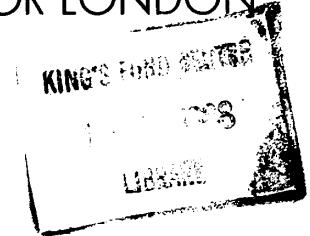
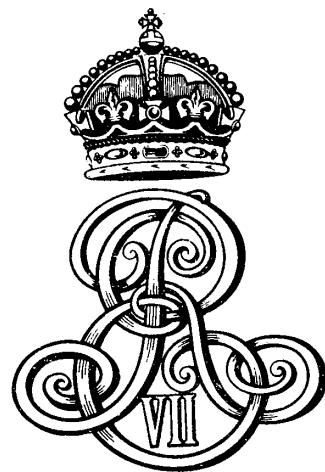


KING EDWARD'S HOSPITAL FUND FOR LONDON



# KING'S FUND CENTRE REVIEW



1985

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# King's Fund Centre Review

## 1985

February 1986

King's Fund Centre  
126 Albert Street  
London NW1 7NF  
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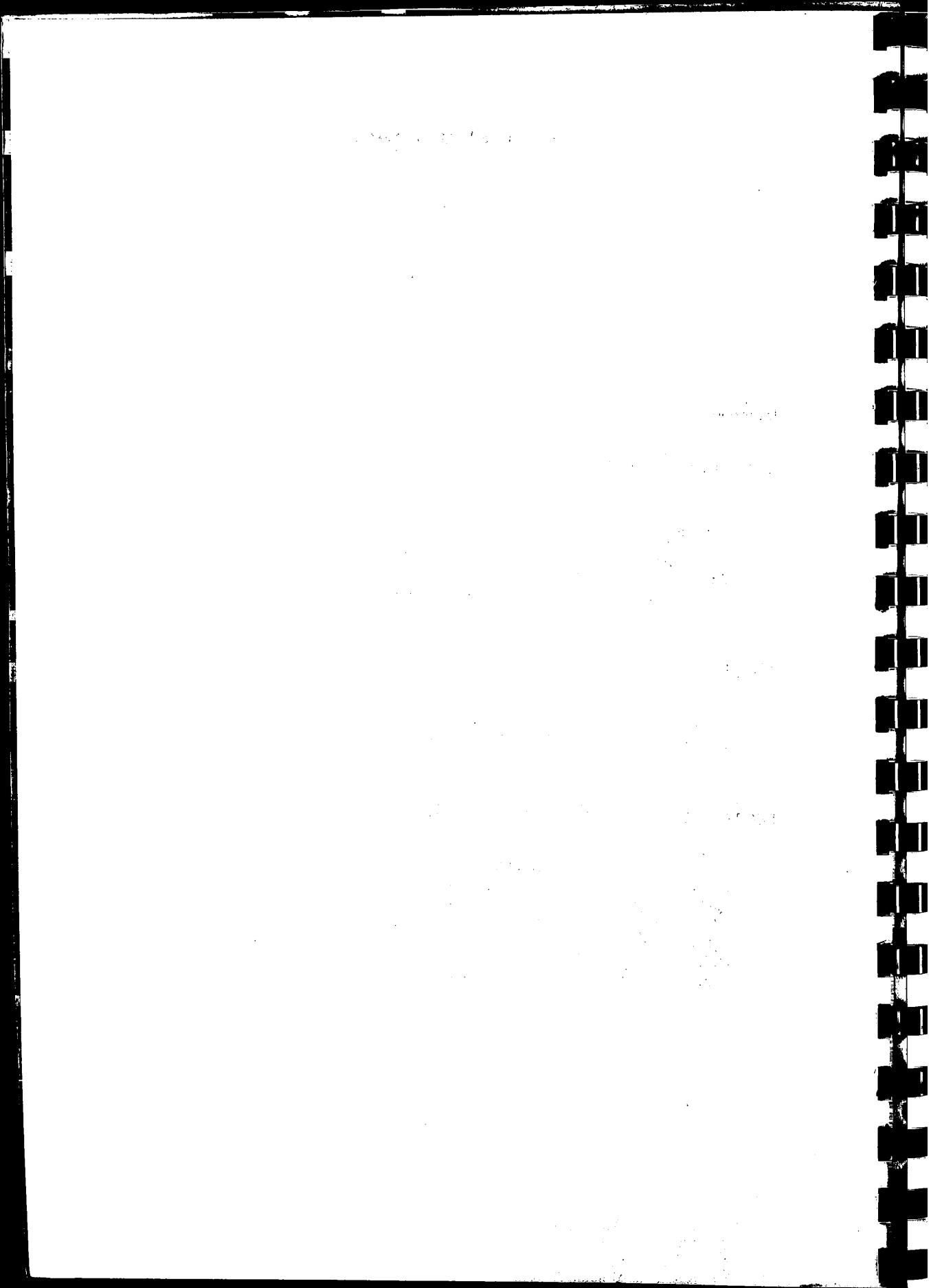
# KING'S FUND CENTRE

## REVIEW

1985

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## INTRODUCTION

The Centre as has so often been said before is a place where we hope that those who in one way or another provide care for patients or who are in direct contact with those needing care, can meet talk and exchange ideas. This means that the focus of our activities is on people - the successes as well as the problems of those who need the care as well as of those who provide it. It is right therefore, that I should begin these introductory comments with notes about the people who come here.

For the fourth year in succession the number of people coming to the Centre has increased - from 13,000 in 1982 to over 17,000 in 1985. These are crude figures but they are recorded consistently as are the figures of the number of groups who assemble here also in increasing numbers. Happily the income from conferences, workshops and seminars also increased notwithstanding the fact that our charges were not raised significantly - a state of affairs that clearly cannot be maintained.

The Centre has seen changes in its own people too. The gains have been several. James Smith came to us as a part-time Assistant Director to head the Long Term Care Team after a long and distinguished career both as a nurse manager in the Brent Health District (and its predecessor) and as editor of the Journal of Advanced Nursing Studies, which he founded and which this year celebrates its tenth anniversary. The London Project staff have grown during the year from a staff of three to eight, partly as a result of finance from the DHSS who are promoting initiatives aimed at improving inner city primary health care. There have been changes both in the personnel of our catering department and in its organisation. I regard the maintenance of high standards of catering essential if we are to provide the right ambience for easy and relaxed communication amongst those who come here - a balance not always easy to maintain. Although the arrival at the Centre of the Informal Carers Support Unit under Janice Robinson and also funded direct by the Department of Health - falls outside the period of this Review, discussions about this development conducted by colleagues at Palace Court and at the College continued throughout the year. The work of the unit will relate closely with that of the Long Term Care Team and at the time of writing the three new members of the Centre's staff are well established.

There have been losses too. The Informal Carers Support Unit I have just referred to could only be housed at the Centre by relocating the Publications Department and Victor Morrison, Barbara Regis and Judy McBride left us in December for accommodation rented by the Fund at the Royal College of Physicians. An even longer link was broken at the same time with the departure of our colleagues from the International Hospital Federation. This move was made necessary by the need to find accommodation for the new King's Fund Institute which formally began work on 1 January 1986. The IHF and the Centre have occupied the same premises since the Centre's inception in 1963 and my own predecessor as Director, Miles Hardie, is of course Secretary General of the IHF; they are all missed. Finally, we contemplate the departure of the Centre on Environment for the Handicapped who will be leaving early in 1986 to make way for the staff working on the London Programme. Sarah Langton-Lockton has referred generously to their association with us. The feeling is mutual, especially recognising our joint concern for the physically handicapped and the environment in which we all live.

The making of grants of money to promote good ideas in the Centre's areas of interest is one of the functions of the Centre Committee - a committee whose membership and therefore range of expertise will be enlarged during 1986. During 1985 the committee has made 16 grants for larger projects lasting a year or longer. Out of its allocation of £160,000 from the Management Committee for this purpose it earmarked £10,000 for small grants of £500 or less made at the discretion of the Chairman on my recommendation; 24 such grants have been made during the year. The number of applications received far exceeds the resources that we have and in order to assist applicants, notes for their guidance are sent out and these are reproduced at the end of this review. Whilst we always report the results of our funded projects when we receive them, we are hoping to improve this monitoring role during 1986. Suffice it to say that the number of useful reports received during 1985 has increased to the benefit of our library and its users.

The DHSS funded project on incontinence administered by the Centre and to which I referred in last year's Review is now in mid-term and progressing well. A new initiative which I hope will result in some published guidelines on ways to improve the care of children who are dying as well as to support their families and those who provide the care was begun with a Centre Committee grant at the end of 1985. Both these subjects underline our concern to encourage good practice in difficult and sensitive areas.

In her report on page Miss Hazel Allen has referred to the introduction of the computer for administrative purposes - the administration of the conference booking system and the closely related management of catering. The process of introduction has been marked by frustration and disappointment and I can only record my admiration at the tolerance exhibited particularly by Miss Christine Davies and Mrs Maria Said who have borne the brunt of the problems associated with developing new computer software. Happily, at the time of writing there is real hope that the corner has been turned and that the new systems will prove their worth. The report about the quality assurance programme also describes the introduction of the quality assurance information service the provision of which is dependent upon the different computer now installed and which is linked into the main frame computer in the DHSS Library.

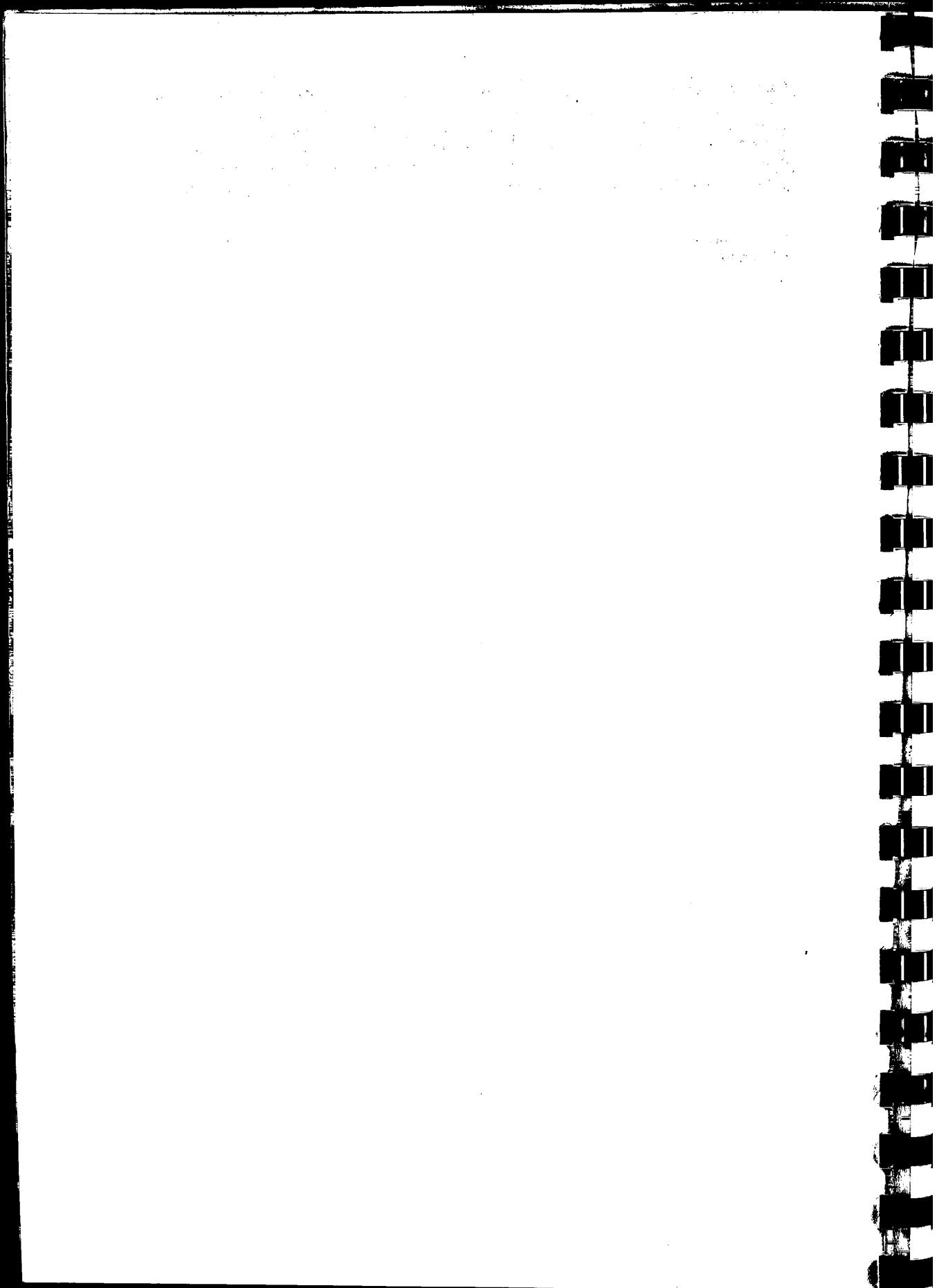
The development of the quality assurance programme has been deliberately slow, aiming as we have to build up first a solid base of information about the work being done by professional bodies and individuals throughout the country. The appointment of Dr Charles Shaw as a unit general manager, acute services, in Cheltenham, has meant that he has had to reduce his sessional time at the Centre. The steering committee believes it to be important that Dr Shaw retains his responsibility for coordinating this work but has agreed that a deputy coordinator be appointed early in 1986.

