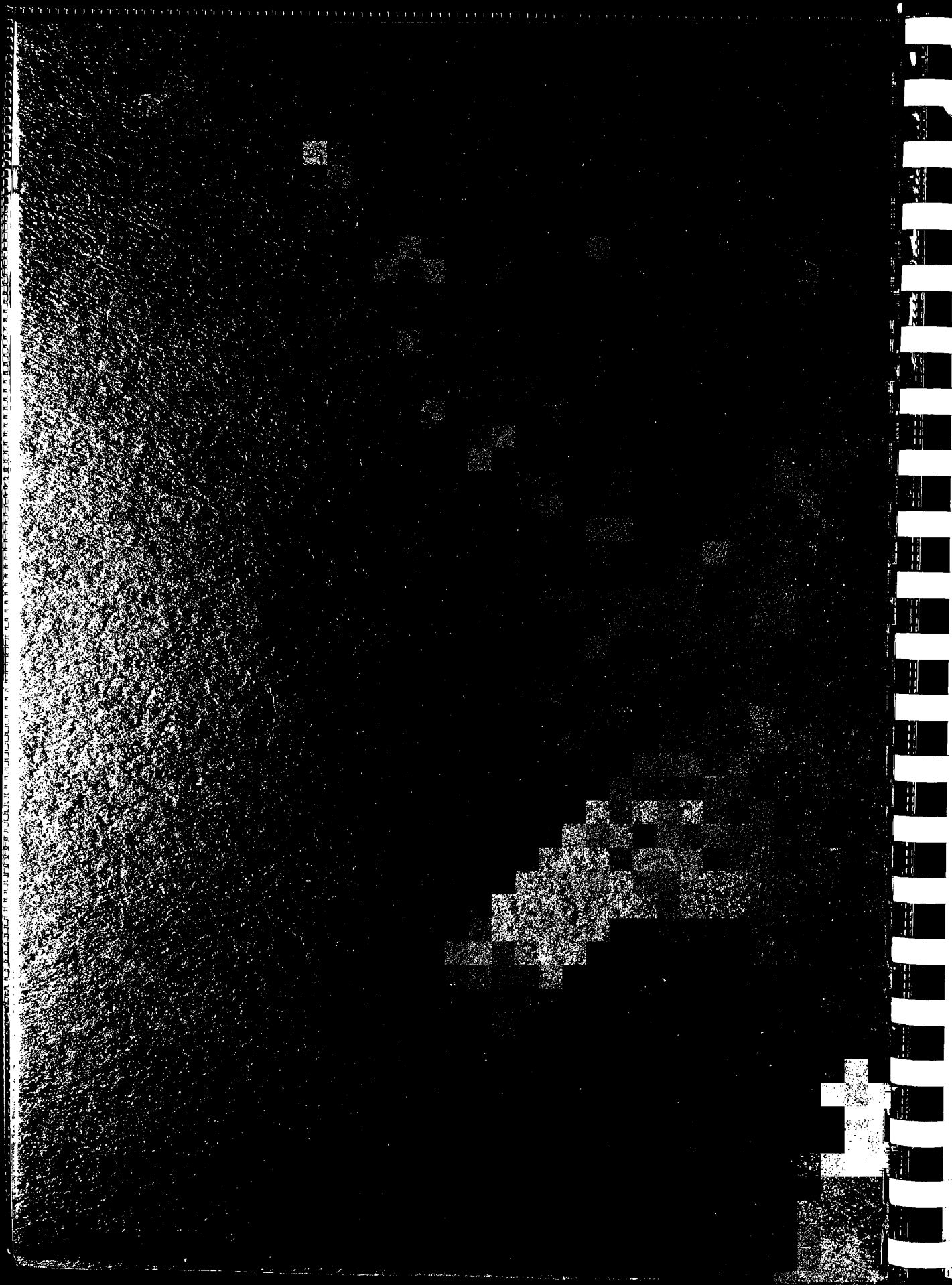




# King's Fund Centre Review

1972 ~ 3



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# King's Fund Centre Review 1972-3

April 1973

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# KING'S FUND CENTRE

1972 - 3 REVIEW

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## KING'S FUND CENTRE

1972 - 3 REVIEW

## INTRODUCTION

1. The purpose of this report is to review the work of the Centre and to attempt some evaluation of this work as at the end of March 1973. The report starts by recalling the original objectives of the Centre and commenting upon the Centre's role as a forum and meeting-place. The main body of the report is concerned with the main projects and activities with which the Centre has become involved in recent years. Appendices at the end give details of conferences, projects, exhibitions, costs, personnel and publications.

Aims of the Centre

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

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

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

- i) services for the mentally handicapped
- ii) care of the elderly
- iii) development of voluntary help
- iv) integration of health services

In addition the Centre is involved with some projects that originated in earlier years and others that appear worthy of support for some specific reason. In all these activities it is the Centre's aim to involve staff of all disciplines in all branches of the health service from all parts of the country, as well as voluntary organisations concerned with health and social services. In this sense the original title 'The Hospital Centre' became somewhat misleading, and in February 1973 the Fund's Management Committee formally resolved that the title should be changed to the King's Fund Centre.

#### The Centre as a meeting-place

4. If the number of visitors to the Centre is any guide, then the Centre can reasonably claim to have achieved its aim of being a forum and meeting-place and source of information for all those interested in health service matters. The statistics for conferences and meetings (see pages 227-234) show that the Centre has been very fully used since its earliest days, and the demand for the use of its facilities has consistently been much greater than can be accommodated. In the course of a year about 500 groups, totalling around 13000 people, came to the Centre for one purpose or another, and a few thousand more came individually to use the library, visit the exhibition, or see members of the staff. Many of the meetings are of course arranged by the Centre for its own purposes and to further its own particular interests. At the same time, the Centre has been particularly glad to welcome many small organisations and groups that have insufficient funds for the hire of other meeting rooms, or that find it difficult to arrange meetings at or near their own place of work. Because of the demand for the use of the facilities, organisations are not encouraged to come to the Centre regularly for every routine meeting, but rather to come only two or three times a year, and to arrange other meetings at hospitals or elsewhere.

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

6. At present three other organisations are based at the Centre - the Cardew-Stanning Foundation, the Centre on Environment for the Handicapped and the Volunteer Centre. All of these are working in fields that are closely related to the Centre's current interests, and their presence in the Centre has positive advantages not only for them but also for the Centre. As time passes, growth and change may mean that these organisations might find it desirable to re-locate themselves elsewhere. But in principle the ability of the Centre to provide initial accommodation for new organisations is a valuable asset, and one that should also be kept in mind for any future development.

#### Relationships with DHSS

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

8. In keeping with this change, the Fund's Development Committee, which since 1963 had been responsible for the Fund's Management Committee for the Centre's policies and programmes, was disbanded in 1973 and replaced by a new King's Fund Centre Committee, with a chairman appointed by the Fund and half of its members nominated by the DHSS and half by the Fund. The membership of the Committee is shown on page 224.



### Projects and activities

9. Between 1963 - 73 policies for the Centre's projects and activities were determined by the Development Committee. In recent years, this committee was allocated around £75000 p.a. for project grants (by comparison, the Department of Health now has well over £12 million available each year for R & D in the health and welfare services). This means that the Centre has not been able to undertake many large-scale, expensive studies, but has tended rather to support practical projects at working level and to encourage innovation and change. In fact the most important objective of the Centre can fairly be said to be to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services. In furthering this aim, the four main functions of the Centre (conferences; exhibitions; information; research) are usually harnessed in a co-ordinated effort. The best way of describing and assessing the Centre's work therefore seems to be review the main projects and activities with which the Centre has been concerned in recent years up to March 1973. There are also a number of projects currently in progress on which it is as yet too early to produce a report. An appendix to this review (pages 235/40, THC 73/111) lists virtually all of the investigations sponsored by the Fund over the past ten years. In the following pages, the main projects and activities are each summarised and reviewed under five sub-headings:

Origins  
Objectives  
Progress  
Evaluation  
The future

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

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

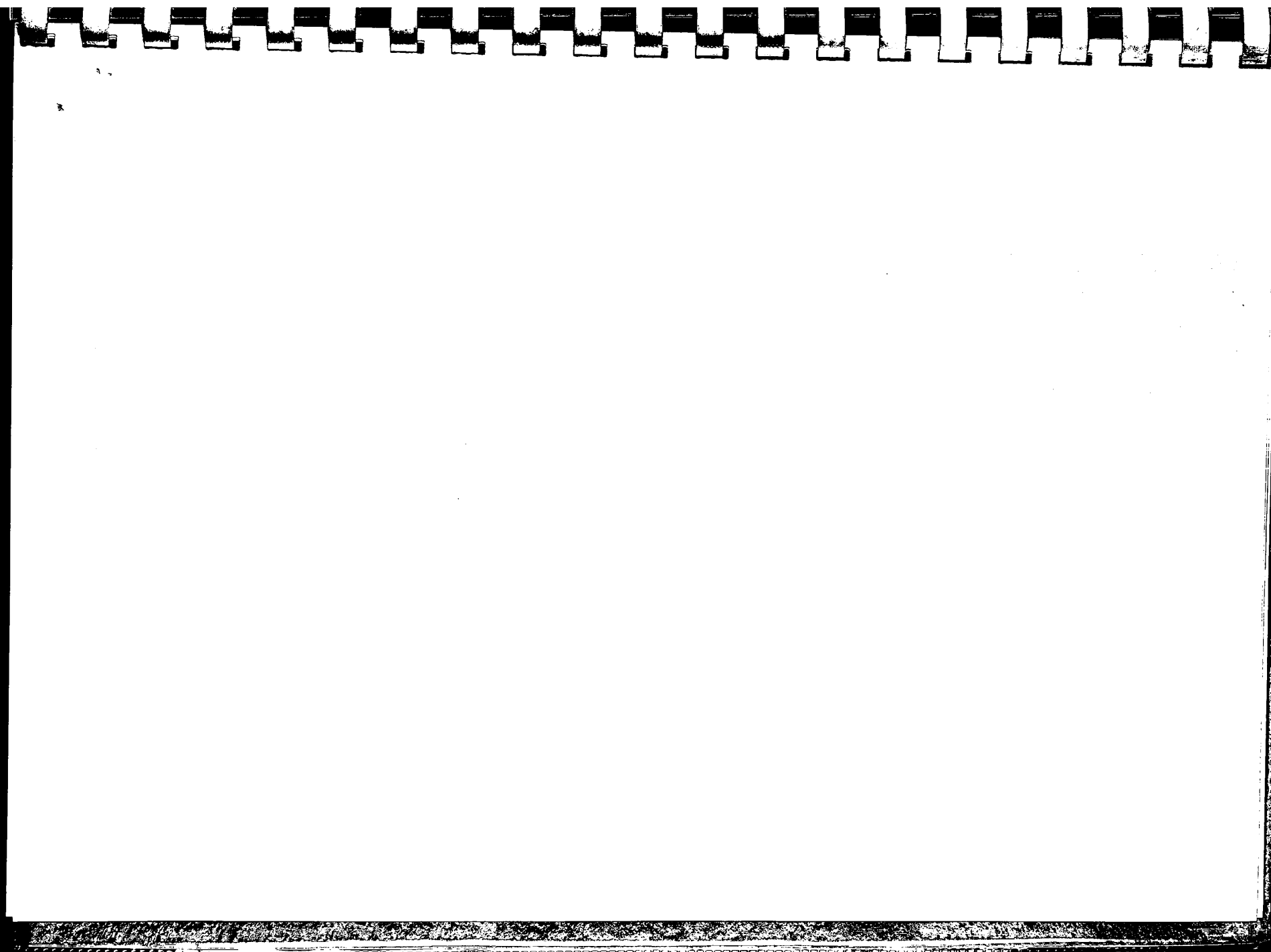
M.C. Hardie  
Director

April, 1973



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

	Information	Mental Handicap	Elderly	Voluntary Help	Integration
<b>MENTAL HANDICAP</b>					
Mental handicap project	*	*		*	*
Co-ordination of services	*	*		*	*
Centre on Environment for the Handicapped	*	*	*		
<b>VOLUNTARY SERVICES</b>					
Voluntary Service Information Office	*	*	*	*	*
National Association of Voluntary Help Organisers	*	*	*	*	*
Regional Voluntary Services Officer	*	*	*	*	*
The Volunteer Centre	*	*	*	*	*
Volunteers in mental health	*	*	*	*	*
Student liaison officer - mental health	*	*	*	*	*
Community Service Volunteers	*	*	*	*	*
Health of the elderly project	*	*	*	*	*
Voluntary Work Centre	*	*	*	*	*
Volunteers in continuity of patient care			*	*	*
Drug dependency and personal problems	*			*	*
Hospital - community co-ordinator of volunteers	*	*	*	*	*
<b>CARE FOR THE ELDERLY</b>					
Care for the elderly	*		*	*	*
Staff from geriatric services			*	*	*
Psycho-geriatric study groups			*	*	*
Five-day ward for geriatric patients			*	*	*
Clothing for long-stay patients	*	*	*	*	*
Art for the elderly			*		
<b>INTEGRATION OF SERVICES</b>					
Health service planning research	*				*
Comprehensive health planning seminars	*	*	*	*	*
Integration of health services	*	*	*	*	*
Co-operation between health and social service departments	*	*	*	*	*
Evaluation of health centres	*				*
Staff from general practice teams			*	*	*
<b>INFORMATION SERVICES</b>					
National information network	*				*
Network of European Hospital Centres	*				*
Bliss Classification	*				*
Wessex library and information services	*				*
Wessex planning information project	*				*
Multi-disciplinary library service	*				*
Advisers for postgraduate medical centre librarians	*				*
Information service for the disabled	*		*	*	*
Schools of nursing directory	*				*
British health centres directory	*				*
Hospital house journals	*				*
Teaching aids project	*				*
National Innovations Centre	*				*
Equipment advisory service	*				*
<b>OTHER PROJECTS AND ACTIVITIES</b>					
Assessment of student nurses					
Nurses attitudes to patient care					
Allocation of nurses in training					
Nursing within the Salmon structure					
Nurse/patient dependency studies					
Return to nursing	*				
Occupational health and counselling					
The child in hospital					
Staff from adolescent units					
Staff from renal dialysis units					
Staff from alcoholic units					
Shop window staff	*				
The language barrier	*				
The role of social workers in psychiatric hospitals		*			
National Association of Industrial Therapy Managers		*	*		
Drug Dependency Discussion Group	*			*	*
Films on mental health	*				
Aspects of management - conferences	*			*	
Management audit	*				
Communication flow in hospitals	*				*
Standards of staffing					
Hospital internal communications project	*				
Admission of patients to hospital	*		*		*
Patients' satisfaction studies	*				
Industrial design bursaries					
Disposal of human waste					
Drugs in small hospitals					
Putting research to good use	*				
Centre Lunch Talks					
Overseas course					



## MENTAL HANDICAP



## THE MENTAL HANDICAP PROJECT

### Origins and Objectives

1. For many years the King's Fund has given help in various ways to hospitals for the mentally handicapped, particularly in the London metropolitan area. In 1970, the Fund felt that it might usefully try to increase still further its support for improving these services. Discussions followed in which Mr. Phalp and Mr. Hardie talked with Dr. A.A. Baker, Director of the Hospital Advisory Service, and colleagues in the Department of Health, about ways in which the Fund could help. From these and other discussions, outlined in the proposal to the Management Committee, it seemed that the most useful contribution the Fund could make would be to provide an experienced officer who would collaborate as might be appropriate, with hospital boards and committees and other authorities, in plans which they may wish to develop for the improvement of their services for the mentally handicapped, and to give assistance as needed inside the hospitals and elsewhere by help and collaboration with the staffs concerned. Management Committee agreed to this proposal (minute MAN7900 of 28 May 1970) and allocated a sum of £8,500 for each of five years towards the cost of the project.

2. It is now 2½ years since the Fund appointed me as Associate Director of the King's Fund Centre, for this project. A progress report was given in April 1971 (paper THC 71/287) and a further report, this time covering about a year's work, was given in April 1972 (paper THC 72/87). In the latter report, the opportunity was taken to set out the objectives of the project for 1972/73, and to indicate the associated key tasks. The progress report given below relates to the declared objectives, but this time the associated key tasks have not been set out in detail.

### Progress and Evaluation

#### Objective 1

Improve the management system in hospitals for the mentally handicapped

3. I still pay a good many visits to hospitals in the regions, upon invitation, and make myself available for direct advice on request. Papers have been written on multi-disciplinary management, and these have been used a great deal in the regions; they have also been made use of by the Department of Health and Social Security, in organising conferences and meetings, in some of which I have participated. In the last report I said that I had served on the Committee of Inquiry into the management of Whittingham Hospital, and I think that my main contribution there was to work out a change of pattern in the management system; I am now undertaking, at the request of the Department of Health, and with the permission of the Secretary of the Fund, a survey at Rampton Hospital, one of the Special Hospitals, in the hope that by making some changes in the management system, there may be an improvement in staff morale and communications.

### Objective 2

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

4. Useful work has been undertaken in the field of physiotherapy and occupational therapy. The Chartered Society of Physiotherapy is considering, at our suggestion, the possibility of running special courses, and perhaps developing a special interest group within the Society, for those who work in the field of mental retardation. The Association of Occupational Therapists is holding a special meeting at the King's Fund Centre this month, aimed at exploring the potentialities for occupational therapists in the field of mental retardation.

5. Work of this kind is important because it is found that members of these and similar professions, who happen to work for the mentally handicapped, are scattered, have little opportunity of coming together on mental handicap matters, and find it difficult to exchange information and ideas.

6. Exchange of ideas between professions has flourished greatly as the project has gone along. Virtually all meetings, conferences, study groups and seminars are organised on a multi-disciplinary basis, and this covers not only the recognised health professions, but also workers from social services departments and education departments. There is no doubt that the availability of the neutral ground of the King's Fund Centre is proving a very potent force in achieving better understanding between these professions.

7. In an attempt to meet the declared need of fieldworkers for some sort of association of professional workers in mental handicap, I have served as Secretary of a multi-disciplinary Working Party, the result of which will be a public meeting at the Middlesex Hospital Medical School on 19th May, when professional workers will be asked to decide whether or not to go forward. The Working Party is putting forward a strong recommendation that an Association of Professions for the Mentally Handicapped should be set up. This move has been greatly helped by a grant of £500 by the Fund, to cover initial promotional expenses.

8. An exhibition of furnishings which might be used in mental handicap units was held in June 1972 and great help was given by Mrs. Jean Symons, of the Centre of Environment for the Handicapped. Now that a major exhibition on mental handicap has been held (September - December, 1971), followed by this exhibition of furnishings, I have some doubt as to whether further exhibitions would be justifiable on what might be called the propaganda and publicity side. There might be considerable scope for exhibits and demonstrations by the Centre on Environment for the Handicapped, and no doubt this will be considered under a separate heading.



### Objective 3

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

9. For the third year, we have been compelled by popular demand to run a further series of eight non-resident study groups for care staff. Each study group is made up of about forty direct care workers from three or four different regions of the country. A topic is chosen for the day, a keynote speaker is provided, but apart from this the whole of the day is in the hands of the people who attend. They exchange experiences and views in the most lively way, they bring films and slides, and enthusiasm is considerable. Topics for the 1973 study groups have included behaviour modification; the education of the retarded; and a practical toy workshop demonstrating the great variety of toys which can be made for, and also by the handicapped, using very simple materials, with special emphasis on the use of toys as therapeutic and educational tools.
10. On three occasions in 1972, residential seminars were held for senior professionals, and these took place at 22 Holland Park, a venue which is entirely suitable and which it is regretted will not be available after this summer. Topics covered by these seminars have included the care of the profoundly handicapped, the organisation of security units in mental handicap hospitals, and the possibility of library services for the mentally handicapped. Each seminar is reported in a Mental Handicap Paper which receives wide distribution.
11. Day conferences have been so successful that many have had to be duplicated. Topics covered during 1972/73 have included community acceptance; films for education and training; play and toys; and helping parents and those in loco parentis to help their children.
12. The experimental in-service training scheme which was reported in the last report has now come to a conclusion. Evaluation is taking place and a short report will be produced. The experiment has aimed at widening the knowledge and experience of existing hospital and social service staff, by giving them a re-orientation towards the residential care side. Interesting aspects of the scheme are that it involves joint effort between hospitals and voluntary societies, and that it experiments in using the existing further education system. Indeed, it is likely that the report when written will have a much wider application than the mental handicap field and may prove useful in encouraging the new area health authorities and regional authorities to make better use of educational establishments on their doorstep.
13. Support meetings for regional training project officers have continued twice a year, and will be continued so long as a need can be seen, but no longer.
14. An innovatory task which was listed in the last report was to investigate the possibilities of using the visiting team approach for the dissemination of special techniques, and it has now been possible, with the aid of a generous grant of £20,000 from the Fund, to finance work at the Institute of Mental Subnormality, at Lea Castle Hospital near Kidderminster, with particular reference to collecting and disseminating information about behaviour modification.

15. It had been hoped to explore the possibilities of audio-visual methods, and of the Open University, but I regret that no real progress has been achieved, although more than one attempt was made. This is an issue which goes wider than mental handicap and I hope that it may be possible to make another initiative in this direction, perhaps as part of the preparation for the work of the new King's Fund Centre.

#### Objective 4

Expand and improve the information service

16. The Mental Handicap Bulletin continues to be widely appreciated and we regularly receive requests for further copies. Until now, it has been a free issue with a distribution in the order of 1,000 copies. A charge is to be made from April 1973 onwards, and it is pleasing to report that the number of people willing to subscribe amounts to almost 800. This seems to show that the Mental Handicap Bulletin which is in effect a collection of reprints and original papers, together with relevant booklets and brochures, is clearly meeting a need.

17. In association with the Centre on Environment for the Handicapped, the King's Fund published ROOM FOR IMPROVEMENT, an illustrated book about the environment of the mentally handicapped, aimed at demonstrating the homeliness which can be achieved within the framework of the government's White Paper. In this venture I collaborated with the Director of the Centre on Environment for the Handicapped in the preparation of the text.

18. International contacts have been increasing all the time, and many people who receive the Mental Handicap Bulletin reciprocate by sending us documents about mental handicap services in their own country.

19. The link with the Centre on Environment for the Handicapped is very worthwhile, and the recent appointment of Mr. George Miles as Director, is cordially welcomed.

#### Objective 5

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

20. The Director involves me in any Centre activities which relate, however marginally, to mental handicap. Similarly the Secretary of the Grants Committee gives me the opportunity of commenting on any grant applications in that field. At Mr. Phalp's request I am now negotiating with the King's Fund College on the contribution I might make there, particularly in the field of long-stay care. This subject is chosen because of my conviction, which I think is shared by others, that since two-thirds of all the people in hospital are long-stay patients, some special consideration ought to be given to the way in which their residential care is managed. The needs which have been stated

to be those of the mentally handicapped are almost identically the needs of all other long-stay patients. It might be said that the social needs of this entire group of patients probably equal, if they do not exceed, their medical needs.

#### Objective 6

Advise on the staffing of the  
mental handicap service

21. One of my key tasks has been to try to work out a scheme for seconding promising young administrators to hospitals for the mentally handicapped. I regret that I have made no progress under this heading. I came to the conclusion during the year that the long shadow of 1974 would largely nullify efforts at the present time. But I hope that my proposed work at the College, in which I hope to demonstrate the need for a different management outlook in hospitals for long-stay patients, will help me to influence members and senior professional staff of the new authorities, and this may go some way towards a recognition of the need.

22. I have continued to assess for senior NHS nursing posts, and I have been invited to join the panel of assessors for the senior posts in the new service.

23. Whilst we were willing to continue to accept secondment of students from the DHSA course at Aston University, no student was forthcoming during 1972/73.

#### The Future

##### Additional objective for 1973/74

Prepare for the cessation of the project

24. I think that the broad objectives for 1972/73 should continue, though the associated key tasks may vary as different circumstances arise. There is however, one additional objective which I believe ought to be included in the list. It is to take recognition of the fact that this project was financed for a period of five years which will end in September 1975. We are exactly at the half-way mark, and I believe that it would be right for me during the coming year, to try to work out what should happen at the end of the five years. Looking back, the work seems to come under three broad headings:

- (i) Initial activities, aimed at priming the pump, which can be discontinued before, or at the end of, the project.
- (ii) Activities which will continue to be useful after the five years, but which could reasonably be undertaken by other organisations:  
e.g. The Institute of Mental Subnormality; the Centre on

Environment for the Handicapped; existing agencies dealing with social work and with the education of the handicapped; and the new regional and area authorities. Already there is some sign that some of these organisations will be prepared to take up worthwhile items of the Project's programme.

- (iii) Specific activities which might be continued as part of the King's Fund's general programme, even after the cessation of the project.

#### Staffing

25. There has been no change in staffing; my project assistant, Miss Andrea Whittaker, is an integral part of the team, and coped very successfully with all-comers during my enforced absence of nine weeks owing to sickness. We continue to have the part-time help of Mrs. Joan Rush, formerly a tutor of the King's Fund College. At the King's Fund Centre she gives part of her time to the Mental Handicap Project and part to other work under Mr. Hardie's direction.

#### Conclusion

26. During this project I seem to have become a trusted neutral, a kind of middle man whose job is to facilitate the efforts of the mental handicap professionals. Thus, although I have set out the objectives of the project in broad terms, it becomes more and more difficult to itemise in advance the key tasks, because much of the value of the job lies in being in a position where one can spot useful points of development and do something about them. I continue to be most grateful to the Fund for giving me the opportunity to work in this field. I know that subjective evaluation is not the ideal, but I think the Fund should know that the work which it is financing through this project is deeply valued, not only in the hospital and health care field, but right across the board, in social work and in education, and indeed in mental handicap circles abroad.

James Elliott  
Associate Director  
April, 1973

\* \* \*

## COORDINATION OF SERVICES FOR THE MENTALLY HANDICAPPED

### Origin

1 The origins of this project lie in the meeting held at the Hospital Centre on 7 March 1968, when most of the organisations concerned with the care of the mentally handicapped were invited to discuss their common problem and suggest avenues for research. A report of this meeting was published in the Nursing Times for 15 March 1968 (THC reprint no 251). A small group of participants from the meeting volunteered to form a working party under the chairmanship of Professor R W Revans to initiate a research programme. The original members were:

Professor R W Revans (chairman)  
Miss J B Craig (secretary), the Hospital Centre  
Dr R D Fidler, principal medical officer (mental health), London Borough of Harrow  
Dr J A Gillet, medical officer of health, London Borough of Barking  
Miss M F Hodge, administrative assistant, education department, Herts County Council  
Dr A Sippert, assistant medical officer, Leeds Regional Hospital Board  
Dr R Wilkins, principal medical officer, Department of Health and Social Security

2 The working party studied together intermittently for about one year before deciding upon a relevant type of research into coordination of the services for the mentally handicapped. In September 1968, in response to an application agreed by the working party, the Fund's Development Committee (Minute 68/49) allocated £2,000 towards the cost of a project to seek better ways for the coordination of services for the mentally subnormal. The intention was to start by employing a research worker for a year to explore the existing situation<sup>1</sup>, guided by the working party.

### Objectives

3 In June 1969, the research officer, Mr S Ali Baquer, was appointed, His brief was:

- i) to examine the services for the mentally handicapped in six local authority areas in the country previously selected by the working party, and
- ii) to involve the providers of the services in so doing. The six areas to be studied were:

County Borough of Gateshead  
County Borough of Nottingham  
County Borough of Kingston upon Hull  
County Borough of Oxford  
County Council of E Sussex  
County Council of W Suffolk

### Progress

#### A Financial and administrative

4 Considerable time was spent in developing techniques involving a variety of providers in such an exercise as this one. It also took longer to wait for the providers to define their own problems and design their own tools for research than one would suppose it would take a

trained researcher working in his own familiar style. Inevitably then, the time and the money at first allocated by the Development Committee, £2,000 for one year from June 1969 did not get the project very far. The original intention of the working party was for the King's Fund to launch the project and then to ask the Department of Health and Social Security to finance an extended programme of research over a period of three years, from 1971. However, in the spring of 1971 the Department of Health and Social Security decided not to finance the project, and the King's Fund then agreed to support a modified programme over a shorter period. Overall, the Fund has allocated a total of £23,875 for this project, covering the four years' from September 1968 - September 1972, (Development Committee minutes 68/49, 70/37, 72/12, 72/32 and 72/58, and Management Committee minutes 7922, 7947 (i) and 7990 (ii)). A sum of £500 has been set aside for the publication of a revised version of the report.

## B Research

5 It was decided that the London Borough of Hounslow should be added to the list of areas to be involved and to use it as a pilot area for trying out the research tools and for learning about the mechanics of involvement. Consent from all the appropriate bodies in the areas having been obtained, a research advisory group consisting of providers of the services from all levels and representing all professional interests was formed. This group chaired by a general practitioner, Dr M Spark of Gateshead, undertook the task of designing the study and constructing the research tools. They decided to use matching questionnaires for interviewing parents and providers of the services concerned with a randomly selected five per cent sample of mentally handicapped under the age of thirty years, known to be living in the community. Wherever possible, the providers of the services undertook the interviews. The professionals involved in constructing the research were:

- Medical officers of health
- Consultant psychiatrists
- General practitioners
- Hospital secretaries
- Mental and other welfare officers
- Health visitors
- Hospital nurses

6 The people to be interviewed concerning each mentally handicapped person in the sample were:

- Parents or relatives or others of like responsibility
- General practitioners
- Health visitors
- Mental welfare officers
- Teachers
- And the case files from the local authority health department

7 Having designed and tested the questionnaires in Hounslow, the research advisory group turned its attention to the two main hospitals serving that area, Harperbury and Leavesden. Because of the very different and more numerous professionals in the hospital services, a second research advisory group was set up with a consultant psychiatrist, Dr Richard Mein of Harperbury Hospital, in the chair. Nine matching questionnaires to be used at interviews were constructed for use in the hospitals, for:

- Parents
- Nurses

Doctors  
 Teachers  
 Industrial training officers  
 Physiotherapists and speech therapists  
 Occupational therapists  
 Psychologists  
 Social workers  
 Organisers of volunteers

8 Altogether, six questionnaires for the community and nine for the hospitals were tested with the help of the pilot area. These were then used in the community in all seven areas to interview different people concerned with a total of 212 mentally handicapped and 19 patients in the two hospitals serving the pilot area.

9 As well as designing and using the research tools, the research advisory groups were involved to some extent in suggesting methods of analysis. Two qualitative methods which they helped to develop were finally used to analyse the data collected, together with a third method designed by Professor Revans, which was quantitative:

- i) case histories based on all questionnaires relating to the mentally handicapped person
- ii) analysis of critical incidences of gaps in the services
- iii) statistical analysis of questionnaires

10 The Computer Centre of the London Hospital has written programmes for handling data collected in this project. The resulting statistics are published in five papers for the seven areas and are not for general circulation.

11 The main reports relating to the progress of the project are:

THC 71/485	Project on Coordination of Services for the Mentally Handicapped. Progress report, July 1971
THC 72/45	Coordination of Services for the Mentally Handicapped. Draft report, December 1971

12 The examination of the seven areas together has revealed many interesting and, it is thought, important findings. For example, certain indices have been constructed from the raw data which has lead to the discovery of a general pattern of interaction between the services and the handicapped. In general, the more disabled the child, the greater the activity of the parents, the higher the level of engagement by the mental welfare officer, the more prolific the contacts between the various services, the fuller the provision of the services and finally, the higher the degree of satisfaction to the family. This has been proved statistically highly significant.

13 From a detailed study of the questionnaires to the files, the degree of coordination between the various services as evidenced by the recorded contacts is low. One possible explanation, which was gleaned from a partial study of all the questionnaires, is that on the whole the professionals do not see coordination as one of their most important functions.

14 It is clear from the responses of the parents that their overwhelming need is for sympathetic advice and emotional support, especially in the preschool years. According to the parents, most of them do not receive this type of help.

15 These are but three of the very important findings which paper and pencil analysis has shown. There are many examples in the report. As revealed by the computer analysis at least 940 printouts are now available. Some of the effects of involvement of the professionals in the areas need also to be mentioned:

- i) the effectiveness of their research tools, based on their professional judgment is demonstrated by the richness and relevance of the findings
- ii) the evolution of a new methodology for examination of the services by the providers of it
- iii) involvement in this research has lead the individual providers of the services to greater awareness of the real needs of the handicapped and his family and to finding improved ways to meet these needs
- iv) once the professionals have seen the usefulness of the tools they have designed and the benefits of their use for their patients/clients, they are using the items for other groups of people within their area.

16 Between 1 April and 30 September 1972, the research advisory group were given the data from the computer and spent two days together in May 1972 deciding to what use it could be put as an aid to improving communications. The most heartening account of action taken came from Hull. Two of the social workers have since published their account in an article for the British Hospital and Social Service Review. At a further meeting a small number of the advisory research group decided upon the content and titles of the two final reports they wished to present to the King's Fund. At this meeting also a decision was taken to demonstrate what they had learned by means of a conference which was held on 21 September to which council and staff of other local authorities were invited.

17 A draft final report 'I Thought they were supposed to be doing that' has been prepared for the Fund's Development Committee, together with a paper on 'Action learning'. In addition an account of the project has been sent to all families of the mentally handicapped in the study together with a letter offering to put them in touch with key people in their area should they wish to know more. Also, an account is being prepared as a THC reprint, of the case histories which will demonstrate the help the parents were looking for and whether or not it was received at the right time in the right way. A study of the part played by voluntary organisations is also being written. The following are some of the reports and reprints that are already available about the project:

THC reprint no	631	Unity of mental retardation. January 1972
"	604	Someone is asking us I. Someone is asking us II. Sept 1971
"	610	Helping the mentally handicapped. Sept 1971
"	251	Coordination of services for the mentally handicapped. March 1968
"	716	Participative research - the providers' view. Sept 1972
"	722	Participative research. October 1972
"	734	Hull and the mentally handicapped. British Hospital Journal and Social Service Review. December 1972
"	751	Action learning. (Article prepared for European Training). January 1973
THC paper	72/500	Involvement as a tool for management. D Boorer, May 1972
"	72/692	Participative research. Dr Brims Young, Sept 1972
"	72/708	Coordination of services for the mentally handicapped. Mr R Wardell, Sept 1972
"	72/712	Some research findings. Mr S Atkinson, Sept 1972
"	72/939	Book for parents of the mentally handicapped. Miss J B Craig and Mr S A Baquer, November 1972



THC Paper 72/735	Community Book 'I Thought they were Supposed to be Doing That'
" 72/736	Hospital Book 'Action Learning' (both June 1969-Sept 1972)
" 72/737	Case Histories (unfinished)
" 72/555	Vol I - Parents
" 72/556	Vol II - General Practitioners
" 72/557	Vol III - Mental Welfare Officers
" 72/558	Vol IV - Health Visitors and Teachers
" 72/559	Vol V - Record Findings

#### Evaluation and the future

18 The majority of those involved in this participative research feel that they have benefited greatly from it as regards their own attitudes and awareness of other people's roles and needs and that they are now better equipped to improve the coordination and effectiveness of the services they should be providing for the mentally handicapped. The seven areas also give evidence of using the methods of this research for the study of groups of people other than the mentally handicapped. It is hoped and intended that in due time the areas involved in the research will be able to report on further improvements that can be attributed wholly or in part to their participation in the project.

19 From the training point of view, organisations like the County Councils Association and London Boroughs Training Committee have found the research documents very valuable and the latter are asking a number of the people involved to assist with inservice training courses.

20 Discussions are currently in progress to determine how best to present the wealth of material obtained in the project so that it can be readily accepted, read and acted upon by policy-makers, managers and the many different professions and disciplines concerned with the mentally handicapped.

J B Craig  
Assistant Director  
March 1973



## CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

### Origins

The Centre on Environment for the Handicapped (CEH) was founded in 1969 by architect Kenneth Bayes and until 1971 had only a small part-time staff. In these initial stages the bulk of the work consisted in answering ad hoc enquiries from existing contacts and cataloguing the reference library, which was largely formed from Mr Bayes' personal collection of books and plans. In 1971 a major step forward was taken when CEH moved to new premises at 24 Nutford Place and took on full-time staff. Formerly it had been housed at the National Society for Mentally Handicapped Children who, together with the King's Fund (Dev minute 70/50) financed the unit. CEH is now funded mainly by the Department of Health and Social Security, but also receives grants from the Spastics Society and from the King's Fund (Dev minute 72/7: £2000). It has an advisory council, the members of which are listed overleaf.

### Objectives

CEH exists to provide information on the design of the environment for the handicapped, ranging from regional and city planning down to details of equipment and finish. The emphasis at first was mainly on mental handicap, but advice is also available on buildings and their services context for the mentally ill, the elderly and chronic sick, the blind and deaf, and the physically disabled.

### Progress

The number of enquiries made has continued to expand. Most enquiries have come from hospital services, local authorities and private architects. A good start has been made on rationalising the written information in the shape of reports and bibliographies to provide immediate guidance on the topics most often asked for. The first of the CEH Design Guides, on improving conditions in long-stay hospitals, is about to go to press, and will be followed by a second on the younger chronic sick. A series of seven seminars was held jointly with the Spastics Society in 1972 on the design of facilities for the mentally and multiple handicapped, and a further series of six on the physically disabled has now begun. CEH is represented on several research and development projects, including the mental handicap group evolving services for Milton Keynes. It has continued to produce a quarterly Newsletter on behalf of the Architectural Committee of the International League of Societies for the Mentally Handicapped. The usefulness of CEH, in a field where very little design information is available, is being proved by the increasing demands made on all its services and the variety of sources from which those demands come. The broadening of the Centre's scope, ie, the fact that without giving less attention to mental handicap it now has the staff to concentrate more equally on other areas, it can through its advisory panel, consultants and contact with the various professions involved with the disabled, ensure that information is kept up to date.

### The Future

Now that CEH has been established on a solid footing, the broad objective will be to provide a wider service than hitherto. Specifically, CEH will be producing a regular newsletter and intends to direct and evaluate research projects for improving accommodation for the handicapped.

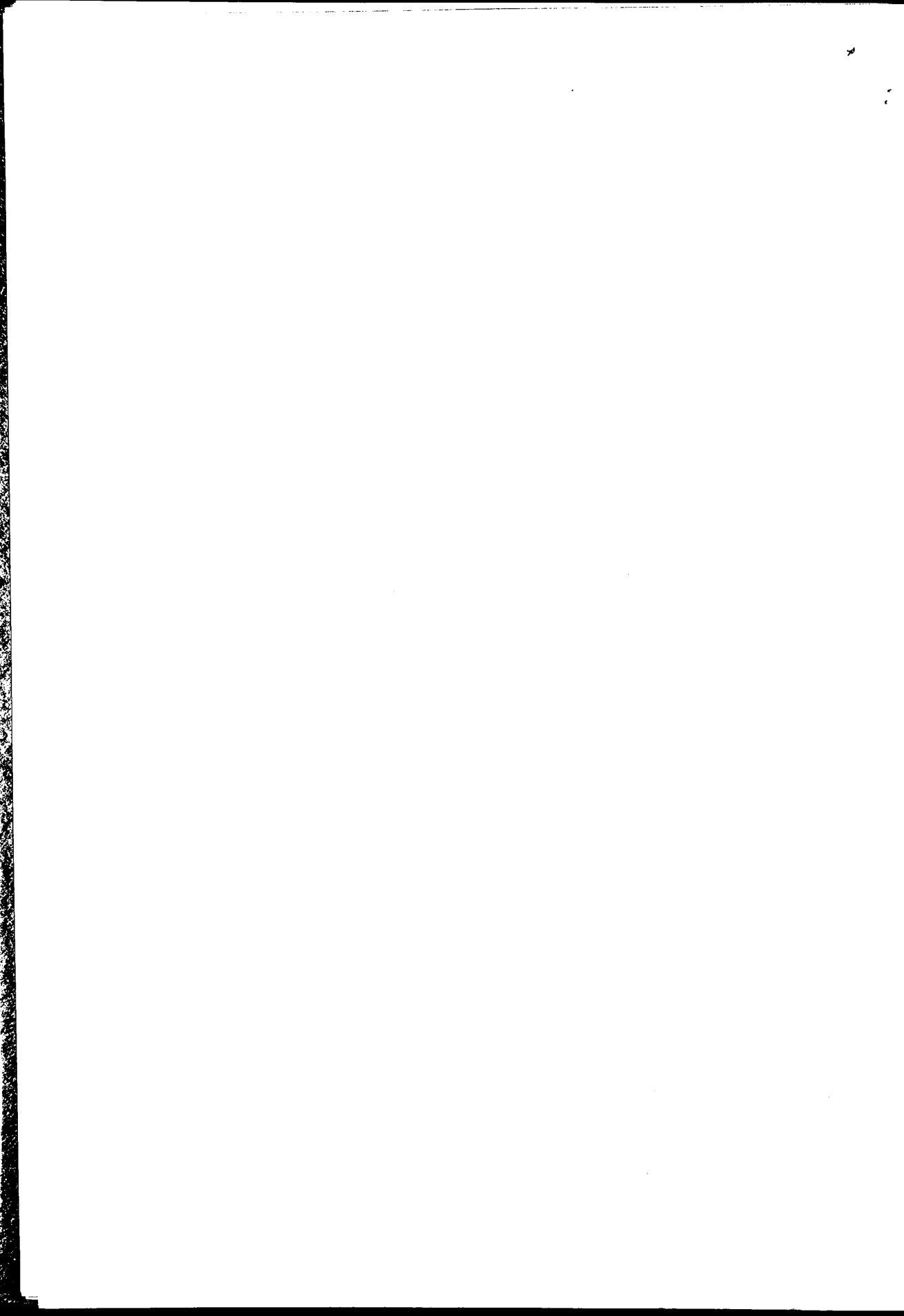
George Miles  
Director, CEH  
March 1973

Advisory Council

Lady Allen of Hurtwood	Chairman, the Adventure Playground for Handicapped Children
James Elliott	Associate Director, King's Fund Centre
Hugh Freeman	Consultant Psychiatrist, Hon Consultant to National Association for Mental Health
Sheila Garrett	Senior Nursing Officer, St Thomas' Hospital
Howard Goodman	Chief Architect, Department of Health & Social Security
Lady Hamilton	Chairman, Disabled Living Foundation
Miles Hardie	Director, King's Fund Centre
Kenneth Holt	Director, Wolfson Centre
Brian Kirman	Consultant Psychiatrist, Fountain & Carshalton Hospital Group
George Lee	Secretary General, National Society for Mentally Handicapped Children
James Loring	Director, Spastics Society
Christopher Ounsted	Medical Director, The Park Hospital for Children
M L Kellmer Pringle	Director, National Children's Bureau
George Stroh	Psychiatrist-in-charge, High Wick Hospital
Jack Tizard	Professor of Child Development, University of London Institute of Education
John Weeks	Architect, Llewelyn-Davies, Weeks, Forestier-Walker & Bor

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## VOLUNTARY HELP



## VOLUNTARY SERVICE INFORMATION OFFICE

### Origins

1. As a voluntary organisation itself, the King's Fund has for many years had a natural concern for the development of voluntary services. In recent years, the Fund has been particularly interested in the organisation of voluntary help in hospitals, and in 1968 published the report 'Organisers of voluntary services in hospitals'. In the following year a proposal was put to Development Committee for the establishment of an information service covering aspects of voluntary help in the hospital and health services. In the paper (THC 69/310) supporting this proposal it was stated that 'the Department of Health and Social Security, in various circulars, and notably in HM(62)29, urges the use of volunteers by hospitals and health authorities. Although many voluntary organisations, as well as individual persons, are involved, there is no central independent source of information of the ways in which their help can be utilised, nor of the problems which may arise in the course of such help in the hospital. The King's Fund has been prominent in encouraging and developing voluntary help in hospitals. It seems appropriate therefore that the Fund should now try to help meet the increasing demand from professionals of all disciplines in the health service for information and advice on this subject, by establishing an Information Service for a limited period on an experimental basis.' In May 1969, Development Committee (Minute 69/31) allocated £6450 over two years for this project. Further grants of £5350 in 1970 (Minute 70/78) and of £19300 in February 1972 (Minute 72/8) have been made to enable the Voluntary Service Information Office (VSIO) to continue at least until June 1975. Mrs E M C King, who had been one of the first voluntary help organisers in the country, at Fulbourn Hospital, was appointed as Voluntary Service Information Officer and took up her duties at the Hospital Centre in June 1969.

### Objectives

2. The objectives of the VSIO were defined as being
- i) to collate information on existing schemes of voluntary help,
  - ii) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units or in joint/local authority schemes,
  - iii) to prepare guide material on the various methods of recruiting, use of support of voluntary help in the health services,
  - iv) to arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (eg, doctors, nurses, occupational therapists, etc) on the way a particular profession can utilise voluntary help and on how such resources can be mobilised.

### Progress

3. The progress of the project may best be described in relation to each of these objectives:

#### Collating information (Objective I)

4. In the Hospital Centre library the information files and lending folders on voluntary help have been re-arranged and much material added to them.

#### Providing information (Objective II)

5. During the past year between 80 and 100 written enquiries of this nature have been received each month from health and social service authorities, voluntary bodies and individuals.

#### Hospitals

6. A major part of the work of the VSIO has been advising hospital boards and committees in their plans to develop existing voluntary services, in promoting new schemes and in helping with appointments of voluntary help organisers. The number of voluntary help organisers appointed, known to the VSIO, has risen from 37 in December 1969 to 198 at 1 March 1973. 25 posts are pending. Speaking at a meeting at the Hospital Centre in January 1971, the Under Secretary of State for Health, Mr Michael Alison, suggested that every hospital with over 200 beds should have a paid organiser of voluntary services. There are well over 500 hospitals in this category, so the number of organisers is likely to go on increasing quite rapidly.

7. In the first three years of the project the VSIO received steadily increasing numbers of requests for help and advice on the work of organisers. Each enquiry generally resulted in at least two visits, including talks to hospital boards, committees and staff, and the provision of relevant information and material. This side of the work has been slackening off in recent months, as most regions now have experienced organisers in post to whom they can turn for this advice. Nevertheless demands for such help are still made on the VSIO. The VSIO was asked to advise the South West Metropolitan Regional Hospital Board in developing voluntary services in that region, and these consultations led to the appointment of a Regional Voluntary Services Officer for which the King's Fund gave a grant.

#### Local authorities

8. In addition to this, the VSIO is now receiving enquiries from the newly constituted social services departments, and health departments, which are beginning to make appointments similar to those of voluntary help organisers in hospitals.

#### Voluntary organisations

9. Over 300 enquiries have been received from voluntary organisations since the inception of the VSIO and joint conferences held with bodies such as National Institute for Social Work Training, National Association for Mental Health, Community Service Volunteers, National Association of Leagues of Hospital Friends, London Council of Social Service and Young Volunteer Force Foundation, with the object of promoting more effective co-operation between professional and voluntary bodies.



### Guide material (Objective III)

Pamphlets published by the VSIO are shown in Appendix A.

10. The new manual for voluntary help organisers 'Volunteers in Hospitals' was published in November 1971 and 1081 copies had been sold by the end of December 1972.
11. A new pamphlet 'Pupils and Patients' guidelines for the organisation of hospital based social education projects for young people still at school was published and 1000 copies have been distributed or sold since April 1972.
12. Advice and help in the preparation of new circulars and in circulation of questionnaire on voluntary help was sought by the DHSS and consultations followed (ref DHSS circulars HM 72/5 and 72/6 of January 1972 and leaflet 'Yes you can Help').

### Study days, etc (Objective IV)

13. Eighteen conferences have been organised since June 1969 of which 10 were held jointly with other organisations, both professional and voluntary. Over 90 talks have been given to professional, statutory and voluntary organisations on the use of volunteers in the health and social services.
14. The provision of adequate preparation and training for VHO's has always been one of the chief preoccupations of the VSIO who has worked closely with the Standing Conference of Voluntary Help Organisers in preparing policy documents and in discussion of the standards of work that should be required of voluntary help organisers. Approaches have also been made to the Under Secretary of State on the concern felt by the Standing Conference and the VSIO on the need for better preparation and care by hospital administrators before appointing voluntary help organisers.
15. In May 1972 the King's Fund approached the DHSS with a request for the provision of a Training Officer. The DHSS responded to this with a proposition that they should finance a joint training project for National Institute Social Work Training and the King's Fund. Both bodies welcomed this suggestion and are awaiting the outcome of detailed proposals submitted by them to the DHSS.
16. To date the VSIO has been concerned with ten courses and has been greatly helped in this by Miss Jean Finzi, Regional Voluntary Service Adviser to the South West Met RHB whose assistance in tutoring the courses has been invaluable.
17. John Heron, Centre for Adult Education, University of Surrey, is acting as tutor for the King's Fund courses in 1973 with Miss Finzi's help.
18. An exhibition, 'The Volunteer - Friend or Foe?' was mounted at the King's Fund Centre from 22 January to 30 March 1973. In principle, most hospitals welcome the surge of interest and enthusiasm from people of all ages and classes who give their time and effort to voluntary service. In practice, it raises problems. This exhibition tries to illustrate the contribution and role of volunteers in hospital and to demonstrate some of the factors in developing effective partnerships between those who provide services and those who use them.

### Evaluation

19. The development of the work of the VSIO can be considered as one of the many manifestations of the increasing realisation inside and outside the National Health Service of the importance of voluntary service. The changing emphasis of its work since its inception in 1969 has illustrated the change in attitudes towards voluntary service by both statutory and voluntary bodies. The VSIO, judging by the demands made on it for information and advice, for places at conferences, courses and study days, for the guide material it has produced and from the many invitations to speak at meetings in different parts of the country, appears to have made a real contribution to clarifying the role and contribution of the volunteer.

### Future

20. Mrs King retired in March 1973, and she is to be succeeded in September by Mrs Donna Johnston, formerly voluntary help organiser at Amersham Hospital. In the interim period, Mrs Janet Boorer, formerly voluntary help organiser at Springfield Hospital, will be acting as VSIO. Now that a national Volunteer Centre has been set up, and its director appointed, and if the joint training project between the King's Fund and NISWT is established, it is likely that the work of the VSIO will change in character, but it seems clear that for the next one to two years there will continue to be an urgent need for the VSIO to continue with its information activities, in developing the present training of organisers, and in promoting conferences and studies on various aspects of voluntary work in the health and social services. In all these activities the VSIO will aim to work in close collaboration with the Volunteer Centre.

Mrs E M C King  
Voluntary Service Information Officer  
March 1973

## Appendix A

## VSIO Pamphlets

Approx number issued to end of December 1972

	MIND Campaign	Others	Total
Voluntary help in the field of mental handicap (April 1971)	2,500	4,000	6,500
Voluntary help in the care of the elderly (May 1971)	2,500	3,000	5,500
Voluntary help in the field of mental illness (July 1971)	2,500	3,500	6,000
Voluntary help in general hospitals and for children in hospitals (September 1971)		3,000	3,000
Work camps in hospitals (October 1971)		2,500	2,500
Community service volunteers in long stay hospitals (July 1972)		500	500
Pupils and patients, Guidelines for the organisation of hospital-based social education projects for young people still at school (April 1972)		1,000	1,000

7-10-1970

10-10-1970

11-10-1970

12-10-1970

13-10-1970

14-10-1970

15-10-1970

16-10-1970

17-10-1970

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26-10-1970

27-10-1970

28-10-1970

29-10-1970

30-10-1970

## NATIONAL ASSOCIATION OF VOLUNTARY HELP ORGANISERS

### Origins

1 The need for the formation of a professional association of people holding the new appointments of voluntary help organisers (VHO's) was highlighted during a conference held at the Hospital Centre in 1966, when the two voluntary help schemes initiated at Fulbourn Hospital, Cambridge, and St Thomas' Hospital, London, in 1963 were discussed. The National Association of Voluntary Help Organisers was formed in January 1968 at a meeting held at the Hospital Centre. In October 1970 Development Committee approved a grant of £950 for each of two years towards the cost of part-time secretarial help to the National Association (Minute 70/79).

### Objectives

2 The objectives of the National Association are to promote effective voluntary help schemes:

- a) by enabling organisers and others to share their experience and ideas
- b) by consulting with and advising hospital boards and committees and other organisations
- c) by representing the interests of members in relation to Government and other bodies
- d) by advising hospital authorities about recruitment of suitable persons to serve as organisers
- e) by dealing with public relations matters relevant to schemes
- f) by promoting and encouraging suitable training for members and those wishing to enter the field of voluntary help organisations
- g) by concerning itself with such other matters as the Association considers appropriate in the interests of organisers or their work.

### Progress

3 As a result of the grant the National Association appointed a part-time secretary to work 2½ days weekly as from November 1970. This has enabled the Association to expand the scope of its work and the following are some of the activities undertaken by the Association:

- i) the Association follows up all advertisements in the press for new voluntary help organisers and sends letters of welcome to all newly appointed organisers
- ii) policy documents have been prepared and printed together with the preparation and printing of a constitution (legal help in preparing the constitution was obtained through the King's Fund legal adviser)
- iii) the grant enables the expenses of three general meetings per year to be held in premises other than the Hospital Centre, which is now no longer large enough to accommodate the numbers of VHOs and visitors attending these meetings
- iv) the Hon Secretary of the Association receives a steady stream of requests, both by post and telephone, on the use of volunteers. These are dealt with in

consultation with the voluntary service information officer (VSIO) at the Hospital Centre

- v) the Hon Secretary is also in close touch with the DHSS and has been asked to comment informally on various departmental documents
- vi) the National Association has appointed a liaison officer to ten national voluntary organisations concerned with voluntary service and has exchanged useful information and formulated policies with them
- vii) the Hon Secretary acted as minutes secretary to the informal working group that initiated discussions on the Aves' Foundation proposals, that have led to the setting up of the National Volunteer Centre
- viii) the conference has continued to assist the VSIO in providing training for newly appointed organisers and has set up a dialogue with the Central Council for Training and Education in Social Work and the DHSS. It has sponsored with the VSIO and the National Institute of Social Work Training two 5 day residential courses for senior staff of local authority social service departments to consider how these departments can make most effective use of voluntary help
- ix) membership is now open to members of social service departments and others in relevant fields who are engaged in work concerned with the organisation and use of voluntary resources. By consent of the members the name of the standing conference will be changed to the National Association of Voluntary Help Organisers as from January 1973. It is felt that this change of title indicates more clearly its role and function.

