



King's Fund Centre

Review

1975 - 6

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**King's Fund Centre
Review
1975 - 6**

July 1976

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KING'S FUND CENTRE

APRIL 1975 - JULY 1976

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KING'S FUND CENTRE

3

1975-6 REVIEW

INTRODUCTION

The King's Fund Centre Review is a work of reference and is designed for those who have a responsibility for the Centre or work within it. This review continues the series of previous years, although certain changes have been introduced. The most significant of these is the fact that only a broad reference is made under each project to work carried out before 1975. This report concentrates on the activities of the Centre from April 1975 to the end of July 1976.

This latter date is of significance because it marks the end of the Centre's tenure of its first home 24 Nutford Place. The next report will be written covering the period from August 1976 to the end of December 1977 and thereafter there will be an Annual Review for the calendar year.

The main body of the report is concerned therefore with the work that has taken place and there is a reference to the work of other organisations who have been housed within the Centre and whose activities are closely related to those of the Centre. Appendices at the end gives details of members of two of the Fund's Committees, of the staff and statistics about the conferences.

Aims of the Centre

It is appropriate first to recall the original aims and objectives of the Centre which may be summarised as follows:-

- a) to provide a neutral forum at which there can be free and informal discussion of matters affecting the development of the country's health services,
- b) to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services,
- c) to be a meeting place and source of information for all those interested in health service matters - administrators, doctors, nurses, architects, engineers and other professional and technical staff, members of health authorities, manufacturers and indeed to any section of the health service world, at home and overseas.

These aims have remained unchanged since the Centre opened in 1963. No major difference in emphasis has taken place since then and throughout the Centre's existence it has been necessary to make a conscious effort to avoid dissipating efforts over too wide a field. The four main areas of activity on which work is being concentrated are:

- a) Information Services
- b) Long Term Care
- c) Education/Training
- d) Management/Planning

This review is in sections under these headings and each has a preliminary introduction.

Research and Development

In 1972 the Fund reorganised its Committee structure and established a Research and Development Committee as a Standing Committee of the Fund. The activities of this Committee and indeed of the Management Committee itself have closely involved Centre staff. In the ensuing years it is likely that this tendency will increase and the Centre's traditional function as a meeting place will be particularly directed towards the projects which the Management Committee and the Fund's Research Committee have supported.

A particular reference should be made to the Medical Records projects involving as they do, Guy's, Royal Free Hospital and the Department of Community Medicine at Nottingham University. The Fund is also supporting an investigation of the Association of Medical Records Officers, and these together represent a very significant investment by the Fund in this important area of management. It is self evident that medical records and the work of the information services at the Centre are very closely related.

Other Organisations

Since its inception the Centre has provided facilities for other related organisations and in the year under review the following have been supported:

- a) Centre on Environment for the Handicapped
- b) Spinal Injuries Association
- c) National Committee for Community Health Councils
- d) British Hospitals Export Council
- e) International Hospital Federation

In the near future the Association to Combat Huntingdon's Chorea will establish an office for a temporary period in the Centre, thus continuing this tradition of support.

This report is a composite report with sections prepared by one or other of the senior members of the Centre staff or an officer from some other organisation. In the year under review the Centre staff was sadly depleted by the tragic accident which resulted in the death of Brian Brookes, Assistant Director. With the cessation of activities at Nutford Place, coincidentally Miss M.D. Hinks and Mr. J.R. Elliott also retired. The value of the Centre is the value of the individuals who make it up, and the staff who are no longer with us will indeed be hard to replace. This perhaps applies particularly to the departure of Mr. Miles Hardie, in July 1975 when he took up the position of Director-General of the IHF. Happily in this position his contact with the Centre is maintained.

July 1976

W.C. Cannon
Director

INFORMATION SERVICES

The move of the King's Fund Centre from Nutfrod Place to Camden provides extended facilities for the Information Services which are probably greater than for any other section within the Centre. A purpose designed library is now available and this will be of great value since so much of the work of the Centre depends upon support from the Library staff. This group is headed by Mr. K. Morton, Assistant Director. The projects in this Review cover only those for which specific allocations have been made; the Service, however is a service for all those working in the field of Health and Social Services and this list of projects does not describe day-to-day running of the Library which is used continually by professionals, NHS staff and indeed the public six days a week.

LIBRARY AND INFORMATION SERVICES

Origins

1 The library has developed its present proportions and range of services during the thirteen years that the Centre has been housed at 24 Nutford Place. The collections which formed the library's nucleus in 1963 were built originally in the Fund's Division of Hospital Facilities and, reflecting the interests of those days, were concerned largely with hospital topics. The literature holdings have grown considerably in the intervening years, and have also widened greatly in subject coverage to match changes in NHS administration and a parallel broadening of the Fund's interests and activities.

Objectives

- 2 - To make available library and information services to anyone concerned with health services planning and management;
- to make available advice and information about the planning and management of libraries and information services.

Services

3 There is a specialised collection of over 12,000 reference books, and a quick reference section of some 500 general books and directories. About 200 periodicals, including several abstracting journals, are received regularly, and there is a large collection of annual reports.

4 About 5,000 subject files are arranged in the same classified order as the reference books. These files contain articles from periodicals, pamphlets and similar material which, although primarily for reference, form the basis of the library's lending service. This service is aimed at enquirers who have no adequate local library service and who are unable to visit the Centre; it must be borne in mind that the files contain only a small selection of the material published on given topics and, as a rule, library staff try to encourage users to adopt a less restricted approach to their reading.

5 The library is open, Mondays to Saturdays (except during public holiday weekends) from 9.30 a.m. to 5.30 p.m. The information service is available to deal with enquiries by telephone, letter, or personal visit. There is a library staff of eight, two of whom are part-time; included in the eight are two chartered librarians and one information scientist.

A national role

6 Strong links have been forged with other libraries serving the health services, including those at the DHSS, the Scottish Health Service Centre, several RHAs, and many hospitals and education centres. Both the King's Fund Centre library and the Scottish Health Service Centre library are recognised as advisory services for the planning and development of libraries. They also serve as focal points for librarians working in the health services, some of whom are professionally qualified but many of whom are not. The unique attraction of the meetings organised by the two Centres is that they bring together a mixture of librarians and information workers for which the professional associations do not cater. Not only do professionals and non-professionals meet together, but also representatives of services to the various health care disciplines together with librarians who are working in multidisciplinary situations.

7 During the past few years, library staff from the King's Fund Centre have assisted in setting-up or improving the 30 hospital-based library services.

An international role

8 Several European countries have hospital centres or similar institutes which conduct activities like those of the King's Fund Centre. For some years library staff of these institutes have been attending informal meetings and taking part in exchange visits to learn about each others' activities, and there has been a growing traffic of enquirers among the centres. Publications and bibliographies are exchanged on a routine basis, and new institutes are welcomed to the 'network' as they come into being. A direct outcome of this informal cooperation was the establishment, in 1974, of the International Hospital Federation Study Committee on Documentation and Information Handling. The Centre's Librarian and the Assistant Director responsible for library policy are both members of this Study Committee.

The future

9 The move to the new Centre at Camden Town will provide the library with significantly improved accommodation. With an excellent position on the ground floor, the library and its offices will occupy 2,600 square feet, compared with 2,000 at Nutford Place. In addition there will be a secondary storage area in the basement. The extra space, and additional storage facilities afforded by well-designed new library furniture and equipment, will provide 30% extra filing capacity in the library plus the basement extension; there will be seating for 24 readers, compared with 12 at present. Working conditions, for staff and users will be pleasant and conducive to efficiency. The library will continue to open on Saturdays in addition to the Centre's normal business hours.

May 1976

Keith Morton
Assistant Director

EQUIPMENT ADVISORY SERVICE

Origins

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

When the Hospital Centre at Nutford Place was opened in 1963 the Equipment Advisory Service (EAS) developed as a self contained unit separate from the general information and advisory services provided by the Library, but working in close liaison with the staff concerned.

The EAS maintains its own information files and catalogue library but provides the Library with copies of letters and other material for inclusion in its subject files and lending folders.

Aims

2 The aims of the EAS are to provide information on hospital equipment, supplies and services in subject areas that are not adequately covered by other sources, such as the information services provided by the Department of Health and Social Security, the Disabled Living Foundation and other organisations offering specialised advisory services, with whom liaison is maintained.

Scope

3 The EAS collects and disseminates information on a very wide range of products and services used in hospitals and other establishments concerned with the care of the sick and disabled, with some exceptions, the most notable being drugs and medical preparations, catering requirements and building materials. Market research statistics, prices and other commercial interests of the supply industries are also excluded.

Enquiries

4 Most of the enquiries are made by telephone, others by correspondence and some by personal visits to the Centre. Recent difficulties in mail services and the cost thereof have increased telephone traffic and this calls for fairly rapid access to the information required in order to reduce return calls to a minimum.

5 Mainly, enquiries come from supply departments of hospitals and local authorities concerning sources of supply, but architects and engineers ask for technical details of equipment they have to include in their schemes, whilst manufacturers and designers seek information on other types of equipment available in the field in which they are concerned.

6 Although Government departments, local authorities, hospitals, professional bodies and commercial undertakings form the majority of those using the service, there are many requests from private individuals seeking aids for nursing themselves or relatives at home. Some are not aware of the social services now available, others wish to avoid the embarrassment, the delay or the procedures involved in obtaining help from official sources. Such requests are received sympathetically and any information concerning sources of supply is usually accompanied by advice to consult the patient's doctor as to the suitability of the product and to consult the local welfare services regarding supply and installation. Other sources of information such as the DLF, British Red Cross and other associations dealing with specific ailments are quoted when appropriate. A considerable number of enquiries are received direct from overseas and help is often given to the British Hospitals Export Council in dealing with the enquiries they receive.

No distinction is drawn between subjects of enquiry or the status of the enquirer, and providing that the information is intended for the ultimate benefit of the sick and disabled, no request is refused, but some are re-directed to other organisations where some specific advice is available.

Collection of Information

7 The most rewarding aspect of this type of service derives from the ability to provide information in a wide range of subjects to grateful recipients, but the main routine is one of consistent clerical and filing operations to assemble the data in an easily accessible form. The number of companies listed as manufacturers, suppliers or agencies now totals over 7,700, showing an increase of 400 during the last year. The index of trade names by which many products are identified has over 13,000 entries. Details of products on which information is received and considered suitable for indexing are entered in a log and this year the entries numbered 1,500 bringing the total to 15,500.

Information Retrieval

8 The system by which information is retrieved has been described in previous reviews, and although it is simple and economic in terms of equipment, the manual and clerical work involved places a limit on the ultimate capacity for growth of the collection without an increase in staff or the introduction of some sophisticated equipment. The move to Camden, however, will provide much needed extra space for filing.

Publications

9 Owing to the ephemeral nature of the information disseminated it is inadvisable to produce large stocks of assembled data, such as an index of companies or a buyers guide for distribution. Lists of companies offering particular types of products are assembled as required to answer an enquiry and copies of these are filed for future reference and revision, if necessary, before re-issue. One exception to this has been the production of 'Disposable Products for Health and Social Services' of which seven editions have been issued since 1962. A further edition is in course of preparation, but publication will be held over until the move to Camden is completed.

Outside activities

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

Chairman	British Standards Committee - Hospital Castors
Chairman	British Standards Committee - Bedside Lockers
Member	British Standards Committee - Incinerators
Member	British Standards Committee - Tubular Equipment
Member	British Standards Committee - Sanitary Equipment
Member	DOHSS Committee - Trolleys
Member	UK Liaison Committee for Sciences Allied to Medicine and Biology

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

New King's Fund Centre

11 The Equipment Adviser has undertaken the organisation of the removal arrangements from Nutford Place to Camden. This has already entailed the surveying of all the furniture and equipment at Nutford Place and planning its reallocation on the new site. Later, there will be schedules and labelling instructions to prepare so that the Centre's activities can continue with minimum dislocation.

Evaluation

12 Since its inception the EAS has sought no publicity for its activities and it can be fairly claimed that to a large extent the growth in demand for its services has been the result of recommendation from other users, or organisations receiving enquiries beyond their own spheres of operation.

As most of the enquiries are received and answered by telephone, any appreciation is verbal and unrecorded, but occasional letters of thanks from postal correspondents indicate that the service is fulfilling a useful purpose.

The Future

13 The aims of the EAS will be to continue providing a service that meets the changing needs of those engaged at all levels in health and social service activities and with professional, voluntary, commercial or domestic interests.

S G Wakeling
Equipment Advisor

May 1976

A STUDY OF THE WORK ROLE OF MEDICAL RECORDS OFFICERS

Origins

1 The Association of Medical Records Officers (AMRO) received a grant of £4,000, in May 1975, to enable them to commission Inbucon/AIC Management Consultants to study the role of the Medical Records Officers in the reorganised NHS.

Objectives

2 - To specify the actual job function and content of medical records officers and to identify any major variations due to regional or local requirements;

- to identify any discrepancies between the role of the medical records officer as perceived by him, and the demands made upon him by those who use his services;
- to understand a medical records officer's perception of his job role as a member of the health care team, and his effectiveness within this role;
- to appraise the career progression potential and aspirations of medical records officers in the light of the reorganisation of the NHS, with particular reference to the requirements of younger officers;
- to ascertain the implications of the above for the development and training of medical records officers now and in the foreseeable future.

Progress

3 In the course of this study the consultant visited six health districts, four in England, one in Scotland and one in Wales, and held interviews with medical records staff, users and potential users, and administrative staff responsible for policy implementation. The aims of the interviews were

- to find out what kinds of people work in medical records, how they are motivated, how they are recruited and trained, and what levels of satisfaction they gain from their work;
- to find out what users expect from medical records, how well their expectations are realised and the reasons if they are not; to what extent users feel involved with medical records and in helping records staff to achieve good results.

4 Findings based on an analysis of these visits suggest that the function of medical records is largely neglected at all levels of NHS management. There is no evidence of effort to recruit staff with any management potential. It seems inevitable that, unless there are early and positive changes in management attitudes to the function, it will continue to deteriorate with the passage of time. Many medical records staff seem contented to operate in a responding rather than an initiating, role; their grading is generally poor,

and their working facilities and conditions are often very bad.

5 The consultant registered surprise at the lack of standardisation he found in medical records documentation and procedures, and he reported weak communication of basic practices with little or no technical guidance for lower staff. In general, he excepted Scotland from his criticisms, and he felt that prospects for better-quality service were grater there than in England and Wales.

Evaluation

6 AMRO officers are in the best position to judge whether or not this project has provided them with the kind of information they need for their own purposes. It would seem that the kind of approach used here, that of commissioning professional consultants from outside the NHS, might well have resulted in a degree of objectivity higher than that which could have been expected from 'inside' investigators. Such an approach might prove useful with other topics which can be expected to provok over-subjective responses from health services personnel involved in them.

The Future

7 Some of the problems outlined in the consultant's interim reports will need to be solved by AMRO and NHS managers if a better future is to be secured for the medical records function. It is suggested that concerted effort is required to improve the selection, training and management responsibility of medical records officers. Probably some follow-up work will be required, with deeper examination of some of these problem areas. It is to be hoped that AMRO and other involved bodies will be prepared to accept responsibility for this follow-up work.

May 1976

Keith Morton
Assistant Director

A CLASSIFIED FILING SYSTEM FOR USE BY NHS AUTHORITIES

Origins

1 West Dorset Health District were allocated £850 by the King's Fund, in November 1974, to enable them to appoint a part-time Research Officer to develop and evaluate a new filing system at their headquarters. It was proposed that the system should cover correspondence and reports, and that it should be based on a scheme which had been designed by the Wessex Regional Library and Information Service; this scheme is known as 'the Wessex filing system'.

Objectives

2 - Using a subject classified approach, to make more effective the retrieval of information within the various sections of the district offices;

- to introduce and refine the Wessex filing system;
- to help to devise a filing system which could be applied regionally and nationally throughout the reorganised NHS.

Progress

3 The project started in December 1974 with the appointment of the Research Assistant who, during the following twelve months, introduced the new system within the district offices - in General Administration, Personnel, Support Services, and Nursing Administration - and at the Community Health Council offices. Although Personnel and Nursing Administration have retained physically separate filing collections, there is a centrally maintained index to all files in the district offices that have so far been included in the scheme.

4 The General Administrator (Service Planning and Secretariat) is responsible for all secretariat services including the filing system, and the General Administrative Assistant in his department is charged with the day-to-day management of the filing system. There is a Clerk/Receptionist who undertakes the filing and who ensures that filing procedures are properly followed.

5 A general guide to the filing system has been drawn-up for use by administrative and secretarial staff. Detailed procedure sheets have been issued to all staff, explaining their responsibilities within the system, and telling them how to gain assistance if they run into difficulties. Various indexes are displayed in the filing locations to enable users to approach the system effectively.

Evaluation

6 There are obvious difficulties in building a system and trying to evaluate its success rating at the same time. Nevertheless, some evaluation has been achieved

through sample tests and spot checks aimed at measuring the efficacy of the system, and through analysis of staff responses to a questionnaire which was designed to reveal any major upsets created by the new methods of filing and retrieval. So far, it seems that there are no insurmountable problems but further operational experience is needed before a realistic evaluation of the system as a whole can be attempted.

7 The introductory and experimental phases of the project have highlighted several factors which the Research Assistant and his colleagues regard as essential to the setting-up and maintenance of an efficient filing system:

- Senior managers must be involved and committed from the start - it would be unrealistic to assume that enough time will be allocated to the filing function unless positive action is taken by managers at all levels;
- procedures and responsibilities must be clearly defined and written down, and must cover all stages of document production and control - generation of correspondence, allocation of filing codes, the filing processes, retrieval procedures, security aspects of lending the material, and so on;
- a filing system is unlikely to achieve long-term success unless it is supported by comprehensive indexes which enable users to make the best approaches to the system;
- efficient and attractive equipment helps to generate interest and confidence in filing staff and users alike.

The future

8 It is intended that the system shall be installed in some more departments within the West Dorset Health District, and it is hoped that continued use will reinforce and consolidate interest and support there.

9 A project report will be submitted to the Fund in the near future. It is hoped that this report will subsequently be made available to people working in NHS authorities who are concerned with revising their own filing systems.

May 1976

K. Morton
Assistant Director

PERIPATETIC ADVISERS FOR POSTGRADUATE MEDICAL CENTRE LIBRARIANS

Origins

1 In November 1972 the King's Fund allocated £5,000 a year for three years, with the agreement that the Nuffield Provincial Hospitals Trust would provide a similar grant, for the appointment of two peripatetic professional librarians. This was in response to a proposal put forward by the British Postgraduate Medical Federation, which body has been responsible for administering the project. The Federation, and many of the clinical tutors appointed to the 80 or so medical centres in the four Thames regions, were keen to improve library standards throughout the regions and felt that this could best be done by making available expert advice to the medical centre librarians, many of whom had received no formal training in librarianship.

Objectives

2 Detailed objectives were set out in earlier reviews, but they can be summarised as:

- to provide an advisory service on the planning, design and development of libraries;
- to organise training and study days for medical centre librarians and Secretary/librarians;
- to encourage inter-library awareness and cooperation;
- to assist in appointing new library staff in medical centres.

