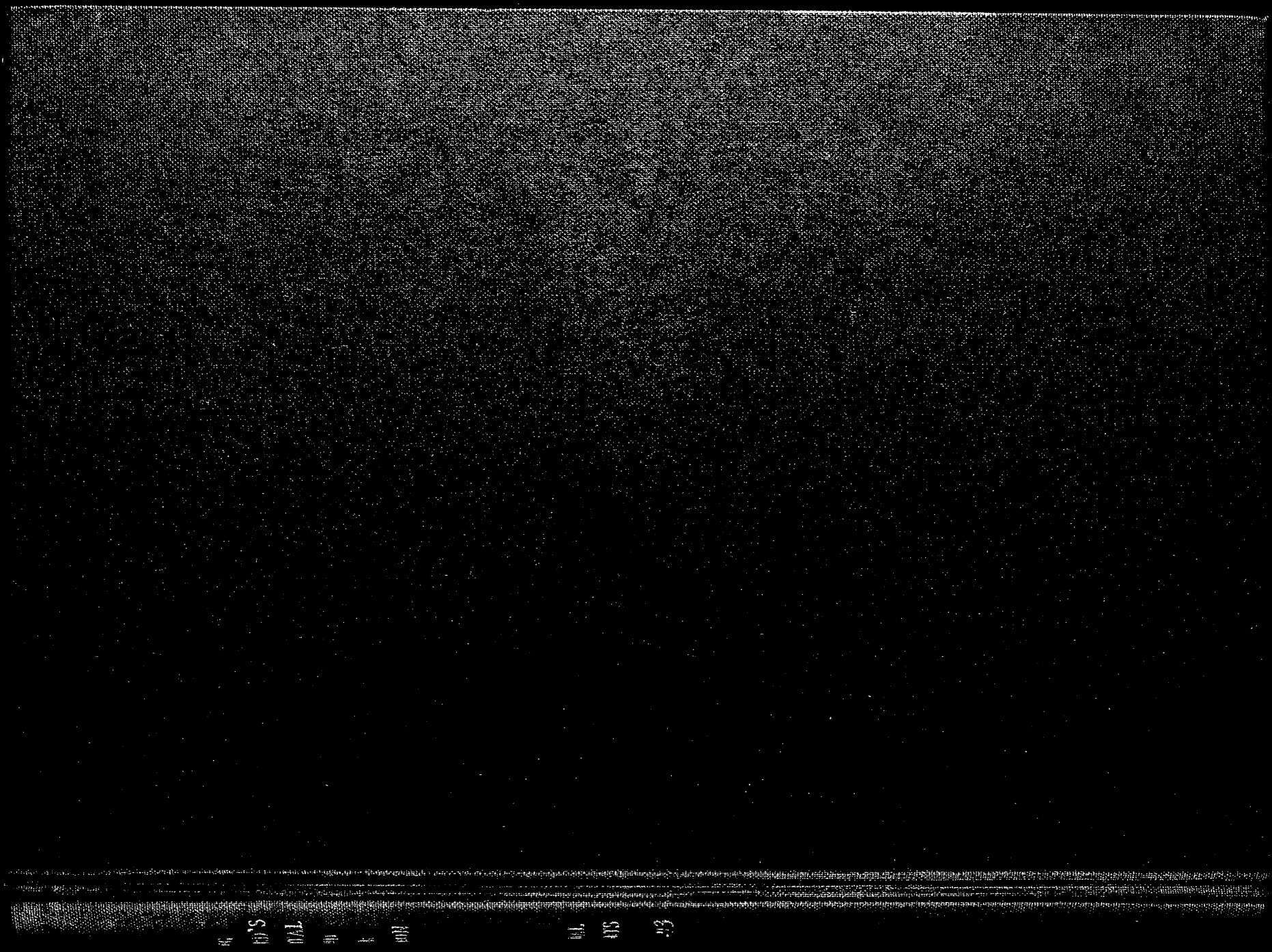

King Edward's Hospital Fund for London

Annual Report 1986

King Edward's Hospital Fund for London

Patron:
Her Majesty The Queen

President:
HRH The Prince of Wales KG KT GCB PC

Treasurer:
Robin Dent

Chairman of the Management Committee:
The Hon Hugh Astor JP

Secretary:
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The King's Fund: its origins and history

'. . . the support benefit or extension of the hospitals of London or some or any of them (whether for the general or any specific purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects.'

These words from the 1907 Act of Incorporation have been the guide to the Fund's practice for more than three-quarters of a century.

King Edward's Hospital Fund for London was founded in 1897 and was one of a number of ventures begun that year to commemorate Queen Victoria's Diamond Jubilee. It was very much the Prince of Wales's idea. There were many people who thought that he should not pursue it because it was too ambitious to succeed. Nevertheless his letter to the people of London inviting support for a permanent fund to help the London hospitals, met an immediate response from individuals and from commerce and industry. A capital sum was built up and the interest from it forms a permanent endowment. The Fund took its name when the Prince succeeded to the throne. In 1907 it became an independent charity incorporated by Act of Parliament.

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it supports research and development in all aspects of health care and management, except clinical; publishes books and reports, some stemming from work supported by the Fund; provides education for management in health care at its College; and facilities for research and discussion at its Centre.

Grant making ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the London Programme, for which, to date, some £965,000 has been made available. Another new venture concerns the assessment and promotion of quality in health care.

The **King's Fund Centre for Health Services Development**, which dates from 1963, is in purpose-built premises in Camden Town. Its aim is to support innovations in the NHS and related organisations, to learn from them, and to encourage the use of good new ideas and practices. The Centre also provides conference facilities and a library service for those interested in health care.

The **King's Fund College** was established in 1968 when the separate staff colleges set up by the Fund after the second world war were merged. It aims to raise management standards in the health care field through seminars, courses and field-based consultancy.

The **King's Fund Institute** was established at the beginning of 1986. The Institute is located at the King's Fund Centre in Camden. The primary aim of the Institute is to contribute to improving the quality of public debate about health policy through the production of impartial analyses.

Report 1986

Nineteen eighty-six (the Fund's 89th year) was an eventful one, and the first of HRH Prince Charles' Presidency. When he chaired his first meeting of the General Council in June 1986, he mentioned three particular issues that he hoped (among others) to pursue with the Fund. These were 'proper community health care, carried out at a more personal level'; improved help for disabled people; and better care for members of ethnic minorities. All three are matters where the Fund has active programmes that are still evolving and changing – where there is much to be done nationally. On the same occasion, at the 1986 meeting of the General Council, short talks were given about the Fund's past history (by Dr Lindsay Granshaw of the Wellcome Institute for the History of Medicine) and on the present and future (by the Secretary). These two talks are now available in printed form – *The King's Fund: yesterday, today and tomorrow* – on application.

This year, as in previous years, this report first gives an explanatory account of the Fund's main activities, and then addresses a few issues of current concern in health care in Britain. This year the issues selected are:

- Assessing the value of medical technologies.
- AIDS and public health.
- The funding of health services in inner London (the subject of a report by the Fund commissioned by the chairmen of the inner London health authorities).
- Health care and ethnic minorities.
- Community care.

Both the last two topics are, of course, among those raised by the President at the 1986 meeting of Council.

As with previous Reports, activities seldom fit within the constraints of a single calendar year. Recognising this, the commentary that follows includes reference to previous years and to plans for 1987, whenever that seems appropriate.

King's Fund Centre

The Centre continues to be concerned with consumers and with all who provide health care. The emphasis is on encouraging innovation and good practice in medicine, whether through development work in the field or through conferences and workshops held at the Centre. The four existing projects continued to develop and a new activity – the **Informal Carers Support Programme** – began work in 1986.

This programme (led by Janice Robinson) aims to develop and manage a programme of information, education and training for and about informal carers. The three-year programme is financed by the Department of Health and Social Security and the Health Education Council (now the Health Education Authority).

The need for the programme arose from a growing awareness that care in the community often imposes heavy demands on the families of chronically ill and disabled people living at home. An increasing body of research indicates that carers experience substantial disadvantage and hardship, with many being inadequately informed, socially isolated and poorly supported. In contrast to the organised support for people with a wide range of disabilities, relatively little attention has been paid to carers' needs.

HRH The Prince of Wales with the Fund's Treasurer, Mr Robin Dent (left of picture), and the Honourable Hugh Astor, Chairman of the Management Committee.

The programme aims to improve public recognition (particularly through the mass media) of carers and the contributions that they make to care in the community. It also aims to increase the range and availability of information and education for carers themselves, and for the professionals responsible for health policies, planning and service delivery.

During the first year of the programme, there have been extensive consultations with carers and their organisations, who advise us on priority needs and on promising approaches. A National Informal Caring Forum, comprising national voluntary organisations, has been convened, as have local forums of carers in Worcester, Evesham, Leicester and Middlesbrough. Particular attention has been given to ethnic minority carers, about whose specific needs comparatively little is known.

A range of publications and video-assisted learning programmes has been commissioned, most of which will be available for use in 1987. These include publications for carers, such as a Handbook and a Guide to Respite Care, and a series of training programmes for professionals in the health and social services, focusing on developments in primary health care, multidisciplinary collaboration, and the support required from hospital and community services staff.