#### Evaluation

4 Perhaps the best measure of the Association's achievement are that:

- a) membership has grown from 16 in 1968 to 137 in February 1973 and that members now include voluntary help organisers, voluntary service liaison officers, community development officers from local authority statutory services, probation services, volunteer bureaux, voluntary organisations, as well as hospital authorities
- b) the Association is now recognised by the DHSS and British Association of Social Workers as the professional body for voluntary help organisers.

#### Future

5 The need for support and training of its members has led the Association to seek financial support for the appointment of a full time paid general secretary. Financial assistance for this has been sought from the DHSS but unfortunately was unsuccessful. A similar application has since been made to other sources and the outcome is awaited. If assistance could be obtained for such an appointment over the next three to five years the Association feels that it could then be self supporting.

E M C King (Mrs)  
Voluntary Service Information  
Officer

## REGIONAL VOLUNTARY SERVICES OFFICER

### Origins

1 As appointments of voluntary help organisers were increasing rapidly in the region it was felt by the SW Metropolitan RHB that it would be an advantage to appoint a person to coordinate existing appointments and also to develop the concept in groups which have not yet considered the appointment of a voluntary help organiser.

2 The Development Committee approved a grant in 1971 for £3,000 for each of two years to appoint a Regional Voluntary Services Officer, and in November of that year Miss Jean Finzi, formerly voluntary help organiser at St Thomas' Hospital, took up the appointment. (Minute 71/32).

### Objectives

3 The objectives of the project are:

- i) to collate information on existing schemes of voluntary help in the Region
- ii) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units, or in joint hospital/local authority schemes
- iii) to prepare guide material on the various methods of recruiting, use and support of voluntary help in the health services
- iv) to organise regular meetings of voluntary help organisers appointed in the Region for the purpose of exchanging information and discussing current problems
- v) to visit HMCs who had not made such an appointment and to give such assistance as may be necessary in their appointment
- vi) to promote training activities for organisers, volunteers and staff concerned with the use of volunteers
- vii) to advise and make available to the Board and to the King's Fund the information and experience which may be gained progressively from carrying out the above duties
- viii) to maintain and develop links with existing voluntary organisations and with social service departments.

### Progress

4 In 1972 six new programmes of voluntary service have evolved and the total number of programmes has now reached 24 including the Croydon Voluntary Service Project which has

recently been made into a joint Health Service/Local Authority appointment.

There are now four appointments at group level, 21 appointments at hospital/divisional level (six of which have also been given a watching brief on the other hospitals in the group) and two assistants. At the moment this region has the largest number of coordinators of voluntary service in post.

Miss Finzi was invited to advise and assist at the selection of some of the new appointments and replacements and has had preliminary discussions with senior officers of three other groups where appointments are currently being considered.

5 As there was no defined policy regarding the appointment of CVS at group and hospital/divisional level the Board asked Miss Finzi to draw up some guidelines on this. Draft job descriptions for both these posts were discussed with chief nursing officers and others in the region. They were also used as a working paper for a coordinator of voluntary services' Call-back course which was held in January 1973 at the Board's regional education centre. The Board has now approved this paper\* and copies are available.

6 Training - apart from training at regional level, ie arranging induction programmes for new coordinators, and training and supporting them in post, Miss Finzi has also been involved in a number of training activities at national level in conjunction with the King's Fund.

a) National training:

- i) four 5-day course for coordinators who have been in post approximately six months
- ii) one senior refresher course for coordinators who have been in post for two years or more
- iii) one 3-day Call-back course for CVSs who attended April 1972 course
- iv) six induction days for newly appointed coordinators
- v) one 5-day course for coordinators of voluntary help in local authority social service departments. This course was arranged by the National Institute of Social Work Training

b) Regional training:

- i) arranged programmes of induction and training for 7 new coordinators in the region
- ii) held three study days at the regional education centre for all coordinators in the region. These are open to those in social service departments
- iii) took part in a study day on 'the techniques of interviewing held in October 1972 as a joint project with the volunteer advisory service of the London Council of Social Service
- iv) regular meetings are being held at Ewell Technical College for CVSs in that area, in order to establish a closer link between the hospitals and the College's voluntary services committee
- v) organised an informal meeting between the British Red Cross and CVSs in the region in April 1972. The meeting highlighted the need for greater liaison and cooperation between all those concerned with voluntary services, both national and local level
- vi) talks have also been given to Surrey Council of Social Services, Psychiatric Hospitals Anglican Chaplains' Fellowship, Hackney Technical College, Royal College of Nursing, London Boroughs' Training Committee

\* Copies available from RVSQ, SW Metropolitan RHB  
'Volunteers in an Integrated Health Service' (Price 10p)



vii) Miss Finzi is a member of the following committees:

- a) Central Health Services Council - committee on the organisation of the inpatient's day
- b) National Association of Voluntary Help Organisers Management Committee - training committee
- c) Local Associations Committee of the National Association for Mental Health

#### Evaluation

7 There is little doubt that the project has aroused and sustained interest both in the availability and effective use of voluntary resources in the region. It has been a source of support and advice to the coordinators already appointed and has led to the emergence of an agreed policy on voluntary services at regional board level for the guidance of hospital management committees.

#### Future

8 The Board has indicated that it considers there should be a place for this and similar appointments at area level following the reorganisation of the health service in 1974.

E M C King (Mrs)  
Voluntary Services Information  
Officer  
March 1973



### Origin

1. Following the publication in 1969 of the report "The voluntary worker in the social services" produced by a committee under the chairmanship of Miss Geraldine M. Aves, various discussions have taken place about implementing the recommendations of that report, and over the past two years Baroness Serota has acted as chairman of a working group set up to examine the need for an independent centre to serve as a focus for all that affects volunteers in the health and social services. Members of the working group included people with wide experience of the voluntary movement, central and local government, the health services and the professions. They consulted major interests in these fields and found their own conclusions amply confirmed: namely, that there was an urgent need to bring into being an independent centre to assist volunteers to operate more effectively whether they work as individuals, in groups or as members of organisations. As a result of the recommendations made by the working group, the government has made a grant of £75,000 over 5 years to help establish the centre, on the understanding that this would cover approximately half the cost, with the remainder being found from voluntary trusts. In October, 1972, the Fund's Management Committee agreed that a sum of £10,000 should be made available for the Volunteer Centre in the current financial year, and that a further grant of £15,000 should be made available at a later date on the basis of a further application after 2 years of experience in the running the Centre (Minute 8150 of 19 October 1972).

### Purpose

2. The immediate aims of the Volunteer Centre are :
- i) to collect and disseminate information about the recruitment, preparation and use of volunteers,
  - ii) in consultation with appropriate training agencies, to encourage schemes for the briefing and training of volunteers and those who use them or organise them,
  - iii) to promote study, research and development of the ways in which the contribution of volunteers may be more widely and constructively used.

### Programme

3. The members of the Board of Governors of the Volunteer Centre have been appointed and are listed overleaf. The post of Director was widely advertised and a large number of applications were received. Mr. Michael Thomas, a former Head of Research for the Cooperative Party, and currently Senior Research Officer at the independent research institute Political and Economic Planning (PEP), was appointed Director in March, and is due to take up his appointment full-time on 1 September, 1973, after completion of an extensive programme of research into the financing and working of voluntary youth organisations, which he is currently directing at PEP.

### Evaluation and the future

4. It is of course too early to attempt any evaluation of the work of the Volunteer Centre.

M.C. Hardie  
Director  
March 1973

THE VOLUNTEER CENTRE

The following have agreed to serve as the governing body of the Volunteer Centre. Each is doing so in his or her personal capacity, rather than representing any particular organisation.

Baroness Serota	Co-Chairman
Lady Marre	Co-Chairman
Lord Seebohm	Hon. Treasurer
Miss Geraldine M. Aves	Chairman of the Committee on The Voluntary Worker in the Social Services
Mr. Hugh Barr	Assistant Director of Social Work Training, Central Council for Education and Training in Social Work
Mr. Edwin Brown	Director of Social Services, North Riding
Dr. David Clark	Consultant Psychiatrist, Fulbourn Hospital and Vice-Chairman, National Association for Mental Health
Mr. Trevor Gray	Chairman, Voluntary Services Committee, Welsh Hospital Board and Vice-Chairman of Executive Committee, National Association of Leagues of Hospital Friends
Mr. Miles Hardie	Director, King's Fund Centre
Mr. Nicholas Hinton	Assistant Director, National Association for the Care and Resettlement of Offenders
Mr. David Hobman	Director, Age Concern
Miss Lisbeth Hockey	Head of Research Unit, Department of Nursing Studies, University of Edinburgh
Mr. David Howie	Head of Community Education, Birstall Community College, Leicestershire
The Hon. Mrs. Sara Morrison	Vice-Chairman, National Council of Social Service
Dame Susan Walker	Vice-Chairman, Women's Royal Voluntary Service
Mrs. Peggy White	former Chairman of Social Services Committee, Association of Municipal Corporation
Rev. Wilfred Wood	Chairman, Institute of Race Relations

## VOLUNTEERS IN MENTAL HEALTH

### Origins

1 This project originated with a request from the National Association for Mental Health (NAMH) for a grant to encourage still further the introduction of voluntary service in the field of mental health. Development Committee allocated £3,500 for the project in November 1967 (Minute 67/61) and this was followed by two further grants of £3,500 each in October 1969 (Minute 69/42d) and October 1970 (Minute 70/72).

### Objectives

2 In 1968 the King's Fund survey 'Organisers of voluntary services in hospitals' had shown that some kinds of voluntary service needed to be developed further, particularly in the mental health field. The NAMH proposed that a person skilled and experienced in work with volunteers should be appointed to carry out the project, and that the three major fields for which he might be given responsibility should be:

- a) the encouragement and use of young volunteers
- b) the coordination of the mental health work carried on by a variety of voluntary organisations
- c) the training of volunteers.

### Progress

3 The project started on 1 January 1969, with the appointment of Mr Douglas Butterfield as the project officer, and continued under the sponsorship of the King's Fund until the end of 1971. Working in cooperation with the local associations' field staff of the NAMH, Mr Butterfield visited many local associations and voluntary organisations for discussion on ways in which young people could be more extensively and effectively employed in voluntary mental health work. In addition to the general promotional work of bringing together those responsible for mental health services, either statutory or voluntary, and youth organisations whose members were interested in giving service, Mr Butterfield worked concentratedly in three areas.

#### i) Northamptonshire - three months

The basis of a new service by school children and other young people was developed during the three months in association with the local association. It has been continued ever since with a full time community service volunteer as organiser.

#### ii) Gloucestershire - three months

Mr Butterfield spent this time living in a psychiatric hospital but exploring, both in hospital and in the local authority area, the need for and likely value of a coordinator of volunteers on the lines of the joint appointment in Croydon. The experiment led to the appointment in 1971 of a full time coordinator of volunteers, employed by the NAMH local association, which shares the cost with the hospital and local authority.

iii) Teesside - four months

During the time spent on Teesside, information about the existing mental health services and the needs was collected. Contacts were established with key people in hospitals and local authority services as well as in voluntary organisations and local industry. Part of the purpose was to see whether there is a case for NAMH appointing a community development officer on Teesside and discussions on this are continuing.

- 4 An interim report 'Young volunteers in mental health' was prepared in September 1969 and duplicated copies were widely circulated to interested bodies.

Evaluation

- 5 As a direct result of Mr Butterfield's work, the number of local associations using young volunteers in an organised way grew from 12 to 26. Many of the 50 remaining are now more conscious of the possibilities of using young volunteers and are looking for ways of doing so.

- 6 Contacts either started or strengthened by Mr Butterfield with organisations catering for young volunteers, such as community service volunteers, are of value to the NAMH in its local associations and other work. The contacts built up with schools have developed into a discussion group on 'Young in mind' which involves not only schools but also colleges and the teaching profession. Help with the preparation of a teachers' kit for MIND Week 1971 was given by Mr Butterfield.

- 7 Limitation of time and other factors prevented the organisation of volunteer training schemes by Mr Butterfield. A small sum of money which remained in the project fund was, however, put to this use at the end of 1971 when a course for social workers in training volunteers was organised by the NAMH under the direction of Miss Hilda Watson, training officer for the Hertfordshire social services department.

Future

- 8 An article summarising the project has been published in the British Hospital Journal and Social Service Review, October 28, 1972. Work on the training of volunteers will continue; the social workers who took part in the initial course met together in January 1973 to discuss what they have been doing locally in training volunteers as a result of the course. The work started with young volunteers, will be continued in cooperation with the NAMH local associations. The work started by this project with student group by the NAMH is being continued by a student liaison officer - mental health project (sponsored by the King's Fund).

## STUDENT LIAISON OFFICER - MENTAL HEALTH

### Origins

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

### Objectives

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

- a) encourage participation by students in voluntary work in support of services for the mentally disordered
- b) to disseminate information on the mental health services through publications, conferences, lecture series etc
- c) to explore student attitudes to mental health
- d) to explore the possibilities of establishing MIND groups in universities and colleges to fulfil some of the tasks set out above, and to work in collaboration with the NAMH on educational, fund raising and voluntary service projects.

### Progress

3 Mr Tim Gauntlett was appointed student liaison officer in May 1972, and took up his duties in June 1972. Naturally, he has been working in cooperation with the National Union of Students (NUS)/Student Action programme, attending and addressing student groups and conferences. Following up contacts, he has made visits to student projects in a number of universities and colleges. In the three selected areas of Cambridge, Colchester and Norwich he has made contact and discussed possible ways of student involvement with hospital voluntary organisations. In the three universities he has started to coordinate and extend existing activities. By following up interest shown by the administration, faculty and student unions, he has been able to demonstrate that there is considerable interest in mental health.

4 A questionnaire concerning student voluntary service in mental health, has been sent to all colleges and universities affiliated to the National Union of Students. This will form the basis of a report to be sent, on request, to interested students' organisations.

### Evaluation

5 Being the first year of the project, time has been spent in preparing ground work. Naturally the questionnaire will provide valuable information and contacts for students interested in voluntary service and for local associations who wish to involve students in their activities. By working through NUS and other central student organisations, the liaison officer will be able to forward the aims of the MIND Campaign. However, at this stage, it seems unlikely that he will be able to establish specifically MIND groups in colleges and universities. In the three

selected areas, hospitals and social services are interested in student help, but this at present does not provide sufficient means for students to interpret their concern into some form of involvement.

#### Future

6       Nationally the officer will act as a resource centre, providing an information service for student groups, publicising new ideas of voluntary service and giving assistance to new groups. Local associations for mental health will be able to approach student groups through the liaison officer. In the selected areas, the intention is to provide a structure for voluntary service in the universities and colleges by which new ideas can be explored, contacts maintained with other bodies, and a guarantee that some form of continuity will exist.

David Ennals  
MIND Campaign Director

PN 193

March 1973



## COMMUNITY SERVICE VOLUNTEERS

### Origins

1 Although community service volunteers (CSV) has been sending volunteers into mental handicap hospitals for many years, until very recently these volunteers usually went in one by one, following personal negotiation with a hospital secretary or principal nursing officer. It was not until September 1970 that CSV were asked to send in a group of 20 volunteers to Leybourne Grange Hospital in Kent at the suggestion of the Hospital Advisory Service. The difficulties and challenge that this project presented, together with the knowledge that CSV would want to send in groups of volunteers into other hospitals, made it obvious that extra support from CSV headquarters was necessary if these projects were to be successful. The experience of the initial stages of the project at Leybourne Grange (as described at the conference at the Hospital Centre in February 1971) illustrated how essential was proper preparation of staff and volunteers if the benefits of any such project are to be maximised.

2 In the light of this experience, CSV applied to the King's Fund for a grant to enable it to extend its activities in the hospital field (paper THC 71/48). At its meeting in February 1971, Development Committee allocated £2,000 for each of two years for this project (Minute 71/11).

### Objectives

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

### Progress

4 The grant by Development Committee made possible the appointment of a full time worker on this project. A small consultation was held at the Hospital Centre for the staff and CSV in four hospitals within reach of London. The aim of the meeting was to elucidate the pre-conceived ideas of volunteers about the work they were to do and the expectation of the staff about CSV and to produce some guidelines on what needs to be done on the part of the hospital concerned and CSV if the scheme were to be made more effective.

One of the main jobs since then has been to persuade hospitals to give CSV the opportunity of working with them. Such projects have not just appeared, they have had to be sought out, and this has, of course, involved much correspondence and frequent visits which have sometimes come to nothing or have been held up because of some unavoidable circumstance.

Contacts have also been extended to a number of psychiatric hospitals since similar opportunities and difficulties arise in this field. Links have also been made with the other voluntary organisations active in the field, particularly the National Society for Mentally Handicapped Children (NSMHC) and the National Association for Mental Health (NAMH) and also with the Department of Health and Social Security (DHSS) and the Confederation of Health Service Employees (COHSE).

The programmes actually undertaken concern the introduction of teams of young volunteers, mainly between the ages of 17 and 22, in selected hospitals for the mentally handicapped. The hospitals were in Kent and Wales.

### Evaluation

The number of points that should be taken into account when assessing the success or otherwise of such projects deserves treatment akin to factor analysis. However, it is unlikely that such a degree of monitoring accuracy can ever be achieved and furthermore, it is questionable whether such an approach is desirable at all. There are, however, some major factors which seem to contribute much to the development of the projects though the underlying factors in each case may not be entirely understood. It should also be mentioned that the factors mentioned below are all inter-related and should thus be considered as part of one continuum.

The degree of isolation of the hospitals is an important factor in this context. The degree of supervision that the volunteer is given, together with the extent to which discussion of the project takes place between the volunteer and supervisor is critical when the projects are considered in their wider context. At the other end of the scale, the sort of introduction to the hospital that the volunteers are given, is vital to their understanding of their role from the very first. It is clear that no amount of information that is given to the volunteers before they join their project can ever replace an on-the-spot induction programme.

The attitude of the hospital staff, especially those with whom the volunteers are to work closely, is a very important indicator of the sort of role that the volunteers will be expected to play.

However, good volunteers' relationships with the staff, one of the most difficult things for the volunteer to overcome, is the realisation that the hospital has a very set routine.

Some tentative conclusions are as follows -

- a) when a large number of full time volunteers arrive simultaneously at a hospital, the lower echelons of staff are likely to react negatively
- b) the presence of a voluntary help organiser may be indicative of a positive attitude on the part of the hospital authorities towards volunteering in general, and thus make the constructive use of full time volunteers more likely
- c) some young volunteers may offer full time service in the hope of bringing about changes in the situation where they work. The chances of their being permitted to do this, varies with the staff to whom they are attached
- d) there is a reciprocal need for induction courses for both volunteers and staff in the new resources that volunteers represent.

### Future

CSV is continuing to approach other hospitals to see whether they can use CSV help, on the understanding that the long-term volunteer can be one way of bridging the gap between the hospital and the community.

E M C King (Mrs)  
Voluntary Service Information  
Officer

April 1973

## HEALTH OF THE ELDERLY PROJECT

### Origins

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

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

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

Dr D L Wilson	Medical officer of health, Newcastle upon Tyne (Chairman)
Dr K Bergmann	Consultant geriatrician
Miss J E S Brown	Principal medical social worker, Newcastle General Hospital
Mr F Graham	Personal assistant to the director of social services
Dr E H Jarvis	Consultant geriatrician, Newcastle General Hospital
Mrs E M C King	The Hospital Centre
Mr W Morgan	University of Newcastle, Department of Family and Community Medicine
Mrs A I Reed	Newcastle upon Tyne Council for the care of the elderly
Mr R Richardson	Hospital secretary, Newcastle General Hospital
Miss N Rodham	Newcastle upon Tyne social services department
Dr R L Sanderson	General practitioner, Prospect House medical group
Mr A Speirs	Young volunteer force foundation

### Objectives

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

- i) those admitted to hospital and likely to be discharged home again, and
- ii) those at risk of hospitalisation at some time in the future through lack of basic care at home.

The work of the project is based on certain premises:

- i) that a variety of personal needs encountered amongst the elderly population can be, and often are, met by untrained local people
- ii) that there remains, however, the care of isolated and frail elderly whose needs are not adequately met in this way, and that there are people living nearby willing and able to meet these needs once aware of them
- iii) that professional staff in health and social services are often aware of these needs, but to fulfil them personally would be a waste of their scarce expertise, and staff would welcome resources of local people to help in this area.

#### Progress

5 In the project workers' report to the Development Committee in November 1972, it was stated that:

- i) there are two inter-twined areas of activity which concern hospital visiting as well as aftercare and preventive work. Those whose progress are being monitored are 60 elderly patients referred by the medical social workers, and 80 elderly people referred by general practitioners, health visitors and social workers. For each of these groups the following processes are taking place:-
  - a) exploring of new areas of help within the local community by which the elderly, whether they be in their homes or temporarily in hospital can derive assistance and support
  - b) interesting and training 'neighbours' living in the locality as to the ways in which they can help satisfy the needs of the elderly people living in their locality
- ii) eighty-five helpers have already been interested and are presently giving their help within the project area. These helpers are briefed by the field workers on the various provisions for the elderly and what the statutory services can do for them. One of the important tasks which the field workers attach great importance to is the careful assessment of the needs of each person referred to them which are then matched to potential helpers who have been thoroughly interviewed as to their interests
- iii) with hospital visiting/aftercare, the helpers maintain contact with the hospital patient with the assurance of continued help when he returns home
- iv) with preventive home care local people are engaged through the project in maintaining the 'social health' of the elderly. The job here is to engender a continued sense of participation in the community, by maximising their residual independence. The helpers task is to get the elderly away from their homes, shopping, to the local clubs, and laying on the necessary transport so that the old person can visit his friends who are equally immobile.

#### Evaluation

6 It seems that a good start has been made, with an encouraging degree of support and

cooperation from health and social service authorities and voluntary organisations. Response from general practitioners appears to be poor; doctors seem to prefer to deal with such problems through health visitors. However, contacts through district nurses and health clinics are being explored.

Continuing investigation improved methods of liaison with professional workers especially general practitioners and health visitors, and their education into the potentials as well as the limitations of community care for the elderly, will go to show its value as a complement to the statutory services.

#### Future

7 The project is due to continue until March 1974. The steering panel hope that the project might eventually find joint finance from the area health authority and the social services department under the auspices of Age Concern.

E M C King (Mrs)  
Voluntary Service Information  
Officer

PN 173

April 1973

1. The first part of the report is a general description of the project and its objectives.

2. The second part of the report is a detailed description of the methodology used in the study.

3. The third part of the report is a detailed description of the results of the study.

4. The fourth part of the report is a detailed description of the conclusions of the study.

5. The fifth part of the report is a detailed description of the recommendations of the study.

6. The sixth part of the report is a detailed description of the limitations of the study.

7. The seventh part of the report is a detailed description of the future research needs.

8. The eighth part of the report is a detailed description of the acknowledgments.

9. The ninth part of the report is a detailed description of the references.

10. The tenth part of the report is a detailed description of the appendices.

11. The eleventh part of the report is a detailed description of the glossary.

12. The twelfth part of the report is a detailed description of the index.

13. The thirteenth part of the report is a detailed description of the bibliography.

14. The fourteenth part of the report is a detailed description of the list of figures.

15. The fifteenth part of the report is a detailed description of the list of tables.

16. The sixteenth part of the report is a detailed description of the list of abbreviations.

17. The seventeenth part of the report is a detailed description of the list of symbols.

18. The eighteenth part of the report is a detailed description of the list of acronyms.

## VOLUNTARY WORK CENTRE

### Origins

1 The Medical Officer of Health (MOH) for the London Borough of Waltham Forest initiated the idea of a Centre by calling a meeting of representatives from his clinics and welfare departments to meet representatives from the Waltham Forest Council of Churches so that they could discuss the areas of need where volunteers could help most effectively. Local churches of all denominations provided financial and practical help and later the borough gave financial assistance. In 1970 Development Committee gave a grant of £600 to develop the work already undertaken by the Council of Churches, (Dev Committee 70/18) and further grants of £700 both in 1972 and 1973 (Dev Committee 71/53) in order to develop voluntary services to local hospitals.

### Objectives

2 The initial intention was to develop the work already undertaken by the Council of Churches, eg school leaver conferences, housing trust, and at the request of the MOH, to develop a close liaison between churches and the health visitors and social workers in the borough, and later to develop the liaison between the Centre and the hospitals in the borough.

### Progress

The voluntary work centre has now been open since 4 March 1968. The number of referrals by social workers, health visitors, medical social workers, continues to increase and during 1972 we received 2181 new cases. The majority of these needed short term emergency help, which means the eventual release of the volunteer for another case. The Centre is still receiving referrals where long term continuing help is needed.

During 1972 the Centre began a recruitment campaign. As part of this the editor of the local newspaper gave free advertising space. It was intended to run a series of six weekly advertisements, but because of the response the Centre had to stop the advertisement after three weeks so that the staff could catch up with interviewing.

Volunteers now include several handicapped people. One of these is a young man who is paralysed from the waist down following a car accident. He now spends many hours each week driving his adapted car for the Centre and escorting the elderly, handicapped and children for appointments.

### Training scheme

During the past year a training scheme was organised for a group of twenty volunteers who are now attached to one of the four social service area teams. The training programme was planned between the social services training officer, the team leader, a senior social worker and the voluntary work organiser. The course lasted ten weeks. The group now meets once a month to share experiences, but they are welcome to call in to the area team any time to discuss their client with the social workers. It is hoped to hold similar training courses to provide small groups of volunteers to be attached to the remaining three area teams and eventually to have one training course a year to cover the borough from which volunteers will be channelled to the area team nearest their home.

Waltham Forest began its survey of the handicapped early in 1972. This is being organised in three stages and to have knocked on every door in the borough would have taken approximately three years, so the survey is being taken on one fifth of the population. Stage I involved 14,000 letters being sent out to households. From these replies it was obvious that between 2,500 and 3,000 needed a follow up visit. One hundred volunteers from the voluntary work centre undertook this interviewing which involved visiting homes and completing a questionnaire. Stage III is now drawing to a close and this again has involved volunteers in visiting 2,000 homes. Briefing sessions were organised jointly between the local authority and the voluntary work centre.

During the year the voluntary work organiser was coopted by the local council on to its community welfare committee, which is a policy making committee.

The further grant from the King's Fund enabled the Centre to take on an additional member of staff who has been developing the work begun in the local geriatric hospital (Langthorne). Miss Ann Marshall has been building up the contribution made by volunteers and working in cooperation with the League of Friends and the WRVS providing extra volunteers for them when needed. She organised a work camp in the summer of 1972 when a group of young people did some decorating work in the day room of the hospital and also worked with and entertained the patients.

An increasing number of requests are being received from staff at Langthorne to provide escorts for patients who have to attend clinics in local or London hospitals. Other volunteers are working on the wards taking round trolleys, helping with a personal laundry scheme and visiting patients who have no relatives or friends. Miss Marshall is working with the ten senior high schools in the borough and as part of their social service projects they are working in the hospital providing regular entertainment, playing chess, draughts and other games with the patients and generally helping on the wards. During the summer, the Centre minibus takes patients for regular outings and we are also trying to build up a scheme to interest families in "adopting" a patient and inviting them to their home for tea on a Sunday on a regular basis.

The voluntary work centre now has three full time members of staff, two full time volunteers and one part time volunteer. We continue to have a regular stream of students studying for the certificate of qualification in social work. The growth in the number of staff is providing a serious accommodation problem and the local authority increased its grant in 1972 to include the cost of extra office accommodation and the allied costs of heating and lighting.

Interest is still being shown from other areas and requests come in from local authorities and church groups for speakers to talk about the work.

#### Future

Future plans include development in all areas of work including an extension of the recruitment campaign and the use of posters and other literature.

#### Evaluation

There is little doubt that the voluntary work centre has achieved its original objectives and has made a notable contribution in encouraging a fruitful partnership between statutory and voluntary resources.

E M C King (Mrs)  
Voluntary Services Information  
Officer



## VOLUNTEERS IN THE CONTINUITY OF PATIENT CARE

### Origin

1. Members of hospital boards and committees and their administrative staff have demonstrated their acceptance of volunteers in hospitals by the appointment of organisers to co-ordinate their work. The use of volunteers has also increased in the community. The acceptance of the volunteer working with the patients is not so obviously acclaimed by the nurses working alongside them.

### Objectives

2. The Hospital Centre decided to run a series of meetings for nurses working with patients. The aim was to encourage them to speak frankly about their reasons for welcoming or not welcoming, volunteers in wards and departments and in the community. As another reason for not meeting it was suggested the nurses could discuss the possibility of the volunteer being the person who helped the patient in, through and out of hospital.

### Progress

3. A series of five meetings were held for hospital charge nurses together with district nurses and health visitors. Some pioneers of the organisation of volunteers in hospitals were with the nurses at all the meetings and some individual volunteers were invited by the nurses to attend occasionally. It took two meetings before the nurses were able to express their anxieties for the patients and for their own professional status. By the fourth meeting they were beginning to agree some of their fears may be groundless and to define the real role of the volunteer as something separate from any other staff role. At the fifth meeting, accepting the suggestion of an organiser of volunteers, we invited a spokesman for a hospital workers union to speak to the group. His talk renewed some of the fears, and it was clear that there are still many misconceptions and misunderstanding of the role and contribution of the volunteers. The following reports of the meetings are available:

THC reprint no.665	21 March 1972
" " " 683	5 May 1972
" " "	15 June 1972
" " "	27 July 1972
" " "	12 October 1972

### Evaluation

4. Nurses have many anxieties concerning the patients for whom they are responsible. They are conscious of being asked to do an impossible job and being accused of failing in the eyes of the administration and the general public. The proper use of volunteers has never been explained to their satisfaction. Are volunteers there to help the staff or to help the patient? If the health service is short of nurses and volunteers are not to make up staff shortages, then the nursing remains inadequate. Supposing volunteers could make up staff shortages, again the nurses are anxious. If they take three years to train, can

they be replaced by someone with no training and no check on health and fitness for the job, etc? These anxieties have been brought to light. A volunteer gave a very enlightening example of how she chose herself to see patients whom she had met in hospital once they were back in their own homes. The ward sister was unaware of this action until these meetings brought her and the volunteer in closer contact.

#### The future

5. No further meetings have been planned but there is much work to be done to smooth the path of the volunteer at the level of sharing patient care.

J B Craig  
Assistant Director

February 1973

DRUG DEPENDENCY AND PERSONAL PROBLEMS  
(Nottingham Council of Social Service)

Origins

1 In 1971 the chairman and members of the Nottingham Drugs Dependency Liaison Committee and the Personal Problems in the Community Committee, which had been meeting since 1968, agreed that the work had reached a stage where much more could be attained if additional manpower was available. In the past the staff of the Council of Social Service had endeavoured to incorporate the work with their other commitments but, inevitably, progress was limited and some areas of work were being neglected.

2 Accordingly application was made to the King's Fund for a grant to support a project worker who would service the two committees and in February 1972 Development Committee allocated £1,500 for one year in the first instance (Dev Minute 72/18). Mrs Felicity Harding was appointed project worker and commenced on March 1 1972 on a part-time basis. A steering committee was formed to guide the project, consisting of:

Dr I Lockett, County Medical Officer of Health, Chairman of the Drugs Dependency Liaison Committee  
Dr A Willems, Director of the Regional Addiction Unit, Consultant Psychiatrist  
Dr B Lake, Consultant Psychiatrist, Coppice Hospital and Lowdham Grange Borstal, Chairman of Personal Problems in the Community Committee  
Miss J L M Eyden, Senior Lecturer, Department of Applied Social Sciences, Nottingham University  
Mr D Cheeseman, General Secretary, Council of Social Service

Objectives

3 The workers' terms of reference had been clearly defined in the original grant application and these were confirmed on appointment:

- a) to provide the administrative support to the Drugs Dependency Liaison Committee and The Personal Problems in the Community Committee
- b) to deal with respondents to the Confidential Advice Service
- c) to support initiatives in education of public relations work
- d) to support the developments of projects
- e) to keep the necessary records for research purposes

Progress

4 The administration of the two committees has been taken over by the project worker allowing the general secretary of the Council of Social Service to resign as secretary for these committees.

5 The work of the Confidential Advice Service has been developed and expanded. In the past, many respondents to the advertisement were referred on to consultants and only limited social work help was able to be given. Since March 1972 there have been twenty four referrals to the Confidential Advice Service, all of which have been dealt with by the project worker.

They have all required intensive casework help and in only one instance was it necessary to refer to a consultant. Eleven of these cases were dealt with on a short-term basis and thirteen on a long-term basis. With the appointment of a worker, other professional people in the area brought forward enquiries about clients they were involved with. It became apparent that there was a need for consultation with a worker who specialised in the field of psycho-sexual problems. Many professional workers felt under great stress and uncertainty about how they could best help their clients with problems in this area. Many initially requested that the worker took over the case for them. It was felt that the project worker could offer consultation which would provide support and reassurance to workers with anxieties in this area and it became apparent that with this support and encouragement being offered, the need to refer the case on was dismissed. To date, there have been seventeen enquiries of this nature from a number of workers, eg probation officers, samaritans, priests.

6 There have been a number of developments in the field of education and public relations work. The Drugs Dependency Liaison Committee, whose members include representatives of the health and education departments of the City and County of Nottingham, have discussed education policy within our schools and the need for further help and information to be provided. The health and education departments' policy for the City and County areas has developed over the past year to the point where there are now many areas of similarity and lines of agreement. However, discussion on education policy will continue in view of the amalgamation of the two areas in 1974.

7 Bearing in mind the numerous requests for talks and information of drug abuse, it was agreed that the committee should make available a panel of speakers so that these requests could be dealt with effectively. To date the worker has dealt with eleven requests for talks and five requests for specific information about drug abuse. A number of teachers and students have also asked for discussion on drug abuse because of their own interest and concern, and the worker has seen nine individuals with such requests.

8 In consultation with the Adult Education Centre, the worker designed a course on the 'Problem of Drugs' which took place last autumn. The ten-session course was designed to help youth workers, teachers, magistrates, social workers and other professionally involved people to cope more effectively when confronted with the problem of drugs. This course was oversubscribed and was able to accept thirty-five people. In view of the obvious interest the course was followed by a series of discussion groups. This course is to be repeated in 1973 and discussions are at present taking place about the possibility of a course on the general problems of adolescence. A number of seminars have also been given by the worker to local social work training courses.

9 The Personal Problems in the Community Committee has also recognised that professional social workers and many general practitioners feel anxious when confronted with patients with a psycho-sexual problem. A day conference has been organised in April when there will be presentation of some of the areas of difficulty in the psycho-sexual field and an opportunity for discussion. This study day will accept a hundred participants.

10 A number of ex-addicts living in Brookhill Hall in Derbyshire, who had the support of the local probation department, approached the Drugs Dependency Liaison Committee, asking for advice, help and support. They were interested in extending and continuing their self-help group, and wished to discuss its feasibility, as they felt uncertain about how to develop their ideas in practical terms. Those interested individuals in the area were brought together for discussion and continued to develop ideas for such a self-help project. The scheme became operational with the completion of the following: the leasing of Brookhill Hall from the Trustees for a period of ten years; the acceptance of the project as a sub-group of the Nottingham Help the Homeless

Association and therefore affiliated to the National Cyrenians; the agreement of the Cyrenians to appoint volunteers to the project; the negotiations with the Department of Health and Social Security for a special board and lodging grant for those residents unable to work and the assessment of all potential residents by the director of the regional addiction unit. Planning permission has been confirmed and the Home Office have agreed to sponsor six beds. It is hoped that after the first year, the community will be self supporting. Application for grant aid has been made to three local authorities and to a number of trusts. To date the worker has obtained £1,500 in grants for the project.

11 A group in Nottingham has also become concerned about the lack of facilities for drug dependent people and began discussing ways in which appropriate help might be offered. The group was composed of a number of ex-addicts and interested professional people with a knowledge of addiction including some members of the Drugs Dependency Liaison Committee. This group has now reached the stage in its discussions where the type of scheme has been agreed and active steps are being taken to set it up. The group will register as a charity and representations have been made to acquire a large house in central Nottingham and an operating grant. The premises will be used primarily as an "open-house" or "day-centre" for addicts and ex-addicts with accommodation for volunteer workers. There will be a "no drugs on the premises" rule to ensure continuation of the work. The centre will hope to provide a relaxed environment where those addicts who want to give up drug taking can be amongst friends who show similar interests, apart from drugs, and yet still be free from the temptation to indulge. Instead of being tempted by group pressure to take drugs it is hoped that the addict or ex-addict could be sustained by group pressure at the centre "not to". The volunteer workers will be supported by the project group who will be able to offer professional expertise should this be required.

#### Evaluation

12 It is difficult to evaluate a project of this sort which is designed to take place over a three year period. The necessary records are being kept so that a complete evaluation can be made at the end of this time. However, it is possible to draw certain general conclusions. The worker has been able to undertake all the existing work which was previously handled by the Council of Social Service staff. The work of the Confidential Advice Service has developed and extended into a consultative service. Work areas of education and publicity which had previously been neglected has now been developed. The first project, Brookhill Hall, is now successfully off the ground and attention can be focussed on the setting up of the day centre. There are many other areas which could be explored, but that will be for the future.

Felicity Harding (Mrs)  
Project Worker

March 1973

1. The first part of the document is a header section containing the following information:
 

- Page 1 of 1
- Document ID: 123456789
- Date: 12/12/2023
- Author: John Doe
- Title: Project X - Final Report

2. The second part of the document is a table of contents:
 

1. Introduction	1
2. Methodology	2
3. Results	3
4. Discussion	4
5. Conclusion	5
6. References	6
7. Appendix	7

3. The third part of the document is the main body of the report, which is divided into several sections:
 

- 1. Introduction**: This section provides an overview of the project and its objectives.
- 2. Methodology**: This section describes the methods used to collect and analyze data.
- 3. Results**: This section presents the findings of the study.
- 4. Discussion**: This section discusses the implications of the results and compares them to previous research.
- 5. Conclusion**: This section summarizes the key findings and provides recommendations for future research.
- 6. References**: This section lists the sources used in the report.
- 7. Appendix**: This section contains additional information, such as raw data and supplementary figures.

4. The fourth part of the document is a list of references:
 

- Smith, J. (2020). The impact of climate change on global agriculture. *Journal of Environmental Science*, 12(3), 45-55.
- Johnson, A. (2019). The effects of urbanization on local ecosystems. *Urban Ecology*, 10(2), 123-135.
- Williams, B. (2018). The role of technology in modern education. *Education Technology*, 15(1), 78-90.
- Lee, C. (2017). The importance of mental health in the workplace. *Human Resources Management*, 22(4), 567-578.
- Kim, D. (2016). The influence of social media on consumer behavior. *Marketing Research*, 18(3), 234-245.

5. The fifth part of the document is an appendix containing raw data and supplementary figures.

## HOSPITAL - COMMUNITY CO-ORDINATOR OF VOLUNTEERS

### Origins

1. This project was prompted by the successful appointments of voluntary help organisers in two large psychiatric hospitals and by the need to illustrate whether a similar appointment would be equally effective if based in the community, working for both hospitals and local authority in a given area.

2. Development Committee was asked by the National Association for Mental Health (NAMH) to finance a project of this kind, and at its meeting in October 1966 (minute 423c) allocated £5,500 over two years for this project, and this was followed by a further grant of £1,650 in September 1968 (minute 69/44h), to enable the project to continue until 31 March 1970. After that date financial responsibility was taken over jointly by the London Borough of Croydon and the Croydon and Warlingham Park Hospital Management Committee. In September 1972, in view of the evident need for greatly expanded voluntary services connected with the new Social Services Department, the administration of the Croydon Voluntary Services was taken over by the Social Services Department with the Hospital authorities still sharing in the policy making and the cost.

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

Miss M Applebey (Chairman)  
Mr M C Hardie  
Mr J Heap

General Secretary, NAMH  
The Hospital Centre  
Senior Social Worker, Joint Mental  
Health Service, London Borough of  
Croydon

Mrs E M C King

(at that time) Field Worker, Local  
Associations Department, NAMH

Mr C H Langley

Group Secretary, Croydon and  
Warlingham Park HMC

Mrs E Morgan  
Dr S L Wright

Deputy Secretary, NAMH  
Medical Officer of Health, London  
Borough of Croydon

### Objectives

4. The objective of the original project was to encourage the contribution of voluntary help to the joint mental health service of the London Borough of Croydon. This involved Warlingham Park Hospital and Rees House, the Mental Health Centre of the Croydon Local Authority Mental Health Services. It was hoped that the scheme would achieve continuity of care, so that one could avoid the situation developing whereby a person was offered a good service of voluntary care as long as he remained in hospital, but was left without support as soon as he returned home, when perhaps he needed this support even more.

### Progress

5. Mr H P Muller was appointed in July 1967 as the co-ordinator and rapidly built up the voluntary services available both for hospital and community. By the end of 1971, the effort involved 75 voluntary associations, including churches, schools, health, welfare, women's societies, hobby groups, youth groups etc. with a total of about 700 volunteers on the hospital side and several thousand in the community. The emphasis is on encouraging existing schools, churches and voluntary societies and helping with the formation of new groups and organisations to participate in a variety of projects and programmes where voluntary helpers supplement the efforts of the statutory workers giving their activities in community care added strength and vitality and, in some cases, almost a new dimension.

The procedures aim to develop better communication between the public and the statutory services at all levels.

6. The following are examples of the kind of meaningful public participation which can be achieved with volunteer participation:

#### Warlingham Park Hospital

Projects include a daily rota of volunteers in two psycho-geriatric wards carrying out stimulating activities with deteriorated elderly ladies with the support of the psycho-geriatric team. Weekend teams of young volunteers are working in geriatric wards and running a social club with patients. A team of befrienders is assisting in the Rehabilitation Unit to help patients to adapt to life outside the security of the hospital. Volunteers are also regularly engaged in recreational and social activities with patients.

#### Social Services Department

##### i) The Elderly

A Pilot Survey to identify the needs of the elderly and how these needs can best be provided is being carried through by a professional survey team with the help of volunteers. Contingency plans have been made in case of intensive cold or fuel shortage for volunteers to assist with the distribution of fuel and heating equipment.

##### ii) The Handicapped

"Operation Discovery" was a large scale action involving 4,000 volunteers. The aim was to identify the handicapped in the Borough and volunteers distributed reply letters to every household in the Borough. They manned a twelve hour telephone service during one whole month with the support of specialised officers. They made the first visits to the handicapped and continue to do follow-up visits to check on the services provided. As a result, over 845 new cases were investigated and of these 700 were registered to receive help.

A pilot project in Adventure Training (camping) for mentally handicapped youth was carried out during 5 months last summer with the help of a team of professional staff, four long term volunteers and a number of occasional volunteers. Groups of mentally handicapped young people received two weeks' training in nature studies, rambles, boating and scouting as well as domestic skills.

##### iii) People at Risk

Fifty befrienders selected and supported by social workers are visiting at home on a long term basis people who are lonely, isolated or in need of friendly support. A number of those befriended are ex-psychiatric patients. Links between this central system of befriending and neighbourhood visiting and befriending schemes of churches and voluntary societies have been established to ensure that the best use is made of any voluntary efforts which help to meet a wide diversity of needs.

#### The Administrative Set-up

7. The Co-ordinator has his base in Croydon in one of the offices of the Local Authority. This Central Office has desks for the Deputy (special responsibility fieldwork), the Assistant (hospitals), the Assistant (day care) and the Assistant (residential care and liaison with schools). There are also offices at Warlingham Park Hospital for the use of the Assistant (hospitals) and at Waylands Training Centre (used by the Assistant (day care)). The Central Office acts as a Clearing House for information on groups and societies providing volunteers



and on requests and needs for volunteer help from the hospital and the Social Services Department. It does not aim to set up a new volunteer organisation but works through any existing agencies or groups. Its purposes are:

1. To formulate the voluntary help needs of hospitals and the Social Services Department and to translate them into viable and socially significant volunteer assignments.
2. To enlist the active participation of voluntary societies or groups (churches, schools, youth groups, etc)
3. To prepare, brief, orientate both the professional staff and the volunteers for whole-hearted and effective partnership in clearly defined areas of work.
4. To give the necessary supervision and support to the various ongoing projects and programmes.
5. To bring together representatives of voluntary societies with statutory workers trying to help in the same neighbourhood (or area) or involved in a common task of limited or large scale scope.

#### Evaluation

8. A report from NAMH in 1968 set out the following benefits from this project and these points are still valid to-day.

#### The future

9. The appointment is now firmly established and the work continues.

Hans Peter Mulier  
Co-ordinator

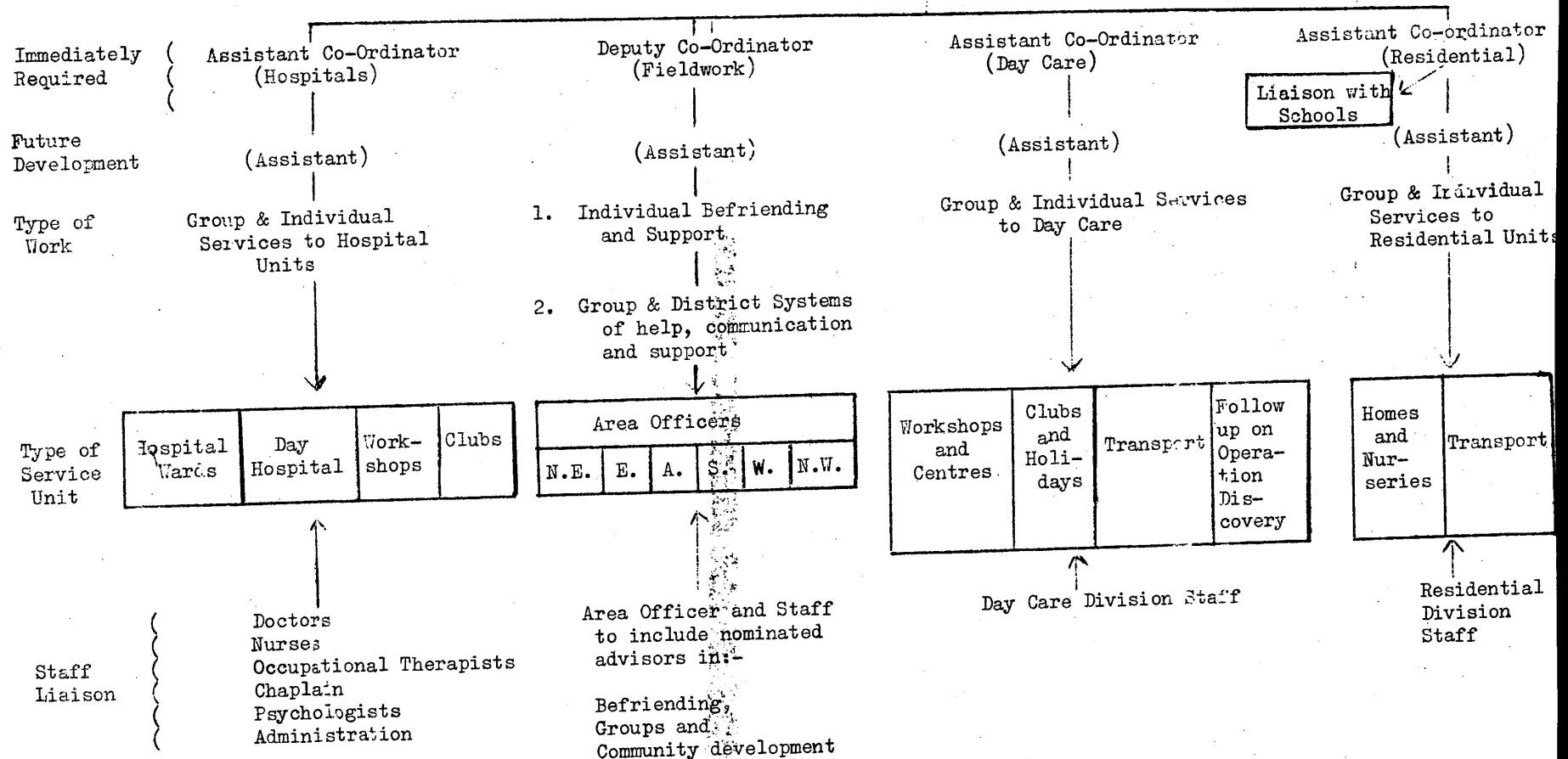
April 1972

PN 92

#### References:

Reprint No.313	Croydon Pioneers	Mental Health Winter 1968
No.401	Croydon Volunteer Project	British Hospital Journal 5.12.69

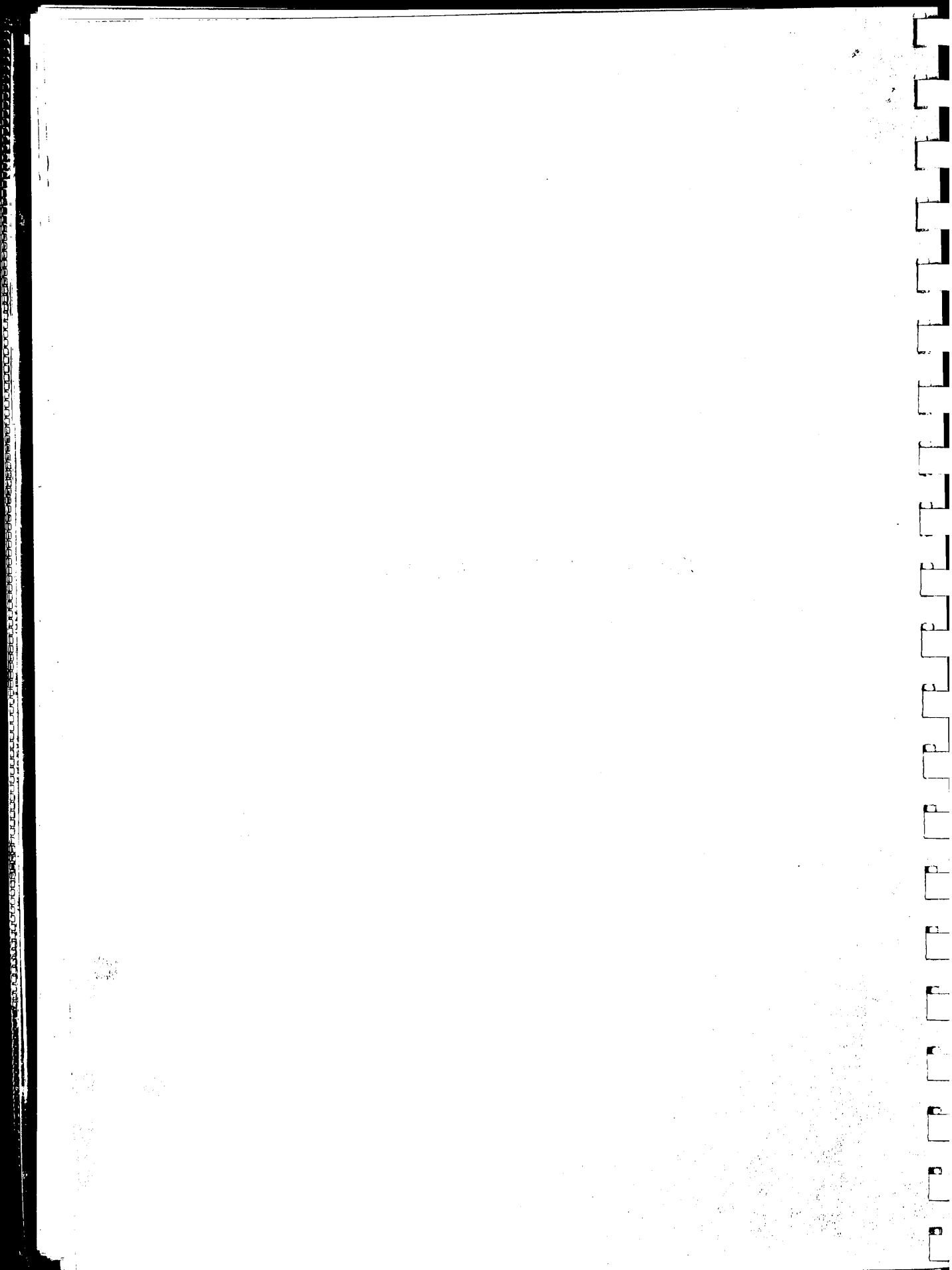
# CO-ORDINATOR OF VOLUNTARY SERVICES



## Note on Clerical Assistance:

- |   |   |
|---|---|
| (1) Existing in joint scheme.                       | One part-time secretary                 |
| (2) Established posts in Social Services Department | Two full-time posts                     |
| (3) Possible additional help on Hospital side       | Assistance from Social Work secretaries |

## CARE FOR THE ELDERLY



## CARE FOR THE ELDERLY

### Origins

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

### Objectives

2. In this field, the Centre's aims can be broadly defined as being:
- i) To identify problems in the planning and operation of services for the elderly in hospital and in the community.
  - ii) To provide a forum for multi-disciplinary discussion of these problems and for exchange of information and ideas about ways of preventing or overcoming these problems.
  - iii) To disseminate information about good ideas and practices in the care of the elderly.
  - iv) To promote investigations and research directed towards the improvement of services for the elderly.

### Progress

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

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

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

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

7. During 1971, some smaller meetings were held to follow up some of the problems and ideas raised during 1970, and these meetings continued into 1972. During 1970/72 one of the main problem areas was defined as being in the field of psychogeriatric care, and it was agreed to concentrate on this topic in the exhibition and conferences arranged for the latter part of 1972 and early 1973. Accounts of the smaller meetings are given elsewhere in the review. A collection of reports on five of the large meetings has been prepared under the title 'Care for the Elderly Mind' and 1,500 copies of this have been produced. Of these five meetings, one was organised in co-operation with the Geriatric Care Association; one with Luton and Dunstable HMC and the North West Metropolitan RHB (and held at Luton and Dunstable Hospital); and one with Kingston and Long Grove HMC (and held at Kingston Medical Centre).