Progress

3 The project is now in its final year. While continuing to improve the effectiveness and morale of medical centre library staff, the two peripatetic librarians, have also had a direct bearing on the decision by the South East Thames Regional Health Authority to appoint a full-time, professional Regional Librarian; one of the advisers has, in fact, moved over to this post. There are encouraging signs that at least one other of the Thames regions will shortly follow suit. This means that continuity of the advisory service is assured even after the termination of the project, and that some emergence of regional library policies can be anticipated in some of the Thames regions.

Evaluation

4 The peripatetic librarians have worked well and successfully towards achieving the objectives of the project. They have been instrumental in aligning the attitudes of clinical tutors and administrators towards the development of better libraries, and they have influenced decisions to appoint professional librarians in some of the centres. Their presence, and the improvements they have wrought, were undoubtedly some of the factors which have contributed to the greater interest in library services now evident in some of the Thames regions.

The future

5 It can be predicted that many of the libraries which have benefitted from the advisers' activities will continue to strengthen and improve. As a result of their recommendations, the future should bring more appointments of full-time library staff and professional librarians. The project has helped to set the scene for future rationalisation of some regional library services so that, eventually, they will compare favourably with the regional services already operational in the Wessex and Oxford regions. It is to be hoped that other regions will in time feel encouraged to follow these examples.

May 1976

Keith Morton
Assistant Director

CARING AND COMMUNICATION

Origin

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

Objectives

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

Progress

3 Six all-day meetings have so far been held. In addition to opportunities for exchange of opinions and information, training sessions have been held, the subject being the choice of participants themselves. These include public relations, radio and television preparation and appearances, editing and the preparation of press releases, practical workshops for editors and joint discussion with the professional 'caring' press. Members have been very concerned over the difficulties of communication and are particularly worried by the frequent failure of vital information to reach those in the greatest need. A Working Party has consequently been set up to consider an approach to the BBC for a regular programme on disablement and this group is now working in close co-operation with a team of BBC producers on plans for a first series in the autumn.

Evaluation

4 'It's marvellous; we had no idea all this help was available: we've been working entirely on our own and feeling very isolated.' This was the reaction of the representatives of a small self-help group concerned with a rare physical disability after attending the first meeting. Those attending have benefitted from the exchange of views and the training sessions provided. A very comprehensive list of voluntary organisations dealing with handicaps has been produced and has proved of considerable practical value. One organisation with hostels throughout the country has asked the Centre to organise three special training days for branch officials in London, the North West and Scotland.

The number of organisations interested has grown steadily. Of the 140 societies originally approached with the suggestion of joint meetings, 81 have expressed interest and have taken an active part, and 48 have sent representatives to some or all of the training sessions.

The Future

5 The Centre hopes to continue to run training sessions as and when requested by the voluntary organisations concerned. The group will continue to press for a regular informative programme on BBC television to cover all types of handicap and in the pursuit of this objective, an approach is being made to all other known organisations dealing with voluntary organisations with which the Centre is in touch, to just over 280.

Publication

Caring and Communication. M Dorothy Hinks
Responaut Winter 1975 p.3.

M Dorothy Hinks
Research Officer

May 1976

HOUSE JOURNALS IN THE NHS

Origins

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

Objectives

- 2 (a) To help hospitals and health authorities to improve their staff relationships, communications and public relations by encouraging the establishment of house journals, newsletters and bulletins.
- (b) To help hospitals and health authorities to improve the standards and efficiency of their publications by means of conferences, annual workshops for editors, advisory and information service for enquirers and editors, and a biennial national competition.

Progress

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

(a) Annual Workshops for Editors and Editorial Assistants

The first meeting for editors was held in 1967 with 40 members. By 1971 it was necessary to hold two meetings a year and since 1972 this has been increased to three. Five workshops have been held this year and membership has included editors of social service and Community Health Council publications as well as patients' publications. Programmes, which include considerable practical work, are planned to meet as far as possible the varying needs of those attending each workshop. There would appear to be a quite high turnover of editorial staff and the majority of those attending each workshop are new to these meetings. With the help of the Bristol Health District, a workshop was held in that city for editors for the South Western RHA and South Wales. Two workshops have also been held for editorial staff of publications produced by voluntary organisations (see page).

(b) Enquiries and Information Services

Many enquiries are received by the Centre both from editorial staff seeking to improve their publications and from hospital and health authorities considering starting house journals or newsletters. Help is offered by individual correspondence, by lending folders containing useful material, and

by an occasional 'package' information service which includes material used in past workshops and reprints of relevant articles and samples of current hospital journals. A register of all known journals is kept up to date and editors are also supplied with individual copies of the Centre's quarterly newsletter.

A report of a readership survey undertaken by the Centre and published as a King's Fund project paper in 1974 is still in print and contains much useful information.

The King's Fund National Competition for Health Service house journals and the associated exhibitions are biennial events and were therefore not held this year.

Evaluation

4 When the first survey was undertaken four years ago the Centre could discover only 23 publications which could really be classed as staff house journals or newsletters. The number has steadily increased throughout the years. The number of enquiries for information received by the Centre and applications to attend workshops have also shown a steady increase. The number of publications of various types known to the Centre at the end of 1973 has risen to nearly 300. The disruption of reorganisation in April 1974 caused the demise of a number and the total fell to just under 200. New journals, newspapers, bulletins and newsletters are, however, continuing to appear with increasing rapidity, particularly at Area level and the number known to the Centre at the moment is now again approaching the 300 mark.

The Future

5 It is hoped that the handbook for editors planned some time ago will be ready in the near future. While continuing to run workshops in London, the Centre is making every effort to encourage the development of this type of practical training at regional level and there are indications of movement in this direction.

Publications

Hospital House Journals, M D Hinks, King's Fund Project Paper No 7, August 1974.

Grateful thanks are due to the British Association of Industrial Editors, a number of whose members have given unstintingly of their time and experience to advise and guide as well as acting as tutors in the workshops and judges in the national competitions. The Association has acknowledged the work done at the Centre by the award of associate membership to the undersigned.

M Dorothy Hinks
Research Officer

May 1976

SCHOOLS OF NURSING DIRECTORY

Origins

1 In May 1970, in response to a proposal from Mr. P H Constable, the King's Fund allocated £1,000 for the purpose of preparing and publishing a directory which would give details of all schools of nursing in the United Kingdom. It was decided that the directory would be a King's Fund publication and, as the work progressed, further grants were made to the total of £3,875. This figure does not include costs of printing and publishing.

Objectives

2 The primary objective was to publish a directory which would provide information for potential recruits to the nursing profession, to enable them to decide sensibly where to apply for training. It was aimed at schools of nursing, careers advisers, libraries, and any other sources of advice and information for intending recruits.

3 A secondary objective was to make the directory commercially viable, so that, at some later stage, the Fund might relinquish responsibility for its publication to some other organisation.

Progress

4 A first edition was published in 1971, followed by a second in 1974. Although the second edition was quickly rendered out-of-date by NHS reorganisation and changes in nurse training arrangements, it sold well. The King's Fund had intimated that it would not publish any editions further than the second, and approaches were made to the DHSS and some commercial publishing houses to see if the directory could be taken over by any of them. The DHSS, apparently encouraged by the success of the second edition, subsequently accepted financial responsibility for future editions to be published by Her Majesty's Stationery Office. The Fund's project terminated with the appearance of the second edition.

Evaluation

5 The first edition was somewhat experimental. It was well received by nurses, teachers and the youth employment service. The Briggs Report⁽¹⁾ commented favourably and went so far as to recommend that 'there should be an annual national publication listing educational institutions and courses similar to the King Edward's Hospital Fund for London Schools of Nursing Directory'. Sales figures for the second editions, reviews and users' comments indicated that it was welcomed.

6 It seems safe to conclude that the directory is now firmly established, and that it is found useful by many people who are concerned with the employment, recruitment and training of nurses. The fact that the DHSS have taken over responsibility for future editions would appear to support this conclusion.

The Future

7 The Fund is no longer directly involved, but it is worth noting that the third edition, at least, will be prepared by the same team (Lady Paulina Hadley, with cooperation from the staff of the Nursing and Hospital Careers Information Centre) that prepared the earlier editions. It is hoped that the new version will appear later this year.

Reference

(1) GREAT BRITAIN. PARLIAMENT. Report of the committee on nursing.
(Chairman: Professor Asa Briggs). London, H.M. Stationery Office. 1972. p.213.

May 1976

Keith Morton
Assistant Director

LONG TERM CARE

Previous reviews have described the work carried out from the Centre in the field of Mentally Handicapped and on the Care for the Elderly. The retirement of the Associate Director, Mr. James Elliott whose work has solely been concerned with mentally handicapped activities, has resulted in a merging of responsibilities which are being co-ordinated by Mr. David Downham, Assistant Director. The Fund's interest in Mental Handicap which now extends over many years will not cease, nor will its concern for the disabled be reduced. In this connection the Fund's links with the Disabled Living Foundation in particular have been of great value and in the ensuing months the Fund intends to devote resources to work on appliances for the disabled. In the mean time, the existing projects particularly in connection with the elderly as well as the mentally handicapped are continuing.

ANCHOR PROJECT

Origins

1 In 1973 the King's Fund gave a grant of £2,000 for each of three years to the Orpington Mental Health Association to cover the cost of the appointment of a social worker at Anchor House, Orpington.

Aims

2 The purpose of the project was to

- a) increase training and support for volunteers working with the mentally ill
- b) provide placement opportunities for trainee social workers
- c) provide support for relatives of the mentally ill and an expansion of the activities of Anchor House workers in the community.

Progress

3 Owing to the resignation of the social worker appointed and the delay in obtaining a suitable replacement, no further progress has been made since the 1975 report (see p.103 of 1974/5 KFC Review).

Evaluation

4 The project is progressing according to expectations and the scope of the Association's work has been broadened and intensified by the employment of the social worker.

Future

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

Kina Avebury
Chairman
Orpington Mental Health Association

June 1976

PETER BEDFORD PROJECT

Work training for long-stay patients from psychiatric and subnormality hospitals.

ORIGINS

1 The project was set up to test ways of enabling long-term institutionalised individuals to take practical control of their lives rather than remaining as a burden to be carried by the rest of the community. The work was restricted initially to people from the Camberwell Reception Centre but, as interest grew, it was extended to hospitals. The King's Fund gave a grant of £7,000 for a period of two years to support the training of patients from Friern Hospital.

OBJECTIVES

2 The starting point was the offer of employment and work training and then to offer housing, both on the basis of seeing what people might be able to do for themselves if given the opportunity.

The intention was to operate an employment and training scheme for two years for long-stay patients from psychiatric and subnormality hospitals.

PROGRESS

3 Regular referrals at the discretion of the medical and social work staff of several hospitals are received by the project and individuals are then offered work training outside the institution in one of a limited number of settings. After the limited training period, which can vary from two weeks to several months, the person is offered housing, and, if appropriate, full-time work which will take them off social security benefits. The training centres around the service industry activities of the project's trading company - John Bellers Ltd, and the project's own workshop. The John Bellers' activities include office cleaning, decorating and house repairs and gardening. The first of these choices is by far the largest, offering the most opportunities. The project's workshop does not provide full-time jobs, but offers opportunities to start working and to try out different jobs.

During the past two years a steady relationship has developed with the hospitals recommending patients, and a total of 22 individuals have taken part in the work programme and then moved into accommodation.

EVALUATION

4 a) Exceptions were made to the rule that the initial offer was of work and nothing else could be promised. In almost every case this proved to be of no benefit to the discharged patient at all; it simply led to confusion because the reality did not match the stated expectations.

THE MENTAL HANDICAP PROJECT

1. The Mental Handicap Project was established by the Fund in 1970 to run for five years, the prime objective being to provide an officer who would collaborate with hospital boards and committees and other authorities and organisations, in their plans for the improvement of services for the mentally handicapped (Management Committee Minute MAN 7900, 28 May 1970). In 1975 the Fund decided to continue the project for a year or two, and since September 1975 I have continued to serve, on a part-time basis, as Associate Director with responsibility for this project.

2. Each year's progress report has related, section by section, to the objectives originally declared, and which are summarised in the 1973 report. Sufficient information has been given in past years to show that progress towards those objectives has been steady, and thus, on this final occasion, a more general report is given.

3. Conference topics in the year under review have included

Review of international scene: Professor Gunnar Dybwad, USA
Speech therapy and the mentally handicapped
Outside the Walls: service in the community by the hospital-based team
Living in Hospital - 3 meetings
Adult Education for the Mentally Handicapped
Lost Souls - the mentally abnormal offender
Education and Training of Professional Staff

Forthcoming conferences include:

Employment of the mentally handicapped
Collaboration between parents and professionals

4. In the last report, reference was made to the exhibition Fun and Games, relating to play and toys for the mentally handicapped. Interest in this topic has continued to flourish: several thousand Fact Sheets on the topic have been sold and the training kit has been extensively borrowed. The week-long exhibition at Newcastle-upon-Tyne, mentioned in the last report, took place in April 1975; and in January 1976, a similar venture took place based on the Scottish Hospital Centre, which aroused wide and continuing interest in Scotland.

5. Workshops and seminars have taken place, some residential and some not, on collaboration between parents and professionals; on special care services for the mentally handicapped; and on the organisation of services for mentally handicapped children and their families. Some of these events have been in association with the Institute of Mental Subnormality, the Association of Professions for the Mentally Handicapped, or both.

6. In the field of staff education and training, a grant was made to Redland College, Bristol, to permit the holding of a five-week residential course for twenty nurses and others interested in developing creative activities for the most severely subnormal hospital patients. An encouraging evaluation of this experimental course has been received, and a summary article by the Tutor-organiser is to appear in *New Psychiatry*.

A further residential course, and a day-release course, are planned for Autumn 1976.

Because of the need expressed by the Training Project Officers, six further study groups were held by Mrs. Joan Rush in 1975. Each was attended by about 40 participants from various regions in the country. All disciplines involved in providing a service for mentally handicapped people and their families were represented, and there was a particular emphasis on those concerned with day-to-day work with the handicapped. We were also fortunate in having the participation of parents in two of the study groups: one which was concerned with the sexual and emotional needs of the handicapped and one which discussed adult education and the mentally handicapped. These study groups are now discontinued but there continues to be a link with some of the Training Project Officers who report developments which have taken place as a result of the study groups.

7. Further publications have been issued in the series of Mental Handicap Papers. Reports of issues up to and including No.5 have already been given: newer topics include:

- No.6 Adult Education for Mentally Handicapped People
- No.7 Lost Souls - services for mentally abnormal offenders
- No.8 Employment of Mentally Handicapped People
- No.9 Collaboration between Parents and Professionals

The quarterly Mental Handicap Bulletin has continued to be in great demand both in this country and overseas, and the future of this publication is considered in the section of this report headed The Future.

8. The government has now set up the Committee of Enquiry into Mental Handicap Nursing and Care, chaired by Mrs. Peggy Jay, and as the result of requests for information by that committee, a number of groups of hospital staff have convened meetings, using the King's Fund Centre's Mental Handicap Paper No.4 as a starting point; indeed, a reprint became necessary in order to meet demand. Since the Mental Handicap Paper was a discussion paper, rather than a series of rigid proposals, it is gratifying to learn that it is being used for the purpose originally intended - as a framework for discussion.

9. I continue to serve as a member of the National Development Group for the Mentally Handicapped which, after a year's hard work, is now emerging into a more public stage when it can begin to make statements, and can begin to deploy its much-needed National Development Team which will be helping the development of, rather than inspecting and reporting on, services to the mentally handicapped in hospital and community.

10. Increasingly, work has been carried out on the subject of long-term care, and the publication Living in Hospital, mentioned in the previous report, has now been issued and has had a wide sale. I have been involved in a BBC programme with dealt sympathetically with this subject in the magazine You and Yours on Radio 4. This general topic of long-term care is considered more fully in a separate report. It is mentioned here merely because the concern grew out of the insights gained in work with the mentally handicapped so that in effect, the Mental Handicap Project has provided the springboard for its successor, the project on long-term care.

11. A number of visits have been made. In the field of long-term care I attended a conference in Paris which was not outstandingly fruitful. In the field of mental handicap I have visited, and in some cases advised at, Salford, Dublin, Devon, Hereford, Camden, Shoreditch and a number of hospitals.

12. I have now resigned from the post of Secretary of the Association of Professions for the Mentally Handicapped but I continue to act as liaison between the Association and the King's Fund. The Association will be holding its Third Annual Congress at Reading University in July 1976, and continues to exercise its influence towards recognition of the need for parity of esteem between the many professions involved in delivering services to mentally handicapped people.

THE FUTURE

13. In paragraph 17 of last year's report I indicated that I had agreed to continue the project on a part-time basis till Autumn 1977. Since that report was written there have been a number of developments, and in particular it has been decided by the Fund to make a special effort in the general field of long-term care which includes mental handicap as one of a number of specialities which occasion long-term residence in hospitals. Whilst the Mental Handicap Project has provided a springboard for this long-term care project, and in particular has produced the publication Living in Hospital, and has sponsored a number of seminars, study groups, and a series of conferences, it seems that the time is now right for an advance to be made on a broad front and for the Mental Handicap Project as such to be brought to an end. Thus I have indicated my wish to retire from the Fund's service in the Summer of 1976. I will continue to be involved in mental handicap through my membership of the National Development Group for the Mentally Handicapped, and would always be prepared to offer help to the Fund if activities in mental handicap seem to call for this.

14. My Project Officer, Mrs. Joan Rush is now well acquainted with the mental handicap field, and for some months I have been engaged in delegating to her, tasks which I originally undertook myself. I propose to ensure that by the time I leave, she will be fully able to maintain the mental handicap interest within the broad project on long-term care.

15. I am particularly concerned about the future of the Mental Handicap Bulletin, and of the series of Mental Handicap Papers. Since I last reported it seems possible that the Department of Health will offer substantial and continuing support to the Institute of Mental Subnormality, which has just launched an information and resource centre for staff in all professions involved in mental handicap. The new resource centre has a librarian, together with facilities for copying material, making slides, tapes and so on. It seems to me that the Mental Handicap Bulletin could well find its new home within that resource centre, subject to some suitable financial arrangement being made, and I hope to be putting proposals to the Fund during the next few months, which will ensure that after the December issue of the Bulletin, responsibility will pass to the Institute of Mental Subnormality. The same thinking goes for the Mental Handicap Papers which would gain strength, I believe, from being issued by an institute with a strong multi-disciplinary team.

STAFFING

16. The contributions of Mrs. Joan Rush, Project Officer, and Miss Andrea Whittaker, Project Assistant, have continued to be vigorous and committed. Their efforts have meant that the project has achieved much more than would otherwise have been the case, and I feel that their involvement at the centre of the long-term care project will give the new project a great start.

CONCLUSION

17. By the time I retire I shall have completed nearly six years' service with the Fund, almost all my effort having been devoted to mental handicap, with the balance going to long-term care. There have been successes and failures, and it is not for me to assess or evaluate whether this particular project has been worthwhile. I hope it has, for I could not have been supported more generously or more understandingly by the Fund. I feel that my coming work with the National Development Group for the Mentally Handicapped will be infinitely strengthened by all the experiences I have enjoyed during the past six years.