An information service has been set up at the Centre and is increasingly used by statutory and voluntary agencies enquiring about research, service initiatives, and general developments in care in the community.

The Long Term and Community Care Team has continued to focus on the needs of people with mental or physical handicap, and mentally ill and elderly people. Increasing attention has been given to the frail and multiply-handicapped, based on principles of 'an ordinary life' in the community.

The pioneering early work on services for mentally handicapped people has been developed further, with particular attention being given to people with severe learning difficulties and residential services for people with very challenging behaviours.

A major move has been made in the work for people with physical disabilities, by giving greater attention to the training needs of students and members of the medical, nursing and paramedical professions.

Housing, legal and nursing home registration problems, related to services for mentally ill people, have been areas of particular emphasis. Services for elderly people have also received greater attention, starting with a survey of recent innovations in the NHS and continuing, throughout the year, with a number of conferences/workshops for senior health and social services staff.

In all the Centre's projects the staff are important transmitters of information for workers in the field. This has been formalised in the **Quality Assurance Project** with its information exchange and the bi-monthly publication of *Quality assurance abstracts* published in conjunction with the DHSS. Expansion of this work has meant that from January 1987, an assistant information officer will be employed to help Ann Stodulski with enquiries: additional computing equipment has been purchased also.

The other activities of the Quality Assurance Project have expanded gradually following its official launch in May 1986.

Charles Shaw's survey of Quality Assurance activities in professional associations was completed, and the report, entitled *What the colleges are doing*, outlining the results, was published by the Fund in 1986. A similar study, concerning regional health authorities, is currently in progress. A handbook, entitled *Introducing quality assurance*, was also published in 1986. Dr Shaw, who is a Unit General Manager at Cheltenham, continues to work with the project part-time.

The **London Programme** helps to improve health care in the inner cities. It focuses on action rather than research projects, concentrates on growth points, and works particularly on issues concerning London's most disadvantaged population, such as single homeless people and ethnic minority women.

In 1985, the DHSS gave the Fund £500,000 to expand work on primary health care started by the London Programme. Two projects, on FPC/DHA collaboration and decentralisation of community health services, are funded until 1988. The third, the community unit information exchange, is funded until June 1987.

The London Programme has sponsored a particular approach to generating change in the way primary care services are delivered, through the employment (by health authorities and other organisations) of 'development workers' for limited periods. This approach is being tested in a variety of settings, from which we are learning about the circumstances in which development workers can operate most effectively, and about the constraints that may prevent their bringing about change. In the coming year, the objective is to monitor and analyse the experience of these projects, to describe the strengths and weaknesses of the 'development worker' approach, and to make the findings accessible to a wide audience.

Primary health care policy in the NHS is currently under intense government scrutiny. In May 1986, the Green Paper on primary health care and the Cumberlege review of community nursing services were published. During the consultation period, the London Programme ran a series of workshops on the issues raised by these documents. A response to the government was then prepared and was submitted early in 1987.

Though the main work of the London Programme in 1987 will be to draw out the lessons of the programme and make them widely known through discussion and publication, two specific areas will also be covered in more depth: improving services for black and ethnic minority groups, particularly towards meeting the needs of elderly people, and involving consumers in the planning and management of health services. The latter will include documenting and publishing examples of how managers can work more closely with users, their representatives or advocates.

Meanwhile one of the longer established activities, **Education and Training**, continues to flourish. The ward sister peer group, which first convened in 1981, continues to meet. Individuals eligible for membership were those whose recent research was concerned with the ward sister's role, her training needs and the learning environment on the ward. The work of the group attracted enough interest for the Welsh Office to put forward a request in 1986 for 'triads' from each district of Wales to attend a series of workshops to examine the role of the ward sister in relation to manager and teacher. Each triad includes a nurse educator and a nurse manager, as well as the ward sister of this peer group. Currently, a paper is being written on the five years' experience.

Work on quality circles also continues. A training manual was completed in September 1986 and seminars for interested managers were arranged. So far 80 participants have been involved. Participants are identifying suitable quality circle facilitators and leaders from their own health authorities, to attend three-day workshops in the first part of 1987. The purpose of the workshops will be to train facilitators and leaders in quality circle techniques.

Future expansion of knowledge and interest in quality circles might include a national event in late 1987 and an international event in 1988.

A more recent activity, which began with a forum under the chairmanship of Sir Cecil Clothier in 1984, concerns reported incidents and accidents on NHS premises. A great deal of interest was generated at the meeting in 1984. The Centre then organised a series of workshops to produce a comprehensive form for recording accidents/incidents as a tool to assist in preventing their recurrence and thus to improve quality of care.

In January 1986, a seminar for district health authority managers, legal advisers, and representatives from the Medical Defence Union and the Health Service Advisory Committee met to discuss the outcome of this work. Amendments were made to the forms and guidelines were developed for using them. Subsequently, in April 1986, the Centre completed the production of forms and guidance on the recording of accidents and incidents to *staff* in the health service. This has been well received.

In 1987 we shall be launching another standard form and guidelines for its use in recording accidents/incidents to *pa-*

tient, clients and visitors, and will be highlighting ways in which this may help improve the quality of care to patients.

The number of people using the King's Fund Centre facilities continued at a high level, with over 17,000 people attending conferences, workshops and seminars. Nineteen eighty-six was also a busy year for the library. Users have often filled all the available spaces and the newly refurbished library annexe has proved useful on these occasions. In addition to assisting visiting users, the library staff dealt with more than 8,000 enquiries by telephone and post.

Graham Cannon retired as Director of the Centre at the end of 1986, after holding that post for 11 years. We wish him well in his retirement, although we still expect to see him from time to time as he continues with some of his interests, for example the care of the terminally ill.

Barbara Stocking took up the post of Director, Health Services Development, on 1 January 1987. She moves from the King's Fund College where she was on the Faculty for the previous three years. She will manage the five main project areas which currently make up health services development work at the Centre, and is bringing with her from the College the Consensus Development Programme. We are also planning some new initiatives, for example in relation to change in the acute sector of medical care.

As the Centre now houses both the **King's Fund Institute** and **Health Services Development** the physical facilities of the Centre are being managed jointly by Ken Judge and Barbara Stocking.

King's Fund College

For the College, 1986 was a year marked by continued growth against a background of consolidation, internal development and investment in quality.

Since 1981, the College has grown dramatically: during that period the size of the Faculty has grown eightfold; classroom activity levels have more than trebled; and since their introduction in 1982, field-based development projects have increased by nearly fourfold. Not surprisingly, catering, household and the other support services have grown significantly to keep pace with this rapid expansion. Despite deliberate policies of stabilising Faculty and staff numbers and building on existing strengths during 1986, the variety and scale of both classroom and field-based activities continued to increase.

Early in 1986, it became clear that the College's teaching and support facilities were inadequate in relation to the increased numbers of people participating in College programmes. As a result, the College approached the Fund for support in extending and upgrading its facilities, and an additional property was purchased in Palace Court. When this new facility opens, in the autumn term of 1987, it will mean (along with consequential rearrangements in the other buildings) that the College will be able to offer more and higher quality residential, social and educational facilities.

Despite the stabilisation in Faculty numbers, a number of significant changes took place during the year. Four full-time Fellows and two part-time Fellows left during 1986. Two of these changes illustrate again how fortunate the College has been in its ability to attract high quality Faculty. In particular (as noted earlier in this Report), Barbara Stocking, a member of the College Directorate, has taken up the post of Director of Health Services Development at the King's Fund Centre, while Maureen Dixon, Fellow in Organisational Studies, left to join the Institute of Health Services Management as its Director. Both remain close to the College and we wish them well in their new careers.

Five new Faculty from a variety of backgrounds were appointed during 1986. This turnover in Faculty is, of course, of great benefit to the College, in that it ensures a continuous flow of new and changing ideas, skills and enthusiasm.

As noted in previous years, the purpose of recruiting such a strong and diverse Faculty is to enable the College to sustain a broad portfolio of work, not only in terms of topics, but also in the methods and approaches used in management development. In line with this philosophy, members of the College Faculty were active in 1986 in a wide range of management education and development activities, which took place in a variety of classroom and field-based settings. In the classroom, for example, these included not only the well-established programme of residential courses, but also topic-based workshops, sustained work with small groups of managers in a 'learning set' format, and attachments with non-NHS organisations in both the public and private sectors.

The College's working relationship with the National Health Service Training Authority and its close links with NHS managers are major assets in maintaining classroom and field-based programmes that are timely and relevant to the problems and opportunities facing NHS management. Courses and programmes increasingly are being designed to meet the needs of a particular group of managers or members from the same health authority, and sometimes are run locally rather than in the College.

Some of the more significant classroom-based developments during the year included the College's successful tender for the first part of the **General Management Training Scheme** for future general managers; the expansion of the **General Management Development Programme** to include unit general managers; the continued expansion of **Programmes** in **Management Development for Doctors and Nurses**; and new initiatives in the form of **Joint Planning Workshops** involving NHS and local government managers. In parallel with these developments, the College initiated a number of new field-based programmes, including an NHSTA-sponsored survey of **the management development needs of family practitioner committees**; programmes of management and organisational development to parallel the new **resource management** initiatives being undertaken by the NHS Management Board; and a continued expansion of our work with the medical royal colleges, including an increased emphasis on the training of trainers.