8. An exhibition on the same theme was held at the Centre from August 1972 - January 1973, which was well attended by many people from the health and social services, voluntary organisations and schools. The exhibition included a slide/tape audiovisual programme, which has subsequently been sent out on loan to quite a number of places and has been included in the library of the Medical Recording Service Foundation.

9. To complement the conferences and exhibition, another publication 'The Elderly Mind' was published by the British Hospital Journal and Hospital International in conjunction with the Centre and the British Hospitals Export Council. This contained over 90 pages, with a foreword by Dr Bernard Mallett, Chairman of the North West Metropolitan RHB's working party on psychogeriatric care, and 24 articles by consultants in geriatric medicine and psychiatry, medical officers from the Department of Health and Social Security, nurses, social workers and others involved in the day-to-day care of the elderly in hospital and community. Some 3,000 copies were printed for distribution or sale at home and overseas, and about 400 copies were sold within two months of publication.

#### Evaluation and the future

10. From the conference questionnaires returned by participants, and from comments in the press and elsewhere, it seems that the conferences and exhibitions did help to identify problems and to stimulate people to improve their services, although it is proving hard to measure such improvements precisely. One consultant said that he thought the Centre's prolonged efforts in the 1970 conferences and exhibition were instrumental in formulating public opinion and persuading the Government to allocate so much extra money for geriatric care in 1971, but the staff of the Centre would not presume to make any such claim themselves! In fact, the Centre would like to have seen more extensive follow-up action. In this connection, the appointment by the Fund of individuals with specific responsibilities in selected fields (eg Mrs King for voluntary services; Mr Elliott for the mentally handicapped) is a precedent that might usefully be followed in the field of geriatric care. Such an appointment could help to make our efforts still more productive. Meanwhile, it is known that at least one local geriatric care association has been established as a result of the 1970 programme. This association includes representatives of the various professions caring for the elderly and organises educational and social functions.

## STAFF FROM GERIATRIC SERVICES

### Origins

1. These meetings arose out of a series of twelve conferences held between June and December 1970 at the King's Fund Centre on the care of the elderly. It was intended that they should have the effect of following up and supporting efforts in the North West Metropolitan Regional Hospital Board towards improving the effectiveness of the hospital residential and rehabilitative services for elderly people in the area.

### Objectives

2. To bring together nursing officers responsible for the care of elderly patients in the North West Metropolitan area to discuss problems connected with the care of the elderly and to promote the introduction of good ideas and practices. It was hoped that by giving them appropriate information they might subsequently return to their units and help in creating the kind of atmosphere in which desirable changes in working methods could occur.

3. To continue to work through the subjects covered by the 1970 conference in small discussion groups with the emphasis on the organisation of nursing care for elderly psychiatric patients.

### Progress

4. Three meetings have been held in 1972, and topics discussed ranged from the prevention of incontinence to the organisation of minimal care wards. A report of each meeting has been prepared and given wide circulation through the THC Newsletter and by other means. The following reprints of the relevant conference reports are available.

- No. 658 Boarding out schemes for emotionally disturbed elderly patients
- 729 Minimal Care Wards
- 749 Incontinence Prevention

5. There has also been a visit to Severalls Hospital where nursing officers were able to see in action the sophisticated system of care for elderly psychiatric patients which has been developed there. This visit was particularly relevant to the boarding out schemes and incontinence prevention meetings.

### Evaluation

6. Most of the units which have been represented at these meetings have been visited by the Regional Nursing Officer who feels that many of the good ideas and practices discussed at these meetings have been adapted to the local condition and found useful.

### The future

7. In response to interest shown at previous meetings, a visit has been arranged to the Disabled Living Foundation to see the work of the Foundation and to hear about the information service and facilities which are available for elderly disabled patients.

8. It is intended that the Chief Nursing Officer of the hospitals involved in these meetings should be invited to comment on the effect of this series and advise whether or not to continue them.

H G Edwards  
Nursing Officer

April 1973



## PSYCHO-GERIATRIC STUDY GROUPS

### Origins

1. During the autumn of 1972 an exhibition and a series of large conferences were held at the Centre on the care of the elderly mentally impaired patient both in hospital and the community. There also seemed a need for less structured situations where staff from hospitals and community could come together to discuss common problems and perhaps find solutions.

### Objectives

2.
  - i) The aim of the groups was to bring together hospital and community staff from a particular geographical area, so that there would be not only an exchange of ideas and information, but also so that the communication network might be improved, building links which would be a base for health care teams of the future.
  - ii) It was hoped that the group itself would generate its own action plans, which could be followed through with help from the relevant Regional Nursing Officer. These action plans could be concerned with practical issues, eg improving the quality of care on the ward, dealing with incontinence; or concerned with administrative action such as the instigation of unit meetings or improving communication with local authorities.

### Progress

3. In conjunction with the North East Metropolitan Region, seven meetings have so far been held. The hospital participants came from five psychiatric hospitals and two geriatric units, and include representatives from all grades of care staff, ie nurses, ancillary staff, occupational therapists, catering staff and voluntary help organisers. The community nursing staff have been district nurses and health visitors from three of the boroughs in which the hospitals are situated.
4.
  - a) After discussion with the South West Metropolitan Hospital Board, the Director of Nursing Services for Surrey, and staff from the Centre for Adult Education, University of Surrey, it was decided to offer a number of Study Days for hospital and community staff from this area. These meetings would be held at the University, and would also provide opportunities for links with courses for community nurses which are currently being held there.
  - b) One meeting has been held so far with staff from psychiatric, geriatric, and subnormality hospitals concerned with the care of the elderly, and with community nursing staff who are especially involved with this work. It has been helpful to have present at the meeting community liaison officers who are developing links from the community with hospitals. We are also fortunate in having the Nursing Research Liaison Officer and the Training Project Officer from the Region participating in the work.

### Evaluation

5. Two meetings have been set aside in the summer of 1973 when groups of workers from the North East Metropolitan Region are coming together to discuss areas where change has taken place and review current developments in their work situation. The Regional Nursing Officer has visited all the hospitals which have been involved and is able to talk with participants at field level. An officer from the Management Services Unit of the Board has also attended and has found this a useful method of communication with hospital care staff.

6. There has been greater understanding of each others roles and problems between hospital and community staff and already there has been an exchange of visits on an informal basis. It is hoped that after this series of meetings has been completed a report will be produced which will incorporate some evaluation of the meetings.

7. As only one meeting has so far taken place in the South West Metropolitan Region it is not possible to make any detailed comment on the series. There have, however, been many more nominations from participants than can be accommodated, so that it would seem that the meetings are seen to fulfill a need in the region.

### Future

8. There has been a wish expressed by staff from the North East Metropolitan Region to continue meeting and suggestions have been made for a venue within the region. These discussions, however, are at an exploratory stage and will not be finalised until a later date.

9. Five more meetings are planned with staff from the South West Metropolitan Region, and these will continue to be held at the University of Surrey.

Mrs Joan Rush  
Project Officer  
April 1973

## FIVE-DAY WARD FOR GERIATRIC PATIENTS

### Origins

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

### Objectives

2. The chief purposes of the project are:
- a) to see if elderly hospital patients can be successfully rehabilitated on a five-day basis, spending each weekend at home
  - b) to investigate the sharing of the care of these patients by hospital and family, and to find out whether this prejudices the patient's recovery, or whether it favourably affects their morale as adjustment to living at home is achieved in the course of treatment.
  - c) to find out whether the establishment of this type of five-day ward helps to recruit nurses back into hospital work.

### Progress

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

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

In addition, it has been decided that the study should include some assessment of the effect of the five-day ward on the community nursing services.

4. Preliminary findings indicate that elderly patients can be successfully rehabilitated on a five-day basis, and that the sharing of care between the hospital and home is helpful, as it maintains contact with the patient's family or friends, and reassures the patients regarding their future. The success of a ward of this type depends to a great extent on the selection of patients who are suitable, both from medical, and family aspects. This type of ward can be used not only for the rehabilitation of hospital patients, but also for patients admitted directly from their homes.

5. The final report will include information on eight of the nine points listed in the plan of the project, and on the effect of the ward on the Local Authority Nursing Staff. The ninth point (j in the original plan) concerned the possibility of establishing a similar five day ward for long-term patients. During the period between the planning of the study, in February, and the start in September, it had been decided that such a ward should be established at the Lennard Hospital.

#### Evaluation and the future

6. It is too early to evaluate the project. The study should be completed in May, and it is hoped that the report will be helpful to others who may contemplate the establishment of similar five-day geriatric rehabilitation wards.

Dr R Naylor  
Consultant Geriatrician  
March 1973

## CLOTHING FOR LONG-STAY PATIENTS

### Origins

1. For some years, the Centre has been concerned with the problems of clothing for long-stay and disabled patients, including the mentally handicapped. A number of conferences and discussions have been held at the Centre. Often in association with the Disabled Living Foundation, to investigate these problems and to disseminate information and ideas about improving the standard of such clothing and making it readily available to those who need it.
2. One result of these activities has been an approach from the Shirley Institute (The Cotton and Man-Made Fibres Research Association) for a grant to carry out an investigation into these problems. Development Committee made a grant of £2,750 in 1969 for this project (Minute 69/53) and further grants have been made of £3,500 in 1971 (Minute 71/15) and of £3,800 in 1972 (Minute 72/10).
3. The project has been guided by a steering committee at present consisting of:
  - Mr M.C. Hardie (Chairman)
  - Mrs W.M. Arnett-Rayson, Exhibition Officer, The Hospital Centre
  - Miss M. Fels, Textile Advisor, Dept of Health & Social Security
  - Miss M.E. Frazer, Hospital Nursing Officer, Dept of Health & Social Security
  - Dr K. Greenwood, Head of Textile Products Division, Shirley Institute
  - Lady Hamilton, Chairman, Disabled Living Foundation
  - Miss D. Norton, Scottish Home and Health Dept and Scottish Hospital Advisory Service
  - Dr T.N. Rudd, Dept of Geriatric Medicine, Southampton General Hospital

The National Association of Hospital supplies Officers nominated Mr R.W. Durrant as Liaison Officer between the Association and the Steering Committee.

Mrs Joan Lord, Senior Technical Officer at the Shirley Institute, has been the research officer working on the project since it started on 1 December 1969.

### Objectives

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

### Progress

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

- i) Visits and contact made with hospitals and geriatric departments
- ii) Experiences and trials in hospitals
- iii) Information submitted by individuals
- iv) Specifications of hospital clothing in various countries
- v) Developments and trials by the Shirley Institute

This review and supplements provide important background papers for further development, and are aimed primarily at specialists and research workers. On this basis, the distribution and sale of 150 sets of the papers has been a reasonable, but not spectacular, achievement.

6. Some work has been initiated on the development of new fabrics and garments, but at this stage the chief emphasis has been on collecting and disseminating information, and on trying to identify the main problems and needs.

7. An article "Clothing for long-stay patients" was prepared by Mrs Lord and published in the Nursing Times on 28.5.71. Reprints of the article were ordered by the Hospital Centre and given a wide circulation to all long-stay hospitals and to other health and social service authorities. The article reviewed the progress of the project so far, and also gave practical information and advice already available to hospital and local authorities on problems of clothing.

8. Mrs Lord has maintained close contact with the Disabled Living Foundation (DLF) throughout the project and has taken part in many conferences and clothing demonstrations in many different parts of the country.

9. The first edition of the catalogue of clothing was produced in 1972. It is hoped and intended that this will be bought and used by hospitals and health and social service authorities throughout the country.

10. Sales of the clothing catalogue have continued steadily throughout the year to all parts of the world, copies going to America, Australia, Denmark, France, Holland, Norway, Israel, Kuala Lumpur, Portugal. To regional hospital boards, hospital management committees, social services departments and voluntary organisations throughout the United Kingdom. Up to the end of March 1973, 340 copies had been sold.

11. A further 50 pages have been prepared for adding to this catalogue and these will be ready for distribution at the end of May, at a charge of £1.

12. A mail order catalogue for patients in the community and not necessarily in hospital has also been published, 15000 copies were printed and approximately 6000 had been distributed by the end of March.

#### Evaluation

13. Detailed evaluation of the project must wait until the catalogue of clothing has been widely distributed and used. In the meantime, it can be said that the project, and the associated work of the DLF, has had the following effect:

- i) there is much wider recognition, from DHSS to individual hospitals and wards, of the serious deficiencies in the arrangements for patients' clothing in long-stay hospitals and for clothing for the handicapped in the community,
- ii) an increasing number of authorities are taking steps to try to deal with these problems, particularly through the appointment of clothing managers or clothing co-ordinators,
- iii) through Mrs Lord's article and contacts with hospitals, and through her participation in the DLF clothing demonstrations, many more authorities and individuals are now aware of the useful garments that are already available,
- iv) by the same token, clothing manufacturers are much more aware of the problems and are beginning to take more active steps to overcome them, particularly by increased production of garments proved to be suitable for the handicapped.

#### The future

14. In the immediate future the aims of the project will be:
- i) to ensure widespread distribution of the clothing catalogue
  - ii) to update and expand the contents of the catalogue
  - iii) to continue with the specification and development of new fabrics and garments
  - iv) to publicise as widely as possible in the health and social services what can be done to provide better clothing for the handicapped.

It is hoped that increasing interest from manufacturers will emerge and that the importance of suitable clothing for the handicapped and long-stay patient will be fully recognised by government and industry. Some regional boards have instituted really good clothing schemes in their hospitals with the help obtained from the Clothing Catalogue.

Mrs J Lord is retiring at the end of March and Miss Elaine Clulow will be continuing with the project.

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## ART FOR THE ELDERLY

### Origins

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

### Objectives

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

### Progress

3. Art classes have been held both in geriatric units in general hospitals and in a private residential home for the elderly. An exhibition of some of the work of these students was held at the King's Fund Centre. It soon became clear that the urgent need was for an adequate supply of trained teachers to undertake art classes for elderly patients. By arrangement with the Inner London Education Committee, whose Art Inspectors have supported this project throughout, an experimental course was held at Goldsmiths' College. Entitled "Teaching Art to the 80-year-olds" this course consisted of a series of ten lectures and practical sessions and was attended by 12 students, three of whom have so far been placed in hospital posts. A second course, with 11 students on a longer and improved syllabus started in February 1973.

4. The tutor to the course is at present studying various methods of visual aid preparation with a view to producing a film, video-tape and a series of slides with taped commentary on the subject of art classes for the elderly hospital patient. These will be the property of the ILEA but will be available for the tutor's use as required.

### Evaluation

5. It is still too early to attempt any final evaluation of the project. However, it is encouraging that requests have been received from several hospitals interested in providing similar facilities for elderly patients. It is hoped that the students at present taking the course will be able to meet these needs.

A significant development has been the secondment by the ILEA of one art teacher from her own school in normal working hours to take a class in a geriatric unit in a NW London hospital. Enquiries are also being received from persons interested in undertaking this work and from hospitals interested in introducing such an activity for their elderly patients. The patients' appreciation of this opportunity is demonstrated by a resident of 81, an enthusiastic member of the art class in his home who wrote "I soon realised that in the past I had missed something that would have made my life more interesting .... it gives us something to do and breaks the monotony. Apart from anything else, the value of this in itself lies in having to concentrate for two or three days on the task in hand - a mental process not to be despised when one is getting old."

The future

6. It is hoped that by the end of 1973 there will be a pool of teachers specially trained by the tutor who will be available to work in geriatric units in hospitals in the London area. There is every possibility that future responsibility for the training and allocating of such teachers will ultimately be undertaken by the ILEA. Approaches will be made to the DHSS and the Department of Education and Science with a view to the extension of this idea throughout the country. It is hoped also to publicise the idea by the publication of articles, by public meetings and by discussion groups for art teachers in hospitals, ward nursing staff and art school staff to exchange views and consider problems.

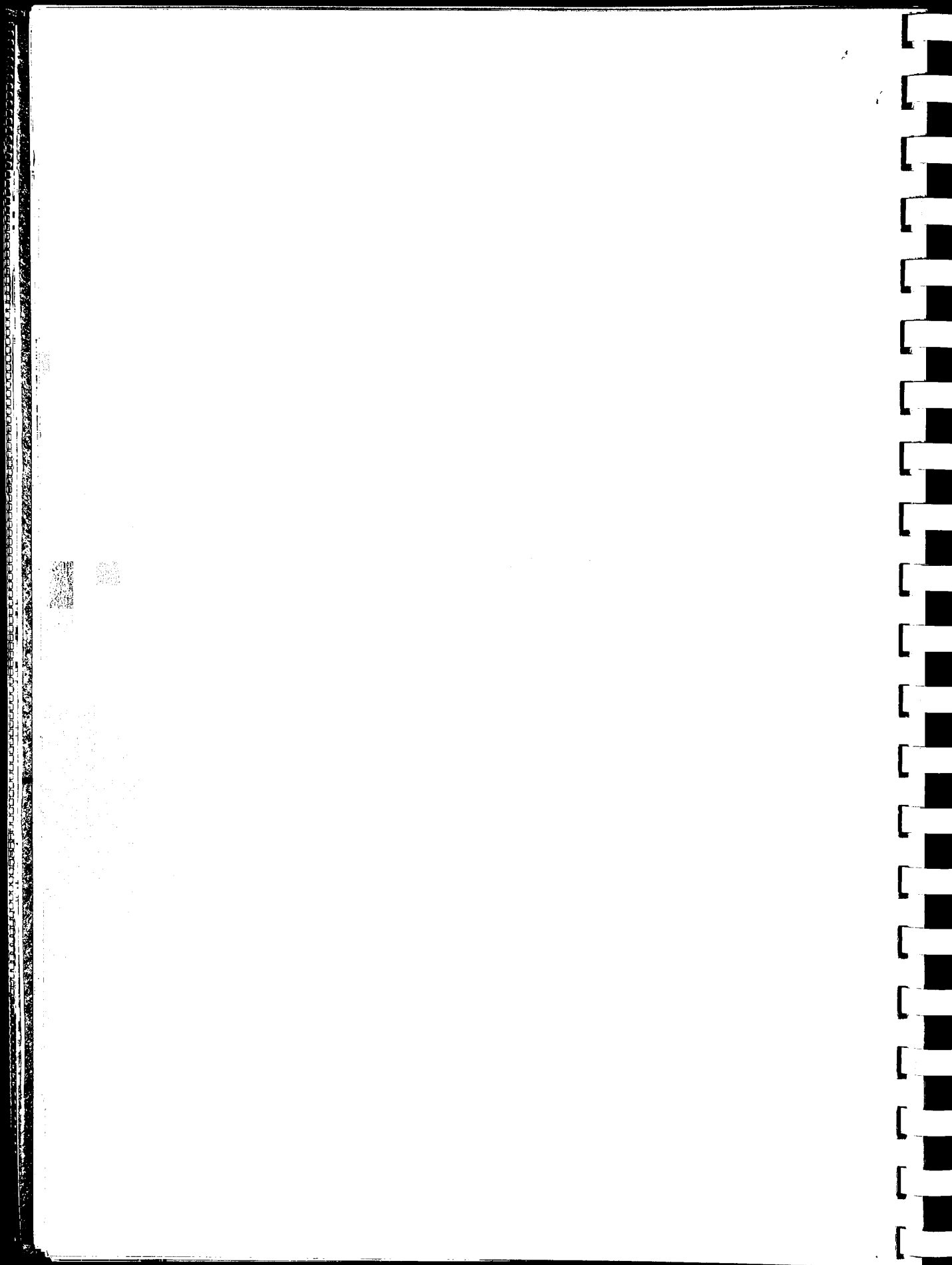
Publications

Poulden, Sylvia M Art in the geriatric ward. BHJSSR May 29, 1971 (THC Reprint no 577)

Art fights apathy in the elderly. BHJSSR March 4, 1972 page 491.

M D Hinks  
Research Officer  
April 1973

## INTEGRATION OF SERVICES



## HEALTH SERVICE PLANNING RESEARCH

### Origins

1 This project arose from the planning seminars held at the Centre in June 1968, in cooperation with the Architectural Association and (then) Ministry of Health. A follow-up meeting was held at the Centre in November 1968, at which representatives of those who attended in June met to discuss what future action could most usefully be taken to deal with some of the problems that emerged from the seminars.

2 As a result of that meeting it was suggested that a small working group or steering committee should meet periodically to review the situation and suggest lines of investigation or research that might be tackled by teams drawn from various parts of the country. At its meeting in January 1969, Development Committee allocated the sum of £500 for secretarial and incidental expenses that would be incurred in promoting and supporting this initiative. (Minute 69/10).

3 The proposal took more precise shape when invitations were sent to senior officers in the various professions and interest groups involved in hospital planning to accept membership of a steering committee (the present membership of this committee is shown at the end of this report). It was explained that a high level authoritative and representative committee should be well placed to identify R and D needs and to draw them to the attention of both researchers and research sponsors, including the Department of Health and Social Security (DHSS).

### Objectives

4 The steering committee met for the first time in September 1969 and by its fifth meeting in April 1970 had produced a draft list of topics that the committee felt should have priority for research. However, they had also concluded that further work was needed to ascertain the current state of information about those subjects so that priorities within the list could be assessed and distinctions drawn between long term and short term studies. This was a task that members of the committee had tried to do themselves, but it had become apparent that the work was something that could not easily be done in the spare time that members had at their disposal. For this reason the committee at its fifth meeting had proposed that, in order to make recommendations for action, a research worker with knowledge of health and hospital planning should be employed and that the project should be financed jointly by the King's Fund and the DHSS. At the end of his study it was envisaged that a definitive statement would be submitted to the DHSS by the steering committee. At its meeting in May 1970, Development Committee endorsed the objectives that the steering committee had identified in their case for a research worker, by allocating £2,500 to be matched by the DHSS, for the appointment of a research officer to the steering committee (Minutes 70/47 and 70/64).

5 Mr K A Barnard, deputy director of the Nuffield Centre for Health Services Studies, University of Leeds, took up the post of research officer on secondment in December 1970. In April 1971 he submitted his first report to the committee indicating that many of the areas of concern which the committee had identified prior to his taking up the post, were being attended to by DHSS and in other ways, and that it would make the best use of his time to concentrate on information problems relating to comprehensive health planning. The committee, bearing in mind that DHSS had indicated the need for some examination of this particular issue, approved this refinement of the research officer's role.

6 Mr Barnard reported to the steering committee in December 1971 indicating that his study of information problems in comprehensive health planning suggested forcibly first the need for a handbook of basic information which would be of continuing value to planning staffs and subject to periodic updating; and secondly the need for some human interface between the many sources of information and the planners who required this information in the formulation of policy proposals and the preparation of alternative strategies for consideration by the decision makers. He further reported that, while his tenure as research officer to the steering committee lapsed with the presentation of his report, Development Committee had made an allocation for him to continue his work in comprehensive health planning with particular reference to the development of information services for planners. (Ref. Planning Information Project, Wessex RHB, pp ).

#### Progress

7 In 1972 the steering committee went through a relatively quiet phase. However, it did have the opportunity of voicing its reactions to the management proposals for the reorganised NHS, both at the discussion draft stage and after publication of the Grey Book. Of equal importance was the endorsement of a proposal from the secretary to the committee, Mr Moss, that he should convene a multi-disciplinary working party to examine the education and training needs of health building planners. This would consciously focus on a more specific area of need than the education of comprehensive health planners who were seen as broadly analogous to the service planners referred to in the Grey Book. It was felt that this concentration on the building aspect was more appropriate for this committee. Examination of and experiment in the education of health planners per se remains still a relatively unexplored item on the health agenda. The Moss working party met several times during 1972 and progress reports were received from the secretary. The working party is continuing its activities and meanwhile the DHSS has been organising some pilot courses of induction training for members of RHB project teams.

8 During 1972 Mr Barnard became more involved in the general activities of the Centre in the area of comprehensive health planning (CHP) where he worked closely with Mr Brookes in the direction of the CHP seminars and more broadly with Mr Morton in the common ground between the particular information problems of planning and the wider problem of information services for the NHS at large.

9 The CHP seminars maintained momentum in 1972 assisted by the publication of the various proposals on management arrangements and collaboration with local authorities. The seminar had opportunities of meeting with members of DHSS and the consultants responsible for the preparation of those documents and took full opportunity of making their views known. Although it would be difficult to be in any way categorical, it is now possible to discern a movement in the climate of thinking on those aspects of reorganisation that bear on the planning function which is moving towards the ideas and thinking that have emerged from the CHP seminars.

10 A decision was taken by the CHP steering group and endorsed by seminar members, that an attempt should be made to crystallize the work of the seminars since their initiation in January 1971. A small editorial group with Mr Barnard as convenor was appointed, and members of this group prepared papers on the different aspects of the field as covered by the seminar over the first ten or so meetings. Their papers were presented at a seminar in July 1972 which provoked very valuable discussion among members. The editorial group took note of the comments that were made and revised their papers. The steering group undertook to secure the preparation of additional papers which were to record factually the experience of various CHP experiments carried out to date by present authorities, and to draw together the lessons and pointers to the future which emerged from the deliberations of the seminar. Two papers were subsequently

prepared by Mr Hardie, and after discussion, approved by the steering group. All the papers appeared in the journal *Community Medicine* in February/March 1973. They have now been re-printed in pamphlet form for sale by the King's Fund Centre, price 25p.

### Evaluation

11 While events have overtaken the work of the seminar group with the increasing pressures on DHSS to prepare organisational structures and guidance for the new authorities, much of the work of the seminars as recorded in these papers will be of continuing value in helping practitioners and others to understand the nature and the problems of CHP, both those that lend themselves to resolution once the services have been reorganised, and those for which considerably more research and experiment is needed.

### The future

12 The CHP steering group has been reviewing the future of the seminar within the context both of the achievements of the first two years and of current developments at DHSS. At the moment the seminar is entering a fallow period when it must largely wait on events as they become inevitably and increasingly determined by DHSS in discharging their responsibilities for reorganisation and the future functioning of the health service. It is clear, however, that if the seminar is to continue to function, it must be in a manner which is complementary to DHSS and conceivably it may be appropriate in time to assume or resume the role of being a sympathetic and constructive critic. However, it is in the role of providing a forum for issues which may not otherwise be satisfactorily aired, but which are nevertheless essential to the development of a comprehensive planning process, that the claims of the seminar continue to be most self-evident. In this context the steering group has considered arranging a session or sessions on public participation and the place of voluntary organisations.

13 For the Bowring Committee there has been no change in the view of its membership that it should continue to be a periodic meeting point for the disciplines involved in health planning and health building programmes, whereby an integrated view of the issues and problems in these fields can emerge, both to the advantage of the disciplines represented and to the DHSS observers who attend.

K Barnard  
(formerly) Research Officer

Members of steering committee at 1 January 1972

Mr W Bowring (Chairman)	Secretary, Leeds Regional Hospital Board
Mr K Barnard	(Formerly) Research Officer, King's Fund Centre
Mr B Brookes	Assistant Director, King's Fund Centre
Mr J Constable	Regional Engineer, Birmingham Regional Hospital Board
Mr B W East	Regional Architect, South West Metropolitan Regional Hospital Board
Mr C P Goodale	Assistant Secretary, Department of Health and Social Security
Miss F M Gundry	Regional Nursing Officer, Wessex Regional Hospital Board
Dr M S Hall	General Practitioner, East Grinstead
Mr M C Hardie	Director, King's Fund Centre
Mr J Leithead	Director, The Scottish Hospital Centre
Mr R O Moss (Secretary)	Director, Medical Architecture Research Unit, Polytechnic of North London
Mr A J Noakes	Senior Architect, Department of Health and Social Security
Mr M Pearson	Partner, C B Pearson and Sons
Dr K R Porter	Senior Administrative Medical Officer, South East Metropolitan Regional Hospital Board
Dr J A G Watson	County Medical Officer of Health, East Sussex County Council
Mr W G Wilson	Assistant Secretary, Department of Health and Social Security



## COMPREHENSIVE HEALTH PLANNING SEMINARS

### Origins

- 1 The seminars resulted from discussions between Mr. B. Brookes and the Long Range Planning Group, Department of Health and Social Security, about the lack of collective experience in comprehensive health planning in this country.
- 2 It was decided that an exploratory meeting should be held between representatives of areas in which comprehensive health planning (CHP) was taking place in an attempt to identify common practice and problems in the hope that this could provide the basis for the development of a planning methodology.
- 3 The first meeting was held in January 1970 and it was obvious that further meetings would have to be organised to discuss the problems that had been raised.
- 4 At that time the Centre was responsible for organising the seminars but it was felt important that guidance of the series should become the responsibility of the group as a whole and accordingly a steering group was formed, the membership of which is now as follows:

Mr. M.C. Hardie	(Chairman)
Mr. K. Barnard	Research Officer, Health Services Planning King's Fund Centre (see para. 8)
Mr. B. Brookes	(Secretary)
Dr. P. Draper	Department of Community Medicine Guy's Hospital Medical School
Mr. J. Dummer	Principal Assistant Secretary, Wessex RHB
Dr. D. Gooding	Principal Medical Officer Buckinghamshire County Council
Dr. J.T. Jones	Senior Medical Officer, Department of Health and Social Security
Mr. S. Thorne	Lecturer, Department of Social Medicine St. Thomas' Hospital Medical School
Mr. J. Stringer	Director, Institute for Operational Research

### Objectives

- 5 The steering group agreed the following five main objectives for the seminars:
  - a) to provide a forum for discussion between those engaged in CHP projects
  - b) to act as a focus for the collation and exchange of knowledge, experience and opinion gained in current CHP projects
  - c) to define and to discuss a concept of CHP and its application
  - d) to help towards the establishment of a structure and methodology for the planning of health and related services in the context of the 1974 reorganisation of the NHS and local government

- e) to identify gaps in the information required at the different levels of planning and to suggest subjects and priorities for research in this field.

6 It was originally decided that the seminars should be restricted in membership to facilitate the working of the group, and that, to provide a cross-section of experience the following project areas should be invited to participate:

Milton Keynes	Northampton
Basingstoke	Cumberland
Tower Hamlets	Teesside
Runcorn	West Riding
Brighton	Frimley
Thamesmead	North East Metropolitan RHB

#### Progress

7 Since the inception of the series, 14 seminars have been held, touching on many of the problems identified at the first meeting.

8 During 1971, Mr. K. Barnard, deputy director, Nuffield Centre for Health Service Studies, reported to the Health Service Planning Research Steering Committee, to which he was research officer, that he should concentrate upon the specific area of the information needed for planning. As a result of this an approach was made to Development Committee, in November 1971, to develop and test a handbook of basic information for health planning and to formalise his relationship with the CHP seminar group during 1972.

#### Evaluation

9 After one year a meeting of the group was held for the purpose of evaluating the first year's work, and seeing what the participants thought they were gaining from the seminar. It was agreed that the seminar had succeeded in meeting its first two objectives of providing a forum for discussion and had helped towards the collection and exchange of knowledge and experience. Even so it was clear that there was a lack of common ground between the fieldworkers and the academics in the group. This lack of consensus had been marked in the discussions that had concentrated on the objectives (c), (d) and (e) and progress towards these had thus been so slow as to lead to the withdrawal of a number of fieldworkers from the seminar, resulting in an imbalance in the group.

10 Even though the lack of common understanding extended to the central question of what comprehensive planning is all about there was no doubt in the minds of the seminar members that they should continue to meet. Indeed it was felt that the lack of agreement between the members was an issue that called for further exploration because this was likely to be shared by planning groups set up in the future, and it was also felt that the work of the seminar should be made more widely available.

11 In this context the members of the seminar called for a distillation of the work done to be prepared in the form of a report that would help others to see what progress had been made in developing the art and science of CHP as well as illuminating the equally significant lack of progress.

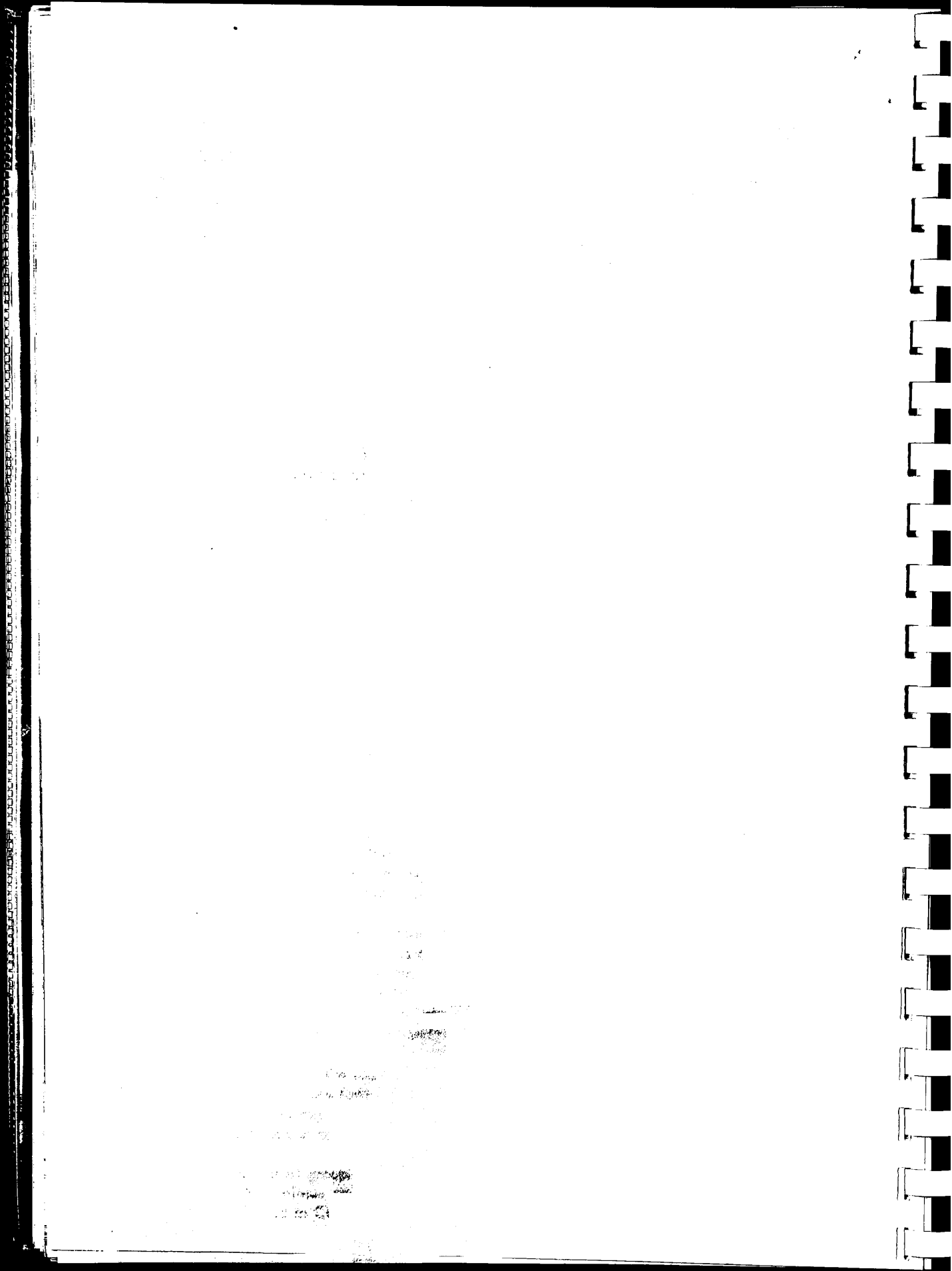
12 An editorial group was set up in February 1972 to decide how the ground covered by the first 10 seminars could usefully be surveyed in a set of review papers, which have now been published in Community Medicine and which are available as a King's Fund Centre reprint.

The future

13 Because one of the important aspects of the seminar was that it should make some contribution to the task of DHSS in providing guidance material on CHP for the new health authorities, the seminar has become largely dependent upon the Department's timetable for the reorganisation of the health service. No further meetings are planned, therefore, until such time as it becomes appropriate or possible to comment constructively on the planning systems envisaged in the reorganised NHS.

Brian Brookes  
Assistant Director

March 1973



## INTEGRATION OF HEALTH SERVICES

### Origins

1. This project originated in an application to the King's Fund from the South East Metropolitan Regional Hospital Board for support for a study to see how the proposed unification of the NHS may be made to work at area level. The project was approved by the Fund's Management Committee in December 1970 (Minute MAN 7692, and DEV 71/12) and a sum of £13,000 was allocated towards the cost of the project over a period of two years. It was to be related to the Brighton and East Sussex area and to be conducted under the direction of Dr P J McEwan, Director of the Social Research Centre at the University of Sussex.

### Objectives

2. The main purpose of the study was defined as being to bring together those now responsible for the local health, general practitioner and hospital services in the area in order to identify all the consequences of any possible unification. Initially, the emphasis was to be laid on:

- a) The administrative reorganisation necessary to effect unification and the development of a district organisation if that is thought to be necessary.
- b) The organisation necessary to ensure proper medical advice to any area health authority over the whole range of health services, the role of the Executive Committee and the application of the Salmon Report, together with the influence of the Community Physician.

### Progress

3. The project started officially in January 1971, with the appointment of Dr John Powles as Research Fellow, based at the University of Sussex, working under the direction of Dr McEwan and guided by a steering committee that now consists of the following members:

Dr K R Porter	Senior Administrative Medical Officer, South East
(Chairman)	Metropolitan RHB
Mr D Allen	Director of Social Services, East Sussex
Mr K Barnard	The Hospital Centre
Mr M C Hardie	The Hospital Centre
Mr H N Lamb	Secretary, South East Metropolitan RHB
Dr P J McEwan	University of Sussex
Dr J Powles	University of Sussex
Mr J Simmonds	University of Sussex
Dr J A G Watson	Medical Officer of Health, East Sussex

4. At an early meeting of the Steering Committee, it was agreed that nine advisory groups should be formed

- i) to consider the identification of current problems in providing services and needed improvements in the Brighton and East Sussex area
- ii) to give detailed consideration to the cause of past problems

- iii) to recommend solutions in the context of an integrated service
- iv) to recommend areas of further study

5. In October 1971 these nine 'first phase' advisory groups were convened to consider problems in the integration of services at 'fieldworker' level. The subjects covered by the groups were:

- 1 Preventive services and the promotion of health
- 2 Primary health care services
- 3 Centralised health care services
- 4 Birth control and maternity services
- 5 Child health services
- 6 Services for the elderly
- 7 Services for the mentally and physically handicapped
- 8 Psychiatric services
- 9 The consumer and the health service

6. This series of advisory groups reported in March 1972 and their reports were published by the Hospital Centre in May 1972 (88 pages: 50p). The reports served as basic documents for a second phase of advisory groups, which were convened in April 1972, to consider the administrative arrangements necessary to secure the effective co-ordination and management of services. There were six such groups.

- 1 The Area Health Authority
- 2 Organisation at district level
- 3 The professions and management
- 4 Consumers and the health service
- 5 The organisation of information services
- 6 The organisation of supporting services

7. An interim version of the information services report was forwarded to the Secretary of State's Management Study Group, at their request, in May, 1972. The final reports of these second phase groups were published by the Hospital Centre in November 1972 (61 pages: price 50p). Copies of the first phase and second phase reports were sent to every Regional Hospital Board in November 1972 with sufficient spare copies for every Joint Liaison Committee to receive a set. Subsequently several hundred more copies have been ordered by health service authorities up and down the country.

8. Subsequent to the preparation of these reports, the Department of Health and Social Security published the report of the Management Study (Management Arrangements for the Reorganised Health Service, HMSO). Whilst that report is clearly more authoritative and systematic, it is hoped that the advisory group reports may be useful on several counts. Firstly, they have been prepared by multi-disciplinary teams comprised of people working at and below the future area level. As such, they represent a kind of 'dry run' for the re-organisation process which is now beginning with the formation of Joint Liaison Committees and their various subsidiary work groups. Secondly, they have resulted from an attempt to apply the general re-organisation proposals to a particular area and have raised and commented critically upon many of the significant issues involved in re-organisation. Thirdly, they include subjects either not covered by the Management Study (for example 'Consumer and the Health Service') or treated only superficially in that study (for example 'The Organisation of Information Services'). It is principally for these reasons that the reports have been reproduced and made available to those currently involved or interested in the re-organisation of the NHS. Sets of these reports (50p per set, or £1 for the two sets) are obtainable from the King's Fund Centre.

9. At a later stage in the project a sociologist, Miss Adrienne Mead was appointed to prepare a report reviewing some of the problems involved in the future collaboration between the health services and the personal social services after NHS re-organisation in 1974. Her report was due for completion in April 1973, and the intention is to make it as widely available as the earlier advisory group reports.

#### Evaluation

10. It is perhaps still premature to make any final judgment on the success. Within the East Sussex area, the preparation and production of the advisory group reports has certainly provided a very valuable start to the whole process of re-organisation and integration. Those participating certainly feel that they have gained much from the exercise. In a wider context, the project has also justified itself by concentrating on objectives and content of services while the DHSS management study has concentrated on structure. The project has thus played a complementary role to the Department. Copies of the reports have been sent to Regional Hospital Branch and Joint Liaison Committees, and the large number of orders for additional copies indicates that the reports have proved helpful to other authorities in their preparations for 1974.

#### The future

11. The project has now been completed with its objectives largely achieved, with the ideas and methods evolved during the project becoming incorporated in the structure and procedures for the re-organised NHS.

M C Hardie  
Director

March 1973

[illegible]

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## CO-OPERATION BETWEEN HEALTH & SOCIAL SERVICE DEPARTMENTS

### Origins and objectives

1. Following an approach from the Society of Medical Officers of Health and the National Institute for Social Work Training, the Fund's Development Committee allocated £1000 in February 1972 (Minute 72/15) for the conduct of a survey to identify patterns and problems in co-operation between health and social services departments.

### Progress

2. In the summer of 1972, the Society of Medical Officers of Health, the Association of Directors of Social Services and the National Institute of Social Work Training arranged to circulate all Directors and Medical Officers of Health in England and Wales seeking out examples of collaboration between the Health and Social Services. The National Institute circulated 175 authorities; one hundred and thirty-four replies were received, 61 from MOsH, 58 from Directors and 13 were jointly compiled, plus the City of London and the ILEA. Although the response has been somewhat disappointing, it must be noted that this is not a statistical survey, but the objectives is to find specific examples of collaboration for others to note. Additionally of course all Directors outside London are deeply involved in local government reorganisation and all MOsH in the reorganisation of the NHS. The time for such a project as this could hardly have been more difficult. This problem is even more evident at the present stage when the two investigators are required to visit authorities to study their collaborative projects; all involved seem deeply committed otherwise, and a final report must inevitably be delayed.

3. A preliminary review of the replies has proven to be of great interest even in those cases where the respondents have not kept strictly to the terms of the project. For instance, some Directors have only considered the relationship with the hospital and general practitioner services and completely ignored the local authority health services. Others, on either "side of the fence" have gone into some detail about the lack of collaboration. Yet others are most enthusiastic about their relationships. One MOH, for example, only met his opposite number officially for the first time in July of this year, another pair however get on very well as they are both members of Rotary. It appears that more formal mechanisms of association are required in the larger authorities; repeatedly, in the smallest, it is stated that everybody knows everybody so well that special arrangements are not required. If there had been close co-operation before 1970, especially in combined departments, this seemed to continue.

4. Problems of confidentiality repeatedly arise, one solution seems to be the secondment of a medical officer part-or full-time to the Social Services Department. When he, or she, is accordingly considered "one of them" difficulties seem to diminish. A general complaint from the medical side is the withdrawal of the mental health social worker from his specialist duties, into the generic area team. Croydon seems to have got over this very well, as the new area team districts coincide with the earlier psychiatric hospital catchment areas. The Welsh write more, and more forcefully and have more complaints about relationships.

5. There are occasional glimpses of what, to an ex-MOH, may be called the lighter side. In one authority the Director is unhappy at health department representatives attending the social service committee, for, whenever different advice is given by the doctor and social worker, the committee always accepts that given by the doctor! One semantic note came from a County Borough where they have a Concise Oxford Dictionary, which defines collaboration as "co-operating treacherously with the enemy". One must admire the deputy medical officer who attends lectures on sociology at the local university in the Department of Philosophy. There is no doubt that those authorities that have universities in their area are at an advantage, not only in research, in the present and looking to the future, but in collaboration. Witness the Director who was invited to assist in the appointment of a professor of geriatrics.

6. Coming now to the real purpose of this study, the presentation of models of collaboration, it appears that the respondents can be divided into three groups -

a) Those who say they have nothing to contribute. These can again be divided into two, those who really do not collaborate to any extent, and those who do, but in those more mundane affairs where it should be supposed departments would naturally co-operate and recognising this, feel it is not worth reporting. (see Group b)

b) In this group is reported those matters wherein the two departments should be expected to collaborate. Here the permutations are many and varied. Liaison committees exist within the authority and/or between the two departments, dealing with policy, planning, geriatrics, mental health, battered babies, adoption, probation and a variety of groups at risk. The provision of services for each other such as medical advice and attention by doctors, nurses, chiropodists and other auxiliary personnel to members of the social service department, their clients and institutions. The first comprises action under Section 47 of the National Assistance Act, the issuing of bus passes, car badges, telephones and TV sets for the handicapped. The last includes homes, hostels, day centres, nurseries and adult training centres. Combined resources in issuing sickroom equipment and gadgets for the handicapped are quite frequently mentioned. Most importantly the MOH can help by enabling social services to use his long-established lines of communication with the hospital and general practitioner services. The impression remains that in this field, perhaps because the opportunities are greater, the health departments give a bigger service than they receive. The main exception to this is of course the provision of social work services to hospitals; here there is an enormous variety. Such provision, where it exists, for general practice, should perhaps be in Group c.

c) Finally, in this group are examples for others to copy. Here the great difficulty is the delay involved in enabling your investigators to visit the authorities concerned, and a more comprehensive report will eventually follow.

7. One would include here collaboration between the two local authority departments and outside bodies. Some of these committees are most comprehensive, one for instance involves the regional hospital board, district general hospital, medical advisory committee, executive council, local medical committee, the health and social services department. Some efforts to introduce the Director into the activities of hospital committees, cogwheel, local medical committees, post-graduate medical centres are worthy of further study.

8. There are a few combined research projects with general practitioners, university departments and the central departments. For example, in Hammersmith there is a computer study on exchange of information involving health, social services, the regional hospital board and the DHSS.

9. Original extended usages of health centres combining social service activities will be further studied. Combined efforts at child developmental clinics, youth advisory clinics, publicity efforts, and health education are worthy of note. In one area there is a joint departmental bulletin.

10. Some useful projects may unfortunately not survive 1974. Outside London the local authority ambulance service can help in contacting duty officers in the social services. Will this service still be available when there are two separate authorities? Collaboration is stated to be easier in those places where social service areas are coterminous with those of area nursing officers. Will this survive when the NHS district will no longer be related to the local authority district of the future? One useful measure will certainly cease, where the memberships of the health and social services committees are identical and each meets at the same place on the same evening.

#### Evaluation and the future

11. The project is as yet incomplete, so evaluation is not practicable. This brief and somewhat sketchy review may give some indication of what should eventually become an interesting and worthwhile project.

Dr W G Harding  
March 1973

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1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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## EVALUATION OF HEALTH CENTRES

### Origins

1 Following the distribution of the working paper 'Directory of British Health Centres in the summer of 1971, a number of organisations wrote to the Centre expressing concern that, with so many health centres open and being planned, little had apparently been done to evaluate them. Some unease was also expressed that recent developments in the organisation of general practice may not have necessarily led to an improvement in the quality of the delivery of care to the patient.

2 One of the organisations concerned, the Practice & Premises sub-committee of the General Medical Services Committee suggested to the Centre that a meeting should be called to discuss these problems.

3 The meeting was held on 8 February 1972 and was attended by representatives of:

Association of London Borough Medical Officers of Health  
Association of Scientific, Technical and Managerial Staffs  
Department of Health and Social Security  
General Medical Services Committee  
North East Metropolitan Regional Hospital Board  
Queen's Institute of District Nursing  
Royal College of General Practitioners

4 Although there was general agreement, at this meeting, that some form of appraisal should be carried out, there was little consensus as to the number, or priority, of topics that needed investigation. It was therefore suggested that the Centre might support a short-term enquiry into the need for evaluation by collating information and opinions about the questions, especially those related to organisation, planning and design, that should be asked about health centres.

5 At its meeting on 5 May 1972 Development Committee agreed to allocate up to £ 2000 to support this enquiry (Dev Minute 72/40).

### Objectives

6 The main objective of the product is to identify aspects of the workings of health centres that require further study and research. This involves a survey of research projects in the field which have already taken place or are in progress, and an examination of the problems encountered, the techniques and methods used, and the expertise available. In addition a survey of those involved in providing services in health centres will seek to collect information and opinion about the questions that need to be answered about health centres, with particular reference to the problems of organisation and planning. The information and opinions thus collected would be summarised and represented in a report, listing the topics proposed for further study in some order of priority and related to those studies already known to have been undertaken. This report would serve as a basis for further discussion, with the aim of arriving at positive recommendations about further studies that should be undertaken.

### Progress

7 The Centre asked Professor Michael Warren, Director of the Health Service Research Unit of the University of Kent at Canterbury to cooperate in the study, and a Research Fellow of the Unit, Mrs. Nancy Dennis was seconded to work on the project from 1 January 1973.

8 Before Mrs. Dennis formally took up her post a short questionnaire was designed and sent out to all UK local health authorities, chairmen of health centre committees, regional hospital boards, hospital management committees, executive councils, local medical committees, teaching hospitals and to relevant professional associations and university departments. This questionnaire asked for information about any studies already undertaken and views on further studies required. Over 600 replies have been received and comments are being analysed. An open letter asking for views was later published in the British Medical Journal, New Society, Health and Social Service Journal and Social Work Today.

9 Visits throughout the UK are being made to a wide variety of organisations to discuss views put forward, and to look in more detail at the projects already undertaken or in progress. In effect a research register is being compiled of these studies which will be included as an appendix to the report. As a result of these discussions, priority areas are emerging and attention is being paid to the feasibility of studies in these areas, in terms of the benefits that might be expected and the costs and time-span required, and the expertise and techniques available.

Brian Brookes  
Assistant Director

PN 202

March 1973

## STAFF FROM GENERAL PRACTICE TEAMS

### Origins

1. These meetings started as a result of discussions in 1968 with Dr Peter Draper of the Department of Community Medicine, Guys Hospital Medical School. At that time he was engaged in research on community medicine with particular reference to the development of schemes for the attachment of health visitors to general practitioners. A meeting was held with Dr Draper and a number of health visitors and nurses from the Department of Health and Social Security, and it was agreed that future multidisciplinary meetings could usefully be held to explore progress and problems in this field.

2. In November 1971 a small meeting was held to discuss future plans. It was attended by representatives from the Royal College of General Practitioners, Royal College of Nursing, the National Institute for Social Work Training, the National Association for Mental Health, the Department of Sociology Bedford College, and the social services section of the Department of Health and Social Security. As a result of this meeting it was decided to arrange a series of luncheon meetings for general practitioners, superintendents of nursing and health visitors, and area managers of social work. It was suggested that five people from each discipline should be invited making a group of fifteen and that a member from the Department of Sociology, Bedford College, should also attend as a participant observer. The group asked that the King's Fund Centre should convene the meeting.

### Objectives

3. The aim of the meetings was:
- a to discuss the priorities for the caring professions
  - b to exchange information and ideas about improving communications between members of the caring team and to provide better coordinated care for patients.

### Progress

4. Seven meetings have been held and a wide variety of topics discussed which included the following:
- a The importance of recognising and using other members of the caring team. eg home helps, community liaison officers, staff of citizens advice bureau and other agencies supplementary to the professional team.
  - b The gap which exists in the health service between school medical service and the family welfare clinics. Certain categories of patients seemed to slip through the caring network eg the middle-aged under stress, the bereaved and those who cannot because of their illness seek help for themselves.
  - c The overlapping of the role of social worker and health visitor.
  - d The problems which face all the caring team when people move to new towns.
  - e The importance of preventative medicine and effective health education at all stages.

Evaluation

5. In view of the fact that many of those workers attending the meeting sought to continue the series and to explore in more depth some of the many problems which were identified during this series, it can be assumed that they were useful.

The future

6. A second series of luncheon meetings is to be arranged for nurses, social workers and general practitioners to study the following aspects of patient care.

- a the development of skills in recognising early warning signs from patients and clients and their families
- b to find out how to work together for early diagnosis and defining the objectives of treatment
- c to discuss the development of health education
- d to understand better the problems that are created by the changes in society
- e to find ways of anticipating the health needs of the community in order to plan more effectively.

It is expected that other members of the caring team will be coopted to this group as and when appropriate during this series.

H G Edwards  
Nursing Officer

April 1973



## INFORMATION SERVICES



## A NATIONAL INFORMATION NETWORK FOR THE HEALTH SERVICES

### Origins

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

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

3. In November 1967, Wessex Regional Hospital Board appointed a Regional Librarian to plan and construct a regional library and information service. This marked the beginning of the first attempt to rationalise information services for multidisciplinary use on a significantly large spatial basis within the NHS. Now that the Wessex project has developed into an operational system, it can be used as a prototype for similar services in other regions. Such regional services, together with the libraries at DHSS, the King's Fund Centre and the Scottish Hospital Centre, could become the main components of an information network for the health services. One of the main contentions of several information specialists working in this field, and who would like to see such a network develop, is that some central organisation would have to perform a coordinating role at national level. It seems reasonable to suggest that DHSS would be the proper coordinating body.

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

### Objectives

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

- identifying, assisting and publicising any development within the health services which could lead to better library and information services;

- bringing together, formally and informally, people who are in a position to initiate and effect such development;
- encouraging the adoption of standard and compatible methods for classifying and processing literature and other media;
- encouraging DHSS to recognise the necessity for improved information services and to take a more active part in coordinating developments within the NHS.