May 1976

J.R. Elliott
Assistant Director

LIVING IN HOSPITAL

1. In May 1973 the Committee granted £3,500 for a project aimed at producing a handbook or checklist for use by members and staff of health authorities and community health councils, particularly those concerned with long-stay care. (Research Committee Minute RES 5B xviii).
2. The objectives of this project were set out on page 171 of the Centre Review for 1974/75.
3. The principal activities were to be the publication of an illustrated book on the social aspects of long-term hospital care: to be followed by various training activities. Action taken is as follows:
4. (a) Publication: The book, entitled Living in Hospital, appeared as planned in the summer of 1975. In spite of the high price (£2.50), the book has sold well and has attracted many favourable reviews, including extended articles in The Lancet and The Daily Telegraph.

A loose-leaf version of the '100 Questions' listed at the back of Living in Hospital is also on sale in quantity at 5p. per copy.

- (b) Mrs. Rush has developed a study pack of slides accompanied by literature and training suggestions. This is being marketed through the agency of the Medical Recording Service Foundation.
- (c) Some seminars and study groups have been conducted by Mrs. Rush:
 - (i) The first two-day residential seminar was held at the King's Fund College in November. It was attended by teams from three area health authorities, and the participants included administrators, doctors, nurses, social workers, a physiotherapist, and two community health council members. All were concerned with different areas of long-term care and used the publication Living in Hospital as a basis for their discussions. At the end of the seminar, each team presented plans for action.

Many were concerned with transmitting ideas to other members of staff through study groups and seminars, either on a single discipline or multi-disciplinary basis; or through making links and feeding information to Health Care Planning teams. Other participants were also considering direct action on an individual basis. For instance, the social workers wanted to implement the ideas contained in the section "Links with former life", and one nurse was concerned with the section that dealt with the pattern of the patient's day and ways of initiating a more flexible approach.

There will be a recall meeting later in the year when the teams will meet to discuss how far they have been able to implement these ideas, and perhaps identify constraints.

A second residential seminar on similar lines will be held at the King's Fund College in May.

- (ii) There have been three study groups for staff working in units for long-term geriatric patients. These have been based on an area level with participants working at ward or unit level. Most of the participants have been nurses but there has been some input from physiotherapists and occupational therapists. The discussion has centred around the issues raised in Living in Hospital and this has been supported by the '100 Questions' and the slide programme.

(d) Study groups for staff from units for the younger disabled have been organised by Mrs. W. Arnett-Rayson, who is reporting separately on this topic.

(e) A one-day conference on Living in Hospital was advertised and as a result of one advertisement, so many applications were received that, in all, three separate conferences, each for 90 people, had to be organised.

(f) Because of the pressure for places on the "Living in Hospital" conferences, regional health authorities were offered a one-day workshop at the King's Fund Centre to consider action that might be taken at local level to organise conferences, study groups or courses. Teams from four regions attended, and participants included doctors, nurses, administrators, social workers and training officers. A number of methods of training were discussed, together with resources that might be available through health, social services or further education channels. There will be a further meeting in 1976 when teams from each region will report on action that has been taken.

(g) A number of illustrated talks on Living in Hospital have been given, under the auspices of the King's Fund College, to senior and junior administrators, to community health council members, and to overseas courses.

5. The original grant of £3,500 remains largely unused, apart from a small expenditure on launching the study-pack programme.

6. The publications and supporting activities should be seen as one component only of the broader-based programme on long-term care which the King's Fund Centre is now developing, and which is separately reported upon at page

May 1976

J. R. Elliott
Associate Director

b) Over the last year a regular contract was entered into between the project and the participant that lays down the terms upon which the two parties come together. This seems to be very important since it places a certainty where there is often only hope and fiction. Should difficulties arise over the purpose of the exercise then either party is able to refer to the contract for guidance.

c) The variety of work opportunities offered is far from sufficient. There is a need to have an infinite number of possibilities as it is far too easy to take quiet acquiescence as willing acceptance of what is offered. People with long institutional backgrounds have little experience on which to base their judgement of any facility and often have difficulty in openly expressing dislikes. The most honest way of ensuring freedom of choice in such a situation is to offer constant alternatives so that real and not notional choices may be made.

d) The gap between earning the maximum disregarded income while on Social Security (£4) and earning a living, is often very difficult to bridge as it has to be crossed in one bound. In areas such as cleaning and decorating it is reasonably easy because the wage is directly related to the quantity of work that has to be done in each session. In other workshop activities the jump is often not possible. The project needs to be able to offer more full-time jobs and assess the level of subsidy needed to carry a person on to that stage.

e) People who have taken full-time work in the service industries can then pay their own way. After the training period, no subsidy seems to be required.

f) The minimum working week required to take a man off social security is twenty hours. This is usually organised in five or four hour shifts. There is little doubt that the availability of such a relatively short work period is essential to people who are newly returned to employment - or in some cases having their first taste of real work. The standard 35-40 hour week is beyond their capacity and if the 'elastic' week did not exist then such people would continue to be regarded as unemployable. Once the 20 hours is achieved then there is need of the prospect of achieving 35 hours if the individual feels capable of this.

g) The work groups are always mixed because grouping people according to their institution of origin is seen as a positive disadvantage. The common factor that is emphasised is the willingness to work and it is around the doing of a job that people come together. The office cleaning particularly functions with a work force that is reasonably evenly balanced between those who are project participants and people recruited from the open market.

FUTURE

5 The work training is now regarded as being essential, along with the obligation undertaken by the project to continue offering employment for as long as is required. The existing training and employment procedures are to be extended and maintained, and some local authority funding is now available for this, particularly from the London Borough of Islington. An area that demands experimentation but which the project has so far been able to give little consideration, is that of job placement within the open market. Three main areas will be looked at in the next couple of years -

- a) The extension of work opportunities to include a greater variety of work, more variations in the hours and times that can be worked and changes in the structure of employment itself.
- b) Setting up of group training schemes based both inside and outside of the institution.
- c) The establishment of the project's own placement service or preferably, co-operation with another agency.

Richard Grover
Peter Bedford Project

June 1976

CASE AIDS IN A PSYCHIATRIC HOSPITAL

Origin

1 Following a tour of volunteer programmes in the U S A on a Churchill Fellowship in 1973 Mrs Jeanne Lewington, Voluntary Services Organiser, was awarded a King's Fund grant of £2,870 spread over two years for the establishment and evaluation of a first Case Aid Volunteer Programme in the United Kingdom. King's Fund Research Committee Minute 19g refers.

Objective

2 The objective was to introduce a Case Aid volunteer programme into a psychiatric hospital in this country whereby specially selected and prepared volunteers might work in a one to one relationship with psychiatric patients, aiming for specific goals and receiving support and supervision by ward staff and also in regular group meetings supervised by a social worker and the Voluntary Services Organiser.

Progress

3 The setting up of the pilot project involving the recruitment of volunteers, running and induction programme, matching volunteer with patient, structuring supervision and consultation opportunities were described in the King's Fund Centre Review 1974/75. During the second year the Consultant Psychiatrist involved in the project and the Voluntary Services Organiser stepped aside from the ongoing 1975 Case Aid work in the hospital to process data collected in the pilot project.

Evaluation

4 The researchers were particularly interested to look at the contacts made over the year, any changes in patients which might be associated with this new relationship, and revision of professional attitudes to involving volunteers in one to one work with their patients.

Case aid and patient contacts

The programme called for regular weekly meetings between Case Aid and patient. In the beginning these tended to take place in the ward situation, but very quickly new venues became possible. Records kept of meetings between volunteer and patient argued high motivation on both sides.

Some supervision was provided in the ward setting by nursing staff, but the main supervision opportunity took place in fortnightly group meetings of Case Aids led by a senior Social Worker and the Voluntary Services Organiser. This provided a strong support system in the project. Various meetings took place with doctors and nurses involved in the programme and a Nursing Officer and Psychologist interviewed Case Aids and patients individually to assess what changes had been possible because of their inter-action. These issues and others are described fully in a paper on the research 'A First Volunteer Case Aid Programme in a Mental Hospital' - pending publication.

Five of the initial ten patients referred were helped to make a move back into the community. One patient who was elderly died in a 'flu epidemic. Of the four patients remaining in hospital, two continue to be visited by their volunteers although not in such a goal-orientated programme. Seven further Case Aids were recruited into the project during 1975 and assigned to individual cases. Those goals set by the therapists were attained. Of these seven patients four were supported by their Case Aids in moving back into the community. All the volunteers are continuing to meet with their patients.

Staff attitudes

During these last two years it has become apparent that staff attitudes have changed. Mrs Lewington has now moved away from the hospital to a community based post. However, the new Voluntary Services Organiser has been involved in the work throughout, thus ensuring continuity. From present discussions it is apparent that, although, the project itself has concluded, more and more doctors are referring their patients for this type of volunteer help, carefully structuring specific goals for them to work towards together. Within the ward situation doctors and nurses are now much more prepared to offer support to the volunteer. In some cases the Voluntary Services Organiser and the volunteer concerned with a particular patient have been invited to case conferences, something unheard of in the past. It would appear that to a large extent the initial resistance encountered to involving volunteers in this close one to one work with psychiatric patients has been worked through. From the volunteer's point of view, too, perhaps the time has come when he or she no longer wants just to be shepherded onto a ward 'to help', but values a specific assignment with one patient so that a true relationship can be developed.

The Future

5 It is hoped that other Volunteer Case Aid programmes may be developed in psychiatric hospitals. Where this is not possible perhaps some of the features of such a project might be incorporated into existing volunteer programmes. In the White Paper 'Better Services for the Mentally Ill', the value of long stay psychiatric patients in mental hospitals being befriended individually by volunteers is stressed. It is suggested that the concept of using voluntary case aids as described in the project supports this.

Jeanne Lewington (Mrs)
(Formerly V S O
St Crispin Hospital, Northampton)

June 1976

STUDY DAYS FOR STAFF FROM UNITS FOR THE YOUNGER DISABLED

Origin

At a suggestion from the Department of Health and Social Security, a series of study days for staff from the units for the younger disabled were held at the King's Fund Centre during the early part of 1975. It was felt that there was a need for greater co-operation between all branches of the Health and Social Services and the voluntary organisations involved in caring for the disabled. In this way the needs of the disabled could be more adequately met.

Objectives

It was hoped that this series of study days would enable staff responsible for the provision of care, to discuss with each other the problems they encounter, their solutions to them, if any, and to study their approach to care. Some of the information and conclusions resulting from the discussions might prove to be of value to others working in this field, and to make a contribution to the planning of services and further education of staff in these areas. It is hoped that a report will be circulated to interested parties.

Progress

Four study days were held at monthly intervals. 30-35 people attended from hospitals, local authorities and voluntary units. The later meetings were attended by disabled members from 3 different types of units. A residential point of view was most helpful in the discussions. It also gave staff the knowledge that residents did have appreciation of their own short comings and frustrations and had a sympathy with the staff in fulfilling their duties. One day was devoted to the planning of buildings and the type of environment best suited to the disabled. Mrs Jean Symons from the Centre of Environment for the handicapped attended this day.

During the study days, participants were able to explore difficult and sensitive areas, and found the experiences so helpful that they recommended that a similar course should be held in the autumn for colleagues from their own and other units.

Evaluation of Study Days

The series of study days was felt to have been a most helpful experience for participants. It had reduced their feelings of isolation and had given them an interesting opportunity to hear about other units and their problems. As many units catered for a limited age-group or a specific type of disability it was also helpful to learn about other groups and to develop an appreciation of the different approaches to care.

Participants drew attention to a lack of communication between various types of homes but felt that the series had helped to improve the situation a little. It was felt that an interchange of residents between homes for a holiday period could be a possibility. The contribution on the design of accommodation and environment for the handicapped would have been more useful if examples of good practices had been illustrated.

The inclusion of disabled people in the study days had been most useful and constructive and had helped to bring out the value of partnership in caring. It might however be helpful in future to bring in the disabled participants at the second rather than the third study day and to encourage them to participate in all the discussions.

A number of topics merited further attention at another study day or during a future series. These included the stress placed on the relatives of the disabled, the involvement of staff with the emotional and sexual problems of the people in their care, the counselling of staff and especially senior staff and ways of reducing the boredom of disabled people and breaking down the rigid barriers between full employment or voluntary work. More flexibility over this might produce cost savings.

Future

A further series of study days were started on 6th October and will continue until January. After these days have been completed an evaluation will be made.

May 1976

W. M. Arnett-Rayson
Exhibition Officer

CLOTHING & DRESSING OF HANDICAPPED PEOPLE

Origins

1 This project arose from an application from the Disabled Living Foundation for a grant to help with the preparation of a manuscript for a book on problems of clothing and dressing of handicapped people. In May 1972, Development Committee agreed to allocated £5,000 for this project over 18 months (Minute Dev 72/43).

Objectives

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

Progress

3 During the period of April 1975 to July 1976, the text of the book has been re-written and shaped into its final form. Four chapters (8-11) as envisaged in the last report have been omitted, partly because some of the ground had already been covered in existing or prospective DLF publications and partly to avoid undue length. The illustrations have been completed and the accompanying text written and checked for accuracy. A title has been agreed upon - 'Dressing for Disabled People - A Manual for Nurses and Others'.

4 A final meeting of the Steering Committee took place in February 1976, at which the illustrations and text were shown and a tentative timetable for the book drawn up.

Evaluation

5 Until the book is published it is not possible to evaluate the content.

Future

6 The completion of the project has taken somewhat longer than expected in the last report, but it is expected that the manuscript will be in the hands of the printer by the end of May. The Management grant of £2,500 towards publications costs is most gratefully acknowledged.

(Miss) B M Stow
Director
Disabled Living Foundation

May 1976

THE GROWING NEEDS OF THE GROWING OLD

Origins

This exhibition was held for the period January to April 1975, at the request and in co-operation with the Hospital Advisory Service of the Department of Health and Social Services.

Objectives

The purpose of the exhibition was to encourage good practice in the field of long-term care and to try and ensure the maximum use of all available resources. The exhibition was used as a medium for 'teach-ins' for staff from long-stay hospitals, and it was hoped too, that administrators and medical staff at all levels would be encouraged to take a good hard look at their own hospitals to see where areas of change were required.

Progress

- 1) Long-stay hospitals, schools and residential units were invited to send teams to the exhibition.
- 2) Informal discussions were promoted between visiting teams and this was a daily occurrence while the exhibition was open.
- 3) Many hospitals organised weekly visits for different teams.
- 4) Multi-disciplinary planning teams found it a very useful venue for discussing current problems in their work. Full use was made of the current literature on display, after which full use was made of the Centre's library and information services.

Evaluation

The exhibition proved a very successful and interesting one which attracted many visitors, particularly nurses. Most of the visitors made favourable comments about the exhibition and especially the audio-visual programme which started many interesting and enlightening discussions. It is now in the catalogue of the Medical Recording Services Foundation and is available for general use. Mainly because of lack of space, it was only possible to concentrate on services for the elderly in hospital. Many visitors asked that future exhibitions should place greater emphasis on the development of community services for the elderly.

Future

It is expected that in the future of the project on long-term care, information and experiences gained will be fully utilized. It is also hoped that in any future exhibitions, more stress will be given to community services.

May 1976

W. M. Arnett-Rayson
Exhibition Officer

ART FOR THE ELDERLY

Origins

1 A request was received in 1970 from the consultant in geriatric medicine at Guy's Hospital for a research grant to enable a teacher of art, Miss S Poulden, to develop art classes for the elderly patients in both hospitals and residential homes. The Development Committee made a first grant of £900 and later in November 1971, a further grant of £1,250 for each of two years was made. In December 1973, the Fund's Research Committee allocated a final grant of £3,000.

Objectives

2 The main purpose of the project was to demonstrate the value of the teaching of art as a serious subject to patients in long-term care, as a means of reducing apathy and depression.

Progress

3 As a result of the comprehensive art classes in geriatric wards of general hospitals and in private residential homes, it soon became clear that the major need was for an adequate supply of trained art teachers specially equipped to undertake the teaching of art to this particular group of students, and under unfamiliar conditions. Efforts were therefore concentrated on the development and evaluation of a part-time course for such teachers. This was carried out at Goldsmith's College, University of London, with the support of the Art Inspectorate of the Inner London Education Authority. The experiment has proved so successful that the course has now become established and the lecturer has been appointed to the ILEA staff. Selected students for the first two courses have taken a further special course to qualify them for tutorial work in future training courses.

In March 1974, the King's Fund Research Committee gave a grant of £10,500 to Guy's Hospital for the building, to Miss Poulden's specification of an art studio adjoining the geriatric day centre at New Cross Hospital which was opened late in 1975. Throughout the progress of this project the King's Fund Centre has run conferences to publicise the teaching of art to elderly long-stay hospital patients; has mounted exhibitions of the work produced by these students and has organised discussion sessions for multi-disciplinary professional groups from hospitals where these art classes are held.

Evaluation

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

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

Art classes for elderly long-stay patients held by qualified art teachers who have received this special training are now established in 12 London hospitals, all of which have provided special accommodation away from the wards for use in an art studio. The value of such activity can be seen from the comment of one teacher - 'the staff, both nurses and administration, are amazed at the results. They didn't think these patients were capable of anything, as on the whole, they have sat around the hospital doing nothing and saying nothing. New friendships have started up, and some are talking together who have practically given up all conversation altogether.'

Miss Poulden has lectured on the subject to a variety of interested groups and has ran pilot training courses in Manchester. She is at present setting up an advisory centre for the teaching of art to the elderly in geriatric care.

The Future

5 An increasing number of enquiries are being received from hospital and residential homes in other parts of the country wishing to introduce similar activities in their own areas. In order to cover this need and to develop a new approach for the future the Fund and National Corporation for the Care of Old People are supporting the extension of this work outside London. Although financial support has ceased, the Centre is represented on the project's Steering Committee and continues to offer facilities for meetings and exhibitions.

A week's residential course, open to teachers from all over the country has been arranged to take place at Goldsmith's College in July of this year; this is believed to be the first of its kind in this country.

It is hoped that, as a result of such development in the training of teachers, supported by local education authorities, more and more hospitals will avail themselves of their services for the benefit of their long-stay elderly patients. In particular it is hoped that the proven value of this activity to patients will encourage health authorities to consider the provision of special accommodation for such art classes. The importance of a separate art room with its own 'atmosphere' is becoming increasingly obvious. To quote one teacher, 'it is important for patients to be away from the hurly burly of ward life, with its hospital noises and smells, and other invading background noises which continue perpetually'. 'I am convinced,' wrote another, 'that it is invaluable to get the more sensible of the long-stay patients out of the depressing and distracting conditions of some of the wards and to make it possible to create a real atmosphere of relaxation and learning.'

Publications

Poulden, Sylvia M, Art in the Geriatric Ward. BHJSSR May 29, 1971.
(THC Reprint No 577).

Art Fights Apathy in the Elderly. BHJSSR March 4, 1972 page 419.

Hinks, M Dorothy, From Apathy to Activity. KFC Reprint No 859,
March 1974.

Poulden, Sylvia M, You're never too old to learn. ILEA 'Contact'
Issue 21 page 7.

M Dorothy Hinks
Research Officer

May 1976

EDUCATION AND TRAINING

The education of staff for their responsibilities within the health and social service field is a complex and very wide subject. It involves far more than traditional teaching and increasingly there is an awareness that the most rewarding type of teaching is that in which the students participate in the whole learning process. This concept extends far beyond the normal understanding of students and as will be seen from the projects list, a variety of subjects have been discussed during the months under review. This aspect of the work is led by Miss Janet B Craig, Assistant Director.

At the time of writing a good deal of work is being done on the inter-relationships between patients/clients and staff, and the important contribution which can be made by groups of patients concerned with particular disabilities is being recognized and some attempt is being made to use their expertise for the benefit both of other patients and of staff.

THE FUTURE OF NURSE EDUCATION

THE FUTURE OF NURSE EDUCATION

Origin. Early in November 1974 Miss Betty Champney as Director of Nurse Education in the Royal Infirmary for Leeds School of Nursing, spoke with nurses at the King's Fund Centre, of her anxiety concerning the future of nurse education. Should the Briggs Report on nursing be accepted were the nurse tutors prepared for all that the changes recommended implied? How could nurse tutors be encouraged to take a new look at their task and adopt it to suit changing needs? After much thought and discussion it was decided in order to make plans for change, a thorough understanding of the present was necessary.

Progress. During the early months of 1975 a series of three meetings was planned, some 40 senior nurses, from school and the service, were to be invited to attend the whole series.

The first meeting on the 10th June, 1975¹ was for those in training to speak of their experience and give their views on how well their education was preparing them for work they would need to do as a qualified nurse.

The second meeting on the 14th October, 1975² gave the newly qualified and the charge nurse the opportunity of saying how they found the preparedness of students to care for the patients and provide a service.

At the third and last meeting on the 18th December, 1975,³ after having listened to Miss Margaret Cooper, Education Officer of the General Nursing Council for England and Wales, discussed among themselves the implications of what they had discussed with the students and the staff caring for patients. Miss Cooper spoke of changes being planned by the General Nursing Council for England and Wales and the change in preparation of nurse tutors which would be needed in consequence. Miss Arnold Lancaster, Nursing Research Liaison Officer, spoke of the need for nursing to be research based and explained the work that she and her fellow liaison officers were undertaking.⁴

Evaluation. To judge by the verbal and written appreciation of the nurse tutors attending all meetings, they had found their face to face talks with the learners and two qualified nurses working with patients enlightening and providing food for thought. The students, from all types of training schools, made it quite clear that they knew when they were being enabled or prevented from learning to any advantage. The newly qualified nurses exposed their nervousness and feeling of being ill equipped to manage. The charge nurses in hospital or district spoke of what students needed to know compared with what they were being taught.

A series of meetings of this kind is only useful if it is followed by action where the work is done. The tail end of the final discussion was about the gap between what is taught in school and what is practised in the wards. What is the attitude of teachers, practitioners and students which prevents a continuous flow of learning?

The Future. This final question lead to action on the part of the King's Fund Centre. A project "Nursing Education: communication between centres of theory and practice".⁵

References.

1. The Future of Nurse Education - Report of a meeting 10 June, 1975. KFC Reprint No. 951.
2. The Future of Nurse Education - Report of a meeting 14 October, 1975. KFC Reprint No. 76/975.
3. The Future of Nurse Education - Balancing service and training needs, by courtesy of the Nursing Times, 25 December, 1975. KFC Reprint No. 979.

4. Guidelines to research in nursing:
No. 1 Nursing, Nurses and research (2nd edition) by A. Lancaster, January 1975.
KFC Reprint No. 924
No. 2 An introduction to the research process by A. Lancaster, January 1975.
KFC Reprint No. 920.
No. 3 Compiling references and bibliographies by A. Lancaster, January 1975.
KFC Reprint No. 921.
No. 4 An introduction to sampling and statistical concepts by K.J.W. Wilson,
January, 1975, KFC Reprint No. 922
No. 5 An introduction to methods of collection by A. Lancaster, January 1975.
KFC Reprint No. 923.
5. Nursing Education: communication between centres of theory and practice. KFC 76/60
Nursing Education: communication between centres of theory and practice. KFC 76/135
Nursing Education: communication between centres of theory and practice. KFC 76/168

Janet B. Craig,
May, 1976.

NURSING EDUCATION: COMMUNICATION BETWEEN CENTRES OF THEORY AND PRACTICE.

Origin. The well worn phrase "what we learn in the school is not what we do in the wards" came into the series of meetings The Future of Nurse Education held in 1975.¹ There is also a growing awareness that nursing education is becoming too divorced from the clinical setting. It is recognised that the attitudes of nursing school staff towards the education of their students does conflict quite seriously at times with the attitude of qualified nurses towards patient care. Taking all these points into consideration, it seemed to the King's Fund Centre, worthwhile giving some nurses the opportunity of exploring for themselves the gap which is said to exist between learning in school and practicing in the wards or in the community.

Progress. A notice of intention to assist nurses in studying the problem of communication between centres of theory and practice was put in the King's Fund Centre Review. The number of requests was sufficient, and the enquiries sufficiently varied to send invitations only to those who had demonstrated this initial interest. A letter of invitation was sent inviting a team of up to five nurses representing the tutorial and ward or unit staff and the nurse in training. This letter asked that the teams be prepared to undertake some study within their own school and patient care area as to what aided and what hindered communication between the two centres of theory and practice. The teams could use the hospital centre as a meeting place to compare progress and discuss findings. Three dates were reserved one month apart for the first meetings, after which time it was hoped the teams would have taken over the control of the study and would themselves be saying when they wanted to meet at the King's Fund Centre or in each others district. Among those who requested further information following the initial notice were research workers and staff of the Department of Health and Social Security. The letter of invitation suggested that these people with special knowledge or skills could be useful for the study teams and I hoped they would be used in the local setting to help set up studies which would have valid findings thus encouraging further study based on facts rather than supposition.

At the first meeting on the 6th February² 32 nurses, 2 research workers and a hospital administrator attended. Among these there were five school/hospital teams. 21 barriers to good communication were listed also 6 suggestions for action. The group spent some time on discussing how they would work as a central group and as local teams. They decided to accept the second date planned for them to meet at the King's Fund Centre.

When meeting for the second time on the 5th March 1976³ there was a sixth team added to the group and a total of 35 nurses attending. The teams took most of the day to discuss the initial attempts they had made to stimulate local interest in their project. The success at local level had been variable, some were recognising the need for fact finding skills they did not fully understand but were reluctant to admit the need for help from the research workers in the group. It was decided by those present to postpone the next meeting until the 14th May, 1976.⁴ At the third meeting there were fewer nurses present and only five teams represented. It had been agreed that not all team members would be able to come to each meeting and that from time to time different nurses could be representing their team pending on what was required at local or central level. Again the teams chose to talk about the progress they had made at local level and the information they were collecting. It was encouraging to find their manner more confident and that the research workers had been called upon for help and advice. Time was reserved in the afternoon for a talk on research techniques and it looked as though the research workers, having gained the confidence of the teams, were going to be called upon quite frequently in the future. The teams now felt they had

plenty of work to be done locally and asked to delay meeting again as a group until the 19 November, 1976.

Evaluation. It is too soon to evaluate this rather experimental working group. Community nursing is represented in the central group but there is no community team working locally.

Future. Perhaps once sufficient confidence in their own ability has been obtained, the group will conduct a similar study in all the hospitals involved.

It is hoped that the six studies will be written up by the school/hospital teams and be put together as a King's Fund Project Paper. If this comes about, then further meetings would be required in an attempt to encourage other self help projects using this as an example.

References.

1. The Future of Nurse Education.
2. Nursing Education: communication between centres of theory and practice. KFC 76/60
3. Nursing Education: communication between centres of theory and practice. KFC 76/135
4. Nursing Education: communication between centres of theory and practice. KFC 76/168.

Janet B. Craig,
May, 1976.

RESEARCH AND NURSING: THE PREPARATION OF TUTORS

Origin. Miss A. Lancaster, Miss D. Norton, Miss J.F. Walker and Dr. K.J.W. Wilson, Nursing Research Liaison Officers of North West and South West Thames, Mersey and West Midlands Regional Health Authorities, have a strong sense of duty to promote research mindedness in all nurses, not just within their own regional spheres. In the Autumn of 1974, they approached the King's Fund Centre for help in their desire to spread their usefulness. They wanted

- a) to make widely available, papers they had prepared as guidelines for nurses wishing to undertake research and
- b) to make some attempt to meet some of the statements covering research in the Briggs Report of the Committee on Nursing, London, HMSO 1972.

The most relevant statement in this document was perhaps that in para 370 "Nursing should become a research based profession."

Progress. In the Winter of 1974/5 the King's Fund Centre agreed to make available for purchase five guidelines to research in nursing, prepared by the nursing research liaison officers. The Centre also undertook to make any future guidelines available in the same way.

On the 29th November, 1974 a small working party composed of the four research liaison officers and representatives from the General Nursing Council for England and Wales, The Central Midwives Board and the Department of Health and Social Security, met to discuss the suggestion put forward by the nursing research liaison officers, that the way to introduce research into the curriculum in nurse training schools was to introduce it first into courses for nurse tutors.

At this meeting on the 29th November it was agreed to hold a meeting for statutory nursing organisations and heads of colleges or departments known to be running courses for nurse tutor students. The occasion was to be an exploratory one to sow some seeds and exchange views. The date arranged for the meeting was the 4th April, 1975. Some 30-40 nurses and organisers of courses for nurse tutor students attended. The organisers of courses found the meeting valuable 1) in focusing their attention on the need to provide some research content in the tutors' course and 2) because it brought them together in a way they had not thought of doing for themselves.

A second meeting was planned for the 14th November 1975. Before this meeting the course organisers were sent a questionnaire enquiry as to the progress they had made with altering their future course plans to allow for research techniques to be included. The findings were reported to them at the November meeting.

At the end of the November meeting Miss M.J. Cooper, Chief Education Officer of The General Nursing Council for England and Wales suggested a similar study day for inspectors of nurse training schools and for other advisers of basic and post-basic nursing and midwifery courses.

-2-

This meeting for inspectors of nurse training schools and advisers from The Central Midwives Board, the Council for the Education and Training of Health Visitors and the Joint Board of Clinical Nursing Studies was arranged to allow for free discussion about research in nursing and what to look for in schools of nursing or how to advise about research content. The need to know more themselves became obvious to those attending the meeting as the day wore on. This group of nurses also appreciated the opportunity to come together to explore the possibilities of encouraging research in nursing schools.

Evaluation. These meetings for those responsible for nurse tutor courses and those in a position to advise nurse training school staff are to continue. It therefore is difficult to evaluate. One can only record the verbal appreciation given to the nursing research liaison officers at the end of each meeting for all their hard work in preparation and for taking the initiative to tackle this very difficult subject of introducing research into schools of nursing. Those attending the meetings appear keen to continue sharing experiences and helping to change attitudes toward research in the nursing world.

Future. Further meetings have been planned, one for each group in November, 1976 and February, 1977. A questionnaire looking for progress will be circulated to those responsible for nurse tutor courses in September 1976 - the responses will be discussed when they meet in November.

References:

1 Guidelines to research in nursing.

- No.1. Nursing, Nurses and research (2nd edition) by A. Lancaster, January 1975. KFC Reprint No. 924
- No. 2. An introduction to the research process by A. Lancaster, January 1975. KFC Reprint No. 920
- No. 3. Compiling references and bibliographies by A. Lancaster, January 1975. KFC Reprint No. 921
- No. 4. An introduction to sampling and statistical concepts by K.J.W. Wilson, January 1975. KFC Reprint No. 922
- No. 5. An introduction to methods of collection by A. Lancaster, January 1975. KFC Reprint No. 923.

Accounts of meetings.

- Research and Nursing: the preparation of tutors. 4 April, 1975. KFC Reprint No. 952
- Research and Nursing: the preparation of tutors. 14 November, 1975. KFC 76/48
- Research and Nursing Education. 12 December, 1975. KFC 76/72.

Janet B. Craig,
May, 1976.

NURSES IN COMMITTEE

Origin. In July and October 1974 two meetings were held for nursing and other organisations allied to the National Health Service. The object of these meetings was to enable staff in organisations such as for example the Royal College of Nursing the opportunity of hearing first hand how the nurses were managing to master their new responsibilities. The teams of nurses from two Regional Health Authorities explained their new jobs within the Region, Area and District Management teams. During the discussion which followed the first meeting Miss Betty Hall as Regional Nursing Officer explained her anxiety about the new nursing and midwifery committees which were being set up within the reorganised health service. She was not anxious about the wisdom of having such committees but of the nurses ability to function in such a setting satisfactorily and to the benefit of others. She asked if the King's Fund Centre would be prepared to assist in giving further consideration to these committees.

Objectives. In following the initial anxiety expressed by Miss Hall it was decided that a study group should be formed to look at all aspects of the nurses work in committee - whatever the committee in which she might find herself working. At the same time of course committees whose members were all nurses and midwives would require special attention.

Progress. The study group was formed by inviting Regional, Area and District nursing officers together with chairmen or members of Regional and Area Nursing and Midwifery Committees. These nurses were invited from West Midlands, East Anglia and South West Thames Regional Health Authorities. Also in the study group were Miss P.D. Nuttall as rapporteur of the meetings and Miss C.E. Bentley or Miss M.D. Green representing the National Steering Committee NHS Reorganisation: Professional Advisory Machinery (Nursing and Midwifery). They met in all, five times from March to December, 1975. During the course of these meetings they felt the need to know the views of nurses working in committees and therefore designed a questionnaire. Part 1 of the questionnaire asked for information about the purpose and scope of the committees in which the nurses were working and Part 2 asked what help was thought to be required to enable nurses to function more satisfactorily in committee. These questions were asked of all the Nursing & Midwifery Regional and Area Committees. The completed questionnaires were analysed and the final work of the study group was to produce in March 1976, a report of their study with guidelines for nurses in committee.

Evaluation. The study group would agree no doubt that they learned a great deal about the possible scope and function of nursing and midwifery committees. They felt able at the end of their study to make recommendations to nurses wishing to prepare themselves for committee work. The report and guidelines was issued to all Regional and Area Nursing and Midwifery Committees in return for their assistance to the study group. Several committees have purchased a batch of the publications for all their committee members.

The future. If there is a demand the King's Fund Centre is willing to arrange for some assistance to be given to nurses about committee procedures.

References: Nurses in Committee Study Group Report and Guidelines. KFC 76/88

Janet B. Craig
May, 1976

TEAMWORK IN THE WARDS

Origins

This meeting arose out of the series 'Counselling for nurses' described in KFC Review 1974 - 1975 (page 149). At that time nurses had undertaken studies to identify the reasons for which nurses seek counselling. Their studies had shown that although many of the problems had been psychological, or the maturational problems faced by ordinary people for example, adolescence, marital, menopausal or retirement, a far greater percentage were caused by what the nurses came to describe as the problems of the institution itself. They discovered that certain hospitals were attempting to deal with the problem at local level on the ward and had developed a ward team approach to help them to identify problems which interfered with the proper care of patients.

Objectives

To discuss the ward team approach and to show how it can be used to promote good ideas and practices.

Progress

A ward team from the West Middlesex Hospital described how they were trying to improve the team work in the ward where they worked. The corner-stone of their effort was the regular ward meetings. Staff from other acute and psychiatric hospitals described what they too were attempting to do along these lines.

Problems identified including involvement of all grades of staff, the blocking of team work projects at other levels of management, the difficulty of implementing changes that were outside the direct control of the ward staff, poor communication between night and day staff and the particular problem of staff working in hospitals for the mentally handicapped. The support of middle management was felt to be a crucial factor in the success of the ward team approach.

Future

It is hoped that a further meeting will be held in the autumn to discuss progress.

REFERENCES: KFC No 955 Teamwork in the Wards

Mrs H G Edwards
Nursing Officer

May 1976

WARD APPRAISAL SYSTEM

Origin. In April 1975 Dr. Kathleen Wilson, Nursing Research Liaison Officer for West Midlands RHA asked if the King's Fund would be interested in publishing an account of research two Birmingham nurses had undertaken. After consideration it was agreed the most valuable help would be for the King's Fund to make the research more widely known and to encourage implementation. The research report was therefore made into a King's Fund Project paper.

Objectives. The object of the Ward Appraisal System as developed by Mrs. E.M. Davies and Miss S.J. Oxby in Birmingham was to provide a way of evaluating the standard of work in hospital wards.

The object of the King's Fund project was to encourage hospitals other than those in the West Midlands to use this Ward Appraisal System, both for their own benefit and to help in the evaluation of the original study.

Progress. A meeting was held on the 17th October, 1975, to which were invited teams of six nurses from London hospitals.² The six nurses, it was suggested should be SNO., NO., CN., SN., SEN., and nurse in training. Three such teams attended the first meeting from Ashford, Barnet and West Middlesex hospitals.

One of the conditions of coming to the meeting was that the research document should have been read and the sample appraisal forms included have been used in the ward where the nurse had responsibilities. The nurses came and discussed with the authors the various uses to which the check list in the appraisal forms could be put and their experience in trying to use them in their own work situation. At the end of the meeting they agreed more time was needed to make a serious study of the usefulness of such a document. On the whole the nurses were enthusiastic about the possibilities. The nurses asked for six months to study in more detail and to make further use of the ward appraisal forms.

At a second meeting on the 25th May, 1976, the number of nurses attending was smaller but in spite of many staffing difficulties the system had been well tried in many different wards.³ One of the chief difficulties in running satisfactory trials had been lack of cooperation of medical and administrative staff.

In December 1975 a series of meetings for nurses was started entitled "Aids to Ward Management." At the first meeting Mrs. Davies and Miss Oxby were again invited to talk about their Ward Appraisal System.⁴ This much larger audience was very interested in this approach to measuring and maintaining a standard of ward care. Throughout the series of meetings there was continued reference to this particular aid as being a valuable one. The demand for copies of the project paper continues.

Evaluation. There can be no doubt that Mrs. Davies and Miss Oxby have produced a useful tool by which nurses can measure their ward work and check the maintenance of standards of care of the ward and the patients.

Although it was devised simply to check the management of the ward, the discussion centred round it at various meetings has shown that it has other uses. It can be used for example in the school of nursing as a teaching aid. The nurses who worked on the completion

of the check list as a ward team of trained and untrained staff found it a useful aid as an aid to improving communications and developing ward team attitudes.

The authors never claimed the project to be finished - the object of the King's Fund help was to help implement some of the findings and bring in helpful suggestions for refining the tool. The meetings have shown that the check list can be used in a variety of hospitals and that it is adaptable.

The project paper as it stands is designed for general medical and surgical wards. It still has to be adapted for other specialties. The authors will be continuing project work within the West Midlands Region. The King's Fund Centre will be making copies of the project paper available on request. Any further action on the part of the King's Fund Centre will depend upon the need.

References

1. Ward Appraisal System. King's Fund Centre Project Paper No.11.
2. Ward Appraisal System. KFC Reprint No. 76/976.
3. Ward Appraisal System. KFC 76/154.
4. Aids to Ward Management and Patient Care (1) KFC Reprint No 75/431.

Janet B. Craig,
May, 1976

AIDS TO WARD MANAGEMENT AND PATIENT CARE

Origin. During 1975 it was becoming obvious that several efforts were being made to improve ward management. It was also obvious, to the King's Fund Centre at least, that there was a growing concern, incase among all the management or administrative changes taking place, the care of the patient was being neglected.

Objectives. A series of meetings was arranged with the object of focusing on aids to ward management. Hospitals were invited to allow three nurses to attend each meeting - a senior nursing officer, nursing officer and charge nurse. The object of the nurses attending the meetings as a team was to enable them to support each other when attempting to take action as a result of listening to examples of aims developed by the speakers at the meetings. To stimulate attempts to improve the management of their own wards was the main aim of the whole series of meetings.

Progress. Three meetings were held between December 1975 to February 1976.¹ All the meetings were chaired by Miss Gwen Gardiner until recently District Nursing Officer, City/Hackney Health District. A considerable time was spent by the chairman at the second and third meetings discussing with the hospital teams action they had taken as a result of the previous meeting.

The aids presented at the meetings were:

1. Ward Appraisal System
2. Ward Management and Nursing Care Audits
3. Action Learning in the Ward
4. Nursing Care Chart
5. Ward Instruction Books
6. Development and implementation of a Nursing Orders Sheet
7. Nursing Audit of Basic Care
8. Patients' Personal Clothing and the Ward Team
9. What happens to the patient? A study in different ways of managing the ward.

The first eight items on the list were all aids designed through a project and now in use in the hospitals where the presenters of the aid were working at the time of the meeting. The ninth aid was a description of on going research into ward management being conducted by Miss Susan Pembrey in the Nursing Studies Unit in the University of Edinburgh.

Evaluation. During the period of discussion at the last two meetings, concerning the use to which the audience were able to put the learning they had gained at the King's Fund Centre, it was evident that the object of the meetings was being acted upon. All the nurses had discussed with others the content of the meetings and some had started to try and implement one or more of the aids described.

The nurses who spoke about aids they had helped to evolve report being approached by members of the audience for help, further information or sample documents.

Those attending the meetings asked to meet again late in 1976 to discuss the progress they made in adapting some of the aids to their own use.

The Future. The meeting requested by the nurses has been arranged for November, 1976. At their suggestion also a similar series of meetings is to be arranged for nurses in Psychiatric hospitals.

References.

1. Aids to Ward Management and Patient Care (1). KFC Reprint 75/431
Aids to Ward Management and Patient Care (11). KFC Reprint 76/47
Aids to Ward Management and Patient Care (111). KFC 76/136.

Janet B. Craig,
May, 1976

CARING FOR MOTHERS AND INFANTS IN MATERNITY UNITS

Origin

These meetings were started in response to requests from nurses attending the meetings on 'The child in hospital' (see KFC Review 1973-4 page 153) Nurses felt that they needed an opportunity to discuss the care of infants.

Objectives

To provide an opportunity for nurses, mothers and members of voluntary agencies to discuss the problem of providing appropriate ongoing care for the mother, infant and the rest of the family.

Progress

Two meetings were held. Many areas of concern in the maternity field were discussed in some detail particularly when an infant had to be in special care, also the involvement of father and the support of the mother in breast feeding, and early ante-natal preparation. The divergent goals within the maternity team were discussed and the different weight given to physio-medical and psycho-social factors, trends which appeared to undervalue the midwives' contribution in the management of normal labour. The need for research and the implementation of research findings, cooperation between midwives and health visitors and the induction and active management of labour were also discussed.

At the second meeting topics included preparation for childbirth, availability of choice - whether to have the baby at home or in hospital. The particular problem of the immigrant mother and her family was discussed.

The birth of a handicapped baby or a still birth was very difficult and sometimes staff avoided discussing this with the mother. The midwives felt it was important that they should learn to support their patients and that they themselves needed help to enable them to do this.

Evaluation

Accounts of both meetings were widely circulated and were used as discussion documents by those attending.

Future

No further meetings are planned unless requested.

References:

KFC Reprint No 969 Caring for Mothers and Babies in Maternity Units

Mrs H G Edwards
Nursing Officer
May 1976

INFANT FEEDING IN THE SEVENTIES

Origin

Following the publication of a report of a DHSS Working Party of the Panel on Child Nutrition (Present-day practice in infant feeding) Nursing Officers from the Department approached the King's Fund Centre to initiate a series of meetings for Divisional Nursing Officers in charge of midwifery units to discuss the problem of promoting natural feeding. The DHSS enquiry had shown that National Dried Milk widely used for infants was harmful to infants under six months and that natural feeding was rarely continued beyond the period of being in hospital.

Objectives

To provide a forum for senior nurses to discuss infant feeding, particularly the preparation of mother and midwifery staff, the practical application, the emotional problems associated with breast feeding and the provision of ongoing support for the mother and her family to continue natural feeding after returning from hospital.

Progress

Four meetings were held attended by senior midwives, mothers and members of the National Childbirth Trust.

Evaluation

Those attending found the meetings useful and some were able to initiate new procedures including demand feeding and better ongoing support in the home. Some members had also initiated meetings between hospital and domiciliary staff to ensure better continuity of care.

Future

Recommendation from the meetings will be used as a discussion document both at the DHSS and by the participants in their own units.

Mrs H G Edwards
Nursing Officer

May 1976

MANAGEMENT AND PLANNING

The subject of management is so wide that inevitably it is in this section that a number of inter-related topics are to be found. With the recent appointment of Mr. D. M. Hands as Assistant Director, it is likely that activities devoted towards maximising the effective use of NHS resources will be given considerable emphasis. The need to ensure that staff are able to communicate whatever their nationality amongst themselves and to the patients they serve, provides the philosophy of the project entitled "The Language Barrier"- this and work on receptionists have proved to be enormously valuable. Nonetheless the reorganisation of the NHS brought with it immense problems of planning throughout the service and the Centre will continue to respond to those needs and try to provide a forum in which planning issues can be freely debated.

ASPECTS OF MANAGEMENT
(CONFERENCES ON MANAGEMENT TOPICS)

Origins

1. One of the declared purposes of the Centre is to focus attention on fresh ideas and practices in management in the health services which seem to merit wider application. To achieve this purpose a series of conferences has been held annually since 1971 at the King's Fund Centre on management topics which seem to be relevant to those working in the National Health Service.

Objects

2. The conferences have not been designed as a substitute for formal training in management, but rather as an opportunity for health service staff to discuss together some of the more interesting developments and experiments in the management of health services. Since 1 April 1974, there has been a change of emphasis and some of the more recent conferences have concentrated on issues which have arisen as a result of the reorganisation of the NHS. The specific aim of these conferences has been to provide a forum for staff from different disciplines to compare notes with others working in similar situations and not only to discuss any common areas of difficulty but also to formulate proposals for future action in their own organisations.

Progress

3. The following lists have been divided into two series: First Series, 1971-1973, showing titles of conferences; and Second Series, 1974-1975, where the subjects covered in the conferences are described in rather more detail.

First Series, 1971-1973

- a) MANAGEMENT ACCOUNTING
- b) MANAGEMENT CONTROLS IN MEDICAL CARE
- c) JOB DESCRIPTIONS FOR HOSPITAL STAFF
- d) RESOURCES FOR MAINTENANCE
- e) HOME FROM HOSPITAL
- f) PLANNING AND ALLOCATION OF RESOURCES IN AN INTEGRATED HEALTH SERVICE
- g) MEDICAL RECORDS AND MEDICAL CARE
- h) MANAGEMENT IN TEACHING HOSPITALS (Two conferences)
- i) OPERATIONAL RESEARCH IN HOSPITAL MANAGEMENT
- j) MANAGEMENT AUDIT
- k) ASSESSING GERIATRIC NEEDS
- l) HEALTH INFORMATION SERVICES AND THE MEDICAL RECORD
- m) MANAGEMENT AUDIT FOR THE NURSING SERVICES
- n) DEVELOPING THE HOSPITAL FROM WITHIN
- o) ADMISSION OF PATIENTS TO HOSPITAL
- p) THE VOICE OF THE PATIENT

Second Series, 1974-1975**a) AREA MANAGEMENT TEAMS IN SINGLE DISTRICT AREAS**

This conference was designed to enable area management team members to consider and share their experience of working in the reorganised NHS. Between five and six members of area management teams from ten single district areas attended the conference and discussion focused on the practical problems being encountered by area management teams and on possible solutions.

b) WARD POLICIES IN PSYCHIATRIC HOSPITALS

This conference included a presentation by teams from two psychiatric hospitals based on their experience in preparing written ward policies. This was followed by syndicate work and group discussions with representative teams from other hospitals who were contemplating drawing up policies mainly for disturbed and rehabilitation wards. The Centre has undertaken to circulate psychiatric hospitals with a questionnaire to find what progress is being made in the adoption of written ward policies.

c) DOMESTIC ENVIRONMENT IN HOSPITALS

The aim of this conference was to look at basic aspects of the domestic environment in hospitals from the point of view of patients, visitors and staff, in view of the difficulty of maintaining high standards and public concern about this problem. Discussion and syndicate work concentrated on what practical steps could be taken to raise the standard of hygiene and cleanliness apart from engaging more staff or having new buildings.

d) THE NATIONAL HEALTH SERVICE PLANNING SYSTEM

At this conference, Professor D Dellinger presented a paper on "Some economic issues in designing the National Health Service planning system". Professor Dellinger of Duke University, North Carolina, has had considerable experience of planning within a large organisation in America and was in this country on a sabbatical in order to study and observe the planning system in the NHS. The conference was attended by representatives from two regional health authorities, the DHSS, and from other organisations with a special interest in the development of the planning system.

The Future

4. There is a continuing demand for conferences on management topics and especially on problems arising from the reorganisation of the NHS. It is significant that, although invitations to a recent conference on planning in the NHS were restricted to staff from two regional health authorities, it was not possible to accommodate all those who applied for places.

5. The Centre has an important role to play in offering facilities for senior staff in the NHS to discuss problems of common concern, and it is important that the Centre should continue to design programmes which provide opportunities for those attending the conferences not only actively to participate but also to formulate proposals for future action within their own authorities.

6. Other management topics currently under discussion and which might result in

conferences being held at the Centre in 1976 include:

Health Care Standards
Exchange of Multi-Disciplinary Teams in Psychiatric Hospitals
Hospital Innovation Project, Fulbourn Hospital, Cambridge
'Goal Setting' for Staff Employed in Long-Stay Hospitals
Multi-Disciplinary Management in Hospitals for the Mentally Handicapped and
Mentally Ill

D J Downham
May 1976

Origins

Following on from a series of meetings on the care of the elderly at the King's Fund Centre in 1974 an approach was made to the Centre by the North West Thames Regional Health Authority asking for a series to be arranged for Area Nursing Officers to discuss the opportunities arising from the unification of the health services.

Objectives

To bring together senior nurses working in the North West Thames Regional Health Authority to discuss with expert speakers four specific areas of interest resulting from re-organisation. These included programme budgeting, staffing resources, collaboration with local government and cooperation between statutory and voluntary bodies.

Progress

Four meetings were held. At the first meeting six stages in strategic planning were described in relation to the provision of care for the elderly and the use of cost benefit techniques in the analysis of alternatives; the difficulties of measuring these techniques, and methods of evaluating results were also discussed. Nurses drew attention to the shortage of data on which to base decisions and the lack of experts skilled in the retrieval and interpretation of information.

The second meeting was concerned with staffing resources, and descriptions were given of sector management by multidisciplinary teams, the rationalisation of nurse staffing to reduce costs in acute areas, removing resources to community and long-stay services, budgetary control, planning and monitoring, and the effect of this rationalisation on nurses. It was pointed out that this process took time but as soon as staff could recognise the benefits, changes could take place. Housing, and the link with social services featured largely in the third seminar. Flexible policies were described which kept elderly people out of hospital care, at the same time enabling younger staff to change to new appointments in the more needy areas of the health service by offering short term accommodation.

In the last seminar voluntary services were described and the way in which they could be used by professionals as allies and as pressure groups for the statutory services.

Evaluation

Those attending felt they had an opportunity to share some of the problems which were emerging from reorganisation and they found the topics highly relevant. Requests for reprints of these particular meetings suggest widespread interest.

Progress

No further meetings have been planned.

References

- KFC No's 941 - (1) Unification of the Health Service
- 966 - (2) Staffing resources
- 970 - (3) Collaboration with local government / the social services
- 973 - (4) Co-operation between Statutory and Voluntary bodies

Mrs H G Edwards
Nursing Officer
May 1976

PERFORMANCES, PRIORITIES AND POLICIES OF MEDICAL CARE

Early in 1976 the Fund decided that as an experiment it would mount a series of investigations into key aspects of medical management. The first of these was identified as "Minor Illness and who should care for it", and under the direction of a working party a two day residential seminar was planned in Oxford at which papers on a range of experiments were discussed amongst the selected audience of about 30 people. This seminar which took place in July 1976 is to be followed by a larger day conference when the main points debated will be aired amongst a wider audience. The intention is that following that conference material will be available for publication and that such a publication would include in it contributions of other important aspects of medical management which will be treated in the same way - i.e. by an intensive two day seminar followed by a conference. Topics for further conferences include:-

- a) the Management of Chronic Degenerative Disease outside hospital
- b) the inter-relationship between primary and secondary care

This whole project will span several months and is being organised by Dr. N.C. Mond who will be responsible for the editing of the final publication.

July 1976

W.G. Cannon
Director

THE LANGUAGE BARRIER

Origins

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

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

Objectives

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

Progress

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

Overseas Nurse Trainees

5 A Working Party set up to consider the needs of overseas nurse trainees produced general guidance and orientation courses and made specific recommendations to improve the present confused situation. These recommendations (published in King's Fund Project Paper No 8, October 1974) included the provision of a planned programme of rationalisation, an overseas nursing information leaflet, an international nursing information service and a centralised nursing admissions system for all overseas applicants.

Ancillary Staff

6 Grants from the King's Fund Research Committee financed the preparation by the Pathway Further Education Centre (Borough of Ealing Education Committee) of an assessment interview pack which enables personnel and supervisory staff to assess the level of comprehensive English of their overseas staff.

Further grants from the Fund have enabled the Ealing unit to produce two training packs for 12-week job-orientated on-site courses in English language for hospital laundry and domestic staff from overseas. Conferences to publicise these training schemes and training seminars on background information for supervisory staff have been held at the King's Fund Centre.

7 In the period at present under review, the following specific developments have taken place:

Conferences: Two conferences have been held to publicise the language training schemes of the Pathway Centre for overseas ancillary staff, and of the University of Lancaster for medical staff.

Training Packs: The third training pack - for hospital catering staff has been prepared and will shortly be printed.

Language Cards for Patients: Following a survey of needs of out-patient departments in several London hospitals a series of seven cards in 18 different languages has been prepared specifically for use in Accident and Emergency Departments. In addition each pack contains a sample of two experimental forms for future appointments and for prescriptions from pharmacies.

Booklet of Good Ideas and Practices: The collection of good ideas and practices, language guides, cards, leaflets and other written aids to improve communication with overseas patients has been reviewed and updated. The results have been published in King's Fund Project Paper No 12 (Breaking the Language Barrier, Jan. 1976). Items are classified and cross-indexed under subject matter and language and full addresses of all types of suppliers are also given. References are made to over 400 items in 65 different languages.

Evaluation

8 (a) The Overseas Nurse Trainee: The recommendations of the Working Party has been accepted in principle by the DHSS which is at present seeking the views of senior nursing staff throughout the country.

(b) Information: The project paper containing information on various methods of breaking the language barrier with overseas patients has sold out and has been reprinted. The publication is proving to be of great interest to Community Relations Committees and health visitors and social workers in the community as well as to hospital staff.

(c) Language training: The assessment interview has also sold out and been reprinted.

The DHSS has carried out its own evaluation of the Laundry and Domestic training courses and in Staff Training memorandum (75) 45 dated September 1975 has recommended health authorities to arrange language training courses wherever needed, drawing attention to the King's Fund training packs.

Interest in this form of training is steadily increasing and supplies are being purchased by Colleges of Further Education. The fact that this training must be given only by qualified teachers of English as a foreign language limits the amount of training that can be provided but the development of specialised English language training units by the Home Office in association with the Departments of Education and Science and Employment will provide further opportunities in areas of greatest immigration. The staff of the Pathway Centre in Southall who have been responsible for the development of the King's Fund language training packs are now transferred to the National Centre for Industrial Language Training which is the co-ordinating body for all these specialist centres.

The Future

9 It is hoped that with the development of training facilities in the special centres now being established, more health authorities will avail themselves of the opportunity to provide language training for ancillary staff in their employ using the training schemes produced by the Pathway Centre and published by the King's Fund. This training material is also suitable for immigrant workers in industry, and packs have been purchased by Colleges for training in this field.

Two further developments are at present in hand:

(a) Background Information for English Hospital Staff: The Fund has recently granted a further £4,250 to cover the costs of preparing a series of three information booklets on the background of overseas patients for the guidance of English staff.

(b) Language Training for Supervisory Staff: The fourth training pack which it is hoped will be available some time in 1977 will consist of somewhat more advanced language training suitable for overseas staff who have attained supervisory rank. This replaces the pack which was originally planned specifically for portering staff. Investigations have shown that this group can be covered by material used in the domestic training pack.

Publications

English Language Assessment Interview for Overseas Ancillary Staff.
King's Fund Centre. £2.00

English at Work: Hospital Laundry Staff. £5.00
(tapes and slides on hire at £2.50).

English at Work: Hospital Domestic Staff. £12.00
(including tape and slides).

Breaking the Language Barrier. M D Hinks and E Thomson
King's Fund Project Paper No 12, Jan. 1976. 50p.

The Language Barrier and the Overseas Nurse Trainee.
King's Fund Project Paper No 8, October 1974. 50p.

Language cards for use in accident and emergency departments.
Price 20p per set of seven in any one language. Full sets of
18 languages £3.50

All above publications available from the King's Fund Centre.

M Dorothy Hinks
Research Officer

May 1976

'SHOP WINDOW' STAFF

Origins

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

Objectives

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

Progress

3 The first series of meetings was followed by five more involving hospital authorities in two metropolitan areas and two provincial RHA areas. Follow-up meetings provided opportunities for members to report on progress in their individual hospitals and to invite their senior officers to attend. At the specific request of these officers, the results of these meetings were published (Spotlight on Shop Window Staff: a manager's check list. M D Hinks KEHFL 1973).

4 A further development involved the introduction of medical secretarial and records staff into the discussions with a resultant improvement in understanding and good relationships. Not surprisingly this latter group quickly revealed considerable problems with general practice staff. The logical development was a series of half-day discussions for medical secretarial, reception and records staff from hospitals and secretarial and reception staff from practices in two London boroughs. Several series of meetings were held and the experiment was extended to another London borough.

5 An increasing number of enquiries are being received from hospital authorities in all parts of the country for further information on the subject of training for 'shop window' and reception staff. Visits have been made to a number of hospitals to discuss the matter and a number of training classes have been put into action. These vary from lunch-time discussions using the King's Fund publication (Spotlight on Shop Window Staff) as a check-list to evaluate one's own hospital, to regular two-day 'shop window conferences' for all types of non-professional staff having direct contact with patients.

Evaluation

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

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

8 There is an increasing interest on the part of management in this group of staff, in their problems, potential and possible training. The experimental training sessions at hospital level so far held have been much appreciated by staff and are providing valuable material for a possible report on this particular aspect of the 'shop window' scene.

The Future

9 It is hoped to develop interest in discussion groups and more formalised training for 'shop window' staff in hospital and community services throughout the country. Articles on various aspects of the subject are being prepared for publication in the specialist press and the possibility of some form of guidelines is also being considered.

Publications

10 Hinks M D. From the Shop Window. The Hospital, vol 61, No 1, January 1971 pp 9-12 (THC reprint No 527).

THC Reprints Nos 560. More News from the Shop Window. May 1971.

639. Shop Window Calling! February 1972.

641. Another Look at the Shop Window. February 1972.

Hinks M D. Receptionists: The Hospital Shop Window. The Medical Secretary No 20. 1972. pp 6-8.

THC Reprint No 686. A Wonderful Job! June 1972.

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

Hinks M D. Spotlight on Shop Window Staff - a hospital manager's check list. King Edward's Hospital Fund for London. 1973 50p.

Wilkinson L. Medical Secretaries and Hospital Shop Window. The Medical Secretary No 24, 1973.

KFC Reprints Nos 810. Spotlight on Shop Window Staff. July 1973.

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

A face - not just a voice! Occasinal Paper No 3. July/August 1975. Medical Office Practice. Practice Team.

M Dorothy Hinks
Research Officer

May 1976.

PREPARATION FOR RETIREMENT

Origins

1 In April 1975 the Whitley Council for the Health Services issued recommendations in General Council Circular No 123 that employing authorities should provide 'reasonable facilities' to enable staff within two years of their expected date of retirement to 'make proper preparation' for their retirement from the NHS.

Objectives

2 An increasing number of requests for help and information on this subject received by the Centre led to the formation of a small Working Party to explore the subject, and if possible to make some positive and practical suggestions.

Progress

3 An investigation was undertaken with the help of an administrative trainee seconded from the King's Fund College. A collection was made of reference material including information booklets and training programmes produced by local authorities, colleges of further education, private corporations and industrial and commercial organisations. Reports of progress of experimental courses held by health authorities throughout the country were collected and studied and a bibliography of relevant printed material compiled. Personal visits were made to colleges and other relevant organisations, and the views of personnel and training staff sought.

The opinions of over three hundred staff from all parts of the country who were within five years of retirement were obtained by means of a questionnaire. A resume of the results of this study was incorporated in a discussion document (document KFC76/93) prepared for a conference held in March. This meeting, heavily oversubscribed, was attended by training and personnel staff from all over the country.

Evaluation

4 Preparation for retirement is an entirely new idea to the health service and information available at present suggests that there is need for much thought and serious investigation in order to produce the desired results.

Some health authorities have so far taken little or no action on General Circular No 123. 'To my knowledge, staff do not receive any preparation whatsoever for retirement' wrote a senior officer from a teaching hospital. Other authorities have the matter under consideration; some are waiting for a firm lead to follow; in others pre-retirement preparation has a very low place on the priority list. One regional health authority has produced a detailed survey of the current situation and proposed some thought-provoking recommendations. A few authorities are planning, or have run, their own experimental courses in pre-retirement training. Others have combined with other organisations to produce joint courses - commercial firms, social service departments, universities, local

authorities, and colleges of further education. Some have adopted the easiest course of sending staff to attend classes already organised locally and open to any person nearing retirement. Elsewhere attention is being given to the provision of counselling services for staff reaching the age of 54; a few booklets of advice and information have been produced locally. Attention is being paid in some places to the preparation of a definite retirement policy. One regional authority has sent two of its training staff on a course for trainers in preparation for running their own courses eventually.

It has been suggested that the secret of success for any policy on preparation for retirement lies in the adoption of a very positive approach to what should be regarded as just another stage in the life cycle - a stage which requires training and adjustment as any other stage in life, but one which has its own challenge and rewards. While a considerable number of years can be devoted to preparation for a career, little or no attention in the past has been given to what the French classify as the Third Age, and the Americans call 'dynamic maturity'. This demands a change of attitude on the part of both employer and employee; attitudes cannot be changed easily or quickly.

The Future

5 It is hoped that the Centre may be able to make a useful contribution towards the successful development of pre-retirement training. A considerable amount of material is already available to which is continually being added valuable information supplied by training and personnel departments carrying out their own exercises. A small survey will shortly be carried out with the help of some pensioners' associations to ascertain the opinions and experiences of hospital staff who have already retired from the service.

Publications

'The greatest challenge' - a discussion document (KFC76/93)
compiled by M D Hinks and R Jelbart. March 1976.

M Dorothy Hinks
May 1976

DISPOSAL OF HUMAN WASTEOrigins

1. In January 1969 the Fund made a grant of £1000 as a token contribution to the cost of developing an improved commode for use in hospitals, residential homes, and in the home environment. The main grants for this project have been made by the DHSS, the National Research Development Corporation, and with the Reabilities Trust as another sponsor.

Objects

2. The purpose of the project is to design and produce the following:

a) A commode primarily for the severely disabled, and likely to find a market mainly in hospitals and nursing homes, and also in private homes.

b) A mobile commode much smaller than the above, designed primarily for use in private houses where users have some mobility but difficulty of access to the WC.

These two types of commode have a large number of interchangeable parts.

c) A chemical system for commodes, which would store human waste in a form acceptable to those concerned with its use, and innoxious to health.

d) An improved WC seat, particularly useful for the mobile who have some difficulty in sitting down and getting up.

Progress

3. A Steering Committee was formed in 1969 under the chairmanship of Mr F J Hunt, and the design work has been carried out by a project team as part of the Research Unit of the School of Industrial Design at the Royal College of Art. The extensive trials have now been completed and modifications made to the original designs to incorporate the views expressed by the manufacturers and by those involved in the field trials.

The Future

4. The complex and lengthy negotiations between the NRDC, the DHSS and the manufacturers have now been completed, and the new commode should be on the market later this year. So far the DHSS has placed an order for 200 commodes, which will be allocated to private homes through social services departments, and to hospitals and residential homes. The DHSS and the manufacturers have also planned a major publicity campaign in the autumn to promote sales to local and health authorities, and to the general public.

D J Downham
May 1976

PATIENTS AND STAFF

Origin. A report prepared in 1973 for the King's Fund Management Committee, King's Fund and Nursing in the Future, suggested that the King's Fund, at this time when so much emphasis was being placed on the reorganisation of the administration of the health service, could give some attention to the people for whom the service existed. The Management Committee having delegated the implementation of the findings of this report to a nursing subcommittee, left it, the subcommittee, to take up this suggestion.

Progress. The nursing subcommittee selected a few members to look at ways in which the King's Fund could assist patients. As a result there are now three avenues along which attempts to understand the needs of people using the health service are being attempted.

1. Needs and Responses of people using the health service. A small working group chaired by Professor G.A. Smart and comprising of

Dr. T. Caine
Mrs. E.M. Kneebone
Mrs. E. Mohey
Professor D.C. Morrell
Miss F.E. Skellern

have been meeting at intervals throughout 1975/6 looking for ways of finding patients' views about the health service free from any influence of those who give the service. The working group has reached the stage when they feel it appropriate to appoint a research worker who will have the ability to enable people using the health service to express their own impressions and make their own suggestions for ways in which patients, instead of feeling at the bottom of the hierarchy, can feel they are in a position to discuss with health service staff the service they should receive. It is expected that once having confidence in themselves as a group the patients will want to include staff in their deliberations over the questions of attitudes and communication.

2. Doctor/patient relationship. As the King's Fund Centre have been since 1964 involved in the subject of communications, they were approached by Mr. Stewart Steele in 1974 for advice concerning a study he wished to undertake. As a gynaecologist and obstetrician, he had become interested in patients acceptance of the information they received from the doctors and surgeons they consulted compared with the information relevant to their condition they would really like to have. With the aid of a health visitor as a research worker Mr. Steele concentrated his study around patients undergoing hysterectomy. As an end product a pamphlet of information was produced about the need for operation, what to expect once admitted to hospital and during convalescence back home.¹ The important fact about the pamphlet is that it was based not just on what the surgeon wanted the patient to know but a large part included what had been discovered that patients wanted to know in connection with hysterectomy. This work encouraged the King's Fund to give financial assistance to Mr. Steele to undertake a broader based study which is in progress based at The Middlesex Hospital Medical School.

3. Patients and Staff. Mr. Steele's pamphlet attracted considerable attention from professionals and sufferers of other complaints. They were asking whether similar guidance could be prepared for other patients undergoing different surgical procedures or medical treatment.

Within the space of a few years the number of special patient groups have grown considerably, eg Ileostomy, Mastectomy, Coeliac Associations have all been added to the list of long standing societies such as those for the diabetics, the blind and the deaf.² It occurred to Mr. Steele that these groups would be useful in attempting to find the patients' point of view concerning communication between themselves and health service staff.

A meeting was held on the 12th May⁴, 1976³ chaired by Mr. Steele, when representatives from various patient groups met with a few doctors and nurses. The patients used most of the day to talk of their organisations and the problems they had or had overcome in communicating with health service staff.

Evaluation.

1. As yet the project Needs and Responses of people using the Health Service has not progressed sufficiently for any attempt at evaluation. The King's Fund however have set aside money for research related to this project.
2. Mr. Steele's extended study of patients' information needs can only be evaluated when the work is made public.
3. The meeting for Patients and Staff on the 12th May does seem to have shown a way in which patients and health service staff can come together and talk as unlabelled people, about the giving and receiving of health care.

For some of the representatives of special patient groups this meeting was their first experience of meeting with other groups, with a different reason for being, but the same aims. For some of the health service staff it was also a new experience to hear patients talking about their needs as they saw them outside the normal doctor/patient relationship.

The Future.

1. It is intended to appoint a research worker to study the needs and responses of people using the health service, to start work in the autumn of 1976.
2. Mr. Steele's account of his extended study is not yet completed.
3. From the Patients and Staff meeting there are two recommendations upon which the King's Fund Centre will be taking action.
 - (i) To continue giving patients and health service staff the opportunity to meet and discuss problems of communication.

(ii) To form a small working party from among those who attended the first meeting to look at the relationship of patients and staff in more detail.

References:

1. Your Hysterectomy Operation, by S.J. Steele and M.F. Goodwin, *The Lancet*, No. 7933, 13 September, 1975, p 492.
2. Organisations Relating to the Health and Social Services. KFC publication, February, 1975.

Janet B. Craig
May, 1976.

PATIENTS' SATISFACTION STUDIES

Scope and Objects

1. Three studies have been completed on methods to assess patients' satisfactions and another is still in progress. Reports were prepared on the first three for patients in general hospitals, psychiatric hospitals and psychiatric units respectively. The one still in progress is on outpatients. All of these enable hospitals themselves to assess the views of their own patients and to compare these views with those of patients from other comparable hospitals.
2. Mr A C Dale started the study on general hospitals in 1965. Mrs W Raphael succeeded him as survey organiser in 1967 and has been assisted by Mrs J Mandeville since 1974.
3. A survey of a different kind was conducted by Mrs Raphael between 1974 and 1976. This studied the extent to which patients' opinion surveys had been used, including those devised by the King's Fund and by other bodies. A request was sent to all groups and teaching hospitals in the United Kingdom in February 1974 to ask for information on any patients' opinion surveys that had been conducted since 1968 together with known results.
4. The project committee has not altered during the last year. It consists of:

Mr A C Dale	Chairman	Area Administrator, Doncaster Area Health Authority
Mrs E Lucas		Assistant Secretary, King Edward's Hospital Fund
Dr R K Freudenberg		Principal Medical Officer, Department of Health and Social Security
Dr J C Hayward		Principal Nursing Officer (Research), Department of Health and Social Security
Miss S Garrett		Tutor, King's Fund College
Mr D J Downham		Assistant Director, King's Fund Centre

Progress

5. General Hospitals The questionnaire for patients in general hospitals has been very widely used not only in the United Kingdom but in countries overseas -- in Europe, America, Asia and Australia. An article based on the results in India was published in an Indian medical journal, and a Spanish translation of the report is projected. In the United Kingdom new tables of results have been prepared based on 68 surveys. Of these, 28 were made between 1967 and 1970, and 40 between 1971 and 1974. An interesting fact is that those of the more recent period show greater satisfaction than in the earlier period on 23 out of 32 questions, are the same on nine questions, and there is no single question on which they show deterioration. Is it possible that this improvement is to any extent due to changes based on information furnished by surveys?
6. Two editions of the report "Patients and Their Hospitals" are almost sold out and a third edition is in active preparation. This is extensively altered due to wider experience of the survey results. A slightly modified form of the questionnaire is also being prepared, simpler in appearance and with clearer instructions. The only omissions are five questions on which four per cent or fewer patients expressed dissatisfaction.

7. Psychiatric Hospitals This questionnaire has also been frequently used, though less often than that for general hospitals. Results were obtained from 20 hospitals. Again, those from the later period (1972-1974) were far more favourable than the earlier surveys (1970-1971) for 19 out of the 20 questions. A second edition of the report "Psychiatric Hospitals Viewed by their Patients" is being prepared, also extensively revised from extended experience of the surveys.

8. Psychiatric Units Attached to General Hospitals These units were found to vary enormously in organisation and structure, and little seemed known about the relative success of various factors. This survey differed from the others in that opinions were sought from both staff and patient and emphasis was laid on the findings of the original group of 14 (published in 1974 in the report "Just an Ordinary Patient") rather than in preparing a survey method to be widely used, though the survey was also available for hospitals to use themselves. Two conferences were held in 1975 on the results. A number of experts who attended, doctors, nurses and especially architects, reported that their views had been considerably influenced by the findings.

9. Outpatients The first pilot version of this survey (again for hospitals to use themselves) was applied in four hospitals, then revised, and is being tried in a number of other hospitals. At "follow-up" meetings at the individual hospitals, the staff said that useful information had been obtained, often leading to immediate action.

10. Survey of Patients' Opinion Surveys in Hospitals In February 1974, just before the reorganisation of the NHS, all groups and teaching hospitals were circularised to find whether they had held any opinion surveys with patients since 1968 and, if so, what had been the results. Particulars were returned of 173 surveys, just under half of which (81) were based on one of the two King's Fund surveys for general and for psychiatric patients. The other surveys varied enormously and an analysis was made of the different types -- their purpose, whether structured or free, and whether answered in writing or by interview. Methods of deciding on action were summarised and an outline prepared of the main categories of resulting changes made. Reports on the effects on staff, patients and local communities were studied.

11. Consultant Services Numerous requests were made to the Survey Organiser, by undergraduates and by bodies, for assistance in preparing their own surveys and for lectures on the opinion surveys.

Plans for the Future

12. The outpatient project is being actively continued and will probably need about six months before it is completed and the report written. (It is planned to hold a conference about the project in early 1977.)

13. A questionnaire is being designed to find what progress is being made by psychiatric hospitals in the adoption of written ward policies. It is hoped to produce a final report on the results of the survey by the end of 1976.

14. Discussions are taking place on the possibility of preparing a survey method that hospitals can apply themselves on conditions for geriatric patients by finding the views of patients, staff and possibly patients' relatives. The survey would be in a form that would allow a hospital to compare its results with those of other similar hospitals.

15. Consultancy services provided by Mrs Raphael are increasingly being used, and a conference for CHCs is planned to offer professional advice on the techniques of conducting surveys and on their uses and limitations.

D J Downham
May 1976

PHYSIOTHERAPY IN GENERAL PRACTICE

ORIGIN

1 In 1974 the King's Fund gave a grant of £500 to Dr James Fisher of Bournemouth to enable him to develop a project which had been started three years earlier.

OBJECTIVES

2 The purpose of the project was to reduce reference to local outpatient clinics and to provide earlier treatment for patients principally suffering from backache. This scheme of educational physiotherapy consists of a weekly two-hour session in which instruction is primarily given in lifting and handling techniques, back-strengthening exercises and other exercises to loosen up frozen shoulders, to strengthen quadriceps muscles and to strengthen the pelvic floor in urinary incontinence in women.

PROGRESS

3 The grant from the King's Fund has enabled the physiotherapist to visit all new cases of hemiplegia in the practice, to assess them in the first place and at subsequent visits to instruct the relatives and district nurse in the best use that can be made of the residual function of the damaged limbs.

EVALUATION

4 This new development has proved to be of great value to district nurses and has ensured speedy action at an early stage.

The whole project is at present being evaluated in company with some 18 other schemes in a study of domiciliary physiotherapy being undertaken for the DHSS by Professor Warren at Canterbury. Dr Fisher's scheme will be included in the evaluation to be discussed by the Advisory Committee on Domiciliary Physiotherapy in the autumn.

THE FUTURE

5 It is considered that the future of educational physiotherapy in the general practice setting is very promising, being both cheap and effective. As 35 per cent of all orthopaedic referrals are for backache, such a system which teaches people to use their backs intelligently and to re-educate patients in the proper use of their muscles can only help to reduce the case load in outpatients departments.

(Dr) James Fisher
Bournemouth

June 1976

OCCUPATIONAL THERAPY RESEARCH COURSE

Origins

I In July 1973 a grant of up to £11,000 to be spread over three years was made by the King's Fund (Minute MAN 8251) to the British Association of Occupational Therapists to enable a study to be carried out to ascertain possible ways of assessing the future needs and function of the occupational therapist in the reorganised health and social services.

Objectives

2 The terms of reference for the project were to determine:

- i) how the Occupational Therapist can best fulfil her role in relation to other professional groups in the Rehabilitation field
- ii) the various skills and knowledge required at different levels in Occupational Therapy
- iii) necessary recommendations on future organisation and advanced training
- iv) some evaluation of present treatment methods and equipment as a basis for a later study in depth.

3 Miss Jean Edwards, MAOT, who had been completing her studies for a Bachelor's degree in Occupational Therapy at the University of Alberta, was appointed to carry out a study and commenced a research degree course at Manchester University in October 1973.

Progress

4 The work completed on the project, prior to April 1975, highlighted the need to identify the contribution that occupational therapy makes to patient treatment, and aimed to develop an instrument, by which the patient-therapist interaction could be described and the underlying principles of treatment identified.

The field work has been completed and the observations are being analysed and the work written up.

The work of occupational therapists is seen as including:

- a) treatment designed to ameliorate physical or psychological symptoms
- b) assessment of functional ability especially in relation to discharge arrangements
- c) teaching of improved methods of functioning both in terms of activities of daily living and modifications of behaviour
- d) provision of suitable environments and simulated situations in which patients can try out both physical and behavioural skills
- e) an information service on aids and local voluntary and statutory provisions

- f) a negotiating role with other departments, especially hospital occupational therapy with social services
- g) supplying aids, craft materials and splints
- h) designing and making splints and special aids, including planning of major adaptations in the home
- i) advising on and implementing activity programmes for residential patients in hospitals and old peoples' homes and running work centres and clubs for disabled people living in the community
- j) care of patients while in occupational therapy departments.

Future

5 The literature and history of occupational therapy are being reviewed and, together with the field work results, will form the basis of a statement identifying the underlying principles of occupational therapy and making recommendations on the education of its personnel.

(Miss) Jean D Edwards

May 1976

SOCIAL WORKERS AND VOLUNTEERS

Origins

1 The project being undertaken by the British Association of Social Workers to examine relationships between social workers and volunteers is now in its third and final year. It was put forward originally to demonstrate the Association's concern to develop good working relationships between social workers and volunteers in the delivery of effective personal social services. The need for this is no less now than it was when the project was first contemplated.

Objectives

2 The main objectives of the project are to study and report on the attitudes of social workers towards the involvement of volunteers in social work settings; the ways in which volunteers and social workers work together and the organisational structures which influence their relationships. From the picture obtained of current practices and attitudes, the implications for social work practice of the involvement of voluntary workers will be examined.

Progress

3 During the early part of 1975, the main activity was to examine the results of the pilot project and to consider the implications of the findings for the development of the main study. The response rate to the 443 questionnaires issued in the pilot survey was just over 66%. This was regarded as satisfactory and sufficiently encouraging to suggest that the main study should go ahead on the basis of a postal distribution of the longer version of the questionnaire. It was also evident that the main study would be more valuable if it included social workers other than those in local authority social services departments, that is if it included probation officers and social workers employed by voluntary organisations.

4 Consequently, in June 1975, questionnaires were sent to some 2,500 social workers in 21 local authority areas in England, Scotland and Wales. Productive returns showed considerable variation in response rate between different areas and between different groups of social workers.

5 The remaining months of 1975 were spent in scrutinising and coding the questionnaires in readiness for data processing and in studying the first series of counts and tables. Work has also been proceeding with plans for further analysis of data and with the preparation of the outline for the project report. Thus far the work is within the time schedule for the project.

6 At this early stage of analysis of data, it is not possible to give much indication of the findings. Nevertheless, it is already clear that the careful sampling technique employed will in itself yield useful information about the numbers and distribution of staff in social work agencies which is not now available.

7 The present economic climate and constraints on public expenditure have given added impetus to the study, and its efforts to examine ways in which the social work task can be carried out more effectively through co-operation between social workers and volunteers. The considerable interest aroused among social workers, organisers and users of voluntary help, and in the social services generally, has confirmed the Steering Committee's view that the project is significant and timely. Following approaches from two sources about publication of the findings, discussions have been started with a publishing house.

8 The Steering Committee and the trustees of the Social Workers' Educational Trust wish to express their thanks for the support which this project has received. Its findings are clearly likely to be of considerable value, both to social workers and voluntary workers, as well as to the public services and the general public.

Joan Baraclough (Miss)
Assistant General Secretary
BASW
May 1976

CLIENT RESPONSE TO SOCIAL WORK IN A PSYCHIATRIC HOSPITAL

Origins

1 In 1969, the King's Fund sponsored a project concerned with social workers in psychiatric hospitals which was directed by Dr Agnes Miles at Southampton University. The third part of this project was to consist of 'consumer' research into the expectations held by psychiatric patients and their families of social workers. Preliminary work on this part of the project showed the need for a more detailed investigation and, gradually, this part of the research became a project in its own right under Mrs Jill Causer who was employed to carry out the consumer research section of the original project. In January 1973, a grant of £5,417 was made jointly by the Fund and the Wessex Regional Hospital Board to enable the research to continue for an additional two years (Minute DEV 72/70).

Objectives

2 The aim of the project is to investigate the role played by social workers in a psychiatric hospital and the responses of patients who have had contact with social workers. It is being carried out from Southampton University at a psychiatric hospital in the Wessex area. There are two parts to the project:

- i) A study of the work of the social work department of the hospital based on all cases referred to it over a period of twelve months - the Census study.
- ii) Interviews with patients and relatives who have had contact with the social workers to assess the value of social help to them and to find out what conception, if any, they have of social workers.

3 Originally it was intended to interview a second group who had not had contact with the social workers in order to compare them with the first group. However, in view of the difficulties attached to finding a comparable sample of patients and of the disappointing results of the pilot interviews, it was decided to abandon these interviews and to extend the numbers of interviews with patients who have had social work contact.

Progress

4 The fieldwork on this project has now been completed and a final report is now being prepared.

Evaluation

5 The findings centre round two major issues - the nature of social work in a psychiatric hospital and the absence of a clear public image of social workers. Fundamental questions about the type of social work service needed in a psychiatric hospital and about the nature of hospital social work have been raised. Most social work is carried out under the aegis of agencies with the primary function of the provision of a social work service and with goals which are social-work oriented. Hospital social workers, even though now employed by such agencies, function within institutions whose primary function is the provision of medical treatment and whose goals are medically-oriented. The social workers have to conform to the demands of the institution within which they work and this affects both the ways in which they operate and their relationships with their clients.

6 The findings also suggest that the effectiveness of social workers may be impaired because many of their clients have only vague notions about social work. They may consequently be uncertain of what their social workers are trying to achieve and are therefore unable to respond fully. In a psychiatric hospital, further sources of confusion may exist in that the role of a social worker within a multi-disciplinary team may not be made clear.

7 These and other points warrant further consideration as do their implications for social work as a profession and for the training of its members. It is hoped that these findings will stimulate further research into this area of social work and also comparable research focused on social work in a Social Service Department.

Mrs Jill Causer MA
Research Fellow

May 1976

DRUG DEPENDENCY DISCUSSION GROUP

Origin. Since 1968 the Drug Dependency Discussion Group, launched by the King's Fund Centre, has continued under its umbrella until December 1975. See King's Fund Centre Review 1974/5, P 153.

Objectives. The Drug Dependency Discussion Group is a non profit making organisation to which all people, interested in reducing the problems concerned with the misuse of drugs leading to addiction, can belong. Its members now range from drug dependent people to magistrates. The objectives of the group are to communicate information and to learn from each other. Meetings have been held four times each year, half in London and half in the provinces.

Progress. With the assistance of a grant from the King's Fund the organisation has in 1976 become independent of the King's Fund Centre and its business is conducted through the offices of the Institute For The Study Of Drug Dependence, Director Jasper Woodcock, Kingsbury House, 3 Blackburn Road, London, NW6 1XA. All the reports of meetings and business papers of the organisation have been transferred from the King's Fund Centre to the institute.

Evaluation. From its early beginnings as a bringing together of staff working in the newly opened Drug Addiction Hospital Units, the membership has continued to grow. There are now legal, home office, local authority and educationalists among its members. The hospital unit staff took the responsibility for the venue and content of the quarterly meetings and it was their desire to work closely with others in the locality where they worked which influenced the broader membership. As a communications exercise in a particular field of health and social services it can be rated a success. The fact that it has now become independent of the King's Fund is an indication of its strength as an organisation.

Future. The future of the Drug Dependency Group is now in its own hands with the assistance of the Institute For The Study Of Drug Dependence. Meetings are being planned as usual for 1976.

References. For all papers and publications please refer to the Institute For The Study Of Drug Dependence.

Janet B. Craig,
May, 1976.

STAFF FROM ALCOHOLIC UNITS

Origins

Following on from the series described in KFC Review 1974 P 13, it was decided that a meeting should be devoted to discussing prevention of alcoholism.

Objectives

To discuss method of prevention and early identification of alcoholism with special reference to the immediate family.

Progress

A meeting was held for those working with alcoholics, nurses, doctors, social workers, voluntary agencies, members of Alcoholics Anonymous, and relatives of alcoholics.

A professional approach to the primary and secondary prevention of alcoholism in a family context were described by the Director of National Council on Alcoholism and the Director of the London Council on Alcoholism. Their observations were then put into a personal context by members of Alanon and Alateen, self-help groups of adults and teenagers in families with an alcoholic member. Health education in schools and for parenthood, the role of professional workers in publicity and public advice centres were discussed. On secondary prevention considered how help could be offered at the problem drinking stage to break the slide towards alcoholism and give support to spouses and children, especially through family group meetings.

Future

The Alcoholic Education Centre now meets the needs of the Alcohol Units and the Local Council on Alcoholism including the newly constituted London Council on Alcoholism has extensive programmes of education and support. No further meetings at King's Fund Centre are planned at present.

Mrs H G Edwards
Nursing Officer

May 1976

Origins

1 The project arose out of a number of complaints and enquiries made to the Central Council for the Disabled (CCD) concerning admission of disabled people, particularly those in wheelchairs, to cinemas, theatres, etc. On close examination it appeared that some categories of disabled people were being excluded, and there was every possibility in the near future that while buildings which were for public use would be accessible to disabled people under Section 4 of the Chronically Sick & Disabled Persons Act (1970), fire regulations could equally well bar them from those buildings. The CCD therefore decided that steps be taken to initiate a research project into fire regulations and their restrictions on disabled people. In April, 1974 the Fund's Research Committee made a grant of £1,000 for each of two years towards the cost of the project.

Objectives

2 The objectives of the project were:

- i) To promote Section 4 of the Chronically Sick and Disabled Persons Act (1970) and to ensure that buildings are made accessible to disabled people
- ii) To investigate the administration of the existing fire regulations
- iii) To ensure that in the administration of those regulations no disabled people or group of disabled people are disadvantaged
- iv) To investigate similar regulations in other developed countries, to examine their application and administration
- v) To investigate methods of escape suitable for disabled people.

The overall aim of the project was to ensure that fire regulations do not exclude disabled people from public buildings.

Progress

3 In February 1975 Mr Struan Simpson was appointed by the CCD to undertake the project. He prepared a preliminary draft report 'Fire safety and the disabled - theatres and cinemas' which was distributed for comment in October 1975. KFC was advised by CEH on this report, and reservations were expressed about its proposals. On account of these and other responses the report has been redrafted and, in the light of comments received, the CCD will decide what action to take.

G Wilson
Director
Central Council for the
Disabled

May 1976

PLAY FOR CHILDREN IN HOSPITAL

Origins

These meetings were held at the request of the Department of Health and Social Security following the publication of Health Circular (76)5 (Play for Children in Hospital) which recommends the greater involvement of nursing staff in the organisation of play facilities for children. It also suggests that a senior member of the nursing staff should be concerned, as part of her duties, with the encouragement and general oversight of the nursing contribution to play, collaborating as necessary with others involved such as teachers and voluntary service organisers.

Objectives

The seminars were designed to draw attention to the significance of play for children in hospital and to the methods which may be used to coordinate the resources of families and staff to provide a useful service to children in hospital.

Progress

One meeting has been held so far, attended by senior nurses in charge of Paediatric units and Area Nursing Officers (Child Health)

Evaluation

Those attending felt that they had gained much insight into the necessity for play for children in hospital and also felt that they had gained much information regarding practical steps which could be taken to provide resources.

Future

Two further meetings are planned so that all those wanting to attend can do so.

Mrs H G Edwards
Nursing Officer

May 1976

INTERNATIONAL HOSPITAL FEDERATION

President: M. Louis Veyret (France)
 Director-General: Mr. Miles Hardie

The Federation, usually referred to as the IHF, is the successor to the International Hospital Association that was established in 1929 after the first international hospital congress in Atlantic City, USA. The Association ceased to function during the second world war, but was revived in 1947, with a new title by some of the pre-war members under the presidency of the late Dr. Rene Sand of Belgium.

The IHF is an independent, non-governmental organisation constituted under the Civil Code of Switzerland with its legal headquarters in Geneva, though since its inception the secretariat has been in London and is now accommodated in the King's Fund Centre. The prime aims of the IHF are the study and investigation of all matters pertaining to the hospital and health care field and the raising of standards throughout the world. The Federation's programme of work includes the organising of international congresses every second year in a different member country (1975 at Zagreb, Yugoslavia; 1977 at Tokyo, Japan), regional conferences (1974 at Caracas, Venezuela; 1976 at Mexico City), study tours (1974 in France; 1976 in Denmark), and joint seminars with other international bodies (e.g. with the Public Health Group of the International Union of Architects at Nairobi, Kenya in 1974). It also maintains an information service, working in collaboration with the King's Fund Centre; assists its members in planning personal study tours; publishes a quarterly international journal, *WORLD HOSPITALS*; sponsors studies on different aspects of health services, and helps organise an annual three-month course for senior hospital and health service administrators from overseas. Three official languages are used: English, French and Spanish.

Membership is divided into four main classes: "A" members, which are national hospital and health service organisation; "B" members, which are other organisations, associations and institutions directly concerned with hospitals and health services; "C" members, who are individuals from all disciplines concerned with health services; "D" members, which are professional firms or commercial or industrial companies involved in health services. The combined membership forms the General Assembly of the Federation which normally meets every second year during a Congress. While every member has the right to speak at meetings of the General Assembly, only the "A" members can vote and it is they who elect the Council of Management. At the present time there are about 70 "A" members.

The Council of Management has 21 members, each holding office for six years, one third retiring every two years. The Council in turn elects from within its number an Executive Committee of seven, who are responsible for conducting the affairs of the IHF between the Council's meetings. The executive officers of the IHF are the Director-General and the Assistant Director, Miss D. Maitland.

The IHF has close contacts with the International Union of Architects (Public Health Group), the International Council of Nurses, the Christian Medical Commission, the International Confederation of Catholic Hospitals and above all the World Health Organisation, with whom the IHF has an official link as a non-governmental organisation (NGO). Thanks to the collaboration of the American Hospital Association the IHF has a Pan-American Office in the AHA's Washington Service Bureau.

May 1976

M. C. HARDIE
 Director-General

COURSE FOR SENIOR HOSPITAL AND HEALTH SERVICE ADMINISTRATORS FROM OVERSEAS

Origins

1. For some years hospital and health service administrators from countries overseas have come to Britain for further experience or training, and it is clear that the demand for such training is increasing and is likely to continue doing so as health services are developed in these overseas countries. To help meet this growing demand, a special three months' course has been held by the International Hospital Federation in each of the sixteen years 1961/1976, specifically for men and women holding senior positions in hospital and health services of their own countries.

Objectives

2. The objectives of the course are to increase the participants' knowledge and understanding in the fields of:

- i) Determination of objectives and priorities for developing health care services
- ii) Systems for planning comprehensive health care services
- iii) Patterns of management for hospitals and health services
- iv) Methods of assessing the efficiency and effectiveness of hospitals and health services
- v) Analysis of training objectives and techniques, including the planning and evaluation of training schemes
- vi) Health care systems in developing and developed countries, with special emphasis on common problems and solutions being devised by different countries
- vii) Principles, nature and scope of organisations with a study of crucial factors to be used in identifying organisational problems.

Progress

3. By the end of the 16th course, some 365 administrators from 82 countries will have attended. A 17th course has been arranged for 1977 to last for ten weeks instead of twelve as in previous years, starting on 13 July and finishing on 23 September 1977. Residential accommodation will be provided for the whole of the ten weeks at Astor College, which is owned and managed by Middlesex Hospital Medical School. This is the first time the course members will have been accommodated together. The course will continue to be conducted by the International Hospital Federation at the King's Fund Centre, but for 1977 and subsequent years the course organiser will be engaged by the IHF and the responsibility for the course will no longer be that of one of the Assistant Directors at the Centre.

Evaluation

4. For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are

vacancies. There are no formal examinations at the end of the course, but comments from members certainly indicate that the course is valuable to them, and modifications to the course are made in the light of suggestions for improvement offered by the members.

Future

5. It is hoped and intended that this course will continue, with the help and support of the British Council, the Ministry of Overseas Development, World Health Organisation, and hospital and health service authorities.

D J Downham
May 1976

BRITISH HOSPITALS EXPORT COUNCIL

The British Hospitals Export Council helps over 200 British member companies who either manufacture equipment for hospitals or assist in the design, building and equipping of hospitals overseas to sell more or obtain more work overseas. Its main activities embrace commercial exhibitions at medical congresses and conferences abroad, seminars on overseas markets, inward and outward missions, information for British companies on medical markets overseas and information for doctors and hospital authorities abroad on the latest achievements in Britain.

The chief officers of BHEC are:-

Dr. Fred Wrigley, CBE JP	Chairman
Mr. Jack Harris, OBE DFC	Director

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

The Centre on Environment for the Handicapped aims to enhance the lives of mentally handicapped, mentally ill, physically disabled and elderly people by encouraging good design in special or general environments for housing, care, therapy, education, work, recreation and travel.

Seminars:

- The environment of blind people
- *Residential home and day centre for younger physically handicapped people
- The environment of people affected by spina bifida
- Secure units
- *Old people's residential and day-care scheme
- House adaptations for disabled people
- *Planning for handicap in new towns
- Disabled people and public transport
- Designing for handicapped people
(seminar for tutors in schools of architecture and design)
- Access for the handicapped student
- Fire protection for disabled and elderly people in housing and residential homes
- *Married accommodation for disabled people
- The use of existing buildings for housing handicapped people

Publications:

Buildings for people who are handicapped or disabled:
a pilot survey in the Greater London Area.
 Jean Symons and Ros Gardner 1975.

Appendix to Sandra Franklin's Mentally Handicapped
people living in ordinary houses and flats.
 Compiled by Ros Gardner. 1975.

CEH is extremely grateful to the King's Fund for allowing it to move to the new Centre for two years.

During the past year we have worked closely with the King's Fund Centre, especially the mental handicap project and library and information service. I have spoken at two of the study days for staff of disabled units, and partly due to the sad loss of Brian Brookes, have tried to fill the gap on matters to do with building.

At the request of the King's Fund I visited St. Mark's Hospital to advise on improvements which resulted in a competition directed at colleges of art and architecture. There were eight entries and the winner was Diana Green.

May 1976

Jean Symons
Director

* 'on site' seminars

SPINAL INJURIES ASSOCIATION

Origins and Objectives

The Spinal Injuries Association was inaugurated in February 1974 at the Centre and the King's Fund Management Committee allocated a total of £13,250 over three years to help launch the Association. The overall objectives of the Association are to promote the benefit of all persons suffering from spinal cord injury. The Chairman is Baroness Masham of Ilton, Vice-Chairman Mr. David Hyde. The Association has one full time official, the General Secretary Miss Diana Irish.

It is hoped when sufficient funds become available to employ another member of staff; in the meantime there are four volunteers assisting the general secretary. Two attend the Centre and two work from home.

Progress

1 Membership of the Association continues to grow steadily and is now nearly 1,4000.

2 The Association maintains its information service for members, their families, professional and other people concerned in their care.

3 The Association's Link Scheme, where a newly disabled person and their family can be put in touch with a similar family in their area, is now working well in some parts of the country. The Association are anxious to improve it in other areas.

4 In January 1976 *So You're Paralysed* was published. In addition to helping members and their families, it has been widely purchased by hospitals, social service departments, community health councils, postgraduate and public libraries, as well as many individual professional staff, members of the public etc. International sales of the book are also gradually increasing.

5 The Association has just set up a Benevolent Fund to which members can apply for financial assistance. However, it may well be many months before this Fund contains sufficient funds to use.

6 A trial bi-monthly newsletter has just been launched for the membership.

7 A series of general meetings is to be held over the next year across England and Wales to enable the General Secretary to meet members, gain their views and opinions as to how the membership wish the SIA to develop in the future.

8 Fund raising now plays an important part in the associations activities.

9 A Sub-Committee is at present discussing the best way to collect and present in booklet form information on employment, training and retraining of the spinal cord injured.

10 The Advisory Service at the Stoke Mandeville Hospital Spinal Unit is now off the ground. The service consists of expatients with many years experience of disability being available to talk to the newly disabled, should they wish to make use of the service. The SIA are grateful to the professional staff at Stoke Mandeville Hospital for their help in setting this scheme up. It will be carefully monitored by both Stoke Mandeville and the SIA as to its usefulness in the rehabilitation of the newly disabled.

May 1976

Diana Irish
General Secretary

APPENDICES

KING'S FUND CENTRE COMMITTEE

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

Professor Ian McColl MS FRCS (Chairman)
Miss J.F. Carré SRN SCM QN HV
R.T. Clarke Esq., OBE MA JP
P.J. Fletcher Esq.,
J. Fry Esq. MD FRCS LRCP FRCGP
W.G. Harding, Esq., FRCP FFCM DPH
A. B. Harrington, Esq., MD MB ChB FFCM
K.R. Porter, Esq., MBE FRCP MRCS LDS RCS DPH
Miss Rosemary Stewart PhD MSc (Econ)
G.H. Weston, Esq., FHA
Miss J.M. Wheeler, BA SRN SCM RNT

May 1976

RESEARCH AND DEVELOPMENT COMMITTEE

The following are the members of the Research and Development Committee

Sir George Godber, CGB DM FRCP DPH (Chairman)
Miss H. Allen, SRN SCM RNT
H. Baderman, Esq., BSc FRCP
J.L.T. Birley, Esq., MRCP DPM
Professor George W Brown, BA PhD
Miss Oriole Goldsmith MA FHA
J.I.H. Hadfield, Esq., FRCS
Sir Francis Avery-Jones CBE MD FRCP
R.L. Lindon, Esq., MRCS LRCP FFCM DPH DCH
R. Maxwell, Esq., MA ACMA JP
Professor Ian McColl, MS FRCS
Professor D.C. Morrell, MRCP MRCGP
W.E. Randall, Esq., DPC AFC FCII
Miss Rosemary Stewart PhD MSc (Econ)
P. Westland, Esq.,
W.J. McQuillan, Esq., MB BCh FFCM DPH DCH LM

May 1976

The following are the staff on the establishment of the King's Fund Centre as at 1st August 1976:-

Mr W G Cannon MA FHA	Director
Miss J B Craig SRN RSCN	Assistant Director
Mr D J Downham MBE DMA FHA	Assistant Director (Part-time)
Mr D Hands MPhil AHA AMBIM	Assistant Director
Mr K Morton BA FHA	Assistant Director
Mrs S Albon BA	Information Assistant
Mrs W M Arnett-Rayson SRN RFN	Exhibition Officer
Mrs M E Aston	Conference Secretary
Mrs R Ballin	Clerical Assistant/Relief Telephonist
Miss S Benjamin	Mr Hand's Secretary
Mr R G Bennett	Information Officer
Mrs C Bonnet	Secretary/Shorthand Typist
Mrs P Bradshaw	Audio-Typist (Part-time)
Miss J A Brooks	Director's Secretary
Mr A F J Chidgey	Administrator
Mrs R Crawford	Multilith Operator
Mr S E T Cusdin OBE DSc AADip FRIBA	Architectural Adviser
Mrs. H. Edwards SRN	Nursing Officer
Mr J J Elliott	Porter-Messenger
Mr D G Ewbank	Designer-Draughtsman
Miss L A Glynne	Audio-Typist
Mrs M E Gordon BA (Hons) ALA	Assistant Librarian
Miss W Imrie MSc	Library Assistant
Mr W K Irvine	Caretaker
Miss E J R Kydd LMCIMA	Catering Officer
Miss Marie Lewis	Research Secretary
Miss Mary Lewis	Cashier/Accounts Clerk
Mr H W J Lord	Periodicals Processor
Miss I Manlow	Cook
Miss C A Martin	Clerk/Typist
Mrs M McEwan	Library Assistant (Part-time)
Mrs I Mitchell	Miss Craig's Secretary
Miss M O'Donoghue	Receptionist/Telephonist
Mrs J Rush SRN Dip Soc	Project Officer
Mr A J Thorne	House Engineer/Technician
Mr J Tyson	Kithcen Porter
Miss I Vaughan	Waitress (Part-time)
Mr S G Wakeling	Equipment Adviser
Miss A White	Mr Downham's Secretary
Mrs J M B White ALA	Librarian
Miss A F Whittaker	Project Assistant
Miss L Wood	Assistant Catering Officer

Other organisations

In addition there are based at the Centre the following Organisations:

British Hospitals Export Council	5 staff
Centre on Environment for the Handicapped	3 staff
International Hospital Federation	8 staff
The Spinal Injuries Association	1 staff
National Council for Community Health Councils	4 staff

RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the Fund's Management Committee for the year to 31st December 1976

Expenditure

Salaries	214,025
Lecture Fees	2,500
Wages - Household	14,500
Rents, Rates and Insurance	116,800
Heating and Lighting	10,000
Household Supplies Repairs and Renewals	11,000
Travel, Subsistence and Miscellaneous	6,000
Office and Tutorial Supplies	6,300
Telephone and Postage	14,500
Publicity	500
Office Furniture and Equipment	5,200
Periodicals, Books etc	4,525
Exhibition Expenses	2,500
Catering	<u>17,400</u>
	425,750

Less Recei pts

Sale of Books and Publications	4,000
Catering	12,400
Rents etc	5,750
Fees etc	1,000
Contributions - DHSS	130,000
- RHA	<u>30,000</u>
	183,150
	<u>£ 242,600</u>

May 1976

CONFERENCES, MEETINGS AND VISITS - 1975 & JANUARY/JULY 1976

The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the Centre on 23 April, 1963. The attached papers give further information about the conferences and meetings held in 1975 and during the period January/July 1976, and about the groups of visitors who came to the Centre during this period.

	<u>Working Days</u>	<u>No of Groups</u>	<u>No of People</u>
1963 (Apr-Dec)	170	159	3,790
1964	252	392	9,729
1965	153	441	10,393
1966	251	443	13,475
1967	252	495	12,559
1968	250	437	14,026
1969	255	480	13,904
1970	253	525	16,137
1971	254	546	13,757
1972	250	561	15,416
1973	251	531	13,966
1974	254	591	14,554
1975	252	592	14,786
1976 (Jan-Jul)	148	289	7,553
Total	3,345	6,482	174,675

Below is shown a broad classification of the groups who made use of the Centre during 1975 and January/July 1976.

	<u>1975</u>	<u>Jan/Jul 1976</u>
<u>Conferences and meetings</u> organised by the Centre	111	65
<u>Working parties, committees and projects</u> with which the Centre is directly concerned	42	25
<u>Groups of nurses</u> visiting the Centre on study days	51	9
<u>Groups of other staff and students</u> visiting the Centre on study days	63	21
<u>Groups of overseas visitors</u>	25	12
<u>International Hospital Federation</u> overseas course on sessions at the Centre	49	48
<u>Other organisations</u> using the facilities of the Centre for their own purposes	251	109
Total	592	289

Overleaf there is shown a list of groups visiting the Centre during a typical month. Detailed figures have not been recorded for individual visitors, but there have been about 3,000 in each full year.

Conferences, meetings and visits: April 1975

<u>Date</u>	<u>Time</u>	<u>Organisation</u>	<u>Number</u>
2	10.00	Breaking the Language Barrier	32
	10.30	British Anaesthetic & Respiratory Equipment Manufacturers Association	12
3	10.15	Springfield Hospital Nurses	10
	12.30	British Hospitals Export Council	32
	12.30	North West Thames RHA Area Nursing Officers	11
	2.30	London Social Services Research Group	40
	2.15	Springfield Hospital Nurses	10
4	10.15	Research and Nursing Tutors	40
7	4.00	Drug Dependency Discussion Group Management Committee	14
8	9.45	General Dental Council Course - Law & Ethics for Dentists	35
	12.30	Action Research for the Crippled Child	10
	2.00	Sutton Hospital Nurses	7
9	11.00	Royal Free Hospital Nurses	48
	12.45	National Association of Health Authorities	35
	2.30	Tooting Hospital Nurses	15
11	11.30	Visitors from France	4
12	10.00	National Association of Teachers of the Mentally Handicapped	10
14	10.00	Study Day for Staff from Units for the Disabled	35
15	11.00	Design Council Press Conference	85
	9.30	Overseas Course	28
16	9.30	Overseas Course	28
	10.30	General Practice Premises	25
	2.15	Medispa Society	10
17	9.30	Overseas Course	28
	4.00	Volunteer Centre Constitution Review Group	9
	6.30	Action Learning Discussion Group	11
18	9.30	Overseas Course	28
	2.00	Association of Hospital Secretaries	12
21	2.15	National Society for Autistic Children	4
22	10.30	Red Cross Organisers of Beauty Culture in Hospital	54
	2.00	Voluntary Services Liaison Officers	10
23	10.00	Mental Handicap Conference - The Big Issues	92
	10.30	Hertfordshire AHA District Nurses Instructors Course	20
	2.15	British Anaesthetic & Respiratory Equipment Manufacturers Association	10
	2.30	Billericay Hospital Team	14
	5.00	Centre on Environment for the Handicapped Advisory Council	15
24	10.00	House Journals Workshop for Editors	25
	10.30	Medway School of Nursing	25
25	2.30	New Cross Hospital Team	12
28	10.00	Care of the Woman Alcoholic	41
	11.30	King's Fund Trainees	4
29	10.30	Centre on Environment for the Handicapped Seminar	33
	10.30	Community Health Councils Steering Committee	25
	2.00	Voluntary Services Liaison Officers	7
30	10.00	Volunteer Centre	8
	11.00	Greater London Home Help Organisers	8
	11.30	Wakefield Hospital Group	5
	12.15	Centre Lunch Talk : Severely Handicapped Persons - Priorities in Health Care - Professor Gunnar Dybwad	85
	12.30	Harrow AHA Health Care Planning Team for the Elderly	10
	2.00	Greater London Home Help Organisers	69
	2.00	Lady Hoare Trust	25

(51 groups - 1265 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1975 and the first 7 months of 1976.

Large conferences

Mental Handicap

Adult education
Collaboration between parents and professionals
Employment of mentally handicapped people
Information days
Living in hospital
Lost souls
Meeting the mentally handicapped
Outside the walls
Professional training services for mentally handicapped children
Study groups
The big issues
The world scene

Nursing

Aids to ward management
An approach to nurses' retirement
Infant feeding in the seventies
Nurse allocation forum
Play for children in hospital
The future of nurse education
Third King's Fund nurses seminar
Unification of the health service
Ward appraisal system

Other topics

A team approach to stoma care
Alcoholism - A family dis-ease
Area management teams
Art for the elderly
Care of the emotionally disturbed child at home
Care of the woman alcoholic
Caring and communication
Caring for mothers and babies in maternity units
House journals
Health manpower development
Health services in Sweden
Information services
Language barrier
London Health Services Research Group
Looking at the domestic environment in hospitals
Management of health centres
Occupational therapists and nurses study day
Patients and staff
Preparation of ward policies in psychiatric hospitals
Psychiatric units attached to general hospitals
Retirement preparation for NHS staff
Staff from units for the disabled
Teamwork on the ward
The NHS planning system
The problem of implementing research

Centre Lunch Talks

Auxiliaries - East & West : Professor Maurice Backett
 Occupational Health in the Reorganised NHS : Dr. G.E. Ffrench
 Severely Handicapped Persons - Priorities in Health Care : Professor Gunnar Dybwad
 Targets for Child Care - Dr. Mia Kellmer Pringle
 Urban Aid : Mr. G. Sandiford

Small meetings

Ancillary staff wages	
APMH	18 meetings
Art for the elderly	2 meetings
Association of Medical Records Officers Steering Committee	3 meetings
Big cities	
Care of the elderly	2 meetings
Caring and communication	2 meetings
Centre review	
Chartered Society of Physiotherapy working party	2 meetings
Children at risk	
Continuing education for nurses	
Counselling for nurses working in the NHS	
Effectiveness of medical work working party	2 meetings
Exchange visits	
General practice premises working party	3 meetings
Health and safety at work	
House style	3 meetings
Information handling	
Information services working party	6 meetings
King's Fund Centre Committee	4 meetings
King's Fund Publication Panel	2 meetings
Language barrier	
London Health Services Research Group	
Long term care study group	2 meetings
Management of health centres	
Medical secretaries & receptionists in hospitals & general practice	8 meetings
Mental handicap	
Mental handicap adult education	4 meetings
Mental handicap collaboration	3 meetings
Mental handicap living in hospital	2 meetings
Mental handicap participation	2 meetings
Mental handicap tape/slide programme	
New King's Fund Centre	10 meetings
NISW/WHO joint training project	
Northampton conference	
Nurses in committee	4 meetings
Nurses in committee sub group	
Nurses reporting on patients	5 meetings
Nursing advisory committee	
Occupational therapy exhibition	
Patients and staff working party	
People receiving health care	5 meetings
Performance, priorities and policies for medical care	2 meetings
Pre-retirement	
St. Thomas' Project - financial information	
Teachers of the mentally handicapped	5 meetings
Wessex information broker project	3 meetings

Groups of overseas visitors

Australia	Germany (3 groups)
Belgium	Japan (8 groups)
Brazil	Jugoslavia (3 groups)
Cameroons	Nigeria
Canada	Norway
Denmark	Spain
Finland	Sweden
France	The Netherlands (2 groups)
	USA (9 groups)

The 1975 course for hospital administrators from overseas (28 members from 14 countries) attended 49 half-day sessions at the Centre.

The 1976 course was held during the period January/July. 25 members from 19 countries attended 48 half-day sessions at the Centre.

Groups of nurses

The following groups of nurses visited the Centre on study-days to see the exhibition and learn about the activities of the Centre:

Bexley Hospital	Royal Free Hospital
Billericay Hospital	Royal Northern Hospital
Bromley Hospital	Sidcup Hospital
Central Middlesex Hospital	South Western Hospital
Eastern Hospital	Springfield Hospital
High Wycombe Community Nurses	St Bartholomew's Hospital
London Hospital	St Benedict's Hospital
Medway School of Nursing	St George's Hospital, London
Moorfields Eye Hospital	St Mary's Hospital, London
New Cross Hospital	Sutton Hospital
North London Group School of Nursing	Tadworth Hospital
Northwick Park Hospital	Tooting Hospital
Princess Louise Hospital	University College Hospital
Royal College of Nursing	Wakefield Hospital

Groups of other staff and students from:

Administrators of Independent Hospitals
Amersham Hospital Voluntary Helpers
Anglian Regional Management Centre Middle Management Course
Bedford Hospital
Bolingbroke Hospital
Botleys Park Occupational Therapy Students
Bridport Hospital
Department of Health & Social Security Library Staff
Derby School of Occupational Therapy
Dorset House Occupational Therapy Students
Dudley Social Services
Ealing Technical College Library School Students
Essex Social Services
Guy's Health District CHC
Guy's New Cross Hospital

Groups of other staff and students (continued)

Hackney Hospital
Hammersmith Hospital Planning Team
Hammersmith Hospital Teaching Staff
Hertfordshire AHA District Nurses
Hertfordshire AHA Practical Work Teachers
Highbury School Students
Hill Home Staff
King's Fund College Consultants Course
King's Fund College National Trainees
King's Fund College Tutors
Kingston College Midwives Training Course
Kingston Polytechnic
Manchester Polytechnic Library School Students
Mansfield Hospital
Newcastle upon Tyne Library School Students
Newmarket Hospital
North East London Polytechnic Administrative Trainees
North East London Polytechnic Anglian RMC
North East Thames RHA Trainee Administrators
Northampton School of Occupational Therapy
Northwick Park Hospital Occupational Therapists
Oxford AHA
Oxford College of Further Education
Oxford Polytechnic
Paddington College Nursery Nurses
Polytechnic of North London Library School Students
Polytechnic of North London, Medical Architecture Research Unit Course
Polytechnic of the South Bank
Rcn Tutor Students
Regional Health Authority Librarians
Royal College of Midwives
Sandwell AHA
Scottish Health Service Centre
South East Thames RHA Community Physicians
Southend Hospital
St Clement's Hospital
St George's Hospital, Tooting
St Mary's Hospital, York
Standish Hospital
West London College Library School Students
West London College Medical Secretaries
Westminster Social Workers
Westminster Technical College
Winchester DHA
York Further Education Training College
York Health District

Press conferences

Design Council - 1975 Medical Equipment Award Winners
Design Council - 1976 Medical Equipment Award Winners
Eschmann Bros. - Electro surgery units

Receptions

Association of Assistant Librarians Presidential Reception
Brian Brookes Memorial Fund
Farewell reception for Mr. M.C. Hardie
Farewell reception for Miss M.D. Hinks and Mr. J.R. Elliott
Farewell reception for Mrs. A. Wong
French Librarians
Hospitals should be coloured optimistic exhibition
Medical Architecture Research Unit, Polytechnic of North London
Overseas Course
Photography Competition for the Disabled
Professor I. McColl
Retirement of Mr. J. Shaw, Price Bros.

Outside organisations using the King's Fund Centre for their own meetings

Action Learning Project Discussion Group
Action on Smoking & Health
Action Research for the Crippled Child
Age Concern
Association for the Psychiatric Study of Adolescents
Association of Assistant Librarians
Association of Charity Officers
Association of Chartered Physiotherapists in Industry
Association of Health Care Advisers
Association of Health Service Treasurers
Association of Home Dialysis Administrators
Association of Hospital Secretaries
Association of Medical Records Officers
Association of Nursing Religious
Association of Sterile Supply Administrators
Association to Combat Huntington's Chorea
Bliss Classification Association
Breakthrough Trust
British Anaesthetic & Respiratory Equipment Manufacturers Association
British Association for Service to the Elderly (formerly Geriatric Care Association)
British Rheumatism & Arthritis Association
British Association of Occupational Therapists
British Association of Social Workers
British Dyslexia Association
British Hospitals Export Council
British Red Cross Society
Brook Advisory Centres
Camera Talks Ltd.
Central Sterilising Club
Centre on Environment for the Handicapped
Churches' Council on Gambling
College of Speech Therapists
Community Health Council Secretaries
Construction Industry Information Group
Council for the Education & Training of Health Visitors
Council of Heads of Occupational Therapy
Department of Health & Social Security
Design Council
Disabled Living Foundation
Drug Dependency Discussion Group

Outside organisations (continued)

Family Fund
Federation of Mental Health Workers
General Dental Council
General Nursing Council
Geriatric Care Association (now British Association for Service to the Elderly)
Greater London Home Help Organisers
Guild of Health Education Officers
Handcrafts Advisory Association for the Disabled
Harrow Area Health Authority
Health Visitors Training Council
Hospital Internal Communications Discussion Group
Hoskins Hospital Group - Hospital Equipment Centre
Hospital Officers Club
Ileostomy Association
Infection Control Nurses Association
Institute of Hospital Engineering
Institute of Religion & Medicine
Institute of Operating Theatre Technicians
Institute of Work Study Practitioners
International Hospital Federation
International Institute of Hospital Consultants
Joint Committee on Mobility for the Disabled
King's Fund College
Lady Hoare Trust
London Council of Social Service
London Group of Social Workers for the Deaf
London Health Services Research Group
London Social Services Research Group
London Social Services Training Officers Group
Medical Audiotape Slide Producers Association
Medispa Society
MIND
National Association for Mental Health
National Association of Health Authorities
National Association of Hospital Head Porters
National Association of Industrial Therapy Managers
National Association of Teachers of the Mentally Handicapped
National Society for Autistic Children
North East Thames RHA
North West Thames RHA
One-to-One Project
Par House
Polytechnic of Central London
Polytechnic of the South Bank
Pre-Retirement Association
Ravenswood Circle
Registered Nursing Homes Association
Research Institute for Consumer Affairs
Science Policy Foundation
Society for Health Education
Society for the Advancement of Medical Engineering
Society of Clinical Psychiatrists
South East Thames RHA

Outside organisations (continued)

Spinal Injuries Association
St. Augustine's Committee of Enquiry
Steering Committee for the National Council for Community Health Councils
Supplies Officers
Thalidomide Childrens' Trust
Training Project Officers
University of Lancaster
Voluntary Movement Group
Voluntary Service Coordinators
Voluntary Services Liaison Officers
Volunteer Centre

King's Fund



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