As noted earlier, 1986 was marked by an increased emphasis on the College's internal development and commitment to quality. New initiatives included an increased number of internal Faculty 'learning sets' designed to help groups of Fellows share learning and to focus explicitly on the quality of their work; the development of a wider variety of methods for evaluating both classroom and field-based programmes; and an increase in the number of Faculty attending courses and workshops elsewhere, in order to stay abreast of new developments and to learn from others.

This increased emphasis on internal development and the promotion of quality is obviously not an end in itself. The College seeks continually to generate new and useful ideas about health services management and management development, as well as to serve as a resource for the NHS. In this respect, the College has a duty to ensure that new ideas are shared, tested and (when appropriate) applied, in the interests of better patient care.

King's Fund Institute

The King's Fund Institute for health policy analysis began life in January 1986 with the arrival of its first Director, Ken Judge. Its principal objective is to provide balanced and incisive analyses of important and persistent health policy issues. The primary aims of the Institute are:

- to synthesise and utilise data, intelligence and research to tackle policy issues;
- to produce clear, readable and accessible publications;
- to facilitate debate about problems and options for resolving them;
- to take every opportunity to collaborate with other agencies engaged in health policy studies.

Much of the year was taken up with establishing the Institute in the Centre and with appointing staff. A team of six analysts has been appointed; four of these took up their posts during the second half of the year and the two remaining members at the beginning of 1987. Secretarial support has been provided.

Though not operating at full strength during its first year, Institute staff were nevertheless engaged in a number of activities. Ken Judge served as adviser to the House of Commons Social Services Committee in its 1986 public expenditure inquiry, published in July 1986. At the request of the DHSS, the Institute undertook a pilot project aimed at analysing the annual programmes and strategy statements produced by family practitioner committees. Reports on 'objectives and priorities' and 'deputising services' were produced and others were promised by Easter 1987. In July 1986, the Institute, on behalf of the Acheson committee's inquiry into community medicine, undertook a survey of community physicians in English health authorities. The purpose of this survey was to collect information on the backgrounds, experiences and work of community physicians. Analysis of the survey has begun and will be completed early in 1987.

The Institute has identified health promotion as a major area of interest. In keeping with this, three initiatives were launched in 1986. First, a national survey of local food health policies was undertaken by the Institute, in collaboration with Cranfield Institute of Technology. More than 200 district health authorities and boards across the UK responded to the questionnaire. The survey was supported by the NHS Training Authority. A full general report of results and specific reports on selected themes will be produced in 1987. Second, the Institute became a joint organiser (together with the Unit for Epidemiology of Ageing at the London School of Hygiene and Tropical Medicine and the Age Concern Institute of Gerontology, King's College London) of an initiative on health promotion and ageing to be launched in two stages in 1987. The aim of the venture is to gather together a multidisciplinary group of experts with a view to producing a set of recommendations for policy and practice to promote health in older people. Third, the Institute supported a wide-ranging literature review of preventive policies for coronary heart disease, to be completed early in 1987.

In addition to UK-centred activities, Institute staff made a number of international contacts over the year through appearances at conferences and through other engagements.

As the year progressed, the Institute began to formulate its programme of work for 1987. Four major areas of policy concern were identified and each of these has been made the responsibility of a small working group. The areas are: resource allocation; technology assessment; health promotion; and priority services. Convenors have been appointed for each group. In conjunction with the Institute's advisory committee it was agreed that as a first step the working groups would produce 'state of the art' reviews of their respective areas. Detailed consideration of these reports will provide a means of setting the agenda for the second phase of the Institute's programme, as well as a source of material for Institute publications.

Publishing

There was a substantial increase in our new publications. Twelve new books were published (six in 1985) and eight new project papers (four in 1985). Income from sales rose by 24 per cent.

New books for patients were *The troubled gut: the causes and consequences of diarrhoea* by Bryan Brooke, and *Not a penny to call my own* by Martin Bradshaw and Ann Davis which described ways of tackling the problem of poverty among people living in mental illness and mental handicap hospitals. In *Building community* Ann Shearer describes 30 different services offering community opportunities for people with mental handicaps, while *Making the break* by Ann Richardson and Jane Ritchie looks at parents' views about adults with a mental handicap leaving the parental home.

The harm caused to their inhabitants by secure institutions is documented by Larry Gostin in *Institutions observed*. He argues that the institutions concerned are badly in need of change, and that this should take place within a comprehensive national strategy for secure provision in mental health. Tim Dartington's *The limits of altruism* discusses the social and psychological processes which influence collaborative work, particularly among carers who provide support for mentally infirm elderly people.

The Fund's historical series was continued with the publication of *The development of the London hospital system 1823–1982* by Geoffrey Rivett. *The emperor's new clothes* by Judith Allsop and Annabelle May is the first comprehensive study of family practitioner committees which, since 1985, are health authorities in their own right, and responsible for planning and developing primary care services.

The first volume in an annual series on medical law and ethics, *Rights and wrongs in medicine*, stems from the Centre of Medical Law and Ethics at King's College London. It reviews some important and controversial current issues, such as artificially assisted reproduction and the Gillick judgement.

A book for managers, edited by Greg Parston, a member of Faculty at the King's Fund College, is a collection of papers first written for discussion at a King's Fund international seminar held in Australia in 1985. Entitled *Managers as strategists* it contains the views of top international health service managers on their experiences, successes and failures as strategic managers.

Education and training in psychiatry is the first comprehensive review of its kind. Such a review has not been carried out for any other medical speciality and it is, therefore, a case study with implications for other medical disciplines.

At the request of the Hospital Caterers' Association, an independent committee chaired by Lady McCarthy, undertook a review of hospital catering with the support of a grant from the King's Fund. Its report, *A review of hospital catering*, deals with catering services provided for patients and staff, with the finances and management systems required to support these

services, and makes recommendations for both.

Project papers published in 1986 dealt with the use of diagnostic radiology; women in NHS management; stress in nurse managers; the legal and advice service for people with mental illness set up at Springfield hospital; the role of DHA members; caring for the dying in hospital; quality assurance; and ways of providing good services for elderly people with dementia.

A list of publications is available on request.

Grant making

Over the last few years the Fund's annual reports have frequently referred to changes in our grant-making processes and evolution continued in 1986. There were also changes in the Fund's personnel connected with grants and, although quite unrelated to these moves, policy discussions began once more about a recurring question which can most simply be expressed as 'How much of the Fund's total income should be devoted to external grants?'. Despite considerable energies being spent upon these important matters, much of the Fund's grant giving continued to flow along well-established channels, as a reading of the full list of all the donations made, set out on pages 19-25, will soon confirm.

In 1985 the **Grants Committee** made the first of what is intended to be an *annual* programme of major grants, for sums up to £250,000, for 'a major innovative scheme designed to improve the quality and effectiveness of health care in Greater London'. This grant supported the Community Orthopaedic Scheme in Essex (COPE) associated with Oldchurch Hospital, Romford. The first patients were discharged to this new pattern of care in March 1986. It is perhaps too early yet to judge the scheme's success, although some of the patients, such as the ladies in the photograph above, seem to have few doubts. This particular innovation, designed both to improve standards of care and to reduce length of stay for selected hospital admissions, was well worth testing and we await the results with keen interest. In 1985 there was also a second, but smaller, award made to another of the original applicants to help establish a centre for rehabilitation engineering at Dulwich Hospital.

Disappointingly the Committee felt unable to make a major award in 1986, despite receiving 60 outline applications. From the 60 entries, the Committee selected the three that it thought the best and invited the applicants to make fully detailed submissions. The Committee obtained assessments about these from recognised, independent referees. Queries or potential weaknesses were drawn to the applicants' attention if it seemed that their submissions could be strengthened. After further consideration of these short-listed entries, which had sometimes been revised, the Committee finally interviewed teams from the three health districts. But the applications seemed to have developed too little from their original outlines and, ultimately, the Committee decided that no application was strong enough to warrant such a large grant.

Based on this experience, the Committee urges would-be innovators in the NHS to bear in mind three basic requirements when they seek funding: first, if new ideas are to be tested in action, they can only be mounted with the prior agreement of all essential collaborators; second, even if normal academic research criteria are not demanded, there must still be a reasonable prospect that outside observers will be able to draw conclusions of wider applicability from any subsequent reports; and third, the potential implications of any successes (in terms of impact on services and on spending) must be considered realistically in advance.

The two ladies are patients of COPE. On the left, Mrs Harriet Cockerall; on the right, Mrs Emily Child.

The Grants Committee currently intends to continue with its annual major grant competition, and has imposed no new restrictions. For 1987 the Fund particularly welcomes proposals to develop a greater number of experienced health service researchers in the NHS, on the grounds that well-formulated research and development proposals will not be forthcoming without a group of trained people on whom to draw.

Meanwhile the Committee continues to make a wide range of grants to support health care in London. Despite making no large award in 1986, it had no difficulty spending its full allocation of £750,000, as recorded on pages 20 to 23.

Following the retirement of William H Spray, Grants Secretary since 1981, the overall coordination of the Fund's grant-making activities has now been assumed by Iden Wickings, who started in September as part-time Deputy Secretary while continuing to run the CASPE (Clinical Accountability, Service Planning and Evaluation) research unit. He is assisted by a Grants Administrator (initially Sandra Curtis, now Helena Whittaker).

The **Management Committee** also had an interesting variety of applications for grants in 1986. Although most of the resulting awards were quite small, some of them are of potential importance. For example, some £7,000 was given to the Royal College of Art to review the specification for the King's Fund Bed in connection with the use of mobile patient hoists to transfer patients into and out of bed. Many patients up and down the country are now nursed in beds that were designed as a result of a King's Fund initiative more than 20 years ago. The specification (now a British Standard) has stood the test of time, but the current study may well lead to a broader review of the design of hospital beds.

One larger grant of £25,000 went towards meeting the costs of evaluating the Health Advisory Service (HAS). The HAS has played a major role in monitoring standards of care in a number of neglected services, yet its way of working has never been objectively recorded and assessed. The evaluation will be undertaken by Professor Maurice Kogan and a team from Brunel University.

The King's Fund supports financially the work of the Nursing Policy Studies Centre at Warwick University. This year the Centre produced its first annual report, describing its research on the impact of the Griffiths report on the management of nursing.

Another grant indicates the possibility of partnership with others, even when the Fund itself can commit only a small amount. The Fund agreed to put £10,000 to provide initial support as part of a much larger scheme by the Wolfson Foundation to improve hospital kitchens. This initiative was taken following the report of the public inquiry on the conditions that led to 19 deaths at the Stanley Royd Hospital in 1984. The Wolfson Trust decided to set aside £500,000 to stimulate new NHS initiatives, starting with catering, and the King's Fund has been proud to be associated with this initiative.

Among other Fund committees which make grants, the largest allocation was to the **Centre Committee**. Nine grants were made from the Centre Committee's initial allocation of £110,000 during 1986. The largest was the sum of £30,000 to support work which developed from the Prince of Wales' Advisory Group on Disability, and this two-year grant has enabled a development officer to be appointed.

Another important initiative was the work done jointly with the National Association of Health Authorities, and a grant of £7,000 enabled the Association to produce within a few months a booklet designed to assist those caring for dying people. This is now being widely used.

Apart from these 'large' grants, the Chairman of the Centre Committee authorised eighteen small grants, each averaging about £350. Payments of these grant applications, when approved, are usually made within a week or two of the request being made and often produce results far in excess of the amount awarded.

The **Quality Assurance Project**, which was formally launched in May 1986 with an allocation of £50,000, has maintained its original aim of stimulating initiatives designed to assess and assure quality in health care. Two main grants were awarded during 1986. Firstly, the CASPE research team was enabled to employ a research assistant for two years with the task of improving methods whereby patients' views about the treatment they receive can be known. This work is being undertaken in the Bloomsbury HA. Secondly, a grant to Brighton HA was made to explore what are the needs of patients, and their relatives, for written information about acute hospitals. This project will also assess how far the Authority's current literature meets these requirements and will try to develop guidelines for the distribution of such literature.

While taking a broad view of developments in London, the **London Project Executive Committee** continues to give priority to primary health care and its relationship to hospital services. The guidelines that the Committee has set for its grant giving are to give preference to action rather than research projects; to concentrate resources on 'growth points' rather than spreading them too thinly; and to focus on groups in London's population that are disadvantaged in terms of health care, such as single homeless people and ethnic minority women. The committee is currently consolidating its last five years' work; analysing what has been learned from it; and planning a dissemination programme. The LPEC received an allocation of £100,000 in 1986.

Educational projects accounted for just under £155,000 allocated to initiatives closely linked to the work of the King's Fund College. These included initiatives directed at strengthening nursing and financial management within the NHS and allowed significant increases in College activity in these fields.

The **Educational Bursary Committee** received some £33,000 from the Management Committee to continue its work in assisting nurses and others to extend their educational qualifications and experiences. Bursaries are awarded, usually to those working within the Thames regions, for approved programmes of study that will enhance the recipient's capacity to contribute to health care through improved performance as professionals, educators, researchers and managers. Applicants need not be employees of the NHS but must work in relation to it from a base in the voluntary sector, a community health council, or other related body.

Medical travelling fellowships are awarded, mainly to doctors at the senior registrar level, or newly appointed consultants, to enable them to gain clinical experience in a centre overseas. Applicants must be in practice in greater London and intending to return. The field is always strong, although the amount of each award is relatively modest, normally restricted to travel costs. In 1986, 24 fellowships were awarded at a total cost of some £24,000.

Travelling bursaries for managers is a scheme which is jointly supported by the NHSTA and the Management Committee, and has now begun to establish some prominence in the health management field. Previously, the College has made known the opportunities only through its own publicity, but in 1986 the College advertised the scheme in the Health Service Journal and internal NHSTA documents. A much higher response was received and the selection panel of the Director of the College, a member of the NHSTA and the Bursar of the College were able to select the following projects:

- Vocational alternatives for mentally handicapped people in Ontario.
- Evaluation of the impact of departments of community health in the province of Quebec.
- Role of national centres in psychiatry in north west Europe.
- Community mental handicap – the Swedish experience.
- Health emergency planning in Washington in relation to potential civil mass casualties.

The scheme is now being advertised again for the 1987–1988 financial year.

Selected issues

The five issues selected are all ones of major substance and difficulty, in terms of national policy and the running of health services. The Fund has an interest, which must be related to the much broader context of what is happening if our contribution is to have value and make a useful impact. The discussion, therefore, is not simply about what the Fund is doing.

Medical technology assessment

Many new medical technologies and procedures have resulted in major advances in patient care. However, many have also raised important questions for the NHS. Sometimes the issue is whether the benefits justify the costs, and if so in which locations the technology should be available. The current discussions on nuclear magnetic resonance imaging fit into this category. Sometimes new procedures have raised fundamental ethical issues, for example *in vitro* fertilisation. Sometimes a long period is required to determine which particular patients will benefit from a technology, and this has happened with coronary artery bypass surgery.

Technology assessment simply means looking at all aspects of a technology and its implications, using technology in a broad sense to include not just equipment but also drugs and

procedures. (Narrower definitions are sometimes employed – for example, restricting the field to the use of expensive equipment. Conceptually we prefer the broad definitions, even if discussion then concentrates on one selected aspect, because similar questions arise across the whole field.) The starting point must be clinical evaluation – what particular health care need does this technology meet and does it do this better than the existing alternatives, taking into account both benefits and risks? But issues of cost, impact on other NHS services, acceptability to patients, and broader ethical questions must all be tackled. So technology assessment is concerned with looking at fairly distinct items, but doing so in a much broader way than purely clinical evaluation.

In the last two or three years, the King's Fund has become increasingly involved in technology assessment. In 1984, Professor Bryan Jennett, then Dean of Medicine, Glasgow University, and Barbara Stocking, now Director, Health Services Development, organised the first UK consensus development conference on behalf of the Fund. These conferences are out of the ordinary in that a particular medical technology or procedure at a crucial stage in its development is discussed at a meeting open to the public and there is a panel, most of whom are not experts in the field, who listen to expert evidence, as well as to the audience's views, and prepares a statement intended to influence clinical practice and national policy.

This consensus statement addresses a prepared set of questions on the technology, reflecting the panel's views in light of what it has heard, and not necessarily that of the experts or the audience. It is a form of technology assessment, in that the statement summarises what is known about a specific procedure and the panel's views about how it should be used at a particular moment.

Consensus development conferences were first instituted in the United States. The King's Fund was particularly interested in experimenting with the approach because it involves experts presenting their evidence in public in a way that other professions and the public can understand. It also allows other groups besides the experts to contribute to the debate.

The first topic was coronary artery bypass surgery and a recent follow-up suggests that the consensus statement did have some influence on the provision of this procedure. In a questionnaire to regional and district general managers, 83 per cent knew about the statement and in 76 instances it had been used in policy discussions. The second conference, on the treatment of primary breast cancer, held in October 1986, seems likely to have a much greater impact. A number of women's magazines and radio programmes have reported on the conference and several thousand people have written to the King's Fund requesting the statement. In addition, the statement (like that on coronary artery bypass) was published in full in the British Medical Journal. A number of community health councils are specifically using the statement to provide information to women who have breast cancer. This conference brought out the issue whether, if a major change in medical practice is required, further steps should be taken by the Fund beyond just distributing the statement. In future, it is expected that more work will be done to disseminate the results of these conferences.

Meanwhile, two more conferences are planned in 1987. The first, on 8-10 April, is on the need for asylum in society, raising the question whether any individuals still need some form of asylum and, if so, what that should be. The issue has arisen because of the closure of large mental institutions. This will be the first time anywhere in the world that the format of a consensus development conference has been used for a major public policy issue rather than a specific procedure. Later in the year, prenatal screening will be the subject of the fourth conference.

More broadly on technology assessment, developments are beginning to take place in both the King's Fund Institute and the Centre's work on health services development. The King's Fund hosted a small conference last November principally aimed at establishing whether the current activities in technology assessment in the UK are adequate and, if not, whether some form of consortium should be established. At a minimum, such a consortium would provide a mechanism for sharing information about who is doing what among the groups who fund or undertake the research that provides the basis for technology assessment, for example, the MRC, DHSS, industry, university departments and so on. In future, such a consortium might go much further to ensure that new (or old) technologies requiring assessment are spotted, the appropriate clinical trials, economic appraisals and consumer acceptability studies undertaken, and the information synthesised and disseminated in a form useful to managers, health care professionals and the public. This is some way away, but discussions are taking place on whether the first step of sharing information among the involved groups might be feasible.

The Institute meanwhile is reviewing current activities in the technology assessment field in the UK, exploring the relevance of overseas experience, and assessing existing policies towards the management of medical technology. A major paper analysing these issues will be prepared during 1987, to provide the basis for selecting specific technologies for more detailed investigation. It is likely that the Institute will focus in particular on the evaluation of established procedures, and will concentrate on reviewing and synthesising available information rather than creating new data. Reports will be written and presented in a form that can be used by policy makers at all levels in the NHS.

In parallel with this review, work is proceeding in the Institute on variations in the implantation of heart pacemakers. A study of attitudes held by GPs and hospital doctors towards pacemakers is being carried out in association with cardiologists at St Bartholomew's Hospital and the report will be published during 1987. This is part of a more general concern within the Institute with variations in the provision and use of health services. A conference on this theme is planned for summer 1987.

In health services development, one of the future programme areas will be the acute sector, including work on how medical practice needs to evolve and change in response to changing needs and how these changes can be achieved. Working with other bodies, such as the royal colleges, it is hoped that some of the technology assessments produced by the Institute can be taken up and a variety of approaches tried to change practice. The aim, of course, is the appropriate use of medical technologies, whether this means trying to stop outdated procedures being undertaken, or encouraging the adoption of new ones.

AIDS and public health

The government's mass advertising campaign on AIDS has transformed public awareness of the disease in the last 12 months and, to some extent, public understanding. Most people should now know that the risks lie almost exclusively in three categories: sexual transmission, especially anal sex; sharing needles among drug users; and blood transfusion with

contaminated blood. Measures have already been taken in Britain to protect people, so far as this is humanly possible, from contracting the disease through contaminated blood by making donors aware of the dangers and by rigorous checks on the supply. This leaves sexual intercourse and contaminated needles as the two overwhelmingly important methods of transmission. To date, sexual transmission has been largely among homosexuals, but increasing heterosexual spread is a possible future danger, with very grave implications in terms of the scale of the epidemic.

More money is being spent on AIDS research, though there is as yet no indication of a product that offers the hope of more than limited, palliative treatment. Meanwhile some 750 people have so far contracted the disease in this country, of whom 420 have died. As in other countries, the number of known cases in the early stages of the epidemic was approximately doubling each ten months. Forecasting the trend in incidence is hazardous, but the cumulative number of UK cases could top 10,000 by 1990.

Naturally enough the need for acute care for AIDS patients has fallen disproportionately on London, particularly on a few hospitals (such as St Mary's, St Stephens, the Middlesex). Special financial allocations have helped them to cope to some extent, and the staff response in these hospitals has been most impressive. But it is one thing to rise to a temporary emergency, another to cope on a continuing basis with the human impact and the cost of a mortal disease increasing at this rate.

What more could be done? There is still a great need for better public and NHS understanding of how *non*-contagious the disease actually is. There have been some appalling cases of victimisation, as a result of ill-informed panic, and far more widespread evidence (in the NHS as well as outside it) of insensitive and totally unjustified special protective measures. The encouraging thing is that staff show least sign of panic in the main units, where they are most familiar with AIDS sufferers and with the minimal protective measures required. But that humane understanding needs to be extended throughout the NHS, and indeed throughout the community. To date the publicity may have taught people how *not* to catch AIDS, but not how difficult it is to catch in any other way, nor their duty to care. The government will need to vary the advertising messages, so that the successful initial campaign does not in the end backfire ('AIDS sufferers have only themselves to blame') or stagnate.

There is also a big need to expand home care programmes for people with AIDS. Evidence from San Francisco and New York shows that, for part of their limited life, people can be better cared for at home than in hospital. The implications are substantial for all the community-based statutory services in neighbourhoods where people with AIDS live in any number, and for voluntary bodies and relatives, partners and friends. The Fund's main involvement is likely to be in trying to help people at this local level (and in the hospitals) to develop and maintain the new services required, particularly by promoting the exchange of accumulating experience and ideas.

There is also, of course, a much larger public health dimension to all this. A decade ago, public health was almost taken for granted. AIDS underlines the impact that behaviour (positive as well as negative) has on health, and how much the public health discipline is still needed. Perhaps it is even more needed in the future than the past because of increased tension between human behaviour and its environmental effects. Hence the importance that we attach to Sir Donald Acheson's inquiry, and the potential significance of a revival of professional and public interest in public health.

Funding health services in inner London

In March 1986, 12 district health authorities asked the King's Fund to provide an overview of the future shape of health services in inner London, based on the published plans of the four Thames Regional Health Authorities and on progress made in implementing these plans.

The resulting report – *Planned health services for inner London: back to back planning* – was released by the chairmen of the 12 health authorities in January 1987. It aroused substantial public attention, even though it was quite a straightforward, dryly factual report. In practice, one cannot draw a coherent and comprehensive picture of inner London's future health services from the published regional plans because of data inconsistencies. Very substantial bed closures (1,100 local acute beds) have been made so far, representing 74 per cent of the planned bed reductions, but with relatively modest savings. The main reason for this discrepancy is that workload has increased – instead of a forecast 15 per cent decline in inpatient admissions there has actually been a 2.5 per cent increase.

In making these conclusions public, the inner London chairmen stressed that they were not seeking to challenge the national policy of achieving a fairer geographic allocation of resources. But they did not believe further bed closures in London would yield savings on the scale originally envisaged, and they feared that the effects on patients and staff (which already appear to have been substantial) would be more and more grave.

The King's Fund has come in for a good deal of criticism from the DHSS and from the NHS outside London for the report on grounds that it is incomplete (it deals with inner London alone), or amounts to special pleading, and that the findings should not have been made public in the way they were. On the other hand, these are matters of major public interest, as the media coverage showed, and what happens in inner London is of more than parochial importance.

Undoubtedly the pattern of hospital services in inner London has to change and, along with it, the pattern of medical education. It is not the Fund's intention, nor its tradition, to stand in the way of sensible change: quite the reverse. But the current management of change in inner London is addressing issues of a scale and complexity that have not been addressed hitherto. It could be destructive of current services, and is imposing immense strain on staff, managers, health authorities and, on occasion, patients.

Anything that the Fund can do to help those involved we will gladly consider. This includes the need for better, more comprehensive data for the four regions, the university and the special health authorities, and any backing necessary to achieve a stronger sense of overall strategy.

Among other things, it is important to strengthen primary care in the capital, where it is for a variety of reasons uneven. This is where the Fund's London Programme has put its energies in the last five years, on the grounds that hospital care, however excellent, cannot succeed (still less be cost effective), unless preventive and primary care are strong.

Health care and ethnic minorities

Britain is slowly coming to recognise itself as a multi-ethnic community. Black British people tend to be poorer and more disadvantaged than whites. Like almost everybody else in Bri-

tain they rely on the National Health Service for their health care, and in many ways the response is inadequate. It is not that particular ethnic minorities have special health problems, though there are some instances (sickle cell anaemia, for example) where they do. It is that the NHS by and large does not adjust easily to circumstances and needs of which its own senior staff themselves have little personal experience. Hence, for example, the importance of patient advocacy schemes (such as the scheme for Asian women in Hackney) where people help ask questions and express needs.

With financial backing and substantial encouragement from the Department of Health, the Fund launched during 1986 a Task Force on Equal Opportunity. The focus is on equal opportunity for ethnic minorities in NHS employment. There is a long way to go to reach equal opportunity, and the fact that injustices probably arise more from inertia and unconscious discrimination than from conscious prejudice is not likely to be much comfort to those at the receiving end. While it is still early in the three-year life of the Task Force, a clear picture is developing of the state of progress in health districts up and down the country. On the basis of a postal survey of all the English health authorities (including regions but excluding the SHAs) only about half have got as far as adopting a firm statement of intent and only 19 per cent (39 authorities) claim to have embarked on full-scale implementation. Still fewer are monitoring the effect of their actions. The Task Force is compiling an annotated model policy based on the practice of the health authorities that have made most progress. This will be ready for publication by mid 1987. In addition the Task Force will be working particularly closely with a small number of health authorities which are at different stages in the process of devising and implementing new policies. One particularly useful device is a structured self-audit on equal opportunity which is now being tested on a pilot basis by one of the health authorities.

There are at least three reasons for this emphasis on employment, even though equality of health care is even more important. One is that the NHS and the King's Fund itself have until recently made relatively little progress, yet should try to set an example. Second, many spokesmen for ethnic minorities emphasise that action on employment is their first priority, partly as a test of serious intent. Third, equality of service depends to some extent on having enough black people in leadership positions in the NHS and on health authorities to ensure that the needs of a multi-ethnic community are understood.

Over the next few years, however, the Fund will also be working on equality of care. The Informal Care Support Project is already involved in some work for ethnic minorities, as is the London Programme. To date our experience suggests that each minority has its own traditions and values, and its own networks of informal support, but you cannot draw on these strengths without understanding them and without mutual trust. We hope to do more. The Fund has particular responsibilities in this field, since the ethnic minorities are concentrated in London, and disproportionately represented among the least fortunate whom the Fund was set up to help.

Care in the community

There is nothing new about the fact that hospitals and other institutions provide only a small part of the services required by the sick, the handicapped and the frail. Whereas there are (including the private sector) some 280,000 hospital beds and another 100,000 residential places occupied on average in England, over a million people receive home-based care ranging from an hour or two of home help each week to continuous support. Much of the load falls on individuals, families, relatives and friends, and (to a lesser extent) on public services that reach out in their support. What is relatively new is an increased awareness that:

- for many people, though not all, home-based care is feasible and the option that they themselves prefer;
- institutional care is by its nature expensive, and there is not too much scope for making it cheaper;
- because of demographic change and developments within medicine, no country can afford to spend all it would wish on medical and social care, nor to provide institutional services when there is an acceptable and cheaper alternative.

Late in 1986 Sir Roy Griffiths was asked by the Secretary of State to undertake an overview of community care and propose ways in which it may be possible to make it more effective. Ken Judge is acting as adviser to the inquiry. This review provides a way of concentrating attention upon aspects of care that have generally been neglected and are even more crucial for the future than they have been in the past.

Over the past year or two a number of major reports have appeared on this subject including the House of Commons Social Services Committee's report, the DHSS/NAHA/local authority associations joint working group report on joint planning and joint finance, *Progress in partnership*, and the Audit Commission's critique *Making a reality of community care*. Within the King's Fund, a range of programmes and projects constantly underlines both the importance of community care in action and the need to improve our understanding of how statutory services can best help.

A study group within the Fund will be seeking in the next few months to put this experience at the disposal of Sir Roy Griffiths' inquiry, concentrating on both the ends and the means of community care: the ends having to do with people's lives and their ability to exercise choice and retain their independence; the means having to do with how these aspirations can most appropriately be realised.

Taking ends first, the term 'community care' has lost virtually all meaning and certainly all precision. It has become a portmanteau term loosely employed to describe a variety of sometimes conflicting and unconnected activities. There is a need to return to some fundamental principles about what it is that community care is intended to achieve, for whom and at what cost. Merely to wade into the complex infrastructure of services without first addressing such fundamental issues is unlikely to resolve satisfactorily the deep-seated problems at *all* governmental levels to which the Audit Commission drew attention. For many years the King's Fund Centre and College have been engaged in work on principles of care, on quality and standards, and on user participation in services. In addressing the ends of community care the Fund's study group will draw upon much of this work.

In pointing to successful innovative schemes as being very much the exception, the Audit Commission possibly underestimated the extent to which community care is an area of activity seething with innovation. The central issue here is whether successful innovations in community care contain particular mechanisms, procedures and so on that can be identified and exported to other areas. The issue is not so much the dissemination of good practice and new ideas or ways of working but how these can be implemented in particular contexts; that is,

what needs to happen for change to take root? Just as the idea of autonomy and choice is central to any discussion of ends, so is the idea of decentralisation of services to local neighbourhoods important to discussion of means.

Besides considering how community services can be developed, the quality of institutional services has to be maintained in their support. Moreover, knowing what is happening – whether people are actually receiving adequate care – is far more difficult when they are dispersed than when they are concentrated in one place. Management and leadership of those providing services in the community are also different, less developed and in some ways more excitingly fluid. Experience from many other fields (summarised, for example, in Greg Parston's *Managers as strategists*, already mentioned under publishing) indicates that strategic change is at least as much about organisational readiness and the processes of change as it is about clarity of purpose. In other words, as much attention is going to have to be paid to the means of developing community care as to its content.

All in all it looks as though 1987 will, in community care, be a year in which to draw together past experience and try to match the rhetoric by a more coherent view of what is actually entailed in moving forward. The Fund will seek to play its part in this.

* * *

Since the end of 1986, the Fund has celebrated its 90th birthday, on 6th February 1987. That provided a reason to review the past, and to think about the present and the future.

Despite – or even because of – the establishment of the National Health Service in 1948 and the many changes since then, the Fund is today needed as much as at any time in its history. There is no likelihood of obsolescence. While we can achieve almost nothing alone, there are many allies and much to be done to maintain and improve standards of health and health care in Britain. By the time this report appears, a general election will have taken place and a new administration will be beginning its period of office. It is going to be an important period in the maintenance of health services and in tackling some hard policy questions about ends and means: what as a nation we can afford to spend and what it is realistic to provide within the resources available; what the state and the professions can do to help individuals, families and communities maintain health. Neither the state nor the professions can do everything, but what they do should be done well.

Geoffrey A Phalp CBE TD 1915–1986
Secretary, the King's Fund (1968–1980)

Geoffrey Phalp, who for 12 years up to his retirement in 1980 was the Fund's chief executive, died on 26 December 1986. He had been unwell for some time with cancer, which he bore with great fortitude. He remained in close contact with the Fund until his death, taking responsibility for the hospital murals project which has contributed to placing many contemporary works of art in London hospitals. He will be remembered for his wisdom, kindliness and wit and for many aspects of the Fund's work throughout the 1970s. He gave sustained support to the Fund's drive to raise standards in long-term care; he oversaw the move of the King's Fund Centre to its new premises in Camden, and the Fund's Jubilee Project to upgrade some of London's oldest general hospital wards. Before he retired he was able to see the launch of the important ward sister training project and the London Programme to improve health care in the inner city.

Finance

The following pages (16 and 17) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. The statement shows that at 31 December 1986 the total market value of the Fund's assets was £79 million (1985 £69 million) and the income for the year £3,431,000 (1985 £3,218,000).

The £10 million increase in asset values is attributable to the continued rise in stock markets and to our investment policy, as well as the appreciation in certain properties. The acquisition of additional premises in Palace Court for use by the King's Fund College is also reflected in the figures.

The net general expenditure of the Fund during the year before the allocation of grants was £2,069,000 (1985 £1,528,000), this significant increase being partly due to the inclusion of the King's Fund Institute as a principal activity. Grants allocated in 1986, including the London Project, were £1,606,000 (1985 £1,685,000) and after all outgoings a surplus of £28,000 (1985 £19,000) was transferred to General Fund.

The Treasurer gratefully acknowledges contributions received by the Fund during the past year and welcomes any new sources of finance which will enable the Fund to maintain and extend its activities in the field of health care.

Forms for use in connection with donations and payments under deed of covenant will be found enclosed with this report.

Bankers:
Bank of England
Baring Brothers & Co Limited
Midland Bank PLC

Auditors:
Deloitte Haskins & Sells

Solicitors:
Turner Kenneth Brown

Abridged Statement of Assets and Liabilities at 31 December 1986

	Book Value		Valuation	
	1986 £	1985 £	1986 £	1985 £
Capital Fund				
Investments				
Listed securities	14,796,000	12,974,000	23,237,000	19,936,000
Unlisted securities	394,000	287,000	563,000	409,000
	15,190,000	13,261,000	23,800,000	20,345,000
Net current assets	1,436,000	561,000	1,436,000	561,000
	16,626,000	13,822,000	25,236,000	20,906,000
General Fund				
Investments				
Listed securities	17,605,000	15,393,000	24,651,000	22,775,000
Unlisted securities	190,000	182,000	198,000	228,000
Properties	4,192,000	4,170,000	19,475,000	18,502,000
King's Fund premises	4,297,000	2,853,000	8,848,000	6,400,000
	26,284,000	22,598,000	53,172,000	47,905,000
Net current assets	285,000	160,000	285,000	160,000
	26,569,000	22,758,000	53,457,000	48,065,000
Special Funds				
Investments				
Listed securities	23,000	23,000	17,000	16,000
Net Assets	£43,218,000	£36,603,000	£78,710,000	£68,987,000

Abridged Income and Expenditure Account Year Ended 31 December 1986

	£	£	1986 £	£	1985 £
Income					
Securities		2,492,000		2,136,000	
Properties		925,000	3,417,000	1,064,000	3,200,000
Donations		14,000		15,000	
Legacies allocated to income		—	14,000	3,000	18,000
			£3,431,000		£3,218,000
Expenditure					
Grants allocated		1,606,000		1,685,000	
Less grants lapsed		272,000	1,334,000	14,000	1,671,000
King's Fund Centre		1,115,000		1,035,000	
Less contribution from DHSS	368,000				
from Thames RHAs	105,000				
conference fees, etc	136,000	609,000	506,000	566,000	469,000
King's Fund College		1,790,000		1,500,000	
Less fees	990,000				
service charges, etc	34,000				
Education Committee grant	130,000	1,154,000	636,000	994,000	506,000
King's Fund Institute			178,000		—
Publications		66,000		63,000	
Less sales		37,000	29,000	42,000	21,000
Total grants and services			2,683,000		2,667,000
Other expenses:					
Remuneration of staff at Head Office		316,000		278,000	
Establishment		170,000		84,000	
Professional fees, etc		83,000		59,000	
King's Fund premises					
Maintenance		98,000		58,000	
Depreciation		53,000	720,000	53,000	532,000
			3,403,000		3,199,000
Excess of Income over Expenditure for the year transferred to General Fund			28,000		19,000
			£3,431,000		£3,218,000

Contributors in 1986

Her Majesty The Queen
Her Majesty Queen Elizabeth The Queen Mother
Gloucester Charitable Trust