#### Progress

6. The regional librarians' discussion group mentioned in last year's review has continued to grow; there are now about eighty people involved - mostly practising librarians from RHBs, HMCs, and postgraduate medical centres. The large size of the group and its growth potential have led members to feel that affiliation should be sought with a central body such as the Library Association or Aslib. This proposal was discussed but not resolved at a recent meeting. Many of the group are non-chartered librarians, and currently there is a significant growth within the health services of non-librarian information workers such as, for example, information pharmacists. It is the amorphous nature of the group which makes it difficult to foresee its ultimate affiliation.

#### Evaluation

7. There are encouraging signs that library provision and the organisation of information are subjects of increasing importance in various sectors of the health services, and the incidence of effort to improve these activities at local level is growing. There is little evidence, however, to suggest that much progress can be expected in the near future towards coordination at area, regional, or national level.

#### The future

8. The concept of a national network cannot be achieved without some authoritative coordinating influences; so members of the regional librarians group will continue with their efforts to influence decision makers at all levels to recognise the need for coordination. At the same time, the group will continue to bring together those people - librarians and other information workers - who are trying to initiate or improve services at the local level. Cooperating whenever possible with the Library Association, Aslib, the British Postgraduate Medical Federation, and any other involved organisations, the group will make available advice and training to library and information practitioners working in the field.

Keith Morton  
Assistant Director

April, 1973

## A NETWORK OF EUROPEAN HOSPITAL CENTRES

### Origins

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

2. For some years there have been informal and spasmodic exchanges of information and literature between several of the institutes' librarians and information specialists, notably those in London, Edinburgh, Stockholm, Dusseldorf, The Hague and Lisbon.

In September 1970, in Stockholm, representatives from all those institutes (except Edinburgh), and from other organisations in Oslo and Copenhagen, met to discuss the possibilities of forming an active information handling network which would link all European 'hospital centres'. During that meeting it was agreed that an attempt should be made to build such a network, that the use of common classification schemes and indexing languages should be encouraged, and that consideration should be given to the use by all centres of one, perhaps mechanised, central information storage location. It was realised that any agreement for cooperation would have to be based on the pooling of material and labour, rather than on shared financing in a direct monetary sense.

### Objectives

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

### Progress

4. The working party mentioned in last year's review met at Utrecht, as planned, in September 1972. On this occasion they were joined by the Chief Librarian DHSS (Miss B. Samman), the Wessex Regional Librarian (R.B. Tabor), the Librarian from the Scottish Hospital Centre (Miss A.J. Bunch), and the Managing Editor of Abstracts of Hospital Management Studies (Dr L.E. Weeks, University of Michigan, USA).

5. As well as reaching agreement that the centres in London, Stockholm, and Utrecht would each experimentally commence indexing a small number of periodicals to provide input to the Deutsches Krankenhausinstitut's Informationsdienst Krankenhauswesen, some important proposals were made for future cooperation between the European institutes and Dr Weeks's organisation. One significant result of those proposals is that representatives from Edinburgh, Dusseldorf, Utrecht and Stockholm have since been appointed to the Advisory Board of Abstracts of Hospital Management Studies. (Keith Morton has been a member for five years).

### Evaluation

6. As the several centres have become involved in supplying input to Informationsdienst Krankenhauswesen, some of the suspected inadequacies of the system's thesaurus have been confirmed; problems have been encountered also in applying multinationally indexing and structuring rules which originally were designed for use by the West Germans only. These are difficulties which will be overcome as the participants gain more experience of the work and as the indexing rules and the thesaurus are refined and consolidated.

7. The interchange of publications amongst the centres, the meetings which have taken place, and the increase of communication between information workers, have added to the understanding of the differences as well as the similarities of activities at the centres; this greater understanding has in turn strengthened the foundation of cooperation.

### The future

8. During 1973 the experimental input to the West German system will be evaluated, and by the end of the year it is hoped that a decision will be made to make this activity a permanent feature of the European cooperative effort. It is also hoped that more centres will be able to provide input from their own national literature.

9. The Advisory Board of Abstracts of Hospital Management Studies will meet at University of Michigan in August; it is intended that all the European representatives will attend and that the possibilities of cooperation between the US center and the European centres will be explored.

10. A meeting is planned for October 1973, at the King's Fund Centre, to which it will be attempted to attract a much wider geographical representation than so far has been achieved. It is hoped, for example, to include information specialists from some of the Eastern bloc countries.

Keith Morton  
Assistant Director

April, 1973.

## BLISS CLASSIFICATION

### Origins

1. An American, Henry Evelyn Bliss, compiled the Bibliographic Classification, which is usually referred to as the Bliss Classification or simply BC. It is a general classification, covering the whole of human knowledge, which is used primarily for the subject-organisation of literature collections. Although originally formulated in the United States of America, the majority of users of BC are in the British Commonwealth, mostly in academic and government departmental libraries.

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

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

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

### Objectives

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

Progress

6. The task of reclassifying the Centre's library was completed about two years ago. As well as DHSS and ourselves, other key libraries in our field which have adopted BC are those at the Scottish Hospital Centre and in the Wessex Regional Library and Information Service. Several RHB staff libraries and a growing number of hospital libraries are using the scheme. Since the Centre's printed version of the HO schedules was made available, over 150 copies have been supplied in response to requests from other organisations. These requests came from RHBs, HMCs, national and university libraries, schools of librarianship, the British Museum and other deposit libraries, and organisations such as the Library Association and Aslib. Overseas requests have come from North America (university departments, the American Hospital Association and the Canadian Hospital Association, the National Institutes of Health, Library of Congress), from several European countries (including East Germany), from Egypt and from Uruguay. It is known that several of these enquirers are using or are planning to use the schedules in their libraries.

Evaluation

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

The future

8. Classification is only one of many activities which would need to be standardised in a national information network for the health services. Cataloguing, bibliographic references, terminology, communications hardware, literature selection policies; these are a few more factors which would need to be studied as subjects for standardisation. Nevertheless, if good progress can be maintained in spreading the use of a common classification scheme, a strong foundation will be laid upon which these other cooperative activities can be constructed.

9. The whole of BC is in process of being revised and brought up-to-date through a project at the Polytechnic of North London School of Librarianship. This project, which has benefited from financial support by the King's Fund, should be completed in 1974, when a complete new edition of BC will be published. This will make Bliss the most up-to-date general classification available and, it is hoped, will reinforce the already high opinion of the scheme held by many users and classification experts.

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

Keith Morton  
Assistant Director  
April, 1973



WESSEX REGIONAL HOSPITAL BOARD -  
LIBRARY AND INFORMATION SERVICES

Origins

1. The King's Fund Centre first became involved in this activity in 1967, shortly after the Regional Hospital Board appointed Mr R B Tabor as Regional Librarian. This was the first appointment of its kind within the NHS. Other so-called regional librarians perform the comparatively limited function of providing library services to the officers of the RHBs which employ them; Tabor was appointed to survey all library facilities in the region and to make recommendations for their improvement. Subsequently he was also made responsible for the implementation of his recommendations.

2. The sequence of events which led to Wessex being the first board to initiate a regional library rationalisation programme are worth recording. This was not the first time that such a development had been theorised about. In 1965 Sheffield RHB had published a report (1) by a working party which had examined the question of the provision of medical library facilities in regional hospitals. That report was welcomed and considered to be of great importance by many people concerned with literature and information services for health care workers; even though it was not followed by significant action in Sheffield, it was one of the sources which was used as a springboard for action in Wessex. As is natural in a health services setting, the shortcomings in library provision in the Wessex region were first noticed in relation to the work of medical staff. At the time of Tabor's appointment, Wessex was the only region not to have a medical school within its boundaries. This situation changed, in 1971, when the University of Southampton Medical School came into being; but in 1967, medical education effort within the region was based on eight postgraduate medical centres. These centres had libraries which were staffed by medical secretary/librarians, and it was a proposal to upgrade these services which first focused attention on library provision. At about the same time the Librarian of the Royal College of Nursing, at the request of Wessex RHB, carried out a survey of nurse training school libraries in the region; her report described a very unsatisfactory level of provision. At this stage the RHB decided that library provision was a regional responsibility and decided to appoint a Regional Librarian.

3. Soon after his appointment, the Regional Librarian approached the King's Fund Centre seeking cooperation and advice. Since then Tabor, Morton, and Miss A J Bunch (Librarian, Scottish Hospital Centre) have worked closely together in developing the three services they represent into potential components of a national information network for the health services. (This hoped-for network is described in a separate review.)

Objectives

4. The objective of the Wessex Regional Library and Information Service is to provide an optimum library and information service, within the constraints of available resources, to all health services workers in the Wessex region. Originally the focus was on medical libraries but now it is fully accepted that the needs of all professions and trades must be catered for.

5. The objective of the cooperation between the King's Fund Centre and Wessex RHB is twofold:

- to assist the Regional Librarian to attain his regional objective;
- to encourage the Regional Librarian to build his services in such ways that they can be used as a model by other regions where similar developments are envisaged.

#### Progress

6. Steady progress has been maintained throughout 1972 in the development of libraries and services. With the recent appointment of an Area Librarian at Bournemouth, the pattern described in last year's review is virtually complete. The regional library, which is a joint function of Wessex RHB and the University of Southampton, will soon move into purpose-built quarters in the academic block of the new Southampton General Hospital; the area libraries at Bournemouth, Portsmouth and Southampton are operational, as are most of the service points in hospitals throughout the region.

7. The DHSS-financed research project which is examining and defining the information needs of hospital-based users is now at the half-way stage. This project has already produced a considerable amount of relevant and potentially useful information; details of these findings can be seen in the project's interim report (2).

#### Evaluation

8. Most of the libraries which form the regional network are now well-established and are providing services to the apparent satisfaction of many users, but there are signs that other potential users are not aware of the range of services available. This is partly a problem which can be solved by better publicity methods, but is also due to the fact that many health service workers have been under-provided with library and information facilities in the past and will need a great deal of instruction and encouragement before they are able properly to use these facilities.

#### The future

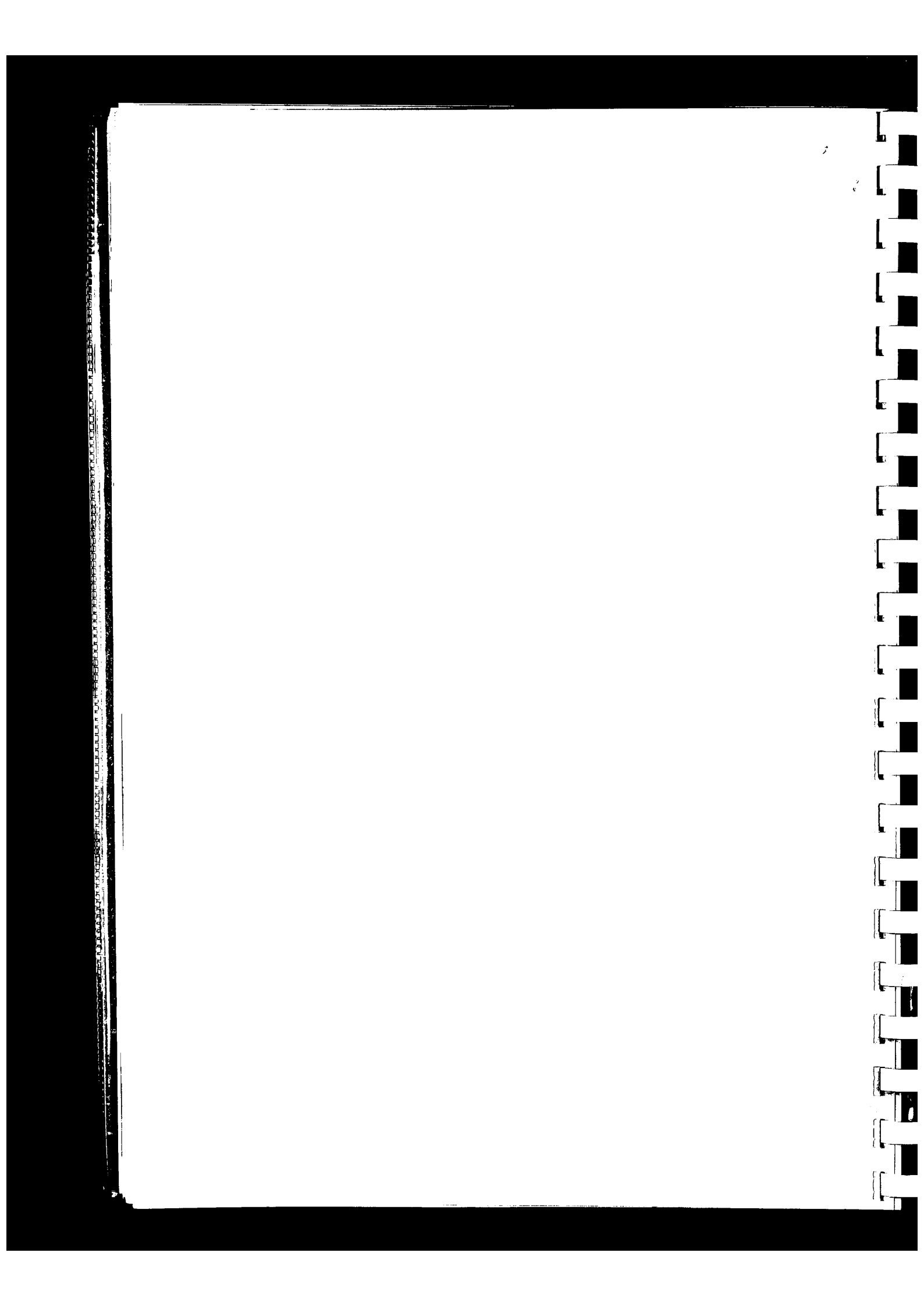
9. The first five years in the life of the Wessex Regional library and Information Service were spent in planning, setting-up conventional library services, coordinating regional effort in these activities, and in 'selling' the concept of a regional service to its potential user-body. During the second five-year period it is expected that the main effort will be concentrated on consolidating existing services, improving staff techniques of information handling, and moving into more sophisticated methods of exploiting resources. It is hoped that there will be further integration of non-book audio-visual material with book stock, and a gradual build-up of the technical equipment upon which the proper use of audio-visual media is dependent.

References

- (1) SHEFFIELD REGIONAL HOSPITAL BOARD. Working party on medical libraries: final report. Sheffield RHB, 1965.
- (2) DEPARTMENT OF HEALTH AND SOCIAL SECURITY and WESSEX REGIONAL LIBRARY AND INFORMATION SERVICE. Use of library and information services for NHS staff in Wessex: research project. Interim report. WRLIS, February 1973.

Keith Morton  
Assistant Director

April, 1973.



## PLANNING INFORMATION PROJECT - WESSEX RHB

### Origins

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

2 As background to this project, it should be noted that in November 1971 (Minute 71/46) Development Committee had favourably considered an application to enable Mr Barnard to continue as research officer at the Hospital Centre to develop his work in the area of information for planning. Mr Barnard, at that time, reported that there was a fundamental need to recognise in the context of health planning the wide range of sources and types of information which needed to be procured in order that the planning process could be successfully prosecuted. He also made a distinction between information of a general kind which, over the short run, would be stable and which would be useful to many or all of the assignments undertaken by health planners, and information which was specific to a particular assignment.

3 The general information could be of a statistical kind, eg relating to population forecasts, or it could be narrative, eg digests of official policies, or review summaries of the consensus of professional thinking, both within the health disciplines and in related fields outside the health service. This argued for the development of a basic handbook of information for planners which could have potential for national use. In such a handbook or 'desk top library' there would be sections of purely local concern relating to such matters as resources and workloads and known developments in the areas, and sections of national interest such as the review of professional thinking and the digest of official policies.

4 While it was possible to construct a prototype handbook on the basis of what 'ought' to be lodged in such a handbook, it was felt to be more useful to develop the handbook in the light of the practical experience of somebody who was charged with procuring information for the health planners both generally and in pursuit of their various specific assignments. Such a person would be both a close colleague of the planners and in touch with them in their day to day work, but would also be responsible for developing and maintaining a network of contacts in order to ensure a regular and controlled flow of information to the planners. In the course of fulfilling this responsibility, the individual concerned, by virtue of the closest contact with the planners, would be in a position to sift and evaluate the information against the requirements of the assignment and so ensure as relevant a flow as possible and with the minimum of redundant information. Such a person might be called an information broker.

### Objectives

5 Mr Barnard was concerned that these ideas - the handbook and the broker - for which there were precedents and analogies in fields outside the health service, should be tested in practice. There was a need to identify an environment in the present tripartite health service structure which ideally had adopted an approach to health planning which was both concerned with the development of strategies, as opposed to ad hoc developments in the context of new building programmes and which was as far as possible working across the artificial barriers of the existing

structure. Experience of the CHP seminars had shown that this approach was given the greatest stimulus at present in the new town situations, and while the new towns were offering very valuable experience of the problems and opportunities of cross-authority working, the lack of an administrative infra-structure in those circumstances, was thought to create additional and serious hazards for the launching of an information broker experiment. There was, for instance, a possible immunological problem of whether or not this new role would be accepted by existing bodies and disciplines, and therefore a solid and supportive 'home base' seemed essential. It was therefore necessary to find a functioning bureaucracy which also had the attitude to planning outlined above.

6 Fortunately, the Wessex RHB, through their Forward Planning Division, met the requirements in very large measure. The attractive features of Wessex were to be summarised as follows:

- i) it is the only region with a regional library and information service, which in addition has a research function with DHSS support and is currently studying user information needs
- ii) there is a medical information unit under Professor Alderson which is concerned with various aspects of operational data
- iii) there are close links with the South Hampshire Planning Technical Unit which has considerable experience in the acquisition and analysis of various kinds of information for regional strategic planning, much of which is highly relevant to comprehensive health planning
- iv) the Forward Planning Division has wide terms of reference and is orientated towards policy and service planning (as opposed to hospital building, which is the concern of another division of the board). Its assignments cover the study of and proposals for both geographical areas and specific services and have led to the development of working contacts both with the other sectors of the NHS and with outside bodies and agencies. The Division's mode of operation and its general approach to planning are very much in the spirit which it is hoped reorganisation will generate in the NHS at large. Of particular relevance to this proposal is the Division's identification of its information problems and the need to allocate staff to information gathering as a specific task and responsibility. This conclusion has been reached from detailed practical experience and coincides with Mr Barnard's appreciation from a more detached if not theoretical viewpoint.

#### Progress

7 The grant of £3,500 made by Development Committee in May 1972 was to be initially for 12 months on the understanding that, if the early practical experience so justified the expectations held for the post, a further submission would be made to the committee for funding a second 12 months. On 1 September 1972 Miss Maureen Valdez took up this appointment which had been set at the PAA grade. Miss Valdez graduated from the Nuffield Centre Postgraduate Diploma in Health Services Administration in June 1972. Prior to taking the course she had worked for some years as an information officer to a voluntary body which had involved ensuring a flow of information of various kinds between the centre and a large number of peripheral units and between these units. The nature of her work there was sufficiently similar to call for the exercise of the personal skills which it was believed were essential to the successful discharge of the broker's role. It was felt that her previous working experience had given her an understanding and awareness of the dimensions of the role she was now assuming in the board. It was further felt that these attributes were more important than the possession of technical knowledge in any

particular health related discipline or familiarity with any particular sector of health service organisation and administrative structure. She is undertaking a variety of tasks within the Forward Planning Division which, as far as possible, are being designed to familiarise her with planning practices and procedures and to develop as broad a range of professional contacts as possible, both within the organisation and outside, in order to build up a network of sources which is at the heart of the information broker concept. Early attention has also been given to ways in which a handbook could be developed.

8 It was felt that, in order to bring the lessons of this experiment to the attention of other authorities with as much impact and objectivity as possible, it was necessary to build into the experiment an assessment process to be conducted by a third party. ASLIB (Association of Special Libraries and Information Bureaux), who are already working closely with both the Hospital Centre and the Wessex Board on other information projects, expressed a willingness to undertake this task, the financial responsibility of which is being borne by the ASLIB budget. ASLIB are substantially financed by OSTI (Office of Scientific and Technical Information) who are an agency of DES and they have also acknowledged and endorsed ASLIB's participation in this exercise. ASLIB staff have been working in the board since Miss Valdez took up her post and have devised means of recording the activities of the Forward Planning Division and information broker in particular, which are designed to identify the information handling aspect of the work. This is seen as the essential first step in the development of an assessment technique appropriate to this experiment.

#### Evaluation

9 While it is really much too soon to apply the term evaluation to any observations that can be made, it would appear at this juncture, that the assessment of Miss Valdez's qualifications and suitability made at the time of her appointment have been borne by her initial experience and performance in her role. It is still not easy to talk in the language of 'hard data' about delicate matters such as developing helpful social relationships with immediate and more distant colleagues, but from the 'soft intelligence' of indirect feedback it is deduced that this much has been or is being achieved. As a result an increasing impact on the work of the Division is now expected with some confidence. The immunological problem referred to earlier has not emerged as a major factor. There were some early fears in this respect, but on reflection these were the consequence of exaggerated expectations of what formal introductions could achieve. A more important complication has been the inevitable climate of uncertainty as reorganisation approaches. This had probably been underestimated when the experiment was conceived in that it introduced a greater fluidity in the work pattern than was envisaged. However, this issue has now been resolved; a work programme for the Division for 1973 has been settled and the broker will in fact proceed very much as originally envisaged.

#### The future

10 Mr Barnard is maintaining his role in the supervision of this experiment from the Nuffield Centre, through regular and continuing contact both with the Wessex Regional Hospital Board and with ASLIB. He will be submitting a paper for publication in the spring of 1973 exploring the concept of the information broking role and the initial Wessex experience. The post is for one year in the first instance, but as Development Committee noted at the time of making the grant to the Wessex Board, if early expectations were fulfilled, then the Committee would expect to receive a second application to cover a further 12 months. At the end of the second 12 months, then, given that the post had justified the hopes held for it, it would be absorbed into the regional budget. Also by that time, with the assessment process well advanced, it is to be hoped that the advantages and challenges presented by the operations of an information broker, will be nearing the stage at which they can be sensibly assessed and the findings made available to other health authorities and indeed to the wider field of information handling. At

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the moment of writing there are no indications that could cast any shadow over the prevailing optimism.

K Barnard  
(Formerly) Research Officer

PN 203

February 1973



## MULTIDISCIPLINARY LIBRARY SERVICES IN HOSPITALS

### Origins

1. Library provision in hospitals generally is poor. Even where hospital libraries do exist they usually serve only one or two professional types of user, such as medical staff or nurses in training; usually they are understaffed and therefore under-organised and under-exploited as information sources. Apart from the regional network in Wessex (described in a separate review) there are few signs of coordinated effort to build up more adequate literature and information services. If the proposal for a national information network for the NHS (described in a separate review) ever gains acceptance, and if any other regions decide to develop services similar to those in Wessex, hospital libraries will be the main access points for many users. It is important, then, that these libraries should be improved, or come into being in hospitals where there are none, both in the interests of local staff and patients and to provide effective components in regional or national systems.

2. In spite of the unsatisfactory situation described above, there are signs of a growing awareness in hospitals that literature and information services are important. During the past few years, several hospital group HMC's have approached the King's Fund Centre seeking advice about improving their library services. Often these enquiries have arisen from the planning of a postgraduate medical centre, and the interest has usually been confined initially to the upgrading of the medical library. Sometimes an approach has been made by a nurse tutor who is dissatisfied with a nursing school's educational library. Only rarely has the enquiry been about a proposal to develop a multidisciplinary library within a multidisciplinary education centre.

3. With the knowledge that the new district general hospitals will all have general education centres with general libraries, and believing that this kind of library will be necessary in future information networks, the Centre's library staff, when consulted about such matters, make a standard practice of encouraging enquirers to broaden their interests from unidisciplinary to multidisciplinary services. When an enquiry is from medical staff, attempts are made to interest users in the concept of a general education centre rather than a postgraduate medical centre.

### Objectives

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

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

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

#### Progress

5. In addition to the six hospital groups mentioned in the 1972 review, six groups have approached the Centre recently for advice about upgrading library services. Several more chartered librarians have been appointed to hospital library posts, and in most of these cases local library authorities have cooperated in examining needs and in selecting staff.

6. During the past year there has been some conflict amongst physicians about the broadening of post-graduate medical centres into multidisciplinary education centres. This conflict, exemplified by letters published in the medical press, is by no means resolved, and some forceful arguments against such broadening have been advanced; mostly these arguments are based on strong feelings about the origins and financing of post-graduate centres and views that the educational needs of doctors and those of other health professional are incompatible. Nevertheless, in those places where Keith Morton has taken part in hospital group discussion with representatives of medical, nursing and other interests, he has found willingness and enthusiasm for the adoption of a multidisciplinary approach to education and library provision.

#### Evaluation

7. It is always difficult to evaluate information services quantitatively and, in any case, the upgrading of the libraries under discussion is at too early a stage of development for firm conclusions to be reached. In those hospital groups where chartered librarians have been established, and where services have been coordinated centrally to meet the needs of all kinds of user, it does appear that improvements in service are soon noticed and appreciated.

#### The future

8. Although there are encouraging signs that staff of more hospitals are seeking improvements in their local library and information services, it is still true to say that the majority of health care workers are on the whole poorly served. It is hoped that as the NHS reorganisation proceeds, and as the planned strengthening of management evolves, more administrators and educators will recognise the need for better literature processing and information handling, and that this recognition will lead to greater investment in libraries.

Keith Morton  
Assistant Director

April, 1973

## PERIPATETIC ADVISERS FOR POSTGRADUATE MEDICAL CENTRE LIBRARIANS

### Origins

1. In June 1972 the British Postgraduate Medical Federation (University of London) applied to the King's Fund for financial assistance towards the appointment of an itinerant professional librarian who would act in an advisory capacity to medical centre librarians throughout the four NHS metropolitan regions. There are more than eighty University-appointed Clinical Tutors in the four regions, some working in purpose-built medical centres, others in adapted hospital accommodation. These centres usually consist of a lecture theatre, seminar and common rooms, a library, a bar, and offices for the Clinical Tutor and the librarian. Most of the librarians are employed primarily as medical secretaries, and have received no formal training in librarianship; in many cases they are unable to offer much more than a clerical service in the library.
  2. The King's Fund Centre, through its senior library staff, have for several years been active in promoting the appointment of professional librarians in health service libraries, including those in medical centres. Recently there has been a marked increase in the number of chartered librarians moving into health services librarianship; this is a trend which has been welcomed by Centre staff and others concerned with information handling, because they believe that the future development of NHS libraries and information services should, wherever possible, be firmly based on professional staffing. Nevertheless, it is recognised that many medical centres are so constrained in terms of space, stock and finance, that they unlikely to be able to afford or attract full-time chartered librarians. In these circumstances every encouragement should be given to non-professional librarians to enable them to improve the efficiency of their service to users, so Centre staff were very interested in the Federation's proposal to appoint a professional adviser.
  3. The proposal was discussed at a meeting of the Directors and other staff of the Federation and the Centre, and general agreement was reached about the desirability of the work envisaged, although it was felt that the size of the task would require two advisers. Subsequently the Federation approached the Nuffield Provincial Hospitals Trust, from which body they received assurance that financial support would be provided for a second person if King's Fund would agree to finance the first. At a meeting of the King's Fund Development Committee, on 3 November 1972, it was agreed to allocate up to £5,000 for each of three years towards the cost of the project. The Federation had previously stated that after the initial three years, if the project proved successful, it was hoped that the two posts would be permanently established by the University of London. (Development Committee minute no. 72/73).
- ### Objectives
4. In a job description prepared by the British Postgraduate Medical Federation it was stated that the advisers' duties will be as follows:

- to conduct a comprehensive survey of existing medical centre libraries and resources in the area;
- to advise medical centre secretaries and librarians and to be available for consultation on bibliography, reference and organisation, particular attention being given to the needs of new regional research centres, such as the one at Canterbury and the proposed centre at Brighton;
- to foster coordination of library arrangements within the area, including non-book material such as tape-slide presentations and other audio-visual aids in consultation with the University of London's Audio-Visual centre and other A-V services such as those of the MBA, RCGP, and others;
- to encourage appropriate links between medical centre libraries, libraries of the University of London and its medical postgraduate institutes, regional universities (such as Brunel, Essex, Kent, Surrey, and Sussex), MEDLARS, and so on;
- To cooperate with the staff of the regional department in the planning of meetings for medical centre secretaries and librarians;
- to advise on the planning of new libraries.

#### Progress

5. The posts were advertised early in 1973, and a selected number of applicants was interviewed on 20 March; two advisers were appointed and they are expected to commence work during April/May 1973. These appointments are to the staff of the Central Office of the British Postgraduate Medical Federation, and the advisers will be working under the direction of a steering committee which will include the Regional Postgraduate Deans, other officers of the Federation, and Keith Morton (Assistant Director, King's Fund Centre).

6. It is anticipated that each adviser will be made responsible for about half of the total area of the four regions, but that they will work closely together in developing their ideas and activities.

#### Evaluation

7. No evaluation is possible at this stage.

#### The future

8. The Federation, in their application to the King's Fund, mentioned that they hope to develop this advisory service in ways that will integrate medical centre libraries in a broad scheme which will enable them to make better use than at present of the vast resources of literature and other information materials which exist in London and elsewhere. It is hoped not only to improve local organisation, but also to forge links among medical centres, and between centres and larger libraries, particularly those of the Postgraduate Institutes of the University of London and other universities within the four regions.

## INFORMATION SERVICE FOR THE DISABLED

### Origins

1. The Information Service for the Disabled (ISD) came into being at the end of 1964, as part of the Disabled Living Activities Group of the Central Council for the Disabled. The King's Fund supported the service until 1967, by which time, due to the fact that a large number of hospital authorities and local authorities had become subscribers, the service was financially self-supporting. When, in March 1970, the Disabled Living Foundation (DLF) was established, the ISD was transferred to it and is now housed, with the Foundation's exhibition, at 346 Kensington High Street, London W14. (KF Development Committee minute no. 237 of 15 May 1964 refers).

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

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

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

### Objectives

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

### Progress

5. During 1972, as was anticipated in last year's review, there has been continued growth in demand upon the ISD, and more cooperation with other organisations offering information services for disabled people. An important development upon which ISD had a direct bearing was the inauguration in Edinburgh, under the auspices of the Scottish Council of Social Service, of a Scottish Information Service for the Disabled. Although the two

services are not organisationally linked, they have similar objectives and many common features, including virtually identical information retrieval systems. The ISD provided advice during the planning stages of the Scottish service and also arranged for the duplication of much of the information held in London. They also assisted with the training of information staff from Edinburgh.

#### Evaluation

6. The Chronically Sick and Disabled Persons Act, 1970 has placed upon local authorities wide responsibilities concerning the care of the disabled. Many local authorities are experiencing difficulty in fully meeting the requirements of the Act, partly through financial constraints and partly because of lack of expertise and information. Organisations like the ISD are proving invaluable in their ability to provide much of the lacking information and are, therefore, an integral part of the national effort to improve standards of disabled living.

#### The future

7. The ISD is now firmly established, and many users have become reliant on its services. The immediate future presents two sets of problems which must be solved if the services are to keep abreast of current and projected changes. Firstly, to meet forthcoming alterations in the division of health care responsibilities between hospitals and local authority health services, and also to conform with scheduled changes in the administrative structure of the NHS, the ISD will need to re-examine its present subscriptions policy; for example, it will be necessary to decide whether in future subscriptions should be levied at local, area, or regional level. Secondly, as there is no indication of a decrease or even a levelling-out of the demands on the service, the time will soon be reached when either further expansion of staffing and subject coverage will be required, or a positive attempt will have to be made to delimit activities in some way so that comparatively limited resources will not be over-stretched.

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King's Fund grants towards this project:

|                                 |   |                |
|---------------------------------|---|----------------|
| 15 May 1964 (Dev. min. no. 237) | - | £2,500         |
| 2 Feb 1966 (Dev. min. no. 375)  | - | £6,500         |
| 28 Oct 1966 (Dev. min. no. 422) | - | £1,000         |
| Total                           | - | <u>£10,000</u> |

PN 54

Keith Morton  
Assistant Director  
April, 1973

## SCHOOLS OF NURSING DIRECTORY

### Origins

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

2. At a meeting on 28 May, 1970, Management Committee discussed Mr Constable's proposal which, broadly speaking, was a request for the King's Fund to support the preparation and publication of a directory giving details of all schools of nursing in the United Kingdom. At the request of Management Committee, a small committee was formed to report back to them with details of how the work would be conducted. Having received the report, Management Committee, on 23 July, 1970, duly approved the proposal and allocated £1,000 for the salary of a research assistant to collect and analyse information for the directory. (Management Committee minute 7902). Further grants have been made as follows:

May 1971 (Management Committee minute 8007) - £1,875

October 1972 (Management Committee minute 8148) - £1,000.

So far a total of £3,875 has been allocated to this project.

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

|                        |  |
|------------------------|--|
| Mr P H Constable       | Chairman   |
| Miss E Barnes          | Assistant Secretary, King's Fund                   |
| Mrs K M Bennett        | Nursing and Hospital Careers<br>Information Centre |
| Mr M W Cuming          | King's Fund College of Hospital<br>Management      |
| Mr K Morton (Convener) | Assistant Director, King's Fund<br>Hospital Centre |

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

### Objectives

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

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

#### Progress

7. Preparation of a second edition is now well advanced, and it is planned to publish in September 1973.

#### Evaluation

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

9. Despite this success it was soon discovered that the market for the directory had been considerably overestimated. Initial sales were extremely brisk and total sales are high by King's Fund standards, but, of the 10,000 copies produced, only about 2,000 have been sold. The Fund had been advised that between 7,000 and 8,000 copies would be bought by careers advisers in schools throughout the U K, but this market failed almost completely to materialise. Accordingly, the print order for the second edition will be very much reduced, but also it is hoped to improve publicity in non-health service areas.

#### The future.

10. Despite the sales problems mentioned above, it is safe to describe the directory as a successful venture. Having received such unequivocal backing from the Briggs Committee and support from users, it seems almost certain that future editions will be produced. The form and content might well change to suit changes in nurse education if and when the general recommendations of the Briggs Committee are acted upon. It is unlikely, though, that the King's Fund will be prepared to underwrite more than one more edition and perhaps not even one more. So it is hoped that other bodies will be prepared to take over responsibility for the directory in the near future.

#### Reference

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

Keith Morton  
Assistant Director

April, 1973



## BRITISH HEALTH CENTRES DIRECTORY 1973

### Origins

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

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

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

### Objectives

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

### Progress

5 At its meeting in February 1971 Development Committee approved a grant of £450 (Minute 71/16) towards the preparation and circulation of the first stage working paper.

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

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

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

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

9 At its meeting in November 1971 Development Committee agreed to allocate a sum of up to £1000 for the preparation of the second stage of the project as a revised and expanded edition taking account of the comments made by the recipients of the original working paper (Minute 71/54). In January 1972 the Fund's Editorial Panel agreed that this new edition would be formally published by the Fund under the title 'British Health Centres Directory 1973'.

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

#### Evaluation

11 Although the first stage working paper was, on the evidence provided by the questionnaire, successful, it is too early to forecast how the present edition will be received.

#### The future

12 The continuation of the project in future is still a matter for discussion. In theory the need for a directory of health centres should lessen after the reorganisation of the NHS in 1974 but should such an information service still be required it is hoped that another authority would be prepared to take over the project.

Brian Brookes  
Assistant Director

March 1973

### Origins

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

### Objectives

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

### Progress

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

#### i. Annual workshops for editors

The first workshop was held in 1967 with 40 members. In 1971 it was necessary to run two workshops for a total of 123 editors and editorial assistants; this was increased to three in 1972. The same number has been arranged for 1973. Programmes include practical exercises and are planned to meet the needs of the various types of publications and levels of editorial skill.

#### ii. National competition

The Fund's Development Committee has allocated a sum of money every other year for this contest which started in 1969. The number of hospital publications entered has steadily increased from 64 in the first year to 76 in 1970 and finally to 102 in the 1972 contest. There are separate classes for printed and duplicated magazines and news sheets, which are further sub-divided according to the frequency of publication. In each of the four classes one first prize and two commendations are awarded with certificates of merit for the hospitals and cheques for the editors. A silver rose bowl trophy is awarded to the hospital producing the most outstanding entry. The judging panel includes experienced industrial editors, journalists and senior hospital administrators. The contest is increasingly attracting more entries, largely on account of the very detailed and individual critiques of each publication that are presented by the judges.

#### iii. Exhibition

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

iv. Enquiries and information services

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

v. Research

A readership survey by means of postal questionnaires of 12 hospital house journals, taking a one in ten selection of staff and all "outside" readers was held last year. This involved 102 hospitals employing a total of 25,450 staff. Following this, requests have been received from editors of four more publications to carry out similar surveys, but in all these cases, questionnaires were provided for all staff employed. This involved a total of just over 3,000 staff in ten hospitals. All editors are supplied with full statistical results and a detailed analysis.

Individual editors and editorial committees have found the results of the surveys to be a useful guide to the needs and views of staff and a help in planning future developments.

Evaluation

4. In 1966 when the first survey was undertaken, the Centre knew of only 23 newsletters or magazines for hospital staff in this country. The number at the moment is 274. Enquiries of some sort connected with such publications are received by the Centre every week.

Judging by the number of enquiries received and the response to the competition and workshops, there seems to be an increasing awareness on the part of hospital authorities of the potential value of house journals as a means of improving staff communications. A few authorities have recognised the potential value of the house journal by including editorship in the job description of a particular member of staff or by allocating finance for a specific number of hours for editorial work. Editorial staff themselves, of whom by far the greatest number still undertake this additional duty as a "labour of love" have shown great keenness in their desire to improve their publications and a steady rise in the standard of the majority of publications over the years is evident.

The future

5. Plans for the future include a continuation and extension of the present activities - information, advice and training. In addition it is hoped to publicise the use of house journals by means of published articles, particularly the result of the national survey. Plans also include a possible handbook of guidance for editors. It is hoped that eventually responsibility for encouraging the introduction of house journals and the training of editorial staff will be carried out at regional level, to enable more editorial staff to participate, particularly those situated at considerable distances from London.

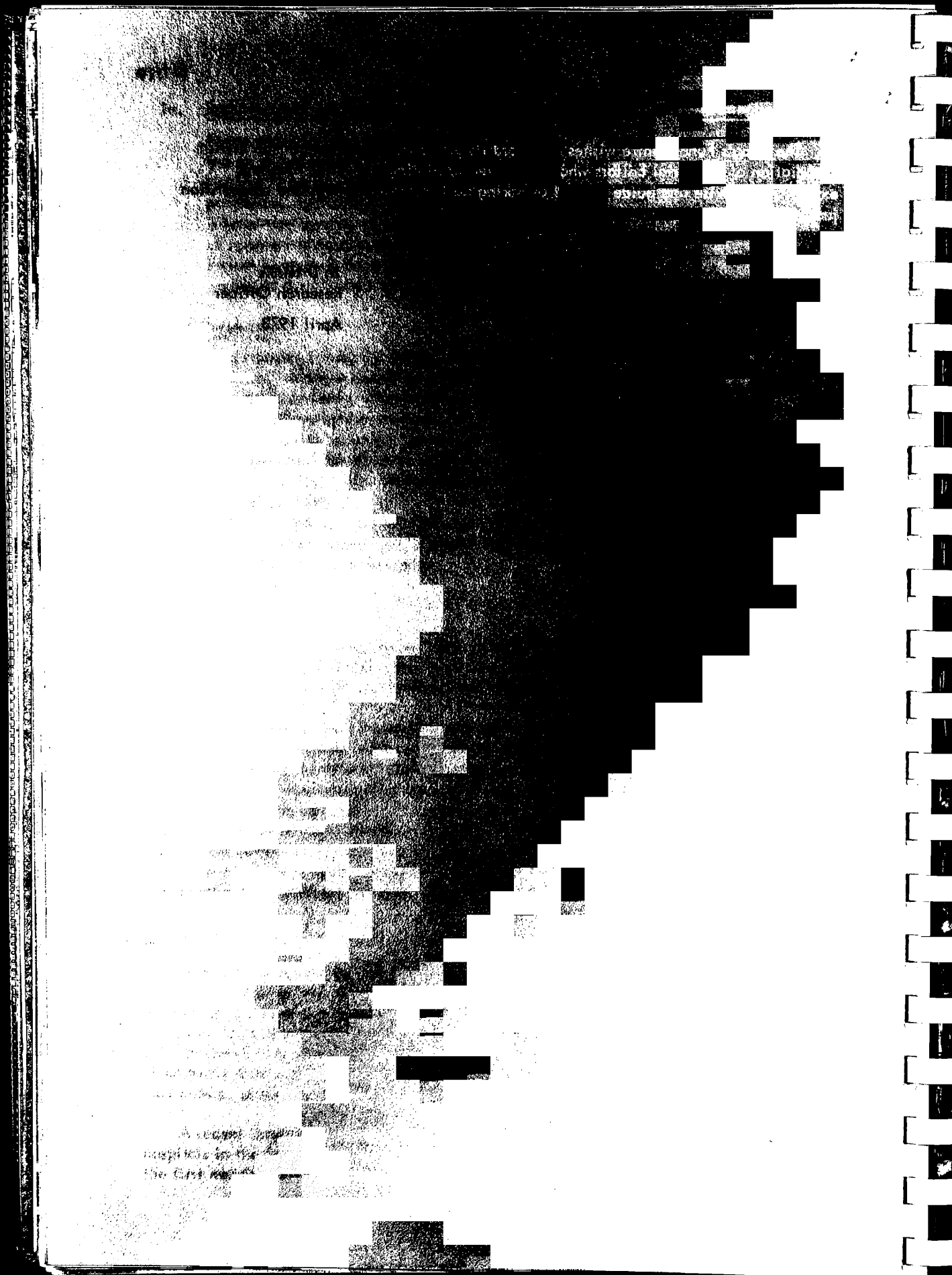
A recent interesting development is the decision of an editorial group from several hospitals in the South-West to arrange informal meetings among themselves: 14 attended the first meeting and others are planned.

Acknowledgement

6. The King's Fund Centre wishes to record its gratitude to members of the British Association of Industrial Editors who have given unstintingly of their time and expertise to advise and guide as well as taking part in the workshops and competition judging.

M D Hinks  
Research Officer

April 1973



## TEACHING AIDS PROJECT

### Origin

1 This project started with a visit of Mr St John, a director of Heinemann Training Services Ltd, to the King's Fund Staff College in December, 1967, where he met Mr Cuming and Mr Hardie. Mr St John's object in going to the Staff College was to explain his interest in the preparation of package training systems for which some research was required. Mr Hardie continued the contact through the Hospital Centre and suggested that there might be some area of study within the nurse training field. After much discussion with relevant nurses, it was decided to examine the training of pupil nurses in two or three hospitals as a preliminary to recommending where Heinemann's particular type of package system could best be used.

2 A paper was put to the Development Committee on 22 March 1968 (THC 68/62), asking for £1,500 to investigate the methods of training nurses for State enrolment, to be conducted by Heinemann Training Services Ltd. This was approved in December 1968 and the report of the research officer's findings was presented to the committee with a request for £8,712 to assist Heinemann Training Services Ltd in developing a training package suitable for pupil nurses to learn the art of lifting patients. After some delay while attempting to find other financial backing for this project, it was eventually supported by the King's Fund who invested in it £8,500 (Dev Committee, 10 October 1969, minute 69/49). The hope was that the package, once published, would sell sufficient copies for the Fund's contribution to be repaid. It was recommended by the committee that the package when finished should be suitable for training other staff, as well as the pupil nurse training for enrolment.

### Objectives

3 The objective of Heinemann Training Services Ltd was finally to develop a series of media to teach the art of lifting and carrying patients to anyone having to lift patients in hospital or in the community. The components to be developed and sold as one package were:

- i) a sound film
- ii) film cinettes
- iii) wall charts
- iv) slides
- v) programmed text for the learner, and
- vi) tutor's manual

### Progress

- 4 A steering committee was set up to:
- a) be general advisers collectively, or individually
  - b) approve methods of lifting
  - c) approve intermediate stages of the development of the package
  - d) approve the final production

The members of the committee were:

Mr M C Hardie (chairman)  
Mr J St John, managing director, Heinemann Training Services Ltd (secretary)  
Miss J B Craig (assistant secretary)  
Miss B Kettle, hospital nursing officer, Department of Health and Social Security  
Miss R Martin, ward sister, United Manchester Hospitals, representing the General Nursing Council for England and Wales  
Miss A Minchin, principal physiotherapist, King's College Hospital, representing the Chartered Society of Physiotherapy

5 Some preliminary studies were undertaken at Whittington Hospital with the permission of Mr T Clay, group nursing officer. Most of the filming and other photographic work was carried out at Barnet General Hospital, with Barnet Hospital nurses demonstrating, by the permission of Mr H Roberts, group secretary and Miss M E Kingdom, chief nursing officer. All the components of the package were completed by December 1971 and approved by the steering committee.

6 The package was launched in the spring of 1972 and followed initially by demonstrations at the Centre for regional hospital boards, teaching hospitals and the professional press. To encourage further sales and give a larger number of nurse tutors the opportunity of seeing the contents of the package, Heinemann Training Services and the Centre offered, through area nurse training committees, to demonstrate the package in centres throughout the United Kingdom. All nurse training areas with the exception of two or three still to be accommodated have now given nurse tutors the chance to see the package. Mr Hardie and Miss Craig attended their share of these meetings and found on the whole an appreciative audience wherever they went. The question of the cost of the package and the need to share it with other hospital staff who also have to lift patients were two recurring themes during the discussions which followed the demonstrations. To date, over 80 of the training packages have been sold at a price of £95 each.

#### Evaluation and the future

7 It is proposed that towards the end of 1973 those authorities that have purchased the package should be asked for their opinions about its usefulness and about any improvements or additions that should be made in future packages.

J B Craig  
Assistant Director  
January 1973



## NATIONAL INNOVATIONS CENTRE

### Origins

1. In July 1968, Dr Michael Young, Director of the Institute of Community Studies (and President of the Consumers' Association and Chairman of the Advisory Centre for Education) wrote to the Hospital Centre asking for support for a new organisation to be launched that autumn under the name National Suggestions Centre (NSC). Subsequently the Fund's Management Committee (Minute 7729, Oct. 1968) gave a grant of £1000 for each of two years for this project. In 1970 the Fund's Development Committee (Minute 70/43) allocated £5000 for each of three years towards the cost of establishing a Community Innovations Register (CIR) in conjunction with the National Suggestions Centre.

### Objectives

2. In his original application, Dr Young wrote that "it all arose from the thought that maybe a body is needed that is the reverse of the Consumers' Association and the Advisory Centre for Education, also launched from the Institute, i.e. that will not give information to users of services and consumers of products but receive it from them - not complaints (for which there are plenty of channels already) but constructive suggestions about ways in which service might be improved."

3. The following were considered to be amongst the prime functions of the NSC:

- i) to gather in suggestions and follow up those that seemed worthwhile
- ii) to pass on to organisations who might promote research or investigations promising ideas from the public for possible improvements
- iii) to produce a journal that would publicise good ideas and suggestions

### Progress

4. The NSC gained support from industry and government sources, as well as from voluntary organisations (the Department of Health, Gas Council, Electricity Council, Post Office, Lloyds Bank, Marks and Spencer, Unilever and the National Coal Board were amongst the Foundation subscribers) and the first issue of the NSC's journal WHAT? appeared in 1969. The first director of the NSC was Mr Richard Luce, who held that post until he was elected MP for Arundel in 1970. Dame Elizabeth Ackroyd then succeeded Mr Luce as director.

5. In the period between October 1968 - April 1971, about 10,000 suggestions were received, the chief categories being concerned with products and servicing, traffic management and road safety, housing, postal services, leisure and amenities, and crime prevention. Amongst the ideas that were successfully put into action were National Heritage (for improvement of museums), WAM (Working Association of Mothers) and decimal braille. A very noticeable feature of many suggestions was that they advocated ideas and practices that were already in use somewhere else.

6. Following the experience gained in 1968/70, the NSC decided to concentrate its efforts upon improving communications about innovations in the field of health and welfare which have already been put into practice by voluntary bodies and statutory authorities,

but which are not known about generally. The NSC therefore decided to change its name to National Innovations Centre (NIC), to run down the suggestions side of its work and to focus its resources on activities relevant to the CIR. This meant, amongst other things, ceasing publication of "What?" in the summer of 1971.

#### Evaluation

7. It proved impracticable to build up a comprehensive community innovations register since this would have entailed a network of sources which the resources available could not establish and maintain. It was decided therefore to be highly selective in the areas which the NIC researched and publicised. In particular the Centre has:

- a) published the results of a study (organised with the Institute of Community Studies and financed by the National Corporation for the Care of Old People) of the provision, in Hull, of telephones to elderly housebound people;
- b) investigated the contribution which welfare rights stalls can make to informing potential claimants about the statutory benefits available and published the results, as well as guide to setting up a stall;
- c) collected data about what benefits are available, which authorities dispense them and the relevant application forms, and published an informative leaflet.

#### The future

8. The Centre will in due course publish the results of two research projects in to possible gaps in social welfare where there is prima facie evidence of a need, but no comprehensive information:

- a) provision for disabled students at universities and polytechnics;
- b) creches at adult education centres (jointly with the National Institute of Adult Education).

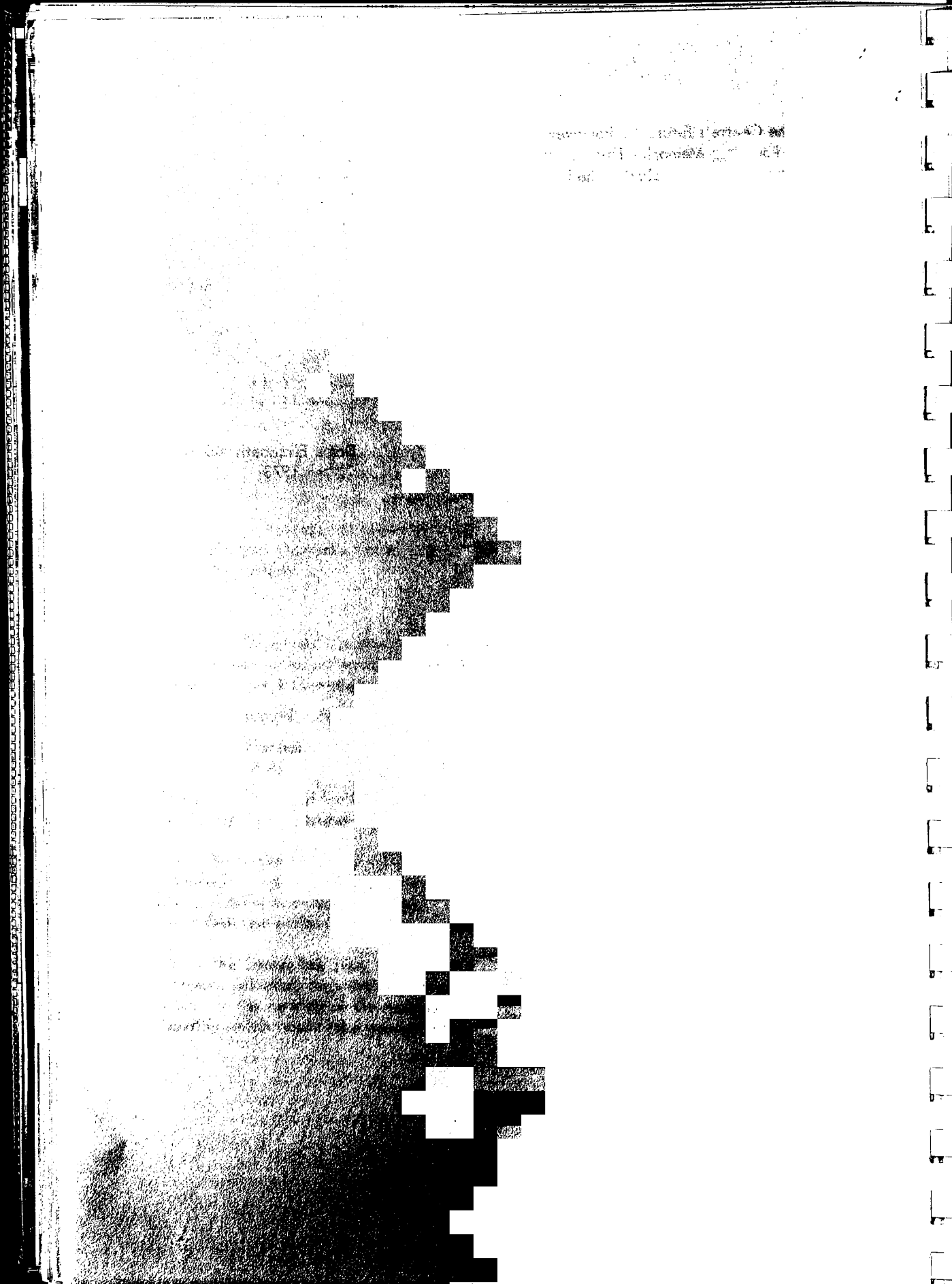
The running costs of the first of these projects are being met by a Wolfson trust; of the second by the Department of Education and Science.

9. Since the summer of 1972 the NIC has produced a weekly tabloid, controlled circulation, newspaper for social workers ("Social Worker"). It carried news of current developments in existing policies and schemes in social welfare, and also reports on new ideas and projects. Its editorial content has had a good reception from its readers.

10. The Centre has also, in a modest way, acted as a focal point for discussions between voluntary organisations on various topics, eg arrangements for public participation in the running of the reorganised National Health Service, and new ideas in housing which would take account of social factors.

11. The Centre's future is, however, decidedly shaky. Its grants from the King's Fund and the Rowntree Memorial Trust finish in the summer of 1973 and so far there is no replacement of them in sight. The two project grants (paragraph 3 above) do little more than cover the costs of carrying out the research; sales of publications just about balance the costs of producing them; and, while the revenue from advertising in "Social Worker" has been building up, it is not so far sufficient to cover its costs and in addition contribute to NIC's overheads. The NIC may therefore have to close down in the latter part of this summer, and transfer its accumulation of knowledge and experience to other organisations.

Dame Elizabeth Ackroyd  
March 1973



## EQUIPMENT ADVISORY SERVICE

### Origins

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

### Purpose

2. The original purpose of the appointment was to provide a focal point within the Fund for the collection and dissemination of information about equipment and supplies, engineering and technical services for health services and other organisations concerned with care of the sick and disabled. There have been changes of direction and emphasis in the work of the Equipment Advisory Service (EAS) since it was first established, particularly in light of the growing involvement of the Department of Health and Social Security (DHSS) over a very wide field of hospital and medical supplies and equipment. The aim of the EAS is not to duplicate or compete with the DHSS, but rather to provide such help as it can in subject areas that are not as yet adequately covered by other sources of information.

### Progress

3. The work of the EAS may best be described by relating it to the various activities shown in following paragraphs.

#### i) Enquiries

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

5. The growing awareness of the public to the existence of aids for nursing relatives at home has increased the number of private enquiries, particularly from those who regard local welfare services as charitable or otherwise embarrassing and are reluctant to take advantage of these resources, while others are unaware of the type of help available. Enquiries of this nature are received sympathetically and although information as to sources of supply is given it is generally accompanied by the recommendation to consult the patient's doctor as to the suitability of the product and the local welfare services regarding supply or installation. Other sources of information such as the Disabled Living Foundation, British Red Cross and other associations dealing with specific ailments or disabilities are quoted where appropriate.

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

7. Liaison is maintained with other information services including, DHSS Supply Division, and other technical divisions, the Disabled Living Foundation, B.M.A Dept of Audio-Visual Communication, Institute of Health Service Administrators, Central Public Health Laboratories, trade and technical publications serving the health services, and professional and trade organisations. The EAS also receives enquiries from the above organisations on a reciprocal basis.

8. A considerable number of enquiries from overseas are answered and help is often given to the British Hospitals Export Council with enquiries that they receive. The entry into the European Economic Community in January 1973 will doubtless increase the flow of information concerning products available here and those produced elsewhere in the Common Market.

#### ii) Collection of Information

9. This entails the collection, filing and indexing of trade literature and press cuttings on all types of equipment and materials, excepting drugs and pharmaceutical preparations, of potential use in health care situations, ranging from the large hospital to the domestic household. At present 6,300 companies are listed as manufacturers or suppliers, showing an increase of 700 within the last year. Approximately 2,500 of these companies are represented in the catalogue library. An index of trade names is maintained as a means of identifying particular products and during this last year nearly 2,000 entries have been made, giving a total of over 8,000.

#### iii) Information retrieval

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

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

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

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

12. The present collection of 2,700 terms has been built up to cover the extremely wide range of products and subjects on which information is held. Some rationalisation of terms is envisaged when a greater volume of information has been processed. So far, just over 10,000 products have been indexed.

13. Code numbers are used to identify companies in order to obviate the necessity of writing the full name and address of the company at each stage of recording, and also to safeguard the possibility of changes of

title or address. Each company has a separate card which carries their last known address and telephone number. Commercial mergers, rebuilding and direction of industry to other areas cause a great deal of change in addresses and titles of companies and quite a number lose their identity in larger amalgamations. Reference to a single point where current data is recorded saves the embarrassment of giving out of date information. Lists of companies supplying a particular type of equipment are also prepared and about 500 of these are available.

#### iv) Maintenance of information services

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

#### v) Sources of information

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

#### vi) Disposables index

16. One of the most popular subjects of enquiry is the availability of disposable products and for the past ten years an index has been produced every two years. The 1971 edition of 36 pages contains references to over 500 different classes of products, over 200 companies and some 360 trade names. Preparation of this involved production of the questionnaire circulated to the companies concerned and collating of their replies, which amounted to well over 10,000 bits of information. The index is sent free of charge to hospitals and health service authorities but commercial establishments are charged 20p to cover printing and postage. So far approximately 800 copies have been distributed mainly to health service authorities, including Department of Health Supply Division. Regional Supplies Officers and Area Supplies Officers and about 150 copies have been sold to commercial establishments. The 1973 edition of the index is now in course of preparation and it is estimated that the number of companies involved will be in the region of 300.

#### vii) Conferences and Exhibitions

17. Although there are relatively few conferences on technical or equipment subjects in which the Equipment Adviser can usefully take part, there is a responsibility for the provision of audio-visual aids for the meetings and conferences which take place at the Centre. Generally, day to day operation of the equipment is in the hands of other staff, but all technical matters, special arrangements, breakdowns etc, are referred to the Equipment Adviser, who is also called on in the absence of operating staff. The Equipment Adviser is also required at times to help in the preparation of exhibitions and demonstrations at the Centre. During recent years the Centre has mounted a number of exhibitions in which the focal point has been an automatic audio-visual programme which provides a pre-recorded talk accompanied by projected slides. The Equipment Adviser has undertaken the technical production of the programmes including the tape recording and synchronisation of the equipment for repetitive performances.

## viii) Outside activities

18. Membership of various committees involves days away from the Centre and probably an equal amount of time at the Centre for work on documents in preparations for meetings. The present main commitments are listed below.

|          |                               |   |                  |
|----------|-------------------------------|---|------------------|
| Chairman | - British Standards Committee | - Hospital Castors  | - now published  |
| Chairman | - British Standards Committee | - Bedside Lockers   | - part published |
| Convenor | - British Standards Committee | - Incinerators  |                  |
| Member   | - British Standards Committee | - Tubular Equipment   |                  |
| Member   | - British Standards Committee | - Sanitary Equipment  |                  |
| Member   | - British Standards Committee | - Modular Society Forum 5                                   |                  |
| Member   | - British Standards Committee | - Panel 481 - Equipment Services & Drainage (International) |                  |
| Member   | - D O H S S                   | - Steering Committee - Trolleys                             |                  |
| Member   | - Disabled Living Foundation  |   |                  |
|          | Steering Committee            | - Hoists  |                  |

Attendance at conferences and exhibitions: visits to hospitals and manufacturers premises and other establishments necessary to maintain topical interest in subjects related to the supply of equipment and materials for health care.

Evaluation

19. It is rather difficult to evaluate the work of the EAS other than in the terms of the demands made upon the knowledge and experience of the Equipment Adviser, both inside and outside the Centre. In that sense, the appointment can fairly be claimed to be meeting a need and providing a service that appears to be useful to many people. The systematic recording of information over an extremely wide range of subjects and products calls for consistent application to routine duties, the value of which is reflected in the service provided to enquirers. With this foundation, the EAS is building a reputation not only as a source from which information can be obtained, but also to where it should be directed.

The Future

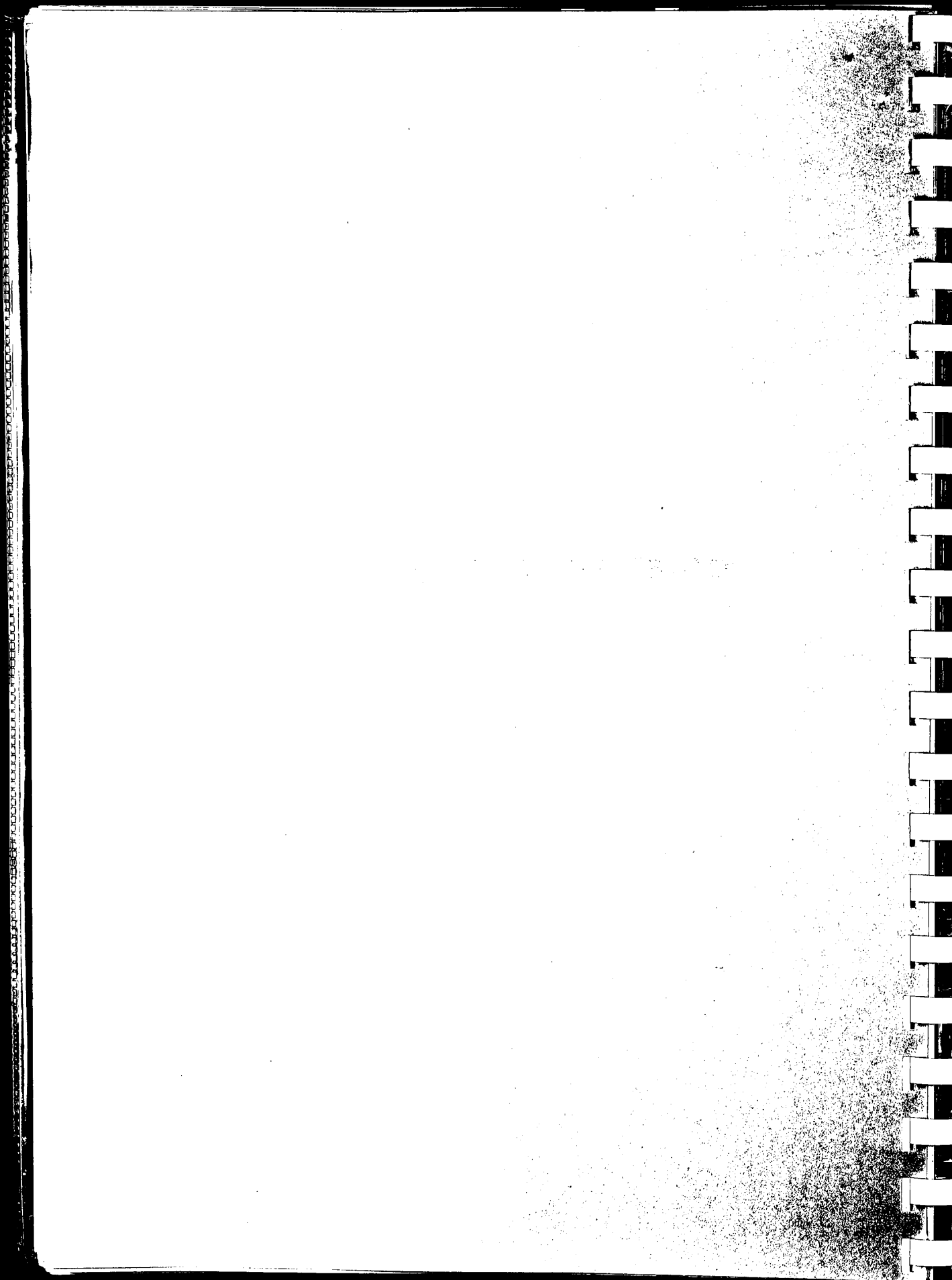
20. The aims of the EAS will be to continue providing a service that is responsive to the demands made upon it. Flexibility is perhaps the keynote for the future as it has been in the past. The EAS will maintain contact with the DHSS and other organisations involved in the rapidly developing world of supplies and equipment, and will continue to adapt its role to meet changing circumstances.

S G Wakeling  
Equipment Adviser

April 1973



## OTHER PROJECTS AND ACTIVITIES



## ASSESSMENT OF STUDENT NURSES BY MEANS OF PROGRESS REPORTS

### Origins

1. This project was the natural development of a previous project undertaken during 1964-7. The original project was a study of the current situation in respect of the types of progress reports for student nurses in use and the general attitude to the subject during that period. The survey resulted in the publication of two reports:

- i. A study of student nurses' progress reports: interim report. August 1965  
(M D Hinks)
- ii. Study of student nurses' progress reports: final report. November 1967  
(M D Hinks)

2. Following the publication of these reports, the General Nursing Council asked the King's Fund to continue with the investigations and accordingly a Joint King's Fund/GNC Working Party was appointed.

3. The membership of the Working Party at its inception in January 1968 was as follows:

| <u>Group</u>                       | <u>Post at time of appointment to Working Party</u>       |
|------------------------------------|---|
| <u>Representing Matrons</u>        |   |
| Miss A J Billimore                 | Matron, King's College Hospital                           |
| Miss E Haigh                       | Matron, Kent and Canterbury Hospital                      |
| <u>Representing Tutors</u>         |   |
| Mr O J Barnes                      | Director of Nurse Education, Chelmsford School of Nursing |
| Miss J E Parnell (Chairman)        | Principal Tutor, University College Hospital              |
| <u>Representing Ward Sisters</u>   |   |
| Mrs L P Arnott                     | Edware General Hospital                                   |
| Mrs J Black                        | St. Thomas' Hospital                                      |
| <u>Representing Staff Nurses</u>   |   |
| Miss I Leith-MacGregor             | The London Hospital                                       |
| Mrs C Read                         | Queen Elizabeth II Hospital, Welwyn                       |
| <u>Representing Student Nurses</u> |   |
| Miss J S Plummer                   | Watford General Hospital                                  |
| Miss N Rashley                     | The Middlesex Hospital                                    |
| Miss B K Ishmael                   | St. Mary's Hospital, Paddington                           |

### Representing the GNC

Miss B N Fawkes  
Miss P Sayer  
Dr J McGuire

Education Officer  
Inspector of Schools  
Director of Research Unit

### Representing the King's Fund Centre

Miss J B Craig  
Miss M D Hinks (Secretary)

Assistant Director  
Research Officer

4. Since the Working Party was formed, a number of the members have changed post: Miss Billimore is now CNO, Bromley Group; Miss Haigh is CNO, Guy's Hospital and Mr Barnes is CNO, Chelmsford Group HMC. Mrs Arnott is no longer nursing, Mrs Black is now Clinical Teacher at St. Thomas' Hospital, and Dr McGuire has retired from her post at the GNC.

### Objectives

5. The object of the Working Party was to "study the results of the original King's Fund survey and to explore the possibility of designing a suitable form for student assessment".

### Progress

6. The Working Party held meetings from 1968-70 and produced its first report in July 1969 (Student Nurse Assessment. Nursing Times, vol 65, no 30, 24 July 1969: Occasional Papers. pp 119-120). It then produced (November 1969) a trial guide for the use of trained nurses responsible for reporting on the progress of student nurses, which was widely circulated free of charge. Members of the Working Party have spoken on the subject of assessment at courses and study days all over the country.

7. The Working Party concluded its work in 1970 and activities during 1971/72 have been limited to arrangements for the publication of the final draft of the guide book on assessment approved by the King's Fund and the GNC.

8. In an individual capacity, the Research Officer has continued to supply information to the many enquirers who contact the Centre. Talks on the findings of the project, the work of the Working Party and the subject of assessment by progress reports have been given to sisters' study days, examiners courses and management courses in various parts of the country.

9. An invitation was received to join a committee set up by the GNC to consider the preparation of a temporary standard national report form to be used voluntarily by schools of nursing pending further investigations into the subject. The recommendations of this committee were accepted by the GNC and this interim report form was published by the GNC at the same time as the guide book by the King's Fund.

### Evaluation

10. The value of the first report lay in uncovering the need for reform in the use of report forms. The value of the second report, which was a survey of the improvements estimated in the hospital nursing schools involved in the original survey, lay in showing the recognition of the need to change but a lack of understanding as to how this could be undertaken. The setting up of the King's Fund/GNC Working

Party related the difficulties in, a) designing a report form and, b) proving the need for such a form. The difficulties in the latter brought the working party to an end, half the team being involved in helping the GNC to continue its search for a national report form while one or two members of the other half continued their search for some appropriate research to indicate what it was the report forms were meant to be demonstrating. During the course of the full Working Party's term of office they undertook to engage as many in the nursing world as possible in discussing the problems of completing the existing report forms and ways of tackling this particular problems afresh. To do this they had two conferences (THC reprint no 403, 5 January 1970). The conferences revealed again the recognition of the problem and the need for help in solving it. The Working Party therefore prepared the guide book of general principles applicable to assessment irrespective of individual types of forms at present in use in schools of nurses throughout the country. The booklet (Assessment: a guide for the completion of progress reports on nurses in training. 50p) was published in the spring of 1972. By the end of that year it had been reprinted twice and sold nearly 11,000 copies.

Many changes are taking place in the methods of teaching and learning for nurses. We feel that the King's Fund study followed by the King's Fund/GNC Working Party helped to start the mood of change as expressed in the British Hospital Journal:

"The King's Fund has once more turned up a stone in the hospital service, found moss underneath and set about cleaning up operations .... the situation needed the push, which the Fund has now given, to start something moving". (British Hospital Journal Vol LXXVI, no 3993, October 28, 1966, page 2027)

#### The future

11. The Centre will continue to publicise the King's Fund booklet and the trial national report form available from the GNC, and to offer help where required. Further action will depend on the GNC decision about the national report form and the possibility of more research into the whole question of assessment of nurses in training.

M D Hinks  
Research Officer  
April 1973



## NURSES ATTITUDES TO PATIENT CARE

### Origin

1 This project was first discussed early in 1968 and a request for £500 put forward to the Development Committee in June 1968 (Dev 68/34) THC 68/402. This original proposal suggested that nurses should be invited to the Hospital Centre to discuss their attitudes towards their patients. To do this, it was suggested that we should seek the help of the nursing press to spread the idea of talking about attitudes and also, for example, from the Tavistock Institute to guide the nurses in the examination of their attitudes. The Development Committee were dubious of this type of approach and asked that the Hospital Centre rethink the method and in the meantime empowered the chairman to cover any interim expenditure.

2 After further discussions a careful sample of nursing staff working at the bedside in 24 psychiatric and 24 general hospitals were invited to attend six monthly meetings. The method of controlling the meetings for these nurses once every month for six months was changed. It was agreed not to have the nursing press involved and to avoid any high powered, or particularly qualified group leaders in the discussion groups. We decided simply to let the nurses, with a little prompting from tapes and anecdotes, etc, to control their own discussions and to ask David Boorer, a nurse (and at that time, a free lance journalist), to write his own account of the meetings.

3 The meetings for the selected nurses (about 82 out of a possible 96) were started October 1968. The Development Committee, reassured by the response from the hospitals, in January 1970 granted £700 to cover project expenses for one year (68/56 (i) (d) THC 69/777). In February 1972, a further grant of £700 for a third series of meetings was made (Dev 70/13) THC 72/140, making in all a total grant of £1,900 over four years.

### Progress

4 The six meetings took place as planned. A collective report was written, circulated to those attending the meetings and to the senior nursing officers from the hospitals involved. The senior nurses were invited to the Hospital Centre in November and December 1969, to give their views of the project and the impact if any, it had had in their own hospitals. An account of these meetings were circulated to the nurses involved in the project and they met in January 1970 with the senior nurses. The whole group were asked to consider:

- i) what could be done within each or any metropolitan hospital board area ?
- ii) what should be the outcome of this series of meetings ?
- iii) what could be done within each hospital involved ?
- iv) what should the Hospital Centre do next ?
- v) had the organisers any further role within the regions, the hospitals, or the Hospital Centre ?

5 The outcome of this meeting was the decision to run a similar, but not identical series of meetings at the Hospital Centre from April - September 1970, for hospitals of any description within easy travelling distance from the original project hospitals. The object of

this was to encourage interhospital meetings at local level. The regional hospital boards and hospital management committees were written to, asking for support for the nurses wishing to take on these interhospital studies.

- 6 The major differences in the group of nurses attending the second series, were:
- a) those attending the meetings from each hospital were picked from CNO to nursing auxiliary level
  - b) the hospitals chosen included mental subnormality and other specialist hospitals
  - c) some observers from other hospitals and from the metropolitan board regional offices
  - d) some of the original nurses involved in the first series of meetings helped to organise the second. The nurses attending this series of meetings had their expenses met by the hospital authorities and so no grant from the Development Committee was necessary.

7 After the second series of meetings were over and a collective report had been circulated, the hospital staffs were invited back in two groups in 1971 to review what had been achieved and recommend further action. Little was recommended by the hospital staffs present at the meetings. Nurses attending the meetings claim that discussion enabled them to think about what they were doing and the effect it has on other people. They recognise now that attitudes between patients and staff are closely linked with interstaff relationships and cannot be considered in isolation. A few nurses have taken action to improve relationships within their own hospital. Where senior nurses have become more aware of their attitudes they have been beneficially placed for initiating change within their own area of responsibility. They could not have gained the inside they did without the help of the junior colleagues working with them. It appeared to be those who gained most who asked for more and it was the senior nurses who asked us to continue in any way we could, to open up the subject of nurses attitudes to patients.

8 The first two series of meetings have been written up as Hospital Centre reprints. As such they are in steady demand. A second edition had to be produced in 1972. These reprints are used to start discussions up and down the country and result in some of the central team being invited to speak at professional meetings and management courses. Evidence shows that these reports are also sparking off other studies within hospitals and community nursing groups. King's College Hospital for example, have had a study day when about five attitude study groups were set up in the hospitals. One of these groups demonstrated their method of learning from each other at a nurse tutors refresher course at the Rcn in the autumn of 1973.

9 Dr Tom Caine, consultant psychologist at Claybury Hospital, who had helped throughout both series of meetings, invited nurses who had attended either series to join him in an attitude study group. About 15 nurses volunteered and we met monthly from April to December 1971. To start the meetings we were grateful to be given the opportunity of a three day residential session at the King's Fund Staff College. The nurses attending these meetings include CNOs, PNOs (teaching and administrative) right through to nursing auxiliaries. There was a steady attendance during 1971 of about ten to twelve nurses each month. The nurses voted to continue meeting for one half day a month during 1972. Smaller numbers have been meeting but it is unusual for the group not to have at least one guest each month. In November 1972 they decided to hold their monthly meetings independently of the Hospital Centre and from January 1973 they are meeting in the School of Nursing at the Royal Free Hospital.



10 Two of us decided to write some guidelines for hospital staff who wished to start discussions on their own. We simply wrote from our experiences in the Hospital Centre meetings. The guidelines were sent for comment and then amended before 500 copies were printed by the Hospital Centre for limited circulation. The intention was to learn from those receiving copies whether or not these guidelines were of any use to the outside, and if not, was there anything which they could recommend us to try in its place.

11 In order to persuade hospital nurses to discuss attitudes to their patients, within their own setting, we decided to start a new series of meetings in 1972. We chose more or less at random, six hospitals beyond the fringe of those whom we had previously given the opportunity to attend meetings on this topic. All chosen as well as a self selected seventh team, agreed to take part in the project. We had one psychiatric, one mental, two subnormality and one teaching hospital group represented. The other three were district general hospitals embracing all specialties. All the CNOs appointed a senior nurse: to be the key person to whom a team of six bedside nurses (ie from nursing officer through to and including nursing auxiliaries), could turn for assistance if they wished. It was the intention of the Centre team that the hospital senior nurses should be as committed (if not more so) as we were ourselves, to supporting the six teams on their home ground. In December 1971, therefore, we held a meeting of the two supporting groups to try and form some common policy of assistance.

12 The Central Team responsible for the third series of meetings for the six hospital teams consists of David Boorer, Journalist; Janet Craig and Hazel Edwards from the Hospital Centre; Bill Kirkpatrick from the N W Metropolitan RHB. We had three new recruits who had asked to join us and by so doing give us the feeling that the venture must, in their judgment, be worthwhile. Eileen Skellern, CNO, The Royal Bethlem and Maudsley Hospitals; Lucienne Arnott, a nursing officer, retired, to look after her family; and Paul Sommerfeld, postgraduate student of organisational change were the three valuable additions.

13 The teams from the seven hospital groups decided upon some project relevant to their own hospital which could throw some light on attitudes of nurses to patients and between nurses. Having become a team within their own hospital they came to the Hospital Centre one day each month for six months from January to July 1972 to compare progress and discuss problems with each other and those of us forming the Centre Team. The Centre Team, as well as coordinating and recording the meetings, made themselves available on request to the hospital teams in their own hospitals.

14 After the series of Hospital Centre meetings were over in July 1972, the teams had three months to consolidate their work before demonstrating in October their progress in the study of attitudes to a wider audience of nurses throughout the country. They arranged their own programme, put in the chair a student nurse from a hospital for the mentally handicapped and gave the title to the day's events 'Attitudes ? Whose ? Mine ? Rubbish!'

15 All the meetings were reported in a journalistic style. The reports were freely available to the hospitals concerned and comments made discussed at the monthly meetings. The following is a list of the reprints and papers available from the Centre:

| <u>Reprint/Paper No</u> | <u>A Question of Attitudes<br/>(1st series)</u> |   |
|-------------------------|---|---|
| 463                     | A Question of Attitudes<br>(First series)       | The Hospital Centre,<br>Nov 1970. 2nd reprint<br>Aug 1971 |

Reprint/Paper No

|        |  |
|--------|--|
| 603    | The Study of Attitudes<br>A vital problem for all nurses<br>Nursing Times, 26 Aug 1971 |
| 69/794 | What the senior nurses said  |
| 430    | The final meeting and the results  |
|        | <u>A Question of Attitudes</u><br><u>(Second series)</u>                               |
| 443    | Report of first meeting  |
| 452    | Report of second meeting   |
| 462    | Report of third meeting  |
| 479    | Report of the fourth meeting   |
| 492    | Report of the fifth meeting  |
| 518    | Report of sixth meeting  |
| 519    | A Question of Attitudes<br>(Second series)   |
| 555    | Attitudes South<br>A meeting with nurses from the SE and SW Metropolitan<br>regions    |
| 559    | Attitudes North<br>A meeting with nurses from the NE and NW Metropolitan<br>regions    |
|        | <u>Assessment of Nurses in Training</u>  |
| 621    | Meeting, 10 December 1972  |
| 638    | Meeting, 28 January 1972   |
| 649    | Meeting, 25 February 1972  |
| 657    | Meeting, 10 March 1972   |
| 662    | A ward discussion group  |
| 673    | Meeting, 21 April 1972   |
| 687    | Meeting, 26 May 1972   |
| 694    | Meeting, 30 June 1972  |
| 702    | Meeting, 18 July 1972  |
| 719    | Meeting, 3 October 1972  |

Evaluation

16 The senior nurses supporting the study teams from the hospitals in this third series met after the meetings to discuss the value of the project within their own hospitals. Their understanding of the problems of communication related to their support for their teams. No one was prepared to say the study had been no use but some saw more benefits throughout their hospital than others. The senior nurses and the teams expressed a wish to meet again towards the end of 1973 in order to find out whether there was any continued activity.

17 We have evidence that at least three hospitals (including one outside the study, King's College Hospital) are continuing their studies and involving other staff. A third hospital not having progressed well in the first attempt hopes to start again with a fresh team and a new topic.

Future

18 A meeting is promised and will be open to all the hospitals who have teams of nurses making a study of their own behaviour in relation to each other and to their patients. If those attending are able to demonstrate the progress they are making within their own organisation, then further plans can be made. Whether the Hospital Centre needs to continue assisting nurses in their studies of this topic can be assessed at this time.

J B Craig  
Assistant Director

January 1973

PN 135

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## ALLOCATION OF NURSES IN TRAINING TO WARDS AND DEPARTMENTS FOR PRACTICAL EXPERIENCE

### Origins

1 The study of allocating nurses in training to wards and departments has continued since at least 1953 but comparatively few nurses responsible for this task have mastered the art of planning ahead, especially planning for the whole school of nurses throughout their three or four years training. This prompted the Hospital Centre to invite a few nurses known to have planned fairly successful programmes to explain their methods. They did this in a series of meetings between 1966 and 1969. Attending some of these meetings were Dr Jillian MacGuire, director of the nursing research unit and Ian Banks, then a student of mathematics at the University of Aston in Birmingham. Ian Banks distributed copies of his thesis on nurse allocation to nurses who had assisted him and he gave four copies to the Hospital Centre.

### Objectives

2 Dr MacGuire, impressed by his thesis, suggested that the Hospital Centre have a small working party of nurses knowledgeable in the art of planning for training, to meet and discuss the use of Ian Banks thesis and distil what was essential or common to all training schools. Also, to attempt to produce guide books for those starting to learn about allocating nurses in training.

### Progress

3 A workshop of selected nurses met for three days in May 1970. They were the guests of the King's Fund Staff College. By the end of the three days under the leadership of Dr J MacGuire, they had completed the first draft of the work book on Allocation which was subsequently published by the King's Fund in 1971. Members of the workshop were:

Catherine A Asher, SNO (education), Glasgow Royal Infirmary  
 Bessie Brewster, assistant matron, Selly Oak Hospital  
 Jo Brown, SNO (services), Charing Cross Hospital  
 June Cheese, SNO (services), Middlesex Hospital  
 Janet B Craig, assistant director, The Hospital Centre  
 Joan Darwin, PNO (education), Redhill and Netherne Hospitals  
 Hilda I Lambeth, SNO (allocation), Charing Cross Hospital  
 Moira L Parham, SNO (allocation), Redhill and Netherne Hospitals  
 Leslie Reeve, SNO (education), Farnborough Hospital  
 Kathleen Scrivener, allocation officer, Farnborough Hospital  
 Elizabeth M Welsh, PNO (education), Glasgow Royal Infirmary  
 Margaret Whittingham, PNO (education), South Birmingham Hospitals  
 Barbara Hartmann, observer, Hospital nursing officer, DHSS

4 There seems to be no end to the desire of nurses to understand better the art of this particular task. Meetings and conferences throughout 1966 - 1969 were always over subscribed. Judging by the sales of the King's Fund book on Allocation, the need for practical help is still being demonstrated. Also demonstrated perhaps is the lack of any help in this field offered in the majority of management courses - middle management in particular.

5 Through the King's Fund, the Department of Health have given financial aid which enabled William Heinemann's Medical Books Limited to publish Ian Banks' thesis on Allocation in October 1972.

#### Future

6 Nurses from teaching hospitals met at the Hospital Centre in December 1971 to discuss their particular problems of allocation in relation to the large number of students and the shorter working week. The meeting proved useful and they decided to form a forum for nurses interested in problems of allocation. They met in July 1972 and decided to meet regionally with perhaps a national meeting at the Hospital Centre after the Briggs' Report had been published.

#### Relevant references are:

Development committee paper, 7 May 1971, item 15.  
Allocation of Nurses in Training. THC 71/272

#### Reprints and publications:

|            |   |
|------------|---|
| THC no 182 | Planning Nurse Training Programmes<br>Nursing Times, 31 March 1967  |
| THC no 258 | Planned Allocation for Nurses in Training - occasional paper<br>Nursing Times, 12 April 1968  |
| THC no 261 | Planning Nurses Training<br>Nursing Mirror, 7 June 1968   |
| THC no 370 | The Allocation of Nurses in Training to Wards and Departments<br>27 August 1969<br>Nurse Allocation (unpublished thesis of Ian Banks. MSc<br>industrial mathematics and statistics), October 1969<br>Allocation - Guidelines for developing planned programmes<br>of education and training for student and pupil nurses<br>King Edward's Hospital Fund for London, 1971<br>Nurse Allocation, Ian Banks<br>Heinemann, London 1972 |
| THC no 692 | Allocation Forum<br>July 1972   |

J B Craig  
Assistant Director  
January 1973

## NURSING WITHIN THE SALMON STRUCTURE

### Origins

1 These meetings were prompted by a Department of Health and Social Security nursing officer who said she felt the principal nursing officers were having difficulty in settling into their new appointments within the experimental Salmon structure\* in the selected hospitals. Nearly a year elapsed before it was possible to arrange a meeting at the Hospital Centre for the principal nursing officers.

2 The first meeting was held on 15 December 1970. A total of 35 principal nursing officers from 28 hospitals met and found the discussions helpful and asked to meet again, which they did on 22 February 1971. At this meeting the nurses felt perhaps they had aired their views enough and were anyway feeling more secure in their posts and although not able to meet as a separate group, they did have the opportunity of meeting with the chief nursing officers through the Royal College of Nursing. They suggested the senior nursing officers were not so well placed and might find the Hospital Centre style of discussions helpful.

3 On 14 April 1971, 51 senior nursing officers from 39 hospitals met and then split into two groups to meet on 18 June and 1 July. Apart from such difficulties of changing one's title and authority while still working from the same office with the same people, the senior nurses felt they could manage without further separate discussions. They would like, they said, the nursing officers in charge of units to have the opportunity they had had to meet at the Hospital Centre.

4 Nursing officers from 42 hospitals met for discussion about their work on 21 September and 5 November 1971. At their first meeting it became apparent that the nursing officers were the link between administration and clinical work. Some were working more or less as pure administrators where others were working with the patients most of the time. Each appeared to be carving out his or her post to suit their abilities and were content. It was put to them at the end of the day's discussion that unless they could show some unity in their work they were not going to do very much to support the success of the Salmon nursing structure. It was not going to help to win the medical staff over to accept the nursing staff structure if those working in it were unable to agree what they should be doing. This stung the nurses and they asked to meet again to try and find some common element in the work they were all engaged upon.

### Objectives

5 By the time the senior nursing officers had met for the second time, it became clear to myself and the nurses from the Department of Health and Social Security, that the discussions were of considerable value:

- i) to the nurses taking part, helping them to think more deeply about their own work and learn from each other, and

\* Ministry of Health, Scottish Home and Health Department (report of the committee on senior nursing staff structure, HMSO 1966)

- ii) to the team from the Department of Health and Social Security responsible for the experiment in implementation of the Salmon recommendations (they were able to have new insight into some of the problems by listening to the nurses talking informally among themselves).

6 It was decided therefore that whereas the original objective had been to help the principal nursing officers to understand their role within the Salmon structure, the objective now should be to offer the same facilities for all grades of nurses working within the structure. Finally, it was agreed once all the grades had met as a peer group, we would invite mixed groups to discuss the results of their individual discussions with each other.

#### Progress

7 Although the first meeting was planned for nurses working within the experimental scheme, some chief nursing officers from outside the experiment asked that their nurses should be allowed to attend this meeting to learn for themselves from those more experienced with this structure. Invitations were issued in response to these requests.

8 In late 1970 and early 1971 a great deal was spoken about inservice training. The Hospital Centre was receiving enquiries from nurses who said they were being made responsible for inservice training. They knew little about what their job was supposed to entail or where their appointment placed them with the Salmon structure. To help nurses within the metropolitan regions we had two meetings in 1971/2, each for two separate groups of nurses with these responsibilities. They helped each other in their confusion at the first meeting and were able to report progress when meeting for the second time. In September 1972 we had a national conference on the subject of inservice training for nurses.

9 In the summer of 1971, again the Hospital Centre seemed to attract nurses who were worried about their position within the Salmon structure and the way in which appointments were being made within their own hospital. The only way the Hospital Centre could help these nurses through their anxieties was for us to again offer them the opportunity to discuss among themselves, what their grievances were and what they could do about it. Some principal nursing officers responded to the invitation for members of their staff by sending nurses well and happily integrated into the structure. These people added meaning to the meeting.

10 Two meetings in the winter of 1972 had been reserved for nurses from all the Salmon structure grades to meet together and discuss the reports from each grade meeting. However, the appointment by the Department of Health of the first three regional nursing research officers persuaded us to devote these two meetings to examine the way in which senior nurses with responsibility for research written into their job descriptions, were translating this into action. We took the opportunity also to include senior nurses from the community within the Mayston structure.

11 To all these meetings, appropriate nurses from the staff of the Royal College of Nursing, the Department of Health and Social Security, the Department of Home and Health for Scotland, the Welsh Board and HM Defence Services have been invited.

12 The following accounts of the discussions are available:

#### Reprint No

522

Salmon nursing staff structure

December 1970

540

Salmon nursing staff structure

March 1971



Reprint No

|     |   |                |
|-----|---|----------------|
| 556 | Salmon nursing staff structure                                      | May 1971       |
| 590 | Salmon nursing staff structure                                      | July 1971      |
| 608 | Salmon nursing staff structure                                      | October 1971   |
| 623 | Salmon nursing staff structure                                      | December 1971  |
| 626 | Salmon nursing staff structure                                      | January 1972   |
| 580 | Inservice training for nurses                                       | July 1971      |
| 600 | Inservice training for nurses                                       | September 1971 |
| 625 | Inservice training for nurses                                       | January 1972   |
| 588 | Fitting into the Salmon structure                                   | July 1971      |
| 661 | Salmon nurse staffing structure (No 6)                              | February 1972  |
| 685 | Nursing officers (Nos 6 & 7) Salmon nursing staff structure         | May 1972       |
| 699 | Salmon nursing staff structure (No 5)                               | June 1972      |
| 720 | Discussion paper on research into the Salmon and Mayston structures | October 1972   |
| 717 | Inservice training  | September 1972 |
| 748 | Research into the Salmon and Mayston schemes                        | December 1972  |

Evaluation

13 The first of these meetings was held at the suggestion of a nursing officer in the Department of Health who was at that time (early 1970) heavily involved in the implementation of the recommendations in the Salmon report. The fact that one meeting leads to another, at the request of the nurses involved, may show some element of worth. If the nurses, having met at the suggestion of their immediate superiors, found no need to ask for further meetings, they were not pressed to come again. The nurses from the Department of Health made every effort to be represented at these meetings because they found the free and frank discussion useful to support their more formal findings. The freedom with which the nurses were able to speak is aided by the neutrality of the King's Fund and the fact that no hospitals and no persons working in them are ever mentioned in the report. We simply recorded the essence of what nurses were thinking about the work they were engaged upon.

Future

14 Will depend on requests for further meetings of this nature from nurses in the health service. The suggestion at the end of the national inservice training conference in January 1972 was that informal liaison meetings between Salmon and Mayston staff groups should be held with a view to working out inservice training needs for nurses within the new 1974 service.

J B Craig  
Assistant Director  
January 1973



## NURSE/PATIENT DEPENDENCY STUDIES

### Origin

1 The initiative for this work came from Dr Brian Moores, University of Manchester, Institute of Science and Technology. He considered nurses engaged in management were insufficiently aware of the uses and value of dependency measures. His suggestion of a conference on the subject to be held at the Hospital Centre was accepted, but at a small meeting held in the Department of Health and Social Security on 1 October 1971, it was agreed that a two day seminar would be more profitable. People who had devised dependency measures were to be invited to meet and talk with nurses who had used them. It was clear at this preliminary meeting there was a considerable divergence of views even among the developers of the tools of measurement. This diversity of views was confirmed at the seminar for about fifty people held on 4 and 5 January 1972.

### Objectives

2 At the end of the seminar it was agreed that progress in devising methods of measuring nurse/patient dependency had developed to a stage where:

- i) a document should be produced, giving an explanation of the method and guidelines for nurses
- ii) further developments of the method should be prepared for nursing units outside the general field
- iii) a working group should be set up to promote more activities

### Progress

3 A small number of people were invited by Dr Graeme K Matthew, senior medical officer, Department of Health and Social Security, to form a working group of which he became chairman. The group accepting this invitation was as follows:

Miss H M Simpson, nursing officer (research), Department of Health and Social Security (vice chairman)  
 Dr A Barr, research records officer and statistician, Oxford RHB  
 Miss J B Craig, assistant director, The Hospital Centre (secretary)  
 Dr C Rhys Hearn, research officer, Department of Medicine, Queen Elizabeth Hospital, Birmingham  
 Mrs J Heyward, principal nursing officer (planning), Department of Health and Social Security  
 Mr J Luckman, Institute of Operational Research, UMIST  
 Dr B Moores, lecturer, Department of Management Sciences, University of Manchester  
 Mr H S Norwich, operational research team leader, NE Metropolitan RHB  
 Miss M M Shand, principal nursing officer, Stracathro Hospital, Brechin, Angus  
 Dr W N Torrance, research fellow in community medicine, Eastern RHB

4 The working group met for the first time on 15 February 1972. They decided to call themselves a King's Fund/Department of Health group and to meet at the Hospital Centre. In

May 1972, the Development Committee granted £750 (Minute 72/39) to cover the expenses of the working group who met some ten times during the year and did a great deal of homework between times.

5 An article explaining the British development of nurse/patient dependency studies for use in general medical and surgical wards has been written by Dr Moores, Dr Barr and Dr Rhys Hearn. A draft document attempting to explain to nurses how nurse/patient dependency studies can be undertaken has been written by Miss B Mulligan under the guidance of the working group. Both the article together with the guidelines are to be circulated to a group of nurses prior to attending a fresh seminar on 21 February 1973. Having read the article and examined the guidelines, these nurses are to work with the working group during the seminar to recommend the final form in which the guidelines can be published as a THC reprint for general use.

#### References

- . THC reprint no 654 nurse/patient dependency studies  
January 1972
- . A review of the various methods of measuring the dependency  
of patients on nursing staff  
Barr A, Moores B, and Rhys Hearn C  
January 1973  
International Journal of Nursing Studies, spring 1972
- . Nurse/patient dependency - draft guidelines  
B Mulligan, January 1973

#### Evaluation

6 The working party have found it hard to relinquish any of their individual views about the best method of measurement of nurse/patient dependency. They have been reluctant to put one method into guidelines for nurses and leave others out. It is for this reason they have circulated the explanatory article as well as the draft guidelines for discussion at the next seminar. The time taken to prepare these two papers has not allowed them to examine further the use of these methods for other areas than that for which they were developed, namely, the general field.

#### Future

7 The working party still have to produce a final booklet on how to use nurse/patient dependency studies for publication as a THC reprint in March/April 1973. They may decide to continue to meet at intervals to study the adaptability of a method in the general field for use in other areas.

## RETURN TO NURSING

### Origins

1. This project was proposed in 1970 by Mr. R.J.E. Wilcox, Assistant Secretary and Chief O and M Work Study Officer of the Welsh Hospital Board. It was based on the idea that there are a considerable number of trained nurses who have given up nursing, for instance on becoming married, but who would welcome the opportunity to return to nursing from time to time, working for hospitals or other health authorities on the recognised terms and conditions of service. The term 'reserve nurses' is suggested to describe them. This service would be of particular value in exceptional circumstances such as epidemics or major accidents. There was already random evidence in support of this idea and the proposal was to make a survey to obtain more precise information. One of the cardinal points in the project was that assuming a potential reserve were found to exist, the arrangements for drawing up a register and keeping it up-to-date would be based on a network of local groups, each drawn from a small neighbourhood. It is concerned only with female nurses.

2. Development Committee received the proposal at its meeting in May 1970 and made a grant of £900 (minute 70/52). The project was undertaken by Mr. Wilcox with the help of two members of the O and M department of the Board, Mr. R. Morgan and Mr. G. Baker.

### Objects

3. These were:

- i) To ascertain the number, experience and geographical distribution of trained nurses not employed in nursing and to register them.
- ii) To explore by means of questionnaire and discussion their attitudes with regard to nursing, in particular on an ad hoc but paid basis.
- iii) To examine the administrative and financial implications of organising them as 'ever readies' to cover certain nursing, neo-nursing or other duties in the Health Service, including possibly work for executive councils and local health authorities.

4. The main difference between this and the many other 'back to nursing' exercises lies in the emphasis upon making use of the natural skills, and organising and social skills of nurses themselves in neighbourhoods; to create a register which is extremely difficult to maintain centrally, and overcoming individual reservations by developing teams organised by nurses themselves for mutual support in actually trying out a return to nursing rather than ascertaining the reasons for not doing so.

### Progress

5. By June 1971, the team had written to about 1,000 nurses whose names were obtained from senior nursing officers and from other sources. The scheme was also publicised via the offices of executive councils and local health authorities, and by the mass media, including press releases, radio and television. About 500 replied, of whom 250 or so expressed interest in corporate meetings with senior nursing officers. The rest consisted mainly of those who had left the area or who had already returned to nursing, presumably without the knowledge of their previous employing hospital authority who had originally provided the addresses. This confirmed the need for a register. More than 50 reserve nurses attended a meeting with senior nursing officers in Cardiff and a similar number in Swansea, and the team then began the next stage, consisting of interviews with reserve nurses interested in participating either in registers or in trial schemes.

6. A report on the project at this stage was prepared by Mr. Wilcox for discussion in the Department of Social Administration and Social Work at the University of York, where he was then a member of the Health Service Management Course.

7. Certain nurses undertook the task of visiting other reserve nurses in their neighbourhood to tell them about the scheme and, if they were interested in it, to tell them to whom they should apply. Their next task would be to maintain an up-to-date register of reserve nurses as they came into a neighbourhood or left it.

8. A number of reserve nurses who, on attending the meetings, realised that arrangements for part-time work in nursing had become more flexible than before, subsequently attended for individual interviews. Some then took regular part-time work as nurse, though outside the scope of the scheme envisaged. Others attended refresher courses and unpaid sessions as observers in order to become familiar with changes in techniques.

9. There was recurring evidence to confirm that the main obstacle, that of inertia, can best be overcome by actually getting nurses over the threshold of the hospital and encouraging them to discuss in groups the matter of returning. They seem to find to their surprise that the obstacles to returning are less daunting in practice than they appeared when contemplated over the kitchen sink at home.

10. The following reports on the project were published:-

'Where Have all the Nurses Gone?'

Nursing Times, 1st March, 1973. K.F.C. reprint No. 761

'Where Have all the Nurses Gone?'

by R.J.E. Wilcox, R. Morgan and G.V. Baker.

Nursing Times Occasional Paper, 8th March, 1973. K.F.C. reprint No. 766

#### Evaluation

11. Information gathered in the survey suggests that the numbers, experience and potential of the reserve nurses in the community are such as to warrant sustained effort to employ them. In the long term, if by exploring new means such as this team concept, the average years of work per nurse trained can be increased, assuming the need for nursing skills remains constant, the intake of students could be decreased proportionally.

12. The results of the survey are encouraging but inconclusive in that of the two objects, 'the register' and 'the team concept', only the former has been tested in practice. The team concept has been agreed in principle but it has not yet been found practicable actually to test it within the survey programme. It is understood, however, that a similar idea is working in isolated pockets elsewhere and there is reason to be optimistic that at another place and time it would be developed further as a general principle.

The future

13. It is recommended that within the job description of one of the senior nursing officers on each hospital authority's establishment, there should be included the task of co-ordinating registers of reserve nurses in the area and periodically bringing them together in the hospital environment to influence each other.

14. The final conclusion is that the survey demonstrates that the potential gain is such that in an area where shortage of nurses is more acute there would be merit in hospital authorities taking up where this survey finishes, with particular emphasis on harnessing the willingness and competence of nurses to organise themselves.

Irfon Roberts  
Assistant Director  
April 1973

10-10-1964

13. It is noted that the results of the tests conducted on the samples of the material are in good agreement with the results of the tests conducted on the samples of the material of the same type and of the same origin. The results of the tests conducted on the samples of the material of the same type and of the same origin are in good agreement with the results of the tests conducted on the samples of the material of the same type and of the same origin.

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15. The results of the tests conducted on the samples of the material of the same type and of the same origin are in good agreement with the results of the tests conducted on the samples of the material of the same type and of the same origin.

16. The results of the tests conducted on the samples of the material of the same type and of the same origin are in good agreement with the results of the tests conducted on the samples of the material of the same type and of the same origin.



## THE NEED FOR OCCUPATIONAL HEALTH AND COUNSELLING WITHIN THE SALMON STRUCTURE

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### Origins

1. This series arose out of recent discussions at the King's Fund Centre in connection with the Salmon Structure. Those nurses attending were interested in the provision of an adequate service for the health and welfare of hospital staff generally, and nurses in particular.

### Objectives

2. It was intended that nurses already responsible for occupational health and counselling in hospitals should meet to exchange information about good ideas and practices and share problems related to supplying this service.

### Progress

3. Three meetings have been held and present practices in occupational health and counselling have been explored. As a direct result of the first two meetings, teams of nurses have joined the group. Representing different grades and working in different types of wards their specific task has been to explore in their own hospitals the views of their colleagues about occupational health and counselling.

4. Arising out of these early discussions the nurses have decided to study the reasons for nurse wastage in their own hospitals and have coordinated colleagues also in training to join them in this study, as well as a senior nurse to enable them to deal with any administrative difficulties as they arise.

5. Reports of these meetings have been prepared and given wide circulation, through KFC Newsletter and by other means. Reprints of the meetings are available. Nos. 676 and 727.

### Evaluation

6. The fact that the nurses have so soon identified a practical problem which they themselves are actively prepared to study suggests that they feel that they have a contribution to make to the more effective use of resources in hospital.

### The future

7. It is intended to continue these meetings at the Centre to encourage the nurses in their initiative and to enable them in their own hospitals to develop their own local groups, if and when requested to do so.

H G Edwards  
Nursing Officer

April 1973

THE NEED FOR GOOD  
WILL

The need for good will is a  
condition with the help of which  
the provision of an object is  
usually, and hence is usually,

1. Good

2. Good

3. Good

4. Good

5. Good

6. Good

7. Good

8. Good

9. Good

10. Good

## THE CHILD IN HOSPITAL

### Origins

1. In the latter part of 1968 there had been a growing awareness of the importance of ward sisters communications with district nurses concerned with the care patients receive in hospital and the anticipated nursing needs when they are discharged home.
2. Following informal discussions between nursing officers from the King's Fund Centre and the then Ministry of Health it was felt the King's Fund Centre could play a useful role by convening a series of meetings, to discuss with district nurses patterns of continuity and coordination of care for patients discharged from hospital.
3. As a result of these meetings nurses felt that the care of children involved many particular problems which needed further discussion.

### Objectives

4. To give nurses and others concerned with providing appropriate care for children in hospital the opportunity to discuss specific problems related to this which included visiting arrangements and opportunities for mothers to live in, the use of play and education and the development of family centred nursing skills.

### Progress

5. A series of seven meetings have been held for nurses, paediatricians, general practitioners, social workers, teachers, play therapists, child psychotherapists, health visitors, police liaison officers, physiotherapists, occupational therapists, relatives and members of voluntary organisations.
6. As a result of these meetings discussions took place between senior nurses and the King's Fund Centre and a request was made for a local meeting at Maidstone based at the West Kent General Hospital but including staff working with local authorities to discuss the recognition, referral and treatment of battered babies and their families in that area. The local police liaison officers and voluntary bodies were also involved in this meeting. It is intended that this meeting should be the beginning of an on-going dialogue between the health and social services working inside and outside the hospitals in the Maidstone area and seeking to provide effective care for children, thus preparing the way for the opportunities of closer cooperation which the reorganisation of the health service in 1974 will imply.
7. A report of each meeting has been prepared and given wide circulation through KFC newsletter and by other means. The following reprints of the relevant conference reports are available: Nos. 495, 535, 574, 613, 644, 680, 712, 744.

### Evaluation

8. A request has been received from the DHSS that suggestions from nurses and others which appear in these reports should be prepared in booklet form and be made widely available to nurses working in paediatric departments as well as to serve as a working document for discussion at the study groups envisaged in the Hospital Memorandum (71) 22 Hospitals Facilities for Children, Staff Training Memorandum 59/71.

The future

9. It is intended that our efforts in 1973 should be directed to transferring the organisation of these meetings to the National Children's Bureau and that the proposed booklet should be ready for circulation this year.

H G Edwards  
Nursing Officer

April 1973

## STAFF FROM ADOLESCENT UNITS

### Origins

1. At many of the meetings held at the Centre to discuss the problems of providing continuity of care for psychiatric patients attention had been drawn to the special needs of staff working in adolescent units. A number of meetings were held and it became obvious that health and social services staff working outside the units were involved in providing total care and should also be invited.

It was intended that the organisation of this particular group should be linked with the Association for the Psychiatric Study of Adolescence (APSA).

### Objectives

2.
  - a to continue to discuss problems and exchange information about good ideas and practices.
  - b to include non professional members of the caring team as and when appropriate
  - c to encourage the development of inter-regional multidisciplinary meetings
  - d to combine the efforts of the King's Fund Centre with those of APSA with a view to transferring the organisation of meetings entirely to the association.

### Progress

3. Two meetings have been held at the Centre in 1972. The groups have been popular and usually over-subscribed. Many disciplines have been represented including nurses, teachers, doctors, social workers, probation officers, police liaison officers, youth employment officers, clergy and voluntary organisations.

4. A report of one of these meetings has been prepared and is available. No 713.

5. A meeting was held at Frank Ker School of Nursing in Birmingham. The arrangements for this were jointly undertaken by the King's Fund Centre and Dr E Irwin, Consultant Psychiatrist and a member of APSA.

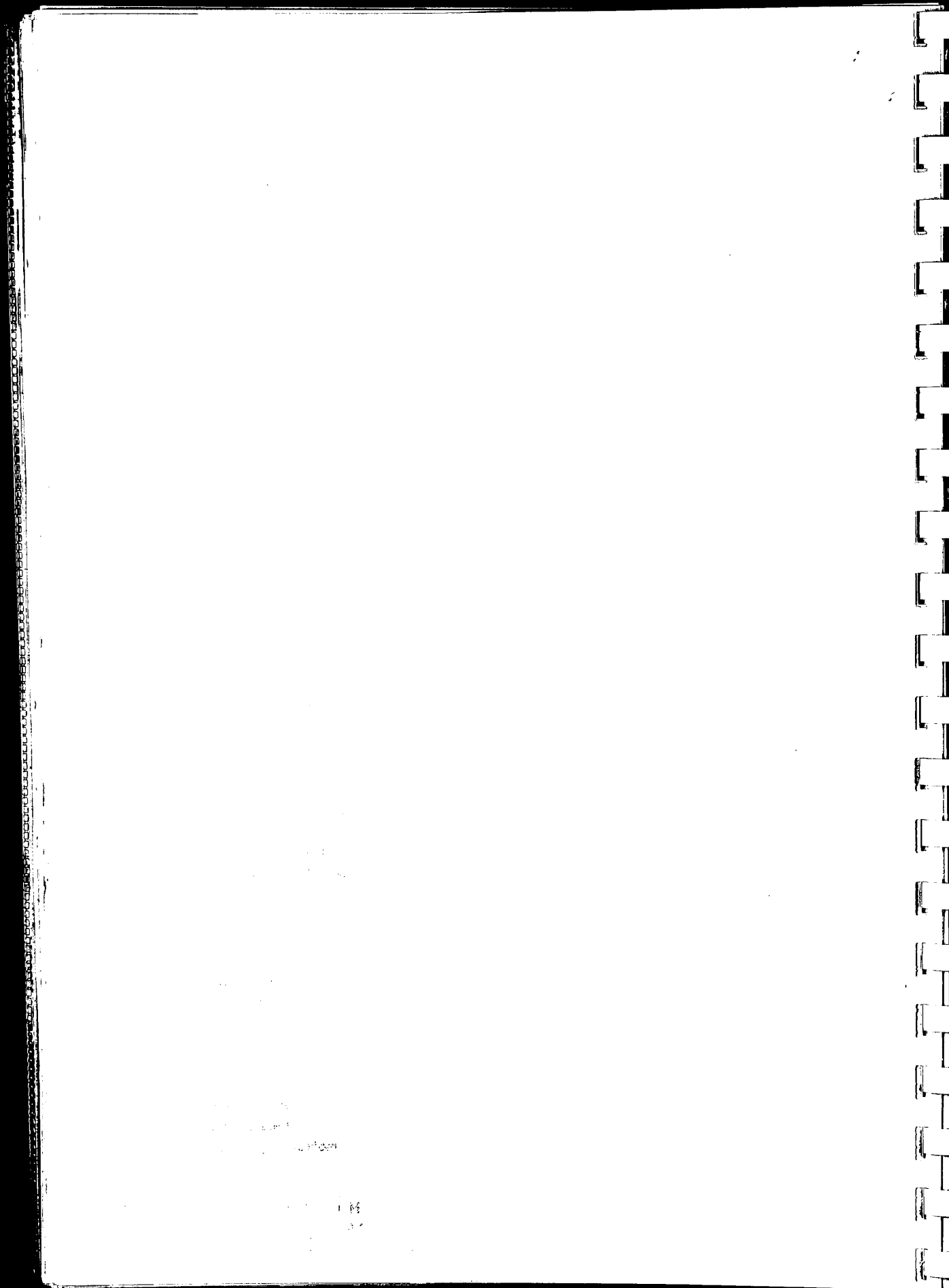
### Evaluation

6. All the meetings have been popular and oversubscribed. The Birmingham meeting was particularly well received. The transfer of responsibility for these meetings to APSA has begun.

### The future

7. It is intended that there will be one meeting at the King's Fund Centre this year and this opportunity will be used to explore the problems of members of the caring team who seek to provide sheltered accommodation for emotionally disturbed young people.

H G Edwards  
Nursing Officer  
April 1973



## STAFF FROM RENAL DIALYSIS UNITS

### Origins

1. This series began in July 1966 at the request of sisters of Renal Units, together with nurse planning officers from the then Ministry of Health. The intention was that planners and users should get together in the early stages of designing the new units, in order to produce appropriate settings for effective patient care.

### Objectives

2.
  - i To bring together nursing staff and others concerned with the care of patients having renal dialysis, to discuss problems and new ideas and to promote the development of good practices.
  - ii To have one yearly meeting at the King's Fund Centre for all disciplines involved in the care of patients in renal units in order to promote good ideas and practices in the integrated care of patients having renal dialysis.
  - iii To link these meetings with those of the Intensive Care Units meetings at the Royal College of Nursing and to encourage inter-regional multidisciplinary meetings.
  - iv To complete the handbook for nurses working in renal units.

### Progress

3. This series started in 1966 and some fifteen meetings have been held so far; most of these have been attended by 30-40 people, with a few larger meetings of up to 100. Early meetings consisted of staff from hospital units only, but later meetings have included local authority staff responsible for home dialysis and also some patients. Nevertheless this remains a very specialised and close-knit group.

4. Two meetings have been held outside London; one was a nationwide meeting held at Lodge Moor Hospital in March 1971, the other arose out of a suggestion at that meeting, that there should be local inter-regional meetings; subsequently one was held at Portsmouth for members of the South Western region, Oxford, and South Wales.

5. There have been two meetings planned by the Royal College of Nursing, one in London the other at Lodge Moor Hospital in Sheffield and the members of the Group are exploring the possibility of joining with the Intensive Care Unit section of the RCN.

6. The handbook was published by Macmillans on Treatment of Renal Disease, London, Macmillan Journals Limited, 1972.

### Evaluation

7. Those attending these meetings have shown by their attendance and interest that they have found them useful, this particularly applies to nurses working in renal units for the first time.

The meetings organised by the Royal College of Nursing are equally well attended and this suggests that the group will now become part of the Intensive care meetings at the RCN.

8. The publications of the handbook for nurses working in renal units represents the culmination of the work of this group at the King's Fund Centre.

The future

9. It is hoped that this group will continue under the organisation of the RCN with multidisciplinary meetings and exchanging good ideas and practices.

H G Edwards  
Nursing Officer

April 1973



## STAFF FROM ALCOHOLIC UNITS

### Origins

1. The series which started in May 1967 arose out of discussions between nursing officers at the King's Fund Centre and the then Ministry of Health. It was intended that nurses working in mental hospitals should be given an opportunity to share their views together with other members of the hospital team on the designs for new units particularly the newly formed alcoholic units.

2. It was intended that this group should take on the responsibility for organising their own meeting and in 1972 a Steering Committee was formed to undertake this.

3. An active participant in a number of the meetings was the architect Mr Paul James. In 1968, the Fund's Development Committee made a grant of £1000 (minute 68/44c) to enable Mr James to conduct a study of the design of units for alcohol and drug dependency. This report was published by the King's Fund in 1972 under the title Alcohol and drug dependence - treatment and rehabilitation.

### Objectives

4. To promote meetings of health and social service staff as well as others who seek to identify, treat and rehabilitate people suffering from alcoholism.

### Progress

5. A large conference was organised by the Steering Committee at which the theme was alcoholism and work. Speakers included a consultant psychiatrist, a manager in industry, a research worker, a recovered alcoholic holding a prominent position in industry, a member of Alanon and a rehabilitation officer from the Department of Employment and Productivity.

The conference proved a success and there was much lively discussion. There was a demand from the conference members for a similar conference the following year to include trade union officials.

A report of this meeting has been prepared and given wide circulation, through the KFC Newsletter and by other means. A reprint of the conference report is available No 721.

### Evaluation

6. The readiness of this group to plan and organise their own meetings in the future is an indication that they have proved of value.

### The future

7. A programme has been arranged by the Steering Committee which is to include a speaker from the trade unions. The audience will include representatives of managements and workers as well as employment officers, occupational health staff and health and social services staff working with alcoholic patients as agents of preventive as well as curative medicine.

H G Edwards  
Nursing Officer

April 1973



## "SHOP WINDOW" STAFF

### Origins

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

### Objectives

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

### Progress

3. A report of the first series of discussion meetings was published in the hospital press (M D Hinks, *From the Shop Window, The Hospital*, vol 67, No 1, January 1971 pp 9-12) and also reproduced as a Hospital Centre reprint (THC reprint no 527).

Two further series of meetings resulted in the involvement of all but one HMC and seven of the 15 teaching hospital groups in the region. The second group decided to invite their respective senior officers to their follow-up meeting in order to discuss their problems face-to-face, and this has become the general pattern in all further series of meetings, although participants are left quite free to make their own choice of follow-up meeting. "We haven't done all we might; this meeting has given us something to think about" declared a number of this first group of senior officers who finally requested that the Centre should produce some form of guide-lines setting out the main problem areas in the "shop window" section of hospitals. A King's Fund publication "Spotlight on Shop Window Staff: a check-list for the hospital manager" (published April 1973) is the direct result of this request.

At the request of members of one of the groups who were anxious to know how the problems of London hospitals compared with those of provincial hospitals, an approach was made to a neighbouring RHB for permission to run similar meetings for hospital staff in that area. Every HMC in the RHB sent a team to this series of meetings which were held at a centre within the RHB area. "We don't feel as isolated now as we were; we feel we belong more to the region" was the verdict of one member. As a result a follow-up study is being carried out by the Board's training department with a view to running further series of meetings.

A request from the HMC training officer from another Metropolitan RHB where certain complaints had been received from the public resulted in a series being run in one of the local hospitals for teams from ten HMCs in the region.

Receptionists suggested that relationships between this group and medical secretaries was not always as good as it might be and this led to yet another series held at the King's Fund Centre in which the teams consisted of one receptionist, one telephonist and one medical secretary.

So far 86 individual hospitals have been involved in the seven series of discussion meetings. Enquiries have been received from different parts of the country from both hospital and HMC level. Several hospitals in one Metropolitan RHB area have been advised to suggest to their Board that the Centre should be asked to organise a further series for hospitals in that particular region. Hollymoor Hospital, Birmingham, requested details and have started to organise their own discussion groups not only for "shop window" staff but also for medical secretaries and general clerical staff. A very encouraging report has been received from this hospital which corresponds very closely to the findings of the King's Fund Centre series of meetings.

#### Evaluation

4. "This is the first time we have been able to air our views" was the comment of one member at the close of the series. "It has helped us to help ourselves" and "it makes you more tolerant to other people" were other comments. It is felt that, as a result of these meetings, members of a valuable but often forgotten sector of the hospital team have been able to discuss their work and problems with colleagues; they have helped each other towards solutions of some of their problems; they have gained a greater realisation of the wider problems of the hospital as a whole and they have begun to realise that as members of the hospital team they have both a right and responsibility to make their voices heard in a positive and creative way. The greater number have set themselves "modest objectives" to bring about improvements in their day-to-day work and all have found their fellow-workers extremely interested in their reports of the meetings. Some have been well supported by management but others have found little or no help in this direction. The meetings have produced what can almost be called a manager's check-list of pressure points and problem areas where this group of staff have a very real and positive contribution to make to improving the services for patients.

#### The future

5. Further reports on future meetings will be published and it is hoped that the idea may be adopted by other Regional Boards.

It is hoped to publish further articles pinpointing certain aspects that have been specially noted and it has also been suggested that a handbook of guidance for those interested in promoting such discussion meetings might be helpful.

#### Publications

6. Hinks M D. From the shop window. The Hospital, vol 61, no1. January 1971 pp. 9-12. (THC Reprint no. 527)

THC Reprint no 639. Shop window calling!. February 1972.

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

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

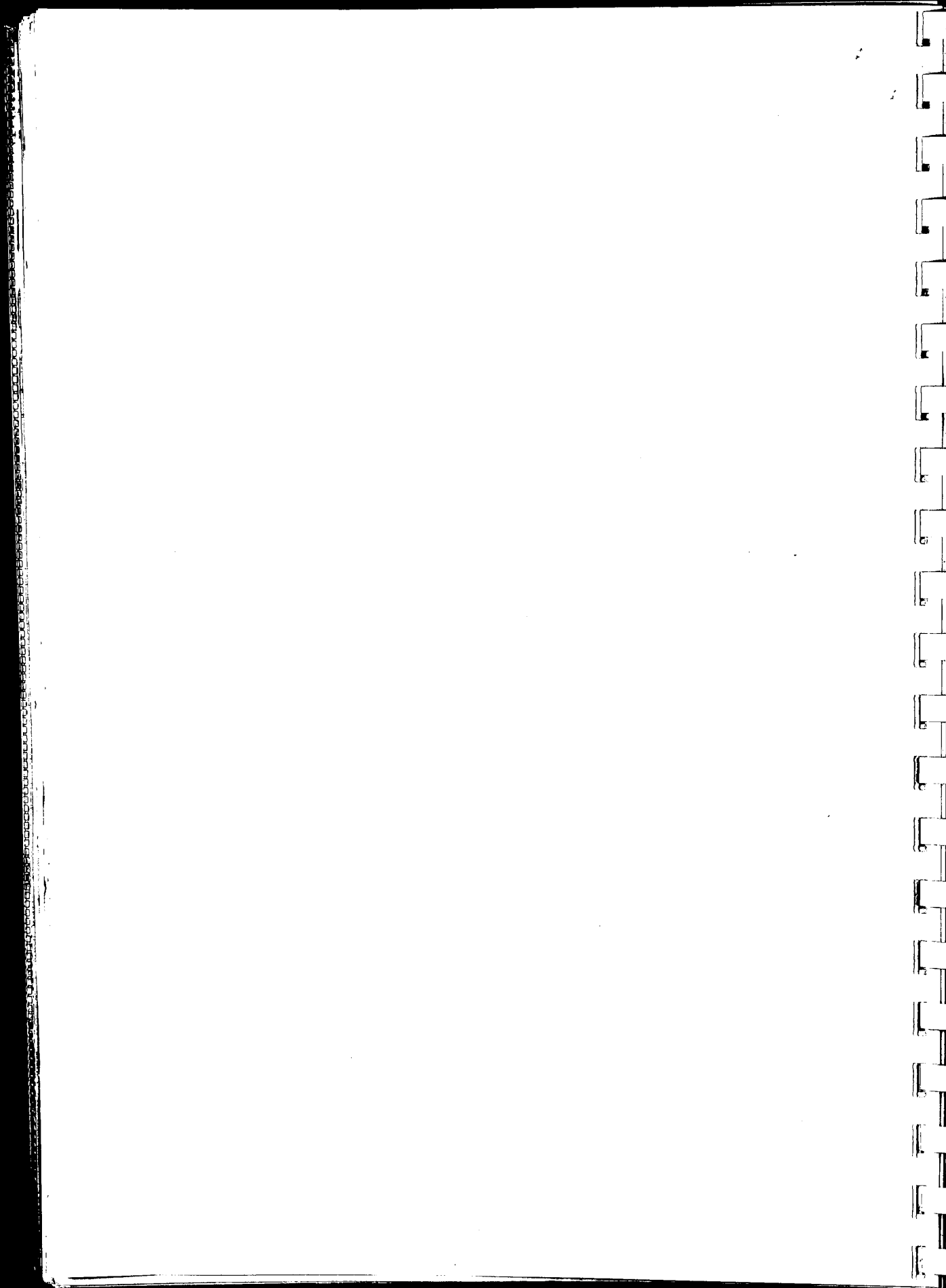
Hinks M D. Receptionists: the hospital shop window. The Medical Secretary no 20. 1972. pp. 6-8.

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

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

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

M D Hinks  
Research Officer  
April 1973



## THE LANGUAGE BARRIER

### Origins

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

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

### Objectives

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

### Progress

4. Although this project started with the main purpose of improving existing language cards, it was felt that the wider implications of the problem could not be ignored. Consequently a meeting was held on 31 January 1972 to consider the whole subject. The wide range of interests and expertise of the 26 people attending this meeting, by invitation, enabled members to take a broad view of the field before discussing in more detail practical plans for future action. A report of this meeting has been published (M D Hinks, The Language Barrier THC reprint no 636. February 1972). The project has developed in several directions.

#### Patients

5. A questionnaire circulated widely to hospital authorities, local health authorities, interested organisations and individuals produced a wealth of both problems and suggestions for improvement in the present situation. As a result, the following action has been taken:

- i. A lending folder containing many examples of instruction sheets, explanatory leaflets and booklets in a variety of languages has been completed and is available on loan from the King's Fund Centre.
- ii. Discussions have been held with the British Red Cross and representatives of hospital departments to consider alterations and additions to the current Red Cross language cards, arising from the many suggestions and comments made in the completed questionnaires.

#### Staff: ancillary staff

6. The King's Fund Development Committee authorised a grant of £300 (min 72/42 of 5 May 1972) to finance an experimental training course in English for overseas staff employed in a London hospital laundry and a training day for supervisors of

overseas staff. A further grant of £850 (min 73/10 of 26 January 1973) was allocated to cover the cost of a second training course to be held in another London hospital laundry, as well as a course for supervisory staff to be held in their own hospital and a possible English language test for overseas applicants for ancillary staff posts. Two training days for supervisors have been held at the King's Fund Centre, one concentrating on the problems of continental staff and the other dealing largely with staff from the Far East. A report of the first language course for overseas employees has been published (Breaking the Language Barrier: Health and Social Service Journal. February 10, 1973 THC reprint no. 759).

#### Student nurses

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

A lending folder containing material and current hospital progress connected with orientation courses for overseas student nurses is available from the King's Fund Centre.

A conference was held at the King's Fund Centre in October 1972 to discuss the language barrier in connection with nursing, ancillary and medical staff. At the request of the nurses present, a discussion meeting for nurse tutors was held in February 1973.

#### Evaluation

7. The conferences and training days so far held have helped to highlight some of the problems connected with the employment of overseas staff and have helped to increase the understanding of those attending. There is an increasing realisation both of the problems and possible solutions on the part of trained nurses and supervisory staff.

#### The future

8. Plans for the future include the publication of a booklet of some of the good ideas and practices that have been collected. Further training days for supervisors and conferences will be held as and when the need arises.

At the conclusion of the second language course for overseas laundry workers it is hoped to produce a trial training package that could be used in any hospital laundry. Should this prove successful it is possible that the project may be extended to include similar material for the teaching of staff in hospital catering, portering and domestic services. A training package of background information for supervisors of overseas staff and a language efficiency test are also envisaged.

M D Hinks  
Research Officer  
April 1973



## THE ROLE OF SOCIAL WORKERS IN PSYCHIATRIC HOSPITALS

### Origins

1. This project was instigated in 1969 by Professor J.H. Smith, Professor of Sociology at the University of Southampton, and a member of the Education Committee of the King's Fund. Professor Smith was closely connected with the project that led to the publication in 1968 of the King's Fund report, 'Industrial therapy in psychiatric hospitals', and its supplementary reports. His University department is actively engaged in the training of social workers and about four years ago it came to be thought there that a survey of staff engaged in social work in psychiatric hospitals was urgently needed: these social workers were faced with radical changes on the implementation of the Seebohm report on local authority and allied personal social services, but the detailed information required as a sound basis for action was lacking on several issues. Mr. R. Wright, Chief Professional Adviser on Social Work Training to the Council of Social Work Training, who was informally approached, confirmed that the proposed study would be welcomed by social workers themselves and by their employing authorities.

2. Development Committee subsequently received an application in May 1969 from Professor Smith for a grant of up to £15,040 over a period of three years for a study under his supervision of the role of social workers in psychiatric hospitals. (Minute 69/32).

3. A decision was deferred to allow for several points raised in discussion to be explored, and the proposal was reconsidered at the meeting on 10th October, 1969, when a grant of £15,040 was made for the project, to extend for three years. (Minute 69/42). In January 1973, Development Committee made a grant of £675 to meet the final costs. (Minute 73/14).

4. The project was guided by a steering committee consisting of:

|                                 |   |
|---------------------------------|---|
| Professor J.H. Smith: Chairman: | Professor of Sociology<br>University of Southampton   |
| Mr. M.C. Hardie                 | Director, the King's Fund Centre  |
| Dr. Agnes Miles                 | Senior Research Fellow, Department of<br>Sociology and Social Administration,<br>University of Southampton. |
| Mr. Irfon Roberts: Secretary:   | Assistant Director, the King's Fund Centre  |

5. Dr. Agnes Miles started as full-time research worker on the project on 1st September, 1969.

### Objects

6. The study was initially intended to be carried out in three stages:

- i) First stage; a national survey of all social workers in psychiatric hospitals and in the psychiatric wings of general hospitals in England and Wales.

- ii) Second stage; a study of the 'status' of social workers in psychiatric hospitals, to discover their relationship to their colleagues in medicine, nursing, psychology etc., and their relative positions in the hospitals. It was hoped to throw light on communications, social workers and others working in hospitals, and on the effects of the social workers' position on their functions in the hospitals.
- iii) Third stage; a study of 'public response' to social workers. It was hoped to discover whether patients and their families are aware of the social workers, and if so what they expect of them and the degree of satisfaction obtained.

#### Progress

7. A pilot study was carried out between September and December, 1969, and during 1970 a national survey was conducted, which included all social workers employed in hospitals for the mentally ill and mentally handicapped in England and Wales. The response to the questionnaires sent to social workers and hospital secretaries was most encouraging; about 90% were returned, partly as a result of a thorough process of reminder and of the interest generated among social workers. Towards the end of 1970 a complementary survey was carried out among social workers employed in the psychiatric units of general hospitals. In October, 1970, Mrs. J. Causer, a full-time research student, joined the project, with a view to writing a PhD thesis on the third stage, the responses of psychiatric patients and their families to social workers. The pilot stage of this study was carried out in the Wessex region. It seemed to point to the value of a more detailed inquiry, and so it was decided to extend this part of the project which is now planned to run for another two years sponsored jointly by the Fund and the Wessex Regional Hospital Board. Meanwhile, Dr. Miles went on to carry out six case studies about the role of social workers and to write a report on the results of the first two stages.

8. A progress report by Dr. Miles 'Social Workers in Psychiatric Hospitals' was published in Social Work Today on 10th February, 1972 (THC reprint number 646).

Dr. Miles completed her work on the project in September, 1972 and the final report has been submitted to the Fund with a view to publication.

#### Evaluation

9. In view of the implementation of the Seebohm report, the project has generated wide interest and has been generally welcomed by social workers. It has brought to light fresh information which should be of practical value.

#### The future

10. It is hoped that the final report will be of service to the profession and of practical value to all those engaged in it.

## NATIONAL ASSOCIATION OF INDUSTRIAL THERAPY MANAGERS

### Origins

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

A Steering Committee of 8 managers attending the conference was formed, who, with help and advice from the staff of the King's Fund Hospital Centre and the Legal Department of the South West Metropolitan Regional Hospital Board, drew up a constitution and brought the Association into being on June 1st, 1971. Later, in May 1972, the King's Fund made a grant of £1,000 for each of 2 years for providing secretarial help. (Dev Committee Minute 72/44)

### Objectives

2. The National Association of Industrial Therapy Managers aims to:
- promote the interests of all persons referred for Industrial Therapy
  - provide support, encouragement and advice for training courses in Industrial Therapy
  - diffuse advice and information on Industrial Therapy to members
  - provide a democratically governed body who will be able to represent at local and national level the interests of all those concerned in Industrial Therapy
  - mount study days to facilitate the exchange of information between members
  - disseminate information about Industrial Therapy among interested persons in allied fields.

### Progress

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

- the maintenance of membership files and register
- production and circularization of newsletters
- minuting of Executive Meetings
- replying to queries where factual replies are available
- acquisition of government reports and other necessary publications
- dissemination of information and literature on branch formation

- g) the ballot for returning members to the National Executive at the Annual General Meeting
  - h) the basic secretarial work occasioned by the Annual Conference and Business Meeting.
4. Two entirely new groups of managers have formed branches, one in the North East Midlands, one in Northern Ireland. Three existing groups have become branches by adopting the branch constitution of the Association.
5. Two successful Annual Conferences, including Annual General Meetings, have been held, in London in October 1971 and in Birmingham in 1972.
6. The first educational course run by the National Association of Industrial Therapy Managers in conjunction with a Technical College for workshop floor/instructor staff is now taking place at Ewell.

#### Evaluation

7. a) Although somewhat disappointing, membership now stands at 205.
- b) The Association has frequently been called upon for advice and evidence on matters relevant to Industrial Therapy.
- c) The Association has been asked to send representatives to attend seminars and to serve on Committees.
- d) Acknowledgement of the Association has been forthcoming from the Secretary of State for Health and Social Security.
- e) The Association is the only body representative of managers from every type of unit using Industrial Therapy, in a position to suggest managerial arrangements for the proper conduct of units within the reorganised Health Service.

#### Future

8. As potential membership is estimated at 2,000 the Association intends to form branches in areas roughly corresponding to the new Regional Health Authorities, so that all members will have a local platform for discussion and the sharing of expertise.
9. Expansion of the educational programme is needed and it is intended to enter negotiations with technical colleges in various parts of the country to provide courses for workshop floor/instructor staff. These courses would have a common syllabus and would be approved by the Association. Attendance at such a course would indicate that a person had reached an agreed standard, which the Association hopes would be recognised by employing authorities throughout the country.

(Miss) B Watson  
Hon Sec NAITM  
March 1973

## DRUG DEPENDENCY DISCUSSION GROUP

### Origin

1. In the spring of 1968, a psychiatric social worker from All Saints Hospital, Birmingham, asked the Hospital Centre if they could hold a series of meetings for psychiatric social workers and psychiatric nurses working with drug addicted patients. The meetings, it was suggested, should be for staff working in the newly opening drug addiction units in the London Hospitals. These meetings were to be run as a series of discussions, as were the meetings for those nurses working in alcoholic units which had been running for a year or more at the Hospital Centre. In February 1972, the Development Committee granted £400 to cover the expenses of the extra help required by the steering committee and the various sub-committees (Dev 72/38 THC 72/359).

### Objectives

2. The objectives of the meetings were to allow nurses and social workers from the London hospitals' drug units the opportunity to discuss and learn from each other ways and means of treating and caring for those who would, through the new legislation concerning the prescribing of heroin, be attending for treatment either as day or residential patients.

### Progress

3. The Department of Health and Social Security furnished the Hospital Centre with a list of the London hospitals where drug addiction clinics were to be held and units set up. It was hard to locate the nurses and the social workers in these early days as most 'shop window' hospital staff were unaware that their hospital had been designated as one where a clinic was to be held.

4. The Department of Health were then asked if they would be kind enough to give us the names of the consultant psychiatrists in charge of each of the units. In writing to the psychiatrists in charge about the meetings planned for nurses and social workers, it seemed only fair to offer them the chance of attending too, so it was that the first meeting was attended by psychiatrists, social workers and nurses and became more of a conference than an informal discussion.

5. Mr Hardie chaired the meeting on 10 May 1968. Dr Owens from All Saints Hospital, Birmingham, spoke about the containment of the problem in Birmingham. Dr Baker, then a principal medical officer of the DHSS, spoke of the reasons for setting up the London heroin addiction clinics. Mr Jeffery, HM Chief Inspector of the Home Office Drugs Branch, explained the problems of controlling the country's intake of heroin and the hopes that legal prescribing would bring a more accurate picture of those who are addicted, many of whom were at present unknown. Many questions about containing the problem of heroin takers and legal prescribers and the management of the new London units or clinics were raised and those at the meeting agreed on the need to meet again.

6. The reporting of the early meetings by the Nursing Times attracted attention outside London and as the meetings progressed, clinics all over the United Kingdom and Eire were asking to be represented. The type of people requesting to come also broadened to

take in the staff of the local authority health services, probation officers, police, magistrates, voluntary organisations and prison doctors.

7. At the second meeting, held in August 1968, the Group decided there was much work for them to do and formed a Steering Committee to assist the Hospital Centre in the planning and arrangement of the meetings. The meetings should be quarterly and the invitations should be issued in the main, to anyone involved in the care of drug addicted people, but through the consultant psychiatrists of the hospital drug units. The voluntary organisations, the DHSS, the Home Office and the Medical Officers of Health were to continue receiving their invitations direct from the Hospital Centre. The Steering Committee at this stage was -

Mr M C Hardie, Chairman  
 Dr J Owens (M Nyman), All Saints Hospital, Birmingham  
 Dr Dale Beckett, Cane Hill Hospital, Surrey  
 Mr W J A Kirkpatrick, Nurse, St Leonard's Hospital  
 Mr B B Preston, Probation Officer, Bradford  
 Mr E C Tauber, Social Worker, Queen Mary's Hospital, Roehampton  
 Miss J B Craig, Secretary, the Hospital Centre

8. At the third meeting, in October 1968, the Group were turning their attention to the growing problem of soft drug addiction and were suggesting working parties to study problems in order of priority with a view to reporting back to the main meeting periodically. The first five topics were:

- i) communication
- ii) rehabilitation
- iii) followup and research
- iv) information services
- v) staff training

These working parties gave a preliminary report of their work in December 1968.

9. In April 1969 the working parties again reported to the main meeting. Some felt they had concluded their business, others wished to continue. They also took note of the Liaison Committee of Bradford City as described by Dr Milne. It was a committee taking in all branches of local services and the hospital where the top people of the organisations met at stated intervals to discuss joint ways of tackling the problem of addiction in the city. This description of the joint meetings held in Bradford seemed to inspire many other cities and rural district organisations to unite in the same way. The growth of these Liaison Groups was rapid and the names for the groups varied, but in September 1971 the Hospital Centre and the National Council for Social Service in Nottingham were able to offer a meeting for two representatives from each voluntary committee at Nottingham University. About 90 local committees were invited to send representatives.

10. Throughout 1969 / 1970 the Group continued to meet quarterly and discuss predetermined subjects aided by opening speakers, particularly knowledgeable on that subject, such things for example, as the work of the voluntary organisations or the legal aid available for those accused of taking or carrying drugs. The feeling that London's

problems were different from those of her provinces was growing throughout the meetings and the steering committee's suggestion that alternate meetings should be held in the provinces and relate to provincial matters, was readily accepted. The first invitation for hospitality outside the Hospital Centre was accepted from Dr Milne and Lynfield Mount Hospital. Since then we have been to Oxford, twice Portsmouth and Nottingham, also to Birmingham and Brighton.

11 Early in 1971 it was decided that the steering committee should undergo a change of personnel and be enlarged to take in people with the provincial problems more at heart. As far as possible, all attending the meetings were given the opportunity to stand for election and to vote in the new steering committee. The new committee is as follows:

Mr M C Hardie (chairman)  
Miss J B Craig (secretary)

From the provinces

Dr A Gatherer, MOH, County Borough of Reading  
Dr H B Milne, Consultant Psychiatrist, Lynfield Mount Hospital  
Miss A E Murphy, Ward Sister, Littlemore Hospital  
Mr M Nyman, Psychiatric Social Worker, All Saints Hospital  
Dr Jean Olley, Lecturer in Pharmacology, Bradford  
Mr K Thompson, Principal Probation Officer, Oxfordshire

From London

Mrs J Barette, Psychiatric Social Worker, Maudsley and Bethlem Royal Hospitals  
Mr R Bleazard, Charge Nurse, St Lukes Woodside Hospital  
Dr H Dale Beckett, Consultant Psychiatrist, Cane Hill Hospital  
Dr A C D S Cameron, MOH, London Borough of Hammersmith  
Dr P Chapple, Medical Director, National Addiction Research Institute  
Mr P Ely, Senior Probation Officer, Middlesex

Representing London and Provinces

Mr R Humphries, Director of Social Services, Portsmouth  
Mr J Snow, Secretary, SCODA representative

12 The steering committee members will be due to retire in rotation, two to three annually. Working parties are still being set up as the need arises. The two lately convened are looking into the question of drugs and the world of education and the communication between the London clinics and the London police drug squads.

13 The object of the meetings, as stated early in 1968, was that nurses and social workers from drug addiction units should meet to discuss their common problems. They have met but in company with all others from the thousands of people showing concern for this particular group of dependent people. From time to time there has been a feeling that the meetings are too dominated by psychiatrists and the other professions and organisations do not have their share of

the discussion. Whenever this has come before the steering committee, fresh efforts to share the interest and discussion more liberally have been made. For example, a whole day's meeting was devoted to the social worker's point of view, another to voluntary organisations, one to the legal aspects of drug dependency and education. As mentioned before, the interests of liaison committees also receive consideration.

14 Two meetings have been held for nurses attending the discussion group meetings, to meet with their colleagues from the general hospitals to discuss the problems of caring for the drug addict in several casualty departments and wards. A considerable antipathy towards this type of patient was expressed by the general trained nurses.

15 For accounts of meetings, read:

|  |                          |
|--|--------------------------|
| THC Reprint no 260 Treating drug dependency.   | Nursing Times, 17.5.68.  |
| 277 Drug dependency units.   | Nursing Times, 23.8.68.  |
| 288 Methedrine-the new restriction.  | Nursing Times, 18.10.68. |
| 316 Drug addiction discussion group.   | Nursing Times, 27.12.68. |
| 319 The nurse and the drug addict.   | Nursing Times, 20.2.69.  |
| 327 The drug addicted patient in casualty.   | 27.3.69.                 |
| 345 Drug addiction unit staff discussion group   | 5.6.69.                  |
| 670 Drug dependency discussion group   | 7.11.69.                 |
| 389 Drug dependency discussion group   | 19.12.69.                |
| 418 Drug dependency discussion group   | 9.2.70.                  |
| 440 Drug dependency discussion group   | 23.4.70.                 |
| 472 Drug dependency discussion group   | 30.6.70.                 |
| 502 Drug dependency discussion group   | 1.11.70.                 |
| 534 Drug dependency discussion group   | 15.2.71.                 |
| 565 Drug dependency discussion group   | 27.5.71.                 |
| 582 Drug dependency discussion group   | 15.6.71.                 |
| 607 Conference of liaison committees concerned with drug dependent people.                 | 28.9.71.                 |
| 650 Drug dependency discussion group   | 20.1.72.                 |
| 677 Drug dependency discussion group   | 27.4.72.                 |
| 709 Coordinating the efforts to combat drug dependency problems within the London Boroughs | 20.7.72.                 |
| 728 Drug dependency discussion group   | 17.10.72.                |
| 753 Drug dependency discussion group   | 18.1.73.                 |

### Evaluation

16 From 1969 onwards, the suggestion has been made to the group that they no longer require the services of the King's Fund Hospital Centre. They have the topics and the people to talk about them among themselves. They only need a meeting place. The vocal members of the group have, up till now, resisted being independent of the King's Fund on the grounds that they are so divided among themselves and there is no other suitable organisation. No other organisation they say is involved with the health services and yet, as impartial as the King's Fund manages to be. In their indecision, they needed such background support as we were able to give them. The amount of work involved in organising the meetings is growing and has been particularly heavy in 1971/2 with the increasing number of people wishing to



belong to the group and the organisation of meetings in the provinces as well as in London. However, at the steering committee meeting in January 1973, the members appeared more ready to think in terms of becoming an independent association.

#### Future

17. During 1973 the discussion group will continue to be administered through the King's Fund Centre. Four meetings have been arranged and hospitality accepted in Manchester for the spring meeting and Bristol for the autumn. In the meantime, the steering committee will continue to work towards the formation of an independent association.

J B Craig  
Assistant Director  
January 1973

[illegible]

## FILM ON MENTAL HEALTH

### Origins

1 In January 1972, MIND/National Association for Mental Health approached the King's Fund for a grant toward the cost of producing a ten minute film on mental aftercare to include in the monthly series 'Review', produced and distributed by the National Coal Board for commercial distribution and for payment for 35 mm and 16 mm copies of the film. In February 1972 Development Committee made a token grant of £500 for the project (Minute 72/22).

### Objectives

2 The aim was to prepare, for the general public, a colour film which would fit, as a 'short', into a commercial programme, describing the work done by local mental health associations in providing hostels, group homes, day centres, social clubs and employment for long-stay patients of psychiatric hospitals.

### Progress

3 Only modest success was achieved in approaches to other bodies for grants toward the estimated cost of £6,000 - half of which was to pay for the required number of prints. The National Coal Board have made their own contribution by reducing the cost to £4,500.

4 The film 'Return to Life from Mental Hospital' was made by David Pitt of the National Coal Board Film Unit after many discussions with MIND/NAMH staff and visits by the unit to many different projects. The film was completed in September 1972 and was then offered to film distributors and independent cinemas. By 31 December over 450 bookings had been made. In a few cases cinema managers agreed to foyer collections and/or displays of posters and exhibition material.

5 In March, the Rank Organisation agreed to arrange for the film to be shown in all Odeon and Gaumont cinemas in the period May/July 1973 and to arrange for foyer collections. It thus seems certain that the film will eventually be shown in more than half the cinemas in the country.

### Evaluation

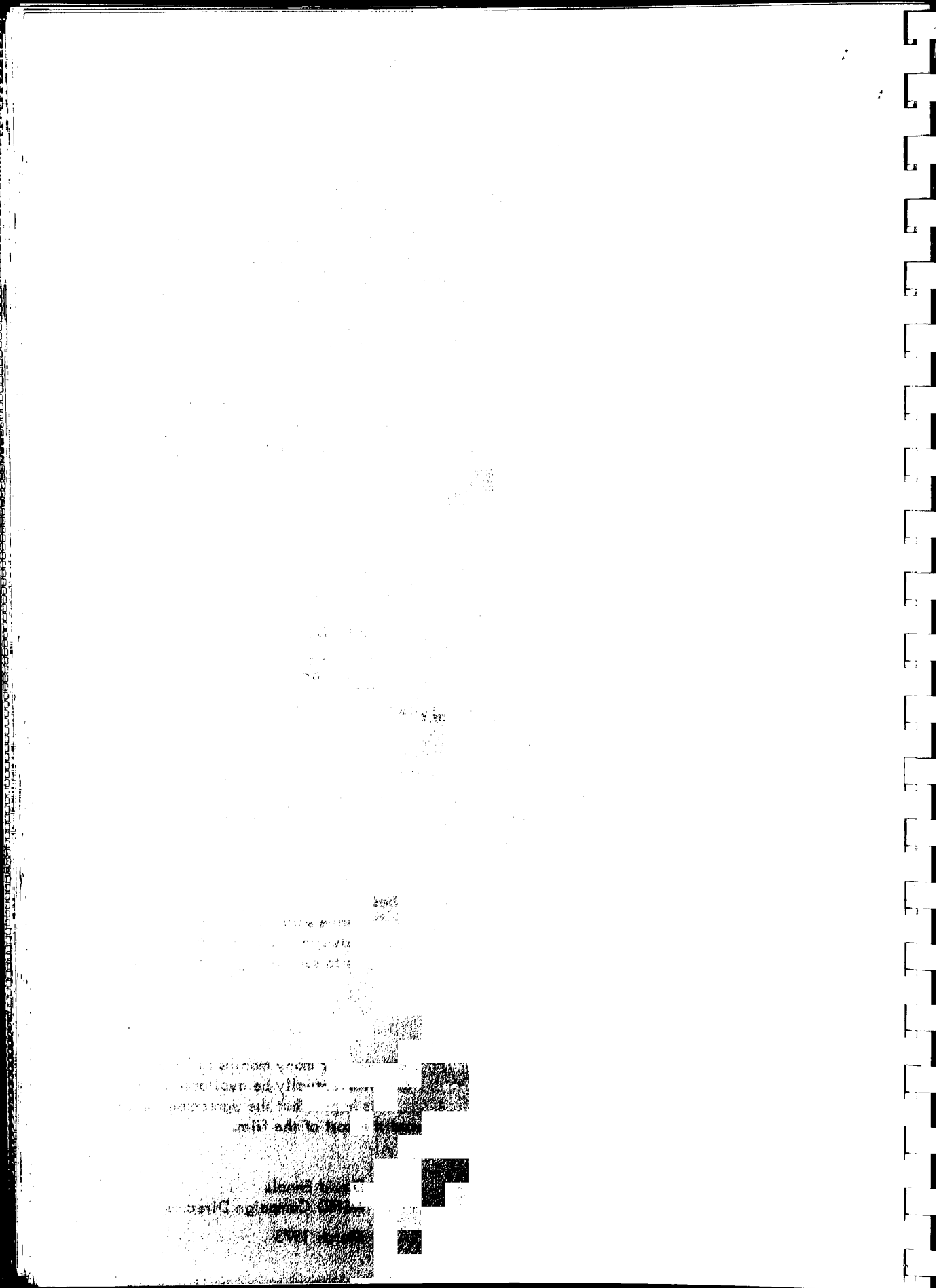
6 Those who have seen the film have, in most cases, been very complimentary about its sensitive treatment of the subject. Some, in the cinema world, have said that it is not sufficiently 'light and entertaining' for the average cinema audience. It is however, a great achievement to have shown the practical work of local mental health associations to such a large cross section of the cinema-going public.

### The future

7 The film will continue to be shown in commercial cinemas for many months to come and we shall make a drive for special showings in MIND Week. It will eventually be available for non-commercial showing for both 35 mm and 16 mm projectors. It is hoped that the agreement of Rank for cinema collections will further help to contribute toward the cost of the film.

David Ennals  
MIND Campaign Director

March 1973



ASPECTS OF MANAGEMENT  
(CONFERENCES ON MANAGEMENT TOPICS)

Origins

1. During 1971 a series of conferences was held at the King's Fund Centre on various management topics and these were followed by a second series in 1972. These owed their origin to the fact that from time to time the Fund is made aware of fresh ideas and practices in management in the health services which seem to merit wider application. One of the declared purposes of the Centre is to focus attention on these subjects, and topics were chosen for these conferences which seemed to lend themselves to this way of fostering good practice. They were arranged in cooperation with the King's Fund College.

Objects

2. As Mr Hardie explained in the notices of these conferences first distributed with the Centre Newsletter for November 1970, 'The purpose of the series is not to offer instant training in management, nor to provide an alternative to formal training, but rather to provide an opportunity for the description and discussion of some of the more interesting developments and experiments in hospital management, several of which have been initiated or supported by the King's Fund'.

Progress

3. The following list shows the subjects covered, and the reports available as Centre reprints.

First Series, 1971

I MANAGEMENT ACCOUNTING - Wednesday 6 January 1971

Experiment in presenting hospital management with comprehensive and up-to-date information relating the functional aspect to expenditure monthly instead of annually, so that informed decisions on future policy can be made.

Reprint No 538 Accounting for Managers British Hospital Journal 27 2 71

II MANAGEMENT CONTROLS IN MEDICAL CARE - Tuesday 16 February 1971

(a) Making the best use of resources with the help of systems of information.

(b) Progress of project at St James' Hospital, Portsmouth, for a hospital-based information service to enable doctors to identify overall aims of hospital and departmental objectives.

Reprint No 599 Management Controls in Medical Care

### III MANAGEMENT IN TEACHING HOSPITALS - 1 - Tuesday 22 June 1971

Advantages and disadvantages of the approach adopted by McKinsey's, management consultants, who were asked by the Board of Governors of the United Oxford Hospitals 'to examine the use and misuse of resources and to make suggestions for improving the management structure'.

Reprint No 601 Management Integration and the Oxford Experiment British Hospital Journal 28 8 71

### IV MANAGEMENT IN TEACHING HOSPITALS - 2 - Wednesday 6 October 1971

The application of functional management and the implementation of the Cogwheel, Salmon and Farquharson-Lang reports in the United Manchester Hospitals.

Reprint No 622 Management at Manchester : A Hospital Centre Conference The Hospital November 1971

### V OPERATIONAL RESEARCH IN HOSPITAL MANAGEMENT - Wednesday 3 November 1971

Operational Research by Wessex RHB in the application of a policy of building hospitals with 120-bed floors and the management of patient areas of that size.

Reprint No 619 Large Nursing Units : A Hospital Centre Conference The Hospital December 1971

### VI MANAGEMENT AUDIT - Tuesday 14 December 1971

A method of reviewing the administrative situation in a hospital or group, based on the King's Fund management audit document.

Reprint No 647 Management Audit British Hospital Journal 22 1 72

### Second Series, 1972

#### I ASSESSING GERIATRIC NEEDS - Tuesday 8 February 1972

A practical method of assessing the needs for geriatric services in a region, devised by the long-stay survey team of the Welsh Hospital Board as a development of their original method of survey presented at a conference at the King's Fund Centre on 3 December 1969.

#### II HEALTH INFORMATION SERVICES AND THE MEDICAL RECORD - Thursday 22 June 1972

To discuss progress in medical records following the report of the Tunbridge Committee and the subsequent work of the Advisory Committee of the Department of Health and Social Security on Hospital Medical Records.

### III JOB DESCRIPTIONS FOR HOSPITAL STAFF - Wednesday 19 July 1972

The preparation of job descriptions for hospital staff as illustrated in the folder of examples supplied by hospital authorities, published by the King's Fund in April 1972.

### IV RESOURCES FOR MAINTENANCE - Tuesday 12 September 1972

To discuss problems and progress in the management of hospital maintenance services and the allocation of resources for this purpose.

### V HOME FROM HOSPITAL - Thursday 26 October 1972

A review of steps taken to apply the recommendations of the report 'Home from hospital' by Miss Muriel Skeet, published by the Dan Mason Nursing Research Committee.

Reprint No 739 Home from Hospital

British Hospital  
Journal 9 12 72

### VI PLANNING AND ALLOCATION OF RESOURCES IN AN INTEGRATED HEALTH SERVICE - Wednesday 13 December 1972

A discussion of how the National Health Service should determine its priorities and plan to use its financial, manpower and other resources to greatest effect. The talks were based on the planning arrangements proposed in the White Paper on NHS re-organisation in England (Cmd 5055) and on the report 'Management arrangements for the re-organised National Health Service'.

Reprint No 746 Planning and allocation of  
resources

The Hospital and  
Health Services  
Review January 1973

### Third Series, 1973

#### I MEDICAL RECORDS AND MEDICAL CARE - Wednesday 10 January 1973

Talk by Professor Lawrence L Weed, Professor of Medicine at the University of Vermont Medical Centre, Burlington, Vermont, USA. Professor Weed was in this country on a series of visits sponsored by the Fund and other organisations. The talk at the King's Fund Centre was on Problem-Oriented Medical Records, with particular attention to the computer aspect of the subject.

### Evaluation

4. The demand for places has regularly been far more than could be met, and reports have been received at the Centre from those attending who have applied the lessons of the conferences. The Fund itself has also taken action, such as by arranging sequels to the conference of 14 December 1971 on management audit: please see report PN 70, Management Audit. Similarly the conference of 10

January 1973, 'Medical Records and Medical Care' was a sequel to the one held on 22 June 1972 on 'Health Information Services and the Medical Record'.

The future

5. There is no shortage of topics which could usefully be aired at similar conferences, but it would appear best to consolidate gains already made, and so a survey will be made in 1973 to take stock of progress with a view to a series of conferences to be held at the Centre later in the year.

Irfon Roberts  
Assistant Director  
April 1973



## MANAGEMENT AUDIT

### Origins

1. The work of the Fund on management audit may be traced back to a visit paid in 1960 to the United States by Mr. A.C. Dale, when he studied the work of the American Hospitals Association in developing it on a consultancy basis. Later, as a senior tutor at the King's Fund College, he continued with the help of a small working party and as a result a check list for use in taking stock of management practices in a hospital group was issued at the College in January 1966. The subject was defined as 'a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management'.

### Objects

2. It was envisaged that the list would be used jointly by group and hospital secretaries; that together they would reappraise the policies, the systems, and the relationships and communications within their hospitals. Such a review could well be linked to a system of 'management by objectives' and in this way gradual and methodical progress might be made towards new and better ways of managing the human and material resources of the hospital.

### Progress

3. The subject was included in the curriculum at the College and, when Mr. Dale left in 1966, Mr. Aubrey Keep became the senior tutor most closely concerned. In 1967 he ran a survey from the College on a sample basis in an attempt to ascertain where it had been put into practice by those who had attended courses there. In 1969, a survey for the same purpose was made from the Centre on a broader basis as part of the project 'Putting research to good use': please see report PN 123. About 500 questionnaires were sent to hospital authorities in the United Kingdom, and 172 were completed and returned. 160 of these were valid for the purpose, and the answers were:-

|   |  |    |
|---|--|----|
| A | Applying the check list in whole or in part        | 94 |
| B | Not aware of the King's Fund study                 | 28 |
| C | Aware of the study but not applying the check list | 38 |

19 in group B and 23 in group C said they regarded management audit as part of their routine of management. The general attitude to the idea of management audit on the part of practically all those replying was favourable, and was well expressed in the words of one group secretary who wrote 'It is probably true to say that the check list prepared by the King's Fund College of Hospital Management formalised for the first time the sort of administrative examination of conscience which senior administrators had from time to time carried out in a less systematic fashion'. The check list as it stood, three years after being drawn up, was generally regarded as well suited for the purpose. Where the need for alteration was suggested, it was usually to meet local conditions, or to keep pace with one or two general changes in hospitals. The main difficulties said to be encountered were the pressure of more immediate demands on the administrator's time, and shortage of staff of the calibre required. It was evident that management audit could well be of value not only to group and hospital secretaries, but to others such as the nursing staff and the heads of professional and service departments.

4. These findings were used by Mr. Keep in giving the subject a fresh impetus and in particular to encourage its adoption by managers of health care in the Service at large, primarily through the medium of the management courses then taking place at the College with participants from various professions. Both the College and the Centre kept in touch with hospitals which had shown interest, and with other places such as the William Rathbone College where it had been taken into the curriculum.

5. On 14th December, 1971, a conference was held at the Centre in the series on management topics: please see separate report. The speakers included Mr. Dale and Mr. Keep; and accounts were given of management audit in practice, including its part in the administration of the new Southampton University Hospital Group, and in the nursing administration of the Doncaster Group.

6. On 29th February, 1972 a meeting was held at the King's Fund College with Mr. F.R. Reeves, Director of Education, in the chair, when representatives of the College and of the Centre discussed with the speakers who had taken part at the conference what the future contribution of the Fund might be.

7. Good progress was subsequently made with management audit in the nursing administration of the Doncaster Group, where in August 1972 a manual on the subject, 'Management Audit for the Nursing Services' was produced by the Chief Nursing Officer, Miss B.J. Smith. This has aroused interest throughout the country, and over 500 copies have subsequently been sold since they were made available in October, 1972. Study days were held in Doncaster on 19 and 21 November, 1972, and several more are due to be held from May, 1973 onwards. In February 1973, with the help of a grant from the Fund, Mr. G. Robson S.R.N. R.M.N. was appointed by Doncaster H.M.C. as a full-time project officer to help in developing this work in the Group and elsewhere.

8. The following articles have been published:-

|  |                          |                            |
|--|--------------------------|----------------------------|
| 'Management audit' by A.C. Dale                        | British Hospital Journal | 25 3 66                    |
| 'Management audit' by A.G. Keep                        | " " "                    | 26 9 69 THC<br>reprint 384 |
| 'Management audit' (report on conference,<br>14 12 71) | " " "                    | 22 1 72 THC<br>reprint 647 |

#### Evaluation

9. The consensus of opinion of the conference in December, 1971, which seemed strongly in favour of management audit as an integral part of hospital management has been confirmed by the response to subsequent developments at Doncaster, and it is evident that many still look to the Fund for leadership.

10. When the check list was first issued, management audit was seen primarily as an aid to diagnosis in the general administrative field. Since then it has been shown that it could extend from a scrutiny of the organisation to that of the individual working in it, with all that this entails in job descriptions and so on. This can be seen in the report 'Management Audit for the Nursing Services'. Developments of this kind are, however, the exception, and it seems that there are still relatively few hospitals where it has been applied even in its original form.

The future

II. The following conclusions reached at the meeting of 29th February, 1972 seem to be still valid.

- i) The Fund should continue to foster the application of management audit, for instance by presenting it at the College as one of several valuable aids to good management. The Fund should also continue to be on the lookout for fresh developments and encourage their application as appropriate.
- ii) A fresh initiative on the part of the Fund might now be opportune. One way would be to help one or two hospital groups showing an interest: these could then serve as patterns for others to follow. If this suggestion were to be adopted, it would probably be best to arrange it as a specific project with a grant for the purpose.
- iii) Many hospitals could still benefit from using the check list as a guide in the preparation of their own, and it should therefore continue to be available on request. To put it into its present perspective, a fresh introduction has been added.
- iv) Whatever developments there may be, it seems likely that for some time to come it will be in something like its original form, with the accent on simplicity, that management audit will be of most practical value to hospitals.

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## COMMUNICATION FLOW IN HOSPITALS

### Origins

1. At the annual general meeting of the Fund's General Council at St James' Palace in 1970, Miss A M White, Chief Nursing Officer of the United Liverpool Hospitals and a member of the Fund's Education Committee, suggested the need for further studies in the flow of communications in hospitals. Following her talk, Mr Hardie had further discussions with her on this subject, and with representatives of the Industrial Society, who earlier in the year had expressed interest in applying to the hospital world their knowledge and experience of communication problems in industry. As a result of these discussions, the Industrial Society put forward an application for a grant of up to £2630 towards the cost of a study in two hospitals. This application was approved by Development Committee in October 1970 (Minute 70/82).

### Purpose

2. The aims of the project were defined as being:
- i) To undertake a study of communication flow -
    - a) management to subordinate levels of staff and staff to management directly through the management/supervisory structure and through consultations between the management and unions
    - b) laterally between medical, nursing and administrative functions.
  - ii) To establish which existing practices help and hinder hospitals in providing adequate medical and nursing care of patients efficiently and economically and to make recommendations for improvement
    - a) nationally
    - b) locally in those hospitals which provide facilities for the survey.
  - iii) To advise upon implementation of the recommendations accepted.

### Progress

3. The original survey was carried out during 1971 in six hospitals within two groups, chosen because they were typical in many respects of the hospital service. Four of the six were general and the other two were geriatric hospitals, and they ranged in size from 457 beds down to 50. During 1972, the recommendations started to be implemented initially in one hospital from each group, a general and psychiatric. In the latter part of the year, the recommendations were related to a mental subnormality hospital in a third group, and for this purpose a grant of a further £800 was made in November 1972 (Minute 72/78).

4. From this survey of communication flow in the two groups, there emerged six recommendations, which together make up a strategy for improving communication:

- 1) Develop operational policies for communication. These should be in writing and be reviewed annually.
- 2) Provide simple job descriptions for staff and managers at every level, giving them all the information they need to run their jobs effectively.
- 3) Set up staff meetings within and between departments, through which matters affecting job performance can be passed effectively through management to staff. (In the text of the report these will be referred to as briefing meetings).
- 4) Review system for the exchange of information between officers of the same disciplines both within the between hospitals.
- 5) Recognise the potential value of staff involvement and joint consultation. Develop or modify the machinery that will meet the changing needs and staff attitudes of the 1970's.
- 6) Arrange for heads of all departments in each hospital to meet regularly. Where practicable this should include a senior member of the medical staff.

#### Evaluation

5. It is really too early to evaluate the success of the project, but the following comments from a report on the project by the Industrial Society in March 1973 indicate current opinion:

"Progress may be deemed to be slow, but it is recognised that there are many normal pressures on hospital management which prevent a rapid introduction of a systematic drill. In all three hospital situations, the recommendations have led to discussion and plans; in two, already to some action. The recommendations have been debated and sometimes disputed as impractical, undesirable or descriptive of what already exists. What emerges most strongly is the acceptance in all three for the need to improve their downward information giving, to cover explanations as well as decisions. The briefing system offers the solution to this need, but it requires the ability and energy of at least one individual to get it going and ultimately of each man or woman in a briefing role to be prepared to co-operate, learn and relate their job to their leadership responsibility. In planning for change, hospitals need to consider who is explicitly responsible for improving communication within the group and monitoring the systems and skills in use, and relating these to the overall communication policy if it exists. When this has been done, briefing is likely to emerge as a priority. In time, and with care, briefing can and will replace several other, non-systematic meetings. It has been shown that it is a necessary pre-requisite to genuine, constructive consultation. Moreover, it is the only effective way of ensuring staff at all levels understand not only what is to be done, but why. In this way, there is a greater chance of gaining not only obedience and understanding but also acceptance and greater commitment."

#### The future

6. The two hospital groups originally involved are continuing with their efforts to implement the recommendations. The mental subnormality hospital, which became involved at a later stage, is in the process of implementing the recommendations.

M C Hardie  
Director

March 1973

## STANDARDS OF STAFFING

(Ratios of Staff in Hospitals)

### Origins

1. This study was prompted by the variations in the ratios of medical and other staff to patients in hospitals in various countries. It was proposed about two years ago by Dr. Duncan Neuhauser, Assistant Professor, Harvard University School of Public Health, with the support of Professor Odin W. Anderson, Professor and Associate Director of the Centre for Health Administration Studies of the University of Chicago.
2. The project is in the form of an international comparison of patterns of hospital staffing in the United States, Sweden and the United Kingdom. Its purpose is to try to ascertain why there are differences in these patterns within the three countries and between one country and another. The study is a co-operative effort on the part of the Centre for Health Administration Studies of the University of Chicago; Harvard University School of Public Health; S P R I, which is the research branch of the Swedish County Councils, and King Edward's Hospital Fund.

### Objects

3. It was proposed that the questions to be dealt with should include:-
  - i) Do the lower staffing ratios (employees per patient day) in Swedish and United Kingdom hospitals mean that they are more efficient than United States hospitals?
  - ii) If so, where can savings be made in the use of hospital personnel?
  - iii) What is the effect of hospital size, scope of services, average length of stay, occupancy rate, etc., on hospital staffing patterns? (The hypothesized relationships are summarised in Neuhauser and Anderson, "Structural and Comparative Studies of Hospitals.")
  - iv) What different tasks are being performed by different types of personnel in the three countries and to what extent does this imply that one type of personnel can be substituted for another?

### Progress

4. By the autumn of 1972, data on the staffing of individual hospitals had been obtained in Sweden and the United States, and similar information was then sought from a random sample of about 90 hospitals in England and Wales, by means of a questionnaire distributed from the King's Fund Centre. A response of over 75% was obtained, and the information is about to be analysed and compared with the answers from the other two countries.

Evaluation

5. It is too early to attempt an evaluation of the project.

The future

6. It is not expected that exact parallels can be drawn from comparisons between one country and another. However, it is hoped that the information obtained will be of value especially for comparison within each of the participating countries as an aid to the best use of resources of staff.

Irfon Roberts  
Assistant Director  
March, 1973.



## HOSPITAL INTERNAL COMMUNICATIONS PROJECT

### Origins

1 From 1964 - 1971 the Hospital Centre having launched this project, was represented on its steering committee once it was taken over by the then Ministry of Health. The project was arranged to give Professor Revans and his team from Manchester University, the opportunity to try out some of the recommendations they had made in the book 'Standards for Morale : Cause and Effect in Hospitals!'. Ten London hospitals were involved in the Hospital Internal Communications Project. The original intention was that they should learn the tools of research to enable them to examine better their own management problems. Teams of hospital administrators, doctors and nurses came and worked together on problems from each hospital. A central team of research workers was housed at the Hospital Centre, ready to help the hospitals' teams as they required it. In 1971 the research team produced an account of the project and in 1972 the hospitals' staff account of the study was also published by Tavistock Publications. \*

### Objectives

2 For the hospital staff to examine the effect of their own involvement in the Hospital Internal Communications Project upon themselves.

### Progress

3 In July 1972, the Department of Community Medicine, Guy's Hospital Medical School, held a seminar for social science researchers to discuss the first book 'Changing Hospitals'. An account of the meeting was circulated to those present. In October 1972, the staff from the hospitals which took part in the study held an informal meeting at the Hospital Centre. They discussed what the project had meant to them as individuals and the effect it was having on their current work. They also examined the figures relating to patient's length of stay both before and after the study had been in progress. This study of one set of figures in seven of the hospitals, was very thought-provoking and those attending the meeting left to do much homework and to compare statistics with historical accounts of progress before meeting again in 1973.

### Evaluation

4 The real value of this meeting was that it demonstrated what the project had hoped but somehow failed to demonstrate - that hospital staff can be involved in pooling their knowledge about their own hospitals and gainfully compare the results with each other.

### Future

5 There is to be a second meeting in February 1973 of the group of hospital staff to discuss further the meaning of the figures they have collected. At this meeting the need for a more organised approach to the study will be discussed.

\* References

REVANS R W

Standards for morale: cause and effect in hospitals

London, Oxford University Press for the Nuffield Provincial Hospitals Trust, 1964. pp xvi 134

REVANS R W Editor

Hospitals: communication, choice and change

London, Tavistock, 1972. pp xvii 172

WIELAND G F and LEIGH H Editors

Changing hospitals: a report on the hospital internal communications

London, Tavistock, 1971. pp xxiii 499

THC reprint no 740, Hospital Internal Communications Project  
30 October 1972

PN 66

J B Craig  
Assistant Director  
January 1973

## ADMISSION OF PATIENTS TO HOSPITAL

### Origins

1. This study can be traced back within the Fund to several points where it had previously been given attention, as shown in the reports: 'Some observations on hospital admissions and records', 1948; 'Hospital bed occupancy', 1954, and 'Red Warning', 1968. The work of the Emergency Bed Service loomed large in the last of these reports, and it was from the E.B.S. that the impetus came for a fresh study. Sir Francis Avery Jones became Chairman of the Emergency Bed Service Committee in 1968, and in the following year he put forward the proposal for a study of admissions to hospital.

2. Management Committee approved the proposal at its meeting in July 1969, making a grant of £3,000 (minute 7815). A steering committee was formed but in the event it was not found possible to make an immediate start on the project, and the committee first met on 2nd April, 1971. Its membership at the completion of the project was:-

|                                   |  |
|-----------------------------------|--|
| Sir Francis Avery Jones: Chairman | Consultant Physician, Central Middlesex Hospital   |
| * Dr. Howard Baderman             | Consultant Physician, University College Hospital  |
| * Miss Christine Corless          | Project Officer, the King's Fund Centre.           |
| * Mr. M.J. Fairey                 | House Governor, The London Hospital                |
| Mr. M.C. Hardie                   | Director, the King's Fund Centre                   |
| * Dr. Michael Modell              | General Practitioner, London N.W.5                 |
| Mr. G.A. Phalp                    | Secretary, King Edward's Hospital Fund             |
| * Mrs. Y. Ramsden                 | Principal Nursing Officer, Royal Northern Hospital |
| Mr. Irfon Roberts: Secretary      | Assistant Director, the King's Fund Centre         |

Those shown with an asterisk formed the project team led by Dr. Baderman. All were part-time except for Miss Corless, who joined the team as full-time project officer in July, 1971.

3. A grant of £750 to complete the project was made by Management Committee at its meeting in October, 1972. (minute 8174)

### Objects

4. The purpose of the study was to undertake a survey of problems and possible solutions in the organisation of efficient and humane procedures for the admission of patients to hospital, concentrating largely on hospitals that have already established good practices in this field.

### Progress

#### 5. Pilot study

A draft questionnaire (THC 71/236) was drawn up and distributed to the London Hospital, the Whittington Hospital and University College Hospital, under the aegis of the three members of the team associated with these hospitals. In the light of the results it was decided that the draft was too long and complicated to produce an encouraging response on a national scale, and so the questionnaire was simplified accordingly.

#### 6. Distribution of questionnaire

The revised questionnaire (THC 71/480) was distributed to H.M.Cs on 28th July, 1971 for completion by the appropriate hospital or hospitals in each group. The survey was initially limited to those general hospitals with more than 500 beds having major accident and emergency departments. A copy of this questionnaire was also sent to the Senior Administrative Medical Officer of each Regional Hospital Board and their comments were invited.

#### 7. Analysis

By October, 1971, replies had been received from 17 out of 20 Regional Boards (85%), 9 of which gave detailed information. Of 60 questionnaires distributed, 55 (92%) were returned. The questionnaires were then analysed; close attention was given to the final question asking for examples of good practice, and, as hoped, this brought in some useful and interesting examples. The project officer also examined files and other material on the subject available at the King's Fund Centre, and exchanged information with other sources including the Department of Health and the Emergency Bed Service.

#### 8. Report

By March, 1972 all the replies from hospitals had been analysed and points of special interest were examined more closely by correspondence and visits. A first draft report was received by the steering committee early in May, 1972 and after being revised was offered to the Fund and approved in October, 1972 for publication as a King's Fund report.

#### Evaluation

9. Although at this stage it is not possible to evaluate the project, the need for such a study has been emphasised by the cooperation and interest shown by the hospitals participating in it, and the number of hospitals which are dissatisfied with their admission procedures and considering change in the near future which may find the report of immediate practical help.

#### The future

10. With the study itself completed, steps will be taken to make its recommendations known in the hope of having them adopted where applicable; these steps will probably include a conference, a simple exhibition at the King's Fund Centre, and the production of a summary of the report to be distributed widely among potential users.

## PATIENTS' SATISFACTION STUDIES

### Origins

1. So far there have been three studies of patients' satisfaction financed by the Fund: the first with patients in general hospitals, the second with patients in psychiatric hospitals and the third with both staff and patients in psychiatric units attached to general hospitals. The first two surveys have been completed and reports on them published; the third on psychiatric units is still being conducted.
2. These studies were started in 1965 by Mr A C Dale, then a senior tutor at the King's Fund College. He pointed out that the information collected as a matter of routine in hospitals, such as cost accounts and statistics, threw little light on the quality of the service given to patients. While there were not yet any effective ways of measuring the results of different patterns of clinical care, in other aspects of hospital care which had an effect on the recovery of patients, it might well be possible to make some assessment of their views. 'What hospital authorities require', Mr Dale suggested, 'is a simple and inexpensive system of sampling the opinion of patients at regular intervals and expressing the results in a way which will be an inducement to positive administrative action'.
3. In October 1965, Development Committee approved a proposed pilot scheme for general hospitals, with a grant of £500 (minute 367(h)). Subsequently the following grants have been made by Development Committee: in May 1967, for general hospitals, £750 a year for two years (minute 67/25); in May 1969, for psychiatric hospitals, £750 a year for two years (minute 69/30); and in May 1971, for psychiatric units, £1,000 a year for two years (minute 71/33).
4. A project committee was formed in 1967; membership was later extended for the studies with psychiatric patients, and it now consists of:-

|                    |           |  |
|--------------------|-----------|--|
| Mr A C Dale        | Chairman  | Group Secretary, Doncaster Hospital Management Committee   |
| Miss E Barnes      |           | Assistant Secretary, King Edward's Hospital Fund   |
| Dr R K Freudenberg |           | Physician Superintendent, Netherne and Fairdene Hospitals  |
| Mr J C Hayward     |           | Research Department, Royal College of Nursing and National Council of Nurses of the United Kingdom |
| Mr Irfon Roberts   | Secretary | Assistant Director, the King's Fund Centre   |
| Mr E W C Seccombe  |           | Senior Tutor, King's Fund College  |
| Miss H M Simpson   |           | Nursing Officer (Research), Department of Health and Social Security                               |

### Objects

5. The purpose of the surveys at the general and psychiatric hospitals was to devise a method which hospitals could apply themselves to find the views of their own patients and to compare these with the views of patients at comparable hospitals. It was hoped that the results would stimulate action when desirable and practicable, and would assist in the choice of priorities for change. It was also hoped that patients would appreciate the fact that their opinions were sought and that the surveys would stimulate good staff-patient relations.

6. The purpose of the survey in psychiatric units was to compile evidence on people's likes and dislikes of conditions in existing units, to be of assistance to general hospitals that are planning to start such units.

#### Progress

7. The pilot study in general hospitals was run from January to December 1966, with encouraging results, and it was then proposed to extend the project.

8. Mr Dale left the College to take an appointment as a group secretary and the Fund invited Mrs Winifred Raphael, formerly Assistant Director of the National Institute of Industrial Psychology, who had been associated with the enquiry, to be the survey organiser. It was run at ten general hospitals and completed early in 1969. The report on the study, entitled 'Patients and their hospitals' was published by the Fund in November 1969. It has been one of the best-selling of King's Fund reports. The first edition of 3,000 copies of this report is exhausted and a second revised edition was published in April 1973. There have been numerous references to the findings in various publications and also many requests for lectures both on the methods and on the results.

9. The Fund provides the set of instructions free of charge, and questionnaires at cost price. Copies of the reports from hospitals are received at the Centre, and used by Mrs Raphael to revise the tabulated results to which hospitals can refer for sake of comparison. At several hospitals the idea of these studies has been applied for special purposes such as studies of a clinical unit or of an outpatients' department, and the Centre has normally been consulted in these developments. University departments and other establishments have taken part in several surveys.

10. The survey in psychiatric hospitals began in the autumn of 1969, and Mrs Raphael continued to be the survey organiser. From May 1970 she had the assistance of Mrs Valerie Peers, who had had considerable experience of hospitals both from the Emergency Bed Service and as a committee member. Since little work had been done on surveys of attitudes among psychiatric patients, three methods were tried out in comparable wards in each of three hospitals. A simple written questionnaire, answered anonymously, was found to be satisfactory except for geriatric wards. The questionnaire was then tried out by six other large psychiatric hospitals and the results obtained from 2,148 patients were analysed. About two-thirds of the patients participated in the wards included in the survey and of these there were only 2% whose questionnaires had to be discarded, their answers being irrational. The points of satisfaction and of dissatisfaction were noticeably different from those raised in general hospitals.

11. Similar steps were then taken to those which followed the study in general hospitals, including the preparation of a report 'Psychiatric hospitals viewed by their patients' published in July 1972. So far over 40 hospitals have conducted surveys based on it and others are considering doing so. The report contains a check list that hospitals which do not want to conduct a full survey can use to get some information about how their patients are likely to view them. A summary of the report, and descriptive leaflets, were issued at the time of publication, as recommended in the project on applying the recommendations of research: please see report PN 123, 'Putting research to good use'.

12. The study in psychiatric units in general hospitals began in September 1971. It is understood that the policy of the Department of Health and Social Security is increasingly that short stay psychiatric patients shall be treated in psychiatric units of general hospitals rather than in large psychiatric hospitals, and many general hospitals plan to open such units within the next few years. This seemed to point to the value of a survey and Mrs Raphael and Mrs Peers were appointed to run it. Seven psychiatric units have been visited and interviews held with about 30 or 40 members of the staff and patients at each. Based on the information gained in this way, a questionnaire has been devised concentrating on matters on which opinions varied. A short visit has been paid to four more units to introduce the questionnaire and to ask for it to be answered by small groups of staff (medical, nursing and others) and by patients. The questionnaires are now being returned and, if the method is found satisfactory, it will be sent to more units. It is hoped to produce a report on psychiatric units by September 1973.

#### Evaluation

13. A summary of the action taken as a result of the survey in general hospitals is shown in section 5 of 'Patients and their hospitals'. All the hospitals except one had taken a fair amount of action, some a great deal, and long lists of changes introduced or planned were submitted. Some changes were said to be wholly due to information gained from the study, others were said to have been already under consideration but had been given an impetus or increased priority from it. Similar results, both specific and in general effect, have been typical of the surveys subsequently run by hospitals themselves, about 100 in all. Expressions of gratitude to the Fund for its guidance have frequently been included in their reports.

14. In the psychiatric hospitals taking part in the survey, action included the provision of better lockers, more armchairs and seats in the garden, installing cubicles in the larger dormitories, increasing privacy in the bathing arrangements, providing locks on lavatory doors and giving emphasis to the need for increased social activities. All three hospitals stressed the important influence the survey had exerted on the ward sisters and charge nurses: for example 'The whole hospital has benefited through having pinpointed some of its weak points and I hope we shall continue to make improvements where this is possible'.

15. Most hospitals, both general and psychiatric, have acceded to the request to send particulars of action taken or proposed and, without exception, they state that the results have been valuable. Two psychiatric hospitals sent reports of such interest that, with their permission, these have been made into an article to be published in a professional journal in the spring of 1973.

16. Much more work needs to be done on the evaluation and comparison of results both at general and psychiatric hospitals and a suggestion is given below for a period to be spent on doing this.

#### The future

17. The survey on psychiatric units is due to be finished, and the report written, by September 1973 by which time the current grant expires.

18. A period of six months could then be usefully spent in a study of the results of all the surveys already done. Many hospitals, general and psychiatric, have sent in copies of their reports and it would be valuable to summarise these and compare the results from general and psychiatric hospitals and from psychiatric hospitals and units. Consideration should be given to possible ways of simplifying the surveys and, above all, to plan methods by which the results could be made more widely known, possibly by means of short reports, leaflets, articles etc.

19. After this period, surveys should be planned with other groups of patients and possibly with the staff caring for them. Possible alternatives are:

- patients in prison hospitals
- patients in geriatric wards in general and psychiatric hospitals
- outpatients

Surveys in prison hospitals and in geriatric wards would probably have to be based on individual confidential interviews; outpatients could be surveyed either by interviews or by a written questionnaire.

20. In all these studies, the project committee has been confirmed in its original view that there is a place for surveys of this kind in the normal process of management, especially if reinforced by a service from the Fund in the form of advice and the regular publication of comparative results, and there are encouraging signs of its being accepted as a normal process of management.



## INDUSTRIAL DESIGN BURSARIES

### Origins

1. The suggestion was made about six years ago that there should be a section on hospital equipment in the industrial design bursaries awarded each year by the Royal Society of Arts. These bursaries, awarded by competition, are intended to encourage young British designers to travel abroad in order to study design overseas at first hand. The idea of a section on hospital equipment came as a sequel to the King's Fund project on the design of hospital bedsteads. The underlying purpose of that project was to encourage a systematic approach to the design of hospital equipment. Success in this direction would involve more industrial designers than before, hence the value of arousing their interest in their formative years.

2. In July, 1967 Management Committee of the Fund made a grant of £200 a year for three years (minute 7612). Subsequent grants were £240 for the 1970 competition (minute 7888), and £250 for the 1971 competition (minute 8008), and finally £250 for 1972 (minute 8111).

3. The Industrial Design Bursaries Board of the Society, under the chairmanship of Lord Hayter, sets up a jury for judging entries in each section. For hospital equipment it now consists of:

Sir Selwyn Selwyn-Clarke  
Mr. K.M. Agnew

Chairman  
Senior Research Fellow, School of  
Industrial Design (Engineering), Royal  
College of Art.  
Industrial designer  
Assistant Director, The King's Fund Centre.  
Head of Department of Mechanical Engineering,  
Queen Mary College, University of London.

Mr. James Gardner  
Mr. Irfon Roberts  
Professor M.W. Thring

### Objects

4. The competitions are intended to bring potential abilities to light rather than to evoke designs which could be put into production as they stand, and the mere fact that there is a section on hospital equipment serves to arouse the interest of young designers.

### Progress

5. The description 'hospital equipment' has been interpreted broadly to include items which would also be of value to patients and to the disabled in other establishments or in their own homes. The competition itself has so far attracted the following numbers of entries, which compare favourably with those in other sections of about the same degree of speciality:

|      | <u>Subject</u>                          | <u>No. of entries</u> | <u>No. of schools<br/>of design</u> |
|------|---|-----------------------|-------------------------------------|
| 1967 | Geriatric chair                         | 10                    | 7                                   |
| 1968 | Bath hoist                              | 8                     | 4                                   |
| 1969 | Clothes storage                         | 11                    | 8                                   |
| 1970 | Bedside locker                          | 14                    | 9                                   |
| 1971 | Vending machine for hot drinks          | 18                    | 12                                  |
| 1972 | Toy-library unit and educational<br>toy | 18                    | 9                                   |

6. The subject of the 1971 competition was suggested by Mr. J.F. Harvey, then Deputy Catering Adviser to the King's Fund, who helped in the preparation of the brief for competitors, and Mr. W.E.D. Skinner, Chief Executive of the Automatic Vending Machine Association of Britain, joined the jury. In 1972, help was obtained from the Toy Library Association, The Spastics Society, and from Miss Sandra Francklin of the Centre on Environment for the Handicapped. Miss Sophie Levitt and Miss Audrey Stephenson joined the jury.

7. The Royal Society of Arts publishes a report annually on all sections of the bursary competitions, and the winning entries are put on display in London and elsewhere. For several weeks each year, those in the hospital equipment section have been exhibited at the King's Fund Centre. The following reports have been published as articles in the British Hospital Journal (now the Health and Social Service Journal) and are available as Centre reprints:

Reprint

|     |     |  |                          |                     |
|-----|-----|--|--------------------------|---------------------|
| No. | 256 | Equipment for the disabled   | British Hospital Journal | 17 5 68             |
|     | 393 | Design of bath hoists  |                          | 31 10 69            |
|     | 500 | Clothes storage for the disabled<br>and<br>Design for living with<br>disablement |                          | 12 6 70<br>17 10 70 |
|     | 602 | R.S.A. bedside locker contest  |                          | 25 9 71             |
|     | 718 | Vending machines for the<br>disabled   |                          | 7 10 72             |

Evaluation

8. Though the main purpose is to foster the talents of the competitors, in practice the benefits seem to go well beyond that. The competition is made known by various means such as the articles in a professional journal and the displays at the Centre. These have drawn many enquiries from this country and abroad, often from people asking where they could obtain the items of equipment. So far they have had to be disappointed, but one or two of the more promising designs may yet be taken forward into production, and opportunities for this have constantly been sought from the Centre.

9. An interesting development in 1971, and another sign of growing interest, was that the annual bursary of the R.S.A. given at the more senior level was awarded to a lecturer in industrial design who has a special interest in hospital equipment. Similarly, one of the four travelling scholarships of £700 each for industrial design awarded in 1971 by the Leverhulme Trust went to somebody who was commended in the R.S.A. bursary competition and also has a special interest in hospital equipment.

10. As for a wider interest in the subject, it has all gained momentum; some examples are mentioned on page 6 of the Centre Reprint No. 500. Over the past two or three years, hardly a week passes without some fresh enquiry on the subject reaching the King's Fund Centre or some work coming to our notice for the first time. This reflects a steady increase of interest in the subject on the part of designers and manufacturers, of the staffs of hospitals and other health services, and of patients and their families.

The future

11. The R.S.A. has appointed a committee with Lord Hayter in the chair to review the organisation and operation of its industrial design bursaries and a note has been sent on behalf of the Fund in reply to the committee's request for opinions.

12. Some attempt has been made at the King's Fund Centre to keep note of these developments and to put people in touch with each other, but this has inevitably been somewhat random, and there seems no doubt that the time is now ripe for a systematic survey of the situation if enthusiasm and effort are not to be wastfully dissipated.

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Origins

1. This project came into being as a result of an investigation carried out some five years ago by the National Research Development Corporation on the needs for equipment for the elderly and disabled. One task of the Corporation is to assist in the development of new equipment for needs which otherwise might be neglected, where this is in the public interest. The equipment is subsequently licensed for manufacture, which allows the Corporation to recover its expenditure. Discussions with a number of welfare organisations and with organisations having experience in the development of hospital equipment, such as the Research Unit of the School of Industrial Design at the Royal College of Art, pin-pointed the need for developing mobil toilet equipment. The Corporation commissioned the Research Unit to conduct a preliminary study in 1968; this confirmed the need for improved equipment in both the hospital and the home environment. The Corporation then invited organisations concerned with the welfare of the elderly and disabled, including the King's Fund, to support a programme, jointly financed, to develop suitable equipment.

Note: the word 'commode' is used in this project to describe an item of equipment devised for the purpose mentioned, though the equipment evolving from the project is radically different from the conventional pattern of commode.

2. A grant of £1,000 was made by Hospital Development Committee in January 1969 (minute 69/6) as a token contribution to the project. The main grants were to come from the Department of Health and the National Research Development Corporation, with the Reabilities Trust as another sponsor.

3. The total grants provided so far are:-

|   |                    |
|---|--------------------|
| King Edward's Hospital Fund               | £ 1,000            |
| Reabilities Trust                         | 4,000              |
| National Research Development Corporation | 19,350             |
| Department of Health and Social Security  | 24,600             |
| Total                                     | <hr/> 48,950 <hr/> |

In addition the DHSS has made available £8,000 for a study to evaluate commercially available commodes in private homes and has agreed to make available £12,650 for evaluation trials of the comode developed for home use and funds also for pre-production orders.

4. A Steering Committee was formed and has held almost 30 meetings to date. The original members consisted of:-

|                           |           |  |
|---------------------------|-----------|--|
| Mr. J.F. Hunt:            | Chairman  | Under-Secretary and Controller of Supply (retired), DHSS                                 |
| Mr. R.E. Pearson          |           | Principal, Supply Division, DHSS   |
| Mr. K. Grossfield:        | Secretary | Executive, Planning Department, NRDC   |
| Mr. Irfon Roberts         |           | King Edward's Hospital Fund  |
| Dr. J.B. Stewart          |           | Consultant in Physical Medicine, Princess Margaret Hospital, Swindon. Reabilities Trust. |
| Mr. M. Wagstaff           |           | Executive, Scientific Equipment Group, NRDC  |
| Professor L. Bruce Archer |           | Head of Department, Industrial Design (Engineering) Research Unit, Royal College of Art. |

More recently the following have joined the Committee:-

|                               |                                     |
|-------------------------------|-------------------------------------|
| Mr. D.G. Sturrock             | DHSS                                |
| Miss J. M <sup>c</sup> Trusty | DHSS                                |
| Dr. E.B. Pike                 | Water Pollution Research Laboratory |
| Mr. R.W.H. Cooke              | DHSS                                |

5. The project team is part of the Research Unit of the School of Industrial Design at the Royal College of Art. It consists of:

|                |   |
|----------------|---|
| Mr. K. Agnew   | Senior Research Fellow and Project Leader |
| Miss P. Rogers | Research Fellow                           |
| Mr. D. Tomkin  | Research Fellow                           |
| Miss C. Burdon | Secretary.                                |

### Objects

6. The purpose of the project is to devise improved equipment for disposal of human waste products from patients in hospitals and other institutions and in their own homes.

7. The Steering Committee approved the following as the main items to be devised:

- 1) A commode primarily useful for the severely disabled, and likely to find a market mainly in hospitals and nursing homes and also in private homes.
- 2) A mobile commode much smaller than the above, designed primarily for use in private homes where users have some mobility but difficulty of access to the W.C.
- 3) A chemical system for the smaller commode which would store human waste for up to five days in a form acceptable to users and innocuous to health.
- 4) An improved W.C. seat particularly useful for the mobile who have some difficulty in sitting down and getting up.

### Progress

8. Mr. Agnew was a member of the team at the Royal College of Art which took part in the King's Fund study of the design of hospital bedsteads, and he designed the prototype bedstead used in the trials in a hospital ward. The lessons learned in that project have been applied in the planning and control of this one, which follows a similar sequence of design by systematic methods. First came a definition of need and a survey of present knowledge and existing equipment; next, specifications of performance were prepared and then sketch designs; these have led to the production of a prototype commode.

9. In May, 1971 a fresh impetus was given to the part played by the DHSS when the Secretary of State, in replying to a debate in the House, somewhat unexpectedly announced his intention of providing about 1,000 chemical closets for local health authorities to issue to patients for use in their own homes, and to help these authorities to see whether this would improve life for the disabled who are not within easy reach of a lavatory. The steering committee took the initiative in seeing that steps would be taken to ensure co-ordination with this proposal.

10. The Water Pollution Research Laboratory of the Department of the Environment has taken part in the project since early in 1972 by including within one of its existing programmes an evaluation of a number of existing chemicals and a search for new ones.

11. This project is exceptional in the care taken in its encouragement of extensive trials by the users, in the planning of pre-production orders, and in the writing of instructional literature for those using the equipment especially in the pioneer stage. It is hoped by the Steering Committee that the King's Fund Centre may participate in the preparation of this literature and in making it known.

### Evaluation

12. Prototype commodes have been under test in Charing Cross Hospital at Fulham since December, 1971. The results from these tests and those of other prototypes have been encouraging.

13. As a small separate study, the project team has also developed a detachable W.C. seat; the prototype of this seat is now available.

### The future

14. The DHSS has agreed in principle to place contracts through NRDC to continue the development of the commodes for home use. The NRDC intends to license the commode for manufacture when positive results have been obtained from the evaluation; with account taken of any modifications which might be required for the processes of manufacture, the commode should become available for sale early next year.

15. It is likely that the detachable W.C. seat will become commercially available at the same time.

Irfon Roberts,  
Assistant Director  
March, 1973.

1. The first of these is the fact that the British Royal College of Arts, which was founded in 1868, and the French Académie des Beaux-Arts, which was founded in 1795, are both of the same type. They are both of the same type, and both of the same type.

1. The first step in the process of the investigation is to identify the problem. This is done by the investigator who is responsible for the investigation. The investigator will identify the problem and then will determine the scope of the investigation. The investigator will then determine the objectives of the investigation and will then determine the methods of the investigation. The investigator will then determine the results of the investigation and will then determine the conclusions of the investigation. The investigator will then determine the recommendations of the investigation and will then determine the actions of the investigation. The investigator will then determine the follow-up of the investigation and will then determine the final report of the investigation.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources and timeline needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any lessons learned for future projects.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it sets out the President's policy for the new year. The President states that he is pleased to see the Congress assembled, and that he is confident that the country is in a good position to meet the challenges of the future. He also mentions the recent election of Abraham Lincoln as President, and expresses his confidence in Lincoln's ability to lead the country.

1. The first of the two parts of the report is a general survey of the situation in the country. It is a very good example of the kind of work that can be done by a small group of people. The second part is a detailed study of the situation in the city of New York. It is a very good example of the kind of work that can be done by a small group of people.

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## DRUGS IN SMALL HOSPITALS

### Origins

1. This project originated from a conference held at the Centre in February, 1967, on the subject of drugs in hospitals. One of the participants at that conference, Mr D W Carrington, then Chief Pharmacist at the Royal Cornwall Hospital, later wrote to the Centre to say 'I wonder how you would view the possibility of Cornwall being used as an area for the investigation, and possible resolution, of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. ... The scheme outlined at the conference were based on the large central or district general hospital; however a high percentage of the total beds in the country must still be concentrated in smaller hospitals, and the problems in drugs prescribing, distribution and administration are just as acute as in the larger hospitals.'

2. Subsequently, Development Committee approved a grant of £750 (Minute 67/24) for a survey of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. Further grants of £2,750 (Minute 68/64) and £2,400 (Minute 70/12) have been made to extend, follow-up and implement the findings of the original survey, making a total of £5,900 allocated for the project.

3. The project has been guided by a steering committee at present consisting of:

|                       |  |
|-----------------------|--|
| Mr M C Hardie         | Chairman   |
| Mr R Beckton          | Deputy Group Secretary, Cornwall HMC   |
| Dr T G Booth          | Senior Lecturer in Pharmacy, Postgraduate School of<br>Studies in Pharmacy, University of Bradford                             |
| Mr D W Carrington     | Group Chief Pharmacist, Norfolk & Norwich Hospital<br>(formerly Chief Pharmacist, Royal Cornwall Hospital,<br>Treliske, Truro) |
| Mr J Greene           | Chief Nursing Officer, Cornwall HMC  |
| Mr D Higgins          | Group Chief Pharmacist, Royal Cornwall Hospital,<br>Treliske, Truro  |
| Miss L M Macpherson   | Senior Nursing Officer, West Cornwall Hospital, Penzance   |
| Mr G Raine            | Group Chief Pharmacist, St George's Hospital, London<br>(Representative of the Guild of Public Pharmacist)                     |
| Dr W H St John-Brooks | Consultant Physician, West Cornwall Hospital, Penzance   |

4. The research workers involved in the project have been:

|                     |  |
|---------------------|--|
| Miss Patricia Stone | Deputy Chief Pharmacist, Whipps Cross Hospital     |
| Miss Shirley Ellis  | formerly Chief Pharmacist, Royal Halifax Infirmary |

### Objectives

5. The objectives of the original survey were to ascertain the nature of the problems involved in the prescribing, distribution and administration of drugs in the Cornwall clinical area, which includes 22 hospitals, and to make recommendations for dealing with these problems. The objectives of the subsequent stages of the project were based upon the recommendations made in the survey and were designed to improve the situation by:

- i) The introduction of improved design of prescription sheets for acute and long stay hospitals into all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.
- ii) The production of procedural booklets for medical, nursing and pharmaceutical staff in connection with the prescribing, distribution and administration of drugs, in all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.
- iii) The setting up of a Pilot Visiting Pharmacist System in a selected area of West Cornwall.
- iv) The improvement of the distribution of pharmaceutical preparations from the parent hospital to the associated smaller hospitals, without a pharmacist, in the area selected for the Pilot Visiting Pharmacist Scheme.
- v) The measurement of the success of the Pilot Visiting Pharmacist Scheme by conducting experiments to determine ratio of error before and after introducing the scheme in the selected area.
- vi) An additional aim has been to prepare and publish information that could be of value on this subject to others inside and outside the NHS who are concerned with the problems of drugs in small hospitals - at present there are in the country over 900 hospitals with less than 50 beds, and a further 1,000 with between 51-250 beds.

#### Progress

6. The original survey by Miss Stone was published by the King's Fund in 1968 with the title 'Drugs in small hospitals'. This had a good press, and over 600 copies have been distributed or sold. A number of conferences have been held to discuss the progress of the project, and the following reprints of the relevant conference-reports are available:

|        |                                |                                  |
|--------|--------------------------------|----------------------------------|
| No 186 | Drugs in hospitals             | British Hospital Journal 17.3.67 |
| No 221 | Drugs in hospitals             | Nursing Times 27.10.67           |
| No 294 | Whose drug cupboard?           | Nursing Mirror 22.11.68          |
| No 298 | Drugs in psychiatric hospitals | Nursing Times 22.11.68           |
| No 312 | More drug problems             | Nursing Mirror 10 & 17.1.69      |

7. As the later stages of the project were reached further progress reports were published:

Drug rounds in small hospitals      Nursing Times 20.8.70 (reprint No.485)

Control of drugs in small hospitals      Nursing Times 16.3.72 (reprint No.667)

Pharmaceutical services to small hospitals - The West Cornwall system      Pharmaceutical Journal 7.12.72

The final report on the whole project 'Control of drugs in small hospitals - the West Cornwall System' was published by the Centre in October 1972. Of the 1000 copies printed, over 650 were sold within three months. Price £1.75.

Evaluation

8. It is too soon after completion of the project to evaluate its full impact. At this stage it can be said that:

- i) the project has aroused great interest in many different parts of the country, as evidenced by the numerous enquiries received both at the Centre and in Cornwall, and by the large number of copies of the final report sold very swiftly after publication,
- ii) a number of improvements have been made in drugs procedures in the Cornwall area, particularly as regards the design of prescription sheets, the introduction of procedural booklets and the visiting pharmacist scheme, and the general arrangements for the storage, distribution and administration of drugs,
- iii) the effectiveness of these improvements has been demonstrated by a marked drop in error rates since the start of the project,
- iv) the Department of Health have, at their request, been kept informed of the progress of the project. A number of the recommendations and improvements arising from the project are reflected in the guidance offered in the Department's circular HM(70)36 'Measures for controlling drugs on the wards'.

The future

9. There are in Britain over 900 hospitals with less than 50 beds and a further 1000 with between 51-250 beds. It is hoped that the report on this project will prove of practical help to many of these small hospitals, and indeed to larger hospitals as well, in reviewing and developing procedures for the control of drugs and, as Professor Andrew Wilson, Professor of Pharmacology and General Therapeutics at the University of Liverpool, says in his foreword "... it provides important guidelines for a closer integration of the work of doctors, nurses and pharmacists."

M C Hardie  
Director

March 1973

1975

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## PUTTING RESEARCH TO GOOD USE

### Origins

1. This project originated some four years ago, when it was reported to Development Committee in March, 1968 that: 'It is common experience at the Centre to find that many research projects are not even known in hospitals and other health services, let alone understood, and even less applied. This was amply revealed also in the project financed by the Fund to establish a regional information service. The task of applying the results of research in the social sciences is therefore a problem worthy of attention in itself. Unless this is tackled, much of the effort spent in research will continue to run into the sand.' This was also one of the main conclusions which had been reached by the Heyworth Committee on social studies, which had led to the formation of the Social Science Research Council.

2. It was proposed to run a study of the problem, and at its meeting in March, 1968 Development Committee gave approval to this project with a grant of £2,000 for one year from 1st January, 1969. (Minute 68/23).

3. Mr. Irfon Roberts, one of the Assistant Directors of the Centre, was released early in 1969 from most of his normal duties to concentrate on this project, with Miss Rosemary Stewart, of the Oxford Centre for Management Studies, as consultant. From 1st April the team included Miss Rosalind Pinder, a graduate in social science, who had taken part in the project on internal communication in hospitals and subsequently in a study of the attitudes of senior hospital medical staff to their role in hospital management.

### Objects

4. The project was to take the form of a survey of selected items of research relating to hospitals and health services. The purpose was to determine what effect they had had and to devise ways of strengthening the impact which research in this field should have on the management of hospitals and other health services.

### Progress

5. Steps were first taken to make the project known by such means as letters to hospital authorities and others concerned both in this country and abroad. From the start the response was distinctly encouraging, typical comment being 'It's about time someone looked at what happens to all this research'. The study was run in two phases. First, with the help of the King's Fund College, a pilot study was conducted at eight hospitals, at which a cross section of the staff were asked questions about a dozen or so King's Fund projects. This was completed in May 1969, and an interim report, THC 69/348, presented to Development Committee at the end of the month. This included the comment 'The onus of applying recommendations must rest with hospitals themselves, but they need to draw to full effect on each other's experience, and also to keep the original sponsor of the project informed'. The findings, which confirmed the original

impression that the studies were not well known, were used in the preparation of a revised questionnaire for the second phase of the project. Copies were distributed at the end of August to all teaching hospitals and to six hospital groups in each region in the United Kingdom. In each group a copy was sent to the Chairman of the Medical Committee, the group secretary, and the matron and secretary of one of the hospitals, making a total of about 550 recipients. This survey was completed by the end of October, 1969, with 60% of the questionnaires completed and returned.

6. The statistical information was analysed by computer and separate reports were produced and distributed within the Fund setting out all the answers obtained to each question.

|    |                     |                                  |  |
|----|---------------------|----------------------------------|--|
| 7. | THC Reprint No. 335 | Putting research to good use     | Nursing Mirror and<br>Midwives Journal<br>7th March, 1969. |
|    | 389                 | You are the change makers        | Hospital World<br>October, 1969.                           |
|    | 392                 | Research into action             | British Hospital Journal<br>7th November, 1969.            |
|    | 506                 | Putting research findings to use | World Hospitals<br>Vol. 6 No. 4<br>October, 1970.          |

8. A report, THC 69/740, 'A course of action for the Fund to consider', which gave a summary of conclusions, was completed and submitted to the Fund by the end of November 1969. This was received by Development Committee at its meeting in January, 1970 with the supplementary reports THC 69/732-738 giving all the answers obtained to each question.

#### Evaluation

9. In its immediate effects, the project itself evidently helped to focus attention on the need to put research to good use, provided some measure of the situation, and showed that the Fund was concerned to know what impact it makes. It was run as 'action research', to use a fashionable term: opportunities were taken in the course of the project itself to make the work of the Fund better known and to encourage action. Some of the consequences of the project are mentioned in the following paragraphs.

10. In March, 1970, a meeting was held within the Fund, with Mr. Phalp in the chair, to discuss the steps then to be taken. It was suggested in the report that the Fund should concentrate its efforts on seeing that its recommendations were known and understood, and this seemed to point to the need for improvements in the flow of information within hospitals and groups. Discussions continued within the Fund and with others interested, and one of the results is the project sponsored by the Department of Health and Social Security which began in February, 1972, in the Wessex region: please see separate report concerning 'Wessex Regional Hospital Board: Library and Information Services'.

11. The information obtained was made known within the Fund. For example, one of the questions asked was, 'have you any suggestions to make for improving the content or format of King's Fund reports?' A copy of all the answers obtained was given in 1969 to the publications department of the Fund. Among the suggestions offered was the

distribution of leaflets and summaries about King's Fund reports. These suggestions were adopted; leaflets each describing a recent report have been distributed in large numbers, and when the King's Fund report 'Psychiatric Hospitals Viewed by Their Patients' was published in June, 1972, a summary of the report was also distributed widely especially among potential users: please see report PN 147 'Patients' Satisfaction Studies.

12. Questions about management audit had been asked in the survey, and the answers were used at the King's Fund College and at the Centre to give the subject a fresh impetus. Please see report PN 70, Management Audit.

13. Another idea put forward was to hold conferences in the course of projects, as a means of maintaining interest and drawing on informed opinion, rather than on their completion. This idea was successfully tried out for the project on the disposal of human waste, when a conference was held at the Centre in November, 1971: please see report PN 139, Disposal of Human Waste.

14. It was suggested that 'the Fund should consider taking the initiative in bringing together other sponsors of research', and this was put into practice when a meeting for this purpose was held on 24th November, 1971 at the Centre in association with the Science Policy Foundation.

15. An attempt was made to see the problem in its full context from the moment when a project is no more than an idea in somebody's mind until the time when its recommendations have been applied wherever appropriate. This led to a closer examination of the task of selecting and controlling research projects, and in November, 1971 a report, THC 71/689, the Centre and Research, including some recommendations on this subject, was received by Development Committee which gave its consent for action to be taken along the lines suggested. A note for guidance on selecting and controlling projects is now in preparation.

16. Since the project began, opportunities have been taken to include aspects of it in conferences and in training courses at the King's Fund College and elsewhere, such as the Queen's Institute of District Nursing, the Department of Health and Social Security, and regional training centres.

17. The idea of making full use of the graphic presentation of research findings was put forward as an integral part of the project and Mr. Roberts was granted a sum of £335 for this purpose by the Kodak Educational and Charitable Grants Committee. A display to illustrate the project itself was put on view at the Centre and at the Queen's Institute of District Nursing. During the past two years, the use of slides with recorded commentary has proved its value in exhibitions at the Centre, such as those in 1971 on the mental handicap project, on the King's Fund project on the design of hospital bedsteads, in 1972 on clothing for the handicapped and on the elderly mind, and in 1973 on the use of volunteers.

18. In the report 'A course of action for the Fund to consider', one of the conclusions was that 'even if the Fund is available for advice and consultation, it is best for the people on the spot to put their own house in order .... What is needed, apart from specialised advice, is a helping hand to lighten the load on the people on the spot so that they can have the satisfaction of improving things'. It was suggested that, as a means of achieving this, appointments might be made to the administrative staffs of hospitals. The Fund made it possible to put this idea into practice when in March, 1972 it made a grant of £4,500 a year, initially for three years, to St. Thomas's Hospital for the appointment of an Assistant Clerk to the Governors who would provide the administrative link between the services of the hospital and the research undertaken by its Department of Clinical Epidemiology and Social Medicine, and take part in allied activities at the King's Fund College and Centre (MAN. minute 8094). Mr. John Wyn Owen, formerly of the University of Wales (Cardiff) HMC, took up this appointment in November, 1972.

19. Another of the ideas derived from the project was adopted when summaries of the report 'Psychiatric Hospitals Viewed by their Patients' were issued as mentioned in paragraph 11 above. In August, 1972, a supply of these summaries was sent to every hospital group in the United Kingdom containing a psychiatric hospital, about 125 in all. The covering letter addressed to each group secretary explained that a random survey would subsequently be run in an attempt to measure the effect of the summary. Meanwhile, the immediate response to its distribution has given good grounds for belief in the value of this means of making the recommendations of a project known to those on whom action depends.

#### The future.

20. When the project itself was completed, there was ample material for publication either as a King's Fund report or as more articles in the professional journals. It seemed best, however, first of all to take some action within the Fund itself in the ways described. Now that the Fund can point to the steps it has itself taken in the light of the project, the time would be more propitious to suggest to others what they for their part might care to do, and the material collected would still be topical and relevant enough for publication.

21. The project has come increasingly to be recognised not so much as one in isolation but rather as bearing on many aspects of the work of the Centre and of the Fund as a whole. It would therefore seem best to continue seeing future action as a merging of this project into the work of the Fund as opportunities occur. There are still several recommendations from the project which have not yet been adopted.



## CENTRE LUNCH TALKS

### Origins

1. The idea of holding Centre Lunch Talks came as a direct result of Mr. Hardie's attendance at some of the New Thinking Lunches, now called New Action Lunches, that the Industrial Society has been arranging for some years. It was felt that it might be worthwhile arranging at the Centre a similar series of lunch-time talks related to the health and social services. As a result, the first Centre Lunch Talk was given on 18 December, 1968, by Mr. John Garnett, Director of the Industrial Society.

### Objectives

2. The purpose of each talk has been to invite some distinguished person to speak for half an hour on a topic related to the health and welfare services with the aim of stimulating new thought or action. As often as not, the speaker has come from outside the immediate world of the National Health Service. Again, this choice of speakers has been deliberate: the purpose has been to widen our horizons and to prompt thoughts about ways in which we can change things for the better. Often, too, the talks have given us a chance to see ourselves as others see us - 'us' in this context being those working in statutory and voluntary organisations directly concerned with the health services. At times these insights may not have been too flattering.

### Progress

3. The talks have been held about once every 6 weeks since December 1968 and speakers have been drawn from a wide field. A list of the 34 talks given up to February 1973 is attached. A report of every talk has been published in the British Hospital Journal and nearly every one has been written by Mr. Leslie Paine, House Governor and Secretary of Bethlem Royal and Maudsley Hospitals. A collection of reports on the first 24 talks is available from the Centre in a booklet "Twenty-four Talks", price 25p.

### Evaluation

4. It is of course very difficult to measure the effect of one 30-minute talk in terms of action taken or results achieved. The talks have proved popular in the sense of often being over-subscribed, and they have generally received good publicity in the professional press. One might reasonably hope that they have helped to draw attention to current problems or innovations, and perhaps to influence the general climate of opinion on some topics. One feature that is worth noting is that by having the talk given before lunch, rather than after, those attending are able to discuss the talk amongst themselves, or with the speaker, over lunch.

### The future

5. It is intended to continue arranging talks at intervals of about 6 - 8 weeks.

M.C. Hardie  
Director

March, 1973  
KFC 73/148

## CENTRE LUNCH TALKS

|     | <u>Date</u>      | <u>Speaker</u>  | <u>Talk</u>  |
|-----|------------------|---|--|
| 1.  | 18 December 1968 | Mr. John Garnett<br>Director<br>The Industrial Society  | Achieving high performance in<br>large-scale organisation            |
| 2.  | 22 January 1969  | Dr. Bernard Benjamin<br>Director, GLC<br>Research & Intelligence Unit   | The Greater London Council's<br>Research and Intelligence Unit       |
| 3.  | 22 March 1969    | Mr. Harold Young<br>Director<br>J. Lyons & Co Ltd   | Achieving high performance in<br>large scale catering                |
| 4.  | 5 May 1969       | Dr. Michael Young<br>Director, Institute<br>of Community Studies  | What? and the National Health<br>Service                             |
| 5.  | 25 June 1969     | Mr. Anthony Steen<br>Director, Young Volunteer<br>Force Foundation  | The Young Volunteer  |
| 6.  | 31 July 1969     | Mr. George Teeling-Smith<br>Director, Office of<br>Health Economics   | Targets for Tomorrow   |
| 7.  | 21 October 1969  | Professor W.J.H. Butterfield<br>Guy's Hospital Medical School   | Priorities in Health Care  |
| 8.  | 18 December 1969 | Mr. Jimmy Savile<br>Disc-jockey and volunteer<br>porter at Leeds General<br>Infirmary   | A porter's picture of the<br>hospital                                |
| 9.  | 15 January 1970  | Miss Rosemary Stewart<br>Fellow, Oxford Centre<br>for Management Studies  | The inquiring mind   |
| 10. | 3 March 1970     | Miss Geraldine M. Aves<br>Chairman of the Committee<br>on Voluntary Worker in the<br>Social Services and formerly<br>Chief Welfare Officer at the<br>Ministry of Health | The future of voluntary help<br>in the health and social<br>services |
| 11. | 28 April 1970    | Mr. John Wren Lewis<br>ICI Research and<br>Development Organisation   | The old order changeth   |
| 12. | 9 June 1970      | Sir Bruce Fraser<br>Comptroller and Auditor-<br>General and a former<br>Permanent Secretary of the<br>Ministry of Health  | Hospitals and their money  |

|     | <u>Date</u>       | <u>Speaker</u>   | <u>Talk</u>   |
|-----|-------------------|--|---|
| 13. | 14 July 1970      | Mr. Lewis Waddilove<br>Member, Social Science<br>Research Council  | Social science research and the<br>health service           |
| 14. | 15 September 1970 | Mr. Caspar Brook<br>Director, The Family<br>Planning Association   | The future of family planning in<br>Britain                 |
| 15. | 27 October 1970   | Mr. Paul de Berker<br>Principal Psychologist<br>Civil Service Department<br>and Associate Fellow of<br>Oxford Centre for<br>Management Studies | Motivation of managers                                      |
| 16. | 25 November 1970  | Professor Stafford Beer<br>President, Operational<br>Research Society  | Operational research and the<br>health service              |
| 17. | 16 December 1970  | Mr. Mickey Stewart<br>Captain, Surrey County<br>Cricket Club   | SPARKS  |
| 18. | 27 January 1971   | Mr. Frank Field<br>Director, Child Poverty<br>Action Group   | Poverty in the welfare state                                |
| 19. | 9 March 1971      | Dr. John Roger Ellis<br>Dean, The London<br>Hospital Medical College   | Medical education and the<br>future of primary medical care |
| 20. | 29 April 1971     | Mr. Glyn Picton<br>Vice-Chairman, National<br>Staff Committee  | Manpower policy in the health<br>service                    |
| 21. | 10 June 1971      | Mr. Christopher Mayhew<br>MP for Woolwich East<br>and Chairman, National<br>Association for Mental<br>Health                                   | An MP looks at mental health                                |
| 22. | 6 July 1971       | Professor Thomas McKeown<br>Department of Social<br>Medicine, University of<br>Birmingham  | Priorities in health care                                   |
| 23. | 5 October 1971    | Miss Ann Shearer<br>Free-lance journalist  | The press and the professional                              |
| 24. | 16 December 1971  | The Rev. Michael Wilson MD<br>Research Fellow, Theology<br>Department, University of<br>Birmingham   | The primary task of the hospital                            |

|     | <u>Date</u>       | <u>Speaker</u>   | <u>Talk</u>                                |
|-----|-------------------|--|--|
| 25. | 27 January 1972   | Miss S. Quinn<br>Chief Nursing Officer<br>Southampton University HMC   | Nurses, patients and management            |
| 26. | 9 March 1972      | Mr. Robin Huws Jones<br>Principal, National<br>Institute for Social Work<br>Training                               | Doctors and the social services            |
| 27. | 19 April 1972     | Mr. Leslie Wilson<br>Director<br>ASLIB   | The information explosion                  |
| 28. | 7 June 1972       | Dr. Francis Pigott<br>Member, General<br>Medical Council and<br>President, Junior<br>Hospital Doctors' Association | Priorities in health care                  |
| 29. | 25 July 1972      | Mr. Alfred Morris MP   | Next steps for the disabled                |
| 30. | 26 September 1972 | Dr. E. Grey-Turner<br>Deputy Secretary, British<br>Medical Association   | NHS and EEC                                |
| 31. | 1 November 1972   | Dr. Wilfrid Harding<br>Medical Officer of Health<br>London Borough of Camden                                       | The community physician                    |
| 32. | 14 December 1972  | Dame Albertine Winner<br>Deputy Medical Director<br>St. Christopher's Hospice                                      | Care for a dying patient and<br>his family |
| 33. | 16 January 1973   | Mr. Timothy Raison MP  | Prospects for employment                   |
| 34. | 14 February 1973  | Mr. Maurice Goldsmith<br>Director, Science<br>Policy Foundation  | Science policy and health care             |

## COURSE FOR HOSPITAL ADMINISTRATORS FROM OVERSEAS

### Origins

1. This course had its origins in the time that Mr. Hardie spent as secretary of the Government Medical Department in Bahrain in the Arabian Gulf in 1956-58. Part of his work on this 2-year contract was to arrange for further training of Bahraini administrators to enable them to take over responsibility for the administration of the Medical Department. Considerable difficulty was experienced in finding suitable training facilities in England. On his return to England in 1958 to take up an appointment with the King's Fund, Mr. Hardie initiated discussions with the King's Fund, British Council, Ministry of Overseas Development and other organisations with a view to arrange a training course for hospital administrators from overseas. Thanks to the support of the King's Fund, and of the Hospital Administrative Staff College in particular, it was possible to arrange a 12-week course for overseas hospital administrators in 1961, attended by 12 officers from 9 countries. Since then, a similar course has been held each year, and since 1964 the course has been organised under the auspices of the International Hospital Federation.

### Objectives

2. The aim of the course is to provide for senior hospital and health service administrators from overseas further experience and training in administration. The course is designed to provide those who take part with a general background of the origin, introduction and development of the National Health Service in Britain, together with more detailed information and some practical experience of the current organisation and work of the Department of Health and Social Security and hospital boards, committees and related authorities.

### Progress

3. By the end of the twelfth course in 1972, over 240 hospital administrators from 68 different countries had attended. A thirteenth course has been arranged for 1973. The numbers attending each year vary between 23 - 27. The course consists partly of academic work and partly of attachments to different hospital and health service authorities, as indicated below :

- 2 weeks introductory sessions at the King's Fund Centre
- 1 week attachment to the Department of Health and Social Security
- 1 week attachment to a Regional Hospital Board
- 3 weeks with sessions at the King's Fund Centre interspersed with visits to hospitals and other establishments
- 1 week attachment to Boards of Governors
- 1 week attachment to Hospital Management Committees
- 1 week attachment to the King's Fund College
- 2 weeks final sessions at the King's Fund Centre

4. Mr. Irfon Roberts, Assistant Director at the King's Fund Centre, gives considerable help to the International Hospital Federation in making the arrangements for the course. The help given by many statutory and voluntary organisations, and by individual lecturers, is very much appreciated.

Evaluation

5. For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are vacancies. There are no formal examinations at the end of the course, but comments from members certainly indicate that the course is valuable to them, and modifications to the course are made in the light of suggestions for improvement offered by the members.

Future

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

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Publications: Overseas Hospital Administration reprinted from World Hospitals, Vol.6, No.4, pp.231-235. 1970. THC Reprint No.507

Overseas Hospital Administrators' Course, 1972 by Irton Roberts, reprinted from World Hospitals, Vol.8, No.3, pp.295-8 July, 1972. THC Reprint No. 691

M.C. Hardie  
Director

April 1973

## APPENDICES





DEVELOPMENT COMMITTEE

The following were the members of the Development Committee of the King's Fund up to 31 March, 1973.

Rt. Hon. Lord Cottesloe, GBE TD DL (Chairman)

Mrs. C. Bicknell, BA

Miss I.C.S. Brown, SRN RSCN RNT

R.H.L. Cohen Esq, CB MA MRCS

J. Fry Esq, MD FRCS LRCP FRCGP

R. Gedling Esq, CB

Robin Huws Jones Esq, CBE

R.L. Lindon Esq, MRCS LRCP DPH DCH

L.C. Phipps Esq, OBE DPA FHA

K.R. Porter Esq, MBE MRCP MRCS LDSRCS DPH

Miss Rosemary Stewart, PhD MSc(Econ)

At the end of March, 1973 the Development Committee was disbanded, and its place was taken by a new King's Fund Centre Committee, the membership of which is shown overleaf.

April 1973

KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee appointed in 1973.

Sir Francis Avery Jones, CBE MD FRCP (Chairman)

Miss J.F. Carré

J. Fry Esq, MD FRCS LRCP FRCGP

T.J.B. Geffen Esq, MD MRCP

N.M. Hale Esq

W.G. Harding Esq, FRCP FFCM DPH

R. Huws Jones Esq, CBE

L.C. Phipps Esq, OBE DPA FHA

K.R. Porter Esq, MBE MRCP MRCS LDS RCS DPH

Miss Rosemary Stewart

Miss J.M. Wheeler

April 1973

### STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 March 1973:

#### Executive and specialist staff (11 staff)

|                               |                                  |
|-------------------------------|----------------------------------|
| Mr M C Hardie, MA FHA         | Director                         |
| Mr B Brookes, Dipl Arch ARIBA | Assistant director               |
| Miss J B Craig, SRN RSCN      | Assistant director               |
| Mr K Morton                   | Assistant director               |
| Mr I Roberts, MA FHA          | Assistant director               |
| Mr A F J Chidgey              | Administrative officer           |
| Mrs H Edwards, SRN            | Nursing officer (part-time)      |
| Mr D G Ewbank                 | Designer-draughtsman             |
| Miss M D Hinks, FHA           | Research officer                 |
| Mrs B H Osborne, SRN          | Conference secretary (part-time) |
| Mr S G Wakeling               | Equipment adviser                |

#### Library (7 staff)

|                    |  |
|--------------------|--|
| Mrs J M Hurst, ALA | Head of library and information services |
| Mr R G Bennett     | Information officer                      |
| Mrs M Sprevak, ALA | Official reader                          |
| Miss J M B Freeman | Librarian                                |
| Miss J M Lamyman   | Information assistant                    |
| Miss B McAllister  | Library assistant                        |
| Miss S Brown       | Library clerk/typist                     |

#### Exhibition (2 staff)

|                                |                    |
|--------------------------------|--------------------|
| Mrs W M Arnett-Rayson, SRN RFN | Exhibition officer |
| Vacant                         | Secretary          |

#### Clerical and secretarial (14 staff)

|                |   |
|----------------|---|
| Mrs B Baker    | Receptionist-telephonist                  |
| Mrs S Bridgman | Assistant receptionist-telephonist/typist |
| Mrs R Crawford | Multilith operator                        |
| Miss M Lewis   | Mailing list and publications clerk       |
| Vacant         | Accounts clerk                            |
| Mrs M Aston    | Secretary/shorthand typist                |
| Miss R Barnett | " "                                       |
| Miss W Devlin  | " "                                       |
| Miss E Camille | " " (part-time)                           |
| Vacant         | " "                                       |
| Vacant         | " "                                       |
| Vacant         | " "                                       |
| Miss N Turner  | " "                                       |
| Mrs A Wong     | " "                                       |

Maintenance (2 staff)

Mr J Mullins  
Mr E Neaves

Assistant engineer  
Porter-messenger

Catering and domestic (7 staff)

Miss E Kydd, AMIMA  
Vacant  
Vacant  
Mrs E Milicevic  
Mr J Tyson  
Mrs J Groves  
Mrs I Vaughan

Catering officer  
Head cook/kitchen supervisor  
Cook  
Catering assistant  
Kitchen porter  
Waitress (part-time)  
" "

The cleaning of the Centre is done by contract and there are therefore no cleaning staff on the establishment.

Special projects (8 staff)Mental handicap project

Mr J R Elliott, MBE FHA  
Mrs J Rush, SRN Dip Soc  
Miss A Whittaker

Associate director  
Project officer  
Project assistant

Voluntary service information office

Mrs J Boorer, BA Dip Soc Stud (Melb)  
Vacant  
Miss L Grocott

Voluntary service information officer  
Project assistant  
Secretary/shorthand typist

Library project

Mr R E Lingard, FHA

Project officer (part-time)

Evaluation of health centres

Mrs N Dennis, MSc

Research officer

Other organisations

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

British Hospitals Export Council  
Cardew-Stanning Foundation  
Centre on Environment for the Handicapped  
International Hospital Federation

4 staff  
2 "  
4 "  
8 "

March 1973

### CONFERENCES, MEETINGS AND VISITS, 1972

The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the Centre on 23 April, 1963. The attached papers give further information about the conferences and meetings held in 1972 and about the groups of visitors who came to the Centre during the year.

|                | <u>Working Days</u> | <u>No of Groups</u> | <u>No of People</u> |
|----------------|---------------------|---------------------|---------------------|
| 1963 (Apr-Dec) | 170                 | 159                 | 3,790               |
| 1964           | 252                 | 392                 | 9,729               |
| 1965           | 253                 | 441                 | 10,393              |
| 1966           | 251                 | 443                 | 13,475              |
| 1967           | 252                 | 495                 | 12,559              |
| 1968           | 250                 | 437                 | 14,026              |
| 1969           | 255                 | 480                 | 13,904              |
| 1970           | 253                 | 525                 | 16,137              |
| 1971           | 254                 | 546                 | 13,757              |
| 1972           | 250                 | 561                 | 15,416              |
| Total          | 2,440               | 4,479               | 123,816             |

Below is shown a broad classification of the groups who made use of the Centre during 1972.

|  |     |
|--|-----|
| <u>Large conferences and meetings</u><br>organised by the Centre                               | 67  |
| <u>Small conferences and meetings</u><br>organised by the Centre                               | 98  |
| <u>Working parties, committees and projects</u><br>with which the Centre is directly concerned | 56  |
| <u>Groups of nurses</u><br>visiting the Centre on study days                                   | 53  |
| <u>Groups of other staff and students</u><br>visiting the Centre on study days                 | 53  |
| <u>Groups of overseas visitors</u>   | 44  |
| <u>International Hospital Federation</u><br>overseas course on sessions at the Centre          | 53  |
| <u>Other organisations</u><br>using the facilities of the Centre<br>for their own purposes     | 137 |
| Total  | 561 |

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

Conferences, meetings and visits: September 1972

| Date | Time  | Organisation   | Number |
|------|-------|--|--------|
| 1    | 10.30 | Assn of Occupational Therapists                                    | 27     |
| 5    | 10.45 | Visitors from Thailand   | 26     |
| 6    | 10.00 | Mental handicap study day  | 42     |
|      | 10.30 | Joint Purchasing Committee   | 8      |
|      | 10.30 | Comprehensive Health Planning steering committee                   | 9      |
|      | 11.45 | Dr Malleson's meeting (counselling)                                | 8      |
| 7    | 10.00 | Psychogeriatric study day  | 32     |
|      | 2.30  | ASSA meeting   | 26     |
| 8    | 10.00 | Voluntary Help Organisers' induction day                           | 14     |
| 11   | 10.00 | Salmon structure and counselling                                   | 40     |
| 12   | 10.00 | Conference: Resources for maintenance                              | 103    |
| 13   | 10.00 | Assn for the Psychiatric Study of Adolescents                      | 100    |
|      | 3.30  | Visit: National trainees   | 20     |
| 14   | 10.00 | Conference: In-service training                                    | 76     |
| 15   | 10.30 | Visitors from Abu Dhabi meeting BHEC representatives               | 31     |
|      | 3.30  | Bath Institute of Medical Engineering                              | 6      |
|      | 1.45  | Joint Committee on Mobility for the Disabled                       | 30     |
| 18   | 10.30 | Attitudes meeting  | 12     |
|      | 12.00 | Room for Improvement - press conference                            | 11     |
|      | 2.30  | Visit: St Godric's College secretarial students                    | 20     |
| 19   | 10.00 | Conference: The role of the play leader (NAWCH)                    | 100    |
|      | 10.00 | Visitors from Cuba   | 5      |
|      | 3.00  | Bath Institute of Medical Engineering                              | 12     |
| 20   | 10.00 | Shop window staff  | 22     |
|      | 2.00  | Schools of Nursing Directory                                       | 9      |
|      | 2.30  | Visit: St Godric's College students                                | 21     |
| 21   | 9.45  | Conference: Co-ordination of services for the mentally handicapped | 60     |
|      | 10.00 | Regional Catering Advisers   | 12     |
|      | 2.30  | St Godric's College students                                       | 47     |
|      | 3.00  | NE Metropolitan Regional Hospital Board trainees                   | 24     |
| 21   | 2.15  | Seminar: California's Mental Health System                         | 20     |
|      | 2.00  | Assn of Hospital Secretaries                                       | 10     |
|      | 2.30  | Royal Free Hospital nurses   | 24     |
|      | 4.30  | Drug Dependency working party                                      | 6      |
| 25   | 12.00 | A Professional Association for Mental Handicap                     | 13     |
|      | 2.30  | Seminar: Lifting and carrying patients                             | 35     |
| 26   | 12.15 | Centre lunch talk: Dr Grey Turner                                  | 103    |
|      | 2.30  | Visitors from Yugoslavia   | 33     |
|      | 2.30  | Visit: Occupational Therapy students                               | 26     |
| 27   | 10.00 | Conference: Mental handicap - play and toys                        | 100    |
| 28   | 10.00 | Conference: Planning services for the elderly                      | 104    |
|      | 10.30 | Rcn Administration Course  | 20     |
|      | 2.00  | Quantity Surveyors   | 20     |
|      | 2.30  | Royal Free Hospital nurses   | 25     |
| 29   | 10.00 | Quantity Surveyors   | 32     |
|      | 2.30  | Visit: Occupational Therapy students                               | 28     |

(46 groups - 1,552 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1972:

### Large Conferences

#### Catering

- Automatic catering in hospitals
- Feeding the mentally handicapped
- Work load and labour costs

#### Comprehensive health planning seminars

A series of seven seminars on different aspects of comprehensive health planning.

#### Geriatrics

- Planning services for the elderly
- Priorities for psychogeriatric care
- The organisation of psychogeriatric care (two meetings)

#### Management topics

- Assessing geriatric needs
- Health information services and the medical record
- Home from hospital
- Job descriptions for hospital staff
- Planning and allocation of resources in an integrated health service
- Resources for maintenance

#### Mental handicap

- A professional organisation for mental handicap
- Community acceptance
- Helping parents to teach children
- Occupations and diversions
- Toys for the mentally handicapped (two meetings)

#### Nursing

- Attitudes and assessment (six meetings)
- Continuity of care - nurses and volunteers
- In-service training
- Salmon structure
- Nurse/patient dependency (two meetings)

#### Voluntary services

- Development of voluntary resources
- Quakers and work camps
- The school, the hospital and the community

Other topics

Art for the elderly  
 California's mental health system  
 Drug dependency  
 Health care in the USA  
 Hospital house journals (two meetings)  
 Language barrier  
 Patients' satisfaction study in psychiatric hospitals  
 The community hospital  
 The community hospitals - Oxford  
 The desirable attributes of patients' clothing  
 The problems of alcoholism and work

Training package

Lifting and carrying patients  
 (3 demonstrations at the Centre; 11 demonstrations in Regions)

Centre Lunch Talks

Medicine and the EEC - Dr Grey Turner  
 Next steps for the disabled - Mr Alfred Morris  
 Nurses, patients and management - Miss S Quinn  
 Priorities in health care - Mr Huws Jones  
 The care for dying patients and their families - Dame Albertine Winner  
 The community physician - Dr Wilfred Harding

Small meetings

|  |             |
|--|-------------|
| Attitudes study group  | 11 meetings |
| Centre on environment for the handicapped                    | 9 "         |
| Community health nurses' study days                          | 2 "         |
| Continuity of care - nurses and volunteers                   | 2 "         |
| Co-ordination of services for the mentally handicapped       | 4 "         |
| Geriatric meetings   | 2 "         |
| Hospital Internal Communications                             | 1 "         |
| Induction days for newly appointed voluntary help organisers | 9 "         |
| In-service training for nurses                               | 1 "         |
| Language barrier group                                       | 6 "         |
| Mental handicap study days                                   | 8 "         |
| Nurse allocation   | 1 "         |
| Nurse/patient dependency study                               | 7 "         |
| Pre-course seminars for voluntary help organisers            | 2 "         |
| Priorities for the caring professions                        | 8 "         |
| Psychogeriatric study days                                   | 4 "         |
| Research within the Salmon nursing structure                 | 2 "         |
| Salmon structure and counselling                             | 2 "         |
| Shop window staff discussion groups*                         | 5 "         |
| Study days for RHB trainee catering officers                 | 2 "         |
| Television communication for the senior executive            | 1 "         |
| The care of the emotionally disturbed adolescent             | 2 "         |
| The child in hospital  | 4 "         |
| Training project officers in mental handicap                 | 2 "         |
| Voluntary help - planning and research                       | 1 "         |

\* A further 5 meetings for shop window staff discussion groups were organised outside London.



Outside organisations using the Hospital Centre for their own meetings

Association for the Psychiatric Study of Adolescents  
Association of Charity Officers  
Association of Home Dialysis Administrators  
Association of Hospital Management Committees  
Association of Hospital Secretaries  
Association of Hospital Treasurers  
ASLIB  
Association of Nursing Religious  
Association of Occupational Therapists  
Association of Sterile Supply Administrators  
Bath Institute of Medical Engineering  
BHEC  
British Council  
British Hospital Journal  
British Red Cross  
Centre on Environment for the Handicapped  
Chartered Society of Physiotherapists in Industry  
Conference of Missionary Societies Medical Committee  
Department of Health & Social Security  
Disabled Living Foundation  
Geriatric Care Association  
Guild of Health Education Officers  
Greater London Home Help Organisers  
Health Centre Administrators  
Health Education Council  
Hospital Caterers Association  
Institute for the Study of Mental Retardation  
Institute of Hospital Engineering  
Institute of Operating Theatre Technicians  
Institute of Work Study Practitioners  
International Hospital Federation Executive  
Joint Committee on Mobility for the Disabled  
Joint Purchasing Committee  
Library Association  
Management Services  
Medical Architecture Research Unit  
Maternity Medical Social Workers  
National Association of Hospital Supplies Officers  
National Association for Mental Health  
National Association for the Welfare of Children in Hospital  
National Corporation for the Care of Old People  
National Hospital Careers Information Centre  
National Innovations Centre  
North East Metropolitan Regional Hospital Board  
North West Metropolitan Regional Hospital Board - Chief Nursing Officers  
Nuffield Foundation  
North West Metropolitan Paediatric Association

Outside organisations (continued)

Polytechnic of the South Bank  
 Provincial Teaching Hospital Secretaries  
 Provincial Teaching Hospital Treasurers  
 Quantity Surveyors from the DHSS and RHBs  
 RHB Architects, Engineers and Information Officers  
 Regional Supplies Officers  
 Research Institute for Social Policy  
 Shirley Institute  
 Society for the Advancement of Medical Engineering  
 Social Workers for the Deaf  
 Standing conference on amateur music  
 Standing conference on counselling  
 Standing conference of voluntary help organisers  
 Teaching Hospitals Association  
 The Churches' Council on Gambling  
 Toy Library Association  
 Wessex Regional Hospital Board  
 Westminster Hospital  
 Winged Fellowship Trust

Groups of overseas visitors

Abu Dhabi  
 Argentina  
 Australia  
 Cuba  
 Denmark  
 East Germany  
 Egypt  
 Eire  
 Finland  
 France  
 Ireland  
 Italy  
 Japan (several groups)  
 Yugoslavia  
 Portugal  
 Thailand  
 UNICEF/WHO paediatricians  
 USA (several groups)

The 1972 course for hospital administrators from overseas (26 members from 15 countries) attended 53 sessions at the Centre.

Groups of nurses

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

|                             |                                     |
|-----------------------------|-------------------------------------|
| Barking Hospital            | Napsbury Hospital                   |
| Belmont Hospital            | QARANC                              |
| Braintree Hospital          | Queen Elizabeth II Hospital, Welwyn |
| British Red Cross           | Rcn Clinical Teaching Student       |
| Edgware General Hospital    | Rcn Ward Sisters                    |
| Eastern Hospital            | Redhill & Netherne Group HMC        |
| Friern Barnet Hospital      | Royal Free Hospital                 |
| German Hospital, Hackney    | St Bartholomew's Hospital           |
| Greenwich District Hospital | St George's Hospital                |
| Harperbury Hospital         | St Mary's Hospital                  |
| King's College Hospital     | St Thomas' Hospital                 |
| Littlemore Hospital         | South Ockendon Group HMC            |
| Long Grove Hospital         | The Hospital for Sick Children GOS  |
| Mayday Hospital             | Sutton Hospital                     |
| Middlesex Hospital          | Trainee Teacher Midwives            |
| Moorfields Eye Hospital     |                                     |

Groups of other staff and students from:

College d'Enseignement Technique, Paris  
 Community Health  
 DHSS Engineering course  
 Harvard College, USA  
 Hartwick College, USA  
 Isleworth Polytechnic  
 King's Fund College of Hospital Management  
 Kingston College  
 Lambeth Technical College  
 London University Institute of Education  
 Manchester Polytechnic School of Librarianship  
 Newcastle upon Tyne Polytechnic, Department of Librarianship  
 North East Metropolitan RHB  
 North East London Polytechnic  
 Northern Polytechnic  
 Polytechnic of the South Bank  
 St Godric's Secretarial College, Hampstead  
 South East London Technical College  
 West London College School of Librarianship

Also:

Nursery Matrons from Havering, Essex  
 Occupational Therapy Students from Greenwich, London and Oxford  
 Social Workers from Lewes and Norwich, and from the  
 London Boroughs of Camden, Ealing, Tower Hamlets and Westminster  
 Trainee catering officers from RHBs

Pupils from the following schools:

Collingwood Girls' School  
John Newcombe High School, Islington  
Marianne Thornton School, New Cross  
New Cross Comprehensive School  
Paddington Lower School  
Peckham Comprehensive School  
St Augustine's School, Kilburn  
St Edmund's School, Kensington  
Southfields School

Press conferences

Psychiatric hospitals viewed by their patients  
Room for improvement - book by J R Elliott

Receptions

Reception to mark the 75th Anniversary of the King's Fund  
Finnish Mission  
Icelandic Mission  
Institute for Research into Mental Retardation  
Japanese Mission  
Overseas Course  
Paintings in hospitals  
Society for the Advancement of Medical Engineering

King Edward's Hospital Fund for London

King's Fund Centre

INVESTIGATIONS AND RESEARCH

The following is a list of the main studies sponsored by the King's Fund in recent years, classified under a number of broad headings:

CATERING ADVISORY SERVICE PROJECTS

|                                   |   |
|-----------------------------------|---|
| Catering for staff                | Journal report: British Hospital Journal, Sep '67 |
| Crockery washing                  | King's Fund Report, 1967                          |
| Disposable tableware              | King's Fund Report, 1964                          |
| Frozen foods                      | In progress                                       |
| Ganymede tray service in hospital | King's Fund Report, 1966                          |
| Hot-air circulation ovens         | King's Fund Report, 1968                          |
| Modern British hospital catering  | Journal report: Hospital Management, Dec '68      |
| Peripheral finishing kitchen      | King's Fund Report, 1967                          |
| Regethermic food service          | Completed   |
| Stellex tray service              | King's Fund Report, 1968                          |
| Twin-tray service                 | King's Fund Report, 1967                          |

DOMESTIC SERVICES

|  |  |
|--|--|
| Central vacuum cleaning                  | King's Fund Report, 1966   |
| Filmstrips on cleaning                   |  |
| i) bed area                              | Filmstrips issued, 1966  |
| ii) sanitary annexes                     | Filmstrips issued, 1967  |
| iii) ward kitchen                        | Filmstrips issued, 1968  |
| Flooring and floor maintenance           | Journal reports:   |
| i) floor seals in hospital wards         | The Hospital, Feb 1961   |
| ii) hospital corridor flooring           | The Hospital, Nov 1961 and Feb 1966  |
| iii) floor maintenance in hospital wards | The Hospital, Aug 1962   |
| iv) flooring for geriatric wards         | The Hospital, Feb 1963   |
| Survey of hospital domestic services     | Report published by Hospital Domestic Administrators Association, 1968               |
| Toilet cleaning service                  | Journal report: The Hospital, Dec 1963   |
| Training of domestic administrators      | King's Fund Report, 1963   |
| Training of head porters                 | Training scheme in progress  |
|  | King's Fund Report, 1963   |
| Ward housekeeping services               | Journal reports: Nursing Times, July 1963, Nov 1964, May 1966; The Hospital, Nov '66 |
|  | British Hospital Journal, Dec 1967   |
|  | The Hospital, Jan 1968   |
|  | Hospital Management, Mar/Apr '70(supplement)   |

EQUIPMENT

|  |   |
|--|---|
| Bed elevators                                  | Hospital Centre memorandum, 1964          |
| Bursary in design of hospital equipment        | Journal report                            |
| Royal Society of Arts: 1st competition '67-'68 | British Hospital Journal, May 1968        |
| 2nd       "       '68-'69                      | June 1970                                 |
| Design of hospital bedsteads                   | King's Fund Report, 1967                  |
|  | Journal reports: Nursing Times, May 1966  |
|  | Hospital Management, May 1967             |
|  | British Hospital Journal, May & June 1967 |
|  | Hospital Management, Nov 1967             |
|  | Bedsteads now in commercial production    |

EQUIPMENT (contd)

Carpeting in patients' rooms  
Disposable goods in hospitals

Equipment for the disabled

Linen trolley exchange service  
Medicine trolley design  
Plastic foam mattresses  
St Peter's boat  
Urine drainage bags

GENERAL PRACTICE

Admissions and doctors enquiry service  
Emergency admissions (EBS red warning)  
General practitioners - involvement in hospital care  
Kentish Town health centre: seminar room and library  
Relationship of GPs to hospitals  
Radio-communications systems for GPs  
Health centres directory

INFORMATION SERVICES

Libraries and medical centres  
Bliss classification system  
Hospital library services  
Hospital Centre library  
Information service for the disabled  
Glossary of hospital planning terms  
Management research and information services  
Design for the handicapped - information  
British health centres directory  
Community innovations register

MANAGEMENT

Putting research to good use

Consultant's role in hospital management

Forward manpower planning  
Joint consultation in hospitals  
Management accounting  
Management audit  
Management by objectives in a psychiatric hospital  
Management research: appointment of social scientist  
Personnel function in a large hospital group

Completed

Journal reports:

Interim report, The Hospital, Feb 1964  
Final report, The Hospital, May 1965  
Hospital Centre memorandum/schedule, 1969  
Journal reports: British Hospital Journal  
Jan 1968; Apr 1969; Mar 1970; Apr 1970  
Journal report: Hospital Management, Apr '67  
Journal report: Nursing Times, Nov 1963  
In commercial production  
In commercial production  
In commercial production

Journal report: The Hospital, Aug 1963  
King's Fund Report, 1968

In progress

In planning stage  
King's Fund Report, 1963  
In regular use  
King's Fund Report, 1971; Directory published '72

In progress

In progress

King's Fund Report, 1959  
Journal report: The Hospital, Apr 1967  
Service established  
British Hospital Journal: Oct 1971  
Journal report: The Hospital, May 1967  
Service established  
Published 1973  
Service established

Nursing Mirror, March 1969

Hospital World, Oct 1969

British Hospital Journal, Nov 1969

Completed: Journal report:

The Medical Officer, Feb 1971

Journal report: Nursing Mirror, Mar 1969

King's Fund Report, 1969

The Hospital, Oct 1970

King's Fund Report, 1969

Journal report: Nursing Times, May 1968

In progress

Completed

MANAGEMENT (contd)

|  |  |
|--|--|
| Productivity and training                        | King's Fund Report, 1969               |
| The shape of hospital management in 1980?        | King's Fund Report, 1967               |
| Effective communication for the senior executive | Journal report: The Hospital, May 1971 |

NURSING

|  |  |
|--|--|
| Attitudes of staff to patient care                                 | Progress reports, 1969, 1970, 1971   |
| Brochures for schools of nursing                                   | King's Fund Report, 1965   |
| Completion rate of nurses in training                              | In progress  |
| Implementation of nursing research                                 | In progress. Journal reports:<br>Nursing Times, Feb and Mar 1969<br>Hospital Centre Report, Oct 1970 |
| Nurse training - St Thomas' Hospital                               | In progress  |
| Nurse tutors - survey  | King's Fund Report, 1968   |
| Nursing establishments   | Joint report with Rcn, 1966  |
| Nursing organisation - Charing Cross Hpl                           | In progress  |
| Nursing organisation - Middlesex Hpl                               | In progress  |
| Nursing administration: office accommodation                       | Journal report: Nursing Times, Oct 1968  |
| Prevention of bedsores   | Nursing Times, Nov 1970, Apr 1971  |
| Programmed learning  | Programmes published, 1967   |
| Planned allocation for student nurses                              | Journal report: Nursing Times, Apr 1968<br>King's Fund Manual 1971                                   |
| Student nurse assessment by progress reports                       | King's Fund Reports, '66, '68; Manual '72<br>Nursing Times, July 1969                                |
| Systems analysis of nurses' record procedures                      | In progress  |
| Teaching aids: assessment of needs in pupil nurse training schools | In commercial production   |
| Video-tape for nurse training                                      | Report by St Bartholomew's Hospital, 1968<br>Nursing Times, Jan 1970                                 |
| Return to nursing - survey of potential resources                  | In progress  |
| Nurse-patient dependency   | In progress  |
| Incontinence in the home   | In progress  |
| Role of the health visitor   | Completed  |
| Directory of schools of nursing                                    | Published 1972   |

PATIENTS' WELFARE & VOLUNTARY SERVICES

|   |  |
|---|--|
| Appointment of organiser of hospital and community voluntary services | Journal report: Mental Health, winter 1968                 |
| Background music in hospitals   | Journal report: Hospital and Health Management, July 1962  |
| Hospital chaplains  | King's Fund Report, 1966                                   |
| Hospital visiting   | King's Fund Report, 1960                                   |
| Information booklets for patients                                     | King's Fund Report, 1962                                   |
| Information service on voluntary help                                 | In progress  |
| Noise control in hospitals  | King's Fund Reports, 1958, 1960                            |
| Paid organisers of voluntary services - survey                        | King's Fund Report, 1968; Manual 1971                      |
| Patients and their hospitals  | Tape-recording issued, 1966                                |
| Patients' satisfaction study  | King's Fund Reports, 1969, 1971, 1972                      |
| Reference manual for voluntary help organisers                        | King's Fund Report, 1971                                   |
| Regional organiser of voluntary services                              | In progress  |
| Use of volunteers   | Filmstrips issued, 1967                                    |
| Young volunteers in mental health                                     | In progress. Journal report:<br>Mental Health, spring 1968 |

PATIENTS' WELFARE & VOLUNTARY SERVICES (contd)

|   |  |
|---|--|
| Voluntary work in hospitals - film                    | Issued by Women's Royal Voluntary Service, '69 |
| Social Responsibility Centre                          | Journal report: Nursing Times, July '70        |
| Clothing for the long-stay and<br>handicapped patient | Catalogue published 1972                       |
| Young volunteers in community care                    | In progress                                    |
| Toy Libraries Association                             | In progress                                    |
| Volunteers and social workers                         | In progress                                    |
| Clothing and dressing of handicapped people           | In progress                                    |
| The language barrier                                  | In progress                                    |

PLANNING

|   |   |
|---|---|
| Addiction units - design  | King's Fund Report, 1972                            |
| Commissioning of new hospitals  | King's Fund Report, 1966                            |
| Description of new hospitals - Phase I  | King's Fund Report, 1968                            |
| - Phase II  | In progress   |
| Evaluating new hospital buildings   | King's Fund Report, 1969                            |
| Evaluation of Addenbrooke's and<br>Royal Marsden Hospitals                          | King's Fund Report, 1967                            |
| Evaluation of New Guy's House   | King's Fund Report, 1963                            |
| Guy's Hospital: survey of outpatients   | Journal reports: Medical Care, Apr/Jun '66          |
| Health services planning research   | Completed   |
| Hospital traffic and supply problems  | King's Fund Report, 1969                            |
| Integration of health services  | In progress   |
| Landscape architecture of new hospitals   | King's Fund Report, 1967                            |
| Opening ceremonies and official visits  | Journal report: Hospital Management<br>Sep/Oct 1963 |
| Outdoor overhead heating  | Hospital Centre memorandum, 1964                    |
| Royal Victoria Hospital, Belfast: survey and<br>evaluation of outpatient department | King's Fund Reports, 1967, 1970                     |
| Wall finishes in a central sterile supply dept                                      | Hospital Centre memorandum, 1967                    |
| Ward conversion: partitioning   | Journal report: Hospital Management, Aug '66        |
| X-ray departments - function and design   | Journal report: Radiography, Jan/Oct '68            |
| Hospital research and briefing problems   | King's Fund Report, 1971                            |
| Planning information  | In progress   |
| Evaluation of health centres  | In progress   |
| Five-day rehabilitation for geriatric patients                                      | In progress   |
| Admission of patients to hospital   | King's Fund Report, 1973                            |

PSYCHIATRIC SERVICES

|   |  |
|---|--|
| Co-ordination of services for the<br>mentally handicapped   | Completed                                  |
| Industrial therapy in psychiatric hospitals                 | King's Fund Reports, 1968, 1969 and 1970   |
| Role of psychiatric social workers in hospitals             | In progress                                |
| Young volunteers in mental health                           | Journal report: Mental Health, spring 1968 |
| Client response to social work in a<br>psychiatric hospital | In progress                                |



## STAFF ORGANISATION & WELFARE

Changing accommodation for  
non-resident staff

Communication flow in hospitals

Hospital house journals

Hospital internal communications

Occupational health of hospital staff

Residential accommodation for staff

Supervision of nurses' health

Social centres and recreation halls

Staff suggestion schemes

Staff job satisfaction

"Shop window" staff

Return to nursing - survey of potential resources

The language barrier

In-service training for staff in hospitals  
for mentally handicapped

Journal report: Hospital Management, 1965

In progress

Journal report: The Hospital, Oct 1966

Reports published

Journal reports:

British Hospital Journal, Dec 1964

British Medical Journal, Dec 1964

The Lancet, Nov 1965

Nursing Times, May '66, Jul '67, Mar '68

Journal report: The Hospital, Mar 1968

In progress

King's Fund Report, 1963

Journal report: Hospital Management, May '66

Journal report: British Hospital Journal, May '67

In progress

In progress Manual 1973

Journal report: The Hospital, Jan 1971

In progress

In progress

In progress

## OTHER STUDIES

Assessment of art therapy

Control of infection: role of control of  
infection officer

Co-ordination of health services

Cost of provisions

Dietary of elderly women living alone

Drugs in small hospitals

Films for hospitals

Geriatric day hospitals - survey

Hospital pathology laboratories -  
management and equipment

Human waste disposal

Improving care for the elderly

King's Fund essay competition

In progress

Completed

King's Fund Report, 1968

Journal report:

Hospital Service Finance, July 1967

King's Fund Reports, 1965, 1970

King's Fund Report, 1968

Journal report: Nursing Times, Aug '70

King's Fund Report, 1961

King's Fund Report, 1970

In progress

In progress

Hospital Centre Report, 1970

First competition, 1967

Journal reports: The Hospital, Jan 1967

Hospital Management, Jan 1967

Nursing Times, Mar 1967

British Hospital Journal, Feb, Aug '67

British Medical Journal, Jun, Aug '69

In progress

In progress

King's Fund Report, 1973

King's Fund Report

King's Fund Report, 1960

In progress

In progress

King's Fund Report, 1971

In progress

In progress

King's Fund essay - second competition

Mechanised report production

Medication system for psychiatric hospitals

Nutrition of housebound old people

Prescribing and use of drugs

Shortage of dietitians

Terminal care and the relief of pain

The language barrier

Meals for the elderly

Student liaison officer for mental health

Cooperation between health and social

service departments

THE NEW 5-MINUTE

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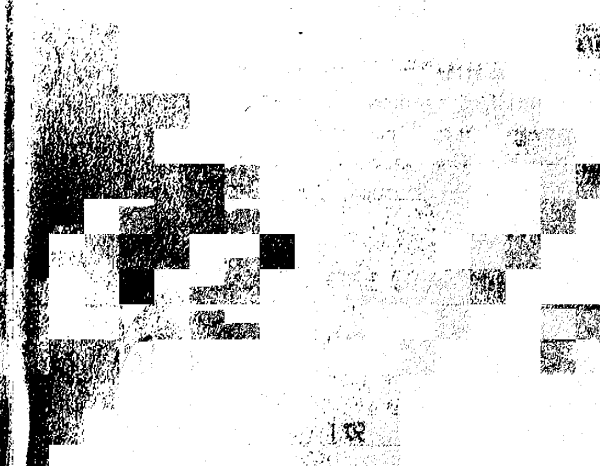
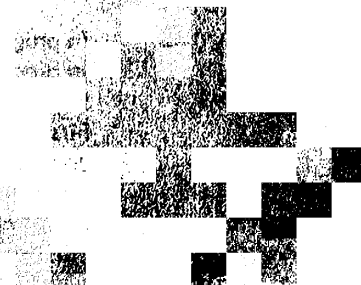
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## EXHIBITIONS

### Origins

1. Before the Centre opened in 1963 there were few facilities for exhibitions to show new ideas and trends, or of materials and equipment, related to the planning and management of hospitals. During the early years the displays aimed at helping specific groups of people concerned with designing new or up-graded hospital buildings or with selecting furniture or equipment for them.

### Purpose

2. The aim of the exhibitions is to demonstrate and display new ideas and trends, new materials and equipment, relating to the planning and management of health and social services.

### Progress

3. In recent years there has been a change in emphasis in the Centre's policy on exhibitions. Greater attention is now paid to dealing with concepts and ideas about wider issues in the health and social services. These thematic exhibitions are usually arranged in conjunction with conferences at the Centre. To reach a wider audience some exhibitions include audio-visual programmes which are then made available for loan, details of which may be obtained from the Exhibition Officer. Exhibition themes covered in the period 1963 - 1972 are shown in Appendix attached.

### Evaluation

4. Evaluation of exhibitions is very difficult. For some exhibitions, visitors have been invited to complete and return questionnaires. These have indicated a fair measure of interest in the exhibitions and expressions of help gained from them, as well as useful critical comments for the future. Otherwise one can judge by talking and discussing with the visitors what they have gained by their visit, and by requests for help in planning further exhibitions, or for the loan of audio-visual programmes. During the last year the following topics have been illustrated or displayed at the Centre:

#### i) Work and labour costs

An exhibition by the Catering Advisory Service, showing ways of saving labour costs by the use of preportioned packs of food, and the introduction of the right equipment.

#### ii) Clothing for the long-stay patient

This exhibition coincided with the publication of a Clothing Catalogue of Garments for the handicapped and disabled patient, compiled by the Shirley Institute and published by the King's Fund. All the articles displayed were numbered to correspond with the numbers in the catalogue. Some three hundred garments were displayed and a great deal of interest in clothing was stimulated by this exhibition. A subject that had received very little consideration has now become of major importance in improving the wellbeing and self respect of the patient.

iii) New rooms for old

New ideas and trends in improving existing accommodation for patients in long-stay hospitals was demonstrated by the Regional Boards of Oxford, Wales and Wessex. Plans and illustrations of sample areas were supported by displays of modern type beds and storage units, with colourful furnishings and carpets.

iv) The elderly mind

This exhibition supported a series of conferences on psychogeriatric care. Many groups of school children from Vth and VIth forms were among the 2000 visitors to this exhibition which highlighted the problems of the elderly, and illustrated some ways of helping to lessen the anxieties of growing old, and ease some of the tensions of daily living.

v) Smaller exhibitions included such topics as - House Journals; Toys for mentally handicapped children; Charity Christmas cards.

The future

5. Exhibitions planned for 1973 include:

- Volunteers in hospitals
- Handicrafts made by the elderly members of WRVS clubs
- Paintings loaned by 'Paintings in hospitals' to hospitals in the London area
- Dental units, demonstrating new trends in design
- DHSS selections of furniture and furnishings available on contract
- Toys for children's units
- Ideas for improving the environment of the mentally handicapped

(Mrs) W M Arnett-Rayson  
Exhibition Officer

March 1973

## EXHIBITION TOPICS 1963 - 1972

|                                      |  |
|--------------------------------------|--|
| Aids for the disabled                | Hydrotherapy units                             |
| Anaesthetic room design              | Intensive therapy units                        |
| Art therapy for the elderly          | Laboratory services                            |
| Beds and bedside equipment           | Maternity units                                |
| Brochures for schools of nursing     | Medical records equipment                      |
| Charity Christmas cards              | Mental handicap                                |
| Children's units                     | New ways towards learning                      |
| Cleaning equipment                   | Nurses home furniture                          |
| Clothing for the disabled            | Operating theatres                             |
| Comprehensive mental health services | Paintings in hospitals                         |
| Consulting room design               | Patients' booklets                             |
| Convenience foods                    | Psychogeriatric care                           |
| Dental departments                   | Putting research to good use                   |
| Disposable goods                     | Staff accommodation                            |
| Do we spend enough on health care?   | Toys for the mentally handicapped              |
| Equipment for export                 | Value for money in catering                    |
| Food service for patients            | Voluntary organisations                        |
| Food service for staff               | Ward design                                    |
| Gardening for the handicapped        | Ward equipment                                 |
| Geriatric care                       | Workload and labour cost in catering           |
| Health centres                       | 75 in '72 (A brief history of the King's Fund) |
| House journals                       |  |

## AUDIOVISUAL PROGRAMMES

|                                     |  |
|-------------------------------------|--|
| HELPING PEOPLE -                    | a programme which highlights the importance of meeting the needs of the elderly          |
| LEARNING TO LIVE -                  | a programme showing ways of improving the environment of the mentally handicapped        |
| A LIFE WORTH LIVING -               | a programme illustrating problems and progress for the provision of psychogeriatric care |
| THE VOLUNTEER -<br>FRIEND OR FOE? - | a programme about volunteers in hospitals  |



# RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the Fund's Development and Management Committee for the year to 31 December 1973:

## 1 Salaries and wages

|                           |              |         |
|---------------------------|--------------|---------|
| King's Fund Centre        | 108,753      |         |
| Catering Advisory Service | <u>2,107</u> | 110,860 |

## 2 Lecture fees 2,000

## 3 Maintenance of premises

|                                |              |        |
|--------------------------------|--------------|--------|
| Rent and rates (net)           | 42,500       |        |
| Heating and lighting           | 5,000        |        |
| Household supplies and repairs | 3,800        |        |
| Cleaning and laundry           | <u>4,200</u> | 55,500 |

## 4 Catering

|                                  |              |       |
|----------------------------------|--------------|-------|
| Provisions                       | 11,100       |       |
| Bar                              | <u>1,200</u> |       |
|                                  | 12,300       |       |
| Less conference and meal tickets | 6,400        |       |
| bar                              | <u>1,100</u> | 7,500 |
|                                  |              | 4,800 |

## 5 Office and conference expenses

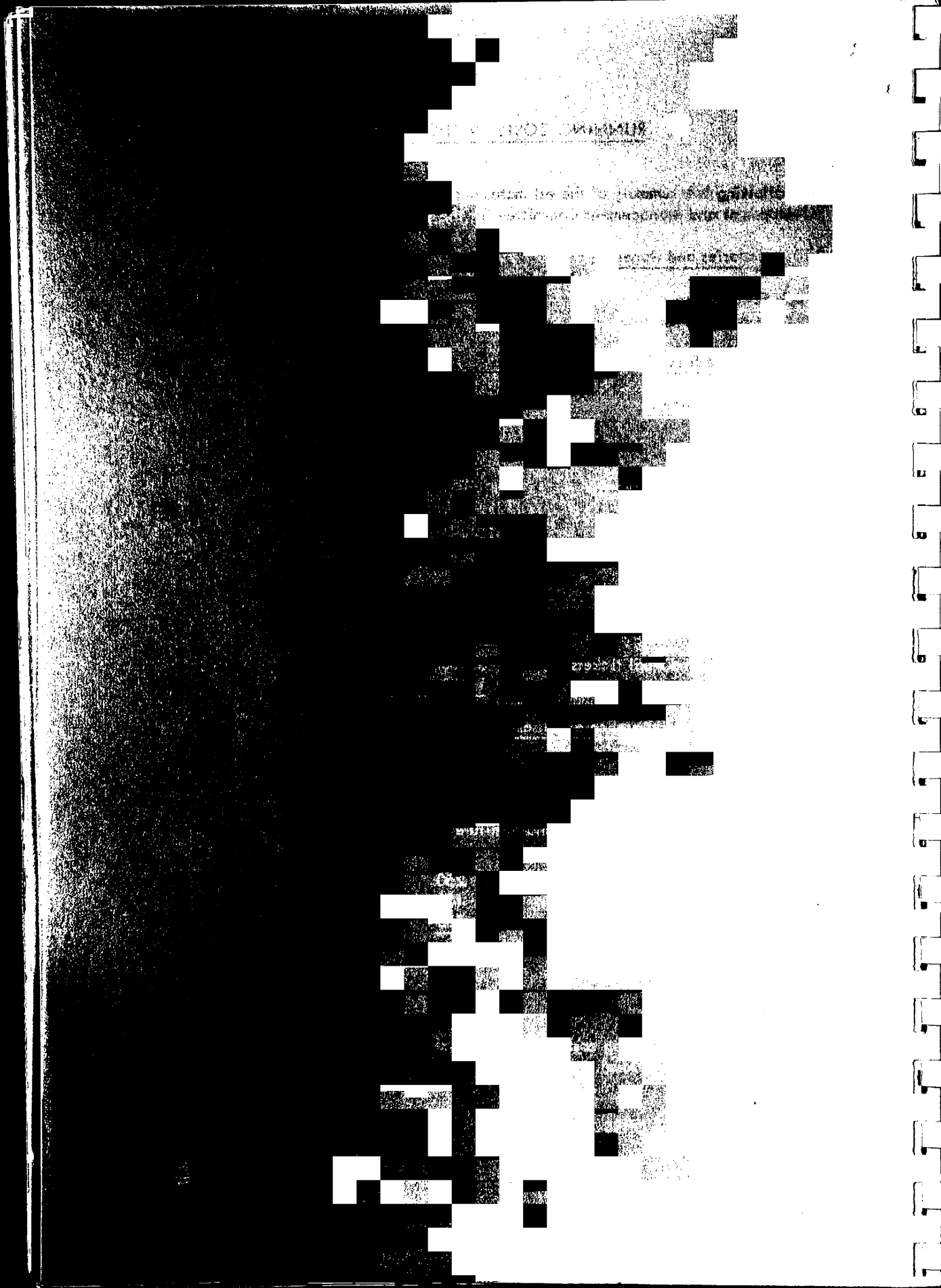
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|---|--------------|--------|
| Office supplies                                 | 7,500        |        |
| Telephone and postage                           | 7,000        |        |
| Travelling expenses                             | 3,500        |        |
| Office and lecture hall equipment and furniture | <u>4,300</u> |        |
|   | 22,300       |        |
| Less mailing list receipts                      | 250          |        |
| BHEC  | 400          |        |
| Cardew-Stanning Foundation                      | <u>500</u>   | 1,150  |
|   |              | 21,150 |

## 6 Periodicals and publications 3,750

## 7 Exhibition

|   |                 |  |
|---|-----------------|--|
| General expenses (excluding cost of preparing and mounting special exhibitions) | <u>1,300</u>    |  |
|   | 199,360         |  |
| Less contributions from DHSS  | <u>87,500</u>   |  |
|   | <u>£111,860</u> |  |

March 1973





# RESEARCH - ALLOCATION OF FUNDS

In 1972 the Fund's Development Committee was allocated £85,000 for distribution for research and development projects, as listed on page 249. By comparison, the Department of Health had available approximately £12.7 million for 1972/3 for research and development in the health and welfare services, as indicated below:

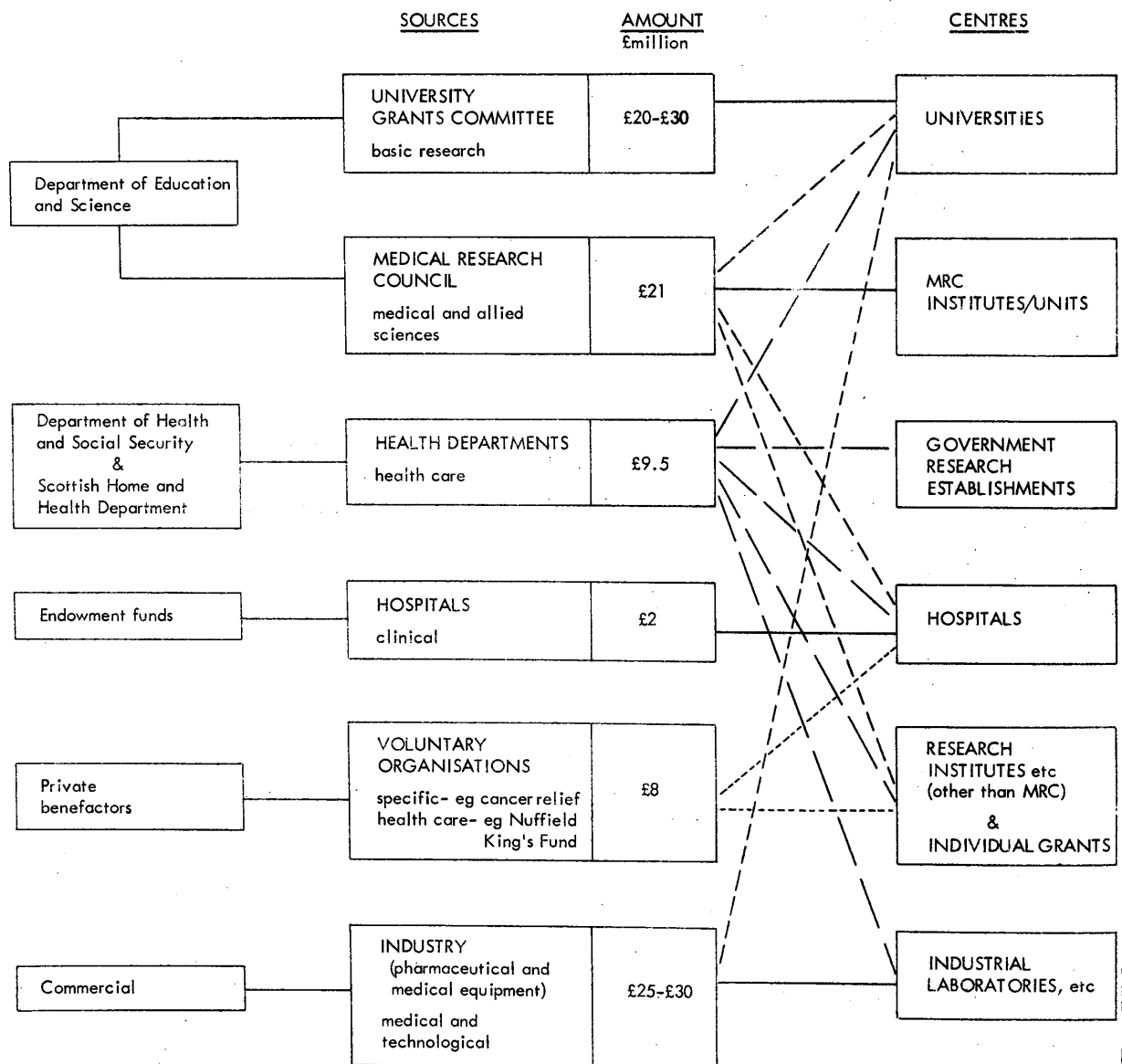
|  | 1968/9 | 1969/70 | 1970/1<br>£million | 1971/2 | 1972/3 |
|--|--------|---------|--------------------|--------|--------|
| 1. Support for research in public health including nutrition                         | .2     | .2      | .2                 | .4     | .5     |
| 2. Central support for research under the Locally Organised Clinical Research Scheme | .65    | .75     | .8                 | .9     | 1.0    |
| 3. Research in aid of the health and welfare services                                | .65    | .8      | 1.1                | 1.8    | 2.2    |
| 4. Special developments  | .9     | .95     | 1.1                | .9     | 1.5    |
| 5. R and D in medical equipment supplies and appliances                              | .8     | 1.0     | 1.4                | 1.5    | 1.6    |
| 6. R and D in building and engineering   | .2     | .25     | .7                 | .6     | .7     |
| 7. NHS computer applications   | -      | -       | -                  | 2.9    | 5.2    |
|  | 3.5    | 4.0     | 5.25               | 9.0    | 12.7   |

The figures relate to extramural research and do not include the salaries of DHSS staff engaged on the planning and administration of programmes.

### RESEARCH & DEVELOPMENT

About £100 million was spent on medical and health care research and development in 1971 by government, industry and voluntary organisations

Funds for research come from a variety of different public and private organisations. There is no one single source of information, and the figures shown below can therefore be considered only as rough estimates



## Allocation of funds for research and development, 1972

This table shows the grants made by Development Committee during 1972:

| Minute | Title   | 1972            | 1973   | 1974   | 1975  |
|--------|---|-----------------|--------|--------|-------|
| 72/    | Forward commitments at 31.12.71                                 | 32,194          | 4,950  |        |       |
| 6      | Attitudes to patient care                                       | 700             |        |        |       |
| 7      | Centre on environment for the handicapped                       | 1,500           | 500    |        |       |
| 8      | Voluntary service information office                            | 3,200<br>1,900) | 6,000  | 6,600  | 1,600 |
| 11     | Clothing for long-stay patients                                 | 3,600           | 200    |        |       |
| 12     | Co-ordination of services for the mentally handicapped          | 3,800           |        |        |       |
| 14     | In-service training in hospitals for the mentally handicapped   | 2,500           |        |        |       |
| 15     | Co-operation between health and social service departments      | 1,000           |        |        |       |
| 16     | Five-day rehabilitation ward                                    | 2,000           |        |        |       |
| 17     | Student Liaison officer - mental health                         | 2,000           | 3,000  | 3,000  | 1,000 |
| 18     | Nottingham council of social service                            | 1,200           | 300    |        |       |
| 19     | Physiotherapy - recruitment film                                | 500             |        |        |       |
| 22     | Film on mental health   | 500             |        |        |       |
| 23     | Help to the handicapped   | 800             |        |        |       |
| 25     | High pressure steamer   | 585             |        |        |       |
| 30     | Exhibitions:  |                 |        |        |       |
|        | (a) Psychogeriatric services                                    | 1,600           |        |        |       |
|        | (b) Furnishings and room settings for the mentally handicapped  | 850             |        |        |       |
| 38     | Drug dependency discussion group                                | 150             | 350    |        |       |
| 39     | Nurse-patient dependency  | 250             | 500    |        |       |
| 40     | Evaluation of health centres                                    | 2,000           |        |        |       |
| 41     | Planning information  | 1,000           | 2,500  |        |       |
| 42     | The language barrier  | 445             |        |        |       |
| 43     | Clothing and dressing for handicapped people                    | 1,000           | 2,000  | 2,000  |       |
| 44     | National association of industrial therapy managers             | 1,000           | 1,000  |        |       |
| 58     | Co-ordination of services for the (i) mentally handicapped (ii) | 500<br>800      |        |        |       |
| 60     | Young volunteers in community care                              | 5,300           | 1,200  |        |       |
| 62     | National hospital house journals competition                    | 300             |        |        |       |
| 63     | Standing conference of voluntary help organisers                | 200             | 500    |        |       |
| 69     | Library and information services                                | 2,600           |        |        |       |
| 65     | Clothing for long-stay patients                                 | 3,000           | 500    |        |       |
| 67     | Exhibition - voluntary help                                     | 500             | 1,400  |        |       |
| 68     | Volunteers and social workers                                   |                 | 2,250  | 1,750  | 1,000 |
| 70     | Client response to social work                                  |                 | 1,350  | 1,350  |       |
| 73     | Librarians and medical centres                                  | 2,000           | 5,000  | 5,000  | 3,000 |
| 75     | Toy libraries association                                       | 1,500           |        |        |       |
| 76     | NHS and EEC   | 1,000           |        |        |       |
| 78     | Communication flow in hospital                                  |                 | 800    |        |       |
|        |   | 83,974          | 34,300 | 10,700 | 6,600 |
| 51     | Bridging grant (ref Minute 72/51)                               | 1,000           |        |        |       |
|        | Balance   | 26              |        |        |       |
|        |   | 85,000          | 34,300 | 19,700 | 6,600 |

1971 - 1972

1973 - 1974

1975 - 1976

1977 - 1978

1979 - 1980

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1987 - 1988

1989 - 1990

1991 - 1992

1993 - 1994

1995 - 1996

1997 - 1998

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2001 - 2002

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2005 - 2006

2007 - 2008

2009 - 2010

2011 - 2012

2013 - 2014

2015 - 2016

2017 - 2018

2019 - 2020

2021 - 2022

2023 - 2024

2025 - 2026

2027 - 2028

2029 - 2030

2031 - 2032

2033 - 2034

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## KING'S FUND PUBLICATIONS

## ORDER FORM

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| Title  | Price | No. of<br>Copies | £<br>Total |
|--|-------|------------------|------------|
| Admitting patients to hospital   | £1.50 |                  |            |
| