeting was mounted in Sheffield. These Spring Meetings will always be run by a branch and held in their area. This arrangement has been adopted so that there are two meetings per year for those members without a local branch.

In 1974 members in hospital units experienced considerable difficulties and serious delay in obtaining leave to attend Conferences because of the new administrative arrangements. These have proved exceedingly cumbersome, and in some cases members have had to attend Study Days and pay their own expenses in the hope that leave and expenses will be granted at the next appropriate Committee Meeting. As the 1974 Spring Study Meeting was scheduled for April, many managers had no time to obtain leave from their new authority, and the small number of firm applications was the cause of the cancellation of this year's meeting.

6 The pilot course at Ewell Technical College for workshop floor instructor staff was completed at the end of 1973. Modifications have been made to the syllabus after an appraisal by course tutors and students and the second course is now in progress.

The course for workshop floor instructor staff has now been running for 2 years and the syllabus has been modified in the light of experience. Consultation with other Technical Colleges running courses for the same and comparable grades of staff has shown a large measure of agreement on syllabus content, and a further meeting has been arranged for February 6th, 1975 between representatives of N.A.I.T.M. and 8 Colleges of Technology on standardisation.

Evaluation

7 (a) Total registrations now stand at 292, an increase of 32 on last year. Formal resignations due to retirement and leaving the field were 20. A questionaire seeking reasons for non-continuance of membership was sent to defaulters, but no clear picture of why or if there was dissatisfaction emerged. One member did, however, state lack of a local branch as his reason for resignation.

(b) The Association has again been active in making representations to various committees regarding Industrial Therapy. This has led to a growing appreciation that there is a body who can and will speak and act on behalf of those concerned with Industrial Therapy, and meant that N.A.I.T.M. is becoming increasingly involved in discussions on ways and means and future developments in the field of Industrial Therapy.

(c) The Association has been asked to send speakers to Study Days and Conferences held by other organisations concerned with the Rehabilitation and Employment of the Disabled. The A.P.M.H. Conference at Scarborough, Study Days of the Institute of Works Managers, the Spastics Society, 2 of the Schools of Occupational Therapy, and some of the D.I.G. Groups have all invited N.A.I.T.M. members as well as Rotary Clubs, Roundtables and Junior Chambers of Commerce.

(d) The links already formed with other organisations concerned with the Disabled, have continued and noew ones established.

(e) Negotiations are in progress on the production of a professionally laid out printed Journal. When these are complete, it is intended to have 3 issues yearly, which will be extended to include forthcoming events and conference reports.

(f) Invitations to send representatives of N.A.I.T.M. to Conferences and Exhibitions have been received and delegates sent. (For example: The Civil Service Suppliers Exhibition at Kenilworth run in conjunction with the Annual Conference of Directors of Social Services). Publicity material has also been requested. It has been found most necessary for a member of the Nationa Executive to attend Branch Study Days. It helps to forge links between Branches and the National Executive, which increases the flow of communication within the Association, besides keeping the National Executive aware of the problems and needs of managers in the differing parts of the country.

Future

8 Short Term

In this time of work shortage and soaring prices N.A.I.T.M. must help its members to help and keep the flow of appropriate types of work to Industrial Units, and reconsider items needed by nationalised industries, which could be made or processed in Industrial Units, and keep a close watch on prices offered for services rendered so that clients get their proper rewards.

9 Continuous and Long Term

As it is obvious that branch meeting are a vital part of the Association's work, those in existence must be supported and encouraged by the National Executive and others set up. While the National Executive are prepared to give every assistance to members wishing to combine to form a branch, there is still the need for an Extension Officer, as suggested last year. It is, however, very difficult to find anyone with both the time and expertise to carry out this function, and he would have to be financed from Central Funds.

10 Continued and widening discussion on education is vital, and when an opportunity arose for discussing the N.A.I.T.M. and allied courses with the D.H.S.S., it was eagerly accepted. N.A.I.T.M. hoped that satisfactory performance on one of its courses could be accepted as demonstrating that that person had reached a recognised minimum standard for employment in an Industrial Unit. N.A.I.T.M. realised that not everyone now employed in Industrial Units would be able to take the course, but hoped that it could be implemented as a qualification for employment over an agreed period of years. This was not acceptable to the D.H.S.S., who appeared to regard the N.A.I.T.M. course as merely an induction. However, this only goes to strengthen the National Executive in their belief that Education and Training are a most vital part of this Association's work.

The Education Sub-Committee has been strengthened by the co-option of another member with considerable experience in training for local Authority Unit Staffs. He will be concentrating on extending the existing N.A.I.T.M. Training Course in conjunction with Technical Colleges throughout the country; and in formulating plans for other, and more advanced courses for all Industrial Unit Staffs.

B. Watson
Hon. Secretary, N.A.I.T.M.

January, 1975

NATIONAL UNION OF STUDENTS-HEALTH STUDENT SECTION
(formerly known as the National Association of Health Students)

Origins

1 The National Association of Health Students was formed in February 1973 when 300 students from all health student disciplines met to discuss their future role in the NHS. A National Committee of 10 members was elected to co-ordinate activities and help local groups. An application was made to the King's Fund for a grant to help meet the running cost of the Association in its formative years. At their meeting in December 1973, the Fund's Management Committee (MAN 8276) agreed to make a grant of £3,000 over one year in the first instance. Subsequently, Carol Newey, SRN, was appointed as Administrative/Research Officer and began work in April 1974 at the NUS offices in Edinburgh.

Objectives

2 The principal aims of the Association are "to defend and promote the interests of the patient in a fully comprehensive health service" "to defend and promote the interests of the health student in the broader student movement". To this end, the Organisation represents a coming together of students from many different disciplines in the health and social services to promote discussion, development and action on various matters, such as education and training, facilities and grants.

3 The organisation should not be just a national pressure group but one based at a local level where discussion and activities could take place. This should take the form of student unions through which health students are not only brought into contact with each other but with other students and can obtain the finances and representation, and support they require. Previously few health students had such unions.

Progress

4 By April 1974, the National Association of Health Students had grown in membership to 10,000 and had 30 registered branches. During this time the National Union of Students, who had given the NAHS considerable financial and administrative assistance, amended its constitution to allow nurses into membership and at its Spring Conference formed a Health Student Section which accepted the aims and objectives of NAHS. The National Association of Health Students, at its conference in April, therefore decided to merge with the health student section for a trial period of six months. This decision was ratified in October.

NUS Health Student Section

6 The Health Student Section as a section within NUS holds its own specialist conferences and elects its national committee. The NUS had 30,000 health students already in membership but until this section was formed they were isolated in various University/College Departments and Schools.

7 The first task of the National Committee has been the formation of health student unions. Many visits were made to schools to speak to the Principals and students on health student activities and university and college presidents have been requested to give any possible aid to health students in their union. Establishing student unions is a long, slow process if they are to be a permanent feature, but the results so far are encouraging.

8 Working parties have been established under the National Committee for the following student disciplines :- physiotherapists, medical students, speech therapists, occupational therapists.

Education

9 The Health Student Section's most important area of concern is the need for a unified approach to health student education. So far, research has been initiated into the education and welfare of health students and the results are being used by student unions to reform the courses in their schools.

10 The Health Student Section submitted evidence to the Halsbury Commission on behalf of all health students, and made specific reference to the need for proper health student education. At its Health Student Education Conference these points will be discussed at length and it is hoped the polices decided will provide a firm basis for a campaign and effective lobby.

11 A campaign for reform in health student education is a long term process but the National Committee has urged working parties and students unions to begin by raising the consciousness of health students in their area to the current educational issue by discussion, talks and activities, thus encouraging individual student participation.

12 At a local level, health students have already held one day conferences and study days on subjects such as community medicine and crippling diseases, and branches are asking their schools to arrange integrated lectures for subjects common to all health students, eg anatomy.

13 Following mandates passed at Health Student National Conferences, the National Committee approached organisations concerned with patients rights and welfare for information. This resulted in meetings with various organisations to discuss matters of mutual concern and health students have attended many of their National Conferences.

Evaluation and the future

14 The health student movement is still relatively new but already it has been recognised by various educational and professional bodies and we hope to work even closer with them in the future. Health students are beginning to examine and criticise their courses, for they see the pressing need for reform and integration in their education. The health team approach is an accepted concept in patient care but the health student movement is the only movement which is really trying to break down the artificial professional barriers which prevent this concept from becoming a reality.

Carol Newey
Administrative/Research Officer
National Union of Students

January 1975
PN 228

TOY LIBRARIES ASSOCIATION

Origins

1. In November, 1972, the Fund's Development Committee made a grant of £1,500 to enable a full-time assistant to work for the Toy Libraries Association for a period of 6 - 9 months, to develop the work of the Association and to prepare plans for its long-term future (Minute DEV 72/75). In May, 1974, the Fund's Management Committee made a further grant of £3,000 for each of three years to continue supporting the Association (Minute MAN 8358).

Objectives

2. The purpose of the Fund's support has been to strengthen an organisation whose ideas on play and toys, particularly for the handicapped, had proved so successful that voluntary helpers could no longer sustain the effort.

Progress

3. A full-time Director, Mrs. Lesley Morland, has been appointed. Miss Glenda Jackson has accepted the office of President, and Dr. Mia Kellmer Pringle is Vice-President. At the time of the original grant from the King's Fund, 30 toy libraries were in existence. By the end of 1974 there were 150 toy libraries lending toys to the handicapped, with more than 100 in the planning stages.

4. There has also been a widening interpretation of the toy library idea. The Toy Libraries Association has always interpreted "handicapped" broadly to include the needs of the socially deprived and so toy libraries are not serving only the mentally and physically handicapped but also children from socially deprived areas and those being cared for by child minders, whilst some toy libraries loan to children who have handicapped parents. More toy libraries opened during the year in mental handicap hospitals and several more are planned, and so the needs of the mentally handicapped adult have been considered by the Association.

5. The list of leaflets published by the Association has been added to with the appearance of "Play for Mentally Handicapped Adults" and "Toys for Children with Speech, Hearing and Language Difficulties". A fifth editionof the popular "ABC of Toys" has been produced and "How to Start a Toy Library" has been revised and extended. All the Association's publications are now in printed form as demand increased and staff could not cope with production in the office. More publications are planned and the next two to appear will be "Design and Make Magnetic Board Toys" and a publication on language development.

6. Two events were held for members during the year - a Workshop Day at the London College of Furniture was attended by 140 people, and a long weekend course "Running a Toy Library" was attended by 40 people. Many overseas visitors were received during the year and more countries are starting toy libraries and coming to the Association for advice. The Committee have discussed the possibility of a future international conference.

7. 1974 has been much preoccupied with the impending move to the new premises in Sunley House. It was originally anticipated that this would take place in the late summer but the move actually took place on 18 December. The new premises will enable the Association to mount a permanent exhibition of toys and to organise many more events for members and for anyone interested in the play needs of the handicapped. The Association is seeking registration as a Charitable Company limited by guarantee and is awaiting the Department of Trade and Industry's approval to omit the word "Limited" from Association papers.

8. A further member of staff was appointed in October, 1974. Miss Sandie Gilpin is now Secretary to the Director. The growth in demand on the services of the Association has led to Committee to appoint a fund-raising consultant to help the Association launch a major fund raising campaign. There is a great need for more staff so that potential and established toy libraries can receive the support they are asking for from the Association.

Evaluation and the future

9. The rapid growth in the number of toy libraries over the past 2 - 3 years is perhaps as good an indication as any of the value of toy libraries, and the central office of the Association appears to have a valuable role in supporting and stimulating developments. With the appointment of a Fund-raising Consultant, it is hoped that the Association will in due course become self-supporting.

Mrs. Lesley Morland
Director
Toy Libraries Association

PN 213

March, 1975

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

Origins

1. The Centre on Environment for the Handicapped (CEH) was founded in 1969 by architect Kenneth Bayes and until 1971 had only a small part-time staff. In the initial stages the bulk of the work consisted in answering ad hoc enquiries from existing contacts and cataloguing the reference library, which was largely formed from Mr Bayes' personal collection of books and plans. In 1971 CEH moved to 24 Nutford Place and took on full-time staff. Formerly it had been housed at the National Society for Mentally Handicapped Children who, together with the King's Fund (Dev minute 70/50) financed the unit. CEH is now funded mainly by the Department of Health and Social Security, but also receives grants from the Spastics Society and from the King's Fund, which has contributed £6,000 since 1970 (Minutes Dev 70/50, 72/7 and RES 19j). It has an advisory council, the members of which are listed overleaf, together with the names of the staff.

Objectives

2. CEH offers advice and information on the design of the environment for handicapped people. It is concerned with people who are mentally handicapped, mentally ill, blind, deaf or physically disabled. Environment covers planning, buildings and equipment - the aim is to help architects and others to understand the needs of handicapped people and how best they can be met.

Progress

3. The main event during the year was an exhibition "Buildings for Handicapped People" held at the King's Fund Centre from 17 July to 20 September. This was extremely well attended (over 500 people signed the visitors' book) and received wide press coverage. CEH is grateful to the King's Fund for their help with the exhibition.

Seminars continued throughout the year and are now held monthly. Topics discussed during 1974-75 were: Improving old hospital buildings, the environment of people with multiple sclerosis, local authority day centres (x2), social services and architecture, building for handicapped people (jointly with the London Boroughs Training Committee in Social Services), housing for people who are physically handicapped, environment of people living by home dialysis, community living - opportunities for the mentally handicapped, handicapped people - opportunities for sport and recreation (jointly with the Sports Council), community living - opportunities for the mentally ill and special care facilities for children who require special care at special schools.

The Newsletter has continued to develop and the number of subcriptions has increased steadily. The second design guide 'Residential Accommodation for Disabled People' was published in July and has been in great demand all over the world.

In October, Jean Symons succeeded George Miles as director and has initiated a survey of buildings for handicapped people (see section 5).

Evaluation

4. CEH is now established, the demands on its services are increasing and it is becoming known throughout the health, social services, housing and handicap fields (health and local authorities, government departments, voluntary societies) that up-to-date and reliable information is available on all aspects of designing for handicapped people. Cooperation with all departments of the King's Fund Centre has continued to develop.

The Future

5. There is currently some uncertainty about CEH's future funding and location but this should soon be settled. In the present economic situation CEH must be primarily a practical unit and for this reason we are concentrating on collecting information on facilities for handicapped people in order to avoid duplication of research (and mistakes). This data will prove invaluable to all disciplines planning building projects. Multidisciplinary seminars continue to provide a forum for policy planners, designers and users to discuss current problems. The library, information service and Newsletter will continue to collect and disseminate information on relevant topics.

Jean Symons
Director CEH
March 1975

Pn 166

ADVISORY COUNCIL

Kenneth Bayes, RIBA, FSIA. Architect and founder of CEH

James Elliott, MBE, FHA. Associate Director, King's Fund Centre

Hugh Freeman, MA, BM, BCh, DPM, MRCPsych. Consultant Psychiatrist, Hope Hospital

Sheila Garrett, SRN, RNT. Senior Tutor, King's Fund College

Howard Goodman, DiplArch, RIBA. Chief Architect, Department of Health and Social Security

Lady Hamilton, OBE, MA. Chairman, Disabled Living Foundation

Miles Hardie, MA, FHA. Director, King's Fund Centre

Kenneth Holt, MD, FRCP, DCH. Director, Wolfson Centre

Brian Kirman, MD, DPM. Consultant Psychiatrist, Queen Mary's Hospital for Children

George Lee, OBE. Secretary General, National Society for Mentally Handicapped Children

James Loring. Director, Spastics Society

Edith Morgan, MA. Deputy Director, MIND

Christopher Ounsted, DM, MRCP, DCH, DPM. Medical Director, The Park Hospital for Children

George Stroh, MB, BS, DPM. Psychiatrist-in-charge, High Wick Hospital

Jack Tizard, CBE, MA, BLitt, PhD. Professor of Child Development, University of London Institute of Education

Peter Waugh, BSc (Econ). Social Development Officer, Milton Keynes Development Corporation

John Weeks, AADipl, RIBA. Architect, Llewelyn-Davies, Weeks, Forestier-Walker and Bor

STAFF

Jean Symons, AADipl, RIBA. Director

Selwyn Goldsmith, MA, RIBA. Consultant

Janet Levison, Information Officer and Librarian

Jo Rust, Secretary

STAFF FROM ALCOHOLIC UNITS

Origins

1 This series of meetings, which started in May 1967, arose out of discussions between nursing officers at the King's Fund Centre and the then Ministry of Health who decided to promote meetings of health and social services staff and other workers seeking to identify, treat and rehabilitate people suffering from alcoholism and to study the particular problems associated with alcoholism and work.

2 Two conferences were arranged by a steering committee of members of this discussion group. Speakers were drawn from both sides of industry, from industrial medicine, trade unions, social workers, disablement rehabilitation officers, members of Alcoholics Anonymous, and of Alanon.

3 Staff from alcoholic units, whilst appreciating the value of the large conferences which were, in fact, organised as a result of their recommendations, also felt the need to continue the smaller discussion groups which had been a feature of earlier meetings. At this time Mr Marcus Grant, Educational Director of the newly formed Alcohol Education Centre, suggested that the Alcohol Education Centre should combine with the King's Fund Centre to discuss the reconstitution of the Alcoholic Unit discussion group with the staff from Alcoholic Units.

Objectives

4 The meetings arranged jointly with the Alcohol education centre were intended primarily for the professional staff working in alcoholic centres to discuss problems with the emphasis on sharing information with other professional colleagues working in the health and social services as well as promoting public health education in this field.

5 The aim of the conference was to provide a setting for professional workers, including industrial doctors and nurses and social and welfare workers in industry, to hear from experts in this field and to discuss the problems of identifying, treating, and providing aftercare for the alcoholic person at work.

Progress

6 (a) There have been two education meetings. The first one was used to provide factual information and to explore the facilities which are already available for alcoholic people and their families.

(b) Practitioners described the statutory health and social services, the community and voluntary services as well as those available within the penal system.

(c) The need for education about alcoholism for any worker closely connected with the repercussions of the illness was stressed, for example probation officers, prison staff as well as the other professional and lay people involved.

(d) The differences between local needs were discussed and the problems presented by blanket recommendations.

(e) It was felt that the problem of alcoholism should be tackled with the same single-mindedness which had previously been applied to the problem of tuberculosis; only in this way could the incidence of alcoholism be reduced in society. The group decided that they wanted the kind of programme which aimed at developing multidisciplinary approach and as a group they hoped to exert pressure to get things done and to spread good ideas and practices amongst other professional groups.

7 A new approach to alcoholism treatment was described at the second meeting of the series.

(a) Attention was drawn to the disappointing results achieved by traditional methods which stressed the goal of complete abstinence.

(b) New approaches which aimed to teach controlled social drinking to a carefully selected group were described.

There was strong disagreement in the group; some felt that there were still too many unanswered questions about the nature of alcoholism and the medical approach to treatment to reach any conclusion at this stage.

(c) Two films were shown which were designed to be used in a preventive education programme. Whilst appreciating the educational value of the film, the members pointed out that the media were also putting out attractive publicity in favour of drinking and that this has to be combatted by information on the dangers involved.

8 The conference 'Problem Drinking in the Community' was attended by a wide range of delegates from government and local authority organisations as well as voluntary groups, medical and management representatives from industry.

Papers were presented on the following related topics:

(a) An operative model for the treatment of alcoholism based on general practice.

(b) The role of the hospital consultant gastro-enterolgist in the identification of alcohol-related disease, and the facilities which provide aid in withdrawal. The initiation and co-ordination of psychological, social and other supportive services.

(c) The role of the probation service and the social services.

(d) The problem of the rehabilitated alcoholic on return to work.

(e) An account of the work of Alcoholics Anonymous in prison.

(f) The early identification of alcoholism in a large industrial organisation was described.

(g) Finally a description of vulnerable groups in a trade union and a plea for a holistic approach to the problem of alcoholism at work.

Evaluation

9 The people working in alcoholic units still feel cut off from the main stream of psychiatric and medical development and also to a considerable extent from each other. This can be seen through the way in which different treatment programmes have developed independently in some of the units without taking into account work which had previously been undertaken.

It is felt therefore that there is a real need for these meetings to continue and that each unit should feel part of a total alcoholism service throughout the country thus appreciating how their own unit fits into the national scheme. The DHSS is currently looking at the services to alcoholics and it is important that the units should be prepared to play their part in any teaching and/or training programme which may be recommended for professional colleagues in health and social services.

Future

10

a) It is intended that the next alcoholic units group discussion should be devoted to the problems of providing care for the alcoholic woman and her family and that a second meeting of this group should take place in one of the units.

b) A conference is to be arranged at the King's Fund Centre for health and social services staff, health and welfare staff in industry, voluntary workers and relatives to learn more about the effect of alcoholism on the family.

Publications

KFC Reprint 878 Alcoholic units discussion group
893 Problem drinking in the community
911 Alcoholic units discussion group

H G Edwards
Nursing Officer

March 1975

STAFF FROM GENERAL PRACTICE TEAMS

Origins

1 These meetings started as a result of discussions in 1968 with Dr Peter Draper of the Department of Community Medicine, Guy's Hospital Medical School, who at that time was engaged in research into community medicine with particular reference to the development of schemes for the attachment of health visitors to general practitioners.

2 A meeting was held with Dr Draper and a number of health visitors and nurses from the Department of Health and Social Security, and it was agreed that future multi-disciplinary meetings could usefully be held to explore progress and problems in this field.

3 In November 1971 a discussion was held at the King's Fund Centre with representatives of the Royal College of General Practitioners, the Royal College of Nursing, the National Institute for Social Work Training, the National Association for Mental Health, the Department of Sociology, Bedford College and the social service section of the Department of Health and Social Security. As a result of this a series of luncheon meetings was arranged for general practitioners and other health and social services staff.

4 The aims of these meetings were to:

a) discuss the priorities for the caring professions

b) exchange information and ideas about improving communication between members of the caring teams, and to provide better co-ordinated care for patients.

5 Two series of luncheon meetings were held. The first series which included general practitioners, senior nurses and social workers identified key areas which it was felt deserved further study; that is, the improvement of communications between the professions, the development of skills in recognising early warning signs from patients and finding out how the professions may work together to define the objectives of treatment.

6 The advisory group of general practitioners who had helped to plan the conference felt that general practitioners and their teams would welcome further information on the development of facilities which would enable them to supplement their efforts to meet the needs of their patients. It was therefore decided that a conference should be held at the Royal College of General Practitioners to discuss the particular needs of the elderly.

Objectives

7 To bring together general practitioners and geriatricians to identify common problems and to explore new ways of working together for the benefit of the elderly patient.

Progress

8 A conference was held on the subject of 'The general practitioner and the geriatrician'. Members of the college were invited as well as consultant geriatricians, senior nurses and social workers. Discussions concentrated on the problems of flexible care planning and suggestions for improving services included day care, public health education and the inclusion of geriatrics in the medical curriculum and, indeed, for all workers in health and

social services.

Evaluation

9 Those attending decided that they would like another meeting in a year's time to discuss their progress in implementing some of the good ideas and practices which had been stimulated by the speakers and in the discussion groups.

Future

10 It is intended in co-operation with Dr N C Mond, member of the experimental courses study group of the Royal College of General Practitioners to continue this series for general practitioners and appropriate colleagues to explore problems of common interest particularly those affecting vulnerable groups, for example the terminally ill patient at home, and the bereaved.

Publications

KFC Reprint 857 Developing patterns of care in general practice
932 The General Practitioner and the Geriatrician

H G Edwards
Nursing Officer

March 1975

CARING FOR THE SICK CHILD AT HOME

Origins

1 These meetings arose out of discussions held at the King's Fund Centre in 1969 when the problems of providing effective continuity of care for patients in hospital and the community were studied. Nurses attending these meetings felt that continuity of care for children was so important that it deserved particular emphasis. It was therefore decided that the King's Fund Centre should provide opportunity for nurses and others to study the problems of co-ordinating resources providing appropriate care for children before, during and after admission to hospital.

A series of eleven meetings was held to which a wide variety of workers concerned with the care of sick children were invited, including relatives, nurses, health visitors, paediatricians and general practitioners, psychotherapists and social workers, teachers and play leaders, physiotherapists and occupational therapists, police liaison officers and members of voluntary organisations. A meeting was also held at a district general hospital to discuss in particular the care of the battered child and his family.

In response to a suggestion from the Department of Health and Social Security, the findings of these meetings were published in a King's Fund project paper. This handbook is available to nurses working in paediatric departments and also overseas as a working document for discussion at study groups envisaged in Hospital Memorandum (71)22 Hospital Facilities for Children, Staff Training Memorandum 59/71. The handbook was compiled in association with an advisory group of paediatric nurses, members of the National Association for the Welfare of Children in Hospital, and representatives from the Department of Health and Social Security and the Royal College of Nursing and has been reprinted three times.

The meetings were usually oversubscribed and those attending indicated that they had found them useful in stimulating further discussion in their own hospitals on new ways of introducing good ideas and practices. In view of the proposed reorganisation of the NHS and the growing interest in family-centred care for sick children, members of the Association of British paediatric nurses and of NAWCH requested that a further series of meetings should be arranged by the King's Fund Centre on caring for sick, handicapped or severely ill children at home.

Objectives

2 To find ways of identifying suitable children for family-centred care, to explore the problems of providing appropriate support services whether statutory or voluntary, and their integration to avoid the overlapping of roles.

Progress

3 Three meetings have been held and the following topics discussed: the home care of the child with acute or chronic illness, for example, burns, pneumonia, infectious diseases or diabetes, intestinal diseases as well as with medical conditions requiring long

term care such as diabetes. The second meeting discussed the help available to handicapped children to be cared for in their homes. Particular emphasis was given to the flexible relief care for the families of the long term handicapped child. The final meeting focussed on the problems facing professional and voluntary workers and relatives in caring for the dying child at home.

Evaluation

4 The response to this series has shown that there is a lively interest in the opportunities presented by reorganisation of the health service and that it can be used to serve the needs of patients and their families finding ways and means of avoiding unnecessary admission to hospital for the sake of the happiness of the child and his family and also from the economic point of view for the hospital service.

Future

5 Some nurses attending these meetings have become increasingly concerned about the care of mothers and infants in maternity units and the effect of planned induction of labour on the infant and mother. It is intended that the King's Fund Centre should arrange a further series of meetings to discuss this.

Publications

KFC Reprint 902 Caring for sick handicapped or severly ill children at home
912 Caring for sick handicapped or severly ill children at home
Caring for Children in Hospital, compiled by Shirley Hardy. King's Fund Project Paper No 4, February 1974.

H G Edwards
Nursing Officer

March 1975

'SHOP WINDOW' STAFF

Origins

1 Following a series of conferences held during 1970 on various aspects of hospital public relations and communications, it was felt that in the past insufficient attention had been paid to one section of the staff which is deeply involved in communication both within and outside the hospital and which also frequently forms the public's first point of contact with the hospital. With the active support and approval of the Secretary of one metropolitan RHB, HMCs in this area were invited to send a team of one receptionist, one telephonist and one gate or hall porter to a series of four all-day meeting and one follow-up meeting to discuss their work and common problems.

Objectives

2 It was hoped that these "shop window" staff would be encouraged by discussion with colleagues and would obtain a greater understanding of the work and problems of their hospitals and their own roles and responsibilities. It was also hoped that published reports of the meetings would make management more aware of the value and problems of this particular group of staff and bring about improved relationships and understanding.

Progress

3 The first series of group discussions was followed over the next three years by five further series involving hospitals in two metropolitan and two provincial Regional Board areas. Follow-up meetings provided opportunities for members to report on progress in their individual hospitals and to invite their senior officers/departmental heads to attend. By the time the fifth series had taken place, it became clear that reception and telephone staff in the groups were concerned about relationships with medical secretarial and records staff. Accordingly, one series was held in which the portering representatives were replaced by medical secretarial and records staff.

The introduction of this last-named group of staff quickly revealed the existence of communication problems between hospitals and staff employed in general practice. The next development therefore was the organising of a series of similar discussion meetings specifically for medical secretarial, reception and records staff from hospitals and general practice in the limited area of two London boroughs. Although getting off to a slow start, this series extended to a total of seven meetings, two of which were attended by hospital administrative and medical staff, and general practitioners. A second series for similar staff in another London borough is at present in progress.

4 Senior officers attending the follow-up meetings by invitation asked that the Centre should produce some form of guide-lines setting out the main problem areas in the 'shop window' section of hospitals. "We haven't done all we might: these meetings have given us something to think about" commented one of those senior officer A King's Fund publication 'Spotlight on Shop window staff: a hospital manager's check list" was the result (Published 1973 price 50p).

5 An increasing number of enquiries are being received from hospital authorities in all parts of the country for further information on the subject of training of 'shop window' and reception staff. Visits have been made to a number of hospitals to discuss the matter and discussion groups and training conferences using the King's Fund publication 'Spotlight on shop window staff' are being held.

Evaluation

6 "This is the first time we have been able to air our views" was the comment of one member at the close of their series. "It has helped us to help ourselves" and "it makes you more tolerant to other people" were other comments. It is felt that, as a result of these meetings, member of a valuable but often forgotten sector of the hospital team have been able to discuss their work and problems with colleagues; they have helped each other towards solutions of some of their problems; they have gained a greater realisation of the wider problems of the hospital as a whole and they have begun to realise that as members of the hospital team they have both a right and responsibility to make their voices heard in a positive and creative way. The greater number have set themselves "modest objectives" to bring about improvements in their day-to-day work and all have found their fellow-workers extremely interested in their reports of the meetings. The meetings have produced a manager's check list of pressure points and problem areas where this group of staff has a very real and positive contribution to make to improving services for patients. There is and increasing interest on the part of management in this group of staff, in their problems and potential and training.

7 Although doubts were expressed by some general practice staff as to the possible value of such meetings, both hospital and general practice staff have found the meetings to be of good value in making contact, improving relationships and solving problems. In the view of one general practitioner, "it was most inconvenient to lose a secretary for an afternoon, but it was worth it, as the patients have benefitted from the project". The value of such discussions as a safety valve was demonstrated by the fact that all general practice staff present at the final meeting of the first series confessed that they had at some time recently been on the verge of resignation but had been encouraged to continue by reason of the support received through these meetings.

The future

8 It is hoped to develop interest in discussion groups and more formalised training for 'shop window' staff in hospitals and general practice in various parts of the country and the possibility of a guidance manual or similar publication is being considered.

Publications

9 Hinks M D. Spotlight on Shop Window Staff - a hospital manager's check list. King Edward's Hospital Fund for London. 50p

Hinks M D. From the shop window. The Hospital, vol 61, no 1. January 1971 pp. 9-12 (THC reprint no 527)

THC Repreint no 639. Shop window calling'. February 1972

560. More news from the shop window. May 1971.

641. Another look at the shop window. February 1972.

Hinks M D. Receptionists: the hospital shop window. The Medical Secretary no 20. 1972. pp. 6-8.

THC Reprint no 686. A wonderful job'. June 1972.

Worrall C. Shop Window gazing. The Hospital and Health Services Review vol 68, no 10. October 1972. pp. 360-362.

Wilkinson L. Medical Secretaries and the Hospital Shop Window. The Medical Secretary no 24. 1973.

KFC Reprint no 810. Spotlight on Shop Window Staff. July 1973.

819. A face - not just a voice'. June 1974.

M D Hinks
Research Officer

March 1975

THE LANGUAGE BARRIER

Origins

1 This project started as a result of meetings of "shop window" staff who felt that difficulties of adequate communication with foreign patients was one of their major problems. Enquiries revealed that the British Red Cross Society (BRCS) language cards were insufficiently known and, where used, not always found to be adequate.

2 A quick survey showed that in some areas in Great Britain with a high immigration rate, hospitals are experiencing difficulties in communicating adequately with non-English speaking patients. Equally, some hospitals face a similar problem resulting from the employment of staff of all grades (professional, ancillary and student status) with inadequate or restricted knowledge of the English language. The problem, however, is not only one of language, but also of differing cultures, habits and outlook, and involves nationalities from all parts of the world from Europe to the Far East. It is not restricted to patient-staff relationships but also includes staff-to-staff contact.

Objectives

3 The aims of the project, which was started in the autumn of 1971, are to try to discover the main areas of difficulty and possible solutions, and to publicise good ideas and practices that have been found helpful.

Progress

4 Although this project started with the main purpose of improving existing language cards, it was felt that the wider implications of the problem could not be ignored. Exploratory meetings held at the King's Fund Centre quickly indicated the major areas of concern and, as a result, the project has developed on serveral fronts.

Patients

5 A questionnaire circulated widely to hospital authorities, local health authorities, interested organisations and individuals produced a wealth of both problems and suggestions for improvement in the present situation. As a result, a lending folder containing many examples of instruction sheets, explanatory leaflets and booklets in a variety of languages has been completed and is available on loan from the King's Fund Centre. Many suggestions were received for additions to present language cards at first but there appeared to be little inclination on the part of hospitals to use such aids.

Overseas nurse trainees

6 A sub-committee was set up to consider the problems of the overseas nurse trainee. The recommendations of this sub-committe are contained in a report published in July, 1972 (The Language Barrier - THC 72/568). The committee was particularly concerned with the need for good selection in the country of origin, an adequate comprehension of the English language and orientation course of at least one week prior to the commencement of nurse training.

With the support of the Chief Nursing Officer of the DHSS a Working Party was formed to discuss the whole question of orientation courses for overseas nurse trainees and to make possible recommendations. Members of this Working Party were as follows:

Miss C Beevers	Principal Nursing Officer	Birmingham Regional Hospital
Miss E Bendall	Registrar	General Nursing Council
Mrs K Bennett	Principal Information Officer	Nursing & Hospital Careers Information Centre
Mrs S Bristow	Nurse Officer	Student Section, Rcn
Miss C Devonshire	Tutor	Greenwich District Hospital
Mrs E Hemstock	Secretary	London Conference of Overseas Students, British Council
Mr M Hicks	Tutor	Moorfields Eye Hospital
Miss M D Hinks	Research Officer	King's Fund Centre
Mr S Holder	Principal Tutor	St Mary's Hospital, London
Miss B E Kettle	Nursing Officer	Department of Health & Social Security
Miss M Naylor	Senior Tutor	Netherne Hospital

This Working Party carried out a review of current literature on the subject and studied statistical evidence of the numbers and distribution of overseas students and pupils in hospitals in England and Wales. They also considered a number of orientation programmes in use in various hospitals throughout the country and sought the advice of individuals experienced in this particular field. They approved in principle the recommendations of previous working groups (as contained in THC reprints nos 636, 782 and 805 and document THC 72/568) but felt that it would be futile to reiterate these suggestions without making some concrete proposals for positive action.

It appeared to the Working Party that failure in communication and lack of sufficient information both overseas and in this country were some of the main causes of the present difficulties. The situation in short, presented an appearance of considerable confusion with a variety of selection standards and procedures, much unnecessary duplication and wasteful paperwork and long and expensive delays.

The Working Party came to the conclusion that priority in the discussions should be given to consideration of methods of improving information, recruitment and selection before proceeding to the original subject of orientation. It was further agreed that some form of standardisation and centralisation for dealing with overseas applications for nurse training was essential. It was further agreed that, under present circumstances, it would be inappropriate to produce any form of model orientation course or courses, since flexibility is the first essential for the success of such courses. It was felt that it would be more helpful to the nursing profession to provide more general guidance in the form of a statement on the principles and philosophy of orientation accompanied by check lists for adaptation to individual circumstances.

After meeting regularly from December 1973 to July 1974, the Working Party presented its recommendations in a King's Fund Project Paper (no 8 October 1974) entitled 'The Language Barrier and the Overseas Nurse Trainee'. Having identified four major problems of concern - communication failure, variations in standards, duplication of effort and ratios of overseas to indigenous trainees, the report set out in detail four proposals to improve the present situation, as follows:

(a) A planned programme of rationalisation to reduce the proportion of overseas trainees in any one school of nursing to a maximum of 20 per cent.

(b) The production of a nursing information leaflet specially designed for overseas applicants to ensure that all enquirers receive adequate information regarding types of training and entry qualifications.

(c) The establishment of an international nursing information service to ensure an adequate two-way flow of all necessary information.

(d) The establishment of a nursing admissions system for overseas applicants (NASOA) with the purpose of streamlining the process of admission to schools of nursing.

The Project Paper also provides general guidance on the subject of orientation courses for overseas nurse trainees. A lending folder containing samples of orientation course programmes and other relevant material is available on loan from the King's Fund Centre.

Ancillary staff

7 The King's Fund Development Committee authorised a grant of £300 (min 72/42 of May 1972) to finance an experimental training course in English for overseas staff employed in a London hospital laundry and a training day for supervisors of overseas staff. A further grant of £850 (min 73/10 of 26 January 1973) was allocated to cover the cost of a second training course to be held in another London hospital laundry, as well as a course for supervisory staff to be held in their own hospital and a possible English language test for overseas applicants for ancillary staff posts. A further grant of £7,550 for a period of three years was made by the Fund' Research Committee (min 4(iv), 6 June 1973) for the development of English language training courses for overseas, domestic, catering and portering staff.

Training packages: the following have been produced and are available only from the King's Fund Centre.

(a) English language assessment interview for overseas ancillary staff. Price £2.00
(a test which can be undertaken by supervisory staff to assess the level of comprehension of English of their overseas staff).

(b) English at work: laundry staff. Price £5.00
(a training package consisting of explanatory booklet, teaching manuals and flash cards for a 12-week, job-orientated English course for overseas workers in hospital laundries. (Slides and tapes to be hired from the King's Fund Centre)

(c) The second training package (for domestic staff) will be available in the spring of 1975, also price £5.00. Work has already commenced on the training for catering staff, and the course for portering staff will follow later.

Conferences have been held to publicise and explain the training schemes, particularly for senior administrators, departmental managers and lecturers in English as a foreign language from technical colleges and colleges of further education.

This work is being carried out for the King's Fund by the Pathway Further Education Centre, Borough of Ealing Education Committee.

8 Following three training days for supervisory staff held at the King's Fund Centre, to discuss the many problems of the various backgrounds of overseas staff from both Europe and the Far East, similar courses are being held in hospitals for professional and supervisory staff.

Evaluation

9 The conferences and training days and courses so far held have helped to highlight some of the problems connected with the employment of overseas staff and have helped to increase the understanding of those attending. There is an increasing realisation both of the problems and possible solutions on the part of medical, nursing and other professional and supervisory staff.

(a) The overseas nurse trainee: the DHSS is at present seeking the views of Regional Nursing Officers on the recommendations of the Working Party.

(b) The DHSS is also at present carrying out an evaluation of the English language training courses for ancillary staff and have agreed to finance further courses in a small number of selected hospitals as part of this exercise.

An increasing number of enquiries are being received both by the King's Fund Centre and the Pathway Centre, and courses in background information for English staff are being held in several hospitals.

(c) Experiments are at present being organised with the aim of producing language cards for use specifically in Casualty and Out Patient Departments.

The future

10 (a) The establishment throughout the country of language training centres similar to Pathway Centre will make available suitable training facilities for health authorities in districts with high immigration rates. It is hoped that eventually English language training for overseas ancillary staff in need of this facility will be both accepted by and available to health authorities.

(b) It is hoped that a later development may be the production of either a manual or a training package dealing with background information on overseas staff and patients for managerial and supervisory staff.

(c) The publication of a booklet containing some of the good ideas and practices in existence is also envisaged.

M D Hinks
Research Officer
March 1975

NURSES REPORTING ON PATIENTS

Origins

1 The chief nursing officer of the education committee of the General Nursing Council approached the King's Fund Centre because the committee was becoming increasingly concerned by information from their inspectors of training schools that the daily report on patients was no longer being used as an opportunity for teaching students and pupil nurses.

Objectives

2 The committee asked the King's Fund Centre to arrange one or more day conferences to bring together nurses responsible for teaching and ward administration with student and pupil nurses in training to discuss systems of reporting and how they might be used for training purposes.

Progress

3 A preliminary meeting was attended by a ward sister, a tutor, a clinical tutor, a night nursing officer and several student nurses to plan the conference. Three meetings have been held to which nursing officers working on day and night duty, ward sisters and student and pupil nurses were invited. Problems discussed have included the lack of continuity of nursing care resulting from the shorter working week, the use of part-time staff and of agency nurses. It was found that insufficient attention was being given to a detailed introduction of students to the Kardex system of reporting and insufficient time given to verbal reporting to supplement the written report, thus making it impossible for nurses to ask questions and to use this as a learning opportunity. All the meetings have been over-subscribed. Differences in practice in hospitals with similar resources have been recognised. One nursing officer used the account of the first meeting as a basis for discussion on the practice of reporting in his own hospital.

4 Following these meetings it was suggested that the King's Fund Centre should set up a working party on this subject on the lines of the working party on nurse patient dependency. Such a working party has now been formed and includes representatives of all grades of staff from nursing officers to nurses in training, representatives of service, education and administration and representatives from the community, the DHSS and the General Nursing Council. It is proposed to produce a handbook based on the findings of the meetings which could be useful to nurses reporting on patients and those who seek to teach these skills.

5 Four general meetings have been held and the working party has met twice. Nurses attending these meetings have drawn attention to the following essential improvements which could be made:

a) To achieve a rapid accurate and efficient transfer of information between shifts so that the ward work could continue quickly and safely.

b) To find time for proper teaching reports and to recognise the ward situation as a teaching opportunity.

c) To improve communications between hospital and community nurses and the management

of patient's records in this context.

d) To understand how systems of patient allocation affect ward reporting.

e) To enquire into the advantages and disadvantages of reporting procedures either within hospital groups or on a wider scale.

f) To avoid problems of varying standards which are passed on to young sisters and staff nurses who take on the restrictive attitudes and perpetuate the difficulties which they themselves had suffered as student nurses.

g) To examine the use of management training to explore differing methods of reporting, thus encouraging responsible choices to be made.

h) To examine the assumption that student nurses should be expected to know as much after a four-week introductory course which is the present situation as they did in the past after a 12-week course in the preliminary training schools.

i) To explore the need for guidance for ward sisters from the tutor as to what should be expected of the students.

6 The group felt that standards of reporting and morale increased when teams of nurses were allocated to a certain number of patients and thus were encouraged to think through and plan integrated patient care. The particular problems of nurses working in the community were stressed. Should patients notes be kept in a central community store possibly at the health centre where one existed? One nurse reported that notes were left in the patients own home on the mantel-piece where the doctor and the visiting relief nurse could see them as well as the patient, thus making the contents of restricted value.

Evaluation

7 It is to early to evaluate the outcome of this exercise. But nurses have sent in samples of their own system of promoting good reporting and many enquiries have resulted from these meetings. Miss Lelean reports sustained interest in her book 'Ready for Report Nurse' (LELEAN, S. Ready for Report Nurse. London, Royal College of Nursing, 1972) longer than usual after the initial impact of the publication.

Future

8 A further meeting is to be held to consult with nurse systems analysts to find out how they can contribute to improvements in reporting on patients. It is intended that recommendations from this series of meetings will be the subject of a King's Fund project paper or a handbook.

Publications

KFC Reprint 858 Nurses reporting on patients
890 Nurses reporting on patients
927 Nurses reporting on patients

H G Edwards
Nursing Officer

March 1975

COUNSELLING FOR NURSES WORKING IN THE HEALTH SERVICE

Origins

1 During 1972 meetings were arranged by the King's Fund Centre at the request of the nurses themselves for those responsible for occupational health and counselling within the Salmon structure. One of the main problems which emerged from the discussions was that although the nurses felt they were adequately prepared by their occupational health course for that aspect of their work, they were less well prepared for the counselling function.

2 In the autumn of the same year a working party was appointed by the Standing Conference for the Advancement of Counselling (SCAC) to enquire into ways and means of learning about the needs of nurses in relation to counselling. As the first step in their enquiry, the working party suggested that the existing series of meetings planned at the King's Fund Centre should be used to find out what nurses themselves thought about counselling. Originally four hospitals and one local authority were represented by teams of five nurses of different grades working in different wards and departments; later two more hospitals joined the group. The seven hospitals consisted of two for the mentally handicapped, one psychiatric hospital, two teaching hospitals and two district general hospitals.

3 Discussion at these meetings ranged over a wide variety of subjects and the group identified three main reasons for which nurses seek counselling, that of psychiatric problems which should be referred to an appropriately trained nurse or doctor, maturational problems which could be helped by a skilled nurse counsellor, and finally what came to be called problems of the institution. The nurses felt that nurse wastage rates were a good indication of the need for counselling and, as a result of this, studies were undertaken by the nurses themselves as to why their contemporaries left nursing.

Objectives

4 The objectives of the studies were to discover ways in which the nurses themselves could identify the needs of the institution and recommend remedies in order to improve both the quality of care for patients and the work satisfaction of the nurses.

Progress

5 Ten meetings have been held since this series started. The last one took the form of a conference at which the nurses described their studies and nurse counsellors described their work.

Studies undertaken by the nurses included

a) Reasons for wastage of nurses in training in a district general hospital

b) The ward atmosphere and its effect on the learner

c) The problems of communication in a community nursing service

d) A description of an attempt to introduce multidisciplinary discussion groups at ward level to provide improved patient care

e) The use of a student nurses unit to seek information and to effect changes in a teaching hospital.

The nurses identified the problems of the organisations they studied. They were largely due to entrenched attitudes in all grades of staff exacerbated by lack of communication and appropriate inservice education.

Evaluation

6 Suggestions from the nurses arising out of these studies included:

a) A more flexible and imaginative planning of ward time to suit the patients and staff working on the ward

b) A more economical approach to bed occupancy and a greater use of five day wards

c) A review of the problems created by the shift system which sometimes involve doctors working with more than one ward sister on the same ward at different times, each sister having different nursing policies which serve to confuse nurses and patients alike, and thus interfere with continuity of patient care.

d) The importance of the effect on morale of good organisation on the ward and fair work distribution

e) Recognition of the adverse effects which misunderstanding of the intentions behind continuous assessment may have on the nurse in training

f) That the support of senior nursing officers was a vital element in any successful study undertaken by student nurses

g) The provision of a system of assessment cards for domiciliary staff and the immediate availability of all relevant documents of patients in a central place known to all the professional staff concerned.

Future

7 It is intended that nurses working with authorities responsible for psychologically disturbed and mentally handicapped patients should be offered a similar series of meetings.

Arising out of these meetings the suggestion has been made by Dr Nelson Coghill, Consultant Physician West Middlesex Hospital that the King's Fund Centre should arrange a new series of meetings for multidisciplinary ward teams from different hospitals to discuss their problems and progress.

Publications

KFC Reprint 863 Counselling for nurses working in the health service.

Document KFC 74/399

H G Edwards
Nursing Officer
March 1975

AN APPROACH TO RETIREMENT FOR NURSES

Origins

1 These meetings arose from a recommendation received by the King's Fund from a seminar for leading nurses held at the King's Fund College in 1973.

Objectives

2 The first meeting planned in association with a regional nurse from the South East Thames Regional Health Authority was confined to senior nurses responsible for policy to explore with them the practical and other problems which face nurses on retirement and to seek ways of helping them.

Progress

3 Two meetings have been held and the main needs identified were those of housing, especially for staff in residential posts,and pre-retirement planning.

4 Discussion revealed the desperate problems facing nurses and the potential situation in the health service where many staff were already over retiring age and many more due for retirement within five years.

Suggested action included:

(a) analysis of the size of the problem:
numbers already over the age of retirement
numbers retiring by 1980
number of staff made homeless by retirement from residential posts, nurses' homes, or hospital houses. To explore the possibilities of NHS Housing scheme.

(b) discussions and conferences on staff problems and staffing of the services; the possible use of retired nurses for part time work.

(c) enabling staff to attend pre-retirement courses and providing for discussions.

5 A second meeting was held for nurses about to retire from a variety of posts in general and special hospitals,and in the community health services,within the South East Thames RHA to discuss problems related to retirement.

Three main topics emerged for discussion:

(a) Finance for all, and how far in advance of retirement date could one get information on the pension position and possible options?

(b) Housing for many, but especially for those who had always been in residential posts - what assistance should the health service provide?

(c) Whether a pattern for retirement could be drawn up to give the best service to staff after many years' employment and provide for the smooth continuation of the service.

6 Recommendations included:

(a) a Health Service leaflet or pamphlet - simplifying the Whitley Council publications with a national or local pattern presenting any options available in regard to retirement.

(b) a Health Service Housing Scheme for those in employment and opportunities for assisted purchase as provided by local authorities for a car.

(c) opportunity to attend retirement preparation courses, preferably those organised by local colleges of further education, but with experts invited to deal with topics such as annuities and investment relevant to the employment group, not nurses alone.

Evaluation

7 Correspondence has been received from those participating reporting the meetings were useful and that some of the ideas shared have been taken up by the hospitals covered.

Future

8 An approach has been made to the regional nursing officer working with the North East Thames RHA and a series of meetings is to be planned for nurses working in that region.

Publications

KFC Reprint 914 An approach to nurses retirement
929 An approach to nurses retirement

H G Edwards
Nursing Officer

March 1975

DRUG DEPENDENCY DISCUSSION GROUP

Origin

1. In the spring of 1968, a psychiatric social worker from All Saints Hospital, Birmingham, asked the King's Fund Centre if they could hold a series of meetings for psychiatric social workers and psychiatric nurses working with drug addicted patients. The meetings, it was suggested, should be for staff working in the newly opened drug addiction units in the London Hospitals. These meetings were to be run as a series of discussions, as were the meetings for those nurses working in alcoholic units which had been running for a year or more at the Centre. In February 1972 the Development Committee granted £400 to cover the expenses of the extra help required by the steering committee and the various sub-committees (Minute DEV 72/38). In April 1974 the Research Committee granted £1,000 for each of the two years 1974-75 (Minute RES 74/32).

Objectives

2. The initial objectives of the Drug Dependency Discussion Group (DDDG) meetings were to allow nurses and social workers from the London hospitals' drug units the opportunity to discuss and learn from each other ways and means of treating and caring for those who would, through the new legislation concerning the prescribing of heroin, be attending for treatment either as day or residential patients. As time passed, attendance at the meetings expanded to include staff of many disciplines from drug dependency units and related organisations inside and outside London, together with volunteers working in this field and a number of ex-patients. In 1973 the overall aims of the DDDG were re-defined as being:

i) To act as a forum for information, discussion and personal contact, in order that people of different disciplines and interests in the field of the prevention and treatment of drug abuse may meet and cooperate with one another.

ii) To encourage and facilitate specialised education of those concerned with problems arising from drug misuse and its prevention, such as those working with drug dependent people in statutory and voluntary bodies in the health and social services as well as in the fields of education, police and probation work.

iii) To help identify topics requiring further study and to promote research into those topics.

iv) To advise such action as may be thought necessary by the Group in discovering and overcoming the problems that give rise to drug dependency and in improving the care and rehabilitation of drug dependent people.

Progress

3. Since 1968 the DDDG has continued meeting about four times a year (twice in London and twice in the provinces). The topics discussed have covered a very wide range, and the composition of the audience has been no less wide and varied, covering many disciplines and interests in both the statutory and the voluntary field. The Centre has provided the necessary administrative and secretarial support.

4. In its early years, the DDDG was guided by a steering committee that was appointed in a somewhat undemocratic and arbitrary fashion by some of those who had attended DDDG meetings. But there was no formal membership structure for the DDG and it had no corporate existence. Although the DDDG provided a forum for discussion, it had no power or influence as a group and was incapable of making any representations to anyone, even if it wanted to, because it had no real representative status. But the fact that the meetings had almost always been over-subscribed indicated that the DDDG was meeting a need - and such strength as it had was probably due to the multi-disciplinary nature of the meetings, with a good mixture of professionals and volunteers and of statutory and voluntary organisations. However, the feeling grew that if the DDDG was to continue, and in particular if it was to become more than a useful information-exchange, then its organisation and programme of activities should become more structured. Even if those attending the DDDG meetings did not wish to seek influence for the DDDG as a representative group, it was still felt that the DDDG needed to have something of a formal structure in order to continue in existence at all.

5. Taking these factors into account the steering committee decided in February 1973 to send a questionnaire and draft proposals to consultants in charge of addiction units on the future of the Group. A majority agreed that the DDDG should continue and should be organised on a subscription basis. The steering committee then agreed on proposals for the aims, functions and membership of the DDDG as agreed in paragraph 2 above and these were circulated to the consultants and others known to be interested in the Group, together with application forms for membership in May 1973. Within a few weeks over 70 people from many disciplines had become subscribing members and by January 1974 the total had risen to over 100.

6. In August 1973 paid-up members were invited to nominate members to serve on the management committee and 21 were so nominated and appointed to constitute the Management Committee of the DDDG. One or two have since resigned and been replaced. The current list is attached (DDDG 75/10).

7. In February 1974 the Management Committee agreed to approach the King's Fund for a grant to cover secretarial and development expenses during 1974-75. At their June meeting the Management Committee elected Dr. Hugo Milne, consultant in charge of the Bradford regional drug unit, as chairman for 1974-1975 and appointed Mrs. Shirley Hardy as part-time secretary. They also agreed a formal constitution for the Group.

8. A member of the Group, Mr. David Lane, produced a paper based on the reports of all past meetings of the DDDG entitled 'A survey of priorities for the DDDG' (KFC 74/203) which was discussed by all members at a workshop session in September 1974. The Management Committee then asked Shirley Hardy to produce a paper on the future of the DDDG based on discussions with other bodies in the drug field (Institute for the Study of Drug Dependence and the Standing Conference on Drug Abuse) and the relevant Government departments (DHSS and Home Office). This paper (DDDG 74/09) was discussed at the Management Committee's December meeting and used as the basis for plans for Group activities in 1975. Also at this meeting Miss Janet Craig was appointed honorary treasurer of the Group and the secretary asked to open a DDDG bank account.

9. Accounts of DDDG meetings in the last three years have been given in the following papers:

	534	Drug dependency discussion group	15.2.71
	565	Drug dependency discussion group	27.5.71
	582	Drug dependency discussion group	15.6.71
	607	Conference of liaison committees concerned with drug dependent people	28.9.71
	650	Drug dependency discussion group	20.1.72
	677	Drug dependency discussion group	27.4.72
	709	Coordinating the efforts to combat drug dependency problems within the London Boroughs	20.7.72
	728	Drug dependency discussion group	17.10.72
	753	Drug dependency discussion group	18.1.73
KFC No.	780	Drug Abuse & Educators	23/24.3.73
	824	Drug dependency discussion group	19.7.73
	851	Drug dependency discussion group Drug Abuse in a Provincial City - Clinical and Legal Aspects	22.10.73
	867	Progress and Problems in London	26.2.74
	883	Problems relating to the Abuse of Barbiturates	8.5.74
	907	Workshop on Priorities for the DDDG	24.9.74
	915	The Drug Abuser who Breaks the Law	3.12.74
	930	Annual General Meeting	23.1.75

Evaluation

10. The DDDG has been trying throughout 1974 to see clearly what its role should be in the future, bearing in mind that some members see it as primarily a forum for discussion while others want it to have an influential national voice in the drug dependency field. The very broad basis of the membership (167 at 1.10.74 including doctors, nurses, social workers, probation and after care officers, teachers, staff of voluntary organisations, youth workers, psychologists, clergy and so on) suggests that it might be difficult to get agreement on areas where influence might be appropriate and what that influence should be. This may become clearer as a result of the activities planned for 1975, or through links with other bodies in the drug field. Meanwhile there continues to be an attendance of between 60-80 at each of the four London and provincial meetings.

The future

11. The agreed aims of the DDDG for 1975 are:

a) to collect information about the local drug liaison committees and to offer them information and services with a view to building up the regional basis of the Group. An extra meeting for liaison committee representatives is planned for June.

b) to build up the membership of the Group, both to increase its membership and to make it more viable.

c) to continue consultations with other bodies in the drug field with a view to establishing closer links in a 'Dependency Consortium' and to integrating the administration of the DDDG into that of the Institute for the Study of Drug Dependence to save costs and improve communications.

d) to set up a sub-committee to look at all aspects of professional education.

PN 200

February 1975.

Shirley J. Hardy
Secretary
Drug Dependency
Discussion Group

DDDG 75/10

DRUG DEPENDENCY DISCUSSION GROUP
Management Committee

DR G BIRDWOOD	Member	APA Educational Trust
DR P A L CHAPPLE	Medical Director	NARI (CURE)
DR I G CHRISTIE	Consultant Psychiatrist	St. James' Hospital Portsmouth
Miss J B CRAIG	Assistant Director	King's Fund Centre
DR H DALE BECKETT	Consultant Psychiatrist	Norwood Treatment Centre
Mr M C HARDIE	Director	King's Fund Centre
Mr D J S HARPER	Detached Social Worker	Hertfordshire Department of Social Services
Mr P HICKEY	Charge Nurse	Queen Elizabeth II Hospital, Welwyn Garden City.
Mr D W INGHAM	Youth & Community Worker	St. Basil's Centre, Birmingham
Mr D LANE	Director	Hungerford Educational Guidance Centre
Mr J McCABE	Director	Nova Project, Oxford
Mr A MALBY	Volunteer	Hayling Island, Hants
Dr H B MILNE	Consultant in charge	Regional Drug Unit, Leeds Road Hospital Bradford
Mr J NEWING	Chief Inspector	Metropolitan Police
Mr M NYMAN	Principal Psychiatric Social Worker	All Saints Hospital Birmingham
Dr J OLLEY	Senior Lecturer in Pharmacology	School Studies in Pharmacology University of Bradford
Mr R SEARCHFIELD	Coordinator	SCODA
Rev T E TANNER	Director	Roma Housing Association Limited
Dr E TYLDEN	Consultant Psychiatrist	Bromley Hospital
	Clinical Assistant	University College Hospital
Mr J L WOOSTER	Probation Officer	Avon County Council

February 1975

DRUGS DEPENDENCY AND PERSONAL PROBLEMS

(Nottingham Council for Voluntary Service)

Origins

1 In 1971 the Chairman and members of the Nottingham Drugs Dependency Liaison Committee and the Personal Problems in the Community Committee, which had been meeting since 1968, agreed that the work had reached a stage where much more could be attained if additional manpower was available. In the past the staff of the Council for Voluntary Service had endeavoured to incorporate the work with their other commitments, but, inevitable, progress was limited and some areas of work were being neglected.

2) Accordingly, application was made to the King's Fund for a grant to support a project worker who would service the two committees, and in February 1972 Development Committee allocated £1,500 for one year in the first instance (Dev Minute 72/18). The grant was re-newed in 1973 and 1974, and will expire in September 1975. Mrs Felicity Harding was appointed project worker and commenced on March 1, 1972 on a part-time basis. Mrs Harding left in March 1974 and Mrs Yvonne Bishop was appointed in September 1974 on a similar part-time basis. A steering committee was formed to guide the project, consisting of :-

Dr H I Lockett	County Medical Officer of Health (now Area Medical Officer), Chairman of the Drugs Dependency Liaison Committee.
Dr A Williams	Director of the Regional Addiction Unit, Consultant Psychiatrist. (Dr Williams has now left the area and has yet to be replaced).
Dr B Lake	Consultant Psychiatrist, Coppice Hospital and Lowdham Grange Borstal, Chairman of the Personal Problems in the Community Committee.
Miss J L M Eyden	Senior Lecturer, Department of Applied Social Science, Nottingham University.
Mr D Cheeseman	General Secretary, Council for Voluntary Service. (Mr Cheeseman has now left and has been replaced by Mrs Balen, Acting General Secretary).

Objectives

3) The workers' terms of references had been clearly defined in the original grant application and these were confirmed on appointment :-

a) to provide the administrative support to the Drugs Dependency Liaison Committee, and the Personal Problems in the Community Committee.

b) to deal with respondents to the Confidential Advice Service.

c) to support initiatives in education and public relations work.

d) to support the development of projects.

e) to keep the necessary records for research purposes.

Progress

4) The six-month gap between Mrs Harding leaving the project and the appointment of Mrs Bishop inevitably interrupted the progress of the work. The only area of work which was maintained by other members of staff related to counselling respondents to the Confidential Advice Service. The new worker has endeavoured to develop the original terms of reference, although this task has been complicated by the uncertainty about the future of the project. It was felt by both Committees that the work should be continued if possible. Consequently, applications are being made for alternative funding.

5) The worker has continued to act as Secretary for both the Drugs Dependency Liaison Committee and the Personal Problems in the Community Committee.

6) The Confidential Advice Service has been maintained. Between September 1974 and January 1975, twelve individuals have been seen, eight of these being self-referrals. The extension of the Confidential Advice Service into a consultancy service for other workers has continued, and during the same period, September 1974 to January 1975, there have been seven such enquiries.

7) The demand for 'one-off' speakers on the subjects of addic tion and personal problems has lessened, but considerably interest has been expressed in the provision of more intensive on-going courses. The worker is currently involved in facilitating such courses.

8) The worker has been particularly concerned to support the development of projects related to the areas of concern, and to liaise with, and support, such groups as the Campaign for Homosexual Equality and the recently formed Phobics Society. The project for ex-addicts in the Brookhill Hall Community at Pinxton in Derbyshire has now ceased This occurred in the summer of 1974, after the previous worker had ended her involvement as a fund raiser with the Community. The reasons for the ending of the project are not at all clear. The present worker is currently liaising with another similar project in the area - a residential re-habilitation unit for ex-addicts at Kelham in Nottinghamshire.

Evaluation

9) Both the Personal Problems and the Drugs Dependency Liaison Committees have a function independent of the project worker, but the interaction between the worker and the Committees provides an opportunity for ideas formulated within those bodies to be developed outside them.

10) Whilst it could be argued that the Counselling/Casework aspect of the worker's role could be assimilated by existing social and medical agencies, there are good reasons for believing that this premise is problematic :-

a) Within the Nottingham area there is a lack of agencies specialising in addiction and psycho-sexual problems.

b) The existing statutory agencies appear unable to assimilate this work.

c) The experience so far indicates that many clients who have used the Confidential Advice Service have felt unable, for various reasons to refer themselves to statutory agencies.

11) The consultative service for other social workers, GP's etc has proved a useful aid.

12) As well as providing an independent service, an important function of the project is to enable, through education, doctors, social workers etc to acquire more knowledge in the relevant areas. Thus,the worker is currently involved in planning courses on addiction and sexual problems for the local Probation Service.

13) The involvement of the worker in supporting and liaising with projects and self-help groups would appear essential. Such groups often lack formalised medical or social support, and the worker is able to offer such support, consultation and practical help as is required. The worker, by building up knowledge of such groups, is also able to offer a more effective service to other workers in terms of information about the groups and referrals to them, and to stimulate mutual education and communication.

14) The research element of the project remains valid. The improved social functioning of individuals requires that needs are identified and research continued into effective means of caring and helping. The worker is in a position to identify and bring to peoples' notice new research and emerging needs.

15) In general terms, the project has provided a valuable opportunity to span both the medical and social agencies, thereby enabling dialogue between the groups, and facilitating co-operation aimed at providing a more comprehensive service.

Future

16) It is generally felt by both Committees and other interested organisations and individuals that the project has proved it's value, and that the services provided should be continued. Applications have, therefore, been made to various bodies for further funding.

Yvonne Bishop
Project Worker
January 1975

PN 194

VIOLENCE IN MARRIAGE

Origin

1 At the request of the Department of Health and Social Security an exploratory meeting was held at the King's Fund Centre under the chairmanship of Dr Faith Spicer of the London Youth Advisory Centre to discuss the problems of violence in marriage.

Objectives

2 This meeting was to be the first of a number of meetings and discussions that the DHSS hoped to arrange on the complex subject of violence in marriage.

Progress

3 The meeting made the following recommendations:

i) Refuges in all parts of the country for women who needed to escape or who needed a breathing space together with finance to run such places.

ii) A 24-hour telephone advice service able to offer immediate and practical help.

iii) Legal changes - suggested by a member of the legal profession

iv) Help for men who had to leave the marital home and were themselves unable to cope in marriage.

v) Long-term self-help community accommodation for battered wives and their families, to allow them time to build a new way of life and restore their self-confidence.

vi) More emphasis on the needs of children and any solutions that offered them security and permanence. Too many were dragged from temporary home to temporary home.

vii) More social education and preparation for marriage and parenthood in schools.

ix) The implementation of the Finer report with provision to help woman immediately they left their husbands.

x) Action by local social security officers to ensure that allowances were not withheld as a constraint to force women to return to their husbands.

xi) Action on all fronts to improve the status of women in society.

xii) Research based on evaluation of action programmes and particularly of the use made of refuges and advice services to try and discover and measure the nature and extent of the problem.

Future

Since this meeting a select parliamentary committee has been set up by the DHSS to look at the whole question of violence in marriage. The King's Fund Centre has agreed to arrange any further fact-finding meetings on this subject at the appropriate time if requested to do so.

H G Edwards
Nursing Officer

March 1975

ADMISSION OF PATIENTS TO HOSPITAL

Origins

1. This study can be traced back within the Fund to several points where it had previously been given attention, as shown in the reports: 'Some observations on hospital admissions and records', 1948; 'Hospital bed occupancy', 1954, and 'Red Warning', 1968. The work of the King's Fund Emergency Bed Service loomed large in the last of these reports, and it was from the E.B.S. that the impetus came for a fresh study. Sir Francis Avery Jones became Chairman of the Emergency Bed Service Committee of the Fund in 1968, and in the following year he put forward the proposal for a study of admissions to hospital.

2. Management Committee approved the proposal at its meeting in July 1969, making a grant of £3,000 (minute 7815). A steering committee was formed but in the event it was not found possible to make an immediate start on the project, and the committee first met on 2nd April, 1971. Its membership at the completion of the project, with the appointments held was:-

Sir Francis Avery Jones: Chairman	Consultant Physician, Central Middlesex Hospital
* Dr. Howard Baderman	Consultant Physician, University College Hospital
* Miss Christine Corless	Project Officer, the King's Fund Centre
* Mr M.J. Fairey	House Governor, The London Hospital
Mr. M.C. Hardie	Director, the King's Fund Centre
* Dr. Michael Modell	General Practitioner, London, N.W.5.
Mr. G.A. Phalp	Secretary, King Edward's Hospital Fund
* Mrs. Y. Ramsden	Principal Nursing Officer, Royal Northern Hospital
Mr. Irfon Roberts: Secretary	Assistant Director, the King's Fund Centre

Those shown with an asterisk formed the project team led by Dr. Baderman. All were part-time except for Miss Corless, who joined the team as full-time project officer in July, 1971.

3. A grant of £750 to complete the project was made by Management Committee at its meeting in October, 1972 (minute 8174).

Objects

4. The purpose of the study was to undertake a survey of problems and possible solutions in the organisation of efficient and humane procedures for the admission of patients to hospital, concentrating largely on hospitals that had already established good practices in this field.

Progress

5. Pilot study

A draft questionnaire (THC 71/236) was drawn up and distributed to the London Hospital, the Whittington Hospital and University College Hospital, under the aegis of the three members of the team associated with these hospitals. In the light of the results it was decided to prepare a simplified form of the questionnaire for the main survey.

6. Distribution of questionnaire

The revised questionnaire (THC 71/480) was distributed to H.M. Cs in July, 1971 for completion by the appropriate hospital or hospitals in each group. The survey was initially limited to those general hospitals with more than 500 beds having major accident and emergency departments. A copy of this questionnaire was also sent to the Senior Administrative Medical Officer of each Regional Hospital Board and their comments were invited.

7. Analysis

By October, 1971, replies had been received from 17 out of 20 Regional Boards (85%), 9 of which gave detailed information. Of 60 questionnaires distributed, 55 (92%) were returned. These were then analysed; and, as hoped, some useful and interesting examples of good practice were found. The project officer also examined material on the subject at the King's Fund Centre, and exchanged information with other sources including the Department of Health and the King's Fund Emergency Bed Service.

8. Report

By March, 1972 all the replies from hospitals had been analysed and points of special interest were examined more closely by correspondence and visits. A first draft report was received by the steering committee early in May, 1972 and after being revised was offered to the Fund and approved in October, 1972 for publication as a King's Fund report. This report, 'Admission of Patients to Hospital' appeared in November, 1973.

Its recommendations are:-

1. Have a flexible system of admission
2. Keep the patient in the picture
3. Keep the general practitioner informed
4. Give patient and general practitioner some freedom of choice of hospital
5. Consider the subject of admissions as a whole
6. Revise the procedure regularly and make it known
7. Consult the staff in devising the procedure
8. Ensure that the consultant is personally involved with managing his waiting list
9. Have one person to manage the bed state
10. Have a centralised system with good communications
11. Have a flexible system of allocating beds
12. Keep the bed state accurate
13. Give the general practitioner prompt access to the system
14. Give clerical staff authority to accept emergency cases
15. Have one point of entry for admitting all emergency cases
16. Use an admission ward to full advantage
17. Give close attention to the system of discharging patients
18. Cooperate with other branches of the health service

These recommendations are shown in a summary of the report which was given a wide distribution at the time of publication, as recommended in the project 'Putting research to good use': please see report on this project, PN 123. Copies of the summary are available free of charge from the King's Fund Centre and translations into French, German and Spanish are in preparation.

The report is compiled with practical issues to the fore; each chapter covers a major element of the subject, to which those concerned with reviewing their own situation can turn according to their own needs.

On 18th December, 1973, a conference on the subject was held at the King's Fund Centre in the series on management topics. At this conference, accounts were given of some of the examples of good practice which had been studied by the project team. It is recognised that the subject is one with many facets, and the problems encountered can be tackled from more than one line of approach: this in itself proved a good reason for holding a conference since several points of view were put forward, enhancing the value of discussion.

Evaluation

9. The need for such a study was emphasised by the cooperation and interest shown by the hospitals participating in it, and by the number of hospitals dissatisfied with their admission procedures and considering change in the near future. It is hoped that they will find the report of practical help.

The future

10. The recommendations of the report lend themselves to be applied with variations to suit local conditions and the new structure of the health service, and a hospital which may not find it opportune to adopt a particular practice in full, such as an entirely centralised system of admissions, may well see fit to do so in part.

The response obtained from participants in the project itself, from publication of the report and from the conference suggests that the initial impact amply served the declared purpose. Some hospitals have already begun to review their practice in the light of the report, and to take action accordingly, and it is hoped that prompted by this and other current studies, the process will continue.

11. The Fund continues to be closely concerned with the admission of patients to hospital, especially through the work of the Emergency Bed Service, and it is from the E.B.S. that a study is now to be run to take stock of the project and its bearing on the present situation.

PN 173

Irfon Roberts
Secretary, King's Fund
Emergency Bed Service
formerly Assistant Director
King's Fund Centre

March 1975

CONTROL OF NOISE IN HOSPITALS

Origins

1 In 1957 the official visitors of the King's Fund decided to make special enquiries to discover what particular noises in hospital were most worrying for patients. The comments received from hospitals indicated that 'there was a genuine consciousness that hospitals were becoming more noisy, and that something ought to be done about it'. It further appeared that 'the staff did not notice a good deal of the noise going on around them .... because they had become accustomed to it'.

As a result of these findings, the King's Fund undertook two surveys to identify the noises which caused the greatest distress to patients. Results of these surveys were published in:

i) Noise Control in Hospitals. KEHFL 1958.

ii) Noise Control in Hospitals Report of a Follow-up Study. KEHFL 1960.

Objectives

2 Although many and drastic changes have taken place both within and outside hospitals during the 15 years since the subject of noise was first investigated by the King's Fund, it was felt that a follow-up survey might well prove valuable in identifying noises that disturb hospital patients at the present time and also possibly form an interesting comparison with the situation in 1958/60.

Progress

3 Seven of the 19 hospitals involved in the original study agreed to take part in the follow-up survey. A report was published as a King's Fund Project Paper (No 3) in February 1974 under the title of 'The most cruel absence of care'.

Evaluation

4 The general findings of this survey indicate that today noise is probably a greater cause of distress to patients in hospital than it was in 1960. In the first survey nearly 50 per cent of patients replying to the enquiry indicated that they were not bothered by noise; by 1973 this had dropped to 20 per cent. A few noises seem to be of less concern to patients, while some new sources of annoyance have appeared during the intervening years. Noises causing the greatest distress vary according to the environmental circumstances, type of building and the situation of individual wards. The physical and mental condition of patients, their level of noise tolerance, their age and general attitude to life also affect patients' reactions to noise in hospital.

In general patients seem to be prepared to accept those noises which appear to be inevitable or outside the power of the hospital to regulate or eliminate. It is disturbing, however, to find that such noises constitute only about one quarter of all the complaints made by patients in this study. The other three quarters refer to sources of noise which are, to varying extents, within the power of hospitals, their staffs and their patients to

control, reduce or even eliminate. These can be divided into three main categories - noise made by equipment, by staff, and by patients and their visitors.

More comments were made by patients on the subject of noise made by staff than on any other source of disturbance. This included nursing, domestic, medical and professional staff of all grades. Noisy working with clattering and dropping of equipment, noisy walking with unsuitable footwear and above all, loud talking, laughing and unnecessary chattering are all matters which can be cured or, at least, considerably alleviated by the exercise of a little thought and care on the part of all concerned. 'They seem to forget that we are sick people,' said one patient. This is probably a difficult lesson for younger people to learn, as is suggested by the number of patients who referred particularly to the noisy behaviour and chatter of young nurses and students.

The thoughtlessness of convalescent patients both in loud conversation and in excessive use of radios and television at high noise levels were also listed by patients as sources of distress. The general introduction of unrestricted visiting, or increased visiting hours since 1958 would seem to be the main reason for the increase in the number of complaints (8 per cent) about disturbance caused by visitors. "Some people stepping inside a hospital do not realise there are sick people around, and they come and go like they are in the market" wrote one patient.

Another source of noise that probably did not exist to disturb patients in 1960 has now become quite a problem. The introduction of visiting by children appears to be a mixed blessing. A number of patients wrote of the disturbance caused by uncontrolled children running around and screaming. 'It is nice to allow children' wrote one grandparent who obviously appreciated the facility, ' but they should not be allowed to run up and down'.

The report finally points out that the conclusions of the 1960 survey are as relevant today as they were 13 years ago:

> 'Continuing noise-consciouness can only be achieved by constant reminders and permanent improvement must be largely maintained by the efforts of senior staff.'
>
> 'Noise control is not something that can be achieved by an all-out attack over a short period of time: it is rather a matter of constant vigilance all the time.'

The Future

5 The report (Project Paper no 3) has been used by the Noise Abatement Society and the Health and Social Service Journal as guidelines for hospitals entering their annual anti-noise contest.

Publication

M Dorothy Hinks The most cruel absence of care. King's Fund Project Paper no.3 February 1974

M D Hinks
Research Officer

March 1975

LIVING IN HOSPITAL

(previous title: Patients are Individuals)

Origins

1. In May 1973 the Committee granted £3,500 for a project aimed at producing a handbook or checklist for use by members and staff of health authorities and community health councils, particularly those concerned with long-stay care. (Research Committee Minute RES 5B xviii).

Objectives

2. These were subsequently defined as follows:

(a) To demonstrate and illustrate the social needs of people in congregate care, particularly those in long-stay hospitals (e.g. mentally ill, mentally handicapped, psychogeriatric, young chronic sick)

(b) To show that at present these needs are not adequately met

(c) To show that meeting those social needs is not merely a humanitarian act but a therapeutic necessity

(d) To illustrate some of the ways in which large institutions can overcome those obstacles of size and centralisation which frequently seem to prevent the adequate satisfaction of patients' social needs

(e) To provide an index by which visiting members and staff may assess the degree to which the social needs of patients are being adequately met

(f) To indicate that whilst these needs have been stated in relationship to long-stay hospitals, many of the principles are equally applicable to short stay.

In short, to formulate some advice to staff: on how to do it
to members: on how to check it.

Progress

3. Efforts to appoint a suitable Project Officer proved unsuccessful, and thus the project was reorganised to permit it to be undertaken by a team made up of existing King's Fund Centre staff, Mr. Irfon Roberts (succeeded by Mr. David Downham), Miss M.D. Hinks and Mrs. Joan Rush - the project leader being Mr. James Elliott. The effect of this was a reduction in cost to almost nil, but some extension of the time scale. The team was assisted by a consultative group of three doctors and a nurse, whose work it is to provide long-stay care, together with a psychologist well known to King's Fund Centre, Mrs. Winifred Raphael.

4. The principal means chosen to achieve the declared objectives are:

(a) Publication: aimed at staff, but also at members of area health authorities and community health councils

(b) An audio-visual programme, with associated study notes aimed principally at staff: perhaps a separate set of study notes for members

(c) Study groups and conferences: mainly for staff and mainly held in the Regions.

(d) A module of training in King's Fund College courses.

5. As to (a) the text of the publication, mainly written by Mr. Elliott, in consultation with his colleagues and the panel, has been approved by the Fund's publications panel and the work of printing and illustrating is now in hand. The book entitled Living in Hospital, should be ready by Summer 1975.

6. As to (b) and (c) these activities will fall within the remit of the proposed Long Term Care Project, which awaits the approval of the Fund. The publication will provide a springboard for the activities of the new project. Some study groups on the younger disabled have already commenced, organised by Mrs. W. Arnett-Rayson.

7. As to (d) I have given a series of illustrated talks to members and officers of health authorities and community health councils and to a number of management courses. A programme of residential seminars has also begun.

Evaluation

8. Nothing to report at this stage.

The Future

9. Whilst the original grant remains largely unused, it is suggested that it be retained for use in the proposed new project, particularly for items 4(b) and 4(c).

PN 221

J.R. Elliott
Associate Director

PATIENTS' SATISFACTION STUDIES

Origins

1. So far there have been three studies of patients' satisfaction financed by the Fund: the first with patients in general hospitals, the second with patients in psychiatric hospitals and the third with both staff and patients in psychiatric units attached to general hospitals. All these surveys have been completed and reports published. The latest report, 'Just an ordinary patient' was published in November, 1974.

2. The first of these studies was started in 1965 by Mr A. C. Dale, then a senior tutor at the King's Fund College. He pointed out that as many aspects of hospital care had an effect on the recovery of patients, it would be valuable to make some assessment of their views. 'What hospital authorities require', Mr Dale suggested, ' is a simple and inexpensive system of sampling the opinion of patients at regular intervals and expressing the results in a way which will be an inducement to positive administrative action'.

3. In October 1965, Development Committee approved a proposed pilot scheme for general hospitals, with a grant of £500 (minute 367(h)). Subsequently the following grants have been made by Development Committee: in May 1967, for general hospitals, £750 a year for two years (minute 67/25); in May 1969, for psychiatric hospitals, £750 a year for two years (minute 69/30); in May 1971, for psychiatric units, £1,000 a year for two years (minute 71/33) and in June 1973, Research Committee made a grant of £700 for six months for a survey of studies run by hospitals, and £2,800 for two years for a study in outpatient departments (minute 5(viii)).

4. A project committee was formed in 1967; membership was later extended for the studies with psychiatric patients, and it now consists of:-

Mr A.C. Dale Chairman	Area Administrator, Doncaster Area Health Authority
Mrs E. Lucas	Assistant Secretary, King Edward's Hospital Fund
Dr. R.K. Freudenberg	Principal Medical Officer, Department of Health and Social Security
Dr. J.C. Hayward	Principal Nursing Officer (Research), Department of Health and Social Security
Miss H.M. Simpson	Formerly Principal Nursing Officer, Department of Health and Social Security
Miss S. Garrett	Tutor, King's Fund College
Mr. D. Downham	Assistant Director, King's Fund Centre

Objects

5. The purpose of the surveys at the general and psychiatric hospitals was to devise a method which hospitals could apply themselves to find the views of their own patients and to compare these with the views of patients at comparable hospitals. It was hoped that the results would stimulate action when desirable and practicable, and would assist in the choice of priorities for change. It was also hoped that patients would appreciate the fact that their opinions were sought and that the surveys would stimulate good relations between patients and staff.

6. The purpose of the survey in psychiatric units was to compile evidence on people's likes and dislikes of conditions in existing units, to be of assistance to general hospitals that are running or planning to start such units.

Progress

7. General Hospitals : The pilot study in general hospitals was run from January to December 1966, with encouraging results, and it was then proposed to extend the project.

8. Mr. Dale left the College to take an appointment as a group secretary and the Fund invited Mrs Winifred Raphael, formerly Assistant Director of the National Institute of Industrial Psychology, who had been associated with the enquiry, to be the survey organiser. It was run at ten general hospitals and completed early in 1969. The report on the study, entitled 'Patients and their hospitals' was published by the Fund in November 1969. It has been one of the best-selling of King's Fund reports.

9. The Fund provides the set of instructions free of charge, and questionnaires at cost price. Copies of the reports from hospitals are received at the Centre, and used by Mrs Raphael to revise the tabulated results to which hospitals can refer for sake of comparison. At several hospitals the idea of these studies has been applied for special purposes such as studies of a clinical unit or of an outpatients' department, and the Centre has normally been consulted in these developments. University departments and other establishments have taken part in several surveys.

10. Psychiatric Hospitals : The survey in psychiatric hospitals began in the autumn of 1969, and Mrs Raphael continued to be the survey organiser. From May 1970 she had the assistance of Mrs Valerie Peers, who had had considerable experience of hospitals. A questionnaire was devised and tried out in nine large psychiatric hospitals and found satisfactory except for the geriatric wards. Results were obtained from 2,148 patients and were analysed. About two-thirds of the patients participated in the wards included in the survey and of these there were only 2% whose questionnaires had to be discarded, their answers being irrational. The points of satisfaction and of dissatisfaction were noticeably different from those raised in general hospitals.

11. Similar steps were then taken to those which followed the study in general hospitals, including the preparation of a report 'Psychiatric hospitals viewed by their patients' published in July 1972.

12. Psychiatric Units in General Hospitals : This preliminary survey of the opinions of the staff and patients was conducted at fourteen units. The results were summarised in a report 'Just an Ordinary Patient' by Winifred Raphael with a commentary by Dr. R.K. Freudenberg, published November 1974. The questionnaires used are available for other units though not specifically designed for widespread use. Two full day conferences on the findings have been held at the King's Fund Centre; both were over-subscribed. As well as doctors and nurses, many members of Community Health Councils attended.

13. Survey of Patients' Opinion Surveys in Hospitals : In February 1974 the King's Fund Centre circularised all hospital groups and teaching hospitals in Great Britain to ask whether they had conducted any surveys of patients' opinions since 1968 and, if possible, to send a copy of their report and a summary of any resulting action. Particulars were sent of 173 surveys (including those that the King's Fund staff had carried out themselves). Of these 173 surveys, just under half (81) were based on one of the two questionnaires devised by the King's Fund for general and psychiatric hospitals respectively. A summary of the findings was published in a King's Fund Project Paper No.9 'Survey of Patients' Opinion Surveys in Hospital' by Winifred Raphael, November 1974. The paper is divided into three parts: 1) Different Types of Surveys; 2) Application of the Survey Results; 3) Changes in Levels of Satisfaction. It was interesting to find in the last section that patients' opinions were markedly more favourable in the second half of the period.

14. Surveys of Patients in General and Psychiatric Hospitals : The information received from the survey of surveys allowed revised instructions to be prepared for applying these two surveys which are still widely in demand.

Evaluation

15. With the greater emphasis made in the reorganisation of the National Health Service on the importance of monitoring and of visiting by members of Community Health Councils, there is evidence of a growing interest in the use of surveys of the kind described in these studies. It is essential therefore that the questionnaires supplied to health authorities should be revised from time to time and the King's Fund Centre should continue to provide an advisory service. It is also important that the results of surveys should be analysed regularly and published nationally by the King's Fund.

The Future

16. Forms for the pilot trial of a survey of outpatients' opinions were prepared in October 1974 and visits have been paid to 5 health authorities willing to try them out. The trials have started but were delayed in most cases by abnormal conditions in outpatients' departments caused by the dispute between senior medical staff and the Department of Health. A grant has been agreed for this survey up to February 1976. Mrs Jean Mandeville, BA, has joined Mrs Winifred Raphael as Assistant Survey Organiser and both are working part-time.

David Downham
Assistant Director
March, 1975

PN 71

PAIN RELIEF UNIT

Origins

1. The Pain Relief Unit in Oxfordshire Area Health Authority (Teaching) opened in October 1970. There are eight to ten beds for essentially short-stay patients requiring pain relief whilst two to three beds are reserved for the terminally ill. This was an entirely new venture within the National Health Service and it was felt that a valuation of its worth to the community was essential. A King's Fund grant made this possible and a field worker was employed as a result of the grant to carry out the project. (Grant of £2,875 ref. DEV 70/20 and 71/18).

Objectives

2. It was decided to follow up 100 patients suffering from cancer in Abingdon where the Pain Relief Unit is situated until death. Many would be admitted to the Unit and many would not. In this way a comparison could be made of the level of treatment provided and if there were advantages or deficiencies on either side. The relative cost of hospitalisation is set against domiciliary treatment involving visits by doctors, district nurses, health visitors, social workers and the social services. The assessment is made on a survey of these facts.

Progress

3. This has been slow. Initially because of the difficulty in collecting information on patients' diagnoses, and in fact notification of the patient's diagnosis by the general practioners was and is still is, painstakingly slow in view of their lack of any diagnostic index. This latter index was a great help at the Regional Hospital Board but inevitably was running a year or two late and many patients for the years 1971/72 still had not been entered on the Index. We are still dogged by this problem of collecting information but so far we now have 75 patients' case histories from the time of their contracting the disease until death.

Two further difficulties have also slowed down the work. Firstly, the resignation of the field worker for domestic reasons, and secondly the reorganisation of the Health Service resulting in near chaos in communications between various departments.

Evaluation

4. In essence the evaluation has not altered. Management of patients in pain is still a recurrent, neglected problem and we feel that the project may do much to concentrate the resources available to deal with it. It is noticeable however that the Unit is admitting very many more patients who have pain as their prime consideration and not the need for terminal care. One wonders whether a Unit such as this with twelve beds which is essentially a combination of intractable pain relief and terminal care is not better motivated to look after the terminally ill than a Unit designed solely for this latter purpose. Management of terminally ill patients is extremely time-consuming and requires a high degree of dedication. Most of the medical practioners in this country shy from this aspect of medicine, but if there is the stimulus of pain relief associated with the management of these patients it becomes much more acceptable.

Future

5. Again, this has not changed since the last review but it is interesting that there have been preliminary discussions with the Department of Health in regard to the possibility of setting up the Unit as a centre for the training of doctors interested in the management of pain.

Dr. J.W. Lloyd
Consultant Anaesthetist

PN 174

February 1975

CLIENT RESPONSE TO SOCIAL WORK IN A PSYCHIATRIC HOSPITAL

Origins

1 In 1969, the King's Fund sponsored a project concerned with social workers in psychiatric hospitals which was directed by Dr Agnes Miles at Southampton University. The third part of this project was to consist of 'consumer' research into the expectations held by psychiatric patients and their families of social workers. Preliminary work on this part of the project showed the need for a more detailed investigation and, gradually, this part of the research became a project in its own right under Mrs Jill Causer who was employed to carry out the consumer research section of the original project. In January 1973, a grant of £5,417 was made jointly by the Fund and the Wessex Regional Hospital Board to enable the research to continue for an additional two years (Minute DEV 72/70).

Objectives

2 The aim of the project is to investigate the role played by social workers in a psychiatric hospital and the responses of patients who have had contact with social workers. It is being carried out from Southampton University at a psychiatric hospital in the Wessex area. There are two parts to the project :

i) A study of the work of the social work department of the hospital based on all cases referred to it over a period of twelve months - the Census study.

ii) Interviews with patients and relatives who have had contact with the social workers to assess the value of social work help to them and to find out what conceptions, if any, they have of social workers.

3 Originally it was intended to interview a second group of patients who had not had contact with the social workers in order to compare them with the first group. However, in view of the difficulties attached to finding a comparable sample of patients and of the disappointing results of the pilot interviews, it was decided to abandon these interviews and to extend the numbers of interviews with patients who had had social work contact.

Progress

4 The Census Study is now completed and also the majority of the interviews. The final interviews are now proceeding and the analysis is being carried out. A final report on the project should be available later this year.

Evaluation

5 The findings centre round two major issues - the nature of social work in a psychiatric hospital and the absence of a clear public image of social workers. Fundamental questions about the type of social work service needed in a psychiatric hospital and about the nature of hospital social work have been raised. Most social work is carried out under the aegis of agencies with the primary function of the provision of a social work service and with goals which are social-work oriented. Hospital social workers, even though now employed by such agencies, function within institutions whose primary function is the provision of medical treatment and whose goals are medically-oriented. The social workers have to conform to the demands of the institution within which they work and this affects both the ways in which they operate and their relationships with their clients.

6 The findings also suggest that the effectiveness of social workers may be impaired because many of their clients have only vague notions about social work. They may consequently be uncertain of what their social workers are trying to achieve and are therefore unable to respond fully. In a psychiatric hospital, further sources of confusion may exist in that the role of a social worker within a multi-disciplinary team may not be made clear.

7 These and other points warrant further consideration as do their implications for social work as a profession and for the training of its members. It is hoped that these findings will stimulate further research into this area of social work and also comparable research focused on social work in a Social Service Department.

PN 210

Mrs Jill Causer, MA
Research Fellow
January 1975

OCCUPATIONAL THERAPY RESEARCH COURSE

Origins

1 As a result of the deliberations of the Council of the British Association of Occupational Therapists, exploratory talks were held by Mr V H Wheble, Consultant Orthopaedic Surgeon and Chairman of the Association's Post-registration Training Committee, with Alwyn Smith, Head of the Department of Community Medicine at Manchester University, Professor Chester, Professor Lee and Dr R Harris, Director of Physical Medicine, Manchester Royal Infirmary, on possible ways of assessing the future role and function of the occupational therapist in the re-organised health and social services.

2 The conclusion reached, was that it was really necessary for an occupational therapist to spend up to three years carrying out a thorough investigation into this subject in order to produce an authoritative treatise which could be used as a basis for further planning and development. It was felt that study of the kind of research course envisaged could best be carried out in a university setting, and that it would also be very valuable to show how the profession of occupational therapy could be advanced by higher educational training mainly geared to practical study in the educational field. A number of meetings were subsequently held with representatives of the King's Fund; as a result of these meetings the King's Fund kindly agreed to finance the projected course by a grant of up to £11,000 spread over three years (Minute MAN 8251 of July 1973).

Objectives

3 The terms of reference for the project are to determine :

i) How the Occupational Therapist can best fulfil her role in relation to other professional groups in the Rehabilitation field.
ii) The various skills and knowledge required at different levels in Occupational Therapy.
iii) Necessary recommendations on future organisation and advanced training.
iv) Some evaluation of present treatment methods and equipment as a basis for a later study in depth.

4 The Association selected Miss Jean Edwards, MAOT, who had been completing her studies for a Bachelor's degree in Occupational Therapy at the University of Alberta, as the candidate for the Research degree work and Miss Edwards commenced the Course at Manchester University in October, 1973.

Progress

5 Work has so far consisted of an exploratory phase designed to obtain the essential background information for finalizing the detailed aims and method of the study, and a pilot study of the proposed methodology. Some additional pilot work is necessary before starting the main study which should be completed during 1975 after which the project will be written up.

The following are some notes about the phasing of the project :

A Exploratory Phase :

6a) Aims
- i) To clarify the aims of the Committee in requesting this information and to detail exactly what information is required.
- ii) To gain a general understanding of Occupational Therapy as a profession, its historical development and its place in the health care system.
- iii) To consider some of the problems and challenges before the profession at the present time.
- iv) To isolate the key information which should be obtained in order to fulfil the remit.
- v) To plan an appropriate investigation.

b) Methods used to achieve (i) - (ii) above :
- i) Discussion with individual members of the Committee.
- ii) General literature search.
- iii) One-day visits to a cross section of departments.
- iv) Discussions with leaders within the profession.
- v) An extended period of observation in a District General Hospital.

c) Summary of findings :

i) That members of the Committee are conscious of the dearth of basic information available about the profession and that this limits their ability to make knowledgeable decisions both about clinical and educational matters. They hope that this project will enable the collection of some basic facts and contribute towards answering questions such as those in the remit.

ii) The general picture of Occupational Therapy is one of a concerned profession numerically undermanned straining to meet the requirements of patients in the clinical sphere and students in the schools. Many therapists are concerned by the increasing rate of change especially with the re-organisation of the National Health Service and the publication of the McMillan report with its challenge to consider amalgamating Physiotherapy and Occupational Therapy. (1) Particularly in areas where staffing is very low, therapists are worried about the viability of the service they offer and threatened by the increasing use of other personnel to do tasks they thoughtof as traditionally theirs. In contrast in some well-staffed centres one sees a forward thinking and imaginative contribution being made to patient treatment.

iii) The concerns and problems of therapists can be divided into three groups. Firstly, there are the ever present concerns of what is the best treatment for the patient. Secondly, there are the problems which relate to the system within which the therapists works, and thirdly, there are questions and problems which relate to the professional body as a whole, both its relationship with other groups and the education of its recruits.

7 Many of these problems and concerns arise out of the changing need of the community, and are paralleled in other health professions. As new tasks are faced there may be a redistribution of tasks which must take account both of the changing nature of the tasks as well as the traditions and aspirations of the individual professions. The aim of this investigation will be to make a descriptive account of the therapist-patient interaction, and to identify the underlying rationale for the particular treatment chosen.

B Proposed Field Work :

8a) Goal :
To identify the contribution that Occupational Therapists make to patient treatment.

b) Aims :
i) To describe the patient-therapist interaction in order to identify the various components of Occupational Therapy treatment.
ii) To identify the underlying principles upon which treatment is based.

In addition the following may be included either in the field work or relegated to a postal questionnaire.

iii) To obtain therapists'views on the knowledge they require in their job.

c) Method:
A sample of Occupational Therapists working with different types of patients will be observed treating patients and interviewed in order to discuss the rationale of those patients' treatment.

d) Observations :
The following observations will be made and analysed :-

i) Length of treatment
ii) Length of individual components of treatment
iii) Topics of conversation
iv) Examination and assessment methods used
v) Activities used
vi) Manual skills carried out by the therapist
vii) Equipment used
viii) Location of treatment
ix) Other people present

e) Interviews :
The main part of the interview will be related to the patients previously observed.

If aim (iii) is included therapists will also be questioned about their knowledge requirements.

f) Write up and follow up :
This study will be written up as a descriptive analysis. From this analysis it is anticipated that some key factors will emerge.

If appropriate a questionnaire will be drawn up on these points and administered to a larger sample of therapists.

9) The completed phase of the pilot study indicates that this method of observing and interviewing Occupational Therapists is basically satisfactory in situations where the therapist is giving individual treatment.

Minor alterations are needed on the observation sheet and to the interview. Additional structured questions on the underlying principles of treatment and the decision making process which leads to the treatment programme may be added, together with questions designed to elicit which components of treatment are or could be carried out by staff other than Occupational Therapists.

A further pilot study will be done in a Psychiatric Hospital prior to the main study. This will test this method in a situation where Occupational Therapists treat large groups of patients.

Consideration is being given to asking the therapists to keep a diary for a period of one week to obtain information about their total work timetable.

10) Work still to be completed consists of the second pilot trial, the main field work, analysis of information and the writing up of the report. The various sections of the remit will be considered both in the light of the field work, the possible questionnaire and the available literature. Section 4 of the remit will be interpreted as requiring a general "impressionistic" appraisal of treatment, as an evaluation would really require a series of specific trials whose design would inevitably involve many innovations.

Miss J D Edwards
January 1975

PN 227

INDUSTRIAL DESIGN BURSARIES

Origins

1. About nine years ago the suggestion was made that there should be a section on hospital equipment in the industrial design bursaries awarded each year by the Royal Society of Arts. These bursaries, awarded by competition, are intended to encourage young British designers to travel abroad in order to study design overseas at first hand. The idea of a section on hospital equipment came from within the King's Fund as a consequence of its project on the design of hospital bedsteads. The underlying purpose of that project was to encourage a systematic approach to the design of hospital equipment. Success in this direction would involve more industrial designers than before, hence the value of arousing their interest in their formative years.

2. In July, 1967 Management Committee of the Fund made a grant of £200 a year for three years (minute 7612). Subsequent grants were £240 for the 1970 competition (minute 7888), £250 for 1971 (minute 8008), £250 for 1972 (minute 8111), £150 for 1973 (minute 4148), and £200 for 1974 (minute 8360).

As was hoped, other subscribers have also come forward: for 1974 they were The British Oxygen Company Limited £100, Messrs. Morris of Glasgow £50, and Northwood Publications Limited £50.

3. The Industrial Design Bursaries Board of the Society, under the chairmanship of Lord Hayter, sets up a jury for judging entries in each section. For hospital equipment its most recent membership was:-

Sir Selwyn Selwyn-Clarke	Chairman
Mr K M Agnew	Senior Research Fellow, School of Industrial Design (Engineering), Royal College of Art.
Miss Elizabeth Fanshawe	Head Demonstrator, Disabled Living Foundation
Mr W. Marrow	Formerly County Health Education Officer, Nottinghamshire
Mr Irfon Roberts	Secretary, King's Fund Emergency Bed Service
Professor M W Thring	Head of Department of Mechanical Engineering, Queen Mary College, University of London.
Mr Howard Upjohn	Royal Designer for Industry.

Objects

4. The competitions are intended to bring potential abilities to light rather than to evoke designs which could be put into production as they stand, and the mere fact that there is a section on hospital equipment serves to draw the attention of young designers to the subject.

Progress

5. The description 'hospital equipment' has been interpreted broadly, to include items which would also be of value to patients and to the disabled in other establishments or in their own homes. The competition itself has so far attracted the following numbers of entries, which compare favourably with those in other sections of about the same degree of speciality:

	Subject	No of entries	No of schools of design
1967	Geriatric chair	10	7
1968	Bath hoist	8	4
1969	Clothes storage	11	8
1970	Bedside locker	14	9
1971	Vending machine for hot drinks	18	12
1972	Toy-library unit and educational toy	18	9
1973	Kitchen sink and washing-up unit	14	10
1974	Aid for user of wheelchair to raise legs	25	10

6. Help in setting the competitions and judging entries has been obtained from various sources. For example, the subject of the 1971 competition was suggested by Mr J F Harvey, then Deputy Catering Adviser to the King's Fund, who was also involved in the preparation of the brief for competitors, and Mr W E D Skinner, Chief Executive of the Automatic Vending Association of Britain, joined the jury. In 1972, help with the brief was obtained from the Toy Libraries Association, the Spastics Society, and from Miss Sandra Francklin of the Centre on Environment for the Handicapped: Miss Sophie Levitt and Miss Audrey Stephenson joined the jury.

7. The Royal Society of Arts publishes a report annually on all sections of the bursary competitions, and the winning entries are put on display in London and elsewhere. For several weeks each year, those in the hospital equipment section have also been exhibited at the King's Fund Centre. The following reports have been published as articles in the British Hospital Journal (now the Health and Social Service Journal) and are available as Centre reprints:

Reprints		Journal for
No. 256	Equipment for the disabled	17 5 68
393	Design of bath hoists	31 10 69
500	Clothes storage for the disabled and Design for living with disablement	12 6 70 17 10 70
602	R.S.A. bedside locker contest	25 9 71
718	Vending machines for the disabled	7 10 72

Similar reports are to be prepared on the remaining competitions.

(in fact no further reports were published, tel. con. IR/RB 19.6.80)

Evaluation

8. Though the main purpose is to foster the talents of the competitors, in practice the benefits seem to go well beyond that. The competition is made known by various means such as the published articles and the displays at the Centre. These have drawn many enquiries from this country and abroad, often from people asking where they could obtain the items of equipment. So far they have had to be disappointed, but one or two of the more promising designs may yet be taken forward into production, and opportunities for this have constantly been sought from the Centre.

9. An interesting development in 1971, and another sign of growing interest, was that the annual industrial design bursary of the R.S.A. given at the more senior level was awarded to a candidate with a special interest in hospital equipment, Mr J Hardaker, Principal Lecturer in Industrial Design (Engineering) at Leeds Polytechnic. In the same year, the winner of an R.S.A. bursary in the hospital equipment section, Mr Richard Berge, also obtained one of the four Leverhulme Trust travelling scholarships for industrial design, each of £700.

10. As for a wider interest in the subject, it has all gained momentum; some examples are mentioned on page 6 of the Centre Reprint No 500. There is evidently a steady increase of interest in the subject on the part of designers and manufacturers, of the staffs of hospitals and elsewhere in the health services, and of patients and their families.

The future

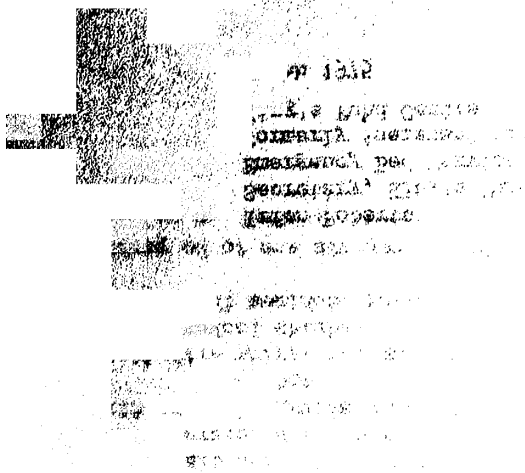
11. The R.S.A. has appointed a committee with Lord Hayter in the chair to review the organisation and operation of its industrial design bursaries and a note has been sent on behalf of the Fund in reply to the committee's request for opinions.

12. Some attempt has been made at the King's Fund Centre to keep note of developments and to put people in touch with each other, but this has inevitably been somewhat random, and there seems no doubt that a systematic survey of the situation would help to prevent enthusiasm and effort from being wastefully dissipated.

Irfon Roberts
Secretary, King's Fund
Emergency Bed Service
formerly Assistant Director
King's Fund Centre

PN 112

March 1975



ROYAL COLLEGE OF ART STUDENTSHIP

Origins

1 This project arose from an application from the Department of Design Research of the Royal College of Art for a grant of £4,640 over two years to cover the cost of a studentship to investigate the design of a body-cleansing unit for the general public with particular emphasis on its suitability for the elderly and disabled user. This grant was approved by the Fund's Research Committee in June 1973 (Minute RES 5Bxii).

Objectives

2 The practical objective is the eventual emergence of equipment to allow the hygiene and toilet facilities of domestic life to be performed more safely and easily by the elderly and handicapped as well as the normally fit. The objectives of the research are to ascertain whether the design derived from the earlier work could form an acceptable and viable product.

Progress

3 Mrs Janet Hall was selected for the studentship and took up her post in October 1973. She is working for a Master's Degree in consultation with a physiotherapist and under the supervision of Mr Kenneth Agnew, Senior Research Fellow, and Mr Timothy Coward, Research Fellow, responsible to a Tutorial Board chaired by Professor L Bruce Archer. The work is based upon the experimental work and Master's Degree thesis of John Mitchell, then chief physiotherapist of Woodlands Spa Clinic (now working at Loughborough University of Technology, Institute of Consumer Economics).

4 Since October 1973 a great deal of work has been accomplished to lay a firm foundation for possible design solution. Examples of the research in progress include such areas as :

a) To see if similar and related research was in progress or had been conducted elsewhere.
b) To obtain information on conventional bathroom systems.
c) To obtain information on potential user spectrum.
d) To obtain information on potential installation areas.
e) To obtain information on constructional problems.
f) To obtain information on financial considerations. This includes not only finances concerning the costs of building and installation of the proposed unit but also areas such as local authority expenditure for installing special or modified equipment for disabled, or in improvement grants for old houses etc.,
g) To obtain information on related ergonomics (environmental, psychological, physiological, statistical, etc.,).
h) To obtain information on people's requirements ("wants and needs").
i) ergonomic trials with a wide range of potential users. The full size rig embodied all the fundamental feature of a future design.
j) definition of potential market areas by means of questionnaires, among potential user groups.

Present situation

5 At present a full-size experimental prototype is nearing completion. This is based closely on the information and conclusions of the earlier enquiries and trials. It will be used to conduct realistic "wet" trials aimed at assessing the acceptability and viability of the design as a product. The final reports on the conduct and conclusions of the project are in an advanced stage of preparation.

Future work

6 The remaining programme will consist of the conduct and analysis of the results of the wet trials; incorporation of the findings of the trials into the final design; the completion of the final reports on the project; and submission of the results for examination by the end of May 1975.

PN 223

Timothy Coward
Richard Langdon
Royal College of Art

February 1975

CHAIR FOR NURSING SEVERELY DISABLED

Origins

1 This project originated with an application from the Bath Institute of Medical Engineering for grant towards the cost of developing a special chair for hemiplegic patients. The study on this problem was initiated in January 1969 by Dr A St J Dixon of the Royal National Hospital for Rheumatic Diseases for an adjustable chair for hemiplegic patients. The requirement was for a chair in which a patient, paralysed one side, could be mobilised by getting him sat out as much as possible and as early as possible. Current chairs then available did not support the patient from inevitably drooping towards the paralysed side, did not provide adequate support for the paralysed arm which hangs on the shoulder painfully, there being loss of normal muscle power to support it. The chair envisaged was to be symmetrically adaptable for right or left hemiplegics and adaptable for various heights of patients. The Institute financed the construction of a basic prototype chair to satisfy the above requirements and which was available for clinical assessment in August 1969. Trials proceeded at St Martin's Hospital, Bath, during September 1969. As a result of these trials it became obvious that design modifications would be necessary. It was following these trials that the application was made to the King's Fund, and at their meeting in June 1973 (Minute RES 5A xxiv) a grant of £2,500 was made for the project.

Objectives

2 The Bath Institute set up a sub-committee comprising those members of the medical profession most interested in the development of the chair for hemiplegics and with a view to drawing up a complete requirement for the design. This sub-committee consisted of the following members of the Institute :-

Dr A St J Dixon, MD FRCP (Chairman)
Mr P Bliss, FRCS
Dr JR Bolton, MBE MD FRCP
Dr P G Mann, MD FRCPath DipBact
Dr B D Owen-Smith, MBMRCP DPhys Med
Mr B Auty, C Eng, MIERE (Secretary)

With the assistance of the advice of experts dealing with associated medical, nursing and rehabilitation problems, this sub-committee specified the requirements for a Nursing Chair for both hospital and domicilliary use as follows :-

i) To provide a safe comfortable chair for severely disabled patients.

ii) To enable patients suffering from the following to be nursed :

(a) Hemiplegia
(b) Quadraplegia
(c) Tetraplegia
(d) Multiple or Disseminated Sclerosis
(e) Heart conditions of varying severity
(f) Other conditions benefitting from chair nursing instead of bed confinement due to lack of safe body supporting systems.

Progress

3 After agreeing on the criteria needed to achieve these objectives, it was decided to undertake fundamental research, design and development of an entirely new kind of chair to meet the stated criteria and to be capable of manufacture at the lowest possible cost to ensure maximum availability through the Department of Health and Social Security, Directors of Social Service and in the private sector. A voluntary design engineering team was set up under the leadership of Mr M Mansbridge of the British Aircraft Corporation (Filton Division). This team had its first meeting in December 1969 and prototype chairs were made available by December 1970. Clinical trials started in January 1971 at Edgware General Hospital and St Martin's Hospital, Bath, and these led to a requirement for further modifications. Further trials took place throughout 1972 at different hospitals leading to a need for further re-design, and it was at this stage that additional funding was sought from the King's Fund.

4 Following the successful approach to the King's Fund for funding in June 1973, it was decided to re-design the chair. Extensive clinical trials had indicated that considerable revision was necessary in the design of the arm-rests and foot-rest in particular. With the new funding available, the Institute was able to pursue this work in its own laboratories. Additional features of the new design of chair included lockable castors on all four wheels and attachment points for drips and catheters.

Evaluation and the future

5 The first prototype of the new chair was demonstrated at an exhibition in Bath in October 1973, and there followed a series of clinical trials at St Martin's Hospital, Bath. The results of these trials were encouraging but certain modifications were deemed to be necessary. The arm-rests were re-designed so as to be easily detachable from the chair, and to be indistinguishable left to right. This new facility would then enable a chair to be fitted with two swivelling arm-rests or only one as required and, in the latter case, a simple form of arm-rest could be attached. Further prototypes were constructed and evaluated.

6 The final design of chair was demonstrated at a Chair Colloquium held at the Postgraduate Medical Centre, Royal United Hospital, Bath, on 10 December 1974, organised by the Institute. Very favourable comment was received. Following this meeting, a leading medical equipment manufacturer has expressed interest in the chair, and is now assessing its potential with a view to manufacturing and marketing.

B Auty
Technical Executive
Bath Institute of
Medical Engineering
January 1975

PN 224

INVESTIGATION INTO FIRE REGULATIONS

Origins

1. The project arose out of a number of complaints and enquiries made to the Central Council for the Disabled (CCD) concerning admission of disabled people, particularly those in wheelchairs, to cinemas, theatres, etc. On close examination it appeared that some categories of disabled people were being excluded, and there was every possibility in the near future that while buildings which were for public use would be accessible to disabled people under Section 4 of the Chronically Sick & Disabled Persons Act (1970), fire regulations could equally well bar them from those buildings. The CCD therefore decided that steps be taken to initiate a research project into fire regulations and their restrictions on disabled people. In April, 1974 the Fund's Research Committee made a grant of £1,000 for each of two years towards the cost of the project (Minute RES 32).

Objectives

2. The purpose and scope of the project were covered by its terms of reference which were :

i) To promote Section 4 of the Chronically Sick and Disabled Persons Act (1970) and to ensure that buildings are made accessible to disabled people.

ii) To investigate the administration of the existing fire regulations.

iii) To ensure that in the administration of those regulations no disabled people or group of disabled people are disadvantaged.

iv) To investigate similar regulations in other developed countries, to examine their application and administration.

v) To investigate methods of escape suitable for disabled people.

The overall aim of the project is to ensure that fire regulations do not exclude disabled people from public buildings.

Progress

3. In February, 1975, Mr. Struan Simpson, a person with considerable experience of survey work in Britain and abroad was appointed for the project, and a survey is now being conducted into the present regulations. Obviously the first duty will be to become fully conversant with the regulations and the way in which they hinder disabled people or groups of disabled people.

4. A steering group is being set up to advise on the survey and reports are to be made to a number of organisations concerned with the problems. During the year informal talks have taken place with the Department of the Enviornment and the Home Office, who have shown considerable interest in the project, and are anxious to be kept informed.

Evaluation and the future

5. It is still too early to attempt any evaluation or forecast about the project.

George Wilson
Director
Central Council for the Disabled

PN 238

March 1975

DISPOSAL OF HUMAN WASTE

Origins

1. This project came into being as a result of an investigation carried out some five years ago by the National Research Development Corporation on the needs for equipment for the elderly and disabled. One task of the Corporation is to assist in the development of new equipment for needs which otherwise might be neglected, where this is in the public interest. The equipment is subsequently licensed for manufacture, which allows the Corporation to recover its expenditure. Discussions with a number of welfare organisations and with organisations having experience in the development of hospital equipment, such as the Research Unit of the School of Industrial Design at the Royal College of Art, pin-pointed the need for developing mobile toilet equipment. The Corporation commissioned the Research Unit to conduct a preliminary study in 1968; this confirmed the need for improved equipment in both the hospital and the home environment. The Corporation then invited organisations concerned with the welfare of the elderly and disabled, including the King's Fund, to support a programme, jointly financed, to develop suitable equipment.

> Note: the word 'commode' is used in this project to describe an item of equipment devised for the purpose mentioned, though the equipment evolving from the project is radically different from the conventional pattern of commode.

2. A grant of £1,000 was made by Hospital Development Committee in January 1969 (minute 69/6) as a token contribution to the project. The main grants were to come from the Department of Health and the National Research Development Corporation, with the Reabilities Trust as another sponsor.

3. The total grants provided so far are:-

King Edward's Hospital Fund	£ 1,000
Reabilities Trust	4,000
National Research Development Corporation	19,350
Department of Health and Social Security	24,600
Total	48,950

In addition the DHSS has made available £8,000 to the Research Unit for a study to evaluate, in private houses, commodes at present available on the market, and £14,000 for trials to evaluate the commode developed for home use and for pre-production orders.

4. A Steering Committee was formed and has held more than 40 meetings to date. Since its inception there have been several changes in the membership of the Committee which now consists of:-

Mr J.F. Hunt:	Chairman	Under-Secretary and Controller of Supply (retired), Department of Health and Social Security
Mr M.A.B. Harlow)		
Mrs W.W. Perry)		Department of Health and
Mr. D.G. Sturrock)		Social Security
Mr. J. Tait)		
Mr. D.J. Downham		King Edward's Hospital Fund
Professor L.B. Archer)		
Mr. K. Agnew)		Royal College of Art
Miss P. Rogers)		
Dr. E.B. Pike		Water Pollution Research Laboratory
Dr. J.B. Stewart		Consultant in Physical Medicine, Princess Margaret Hospital, Swindon. Reabilities Trust.
Mr. K. Grossfield:	Secretary	Executive, Planning Department, National Research Development Council

5. The project team is part of the Research Unit of the School of Industrial Design at the Royal College of Art. It consists of:-

Mr. K. Agnew	Senior Research Fellow and Project Leader
Miss P. Rogers	Research Fellow
Mr. D. Tomkin	Research Fellow
Mrs C.M. Mattiesen	Research Associate

Objects

6. The purpose of the project is to devise improved equipment for disposal of human waste products from patients in hospitals and other institutions and in their own homes.

7. The Steering Committee decided that it would be necessary to design and produce the following:-

1) A commode primarily useful for the severely disabled, and likely to find a market mainly in hospitals and nursing homes and also in private homes.

2) A mobile commode much smaller than the above, designed primarily for use in private houses where users have some mobility but difficulty of access to the W.C. These two types of commode have a large number of interchangeable parts.

3) A chemical system for commodes which would store human waste in a form acceptable to those concerned with its use and innoxious to health.

4) An improved W.C. seat particularly useful for the mobile who have some difficulty in sitting down and getting up.

Progress

8. The project team under the leadership of Mr. Agnew has used a systematic approach to the planning and control of the project. First came a definition of need and a survey of present knowledge and existing equipment; next, specifications of purpose were prepared and then sketch designs; these have led to the production of a prototype commode.

9. In May, 1971 a fresh impetus was given to the part played by the DHSS when the Secretary of State, in replying to a debate in the House of Commons, announced his intention of providing about 1,000 chemical closets for local health authorities to issue to patients for use in their own homes, and to help these authorities to see whether this would improve life for the disabled who are not within easy reach of a lavatory.

10. The Water Pollution Research Laboratory of the Department of the Environment has taken part in the project since early in 1972 and has been most helpful in evaluating a number of existing chemicals and a search for new ones.

11. This project is exceptional in the care taken in its encouragement of extensive trials by the users, in the planning of pre-production orders, and in the writing of instructional literature for those using the equipment especially in the pioneer stage. It is hoped by the Steering Committee that the King's Fund Centre may participate in the preparation of this literature and in making it known.

12. Discussions between NRDC and DHSS have now been successfully concluded and the Department of Health, who have carried out a market estimate, believe that sales of 3,000 commodes over a five-year period will materialise.

Evaluation

13. Prototype commodes have been tested in hospitals, local authority residential homes and in private houses. These trials have now been completed and the project team has published a comprehensive report which has been circulated to the sponsors of the project and to the authorities who participated in the field trials.

14. Discussions on the design of the commode have also taken place with manufacturers and modifications made which incorporate some of the views expressed by the manufacturers and by those involved in the field trials.

The future

15. Subject to further detailed discussions with the manufacturers, it is hoped that a firm order for 200/250 commodes will be placed by the Department of Health and Social Security. Initially the commodes will probably be placed by the Social Services Division of the Department of Health, but it is hoped also to make use of the commodes through the health services and some will be reserved for use in hospitals.

David Downham,
Assistant Director
March 1975

ASPECTS OF MANAGEMENT
(CONFERENCES ON MANAGEMENT TOPICS)

Origins

1. During 1971 a series of conferences was held at the King's Fund Centre on various management topics and these were followed by a second series in 1972. These owed their origin to the fact that from time to time the Fund is made aware of fresh ideas and practices in management in the health services which seem to merit wider application. One of the declared purposes of the Centre is to focus attention on these subjects, and topics were chosen for these conferences which seemed to lend themselves to this way of fostering good practice. They were arranged in cooperation with the King's Fund College.

Objects

2. As Mr Hardie explained in the notices of these conferences first distributed with the Centre Newsletter for November 1970, 'The purpose of the series is not to offer instant training in management, nor to provide an alternative to formal training, but rather to provide an opportunity for the description and discussion of some of the more interesting developments and experiments in hospital management, several of which have been initiated or supported by the King's Fund'.

Progress

3. The following list shows the subjects covered, and the reports available as Centre reprints.

First Series, 1971

I MANAGEMENT ACCOUNTING - Wednesday 6 January 1971

Experiment in presenting hospital management with comprehensive and up-to-date information relating the functional aspect to expenditure monthly instead of annually, so that informed decisions on future policy can be made.

Reprint No 538 Accounting for Managers British Hospital Journal 27 2 71

II MANAGEMENT CONTROLS IN MEDICAL CARE - Tuesday 16 February 1971

(a) Making the best use of resources with the help of systems of information.

(b) Progress of project at St James' Hospital, Portsmouth, for a hospital-based information service to enable doctors to identify overall aims of hospital and departmental objectives.

Reprint No 599 Management Controls in Medical Care

III JOB DESCRIPTIONS FOR HOSPITAL STAFF - Wednesday 19 July 1972

The preparation of job descriptions for hospital staff as illustrated in the folder of examples supplied by hospital authorities, published by the King's Fund in April 1972.

IV RESOURCES FOR MAINTENANCE - Tuesday 12 September 1972

To discuss problems and progress in the management of hospital maintenance services and the allocation of resources for this purpose.

V HOME FROM HOSPITAL - Thursday 26 October 1972

A review of steps taken to apply the recommendations of the report 'Home from hospital' by Miss Muriel Skeet, published by the Dan Mason Nursing Research Committee.

Reprint No 739	Home from Hospital	British Hospital Journal 9 12 72

VI PLANNING AND ALLOCATION OF RESOURCES IN AN INTEGRATED HEALTH SERVICE - Wednesday 13 December 1972

A discussion of how the National Health Service should determine its priorities and plan to use its financial, manpower and other resources to greatest effect. The talks were based on the planning arrangements proposed in the White Paper on NHS re-organisation in England (Cmnd 5055) and on the report 'Management arrangements for the re-organised National Health Service'.

Reprint No 746	Planning and allocation of resources	The Hospital and Health S ervices Review January 1973

Third Series, 1973

I MEDICAL RECORDS AND MEDICAL CARE - Wednesday 10 January 1973

Talk by Professor Lawrence L Weed, Professor of Medicine at the University of Vermont Medical Centre, Burlington, Vermont, USA. Professor Weed was in this country on a series of visits sponsored by the Fund and other organisations. The talk at the King's Fund Centre was on Problem-Oriented Medical Records, with particular attention to the computer aspect of the subject.

Reprint No 778	Medical Records and Medical Care	Health and Social Service Journal 14 April 1973

III MANAGEMENT IN TEACHING HOSPITALS - 1 - Tuesday 22 June 1971

Advantages and disadvantages of the approach adopted by McKinsey's, management consultants, who were asked by the Board of Governors of the United Oxford Hospitals 'to examine the use and misuse of resources and to make suggestions for improving the management structure'.

Reprint No 601	Management Integration and the Oxford Experiment	British Hospital Journal 28 8 71

IV MANAGEMENT IN TEACHING HOSPITALS - 2 - Wednesday 6 October 1971

The application of functional management and the implementation of the Cogwheel, Salmon and Farquharson-Lang reports in the United Manchester Hospitals.

Reprint No 622	Management at Manchester : A Hospital Centre Conference	The Hospital November 1971

V OPERATIONAL RESEARCH IN HOSPITAL MANAGEMENT - Wednesday 3 November 1971

Operational Research by Wessex RHB in the application of a policy of building hospitals with 120-bed floors and the management of patient areas of that size.

Reprint No 619	Large Nursing Units : A Hospital Centre Conference	The Hospital December 1971

VI MANAGEMENT AUDIT - Tuesday 14 December 1971

A method of reviewing the administrative situation in a hospital or group, based on the King's Fund management audit document.

Reprint No 647	Management Audit	British Hospital Journal 22 1 72

Second Series, 1972

I ASSESSING GERIATRIC NEEDS - Tuesday 8 February 1972

A practical method of assessing the needs for geriatric services in a region, devised by the long-stay survey team of the Welsh Hospital Board as a development of their original method of survey presented at a conference at the King's Fund Centre on 3 December 1969.

II HEALTH INFORMATION SERVICES AND THE MEDICAL RECORD - Thursday 22 June 1972

To discuss progress in medical records following the report of the Tunbridge Committee and the subsequent work of the Advisory Committee of the Department of Health and Social Security on Hospital Medical Records.

II MANAGEMENT AUDIT FOR THE NURSING SERVICES
Tuesday, 20 November 1973

To show how management audit can be applied to the nursing service in hospitals, as set out in the report 'Management audit for the nursing services' issued by Doncaster HMC. A number of study days had previously been held in Doncaster on management audit and this conference was for those interested in the subject but who were unable to attend any of them.

III DEVELOPING THE HOSPITAL FROM WITHIN
Wednesday, 28 November 1973

An account of an experiment at Fulbourn Hospital, in which the staff had worked with social scientists from the Tavistock Institute of Human Relations. Their purpose was to discover how far it is possible to develop the capacities of hospital staff,

(a) to investigate the problems of hospital organisation and practice arising in their day-to-day work, and

(b) to use such investigations as a basis for making informed improvements for the benefit of the patients.

Reprint No 861	The Hospital Innovation Project	Health and Social Service Journal 26 January 1974

IV ADMISSION OF PATIENTS TO HOSPITAL
Tuesday, 18 December 1973

An account of the study run by the Fund to focus attention on good practice and described in the King's Fund report 'Admission of patients to hospital' published in the autumn of 1973.

Reprint No 853	Admission of patients to hospital	Health and Social Service Journal 19 January 1974

Fourth Series, 1974/75

I THE VOICE OF THE PATIENT
Thursday, 28 February 1974

The Patients' Committee at the United Manchester Hospitals was established in 1968 with the specific responsibility of reviewing the service as seen by the patient, for the investigation of patients' complaints, and for the creation of suitable channels of communication within the organisation for obtaining patients' opinions following hospital experience.

The conference was an assessment and discussion of the Committee's effectiveness as a 'voice of the patient', its development since 1968, an examination of the information received from patients and the action taken as a consequence, and finally a view of its future role in the light of 1974.

II AREA MANAGEMENT TEAMS IN SINGLE DISTRICT AREAS - Wednesday 22 January 1975

This conference was designed to enable Area Management Team members to consider and share their experience of working in the reorganised National Health Service. Between five and six members of Area Management Teams from ten Single District Areas attended the conference and discussion focussed on the practical problems being encountered by Area Management Teams and on possible solutions. An account of the conference will appear as a King's Fund re-print.

The Future

4. There is an increasing demand for conferences on management topics and especially on problems arising from the reorganisation of the National Health Service. In general the topics most frequently raised by senior staff working in the National Health Service are those concerning relationships between Area Teams of officers and District Management Teams, and also between members of Area Health Authorities and members of Community Health Councils. The Centre has an important role to play in offering facilities for senior staff in the National Health Service to compare notes with others from different parts of the country. Under these circumstances it often becomes possible to assess whether the difficulties being experienced in some sections of the National Health Service are the result of team members having to learn new roles in a new working situation, or because the organisation and structures within which they are working are fundamentally wrong and should therefore be changed.

Some of the themes covered in earlier conferences are still of considerable interest to the Health Service and the Fund has recently made a grant to support one project for a further two years (Developing the Hospital From Within, Third Series, 1973, No.III). A conference to report on the progress made with this project will be held in 1975 or early 1976.

David Downham
Assistant Director
March 1975

PUTTING RESEARCH TO GOOD USE

Origins

1. This project originated some seven years ago, when it was reported to Development Committee in March, 1968 that: 'It is common experience at the Centre to find that many research projects are not even known in hospitals and other health services, let alone understood, and even less applied. This was amply revealed also in the project financed by the Fund to establish a regional information service. The task of applying the results of research in the social sciences is therefore a problem worthy of attention in itself. Unless this is tackled, much of the effort spent in research will continue to run into the sand'. This was also one of the main conclusions which had been reached by the Heyworth Committee on social studies, which had led to the formation of the Social Science Research Council.

2. It was proposed to run a study of the problem, and at its meeting in March, 1968 Development Committee gave approval to this project with a grant of £2,000 for one year from 1st January, 1969. (Minute 68/23).

3. Mr Irfon Roberts, then one of the Assistant Directors of the Centre, was released early in 1969 from most of his normal duties to concentrate on this project, with Miss Rosemary Stewart, of the Oxford Centre for Management Studies, as consultant. From 1st April the team included Miss Rosalind Pinder, a graduate in social science, who had taken part in the project on internal communication in hospitals and subsequently in a study of the attitudes of senior medical staff to their role in hospital management.

Objects

4. The project was to take the form of a survey of selected items of research relating to hospitals and health services. The purpose was to determine what effect they had had and to devise ways of strengthening the impact which research in this field should have on the management of hospitals and other health services.

Progress

5. Steps were first taken to make the project known by such means as letters to hospital authorities and others concerned both in this country and abroad. From the start the response was distinctly encouraging, typical comment being 'It's about time someone looked at what happens to all this research'. The study was run in two phases. First, with the help of the King's Fund College, a pilot study was conducted at eight hospitals, at which a cross section of the staff were asked questions about a dozen or so King's Fund projects. This was completed in May 1969, and an interim report, THC 69/348, presented to Development Committee at the end of the month. This included the comment 'The onus of applying recommendations must rest with hospitals themselves, but they need to draw to full effect on each other's experience, and also to keep the original sponsor of the project informed'. The findings, which confirmed the original impression that the studies were not well known, were used in the preparation of a revised questionnaire for the second phase of the project.

Copies were distributed at the end of August to all teaching hospitals and to six hospital groups in each region in the United Kingdom. In each group a copy was sent to the Chairman of the Medical Committee, the group secretary, and the matron and secretary of one of the hospitals, making a total of about 550 recipients. This survey was completed by the end of October, 1969, with 60% of the questionnaires completed and returned.

6. The statistical information was analysed by computer and separate reports were produced and distributed within the Fund setting out all the answers obtained to each question.

7. The following articles were published:-

THC Reprint No.335	Putting research to good use	Nursing Mirror and Midwives Journal 7th March, 1969
389	You are the change makers	Hospital World October, 1969
392	Research into action	British Hospital Journal 7th November, 1969
506	Putting research findings to use	World Hospitals Vol. 6 No. 4 October, 1970

8. A report, THC 69/740, 'A course of action for the Fund to consider', which gave a summary of conclusions, was completed and submitted to the Fund by the end of November 1969. This was received by Development Committee at its meeting in January, 1970 with the supplementary reports THC 69/732-738 giving all the answers obtained to each question.

Evaluation

9. In its immediate effects, the project itself evidently helped to focus attention on the need to put research to good use, provided some measure of the situation, and showed that the Fund was concerned to know what impact it makes. It was run as 'action research',to use a fashionable term: opportunities were taken in the course of the project itself to make the work of the Fund better known and to encourage action. Some of the consequences of the project are mentioned in the following paragraphs.

10. In March, 1970, a meeting was held within the Fund, with Mr Phalp in the chair, to discuss the steps then to be taken. It was suggested in the report that the Fund should concentrate its efforts on seeing that its recommendations were known and understood, and this seemed to point to the need for improvements in the flow of information within hospitals and groups.

11. The information obtained was made known within the Fund. For example, one of the questions asked was, 'have you any suggestions to make for improving the content or format of King's Fund reports?' A copy of all the answers obtained was given in 1969 to the publications department of the Fund. Among the suggestions offered was the distribution of leaflets and summaries about King's Fund reports.

These suggestions were adopted; leaflets each describing a recent report have been distributed in large numbers, and when the King's Fund report 'Psychiatric Hospitals Viewed by Their Patients' was published in the summer of 1972, a summary of the report was sent to every hospital group in the United Kingdom containing a psychiatric hospital, about 125 in all: please see reports PN 71 and 182 Patients' Satisfaction Studies. The response to its distribution gave good grounds for belief in the value of this means of making the recommendations of a project known to those on whom action depends, and similarly in November, 1973, a summary of the King's Fund report 'Admission of Patients to Hospital' was distributed from the Centre with the quarterly Newsletter: please see report PN 173, Admission of Patients to Hospital. Translations of the summary into French, German and Spanish are in preparation.

12. Questions about management audit had been asked in the survey, and the answers were used at the King's Fund College and at the Centre to give the subject a fresh impetus. Please see report PN 70, Management Audit.

13. Another idea put forward was to hold conferences in the course of projects, rather than on their completion, as a means of maintaining interest and drawing on informed opinion. This idea was successfully tried out for the project on the disposal of human waste, when a conference was held at the Centre in November, 1971: please see report PN 139, Disposal of Human Waste.

14. It was suggested that 'the Fund should consider taking the initiative in bringing together other sponsors of research', and this was put into practice when a meeting for this purpose was held at the Centre on 24th November, 1971 in association with the Science Policy Foundation.

15. An attempt was made to see the problem in its full context from the moment when a project is no more than an idea in somebody's mind until the time when its recommendations have been applied wherever appropriate. This led to a closer examination of the task of selecting and controlling research projects, and in November, 1971 a report, THC 71/689, the Centre and Research, including some recommendations on this subject, was received by Development Committee whioh gave its consent for aotion to be taken along the lines suggested.

16. Since the project began, opportunities have been taken to include aspects of it in conferences and in training courses at the King's Fund College and elsewhere, such as the Queen's Institute of District Nursing, the Department of Health and Social Security, and regional training centres.

17. The idea of making full use of the graphic presentation of research findings was put forward as an integral part of the project and Mr. Roberts was granted a sum of £335 for this purpose by the Kodak Educational and Charitable Grants Committee. A display to illustrate the project itself was put on view at the Centre and at the Queen's Institute of District Nursing. During the past four years or so, the use of slides with recorded commentary has become common practice in exhibitions at the Centre.

18. In the report 'A course of action for the Fund to consider', one of the conclusions was that 'even if the Fund is available for advice and consultation, it is best for the people on the spot to put their own house in order ..... What is needed, apart from specialised advice, is a helping hand to lighten the load on the people on the spot so that they can have the satisfaction of improving things'. It was suggested that, as a means of achieving this, appointments might be made to the administrative staffs of hospitals. The Fund made it possible to put this idea into practice when in March, 1972 it made a grant of £4,500 a year, initially for three years, to St. Thomas's Hospital for the appointment of an Assistant Clerk to the Governors who would provide the administrative link between the services of the hospital and the research undertaken by its Department of Clinical Epidemiology and Social Medicine, and take part in allied activities at the King's Fund College and Centre (MAN. minute 8094).

19. The report suggested that 'there is a common tendency to regard training as quite a separate activity from giving information and advice, each operating in its own watertight compartment ..... Yet surely they are part and parcel of the same task of making people more effective in their work'.

It was therefore suggested that sessions on appropriate King's Fund projects should be included in the training programmes at the College, with exercises and syndicate work based upon them whenever possible. This proposal has recently been taken up afresh on the initiative of the College.

The future

20. When the project itself was completed, there was ample material for publication either as a King's Fund report or as more articles in the professional journals. It seemed best, however, first of all to take some action within the Fund itself in the ways described. Now that the Fund can point to the steps it has itself taken in the light of the project, the time would be more propitious to suggest to others what they for their part might care to do, and the material collected would still be topical and relevant enough for publication.

21. The project has come increasingly to be recognised not so much as one in isolation but rather as bearing on many aspects of the work of the Centre and of the Fund as a whole. There are still several recommendations from the project which have not yet been adopted. It would therefore seem best to continue seeing future action as a merging of this project into the work of the Fund as opportunities occur.

PN 123

Irfon Roberts
Secretary, King's Fund
Emergency Bed Service
formerly Assistant Director
King's Fund Centre

March 1975

CENTRE LUNCH TALKS

Origins

1. The idea of holding Centre Lunch Talks came as a direct result of Mr. Hardie's attendance at some of the New Thinking Lunches, now called New Action Lunches, that the Industrial Society has been arranging for some years. It was felt that it might be worthwhile arranging at the Centre a similar series of lunch-time talks related to the health and social services. As a result, the first Centre Lunch Talk was given on 18 December, 1968, by Mr. John Garnett, Director of the Industrial Society.

Objectives

2. The purpose of each talk has been to invite some distinguished person to speak for half an hour on a topic related to the health and welfare services with the aim of stimulating new thought or action. As often as not, the speaker has come from outside the immediate world of the National Health Service. Again, this choice of speakers has been deliberate: the purpose has been to widen our horizons and to prompt thoughts about ways in which we can change things for the better. Often, too, the talks have given us a chance to see ourselves as others see us - 'us' in this context being those working in statutory and voluntary organisations directly concerned with the health services. At times these insights may not have been too flattering.

Progress

3. The talks have been held about once every 6 weeks since December 1968 and speakers have been drawn from a wide field. A list of the 50 talks given up to March 1975 is attached. A report of every talk has been published in the Health and Social Service Journal and nearly every one has been written by Mr. Leslie Paine, House Governor and Secretary of Bethlem Royal and Maudsley Hospitals. A collection of reports on the first 24 talks is available from the Centre in a booklet "Twenty-four talks", price 25 p.

Evaluation

4. It is of course very difficult to measure the effect of one 30-minutes talk in terms of action taken or results achieved. The talks have proved popular in the sense of often being over-subscribed, and they have generally received good publicity in the professional press. One might reasonably hope that they have helped to draw attention to current problems or innovations, and perhaps to influence the general climate of opinion on some topics. One feature that is worth noting is that by having the talk given before lunch, rather than after, those attending are able to discuss the talk amongst themselves, or with the speaker, over lunch.

The future

5. It is intended to continue arranging talks at intervals of about 6 - 8 weeks.

M.C. Hardie
Director

March, 1975

CENTRE LUNCH TALKS

	Date	Speaker	Talk
1.	18 December 1968	Mr. John Garnett Director The Industrial Society	Achieving high performance in large-scale organisation
2.	22 January 1969	Dr. Bernard Benjamin Director, GLC Research & Intelligence Unit	The Greater London Council's Research and Intelligence Unit
3.	22 March 1969	Mr. Harold Young Director J. Lyons & Co Ltd	Achieving high performance in large scale catering
4.	5 May 1969	Dr. Michael Young Director, Institute of Community Studies	What? and the National Health Service
5.	25 June 1969	Mr. Anthony Steen Director, Young Volunteer Force Foundation	The Young Volunteer
6.	31 July 1969	Mr. George Teeling-Smith Director, Office of Health Economics	Targets for Tomorrow
7.	21 October 1969	Professor W.J.H. Butterfield Guy's Hospital Medical School	Priorities in Health Care
8.	18 December 1969	Mr. Jimmy Savile Disc-jockey and volunteer porter at Leeds General Infirmary	A porter's picture of the hospital
9.	15 January 1970	Miss Rosemary Stewart Fellow, Oxford Centre for Management Studies	The inquiring mind
10.	3 March 1970	Miss Geraldine M. Aves Chairman of the Committee on Voluntary Worker in the Social Services and formerly Chief Welfare Officer at the Ministry of Health	The future of voluntary help in the health and social services
11.	28 April 1970	Mr. John Wren Lewis ICI Research and Development Organisation	The old order changeth
12.	9 June 1970	Sir Bruce Fraser Comptroller and Auditor- General and a former Permanent Secretary of the Ministry of Health	Hospitals and their money

	Date	Speaker	Talk
13.	14 July 1970	Mr. Lewis Waddilove Member, Social Science Research Council	Social science research and the health service
14.	15 September 1970	Mr. Caspar Brook Director, The Family Planning Association	The future of family planning in Britain
15.	27 October 1970	Mr. Paul de Berker Principal Psychologist Civil Service Department and Associate Fellow of Oxford Centre for Management Studies	Motivation of managers
16.	25 November 1970	Professor Stafford Beer President, Operational Research Society	Operational research and the health service
17.	16 December 1970	Mr. Mickey Stewart Captain, Surrey County Cricket Club	SPARKS
18.	27 January 1971	Mr. Frank Field Director, Child Poverty Action Group	Poverty in the welfare state
19.	9 March 1971	Dr. John Roger Ellis Dean, The London Hospital Medical College	Medical education and the future of primary medical care
20.	29 April 1971	Mr. Glyn Picton Vice-Chairman, National Staff Committee	Manpower policy in the health service
21.	10 June 1971	Mr. Christopher Mayhew MP for Woolwich East and Chairman, National Association for Mental Health	An MP looks at mental health
22.	6 July 1971	Professor Thomas McKeown Department of Social Medicine, University of Birmingham	Priorities in health care
23.	5 October 1971	Miss Ann Shearer Free-lance journalist	The press and the professional
24.	16 December 1971	The Rev. Michael Wilson MD Research Fellow, Theology Department, University of Birmingham	The primary task of the hospital

	Date	Speaker	Talk
25.	27 January 1972	Miss S. Quinn Chief Nursing Officer Southampton University HMC	Nurses, patients and management
26.	9 March 1972	Mr. Robin Huws Jones Principal, National Institute for Social Work Training	Doctors and the social services
27.	19 April 1972	Mr. Leslie Wilson Director ASLIB	The information explosion
28.	7 June 1972	Dr. Francis Pigott Member, General Medical Council and President, Junior Hospital Doctors'Association	Priorities in health care
29.	25 July 1972	Mr. Alfred Morris MP	Next steps for the disabled
30.	26 September 1972	Dr. E. Grey-Turner Deputy Secretary, British Medical Association	NHS and EEC
31.	1 November 1972	Dr. Wilfrid Harding Medical Officer of Health London Borough of Camden	The community physician
32.	14 December 1972	Dame Albertine Winner Deputy Medical Director St. Christopher's Hospice	Care for a dying patient and his family
33.	16 January 1973	Mr. Timothy Raison MP	Prospects for employment
34.	14 February 1973	Mr. Maurice Goldsmith Director, Science Policy Foundation	Science policy and health care
35.	4 April 1973	Mr. David Hobman Director Age Concern	Partners in caring
36.	24 May 1973	Dr. Katherine Elliott Assistant Director Ciba Foundation	Meeting world health needs : the doctor and the medical auxiliary

	Date	Speaker	Talk
37.	3 July 1973	Mr. James LeFanu Editor Scope	Priorities in health care
38.	27 September 1973	Mr. Brian Groombridge Head, Education Programme Services Independent Television Authority	Television and the people
39.	1 November 1973	Miss Mary Greaves President, Central London Branch Disablement Income Group	D I G and the disabled
40.	12 December 1973	Dame Elizabeth Ackroyd Director National Innovations Centre	The consumer and the NHS
41.	13 February 1974	Dr. Roger Bannister Chairman The Sports Council	Sport and health
42.	12 March 1974	Dr. A.L. Cochrane President Faculty of Community Medicine	Research into action
43.	1 May 1974	Mr. Alastair Mackie Director-General Health Education Council	Health education - problems and prospects
44	5 June 1974	Dr. Philip Nichols Consultant in Physical Medicine Nuffield Orthopaedic Centre	Rehabilitation in the reorganised NHS
45.	18 July 1974	Miss Muriel Skeet Chief Nursing Officer and Nursing Adviser The British Red Cross Society	Extending the role of the nurse
46.	25 September 1974	Mr Raymond Clarke Secretary Personal Social Services Council	Health services and personal social services policy and practice

	Date	Speaker	Talk
47.	5 November 1974	Miss Claire Rayner Freelance Journalist and Nurse	Priorities in health care
48.	19 December 1974	Dr. Howard Baderman Consultant Physician Accident & Emergency Department University College Hospital	Accident and emergency services
49.	30 January 1975	Dr. Mia Kellmer Pringle Director National Children's Bureau	Targets for child care
50.	19 March 1975	Professor Maurice Backett Department of Community Health University of Nottingham	Auxiliaries - East and West

NHS AND EEC

Origins

1 Between June, 1973, and June, 1974, a series of seminars was held on the health care systems of the countries in the European Economic Community (EEC). The background to the series is that in recent years there has been increasing contact between the King's Fund and various European educational and research centres concerned with health care. The International Hospital Federation, based at the Centre, has done much to initiate and develop these links and with Britain's entry into the Common Market we are likely to become still more closely involved with our colleagues in Europe, particularly if there is eventually to be 'harmonisation' of health and social security systems in the EEC. One has the impression that European countries arereasonablywell-informed about Britain's National Health Service, but that NHS staff in Britain are not so well-informed about health services in Europe.

Objectives

2 To promote better knowledge and understanding of European health services, it was therefore suggested that the Centre might co-operate with the International Hospital Federation in arranging a series of one-day seminars at the Centre during 1973/4 at which English-speaking representatives from EEC countries could talk to invited audiences about the planning and organisation of health services in their respective countries.

3 At its meeting in November 1972 (Minute 72/76) Development Committee agreed to allocate £1,000 towards the cost of arranging these seminars.

Progress

4 Each seminar dealt with the health care system of one country and the audience was multi-disciplinary, consisting of up to 100 staff from the health and social services and voluntary organisations, with an emphasis on staff of the younger generation who are going to have to spend most of their working lives within the EEC framework. At each seminar there were two speakers from each country, one taking the morning session and one the afternoon, with plenty of time allowed for questions and discussion. The speakers also prepared a paper based on their talk, which is now available for sale to those who want copies. A report on each seminar was also published in Health and Social Services Journal. A list of the speakers at each seminar is shown overleaf.

Evaluation and the Future

5 The request for places at the seminars certainly indicated widespread interest in the subject, and the seminars themselves proved to be very lively, with no shortage of questions and comments. To this extent, it does appear that the seminars achieved their objectives of helping to promote better knowledge and understanding of European health services. With the completion of the series of seminars and publication of the seminar reports and speakers' papers, this project is completed. But of course links with our EEC colleagues are being maintained, and ways are being explored to improve the exchange of information on hospital and health service affairs between the countries concerned.

PN 214

M C Hardie
Director
March 1975

NETHERLANDS (5.6.73)

Professor J B Stolte MD DMSA
Professor of Hospital and Health Services Administration
Universities of Nijmegen and Tilburg
and
President of the European Association of Programmes in Hospital and Health Services Administration

Dr J C Burkens MD
Chairman of the National Hospital Institute of the Netherlands
Chairman, Hospitals Committee of the EEC Countries
and
Past President, International Hospital Federation

BELGIUM (25.9.73)

Professor J E Blanpain MD
Professor and Director
Department of Hospital Administration and Medical Care Organisation
Leuven University School of Public Health

Dr P Quaethoven PhD
Senior Research Assistant
Department of Hospital Administration and Medical Care Organisation
Leuven University School of Public Health

FRANCE (14.11.73)

Monsieur J P Dunand
Director
Hopital-Hospice

Monsieur P Aurosseau
Hon Inspector General
L'Assistance Publique a Paris

WEST GERMANY (8.1.74)

Dr S Eichorn
Director
Deutsches Krankenhausinstitut
Dusseldorf

Mr K Keldenich
Departmental Head
Deutsches Krankenhausinstitut
Dusseldorf

ITALY (27.3.74)

Professor Carlo Vetere
Deputy Director General
Social Medicine Services
Ministry of Health, Rome

Professor Raffaele Vannugli
Head of International Relations Div.
Ministry of Health, Rome

DENMARK (30.4.74)

Dr C Toftemark
Deputy Director General
National Health Service
Copenhagen

Mr Jørgen Koch, Dr Jnr
Chief of Hospital Bureau
Ministry of Interior
Copenhagen

IRELAND (6.6.74)

Dr Brendan Hensey
Secretary
Department of Health
Dublin

Mr D Condon
Assistant Secretary
Personnel Division, Dept. of Health
Dublin

COURSE FOR HOSPITAL ADMINISTRATORS FROM OVERSEAS

Origins

1 This course had its origins in the time that Mr Hardie spent as secretary of the Government Medical Department in Bahrain in the Arabian Gulf in 1956 - 58. Part of his work on this 2-year contract was to arrange for further training of Bahraini administrators to enable them to take over responsibility for the administration of the Medical Department. Considerable difficulty was experienced in finding suitable training facilities in England. On his return to England in 1958 to take up an appointment with the King's Fund, Mr Hardie initiated discussions with the King's Fund, British Council, Ministry of Overseas Development and other organisations with a view to arrange a training course for hospital administrators from overseas. Thanks to the support of the King's Fund, and of its College in particular, it was possible to arrange a 12-week course for overseas hospital administrators in 1961, attended by 12 officers from 9 countries. Since then, a similar course has been held each year, and since 1964 the course has been organised under the auspices of the International Hospital Federation (IHF).

Objectives

2 The aim of the course is to provide for senior hospital and health service administrators from overseas further experience and training in administration. The course is designed to provide those who take part with a general background of the origin, introduction and development of the National Health Service in Britain, together with more detailed information and some practical experience of the current organisation and work of the Department of Health and Social Security and hospital and health service authorities. In addition, the course includes sessions on management development and a considerable amount of syndicate work in which members discuss problems, and try to determine solutions, related to the health services in their own countries.

Progress

3 By the end of the fourteenth course in 1974, some 300 administrators from 72 different countries had attended. A fifteenth course has been arranged for 1975. The numbers attending each year vary between 23 - 27. The course consists partly of academic work and partly of attachments to different hospital and health service authorities, as indicated below :

2 weeks introductory sessions at the King's Fund Centre
1 week attachment to the Department of Health and Social Security
1 week attachment to a Regional Health Authority
3 weeks with sessions at the King's Fund Centre interspersed with visits to hospitals and other establishments
2 weeks attachment to hospitals
1 week attachment to the King's Fund College
2 weeks final sessions at the King's Fund Centre

4 For several years up to 1974, Mr Irfon Roberts, Assistant Director at the King's Fund Centre, gave considerable help to the IHF in making the arrangements for the course. In 1974 he left the Centre to become Secretary of the Emergency Bed Service, and Mr David Downham, who replaced him as Assistant Director, undertook to help with the 1975 course. The assistance given by many statutory and voluntary organisations, and by individual lecturers is very much appreciated.

Evaluation

5 For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are vacancies. There are no formal examinations at the end of the course, but comments from members certainly indicate that the course is valuable to them, and modifications to the course are made in the light of suggestions for improvement offered by the members.

Future

6 It is hoped and intended that this course will continue, with the help and support of the British Council, Overseas Development Administration, World Health Organisation and hospital and health service authorities.

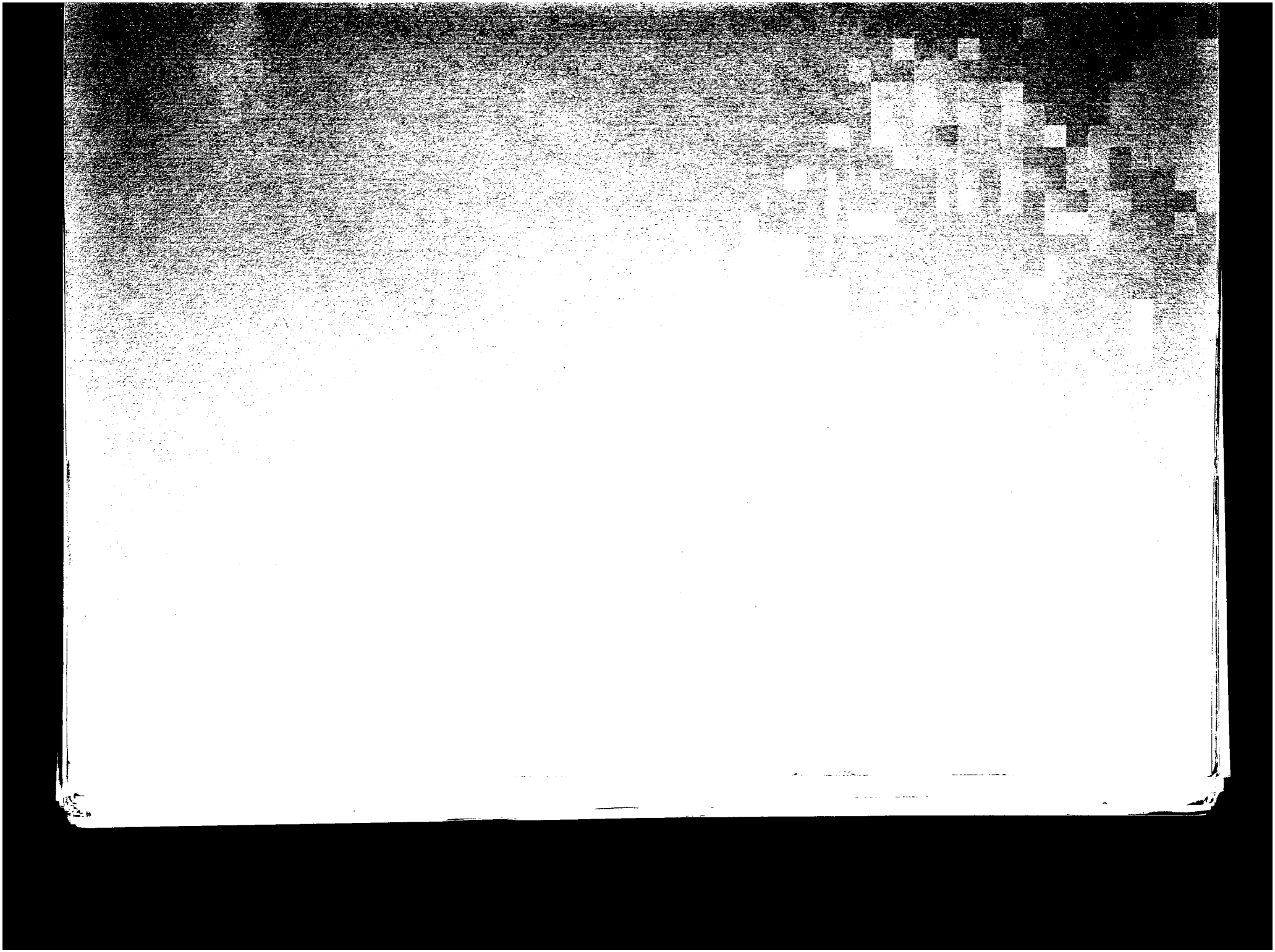
Publications : Overseas Hospital Administration reprinted from World Hospitals, Vol. 6, No. 4, pp. 231-235. 1970. THC Reprint No. 507

Overseas Hospital Administrators' Course, 1972 by Irfon Roberts, reprinted from World Hospitals, Vol. 8, No. 3, pp. 295-8 July, 1972. THC Reprint No. 691

Roberts, Irfon. International Hospital Federation. Course for hospital administrators from overseas, 1973. Hospital International volume 8, number 1, February 1974. pp. 9-20. (KFC Reprint No. 855)

M C Hardie
Director
March 1975

APPENDICES



KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee :

Sir Francis Avery Jones CBE MD FRCP (Chairman)

D.H.D. Burbridge Esq OBE MRCS LRCP DPH

Miss J.F. Carre SRN SCM QN HV

R.T. Clarke Esq OBE MA JP

J. Fry Esq MD FRCS LRCP FRCGP

N.M. Hale Esq

W.G. Harding Esq FRCP FFCM DPH

K.R.Porter Esq MBE FRCP MRCS LDS RCS DPH

Miss Rosemary Stewart PhD MSc(Econ)

G.H. Weston Esq FHA

Miss J.M. Wheeler

March 1975

KING'S FUND RESEARCH COMMITTEE

The following are the members of the King's Fund Research Committee :

Sir George Godber GCB DM FRCP DPH (Chairman)

H. Baderman Esq BSc MRCP

Miss C. Biddulph SRN SCM BTA RTN

J.L.T. Birley Esq BM MRCP DPM

Professor G. Brown BA PhD

Miss Oriole Goldsmith MA FHA

J.T.H. Hadfield Esq BCh FRCS

Sir Francis Avery Jones CBE MD FRCP

R.L. Lindon Esq MRCS LRCP DPH DCH

Professor Ian McColl MS FRCS

W.J. McQuillan Esq MB BCh FFCM DPH DCH LM

D.C. Morrell Esq MRCP MRCS MRCGP

W.E. Randall Esq DFC AFC FCII

Miss Rosemary Stewart PhD MSc(Econ)

P. Westland Esq

March 1975

STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 March 1975 :

Executive and specialist staff (11 staff)

Mr M C Hardie, MA FHA	Director
Mr B Brookes, Dipl Arch RIBA	Assistant director
Miss J B Craig, SRN RSCN	Assistant director
Mr K Morton, BA FHA	Assistant director
Mr D J Downham, MBE DMA FHA	Assistant director (part time)
Mrs M E Aston	Conference secretary
Mr A F J Chidgey	Administrative officer
Mrs H Edwards, SRN	Nursing Officer
Mr D G Ewbank	Designer-draughtsman
Miss M D Hinks, BA FHA	Research Officer
Mr S G Wakeling	Equipment adviser

Library (7 staff)

Mrs J M B White, ALA	Librarian
Mr R G Bennett	Information Officer
Mrs M E Gordon, BA(Hons)	Assistant Librarian
Mr H W J Lord	Official reader
Miss D M Milne NZLA Cert.	Information Assistant
Miss A Nicholls	Library Assistant
Miss J D Vine, BA Dip Ed	Library Assistant

Exhibition (2 staff)

Mrs W M Arnett-Rayson, SRN RFN	Exhibition Officer
Vacant	Secretary

Clerical and secretarial (14 staff)

Mrs J Driver	Receptionist - Telephonist
Miss M O'Donoghue	" "
Mrs R Crawford	Multilith Operator
Miss M Lewis	Cashier/Mailing List and publications clerk
Vacant	Accounts Clerk
Miss R Barnett	Secretary/Shorthand typist
Miss N Fudge	" " "
Mrs E Mitchell	" " "
Mrs A Wong	" " "
Vacant	" " "
Vacant	" " "
Mrs P Bradshaw	Audio/Secretary (Part-time)
Miss L A Glynne	" "
Miss C A Martin	Clerk/Typist

Maintenance (2 staff)

Mr A J Thorne	House engineer/technician
Mr J J Elliott	Porter-Messenger

Catering and domestic (7 staff)

Miss E Kydd, AMIMA	Catering officer
Miss L Wood	Head cook/kitchen supervisor
Miss I Manlow	Cook
Mrs E Milicevic	Catering assistant
Mr J Tyson	Kitchen porter
Mrs J Groves	Waitress (part-time)
Mrs I Vaughan	" "

The cleaning of the Centre is done by contract and there are therefore no cleaning staff on the establishment.

Special projects (7 staff)

Mental handicap project

Mr J R Elliott, MBE FHA	Associate director
Mrs J Rush, SRN Dip Soc	Project officer
Miss A F Whittaker	Project assistant

Other organisations

In addition there are based at the Centre the following organisations :

British Hospitals Export Council	4 staff
Centre on Environment for the Handicapped	3 "
International Hospital Federation	8 "
The Spinal Injuries Association	1 "
Steering Group for National Council for Community Health Councils	3 "

March 1975

RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the Fund's Management Committee for the year to 31 December 1975

Salaries - King's Fund Centre		146,500
Lecture fees		2,500
Wages - Household		11,000
Rents, Rates and Insurance		59,000
Heating and Lighting		5,300
Household - Supplies	3,750	
Repairs and Renewals	750	
Cleaning and Laundry	5,500	10,000
Travel, Subsistence and Miscellaneous		4,500
Office and Tutorial Supplies		9,000
Telephone and Postage		9,000
Office Furniture and Equipment		1,500
Periodicals, Books, etc		3,750
Exhibition Expenses		2,500
Catering - Provisions	12,700	
Bar	1,450	14,150
		278,700
Less - Receipts		
Catering - conference and meal tickets	10,500	
bar receipts	1,200	
Rents, etc	8,500	
Fees, etc Mailing List	150	
BHEC	400	
Volunteer Centre	1,200	21,950
		256,750
DHSS contribution	100,000	100,000
RHA "	30,000	30,000
		126,750

March 1975

CONFERENCES, MEETINGS AND VISITS, 1974

The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the Centre on 23 April, 1963. The attached papers give further information about the conferences and meetings held in 1974 and about the groups of visitors who came to the Centre during the year.

	Working Days	No of Groups	No of People
1963 (Apr-Dec)	170	159	3,790
1964	252	392	9,729
1965	253	441	10,393
1966	251	443	13,475
1967	252	495	12,559
1968	250	437	14,026
1969	255	480	13,904
1970	253	525	16,137
1971	254	546	13,757
1972	250	561	15,416
1973	251	531	13,966
1974	254	591	14,554
Total	2,945	5,601	152,336

Below is shown a broad classification of the groups who made use of the Centre during 1974.

Conferences and meetings organised by the Centre	106
Working parties, committees and projects with which the Centre is directly concerned	64
Groups of nurses visiting the Centre on study days	43
Groups of other staff and students visiting the Centre on study days	59
Groups of overseas visitors	41
International Hospital Federation overseas course on sessions at the Centre	40
Other organisations using the facilities of the Centre for their own purposes	236
Total	591

Overleaf there is shown a list of groups visiting the Centre during a typical month. Detailed figures have not been recorded for individual visitors, but there have been about 3,000 in each full year.

Conferences, meetings and visits: April 1974

Date	Time	Organisation	Number
1	10.30	CEH Seminar - Social Services & Architecture	19
	3.00	St. Thomas' Hospital Nurses	6
2	10.30	CEH Seminar - Improving Hospital Buildings	24
	1.30	Medispa Society	6
	2.30	Central Middlesex Hospital Nurses	15
3	10.00	Induction Day for Voluntary Help Organisers	15
	10.00	Association for the Study of Medical Education Conference - Problem Oriented Medical Records	87
	10.30	University College Hospital Nurses	9
	2.30	Royal Free Hospital Nurses	19
4	10.00	Mental Handicap - The Abnormal Offender	15
	11.00	Dycem Holdfast Products Press Release & Demonstration	24
	3.00	Westminster Hospital Nurses	8
5	10.00	Swedish Occupational Therapy Students	38
	10.00	Association of Occupational Therapists Executive Committee	12
	10.30	Royal College of Nursing Ward Sisters and Charge Nurse Students	10
	2.30	Royal College of Nursing Ward Sisters and Charge Nurse Students	9
8	9.30	Overseas Course	26
	10.30	Shirley Institute Clothing Project	6
	2.00	Clothing Catalogue Working Party	4
	4.00	Ward Activity & Learning	8
9	9.30	Overseas Course	26
	11.00	Institute of Operating Theatre Technicians	7
	4.00	Overseas Course and representatives of Board of Governors	35
10	9.15	General Dental Council Course - Law & Ethics for Dentists	55
	9.30	Overseas Course	26
	2.30	Royal Free Hospital Nurses	15
11	9.30	Overseas Course	26
17	9.30	Lambeth, Southwark & Lewisham AHA Selection Committee	7
	10.00	Geriatric Care Association Conference - Living Dangerously in Old Age	102
	11.00	Participation by Residents Planning Meeting	4
	5.00	Disabled Living Foundation Press Reception	30
18	2.00	Enfield & Haringey Area Health Authority Selection Committee	7
19	1.30	Joint Committee on Mobility for the Disabled	20
	2.00	Association of Hospital Secretaries	12
	2.30	British Association of Social Workers Special Interest Renal Group	18
22	10.00	Alcoholic Units Discussion Group	36
	5.00	Volunteer Centre Training Working Group	10
23	12.45	Orientation Working Party	10
	2.00	Greater London Home Help Organisers	72
	2.15	Medispa Society	12
24	2.30	Nursing Sub-Committee	8
	5.15	Society for the Advancement of Medical Engineering	25
25	10.00	Volunteer Centre Training Seminar	16
	10.00	Mental Handicap - Further Education	10
	3.00	Visitors from Belgium	15
26	10.00	Association of Occupational Therapists	12
	9.00	International Hospital Federation Executive Committee	18
27	9.00	International Hospital Federation Executive Committee	18
29	10.00	Participation by the Mentally Handicapped	48
30	10.30	Seminar : NHS & EEC - Denmark	70
	4.00	Overseas Course and representatives of Area Health Authorities	38
	5.00	CEH Advisory Council	12

(52 groups - 1180 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1974:

Large conferences

Geriatrics

Art for the Elderly
Home for the Weekend
Patients as People

Mental Handicap

New Ideas in Staff Training
Participation by Residents
The View of the Nurse
Toy Workshop
Workshop on the Employment of the Mentally Handicapped

NHS & EEC

Denmark
Eire
Germany
Italy

Nursing

An Approach to Nurses' Retirement
Counselling for Nurses Working in the NHS
Nurses Reporting on Patients
Nurses Attitudes to Patients
Nursing & other Organisations
Occupational Health & Counselling
Ward Activity & Learning

Other topics

Admission of Patients to Hospital
Australian Health Services
Birth Control and the Reorganised NHS
Caring & Communication
Developing Pattern of Care in General Practice
Drug Administration and Control Systems
Drug Dependency - Progress & Problems in London
Fire Symposium
House Journals
Just an Ordinary Patient

Other topics (continued)

Language Barrier
Medical Use of Hospital Grounds
Priorities for the Caring Professions
Problem Drinking in The Community
Psychogeriatric Study Days
Psychiatric Units attached to General Hospitals
The Voice of the Patient
Violence in Marriage

Centre Lunch Talks

Accident and Emergency Services - Dr. Howard Baderman
Extending the Role of the Nurse - Miss Muriel Skeet
Health Education Problems & Prospects - Mr. A.C.L. Mackie
Health Services & Personal Social Services : Policy & Practice - Mr. R. Clarke
Priorities in Health Care - Miss Claire Rayner
Rehabilitation in the Reorganised NHS - Dr. P.J.R. Nichols
Research into Action - Dr. A.L. Cochrane
Sport & Health - Dr. Roger Bannister

Small meetings

Action Learning	
Alcoholic Units Discussion Group	2 meetings
APMH	9 meetings
Art for the Elderly	
Care for the Elderly	
Caring for Sick or Handicapped Children at home	2 meetings
Clothing Catalogue	
Counselling for Nurses Planning Committee	
Drug Dependency Discussion Group	2 meetings
EEC Seminar Planning Meeting	
Evaluation of Health Centres	
Exchange Visits - Standards of Patient Care	
Exeter Nursing Audit	
Home Care Planning Meeting	
Hospital Planning Seminar	
Induction Day for Voluntary Help Organisers	5 meetings
In-service Training Working Party	
Long Term Care Working Party	
Management of Health Centres	
Medical Recording Foundation Library Steering Committee	
Medical Recording Service	
Medical secretaries and receptionists in hospitals and general practice	4 meetings
Mental Handicap Adult Education	2 meetings
Mental Handicap Further Education	4 meetings
Mental Handicap Participation	6 meetings
Mental Handicap The Abnormal Offender	2 meetings
	2 meetings

Small meetings (continued)

NISW/VHO Training Project	2 meetings
Nursing and other organisations	
Nurses reporting on patients	3 meetings
Nursing sub-committee	4 meetings
Organisers of Nurse Tutor Courses	
Orientation working party	6 meetings
Patients are Individuals	5 meetings
Patient Nurse Dependency working party	
Patient satisfaction studies project committee	
Priorities for the Caring Professions	
Professional Organisations	
Psychiatric Units attached to General Hospitals	
Shirley Institute Clothing Project	
The New Health Service 1974	
Use of the Geriatric Day Hospital	
Ward Activity & Learning	

Groups of overseas visitors

Algeria
Australia
Belgium (2 groups)
Brazil
Canada
Denmark
Egypt
France
Iceland
Indonesia
Iran
Italy (2 groups)
Japan (7 groups)
Jugoslavia
New Zealand
Nigeria
Portugal
Spain
Sweden (2 groups)
Thailand
UNICEF/WHO Paediatricians
USA (4 groups)
USSR
West Berlin

The 1974 course for hospital administrators from overseas (25 members from 16 countries) attended 40 half-day sessions at the Centre.

Groups of nurses

The following groups of nurses visited the Centre on study-days to see the exhibition and learn about the activities of the Centre:

Central Middlesex Hospital
Eastern Hospital
Farnborough General Hospital
Friern Hospital
Hackney Group of Hospitals
Hammersmith Hospital
Health Visitors Association Course for School Nurses
Hertfordshire Community Nursing Services
London Hospital
Manor Hospital
Middlesex Hospital
Mid Wales Hospital
Moorfields Eye Hospital
National Hospital
Northwick Park Hospital
Royal College of Nursing
Royal Free Hospital
Royal West County Hospital
St. Giles Hospital
St. Mary's Hospital
St. Thomas' Hospital
Sutton Hospital
University College Hospital
Westminster Hospital

Groups of other staff and students from:

Brixton College of Further Education
Chartered Society of Physiotherapy
Chiswick Hogarth Nursery School
Derby Occupational Therapy School
EEC Administrative Students
Holy Cross Convent, New Malden
Institute of Education
King's Fund College Administrative Trainees
London Borough of Newnham Social Workers
Manchester Polytechnic Library School
Midwife Teachers Training College
Newcastle upon Tyne Polytechnic Library School
North West Thames RHA Health Service Administrative Trainees
Polytechnic of North London
Polytechnic of the South Bank
Postgraduate Medical Federation
QARANC Officers
Regional Hospital Board Librarians
St. Martin's School, Tulse Hill
Tolworth Girls School
West London College of Librarianship

Press conferences

Disabled Living Foundation - Report by Patricia Dobson : 'Management of Incontinence in the Home'

Pergamon Press Ltd. - Publication by Stanley S. Segal : 'No Child is Ineducable'

Priory Press Ltd./The National Association for the Welfare of Children in Hospital - Publication by Ann Hales-Tooke, MA : 'Children in Hospital, The Parents' View'

Receptions

British Hospitals Export Council - Hospital Planners from Overseas
Centre on Environment for the Handicapped - Exhibition 'Building for Handicapped People
Department of Health & Social Security - IEC Working Groups
Multimedia Resource Centres Exhibition
Overseas Course
Paintings in Hospital

Outside organisations using the King's Fund Centre for their own meetings

Age Concern
Area Supplies Officers
Association of Charity Officers
Association of Chartered Physiotherapists in Industry
Association of Health Service Treasurers
Association of Home Dialysis Administrators
Association of Hospital Management Committees
Association of Hospital Secretaries
Association of Medical Records Officers
Association of Occupational Therapists
Association of Sterile Supply Administrators
Association for Health Service Personnel
Association for the Study of Medical Education
Avon Medicals
Bliss Classification Association
British Association of Social Workers
British Hospitals Export Council
British Red Cross Society
British United Provident Association
Camera Talks Ltd.
Campaign for the Mentally Handicapped
Central Sterilising Club
Centre on Environment for the Handicapped
Chartered Society of Physiotherapy
Churches' Council on Gambling
Council for the Education & Training of Health Visitors
Council of Institute for Subnormality
Cruse Organisation
Department of Health & Social Security
Disabled Living Foundation
Enfield & Haringey Area Health Authority
Family Fund
Family Service Units
Federation of Mental Health Workers
General Dental Council
Geriatric Care Association
Greater London Home Help Organisers
Guild of Health Education Officers
Handcrafts Advisory Association for the Disabled
Health Education Council
Hospital Domestic Administrators Association
Institute of Hospital Engineering
Institute of Operating Theatre Technicians
Institute of Work Study Practitioners
International Hospital Federation
Joint Committee on Mobility for the Disabled
Kensington & Chelsea & Westminster Area Health Authority
Lambeth, Southwark & Lewisham Area Health Authority
London Council of Social Service
London Medical Group
London Social Services Research Group

Outside organisations (continued)

Management Services Officers
Medical Supply Association Ltd.
Medispa Society
MIND
National Association of Hospital Head Porters
National Association of Industrial Therapy Managers
National Association of Leagues of Hospital Friends
National Association of Teachers of the Mentally Handicapped
National Council of Social Service
National Council for the Care of Old People
National Council of Home Economics
National Institute of Social Work
National Staff Committee for Administrative & Clerical Staff
Noise Abatement Society
North East Metropolitan Regional Hospital Board
Office of Health Economics
Oxfam Medical Group
Pathology Management Group
Personal Social Services Council
Polytechnic of North London
Polytechnic of the South Bank
Ravenswood Circle
Regional Supplies Officers
Royal College of Nursing
Royal Society of Health
Science Policy Foundation
Society for Long Range Planning
Society for the Advancement of Medical Engineering
South East College of Speech Therapists
South East Thames Regional Health Authority
Specialist Careers Officers for the Handicapped
Spinal Injuries Association
Surrey Area Health Authority
Teaching Area Treasurers
Tele-Signal Ltd.
Training Project Officers
Volunteer Centre
Wessex Regional Health Authority
Westminster Hospital Teaching Group
Whitley Council (Nurses & Midwives)
Winged Fellowship Trust
Young Volunteer Force
Zambette Electronics Ltd.

EXHIBITIONS

Origins

1 Before the Centre opened in 1963 there were few facilities for exhibitions to show new ideas and trends, or materials and equipment, related to the planning and management of hospitals. During the early years the displays aimed at helping specific groups of people concerned with designing new or up-graded hospital buildings or with selecting furniture or equipment for them.

Purpose

2 The aim of the exhibitions is to demonstrate and display new ideas and trends, new materials and equipment, relating to the planning and management of health and social services.

Progress

3 In recent years there has been a change in emphasis in the Centre's policy on exhibitions. Greater attention is now paid to dealing with concepts and ideas about wider issues in the health and social services. These thematic exhibitions are usually arranged in conjunction with conferences at the Centre. To reach a wider audience some exhibitions include audio-visual programmes which are then made available for loan, details of which may be obtained from the Exhibition Officer. Exhibition themes covered in the period 1963-1973 are shown in Appendix attached.

Evaluation

4 Evaluation of exhibitions is very difficult. For some exhibitions, visitors have been invited to complete and return questionnaires. These have indicated a fair measure of interest in the exhibitions and expressions of help gained from them, as well as useful critical comments for the future. Otherwise one can judge by talking and discussing with the visitors what they have gained by their visit, and by requests for help in planning further exhibitions, or for the loan of audio-visual programmes. During the last year the following topics have been displayed at the Centre:

Aids to Independent Mobility

1 This Exhibition displayed a selection of equipment designed to aid disabled people to maintain independence in mobility from getting up in the morning to the time they retired to bed at night. Items of equipment designed for mobility are varied and this exhibition though small and limited was a useful source of information to those concerned with the care of the disabled person.

A Road to Recovery

2 In co-operation with the Chartered Society of Physiotherapy this exhibition was designed to show people in the Health & Social Services something of the work of the physiotherapist in hospital and the community, and to show how the important work of rehabilitation by the physiotherapist related to other members of the health team involved in the care of the patient. The exhibition showed some of the types of equipment

that is used in physiotherapy departments and illustrated some of the situations in which they worked. An audio visual programme showed in greater depth the care and treatment given by the physiotherapist in hospital and homes to the patient. The programme is now in use as a teaching aid.

Building for Handicapped People

3 This exhibition was mounted with collaboration from the Centre for Environment for the handicapped, as a contribution to the debate on how best to help handicapped people to cope with the world. It showed examples with plans and models a little of what is being done in improving the environment of the disabled person. It was also aimed to help architects and planners to shape the kind of world which disabled persons would like to see.

Multimedia Resource Centres

4 The primary aim of this exhibition was to focus attention on the usefulness of multi media learning resources within the health services education and training establishments. A whole new spectrum of learning methods and aids have been developed in recent times enabling a more efficient and economic communication to large audiences and small groups. In devising this exhibition a display of various types of learning media were selected, and it also demonstrated a suggestion of the physical organisation required to administer a multimedia learning centre. A central library being the bank for all learning aids in audio visual forms. Areas for self learning carrells and tutor/lecture space, with back up areas for graphic and photographic illustrations and video tape recording units.

The Future

5 The move in 1976 into a new Centre with no space specially set aside for exhibitions will produce a change in emphasis in our exhibition policy. Because both space and time will be at a premium more topics that would hitherto have been treated as graphic displays are likely to be considered as audio-visual programmes. This change in medium should accelerate our practic of, whenever possible, designing exhibitions to be lent out to wider audiences. The change in method should also give us the opportunity to treat subjects which would have been difficult to exploit adequately in more traditional display media.

Mrs. W.M. Arnett-Rayson
Exhibition Officer

March 1975

King Edward's Hospital Fund for London

King's Fund Centre

INVESTIGATIONS AND RESEARCH

The following is a list of the main studies sponsored by the King's Fund in recent years, classified under a number of broad headings:

CATERING ADVISORY SERVICE PROJECTS

Catering for staff	Journal report: British Hospital Journal, Sep.'67
Crockery washing	King's Fund Report, 1967
Disposable tableware	King's Fund Report, 1964
Frozen foods	Completed
G anymede tray service in hospital	King's Fund Report, 1966
Hot-air circulation ovens	King's Fund Report, 1968
Modern British hospital catering	Journal report: Hospital Management, Dec.'68
Peripheral finishing kitchen	King's Fund Report, 1967
Regethermic food service	Completed
Stellex tray service	King's Fund Report, 1968
Twin-tray service	King's Fund Report, 1967

DOMESTIC SERVICES

Central vacuum cleaning	King's Fund Report, 1966
Filmstrips on cleaning	
i) bed area	Filmstrips issued, 1966
ii) sanitary annexes	Filmstrips issued, 1967
iii) ward kitchen	Filmstrips issued, 1968
Flooring and floor maintenance	Journal reports:
i) floor seals in hospital wards	The Hospital, Feb 1961
ii) floor maintenance in hospital wards	The Hospital, Aug 1962
iv) flooring for geriatric wards	The Hospital, Feb 1963
Survey of hospital domestic services	Report published by Hospital Domestic Administrators Association, 1968
Toilet cleaning service	King's Fund Report, 1963
Training of head porters	Training scheme in progress King's Fund Report, 1963
Ward housekeeping services	Journal reports: Nursing Times, July 1963, Nov. 1964, May 1966, The Hospital, Nov'66 British Hospital Journal, Dec 1967 The Hospital, Jan 1968 Hospital Management, Mar/Apr '70 (supplement)

EQUIPMENT

Bed elevators	Hospital Centre memorandum, 1964
Bursary in design of hospital equipment	Journal report

Royal Society of Arts: 1st competition '67-'68	British Hospital Journal, May 1968
2nd competition '68-'69	June 1970
Design of hospital bedsteads	King's Fund Report, 1967
	Journal reports: Nursing Times, May 1966
	Hospital Management, May 1967
	British Hospital Journal, May & June 1967
	Hospital Management, Nov 1967
	Bedsteads now in commercial production
Carpeting in patients' rooms	Completed
Disposable goods in hospitals	Journal reports:
	Interim report, The Hospital, Feb 1964
	Final report, The Hospital, May 1965
	Hospital Centre memorandum/schedule, 196
Equipment for the disabled	Journal reports: British Hospital Journal
	Jan 1968, Apr 1969, Mar 1970, Apr 1970
Linen trolley exchange service	Journal report: Hospital Management, Apr '
Medicine Trolley design	Journal report: Nursing Times, Nov 1963
Plastic foam mattresses	In commercial production
St Peter's boat	In commercial production
Urine drainage bags	In commercial production
Chair for hemiplegic patients	In progress

GENERAL PRACTICE

Admissions and doctors enquiry service	Journal report: The Hospital, Aug 1963
Emergency admissions (EBS red warning)	King's Fund Report, 1968
General Practitioners - involvement in hospital care	In progress
Kentish Town health centre: seminar room and library	
Relationship of GPs to hospitals	King's Fund Report, 1963
Radio-communication systems for GPs	In regular use
Health centres directory	King's Fund Report, 1971, Directory publish 1972
Secretarial/reception staff from hospitals and general practice	In progress

INFORMATION SERVICES

Libraries and medical centres	In progress
Bliss classification system	In progress
Hospital library services	King's Fund Report, 1959
Hospital Centre library	Journal report: The Hospital, Apr 1967
Information service for the disabled	Service established
Glossary of hospital planning terms	British Hospital Journal, Oct 1971
Management research and information services	Journal report: The Hospital, May 1967
Design for the handicapped - information	Service established
British health centres directory	Published 1973
Bibliography of Nursing Literature	In progress
NHS Classified Filing System	In progress
Health Care & Technology publications	In progress

MANAGEMENT

Putting research to good use	Nursing Mirror, March 1969 Hospital World, Oct 1969 British Hospital Journal, Nov 1969
Consultant's role in hospital management	Completed: Journal report: The Medical Officer, Feb 1971
Forward manpower planning	Journal report: Nursing Mirror, Mar 1969
Joint consultation in hospitals	King's Fund Report, 1969
Management accounting	The Hospital, Oct 1970
Management audit	King's Fund Report, 1969
Management by objectives in a psychiatric hospital	Journal report: Nursing Times, May 1968
Management research: appointment of social scientist	Completed
Personnel function in a large hospital group	Completed
Productivity and training	King's Fund Report, 1969
The shape of hospital management in 1980?	King's Fund Report, 1967
Effective communication for the senior executive	Completed. Journal report: The Hospital, May 1971
Organisation of psychogeriatric services	In progress
Public relations in the NHS	In progress
Integration of health services	Completed
Development of indicies of effectiveness of patient care	In progress

NURSING

Attitudes of staff to patient care	Progress reports, 1969, 1970, 1971
Brochures for schools of nursing	King's Fund Report, 1965
Completion rate of nurses in training	In progress
Implementation of nursing research	In progress. Journal reports: Nursing Times, Feb and Mar 1969 Hospital Centre Report, Oct 1970
Nurse training - St Thomas' Hospital	In progress
Nurse tutors - survey	King's Fund Report, 1968
Nursing establishments	Joint report with Rcn, 1966
Nursing organisation - Charing Cross Hospital	In progress
Nursing organisation - Middlesex Hospital	In progress
Nursing administration: office accommodation	Journal report: Nursing Times, Oct 1968
Prevention of bedsores	Nursing Times, Nov 1970, Apr 1971
Programme learning	Programmes published, 1967
Planned allocation for student nurses	Journal report: Nursing Times, Apr 1968 King's Fund Manual 1971
Student nurse assessment by progress reports	King's Fund Reports, '66, '68, Manual '72 Nursing Times, July 1969
Systems analysis of nurses' record procedures	In progress
Teaching aids: assessment of needs in pupil nurse training schools	In commercial production
Video-tape for nursing training	Report by St Bartholomew's Hospital, 1968 Nursing Times, Jan 1970
Return to nursing - survey of potential resources	Completed
Nurse-patient dependency	Project paper, 1973
Incontinence in the home	In progress

Role of the health visitor	Completed
Directory of schools of nursing	Published 1972, '73
Orientation for overseas student nurses	Project Paper, 1974

PATIENTS' WELFARE & VOLUNTARY SERVICES

Art for elderly long-stay patients	Completed
Appointment of organiser of hospital and community voluntary services	Journal report: Mental Health, winter 1968
Background music in hospitals	Journal report: Hospital and Health Management, July 1962
Hospital chaplains	King's Fund Report, 1966
Hospital visiting	King's Fund Report, 1960
Information booklets for patients	King's Fund Report, 1962
Information service on voluntary help	In progress
Noise control in hospitals	King's Fund Reports, 1958, 1960, Project Paper, 1974
Paid organisers of voluntary services - survey	King's Fund Report, 1968, Manual 1971
Patients and their hospitals	Tape-recording issued, 1966
Patients' satisfaction study	King's Fund Reports, 1969, 1971, 1972
Reference manual for voluntary help organisers	King's Fund Report, 1971
Regional organiser of voluntary services	Completed
Use of volunteers	Filmstrips issued, 1967
Young volunteers in mental health	In progress. Journal report: Mental Health, Spring 1968
Caring for children in hospital	Project paper, 1974
Client response to social work	In progress
Voluntary work in hospitals - film	Issued by Women's Royal Voluntary Service, '
Social responsibility Centre	Journal report: Nursing Times, July'70
Clothing for the long-stay and handicapped patient	Catalogue published 1972, '73
Care for the elderly (Exeter)	In progress
Young volunteers in community care	In progress
Volunteers and social workers	In progress
Clothing and dressing of handicapped people	In progress
The language barrier	In progress
Social needs of long stay patients	In progress
Art Room for Long stay patients	Completed

PLANNING

Addiction units - design	King's Fund Report, 1972
Commissioning of new hospitals	King's Fund Report, 1966
Description of new hospitals-Phase 1	King's Fund Report, 1968
Evaluating new hospital buildings	King's Fund Report, 1969
Evaluation of Addenbrookes' and Royal Marsden Hospitals	King's Fund Report, 1967
Evaluation of New Guy's House	King's Fund Report, 1963
Guy's Hospital: survey of outpatients	Journal reports: Medical Care, Apr/Jun '66
Health services planning research	Completed
Hospital traffic and supply problems	King's Fund Report, 1969
Integration of health services	Completed. Centre reports, 1973
Landscape architecture of new hospitals	King's Fund Report, 1967

Opening ceremonies and official visits	Journal report: Hospital Management, Sep/Oct 1963
Outdoor overhead heating	Hospital Centre memorandum, 1967, 1970
Royal Victoria Hospital, Belfast: survey and evaluation of outpatient department	King's Fund Reports, 1967, 1970
Wall finishes in a central sterile supply dept	Hospital Centre memorandum, 1967
Ward conversion: partitioning	Journal report: Hospital Management, Aug '66
X-ray departments - function and design	Journal report: Radiography, Jan/Oct '68
Hospital research and briefing problems	King's Fund Report, 1971
Planning information	In progress
Evaluation of health centres	Project paper 1973
Five-day rehabilitation for geriatric patients	Completed
Admission of patients to hospital	King's Fund Report, 1973

PSYCHIATRIC SERVICES

Co-ordination of services for the mentally handicapped	Completed
Industrial therapy in psychiatric hospitals	King's Fund Reports, 1968, 1969 and 1970
Role of psychiatric social workers in hospitals	In progress
Young volunteers in mental health	Journal report: Mental Health, spring 1968
Client response to social work in a psychiatric hospital	In progress
Case aides in a psychiatric hospital	In progress
Handbook for parents of handicapped children	In progress
Hymnbook for the mentally handicapped	Published 1974
Physiotherapy for the mentally handicapped	
Group home for the mentally handicapped	In progress
Preparing Volunteers for mental health services	In progress

STAFF ORGANISATION & WELFARE

Changing accommodation for non-resident staff	Journal report: Hospital Management, 1965
Communication flow in hospitals	Completed
Hospital house journals	Journal report: The Hospital, Project Paper, 1974
	Oct 1966
Hospital internal communications	Reports published
	Journal reports:
	British Hospital Journal, Dec 1964
	British Medical Journal, Dec 1964
	The Lancet, Nov 1965
	Nursing Times, May '66, July '67, Mar '68
Occupational health of hospital staff	Journal report: The Hospital, Mar 1968
Residential accommodation for staff	Completed
Supervision of nurses' health	King's Fund Report, 1963
Social centres and recreation halls	Journal report: Hospital Management, May '66
Staff suggestion schemes	Journal report: British Hospital Journal, May '67
Staff job satisfaction	Completed. Project Paper 1974
"Shop window" staff	In progress, Manual 1973
	Journal report: The Hospital, Jan 1971
Return to nursing - survey of potential resources	Completed
The language barrier	In progress - Language training course for laundry staff 1974, Domestic Staff 1975
	Project Paper (Nurse Trainee 1974) Assessment test for overseas ancillary staff 1973
In-service training for staff in hospitals for mentally handicapped	In progress

OTHER STUDIES

Adolescent counselling	In progress
Control of infection: role of control of infection officer	Completed
Co-ordination of health services	King's Fund Report, 1968
Cost of provisions	Journal report: Hospital Service Finance, July
Dietary of elderly women living alone	King's Fund Reports, 1965, 1970
Drugs in small hospitals	King's Fund Report, 1968
	Journal report: Nursing Times, Aug '70
Films for hospitals	King's Fund Report, 1961
Geriatric day hospitals - survey	King's Fund Report, 1970
Hospital pathology laboratories - management and equipment	Completed
Human waste disposal	In progress
Improving care for the elderly	Hospital Centre Report, 1970
King's Fund essay competition	First competition, 1967
	Journal reports: The Hospital, Jan 1967
	Hospital Management, Jan 1967
	Nursing Times, Mar 1967
	British Hospital Journal, Feb, Aug '67
King's Fund essay - second competition	British Medical Journal, June, Aug '69
Mechanised report production	Completed
Medication system for psychiatric hospitals	King's Fund Report, 1973
Nutrition of housebound old people	King's Fund Report, 1973
Prescribing and use of drugs	King's Fund Report
Shortage of dietitians	King's Fund Report, 1960
Terminal care and the relief of pain	In progress
Meals for the elderly	King's Fund Report, 1971
Student liason officer for mental health	In progress
Co-operation between health and social service departments	In progress
Role of the social worker in the health care team	
fire regulations and the disabled	In progress
Films on drug-taking	Completed
Occupational Therapy Degree Course	In progress

ORGANISATIONS HELPED BY KING'S FUND CENTRE

Association of Professions for the Mentally Handicapped
Centre on Environment for the Handicapped
Colostomy Welfare Group
Combat Huntington's Cholera
Drug Dependency Discussion Group
Hospital Domestic Administrators' Association
Institute for Mental Subnormality
National Association of Health Students
National Association of Industrial Therapy Managers
National Association of Voluntary Help Organisers
Spinal Injuries Association
Toy Libraries Association
Volunteer Centre

RESEARCH - ALLOCATION OF FUNDS

For 1974 the King's Fund had approx £250,000 available for distribution for research and development projects. By comparison, the Department of Health had available approximately £18 million for 1974/5 for research and development in the health and welfare services, as indicated below:

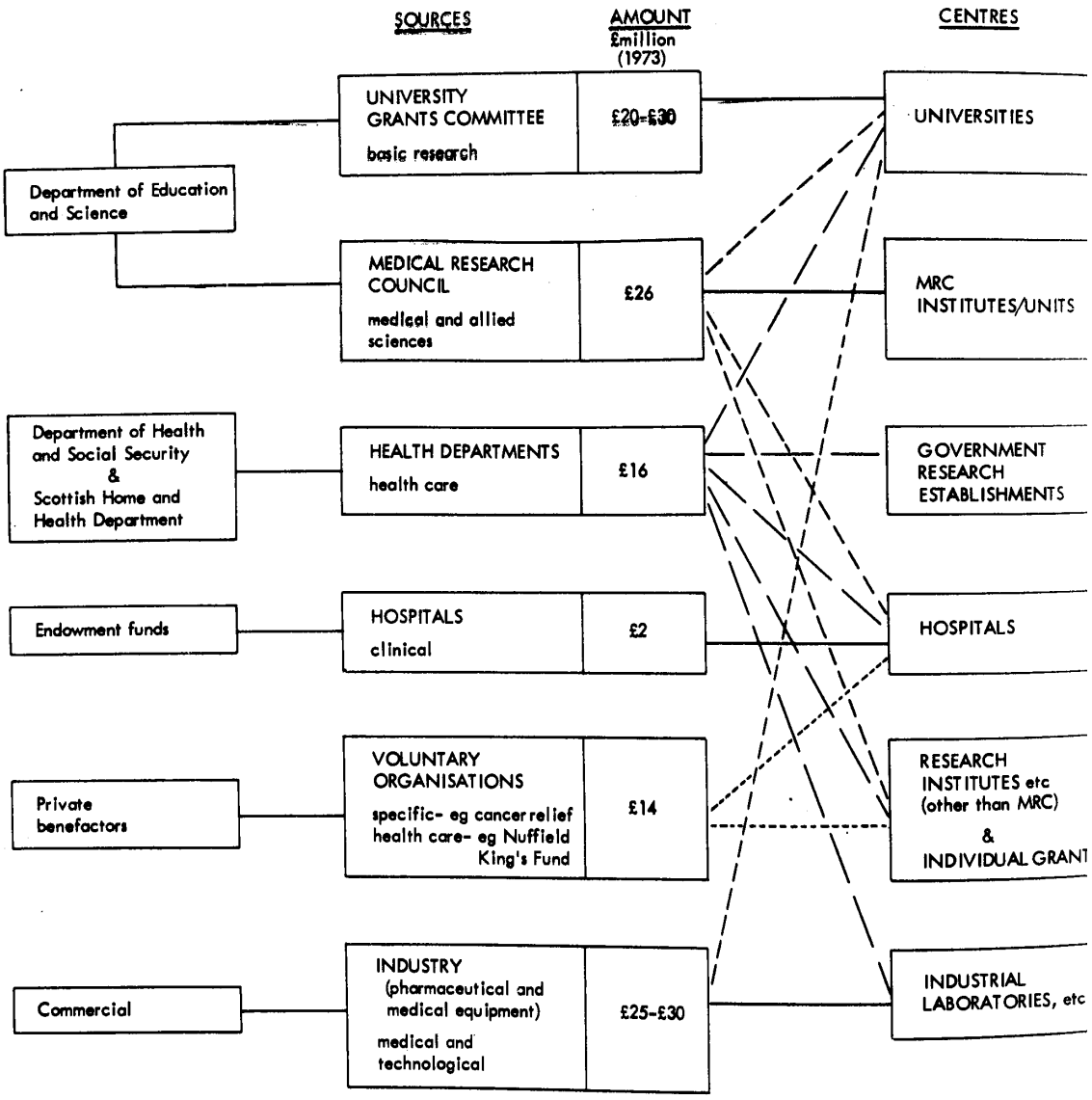
	1969/70	1970/1	1971/2	1973/4	1974/5
		£million			
1. Support for research in public health including nutrition	.2	.2	.4	.5	.7
2. Locally organised research scheme	.75	.8	.9	1.3	1.3
3. Research in medical and health care, social and long term care, and organisation and manage -ment	.8	1.1	1.8	2.7	3.7
4. Special Medical Developments	.95	1.1	.9	1.9	1.9
5. Commissioned Research - MRC transferred funds	-	-	-	3.0	4.6
6. R and D into equipment, supplies and appliances	1.0	1.4	1.5	1.9	1.8
7. R and D in building and engineering	.25	.7	.6	.9	.8
8. NHS computer applications	-	-	-	3.7	3.2
	4.0	5.25	9.0	£15.9m	£18.0m

From 1 April 1973 a part of the funds provided for the MRC became the responsibility of DHSS to help meet the cost of commissioned research (Cmnd 5046). These figures relate to extramural research and do not include the salaries of departmental staff engaged on the planning and administration of research.

RESEARCH & DEVELOPMENT

About £120 million was spent on medical and health care research and development in 1973 by government, industry and voluntary organisations

Funds for research come from a variety of different public and private organisations. There is no one single source of information, and the figures shown below can therefore be considered only as rough estimates



KING'S FUND PUBLICATIONS

The following King's Fund publications can be obtained from Research Publication Services Ltd, whose address is shown at the bottom of this page. All prices include free postage in the UK.

Title	Price	No. of Copies	£ Total
Accounting for health	£1.25		
Admission of patients to hospital	£1.50		
Alcohol and drug dependence	£1.50		
Allocation	80p		
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1973 supplement	£2.50		
COGSTATS	£1.75		
Contract and pay questions in industrial therapy units	70p		
Directory of convalescent homes	50p		
Evaluating new hospital buildings	£1.17		
Geriatric day hospital, The	£1.50		
Hospital description: Wycombe General Hospital	87p		
Industrial relations in hospital - checklist	45p		
Just an ordinary patient	£1.30		
King's Fund housestyle	25p		
Landscape architecture for new hospitals	87p		
Longitudinal study of the dietary of elderly women (with first report, Investigation into the dietary of elderly women living alone)	50p		
Meals for the elderly	80p		
Nutrition of housebound old people	£1.00		
Patients and their hospitals	£1.00		
Psychiatric hospitals viewed by their patients	£1.00		
Reducing the odds	30p		
Resources in medicine	90p		
Room for improvement	50p		
Spotlight on shop window staff	50p		
Volunteers in hospitals	£1.10		
Co-ordination of services for the mentally handicapped	£1.50		

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Title	Price	No. of Copies	£ Total
Care of the elderly mind	25p		
The elderly mind	15p		
Comprehensive health service planning	25p		
Control of drugs in small hospitals	£1.75		
Disposable products for health and social services	20p		
English language assessment interview for overseas ancillary staff	£2.00		
Glossary of hospital planning terms	10p		
Mental handicap papers: No. 1	10p		
No. 2	10p		
No. 3	25p		
No. 4	25p		
No. 5	30p		
Pupils and patients	15p		
Study of student nurse progress reports (follow-up)	13p		
75 in '72	10p		
Twenty four talks	25p		
King's Fund project papers			
No. 1 Towards evaluation of health centres	50p		
No. 2 Patient - nurse dependency	50p		
No. 3 'The most cruel absence of care'	50p		
No. 4 Caring for children in hospital	50p		
No. 5 Staff attitudes and opinions	50p		
No. 7 Hospital house journals	50p		
No. 8 The language barrier and the overseas nurse trainee	50p		
No. 9 Survey of patients' opinion surveys	20p		
No. 10 NHS and EEC	£1.50		
British health care and technology series			
Accident and emergency units	£1.00		
British hospital catering	£1.00		
Intensive care	£1.00		
The elderly mind	£1.00		
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CSSD and general services	£1.70		
Centre on Environment for the Handicapped			
Design guide No. 1 - Improving hospital buildings for long stay patients	50p		
Design guide No. 2 - Residential accommodation for disabled people	50p		

Title	Price	No. of Copies	£ Total
British Hospital Export Council			
Yearbook	£2.00		
Questionnaires and checklists			
Patients' satisfaction (general hospital)	£4.00 for 100		
Patients' satisfaction (psychiatric hospital)	£1.50 for 100		
How good is your hospital?	01½p		

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