Anonymous
Hon Hugh Astor

Barclays Bank PLC
Baring Foundation Ltd

A H Chester
N Clutton
Coutts & Co

Miss V Dodson
Worshipful Company of Drapers
K Drobig

Miss W Edwards
Equity & Law Charitable Trust

A Franks

Trustees of the Lady Hamilton Education Trust
Lord Hayter KCVO CBE

Mrs G Inchbald

Jensen & Son

R G Lane
Mrs E Leonard
Lloyds Bank PLC

Merchant Taylors
Metropolitan Bonded Warehouses Ltd
Midland Bank PLC
Morgan Grenfell & Co Ltd

National Westminster Bank PLC

Dr G Pampiglione
P F Charitable Trust

Albert Reckitt Charitable Trust
Sir T B Robson
Royal Bank of Scotland PLC

O N Senior
Mrs R M Simon
Sussman Charitable Trust

The Wernher Charitable Trust

Legacies received in 1986 (£83,512)

W Cross Will Trust
Sir J R Ellerman Bt Will Trust
A L Lazarus Will Trust
A B Raalte
Miss H M Thornton

Grants made in 1986

Management Committee

Responsible on behalf of the General Council for the Fund's general policy and direction. The Committee receives reports from each of the other expenditure committees, and deals with any business that does not fit within their remit. From time to time it initiates major new projects such as the London Programme, the Quality Assurance Project and the establishment of the King's Fund Institute.

	£
Action for the Victims of Medical Accidents to enable the organisation to consolidate its position	25,000
Action on Alcohol Abuse towards running costs	15,000
Catering and Public Health: Implications of Stanley Royd Hospital towards initial support for a scheme to improve hospital kitchens (in connection with a substantial initiative by the Wolfson Foundation)	10,000
Centre on Environment for the Handicapped towards running costs in the organisation's new premises (after moving from the King's Fund Centre)	30,000
Christ Church Conference on Postgraduate Medical Education – Commemorative Seminar to review progress in postgraduate medical education in the UK	2,500
Department of Cardiology, St Bartholomew's Hospital towards the cost of a survey into variations in referral for the provision of pacemakers	4,500
Department of Nursing Studies, King's College London towards the refurbishment of the refectory on the Chelsea campus for continuing nurse education	4,000
Educational bursaries for nurses and others to continue the scheme for a further year	33,767
European Association of Programmes in Health Services Studies (EAPHSS) towards the costs of an international conference on governing the health care system	5,000
Evaluation of the Health Advisory Service towards the costs of the study by a team from Brunel University	25,000
Florence Nightingale Museum Trust towards the cost of a resource centre to promote the continuing development of nursing	5,000
Health Visitors' Association towards the cost of developing library facilities	24,000
History of the King's Fund to sponsor a two-year joint fellowship with the Wellcome Institute for the History of Medicine/University College, in order to research and write a history of the Fund	12,000
Impact of Health Promotion Strategies towards the costs of a study tour in North America designed to review the implications for Britain	3,772
International Hospital Federation towards running costs in the organisation's new premises (after moving from the King's Fund Centre)	24,000
International Seminar for Administrators towards the costs of the 1985 seminar and the planning for the next seminar	5,800
MSD Foundation – Management Issues in General Practice towards the preparation of a course book on management	3,000
Murals in Hospitals to continue the project in London hospitals	42,000
National Council for Voluntary Organisations to promote more effective support for self-help groups	10,000
Nursing and the King's Fund towards the cost of a joint RCN/King's Fund working party on issues in nursing	10,000
Nursing Policy Study Centre, University of Warwick towards initial funding for the Centre and core research (supplementary grant)	12,500

Nursing Research Fellowship, University of Surrey
towards payment of registration fees 5,000

Prevention and Health – Ten Years On
towards the publication of a new national policy document (with the Health Education Council and the London School of Hygiene and Tropical Medicine) 8,500

Public Money – Health Care UK
towards the cost of research and publication of the 1987 volume 10,000

Publications Panel
for external grants to assist publications 3,866

Royal College of Art: King's Fund Bed
to review the specification 6,795

Royal Society of Arts: Medic Design Awards
to promote the design of health care equipment by design students 5,500

St Catherine's Conference on the NHS: Standards of Care and Funding
in support of the conference at Cumberland Lodge 5,000

St Thomas's Hospital Department of General Practice
towards a fellowship in general practice 6,000

Support after Termination for Abnormal Pregnancy
to provide initial funding for the organisation 5,000

Technology Assessment
to support a seminar on this topic, with preparation and follow-up 5,000

Travelling Fellowships for Doctors
to continue the scheme for a further year 25,000

University of Southampton – lecturer/ research fellow in management
towards the costs of the appointment in the Department of General Practice 7,500

400,000

Education Committee

Makes grants closely connected with the work of the King's Fund College.

	£
Contribution to management accounting group activities	65,000
European Association of Programmes in Health Services Studies	3,000
Nursing Policies Unit part payment of staff costs	65,000
Overseas travel	
National Management Trainees to Finland	5,900
Study tour to Scandinavia	13,064
	£151,964

Grants Committee

Gives grants that are intended to improve the management and delivery of health care, within and outside the NHS, in and for Greater London.

	£
Age Exchange Theatre Company to help fund the Age Exchange Reminiscence Project for mentally and physically frail old people	10,000
Association of Carers to set up an office for the newly-funded London regional worker	5,000
Association of Hospice Social Workers towards the cost of setting up this new association	500
BBC Educational Broadcasting Services towards the cost of support materials for the 'You in Mind' TV series on mental health	2,000
Barking, Havering and Brentwood Health Authority towards nutritional care of patients in Oldchurch and Rush Green Hospitals	12,000
Battersea Old People's Housing Limited to help improve accommodation at the Elizabeth Cooper Home and provide improved facilities for staff training	7,500
Bexley Health Authority to help improve the facilities, at Queen Mary's Hospital, Sidcup, for colposcopy and endoscopy and to provide a women's health education room	8,000
Brendoncare Foundation (Wandsworth) to explore the feasibility of establishing a Brendoncare Home for the care of the elderly in an inner London setting	8,000

Brent Alcohol Counselling Service
to help with the recruiting and training of volunteers and the production of literature in different languages 1,000

Brent Health Authority/Local Authority
to complete the setting up of a local occupational therapy diploma course 9,000

Mr M Buxton
towards a study on assessment of quality adjustment values for differing health states 1,950

Caldecott Community
towards a playground area and play equipment for Lacton House (a residential unit for emotionally disturbed children) 10,950

Camberwell Health Authority
to help establish the post of director of the Diabetic Foot Centre at King's College Hospital 20,000

Camden Society for Mentally Handicapped People
to help set up a drop-in centre and offices for a housing and support service for people from long-stay mental handicap hospitals 15,000

CancerLink
to enable London delegates to attend a national conference of cancer self-help groups 525

Case Manager Project, Camden
to fund the second year of the project for people with physical disabilities 40,000

City and Hackney Health Authority
for the *Hospitals of Hackney* booklet 500

to fund a project at St Mark's Hospital in which a psychiatrist will work directly with clinicians and other staff in the gastroenterology department 8,000

to fund for three years the post of rehabilitation coordinator and the effect of the appointment for those with severe head injuries at St Bartholomew's Hospital 94,000

City and Hackney heart disease and stroke prevention programme
to enable attendance at the international visitors programme, North Karelia Project, Finland 607

Community Health Initiatives Resource Unit
to enable representatives from London community health projects to attend the National Community Health Action Conference in Bradford 1,000

Community Psychiatry Research Unit
for computer equipment at Hackney Hospital to enable transfer of the psychiatric service register to other health authorities 2,000

DEMAND (Design and Manufacture for Disability)
towards the development of a seat designed to improve the treatment and rehabilitation of the early acute CVA patient 6,000

Disability Action Westminster Limited
to establish a disability information service in hospitals 33,745

Ellenor Hospice care team
towards new bathroom and kitchen facilities at the Livingstone Community Hospital 24,000

Friends of Enfield Work Centre
to help provide health care facilities 3,500

Good Practices in Mental Health
to establish a forum to involve consumers in the planning of mental health services 20,000

Greater London Alcohol Advisory Service
to assess the effectiveness of locally based services 27,000

Dr K Green
towards a bibliography of electronics self-monitoring and diagnostic device technologies 2,000

Hammersmith and Queen Charlotte's Special Health Authority
to set up an information terminal system for ward and laboratory use at Hammersmith Hospital 4,700

Hampstead Community Health Council
towards publication of a research project on services for elderly people in the borough 600

Haringey Forum
to help set up a local self-advocacy scheme for people with mental handicaps 400

Health Promotion Strategy Conference
towards a conference to diffuse the message from HEC/King's Fund study tour of North America 500

Mr F Hill
to update a survey of hospice inpatient care 2,000

Hillingdon Health Authority
to help finance, over two years, the appointment of a clinical services facilitator in the development of services for long-term illness 17,000

Hospital Chaplaincies Council
towards mounting a joint course for chaplains in the Prison Service and psychiatric hospitals 2,000

Hospital of St John and St Elizabeth
to help upgrade library and conference centre facilities 2,500

Hyperactive Children's Support Group
towards circulating information packs to doctors and health visitors 1,000

Inter-action Trust Limited
to help develop a syllabus and training materials for a project working with disturbed or especially vulnerable children in ILEA schools 12,000

Islington Health Authority and Borough
to help plan and implement a major programme to improve the services for elderly people in Islington 20,000

King's College London
to create a fellowship for Mr L Doyal at the Centre of Medical Law and Ethics 2,000

L'Arche
towards 'renewal' for mentally handicapped members of L'Arche communities 500

Lewisham and North Southwark Health Authority
to help set up a psychiatric service to the Vietnamese community in London at Guy's Hospital 28,000

Life-anew Trust
towards improvements to facilities at Clouds House, East Knoyle – an alcoholism/drug dependency centre 8,300

London Black Women's Health Action Project
to help fund an experimental series of classes for women, in which sex education will be combined with an exploration of the health problems of female circumcision 2,500

London Brook Advisory Centres
towards developing a training package for reception staff and making it widely available 5,384

London Dial-a-Ride
towards enabling a representative to attend a conference on mobility and transport for elderly and disabled persons in Vancouver, Canada 600

MacIntyre/Mottingham Lane Farm and Garden Centre Project
to provide a glasshouse for this cooperative development between MacIntyre and Lewisham and North Southwark Health Authority for mentally handicapped people 5,500

Markfield Project
to pump-prime the post of family development worker 8,000

Medical Campaign Project
towards improving the health care for homeless people 5,000

MENCAP
towards production and distribution costs of an interlink directory 500

Mersey Regional Health Authority
to help sponsor a 'healthy cities' conference 1,000

Midwives Information and Resource Service
to help develop a thesaurus and midwifery data base 14,000

Dr C Murray-Parkes
for a conference on the place of attachment in human behaviour 2,000

NAHA/King's Fund Working Party
towards expenses of a working party considering pay systems in the NHS 1,538

National Association for Hospital Play Staff
to pump-prime the educational trust, which will develop a syllabus and examinations for the award of a national certificate for hospital play workers 10,000

New Parent Infant Network (NEWPIN)
towards the cost of training for the coordinator 2,000

North East Thames Regional Health Authority
towards assessment of psychiatric services in the region 10,000

North London General Practice Obstetric Group
towards administrative assistance for the community obstetric care project 2,000

Nurse Practitioner Project, London Bridge
to meet, for three years, the salary of a nurse-practitioner who will provide primary medical care to the homeless and destitute 19,008

Open Door, Hornsey
towards the cost of buying the freehold of premises used by this consultation service for young people — 20,000

Paintings in Hospitals
towards the costs of producing a catalogue — 1,500

PEACE Cancer Support Group
for an ansaphone — 200

Physically Handicapped and Able-Bodied
to help set up a resources library for London clubs — 1,230

Ms C Platts
towards a study tour of Nicaragua — 250

Dr P M M Pritchard
towards a study and lecture tour in Sweden — 200

Providence Row Night Refuge and Home
towards the cost of providing psychiatric nursing support for people using Providence Row and other shelters in Tower Hamlets — 16,050

Queen Elizabeth's Foundation for the Disabled
towards improving toilet and shower facilities at Banstead Place Assessment Centre — 10,000

Richmond Fellowship
towards the cost of works required to meet standards set by the fire services and the Registered Homes Act at Holly House, Camden — 12,000

Richmond, Twickenham and Roehampton Health Authority
to help upgrade and enlarge the day room area on Elizabeth Ward at Barnes Hospital — 10,000

Riverside Health Authority
to help evaluate a job share scheme for ward sisters at Charing Cross Hospital — 2,000

Royal Marsden Hospital
towards a feasibility study of a cancer rehabilitation unit — 10,000

School of Applied Social Studies, University of Bristol
to enable completion of a project, 'home from hospital for the elderly' — 2,000

Servite Houses Limited
to help improve accommodation at Ellesmere Home for elderly people — 10,000

Single Homelessness in London
towards the production costs of a report, *Primary health care for homeless single people – a strategic approach* — 2,000

SPECTRUM
to help fund a coordinator linking medical students to families with special needs — 1,500

St Christopher's Hospice
towards the costs of a new switchboard — 10,000

St David's Home, Ealing
towards improvements to staff accommodation in this home for severely disabled ex-servicemen — 10,000

St Marylebone Centre for Healing and Counselling
towards the cost of providing a health visitor's room — 10,000

Mrs M Todd
towards completing a report and organising a conference on working with people with loss or threatened loss of vision — 2,000

Trinity Hospice
to help establish a library — 2,000

Unity Centre of South London
to enable the services of the Unity Help Line to be extended to black people suffering from mental illness — 12,580

Westminster Association for Mental Health
to help Portugal Prints frame paintings and drawings and mount exhibitions — 400

Winged Fellowship Trust
to help improve kitchen facilities at Jubilee Lodge (a holiday centre for severely physically disabled people) — 8,183

Wytham Hall
towards the cost of fire precautions work in sick-bay accommodation for single homeless men — 6,600

£725,000

London Project Executive Committee

Makes grants for projects designed to improve the quality of care in London.

	£
Amount not previously allocated (at 31.12.85)	65,362
1986 allocation	100,000
	165,362
Department of General Practice Studies, King's College Hospital Medical School towards the Camberwell primary care development project	60,000
Greater London Action for Race Equality to fund a project on equal opportunities in NHS employment	19,601
Greenwich Community Health Council to part-fund a worker for the Glyndon Health Project	9,100
In-house grant to fund workshops and a response to the discussion document on primary health care	5,000
St Mary's Hospital Medical School towards a health promotion development project in Paddington and North Kensington	11,096
Tower Hamlets Health Authority towards the primary health care development project	8,625
Tower Hamlets Maternity Services Liaison Scheme towards work on infant feeding with Bengali speaking women	19,300
Salaries and other expenses	28,983
Amount not allocated	3,657
	165,362

Quality Assurance Committee

For assessing and promoting quality in care	50,000

King's Fund Centre Committee

Grants money for the development of new ideas and practices in health services. The *italic* figure in brackets is the total allocation.

Bristol Polytechnic, Department of Nursing Health and Applied Social Administration to develop a job stress questionnaire for the nursing profession	12,000
Cambridge University School of Clinical Medicine searching for qualities of empathy in medical school applicants	2,998
Disabled Living Foundation Information/training package on visual handicap for home helps	1,500
King's College Hospital, Helen Brook Department for Family Planning to develop a real-time computerised data collection system for family planning services (*£60,000*)	40,000
Long Term and Community Care Programme disability awareness course	1,930
Maternity Alliance to investigate the use of preventive child health services by mothers during the first year of their babies' lives (*£21,360*)	15,100
NAHA/National Council for Voluntary Organisations towards publication and promotion of guidelines	3,000
National Association of Health Authorities (NAHA) preparation and publication of guidelines for health authorities on care of the dying	7,000
National Association for the Welfare of Children in Hospital (NAWCH) caring for children in the health services	17,533
Prince of Wales Advisory Group on Disability Living Options project – guidelines for those planning services for people with severe physical disabilities	30,000

Quality Assurance	
towards 'roadshow' and travelling expenses	2,000
St Bartholomew's Hospital Medical College	
to develop video training for hospital staff using a computer graphics system (*£29,210*)	19,210
Strathcona Theatre Company	
towards productions by mentally handicapped people	4,500
University of Birmingham, Department of Social Administration	
to research and develop at Rubery Hill Psychiatric Hospital practices to manage patients' monies (*£33,946*)	2,721
Wellcome Institute and the Public Record Office	
towards a register of hospital records	5,000
Small grants	
Audiovisual training course	774
Baby Life Support Systems (Bliss) – contribution to conference costs	250
Camberwell primary care development project	350
Community Mental Health Centre, Leicester – production of local psychiatric case register	400
Dependency of patients in private nursing homes	470
Diabetic surveillance system for use in general practice	500
Dr D Felce – to speak at Milwaukee symposium	250
GLACH	1,000
GP Writers' Association	500
Greater London Action for Race Equality	1,000
Dr Colin Griffiths – visit to Los Angeles AIDS Centre	350
Hackney Mental Health Action Group	200
Haringey Adult Training Centre – ethnic minority cooking project	300
Homeless and rootless team study day, Guy's Hospital	100
Invalid Children's Aid Association – contribution to conference costs	250
Lambeth Social Services health liaison unit	500
Ms Judith Lathlean – to present a paper at a conference in Canada	300
Opportunities for the disabled – provision of *Facial Disfigurement* booklet at conference	250
Ordinary Life initiative – towards development	500
Pharmaceutical Society – patient advice leaflet	799
Project 2000	1,500
Role of DHA members	473
Royal South Hants Hospital – postal survey assessment of information unit	500
Scottish Council for Community and Voluntary Organisations – respite care conference	200
Single Homeless in London	500
Strategies for promoting postgraduate medical research	400
Survey of services for the elderly – publication	350
University of Birmingham bereavement project – production of guidelines	500
University of Hull – review of standards of care in long-term wards of psychiatric hospitals	500
When Hullo Means Goodbye leaflet – printing and distribution	500
Winchester Health Authority	500
	£179,458
TOTAL OF GRANTS MADE IN 1986	**£1,606,422**

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