Finally in this report of continuing activities I can report that the new series of lunchtime talks was begun at the beginning of December by the Chairman of the Centre Committee, Professor McColl who spoke on the subject 'Doctors, Management and Peer Review'. This was followed by a talk given by Mr M J Fairey, deputy secretary at the Department of Health on 'Management Systems in the NHS'. Both were well attended and talks planned for 1986 range from 'Child Accidents' (Dr Hugh Jackson) to the 'Mental Health Stresses upon Carers' (Mrs Judith Oliver) and 'Poverty Health and Welfare' (Professor Peter Townsend).

For me personally the year has been a challenging one disrupted by an unexpected period of absence through illness. After the disappointments of previous years, 1985 was a year of steady growth and consolidation, made possible by the efforts of all my colleagues. During the three months of the year whilst I was away they maintained the Centre's activities and I believe increased its effectiveness. To all of them I am most grateful.

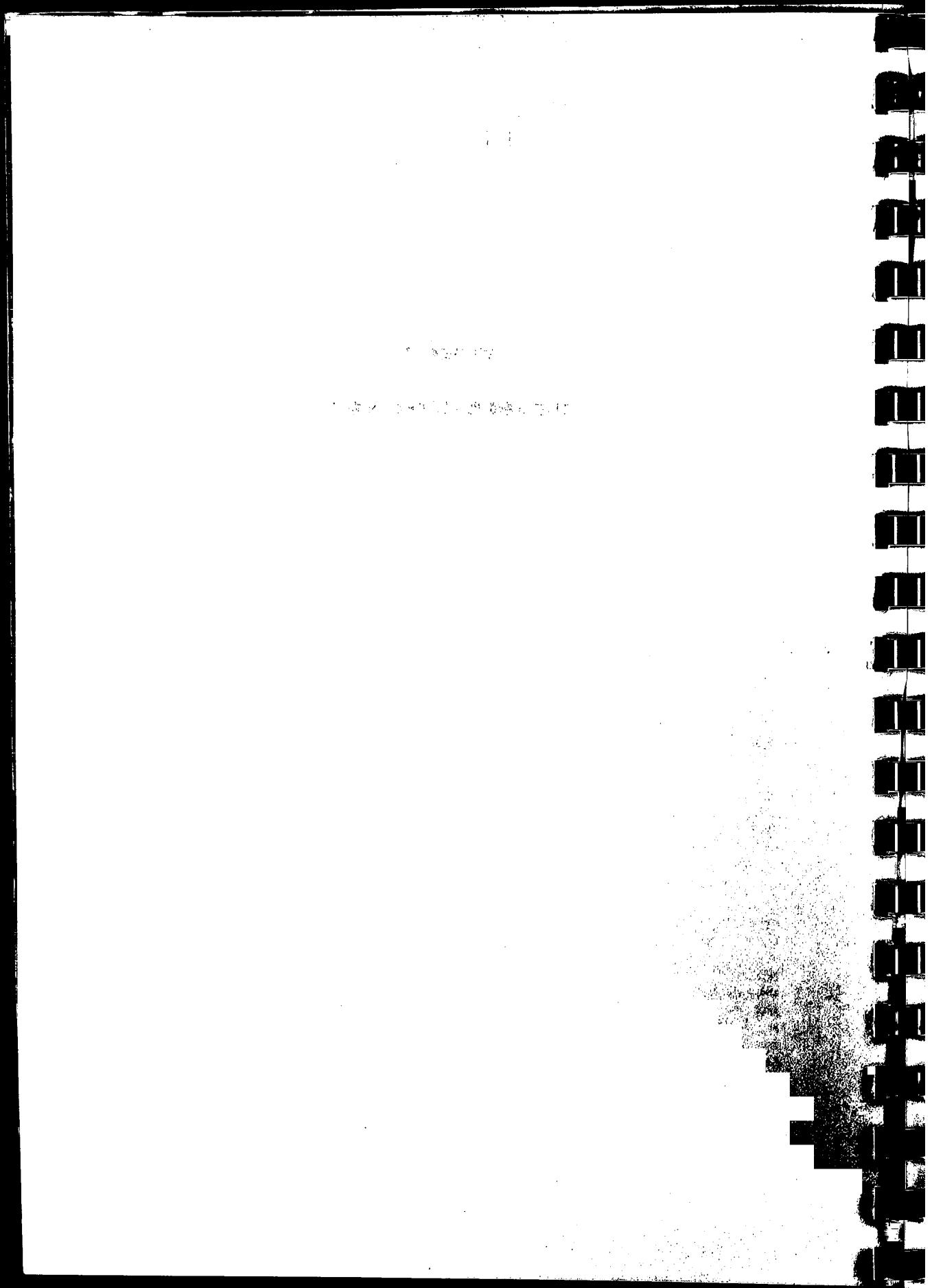
W G Cannon  
Director

January 1986



**SECTION 1**

**THE KING'S FUND CENTRE**



## LIBRARY AND INFORMATION SERVICES

Keith Morton  
Sue Cook

Associate Director  
Librarian

The process of examining the library's role, functions and operations, reported in last year's review, continued throughout 1985 - a year in which there was no lessening of pressure on the services or on the backroom work which sustains them. There were substantial increases in stock and enquiries and in the production of photocopies for users and for internal use; these are some of the more easily measured parameters by which changes in the overall volume of the library's work can be judged. To gain a realistic impression of the burgeoning workload, however, it is necessary to recognise other growth factors: first, a gradual widening of subject coverage, dictated by developments in health care and NHS management practices; and second, a steady growth in the depth and complexity of enquiries presented by many users - a sign of their confidence in the collections and in the ability of staff to understand their problems and to provide helpful problem-solving material.

It will be recalled from last year's review that we entered 1985 reasonably satisfied with the range, scope and effectiveness of our services, but looking for ways to cope with the ever-increasing workload described above. We were awaiting a report of a survey by Kent-Barlow Information Associates (KBIA), and we were planning to carry out our own survey of library users. Full reports of both surveys are available in the library, and in this review we will merely touch lightly on what we consider to be the salient points for future development.

### The KBIA survey

KBIA were commissioned to identify operational activities where information technology might be used to improve efficiency, particularly with a view to releasing staff time from routine work and making more time available to exploit the library's resources. They were also asked to examine the feasibility of setting up data bases within the Centre to support the work of KFC funded projects.

It had long been recognised within the library that some routine tasks might effectively be mechanised, but we had found it difficult to convince ourselves that the advantages of mechanisation would be sufficient to justify the inevitable upheaval. In the Centre's comparatively small library the routine work constitutes a large workload, but in computer terms many of the tasks are small. We were not surprised when KBIA confirmed that some of our manual methods, which have been pragmatically refined and improved through the years, were quite appropriate for our requirements.

Nevertheless, working from the KBIA recommendations and following discussions within the library, we have assembled the following small list of routines which we feel are of great enough magnitude, and which would gain from computerisation in eventual labour-saving and efficiency terms:

- cataloguing
- a subject index to the classification scheme
- an index to King's Fund publications

We are currently looking at these potential applications, and searching for suitable hardware and software. It seems likely that cataloguing will be the first of these to be developed.

KBIA were enthusiastic about the proposed setting up of data bases within the Centre to support KFC projects and the first of these - the Quality Assurance Information Service - is already at an advanced stage of development; more details of this can be found elsewhere in this review.

#### The user survey

The purpose of the survey was to improve our knowledge of who uses the library and why. It was designed, and conducted throughout the month of April 1985, by Carol Jacklin (then Library Assistant, now Assistant Librarian). The aim was to construct a profile of the user body in terms of employment, profession, study areas, and geographical location; it was hoped to discover why people use the Centre's Library, how they learn of its existence, and how useful they find the service.

During April all personal users were asked to complete a questionnaire, and questionnaires were also sent out with all postal responses to enquiries. A total of 546 questionnaires were issued and, due to the controlled nature of the survey, a very high response rate was achieved. Precise figures and percentages for quantifiable aspects of the survey can be found in the full report; what follows here is a brief summary of some of the findings.

Results of the survey show that the majority of our clients work within the NHS, many of them as nurses or administrators. Students attending various health related post-basic courses formed a significant proportion of the user body - perhaps higher than usual as the survey took place during an education vacation period. As might be expected, most personal users came from London and the Home Counties, whereas most postal users were from further afield. First time users figured high, as did occasional users, indicating an ever-recurring need for staff to describe and demonstrate the collections and library tools. Many regular users were also Saturday users, and many respondents stressed the importance of the library being accessible outside normal office hours.

While the survey did not show in detail which subject areas are in high demand, it reinforced our awareness of an increase in the number of enquiries related to topics supposed to be on the periphery of our subject interests. A clear example of this trend is the high rate of enquiries received about overseas health systems and services; although we hold limited collections on these topics, it appears that the Centre is one of very few libraries holding such information, and we received several suggestions that we should strengthen this speciality.

Adverse comments were made about the lack of seating and study space during busy periods, and also about the noise level emanating from the staff working area. There were complaints about difficulties in finding material on the shelves due to inadequate guiding and labelling and to the complex notation of the classification scheme. Many users drew attention to their appreciation of the subject files; even more gratuitously added footnotes to their questionnaires praising the helpful attitudes of the library staff.

Some of the issues raised by the survey will be pursued during the coming year, and we shall continue the process of learning about our users. In general, however, the profile which emerged brought few surprises and confirmed many of the assumptions we had made about our clients. It is encouraging to be able to report that 95% of all those involved in the survey indicated that they had found the service useful.

The full report was presented to Centre Committee at a meeting in December, when the members joined us in congratulating Carol Jacklin on the high standard of her work.

#### Accommodation

The former Library Document Store, in the Centre's basement, has been upgraded and renamed the Library Annexe. Part of the space has been refurbished to provide a reasonable study area for readers using the back runs of periodicals and other material stored there. Making good use of existing resources, these improvements will also go a little way towards remedying the lack of space mentioned in the user survey.

#### Conclusion

There is little doubt that use of the library and its services will continue to grow during 1986, a year which will see the initiation of the library computer plan. The transfer of some routines to mechanised working will take us into new areas of exploration; with a finite amount of staff time and the need to develop new lines of expertise, the biggest challenge will be to maintain a healthy balance between service giving and technical innovation. It is likely that progress will be steady rather than spectacular.

## EDUCATION AND TRAINING

Miss Hazel O Allen	Associate Director
Miss Christine Davies	Project Officer
Mr Trevor Wheeler	Media Resources Officer
Miss Pat Tawn	Secretary

Innovation....change....these concepts are heralded by the Centre each year and appear as Longfellow's youth -

'... who bore, 'mid snow and ice,  
A banner with a strange device  
Excelsior!'

However, on considering the work of this section, it is likely more accurate to recognise that by contrast it is of a ponderous sculpted kind - taking on a sonata form and involving over the years considerable developmental and recapitulatory re-working without complete resolution.

The aims of the programme remain to:

1. Help professional groups develop concerns and values from their own problems and examine ways in which change might be introduced.
2. Expose people to a wider range of problems which require a greater and more diversified exercise of professional judgement and skills and thus encourage professional development.

The guiding principles for the work are:

1. Direct value to education for nurses and the professions complementary to medicine.
2. General applicability of project/research outcomes to practitioners.

Something like 85 percent of time is absorbed by such matters, the balance going into provision of information.

### Helping Professional Groups Develop Concerns and Values from their Own Problems

1. The Peer Group researchers, who have a common interest in the role of the ward sister continue to meet. In 1985 several workshops were arranged and such was the success in terms of assisting with the ward sister role definition, responsibility, authority and support, that requests have been received from Scotland and Wales to promote the series. In 1986 the Centre will be organising workshops to enable triads (a ward sister, a tutor and a nursing officer) to attend from every District in Wales - as well as some Districts in London. This arrangement was the direct outcome of interest generated by nurses at the Welsh Office.

## 2. Writers' Workshops

The workshops for dieticians and radiographers as outlined in the 1984 Review took place in May and November 1985. Following the workshop in May, one of the participants wrote an article which was picked up by the BBC who are 'planning to do a broadcast about it'. Currently for 1986, we have received requests to organise workshops for midwives and physiotherapists. We hope to respond to these requests with one workshop for both disciplines in the Autumn of 1986. Also at the Autumn workshop there might be a third group of professionals - general practitioners. Involvement with the general practitioners will be a 'first' for these workshops and will be in response to a request from the organiser of a General Practitioners Writers' Association. It has been proposed that, initially, the organiser and other GP representatives have the experience of participating in a workshop following which it has been suggested a further meeting could be arranged to discuss the setting up and running of their own workshops.

## 3. Study on Stress

Recent changes in the administrative structure of the NHS seem to have been accompanied by a more marked degree of stress-related behaviour; but little attempt has been made to identify it or more particularly, suggest ways in which Health Authorities might effectively respond to the situation.

A specific concern has been registered for nurses and in 1983 the King's Fund awarded a grant to Professor C L Cooper, University of Manchester Institute of Science and Technology and Mr Peter Hingley, Director of Studies, Bristol Polytechnic, to investigate the job related problems of nurses managers, (ward sister level and above) in the belief that at the moment we can only guess at the factors which create stress and that it is important to identify some of the sources in order to develop ways to minimise or relieve the pressures. Unlike the situation in some other countries, particularly the USA, where stress in nursing has long been well researched, little has been done in Britain to respond to the problem. Consequently, our knowledge of the causes and results of occupational stress are minimal and our ability to alleviate the situation is seriously limited by lack of information.

This study is the direct response to a problem identified by the staff of the occupational health department and the District Nursing Officer of a large Health Authority. They noted that recent changes in the administrative structure were accompanied by a high incidence of stress in nurses and wanted this examined so that they might be able to consider effective ways of dealing with it.

The results of this work were discussed alongside an American Study at a conference at the Centre in September 1985. It is anticipated that a report of Peter Hingley's work will be available from the Centre by the end of January 1986. Further work on this subject is planned.

Exposing people to a wider range of problems which require a greater and more diversified exercise of professional judgement and skills

1. The Thwaites Peer Group (reported in 1982 and 1983 reviews) has continued to meet and discuss current problems such as the role of the nurse manager after Griffiths. The idea to examine recording and responding to untoward accidents and incidents has been pursued further and those Districts involved in the earlier conference have attended workshops since 1 October 1984. These have continued bi-monthly throughout 1985 and a draft form designed for national use is to be discussed by lawyers, administrators and nurses at a meeting to be chaired by Sir Cecil Clothier in January 1986.

Peter Mawle, from the Health Services Advisory Committee has been most helpful to the work of the group and will also be taking part in the seminar. It is hoped to complete guidelines for the use of these forms early in 1986 and also to consider the possibility of computer adaptability.

2. Quality Circles

The monitoring group has continued to meet monthly during 1985. In 1986 it is anticipated that the training manual which has been through a number of drafting stages will be finalised and we shall then be in a position to offer:

- seminars to managers interested in Quality Circle developments;
- training in Quality Circle techniques to facilitators and circle leaders.

A representative from the DHSS is aware of this involvement of the King's Fund and it is anticipated that liaison of mutual benefit will develop. The National Society of Quality Circles is also aware of the interest of the King's Fund and, again, it is anticipated that liaison of mutual benefit will develop.

3. Audit Physiotherapy Care

This work, mentioned in last year's report gathers pace and it is hopeful that a publication will be available by the end of 1986/87.

4. The Nursing Policy Studies Centre

Hazel Allen has been appointed Deputy Chairman to the Steering Group by the University of Warwick. The main thrust of the work is to examine the effects of the Griffith's Report implementation on nursing management. It will be appreciated that although little information is available at the moment, the work is progressing well and is increasingly being shown as a useful issue to examine.

5. An appreciation of nursing research (Nursing research and its relevance to patient care). Facilitator: Dr M Ogier

Two, three-day workshops were held at the Centre during 1985. Such was the response to the second workshop that not all applicants could be accommodated and a further three day workshop is planned for April 1986. The programme is designed to raise the awareness of nurses who may not have used nursing research findings in their own areas of practice.

During the second workshop in 1985, an observer from Glasgow Eastern College of Nursing and Midwifery attended. Subsequently, a copy of her report was sent to us at the Centre ...."I have prepared a paper outlining a method of involving ward sisters and others in reading research and considering the use of the findings.... This plan is based on observations made at two different workshops organised by King Edward's Hospital Fund for London..."

6. Help and advice

Our advisory service continues to be well used and a steady stream of enquiries continues related to ward sister training, continuing education and educational planning. These enquiries are dealt with by post, local seminars and personal discussion.

7. Hazel Allen has chaired the Independent Health Care Training and Education Committee (ITEC) this year (see 1983 report). The committee commissioned the University of Surrey to undertake a research project to establish training that is being carried out in the Independent Sector, to analyse this and to look at future needs. Following the report, the Independent Sector plans a restructuring of their educational thrust.

Other Activities

1. Media Resources

"While the potential for creative use is beginning to be considered and exploited, clearly the 'process' is not a swift one, but it is a growing one." (King's Fund Centre Review 1984, p.16)

1985 saw an increase in the momentum of that growth as clients, within the King's Fund and outside the organisation, exploited the potential of our Media Resources to a greater degree than ever before. This increase in the use of our resources has not been limited to one or two aspects but has involved almost every aspect of the services and facilities we provide. It is not merely the use of equipment that is so gratifying, but the stimulating and mutually rewarding collaboration involved in the process.

During the last year there have been two particularly successful and productive collaborations of this kind. In May 1985 Media Resources and Primary Health Care worked together with the Medical Architectural Research Unit, to produce a stimulating and thought provoking exhibition on the work of The Inner London Practice Premises Unit 1982-84. Over the last five months we have also been working with St Christopher's Hospice regarding video production and the general development of their resources, gaining in the process, a greater awareness of our own capacity and needs.

Capacity may, or may not create demand but it certainly creates potential and possibilities. As 1985 progressed that potential began to be realised and the possibilities became greater. With this in mind we are developing our capacity - not in the hope of creating demand, but with the knowledge that it is necessary if we are to maintain and improve on that which has already been achieved. If Media Resources could be summed up in one word, that word would be **communication**. In 1985 we established dialogue that will bear fruits in 1986 - and in particular a dual appointment of Audio Visual Technician with St Christopher's Hospice and the King's Fund Centre, to allow for expansion and an improved quality of service.

## 2. Computer applications at the King's Fund Centre

Progress has not been as speedy or as smooth as had been anticipated at the beginning of 1985. The conference diary system is a new programme being developed with practical input from the Centre and as such should, eventually, be closely tailored to our requirements. However, the developmental nature of the 'bete noire' has meant that we have had to contend with frustrating and time consuming 'errors' i.e. errors with the programme not always with the operators. We have been assured that the Diary programme is a top priority for the computer company involved and as such we hope to write a more positive account in the next Review.

## LONG TERM AND COMMUNITY CARE

Mr James Smith	Assistant Director
Miss M Eldridge	Secretary
Miss D Francis	Secretary
Mrs M Kornitzer	Secretary
Mr T McAusland	Project Officer
Mrs J Rush	Project Officer
Mrs D M Twitchin	Project Assistant
Miss A F Whittaker	Project Assistant

### INTRODUCTION

The activities of the Long Term and Community Care Team have continued to play an important role at the Centre during 1985. The team's major focus is on the services and needs of the priority client groups - mentally handicapped and physically handicapped people, people suffering from mental illness, and the elderly.

A particular emphasis of the team's work has been on fostering an 'Ordinary Life' and focussing on the implications of the transition of care from large institutions to community settings.

Some examples of the team's work is shared within this report. It is anticipated that the team will focus increasingly on those people who are severely disabled and suffering from chronic and severe illness within the client groups it is concerned about.

### SERVICES FOR PEOPLE WITH MENTAL HANDICAP

Throughout 1985 there has been a continued commitment to supporting and maintaining what has come to be called the 'Ordinary Life' movement.(1) The goal of this work is "to see handicapped people in the mainstream of life, living in ordinary houses in ordinary streets, with the same range of choices as any citizen, and mixing as equals with the other, and mostly not handicapped, members of their own community", as stated in our first project paper 'An Ordinary Life' in 1980.(2) This goal is increasingly quoted in a number of documents, ranging from Regional Plans to policy documents on small local initiatives undertaken by health, social services and voluntary agencies.(3) (4) (5)

We have continued to maintain the work through our strategy of sustaining and developing networks of people engaged in innovation and setting up new services. An important component of this is the organisation of national conferences and workshops - which are usually oversubscribed - where practitioners from statutory and voluntary agencies meet to exchange ideas and experiences. As well as providing a useful forum for the dissemination of information about our work, these meetings have resulted in publications which will be helpful to a wide range of workers. These are listed at the end of our report.

A wide range of issues have been covered, including: staffing and financing new services; training for staff; and collaborating with and involving consumers (both families and handicapped people themselves) in the design of service provision.

Two workshops have focussed on services for children with mental handicap who are leaving hospital; two have looked at the ways a new residential service based on ordinary housing is staffed, and the staff trained; and two have been concerned with citizen-advocacy and self-advocacy and how these important elements are included in local services.

Interest in the latter two subjects has grown enormously during the year and the Centre is increasingly being asked for advice on how to use the concepts of citizen-and self-advocacy to help people with a 'mental handicap' label to act more independently and take the initiative in making decisions about their own lives. Throughout 1985 the King's Fund Centre has continued to give meeting space and administrative support to the self-advocacy organisation People First.

A small but important group which meets regularly at the Centre is the Respite Care Group. Its members come from London and the Home Counties and all are key people developing and maintaining respite care schemes for families with a handicapped child. The group have produced a useful publication which includes guidelines on recruiting, selecting and training potential carers, as well as ways of supporting and monitoring a local scheme. They will be organising a workshop or conference in 1986 to disseminate their ideas to a larger audience.

The publication 'An Ordinary Working Life' was followed by a second project paper 'The Employment of People with Mental Handicap' and this has been linked with two large conferences which were attended by people from a wide range of interested bodies throughout Great Britain including the Manpower Services Commission and the Disablement Advisory Service. Because of the growing interest in this field we have agreed to hold further conferences on this subject either at the King's Fund Centre or in other parts of the country. Another large conference was held in conjunction with the Crossroads Care Attendant Schemes, to look at ways families with a mentally handicapped member, and people with mental handicap themselves, can be supported to remain at home within the community. This was a very practical day where carers and families were able to present the real life problems with which they lived and how these were overcome.

Two conferences were held to discuss the issues, strategies and experiences of those providing appropriate training for staff in new community services. The result of these conferences was a detailed report which is available from the Centre. We are fortunate in having close collaborative links with organisations such as the Independent Development Council, the Joseph Rowntree Trust, and Campaign for People with Mental Handicap, with whom we share a number of areas of priority concern. In 1986, for example, it is likely that we will be working with the Independent Development Council on the issue of bringing mentally handicapped children out of hospital and we look forward to other joint ventures as opportunities arise.

In 1986 the themes to be pursued through workshops, conferences and publications are:-

- 1) Looking at ways people with severe handicaps can be integrated into ordinary community living.
- 2) Training for staff working with new services.
- 3) Further work on the employment of people with mental handicap.
- 4) Further work on the development of self-advocacy and citizen advocacy.

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- (1) Craft, Bicknell & Hollins 1985. **A multi-disciplinary approach, Mental Handicap.** Balliere Tindall.
- (2) King's Fund Centre 1980. **An Ordinary Life: Comprehensive locally-based residential services.**
- (3) North Western RHA 1982. **Services for people who are mentally handicapped - a model district service.**
- (4) Bristol & Weston Health Authority 1983. **The Wells Road Project - Operational Policy.**
- (5) Kevin McGrath et al, 1981. **An Ordinary Life in Harlow.** Harlow Council for Voluntary Service.

### SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES

April 1985 saw the publication of 'Living Options - Guidelines for those planning services for people with severe physical disabilities'. This document was produced by a Working Party drawn from representatives of a cross section of the major disability organisations together with local authority and health services who had responded to an initiative by the Prince of Wales' Advisory Group on Disability and the Centre's Long Term and Community Care Team. Since the publication some 5,000 copies of 'Living Options' have been sent out. The initial free circulation to all health and social services departments being followed by requests for bulk copies. Requests are still being received from a very wide range of staff and organisations concerned with the needs of physically disabled people.

The Working Party's initial intention, to look at ways of assisting Health and Joint Care Planning Teams to be more aware of living options open to disabled people, by collecting examples of good practice both in residential care or community settings has been strengthened by the response to the document. These have included direct requests for help in planning of services and details of good practice. In addition, statutory and voluntary bodies have been encouraged to arrange Regional meetings using Living Options as a starting point. Those meetings which have taken place so far have been extremely useful in identifying local needs, and given strength to the view that there is a need for comprehensive service planning for this group. As a result the Working Party are seeking funding for the post of a project worker to undertake a 2 year project with the object of:-

- (i) identifying areas where comprehensive service plans are operating, giving effective and flexible care.
- (ii) identifying examples of good practice through creative use of building and in housing and care.

It is expected that the information obtained during development of the project can be used to advise those currently planning services, and that it may be possible to produce a second document to 'Living Options'.

Until such time as a project worker may be appointed - the Working Party are continuing active work on several issues raised in 'Living Options'. The team are supporting work on the needs of those disabled people with additional behavioural disabilities.

Work with the Centre for the Environment of the Handicapped (CEH) continues on the development of the register of housing and care schemes. Discussions are under way to put the Register onto a database.

There is a growing awareness of the need for an appropriate disability training package particularly for use within health settings. Additionally the 'Living Options' work identified issues concerning professional training; negative views of long term disability resulting in inappropriate service provision; the need to develop mechanism to monitor the standard of services and safeguard quality of life. During 1986 it is planned to bring together those individuals and organisations expressing these concerns with those working on training boards to see if there are areas of mutual concern where work needs to be developed.

## SERVICES FOR PEOPLE WHO ARE MENTALLY ILL

At the end of the third year of the psychiatric programme at the King's Fund Centre, two important questions have been answered. Firstly, it has been established that (alongside other organisations) the Centre does have a unique contribution to make to the mental health field. Secondly, we have shown that many of the pioneering ideas from the 'An Ordinary Life' initiative in mental handicap can be translated and adapted to psychiatric services.

## INNOVATION IN SERVICE MODELS

### a) Housing Options for People with Long-Term Psychiatric Disabilities

Early in the year a joint conference with GPMH (Good Practices in Mental Health) explored the potential use of highly staffed ordinary housing schemes for people who might otherwise spend a lifetime in specialist hostels or wards. As a result, a 'Housing Information Pack' was published by GPMH<sup>1</sup> and delegates from the event have now formed a national support group which will continue work on the practical details of such schemes.

### b) Alternatives in Day Care

Information from a second joint KFC/GPMH event on parallel issues of daytime support will also be published through GPMH in 1986.

### c) Community mental health teams

Publication of papers from the first major conference at the Centre on this topic - 'Planning and managing community mental health centres'<sup>2</sup> was followed up by a second successful event in December which focussed on the production of a series of practice notes for managers and staff involved in these services. Following editing by GPMH and the Interdisciplinary Association of Mental Health Workers, it is hoped to make these papers available in Spring 1986. A contact list of existing projects has been produced in conjunction with GPMH<sup>3</sup>.

## PSYCHIATRIC SERVICES IN TRANSITION

Across the country, the pace of change in psychiatric services has continued to accelerate, with increasing requests for advice on the replacement of Victorian psychiatric hospitals.

### a) Training and interdisciplinary work

A small group of experienced training staff with a strong interest in interdisciplinary training has continued to meet, with the support of the Centre, during 1985. Workshops have been held both at the Centre and in psychiatric hospitals in the London area and outside. In conjunction with ESCATA (East Sussex Consultancy and Training Agency) several packages of training materials have been developed and published<sup>4</sup> and the linked series of training tapes and exercises was presented at the National Health Service Trainers' Convention at the end of the year.

b) Resettlement, assessment and rehabilitation processes

As part of an ongoing programme of work with North East Thames RHA, particular attention has been paid to the arrangements for selecting, preparing and supporting long stay hospital patients in the movement to local services. A discussion paper summarising the main points from this work and setting out practical proposals for a resettlement process is now available<sup>5</sup>.

Safeguarding the rights of people with severe disabilities

The third in a series of successful and influential conferences dealing with 'Patients Money in Psychiatric Hospitals and in the Community' took place in the autumn. A directory of independent advice and advocacy projects serving people in psychiatric hospitals has been published<sup>6</sup> and this will shortly be followed by a more detailed information pack to be published by GPMH in the Spring. The Centre Committee has provided a grant for a full-time project worker based at Rubery Hill Hospital in Birmingham who will carry out more systematic development work and a survey of patients' money and income maintenance practices in hospitals across the country.

Over the last year there has been a significant growth in interest in self-advocacy and the promotion of opportunities for service users to add their voice in the development of services. The Fund provided a grant to ESCATA for the production of a video tape showing examples of projects in Britain and Holland where consumer participation has been brought into practice<sup>7</sup>.

Monitoring services and safeguarding quality of life

A Centre working party on services for elderly people suffering from dementia continued its work during 1985 and has produced a draft discussion paper, 'Living Well into Old Age', which includes a series of questions for staff and managers concerned with monitoring and improving service standards. This was piloted at a Centre conference in the autumn and it is hoped to publish the final version by the Summer. Even at this stage, the ideas from this highly productive working party have been taken up in a series of local events in the South and South West, on applying principles of normalisation to services for older people.

References

- 1 Rose Echlin, ed. **Housing Information Pack.** Good Practices in Mental Health 1985.
- 2 'Planning and Monitoring Community Mental Health Centres'. King's Fund Centre 1985. KFC 85/61
- 3 Rose Echlin, ed. 'Community Mental Health Centres and Teams - Contact List'. Good Practices in Mental Health December 1985.
- 4 'Let's Keep Madness in the Right Place', 'Looking at Our Differences'. Training Packs. ESCATA, 6 Pavilion Parade, Brighton BN2 1RA
- 5 Kingsley S, McAusland T, Towell D. 'Assessment, Resettlement & Rehabilitation' Discussion Paper available from S Kingsley, King's Fund College.
- 6 'Mental Health and Welfare Rights - Network Directory'. Compiled by Teresa Leo. Available from King's Fund Centre.
- 7 'Speaking From Experience' Videotape. ESCATA 1985.

#### SERVICES FOR ELDERLY PEOPLE

In addition to the coordinating responsibilities for the Long Term Care Team activities, the new Assistant Director who joined the Centre on 1 June 1985 has decided to develop a specialist interest in the services for elderly people.

Towards the end of 1985, a small questionnaire was sent to all district health authorities to ascertain recent innovations in services for the elderly and to identify good practices. It is hoped to publish the result as a project paper.

Plans are also in hand to cooperate with a proposal for inter-European exchange visits for professional staff concerned with services for the elderly and to cooperate with other agencies concerned with the aged. These plans will be developed further in 1986.

APPENDIX I

CURRENT PUBLICATIONS

		Price £
1	An Ordinary Life - comprehensive locally-based residential services for mentally handicapped people. Reprinted June 1982. KF Project Paper No.24.	1.50
2	People first - developing services in the community for people with mental handicap. (Linda Ward) October 1982. KF Project Paper No.37	6.00
3	An Ordinary Life: issues and strategies for staff training for community mental handicap services. (Ann Shearer) 1983. KF Project Paper No.42	2.50
4	Planning for People: developing a local service for people with mental handicap. 1. Recruiting and Training Staff (Linda Ward) First of a series of pamphlets designed to share information gained from the experience of setting up and running a comprehensive community service for adults with mental handicap in South Bristol, using ordinary housing. April 1984. KF Project Paper No.47	4.00
5	An Ordinary Working Life outlines a vision of a comprehensive local vocational service for people with all kinds of mental handicap, and begins to identify strategies through which services might be implemented. October 1984. KF Project Paper No.50	2.50
6	Personal Relationships and People with Mental Handicap (Paul Chamberlain) A discussion paper on the issues surrounding personal relationships, including sex education, parental involvement, staff training, pregnancy and parenthood. July 1984. KFC 84/141	.50
7	Progress in Bringing Mentally Handicapped Children out of Hospital (Ann Shearer) This paper is an account of a conference held at the King's Fund in March 1984, with a description of innovative schemes and discussion of the issues described. May 1984. KFC 84/85	.30
8	Advocacy: the UK and American Experience (John O'Brien) This paper explores and discusses developments in this country of citizen advocacy with the Advocacy Alliance and also contains a substantial section about the work of the Georgia Advocacy Office in America.	2.50

9 **Advocacy and People with Long-term Disabilities**  
A report of a conference held at the King's Fund Centre on 6 December 1984. This includes contributions from Advocacy Alliance, People First - North West and other workers or self advocates who are involved with the development of citizen and self advocacy schemes.  
June 1983. KFC 85/150 .75

10 **The Employment of People with Mental Handicap**  
This report complements 'An Ordinary Working Life' by providing descriptions of new schemes from all over the country which demonstrates ways in which integration of people with mental handicaps with non-handicapped people in work settings may be achieved.  
July 1985. KFC 85/55 4.50

11 **Training for Change**  
Reports from two conferences held at the King's Fund Centre to discuss issues, strategies and experiences in providing appropriate training for staff in new community services for people with a mental handicap.  
Edited by Linda Ward and Julie Wilkinson  
June 1985. KFC 85/162 2.50

12 **A guide to training resources for staff working with 'confused' elderly people.**  
Gives details of books, articles and audio visual materials useful to anyone training staff or volunteers working with elderly people.  
(Joan Rush and Tom McAusland) KFC 83/5 .75

13 **Creating Local Psychiatric Services: Collected Working Papers.**  
This pack of papers has been built upon the plenary and group presentations made at a conference held at the King's Fund Centre in March 1985 - The Development of Comprehensive District Psychiatric Services, together with papers from the September workshop on 'Planning local psychiatric services'.  
October 1983. KFC 83/181 2.50

14 **Reviewing disabled people in residential care - what do we mean?**  
Report of two workshops held on 23 March and 25 May 1982  
June 1982 KFC 82/160 .20

15 **Centres for Independent Living in the US and UK - An American Viewpoint.**  
Report of a seminar held at King's Fund Centre on 29 November 1983.  
January 1984 KFC 84/3 .20

16 **The Provision of Aids and Adapts for Hospital Patients Discharged into their own Homes (Ursula Keeble)**  
A follow-up study of patients seen by occupational therapists in three London hospitals between 1 May and 30 June 1982. October 1984 2.00

17 **Living Options - Guidelines for those planning services for people with severe physical disabilities**  
A discussion paper produced by the Prince of Wales Advisory Group on Disability, the King's Fund Centre and a number of major voluntary organisations. **The way forward** lists a number of steps that could be taken to provide more effective and flexible care.  
April 1985. .30

**Note:** All these publications are available at the prices indicated from the Publications Officer, King's Fund Centre, 126 Albert Street, London NW1 7NF. Cheques and money orders should be made payable to King Edward's Hospital Fund for London.

APPENDIX II

CONFERENCES AND WORKSHOPS IN 1985

1	Making Progress Towards an Ordinary Working Life	15 Jan
2	They Keep Going Away: A Critical Study of short-term Residential Care Services for Children who are Mentally Handicapped.	
3	Good Practices in Housing People with Severe Long Term Mental Illnesses	15 Mar
4	An Ordinary Working Life: Vocational Services for People with Mental Handicap	26 Mar
5	Provision of Aids and Adaption for Hospital Patients discharged into their own home.	28 Mar
6	Moving Children Out of Mental Handicap Hospitals	23 Apr
7	Issues and Principles of Change, Social Valued Roles	31 May
8	Alternatives to Day Care	17 May
9	Community Mental Health Centres - Res/Teams Network Micro Computer Record Systems	30 May
10	Training and Transition	June 14
11	The Employment of People with Mental Handicap	29 July
12	'Living Well into Old Age', Community based Service option for Severely Mentally Ill Elderly People	26 Sep
13	Crossroads Care Attendant Schemes - Their Extension of Care to People with a Mental Handicap	15 Oct
14	Ordinary Housing Schemes for Psychiatric Services	6 Nov
15	Patients' Money in Psychiatric Hospitals and in the Community	20 Nov
16	Advocacy and People with Long-Term Disabilities	6 Dec
17	Community Mental Health Centres and Community Mental Health Teams - Tackling the Key Issues	13 Dec

18	Living Options for People with Severe Physical Disabilities - Working Party	22 meetings
19	National Information Forum	10 meetings
20	British Telecom Meeting - Consulting the Consumer	1 meeting
21	Disability Awareness Project	6 meetings
22	Equal Opportunities in the NHS	2 meetings
23	Working Party on Respite Care for Mentally Handicapped Children	12 meetings

APPENDIX III

SOME PROJECTS SPONSORED BY FUND COMMITTEES

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1	Lewisham & North Southwark Health Authority: Housing for people with special health care needs	GC 5
2	Phobic Action - to enable the charity to employ a part-time fund raiser for one year	GC 13
3	FLAT for the mentally handicapped in Southwark	GC 32
4	The Bridge, Thamesmead - funding for a project worker, community scheme for psychiatrically disturbed people in Thamesmead	GC 38
5	Paddington & North Kensington Health Authority: Adult Handicap Team - to fund, for three years, the experimental appointment of a coordinator	GC 39
6	Barking, Havering & Brentwood Health Authority: Community Orthopaedic Project in Essex (COPE)	GC 48
7	Afro-Caribbean Mental Health Association, Brixton - to finance the appointment of a research and information worker	GC 55
8	Care Attendant Scheme in Haringey	GC 63
9	Community Aide Programme - to help fund the Director's post for one further year	GC 93
10	Citizen's Advocacy Project in Southwark - to help establish a community based Citizen's Advocacy Project	GC 94
11	Hillingdon Health Authority: community care for elderly people	GC 95
12	The Camden 'Case Manager' Project - project in consumer directed counselling, planning and advocacy for people with physical disabilities	GC 108
13	Preventive Psychiatry - children of divorced parents	CEN85/31/3
14	Rights of Psychiatric Patients	CEN85/59/6
15	London Hospital Bereavement Service	CEN85/18
16	Patients Money - Rubery Hill	CEN85/19
17	Newly Registered Blind People	CEN85/42
18	Development of a model preventive psychiatry service	PRO 82/4(a)

19	An advice and legal representation service Springfield Hospital, Wandsworth, London	PRO 80/43
20	Evaluation of elderly client assessment procedures	LPE 81/50
21	A retrospective study of people with spinal cord injury	PRO 83/21
22	Information Training Resources in visual handicap for Community Nurses (Disabled Living Foundation)	PRO 84/21
23	Review of Research in Local Authorities Social Services Department (ADSS)	PRO 84/39
24	Rehabilitation and Provision of a Community Psychiatric Service (South Bank Polytechnic)	PRO 84/44
25	Study of Factors correlated to referral for Speech Therapy in Hackney of Children aged 2½ years (Community Speech Therapy Services)	PRO 84/58
26	Prevention in mental health (MIND)	PRO 81/52

## THE LONDON PROGRAMME AND INNER CITY PRIMARY HEALTH CARE PROJECTS

Pearl Brown	Development Worker
Gillian Dalley	Development Worker
Pat Gordon	Programme Coordinator
Jane Hughes	Programme Coordinator
Christine King	Secretary
Linda Marks	Project Coordinator
Liz Winn	Project Officer

Improving health care in the capital is the aim of the London Programme. It is a coordinated programme that includes both development work and project sponsorship. The programme began in 1980 and is guided by the London Project Executive Committee (LPEC) under the chairmanship of Professor Brian Abel-Smith. The committee met five times in 1985. The main focus of the work is primary health care and its relationship with hospital services. The programme is purposely directed towards parts of the NHS where change happens slowly and on groups in the community that are not usually considered a 'priority' by the NHS, e.g. homeless people or those from ethnic minority groups.

The LPEC's strategy has been to concentrate London Programme resources - grants and the work of project staff - on a limited number of themes. Within these themes the emphasis is on practical help for those planning and providing services and on the encouragement of new ideas and experimentation. The committee and project staff work closely together to identify innovations, stimulate developments and to design and fund experimental projects.

The most important new development for the London Programme this year has been the expansion of the work on inner city primary health care with financial support from DHSS. Three new projects have been established that build on earlier work with health authority members, managers, planners and other professionals, and community groups, to improve health care. During the year there have been five new appointments to the London Programme team. Pat Gordon and Jane Hughes have been joined by Pearl Brown, Gillian Dalley, Linda Marks and Liz Winn who are working on the three new projects. Christine King provides secretarial and administrative support to the team.

This review charts progress during 1985 on the two main themes of the London Programme - primary health care and health care for people from disadvantaged groups - and describes plans for carrying the work forward into 1986. A list of projects currently receiving grants from the LPEC is included as an appendix.

### 1 PRIMARY HEALTH CARE

#### 1.1 New DHSS-funded projects

Pearl Brown and Liz Winn are setting up an information exchange for community units to encourage innovation and the spread of good practice in community health services. The main users of the information exchange are managers of primary and community services who want to find out about new or different ways of providing services that they might try in their own districts. As well as responding to requests from individuals, the

team has plans to actively disseminate information about new developments through seminars, workshops and published reports. The initial focus of the work is on children's health services and care for elderly people living at home.

The first seminar in 1986 will be about developments in school health services (20 January 1986) and this will be followed by meetings on management information for community health services; district nursing; and services for elderly people from ethnic minority groups.

Gillian Dalley has started to investigate the possibilities for improving health care in inner cities by managing and planning services on a much smaller scale than usual. This is known as a 'patch' or 'neighbourhood' approach to primary health care and has already been introduced by a few health authorities. The benefits claimed for this approach are that it is a more flexible way of meeting local needs; it encourages providers of services to work together more closely; and it allows users of services to participate in planning. To assess the relevance and value of this new approach to primary care in inner London three local experiments in 'patch working' will be set up in the coming year and evaluated over two years.

Primary care services in a district are provided in part by general practitioners, dentists and other professionals who are contracted to the family practitioner committee; and in part by nurses, doctors and others employed by the district health authority to work in the community. Close cooperation between the FPC and DHA is required to plan good primary health care which meets the needs of the population. This does not always happen and duplication of services and lack of collaboration between providers are still commonplace. Linda Marks is exploring how FPCs and DHAs can work together and she is setting up and monitoring three local projects, two in London and one in Liverpool, to show what can be achieved by collaboration.

#### 1.2 Local experiments to improve primary health care

A clear plan has been devised by the LPEC for London Programme work on improving primary care services. A significant proportion of the committee's funds have been concentrated on 'growth points' in primary care, ie on centres that are a focus for innovation and change locally, rather than being spread more thinly on unrelated schemes.

A number of locations were identified by the project workers that offered opportunities for the London Programme to add to new developments in primary health care. The main features of the 'growth points' were strong local interest in improving primary care and several enthusiastic and energetic individuals thinking along the same lines as the London Programme. After negotiations locally and development of proposals approved by the committee, two experimental projects were established, one in Tower Hamlets and one in Camberwell.

In Tower Hamlets the post of 'development worker' in primary health care was created at the Centre for the Study of Primary Care in 1983. This post is a practical and local complement to the Centre's research on primary care in the NE Thames RHA. The idea behind the post is that someone working locally and intensively with everyone responsible for providing primary care can help to overcome barriers to change and encourage the spread of good practice. The worker operates at the grassroots level with nurses, GPs, consumer groups and others who often have good ideas that are not taken up. She also works at a political level, with decision making bodies such as the Local Medical Committee, FPC and health authority, to influence policy decisions.

Recent activities of the project have included bringing together the relevant statutory authorities to tackle the problem of rundown and inadequate general practice premises in the borough; working with professionals and consumers on plans for services in a dockland area with a rapidly expanding population; and producing clear information about primary care services for local people and for local professionals.<sup>1</sup>

In Camberwell, the Department of General Practice has taken on extra staff to extend its role and assist local GPs who want to improve the care they provide. Local GPs have been asked what assistance they would welcome and what help they feel they could give to colleagues. The Department acts as 'broker' - putting GPs in touch with each other and organising groups of GPs who are concerned about a similar problem. The Department has also become a channel for GPs' views to the health authority and has helped bring together health authority staff and GPs to work on improving particular services.

These two experimental projects have strongly influenced London Programme thinking about the processes of bringing about change in primary health services and have provided a model for the new projects funded by DHSS. They show that a great deal can be achieved in a relatively short space of time by someone with a brief to make contact with those providing primary health care and help solve practical problems. They also show how much more remains to be done before the quality of inner city primary health care matches that in more affluent areas. More importantly, the projects give valuable insights into how improvements in service quality might be secured: by giving more and better information to providers and consumers of services and by establishing more robust structures for planning primary care.

Over the coming year the progress of these projects will be followed closely. A commitment has also been made to help the project workers assess their achievements and to disseminate the findings. Our ability to learn from these pilot projects will be an important factor in the success of the DHSS-funded work and the contribution it will make to our understanding of how inner city primary care can be improved.

### 1.3 Family Practitioner Services

Working with officers and members of Family Practitioner Committees has been an important part of London Programme activity in 1985. Once considered a backwater of the NHS, FPCs now have the status of health authorities and new responsibilities for planning primary care services. In 1985 many London FPCs gained new chairmen and members and they are keen to see FPCs fulfil their new role and become a more powerful force than in the past. They are looking to the Fund for guidance and for advice on questions of management and planning. The London Programme has organised a number of conferences and workshops for FPC administrators, chairmen and members, and particular efforts have been made to include them in meetings of more general interest.<sup>2</sup> In collaboration with the King's Fund College recommendations have been made to the NHS Training Authority on management development for FPCs.<sup>3</sup>

It is planned to continue this work with Family Practitioner Committees in 1986, beginning with a meeting of London FPC Chairmen in January.

To complement these initiatives, the LPEC commissioned a guidebook on FPCs that describes their work and illustrates their potential to bring about change. FPCs are still a 'closed book' to many people and it is hoped that this new publication will increase understanding. It is also intended as a stimulating 'primer' for FPC members. The guidebook will be published early in 1986.<sup>4</sup>

The LPEC has identified several other issues on which little has been written and has responded by commissioning reports. A long-standing problem experienced by patients and others in London is that it can be extremely difficult to reach GPs by telephone, especially outside surgery hours. Judy Allsop and Annabelle May of South Bank Polytechnic were asked to look into the difficulties and to recommend possible solutions. Their report, Telephone Access to GPs, was published in February 1985. About 300 copies have been sold and it appears to have influenced DHSS to commission its own research into telecommunications technology that could help GPs.

#### 1.4 Community health service management

In 1982 the London Programme began systematically to build contacts with community health services managers. The aims were to make known the Fund's interest in primary health care and to encourage managers to look to the Centre as a place to meet and talk about their work. Groups of administrators and nurse managers began to meet regularly at the Centre and a 'network' quickly developed. While this was probably helpful in itself - by facilitating the spread of ideas and boosting the confidence of managers - it was the first step towards identifying specific practical ways in which the London Programme could help to strengthen the management of primary care services.

A number of activities and working groups have developed from the initial meetings. Some are self-supporting, for example the nurse managers have established a forum for discussing school nursing and relationships with ILEA. Others require input from the project workers, for example organising seminars to discuss innovative schemes developed outside London; holding multi-disciplinary workshops on community services management and on services for mentally handicapped people; and servicing a group preparing evidence for the DHSS Community Nursing Review Team.

These meetings have continued during 1985 and the discussions have reflected the upheaval and uncertainty that implementation of the Griffiths proposals has brought for managers of community health services. We hope that the peer groups for managers will continue in 1986, and will include the new community unit general managers. Most of the work with community unit managers, however, will now be carried forward as part of the new 'information exchange' project funded by DHSS, although it will continue to have strong connections with all the London Programme activities.

#### 1.5 The Acheson Report

One of the LPEC's continuing concerns has been the minimal response by the government to the Acheson Report on primary health care in inner London. In the four years since the report was published, DHSS has made only piecemeal attempts to ameliorate some of the problems described by Acheson. Locally, there has been similar inertia, with a few notable exceptions. This poor record prompted the LPEC to commission the Policy

Studies Institute to investigate why the Acheson Report apparently failed to make a significant impact on national policies or on services locally, even though there was unanimity about the problems it addressed. The findings are a fascinating study of health policymaking processes in Britain and they give important insights into the forces that sealed the fate of the Acheson inquiry. The report will be published jointly by PSI and the Fund early in 1986.<sup>5</sup>

## 2 HEALTH CARE FOR PEOPLE FROM DISADVANTAGED GROUPS

### 2.1 Black and ethnic minority groups

To make progress towards racial equality in health care, every London health authority must recognise that it has responsibilities as both an employer of a multi-racial workforce and as a provider of services to a multi-racial population.<sup>6</sup> The aim of the London Programme is to encourage health authorities to take positive steps to improve both their employment practices - to achieve equality of opportunity - and their provision of services - to meet the needs of black and ethnic minority groups.

These two aspects of racial disadvantage are being tackled in Haringey Health Authority by appointing an officer who, in collaboration with health authority staff, is exploring where and how changes need to be made. It is a three year appointment, and at the end of this time it is hoped that appropriate policies and procedures will have been developed and implemented and managers will routinely consider race as a relevant factor in every aspect of health authority business. Similar projects are being established by other health authorities, and it will be important to monitor their development to learn how more rapid progress could be made in this difficult field.

Improving maternity services for women from black and ethnic minority groups has generated a great deal of interest nationally. Two conferences, organised with the Maternity Alliance, were held in January and April 1985 to discuss a variety of interpreting, advocacy and educational projects from around the country.<sup>7</sup> In the coming year, the London Programme will concentrate on an aspect of service provision that has received much less publicity but where the need for change is equally great - services for elderly people from black and ethnic minority groups.

Work on equal opportunities in employment has broadened from an initial focus on race to a concern about discrimination more generally, particularly discrimination against women and people with disabilities. In the last eighteen months most London health authorities have adopted some form of equal opportunities policy but few have made much progress with implementation.<sup>8</sup> A group of personnel and training officers from the London authorities that are most advanced in implementation are meeting regularly at the Centre to share their experiences about running equal opportunity training programmes and to discuss ways in which they could assist other health authorities that are embarking on this process.

### 2.2 Health service users

The neighbourhood health projects that have sprung up in British cities during the last five years have helped to give local people a voice in decisions about their health and health care. They have been especially valuable in discovering what 'disadvantaged' groups think about the services

they may or may not use. To do this, project workers usually take a 'community development' approach to health, taking up local concerns, building on local resources, and involving people in discussions about health services that usually result in some sort of collective action to press for change. This work is described in more detail in the report 'Community Development in Health: addressing the confusions' which was produced in collaboration with the London Community Health Resource.<sup>9</sup>

During 1985 the London Programme continued to work closely with the Greater London Association of CHCs (GLACHC) to establish a liaison and development worker post and to continue the series of seminars on topics of concern to London CHCs.<sup>10</sup> Two GLACHC seminars were held at the Centre, one on general management and local accountability (23 May) and one to discuss the effects on patient care of NHS employment policies on disability, race and gender (29 April).<sup>11</sup>

Involving users of services in assessing quality and service development is an important theme running through the London Programme. It is also a theme that we hope to develop in 1986 in cooperation with organisations such as LCHR and GLACHC.

#### LOOKING AHEAD

The main themes of the London Programme will continue in 1986. Early in the year the LPEC, under the new chairmanship of Mr Peter Westland, will review its strategy, taking into account the developments described here.

The London Programme now has considerable experience of setting up development projects in the NHS and this is potentially valuable information for others attempting to stimulate change. What has not yet been established is the effectiveness of these projects and the conditions that determine success or failure. The new DHSS-funded projects are important because they offer opportunities to test on a larger scale the ideas and models that have been developed in a small way as part of the London Programme. This work is now moving into a phase in which documentation and evaluation of the projects that have been established will be one of the most important activities, along with disseminating the findings of this work.

The increase in the number of staff associated with the London Programme promises to benefit the work considerably in terms of bringing new interests and skills, and extending knowledge of primary care services and the capacity to work with local managers.

The fact that the DHSS has made a significant investment in primary health care projects that extend the work of the London Programme means that some LPEC resources can potentially be directed towards new initiatives. The LPEC will need to make difficult decisions about where to direct its attention and how to use its resources to maximum effect.

References

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- 11 **The effects on patient care of NHS employment policies on disability race and gender.** Report of a GLACHC seminar 1985. (Available from GLACHC)

APPENDIX

THE LONDON PROGRAMME

Projects receiving support in 1985/1986

			Total Allocation £
LPE81/16	Subregional resource allocation in the NHS	University of Warwick/South East Thames RHA	20,000
LPE81/46	Taking stock of general practice premises	Medical Architecture Research Unit, North London Polytechnic	34,000
LPE81/50	An evaluation of elderly client assessment procedures	Department of Applied Social Studies, North London Polytechnic	6,810
LPE83/4	Development worker in primary care	Tower Hamlets HA	52,000
LPE83/6	London Community Health Resource	London Voluntary Service Council	51,450
LPE83/38	Telephone access to GPs in London: review and recommendations	Judy Allsop, Polytechnic of the South Bank	2,700
LPE83/39	Camberwell primary medical care development project	Dr Roger Higgs, Dept of General Practice, King's College Hospital Medical School	29,250
LPE84/6	Development worker (ethnic minorities)	Haringey HA	54,600
LPE84/16	Study of the Acheson Report	Policy Studies Institute	26,240
LPE84/17 85/16ii	Effective FPCs: a handbook	Judy Allsop, Polytechnic of the South Bank	9,255
LPE84/20	Antenatal Project	Barnet Home Tutor Scheme	2,000
LPE84/18	Part-funding of health worker post	South East London Consortium	16,324
LPE84/33	Study of the role of health visitor in the Chalkhill Neighbourhood Project	Hessie Sachs, Brent HA	28,150

			Total Allocation £
LPE85/3ii	Anticipatory care in the inner-city	Dr J Robson Tower Hamlets	8,685
LPE85/16i	Part-funding of development worker post	Greater London Association of CHCs	34,905
LPE85/8	Bethnal Green Health Project	Oxford House Bethnal Green	5,000
LPE85/23	Contribution to study visit to Costa Rica	Nancy Dennis Centre for the Study of Primary Care Tower Hamlets	750
LPE85/31	Unemployment training initiative	South Bank Polytechnic	16,000
LPE85/32	Research worker	Tower Hamlets Health Inquiry	6,950
LPE85/41	Study of day care abortion service in Tower Hamlets	Doctors for a Woman's Choice on Abortion	14,493
LPE85/43	Psychiatric referrals from the police	MIND	23,250

## THE ASSESSMENT AND PROMOTION OF QUALITY IN CARE

Graham Cannon	Secretary to the Steering Committee
Paula Harvey	Secretary/PA to Dr Charles Shaw
Charles Shaw	Project Coordinator
Anne Stodulski	Library Projects Officer

The Management Committee of the King's Fund set up this project at the end of 1984 to stimulate the assessment and promotion of quality in health care in Britain. For this purpose "quality" is accepted as defined by a combination of criteria of service including effectiveness, acceptability (to consumers and providers), equity (of access and distribution) and economy. This generally excludes efficacy, clinical trials and resource inputs unless they are directly related to improving the process and outcome of the service. "Quality Assurance" (QA) is the process of assessment in order to maintain or improve quality.

Since this presents a very broad field, initial emphasis in gathering information about current activity will focus on acute hospital services. This is not to deny the relevance and later inclusion of long-term, primary and community care, which are already included in the literature information system.

### OBJECTIVES OF THE PROJECT

The overall purpose of the project is to:

- ascertain current activity relevant to QA in Britain;
- collate and disseminate information to assist the development of QA
- identify unmet needs in training, research and development and commission or otherwise promote activity to fulfil these needs;
- encourage QA nationally among individuals and statutory, voluntary and private organisations.

### TARGETS

In the short term these objectives imply specific actions for the project, including:

- make contact with interested organisations and individuals;
- establish and make available an information system on relevant literature and activities;
- highlight priorities for research and development in QA and commission work where appropriate;
- collaborate with other organisations at home and abroad.

## CURRENT POSITION

### Organisation

During 1985 the Steering Committee expanded its membership to include more expertise from without the King's Fund, but lost Barbara Stocking and Dr Tom Meade who had been the Committee's second Chairman.

### Contacts

Contacts have been made with a progressively widening range of UK organisations to establish their approach to issues of QA. These include national statutory, commercial and voluntary organisations concerned with management, planning and education of health services as well as individual health authorities and staff. In particular, we have held meetings with members of thirty-five of the Royal Colleges, institutes, societies and other national bodies representing health professions. Community Health Councils have been invited to tell us of practical steps towards quality assurance from the viewpoint of the consumer.

### Information

The Quality Assurance Information Service (QAIS) is one exploratory aspect of the work of the project and is a unique venture in that its development is closely associated with the DHSS Library, reflecting a growing desire in both organisations to develop information about quality assurance in a way that makes the best use of existing resources. The QAIS will be mounted on DHSS-DATA - the computerised database of the DHSS Library. In addition, work on other products of the service will be shared jointly - the proposed bi-monthly abstract journal Quality Assurance Abstracts will be published by the DHSS. An enquiry service based on the QAIS and incorporating information from the Information Exchange (which aims primarily to put people actively interested in QA into touch with each other), and other aspects of the work of the project will be offered from the King's Fund Centre.

The larger part of 1985 has been spent in choosing and implementing a microcomputer system for the QAIS. This machine will be used to enter and format material for DHSS-DATA; act as a remote terminal to the DHSS Library minicomputer; and be used to develop the Information Exchange and other small in-house databases. It is already used to produce selective bibliographies and individual replies for enquirers.

### Research and Education

The Steering Committee has defined criteria for commissioning research into quality assurance with a preference for serving needs identified by the project rather than fortuitous enquiries. High priority is given to developing methods (which could subsequently be transferable within the UK) of defining and measuring standards within acute hospital services.

As well as organising two one-day seminars at the Centre (on quality assurance in general, and on performance indicators), we have contributed to several programmes at the King's Fund College and at various meetings around the country. We are now collating the notes from a range of lectures into a volume which may be helpful as a starting point, especially for district officers who have recently been given a new responsibility for quality assurance.

### Collaboration

Outside Britain links are being developed with WHO (Europe), the National Association for Quality in Hospitals (The Netherlands), the Joint Commission on Accreditation of Hospitals (USA), the Australian Council on Hospital Standards, the Canadian Council on Hospital Accreditation, and others who may, by experience, contribute to the development of QA in this country. We act as the formal UK contact for the International Society of Quality Assurance and the European Newsletter on QA.

Within Britain we have also established contact with the Institute of Quality Assurance and others in industry, catering and management whose experience may contribute to the development of QA in health services.

### **PROGRAMME FOR 1986**

#### Publications

The first of the regular bi-monthly Quality Assurance Abstracts will be launched early in 1986. We think this will provide a valuable source for anyone concerned with health services in Britain; as the only publication in the world devoted to abstracts in quality assurance (a field generally dominated by North America) it will also be of some international interest.

We intend to publish notes of guidance on quality assurance, directed primarily at district-based services. The first edition will be a fairly hasty collection intended to meet some of the immediate needs of new appointees but it should provide a basis for a more comprehensive and authoritative handbook when more is known of practical successes and failures throughout the country.

#### Deputy Co-Ordinator

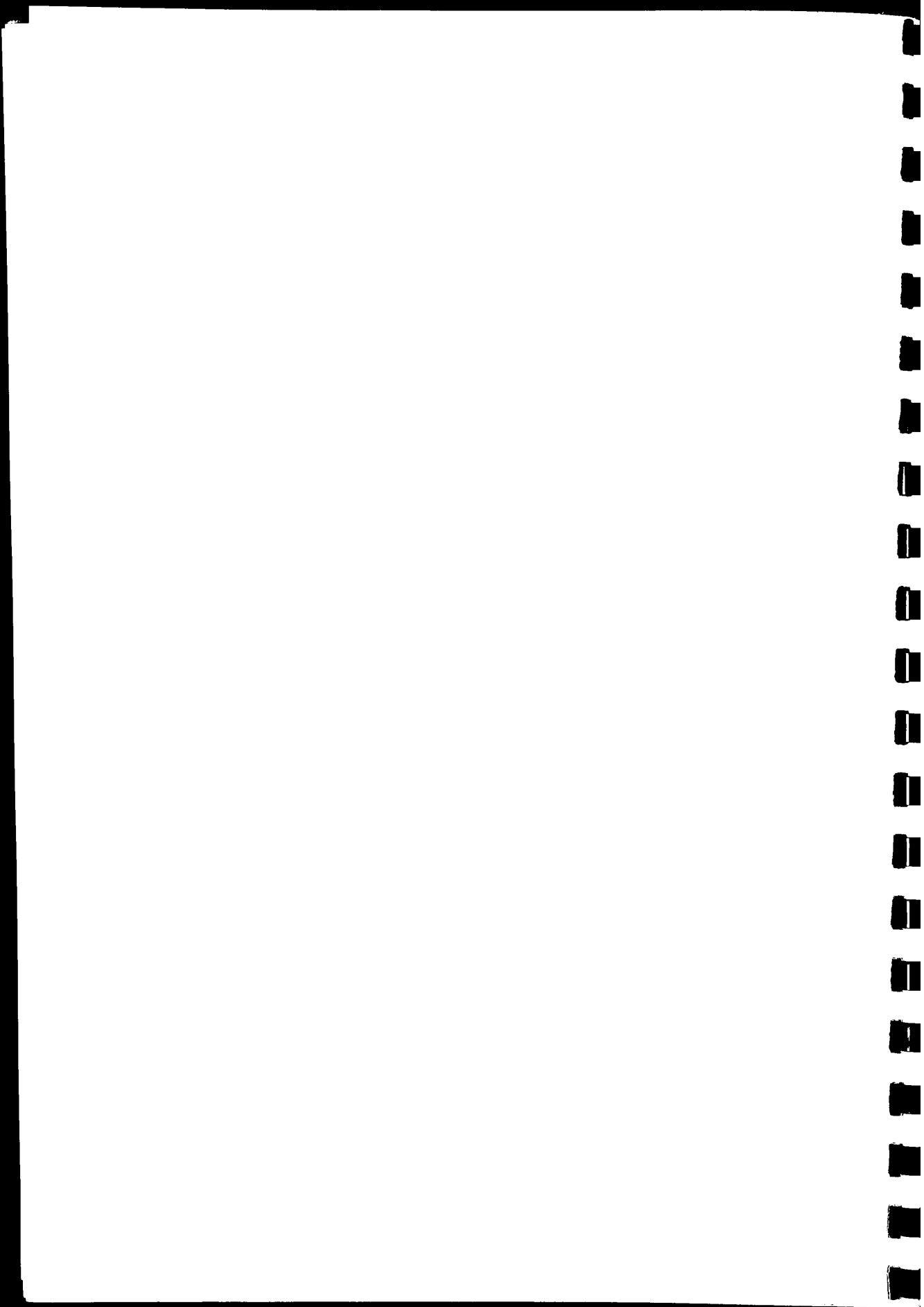
While Charles Shaw is attached to the project for only one day a week, capacity to maintain current activities is already limited. In order to develop the function of the project and, in particular, to meet demands following the publication of Quality Assurance Abstracts and the public launch, a full-time Deputy Co-Ordinator will be appointed early in 1986.

#### Project Launch

The project has hitherto developed relatively quietly in order to establish sufficient organisation and information to respond to the likely demands of a potentially enormous clientele. In early summer 1986, after the publication of the first issue of Quality Assurance Abstracts, we will formally launch the project and bring it to the attention of the public, the professions and the managers of the services.

#### New developments

Tasks to be completed or begun during 1986 include a review of Community Health Council initiatives, a survey of Regional Health Authority approaches to quality assurance and the piecemeal development of explicit standards for acute hospital services.



**SECTION 2**

**OTHER ORGANISATIONS**



## CENTRE ON ENVIRONMENT FOR THE HANDICAPPED AND ACCESS COMMITTEE FOR ENGLAND

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CEH is the national voluntary organisation concerned with the physical environment and disabled and elderly people. It operates a specialist information service on architectural design, has an expanding seminar and training programme and publishes technical design guidance and a journal 'Design for Special Needs'.

The Access Committee for England was established in 1984 as the national agency to promote accessibility for all disabled people; CEH provides the administrative base. The Committee works at national and local level with policy decision makers, building owners and managers, building regulators, architects, planners, designers and disabled consumers. It gives advice and support to local access groups, advises local authorities on the work of access officers, provides technical advice on the implementation of building regulations and has a quarterly newsletter 'Access Action'.

### CEH

For CEH the principal achievement of the year has been the establishment of the CEH Architectural Advisory Service, launched in February 1985, with the blessing of the Royal Institute of British Architects, to identify around the country architects, surveyors and others with expertise in designing for disabled people and to put them in touch with our many enquirers who are seeking reliable local professional help.

The service is based on a register of practitioners who are Members of CEH, have registered with the scheme, and who have undertaken to offer one hour's advice free of charge at their office, or at the client's home or office with travelling expenses charged. For subsequent work fees are charged on the basis notified by the practitioner. The register is compiled by regional lists, covers the whole of the UK, and is computerised. Application to use the service is free of charge.

Ten seminars were held in the year, on topics ranging from 'Health Authority Joint Finance for Housing Associations' to 'The Philosophy and Politics of Independent Living' and 'Designing Bathrooms for Disabled People'. An innovation has been the one-day exhibition of equipment to accompany seminars on aspects of housing design, and the involvement of manufacturers as key partners in the collaborative pursuit of convenient environments for disabled people. While testing organisationally, both for CEH and King's Fund Centre staff, the format is popular and worthwhile.

The major publication project of the year was 'Arts for Everyone', co-published with the Carnegie United Kingdom Trust. The book provides practical guidance on improving facilities and services at arts venues in order to help bring disabled people to the arts and the arts to disabled people.

In the Birthday Honours List Hugh Spencely, CEH's Chairman since 1977 when we were constituted as a charity with an elected management committee, received an MBE for services to handicapped people. It is both a personal honour and tribute, and a recognition of the value and achievement of CEH itself.

#### Access Committee for England

1 August 1985 was the first of what will be a series of red-letter days for disabled people. It marked the introduction of a new building regulation requiring access and facilities for disabled people on all floors of new office and shop buildings, and in other single-storey buildings used by the public. The Access Committee worked closely with the Department of the Environment to achieve a regulation that is both workable and acceptable to disabled people and building developers and owners. The Committee published in March 1985 its 'Access for Disabled People: Design Guidance Notes for Developers' so that developers and their architects can readily implement the new regulation.

The Committee, with the backing of the Royal Town Planning Institute, surveyed all 374 district planning authorities to measure the impact of the Disabled Persons Act 1981 and the involvement of local authorities in improving access in their localities. The results of the survey have assisted us in the formulation of operational priorities and programmes of work and have contributed to the preparation of a booklet 'Working Together for Access: a guide to the work of local access groups'. A publication on the role of access officers will follow in 1986.

Access groups are the Committee's greatest resource in achieving throughout England environments which are hospitable to us all. In 1986/87 we hope to appoint a development officer to support existing groups and to assist in the formation of new groups to work with every planning authority in England.

In less than two years the Access Committee under the enthusiastic chairmanship of Arthur Goldthorpe has made substantial achievements. The partnership with CEH is rewarding and productive for both.

#### Changes in 1986

In January 1985 we learnt that we would have to vacate our offices at the King's Fund Centre to make way for the new King's Fund Institute of Health and an expansion of the London Programme. CEH has had free accommodation at the Centre since 1976. When we were invited to set up the Access Committee for England, the Centre generously provided an additional office at a low rental. This was a key and much valued factor in the rapid establishment of the Committee and its early engagement on its important task. In addition, the availability of meeting and conference facilities, printing and photocopying at cost, association with the Centre and its network of contacts have made an enormous contribution to our work.

We have always known that our stay within the Centre would one day come to an end. We are grateful that it lasted so long, and appreciative of help from all Centre and Fund colleagues over many years. Our thanks are due most particularly to the Centre's Director, Graham Cannon, without whose commitment and support neither CEH nor the Access Committee would have prospered nor been so productive as they have.

The year-long search for new premises has been dispiriting, and has revealed a dearth of accessible office accommodation in central London. We are hopeful now that offices have been found and that we can move by the end of the financial year. We are deeply grateful to the Fund for agreeing to a grant to assist us in the move.

Although a wrench and an upheaval, good will also come from a new start in that we shall be able to take on new staff which are a pre-requisite for expanding programmes and services. The personal and professional linkages with the Centre are cherished and will be maintained.

Sarah Langton-Lockton  
January 1986



SECTION 3

ADMINISTRATIVE SECTION

1970

1970-1971

**KING'S FUND CENTRE COMMITTEE**

The following are the members of the King's Fund Centre Committee during 1986:-

**Professor Ian McColl MS FRCS (Chairman)**

**Professor Rosemary Crow MA PhD SRN**

**Miss Anne Dawar**

**Ms Shirley Goodwin BSc HVCert SRN**

**Professor Malcolm Johnson**

**Miss M O'Hare MSc**

**Dr C M Parkes MD FRCPsych**

**Dr G C Rivett MA MRCGP DObst RCOG**

**Dr Ian G Tait FRCGP**

**January 1986**

#### THE LONDON PROJECT EXECUTIVE COMMITTEE

The following are the members of the London Project Executive Committee during 1986:-

Mr Peter Westland (Chairman)

Dr Berry Beaumont

Mr Robert Davies

Miss Denise Dennehy SRN SCM HVCert

Ms Christine Farrell BA

Dr Edward Glucksman MD MRCP

Ms Christine Hancock SRN BSc

Mr Christopher Heginbotham

Professor Brian Jarman MRCP MRCGP

Ms Celia Pyke-Lees BA

Mr W G Cannon MA FHA

Mr R J Maxwell JP PhD

January 1986

**ASSESSMENT OF QUALITY IN CARE**

**Steering Committee**

The following are the members of the Steering Committee during 1986:

Miss H O Allen BA SRN SCM RNT

Mr D B R Bowden AHA

Miss A I Bromley MBE MCSP

Mr W G Cannon MA FHA (Secretary)

Professor R Crow MA PhD SRN

Dr C J Ham BA MPhil PhD

Miss J Hunt SRN BA(Hons) MPhil FRCN

Mr R J Maxwell JP PhD

Professor I McColl MS FRCS

Dr A Paton MD FRCP

Ms M Rigge

Dr C D Shaw MB BS MFCM LHA (Coordinator of Project)

Dr W van't Hoff MA FRCP

January 1986

KING'S FUND CENTRE

EXPLANATORY NOTE TO APPLICANTS FOR GRANTS

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The purpose of this explanatory note is to provide general information to applicants who approach the King's Fund Centre for a grant to enable them to develop an innovative idea. Clearly, the Centre Committee, with its limited resources, cannot support innovation in all fields of health care, but I hope that what follows will assist applicants in the task of completing a formal and thorough grant application.

The Centre Committee's general objective is to encourage innovative and worthwhile ideas for the practical provision of health care and its management. Neither the King's Fund nor the Centre support medical or scientific research since we believe that other bodies exist for this purpose. Our emphasis at the Centre is placed upon the practical use of the product of any proposal from the point of view of patients, i.e. the consumers, or those charged with the direct responsibility for meeting the needs of such consumers. Two other points of a general nature should be noted in connection with applications for grants. The first is that the products of any work done need to be generalisable and not of a nature which will benefit only the authority or the individual making application. The second point to note is that the Centre Committee does not normally make grants to individuals or bodies for work the responsibility for which is within the purview of existing statutory bodies. .

The King's Fund Centre has a special interest in six specific activities and it is within these and only these that the Centre Committee will consider grant applications. They are:

- \* the provision of information and the development of information services in health care management;
- \* education and training needs, with special reference to the needs of nurse educators and those working in what are described as the paramedical disciplines;
- \* long term and community care, with special reference to the needs of the severely handicapped and the very old;
- \* acute services, with special reference to the organisation of patient services in the acute field, whether hospital or community;
- \* quality assurance, at present the concern of a special working party which is concentrating upon the measurement of good quality care in acute hospitals in the first instance;
- \* the 'London Programme', is also the subject of a steering committee which is concerned with the special needs of London, and particularly the needs of those receiving and providing primary care in all its aspects. This committee is also interested in the needs of minority groups.

Proposals should be set out on a special application form obtainable from the Centre.

The Centre Committee, and indeed the two separate steering committees, will pay particular attention to any proposals falling within its remit, as described above, and will scrutinise especially carefully the methods and procedures proposed, which should be set out in detail. Other essential information will, of course, include a clear statement of the aims and objectives, as well as a description of the evaluation of the proposal at its conclusion, to determine whether or not the aims have been realised.

It is the Fund's normal practice to scrutinise applications internally and also to seek advice in appropriate cases from external assessors. It must be assumed that any application submitted may be subjected to that procedure. If, exceptionally, the Committee or the Fund's officers decide that there would be merit in applicants attending a meeting to elaborate or to explain their proposal, they will be told of that decision. It is our normal practice to acknowledge written applications on receipt and to reach a conclusion within at least three months.

#### **Small Grants**

A separate procedure is adopted for grants of less than £500. The subject matter of small grants is normally expected to fall within the six special interest areas described above. Applicants should write a letter addressed to the Director of the King's Fund Centre, setting out the purpose for which they are seeking financial help.

It should be noted that grants for travel abroad are only made in exceptional circumstances and then only if the consequences of such travel are likely to be directly relevant to the work of the King's Fund Centre as described above. It is normally possible to respond to applications for small grants within two to four weeks.

September, 1985

**W G CANNON**  
Director,  
King's Fund Centre

#### STAFF OF THE CENTRE

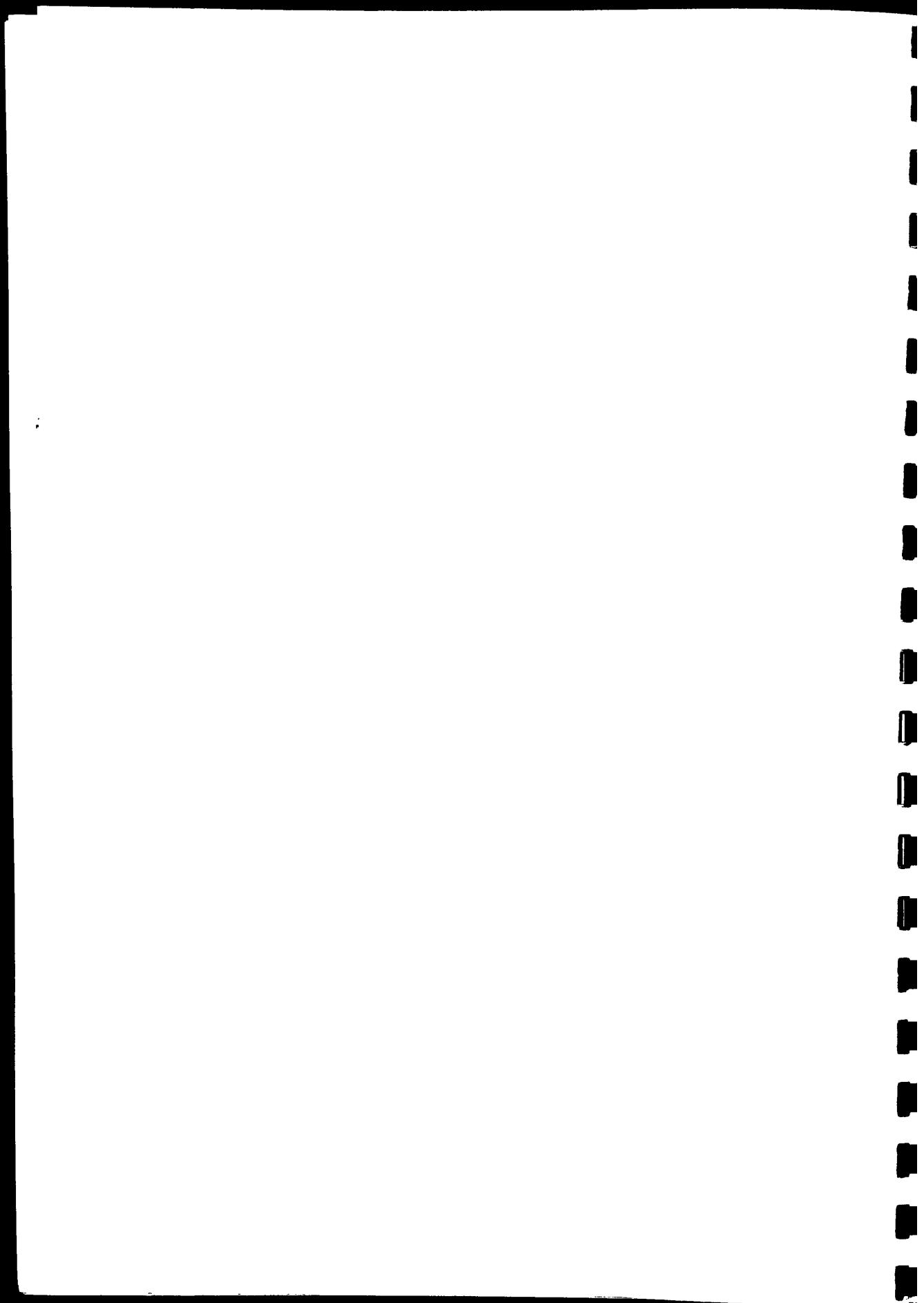
The following are the staff on the establishment of the King's Fund Centre as at 31 December 1985:

Mr W G Cannon MA FHA	Director
Miss H O Allen BA SRN SCM RNT	Associate Director
Mr K Morton BA FHA AMR	Associate Director
Mr J P Smith BSc(Soc) DER SRN RNT BTA (Cert) FRCN FRSH	Assistant Director
Miss D Bailey	Printroom Operator
Mr C Belz	Printroom Assistant
Ms P Brown BSc(Hon) RGN RHV cert DN	Development Worker (Inner City)
Miss S Cassell	Library Assistant
Mr R Carter	Admin Assistant (publications)
Mrs M Chekri BA ALA	Assistant Librarian
Mrs L N Coles	Catering Manager
Mrs S Cook BA ALA	Librarian
Ms Gillian Dalley BA MA(Econ)	Development Worker (Patch Project)
Miss C Davies SRN	Project Officer
Mr A Dobbie	Catering Assistant
Miss C Drury	Assistant Cook
Miss M Eldridge	Secretary to Mr Smith
Ms D Francis	Secretary, Long Term Care Team
Ms P Gordon MA MSc	Programme Coordinator (London Program)
Ms C Gorrara	Library Assistant
Miss P Harvey	Secretary/PA to Dr Shaw
Mrs S Hodge	Secretary/PA to Mr Cannon
Miss P M Hope	Clerk/Typist
Ms J Hughes MSc	Programme Coordinator (London Program)
Ms C Jacklin BA DipLib	Assistant Librarian
Ms C King BA	Secretary (London Project)
Mrs M Kornitzer	Secretary, Long Term Care Team
Mr H W Lord	Cashier/Accounts Clerk
Ms L Marks BA MSc	Project Coordinator (Inner City)
Mr L McElligott	Handyman
Mrs K McElligott	Caretaker
Mrs M McEwan	Library Assistant (part time)
Mr C Mills	Porter/Messenger
Mrs E Moran	Administrative Assistant
Ms M T O'Donoghue	Receptionist
Miss S Pallot SRN ALA	Senior Assistant Librarian
Mrs I S Reeves	Wordprocessing Supervisor
Mrs J Rush SRN DipSoc	Project Officer
Mrs M E Said	Conference Secretary
Dr C D Shaw MB BS(Lond) MSCM LHA	Quality Assurance Project Coordinator
Ms A Stodulski ALA	Library Projects Officer
Miss P A Tawn	Secretary to Miss Allen
Mr A J Thorne	House Engineer
Mr F G Topping JP MRSN	Administrator
Mrs D M Twitchin	Project Assistant
Mr J Tyson	Kitchen Porter
Miss H Vogwell BSc	Assistant Librarian
Mr J L Webster	Assistant House Engineer
Mr T Wheeler BA	Media Resources Officer
Miss A F Whittaker	Project Assistant
Ms K E Winn BA	Project Officer (London Program)
Miss A Wood BA	Library Assistant

OTHER ORGANISATIONS

Centre on Environment for the Handicapped  
Access Committee for England

5 staff  
2 staff



CONFERENCES, MEETINGS AND VISITS - JANUARY/DECEMBER 1985

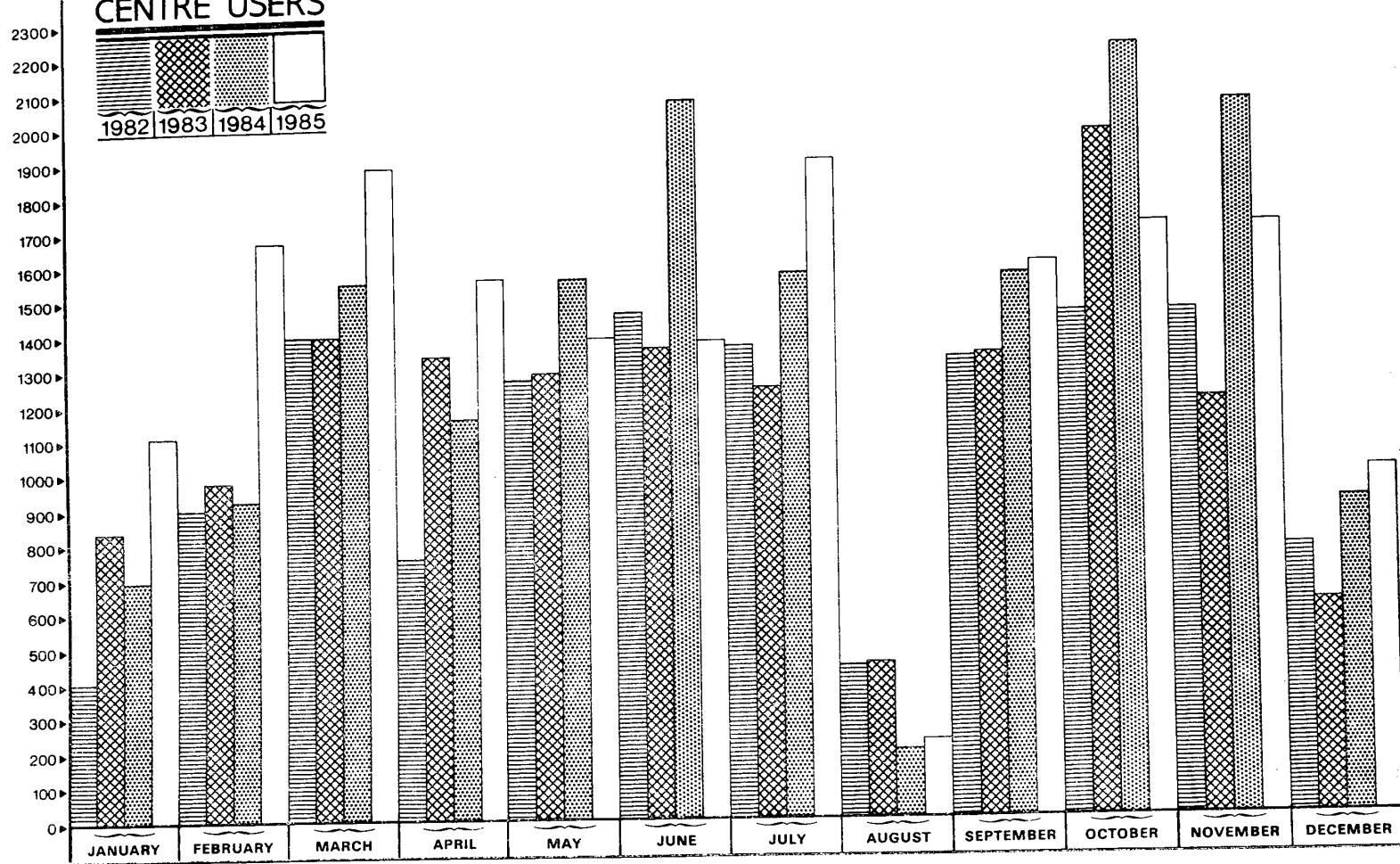
The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the new Centre at Camden on 9 August 1976. The attached papers give further information about the conferences and meetings held during 1985, and about the groups of visitors who come to the Centre during this period.

	No of groups	No of people
1977	481	13,075
1978	505	14,540
1979	498	13,544
1980	649	15,381
1981	562	14,064
1982	514	13,002
1983	563	14,028
1984	630	16,327
1985	638	17,107
	5,199	134,887

Below is shown a broad classification of the groups who made use of the Centre during the last four years.

	1982	1983	1984	1985
<b>Conferences and meetings organised by the Centre</b>	210	267	289	291
<b>Working parties, committees and projects with which the Centre is directly concerned</b>	31	19	28	22
<b>Groups of nurses, other staff and students visiting the Centre on study days</b>	26	26	32	36
<b>Groups of overseas visitors</b>	8	8	8	5
<b>International Hospital Federation overseas course on 1-day sessions at the Centre</b>	35	35	18	20
<b>Other organisations using the facilities of the Centre for their own purposes</b>	206	208	255	264
	—	—	—	—
	514	563	630	638
	—	—	—	—

## CENTRE USERS



The chart on the opposite page shows over four years the numbers of Centre users in graphic form. Although no monthly total achieved new heights, it is encouraging that the monthly averages were higher and the total number of visitors over the year was the highest yet.

**A few of the topics discussed at conferences and meetings organised by the Centre during 1985:**

An ordinary working life  
Bridging the gap  
Care attendance schemes  
Care of the terminally ill  
Community mental health centres information  
Continuing education peer group  
Equal opportunities group  
Health of the pre-school child  
Hospital clinical records  
Initiatives in maternity care - a multi-racial approach  
Nurse manpower planning  
Nursing research  
Patients discharged into their own homes  
Planning health services for children  
Psychiatry training group  
Quality assurance in action  
Respite care  
Training & transition

**Overseas visitors** from Holland, Malaysia, Scandinavia and USA took part in discussions at the Centre on health care services, both here and in their own country. The 1985 course for hospital administrators from overseas (34 members from 22 countries) attended 40 half-day sessions at the Centre.

**A selection of outside organisations** taken from a very long and wide ranging list, that have used the Centre facilities:

Age Concern England  
British Dietetic Association  
British Psychological Society  
Camberwell Health Authority  
Child Accident Prevention Trust  
Council for Postgraduate Medical Education  
Directors of Nursing Services  
Endometriosis Society  
Federation of Independent British Optometrists  
Greater London Council  
Guy's Hospital Medical School Health & Prevention Project  
Health Education Council  
Health Visitors Association  
Management Advisory Service  
NHS Computer Policy Committee  
NHS Training Authority  
Save the Children Fund  
Society of Community Health Council Secretaries  
South Eastern Consortium  
The Family Welfare Association  
The Open University  
Victoria Health Authority

RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the King's Fund Management Committee for the year to December 1985.

Expenditure	£	£ (1984)
Salaries	538,000	468,000
Lecture Fees	16,000	14,000
Wages-household	56,000	49,500
Rents, rates and insurance	180,000	178,000
Heating and lighting	33,000	34,000
Household supplies, repairs and renewals	53,000	46,000
Travel, subsistence and miscellaneous	22,000	19,500
Office and tutorial supplies	13,000	13,000
Telephone and postage	28,000	26,000
Publicity	5,000	4,500
Office furniture	35,000	32,000
Periodicals, books etc.	12,000	11,500
Audio visual/display equipment etc.	7,000	6,000
Catering	34,000	32,000
Publications	15,000	15,000
	1,047,000	949,000
 <b>Less receipts</b>		
Sale of books and publications	13,000	12,500
Conference fees etc.	105,000	95,000
Rents etc.	1,300	1,150
Contributions -	DHSS	349,000
	RHA	104,700
		325,000
		95,625
	573,000	529,275
	474,000	419,725

King's Fund



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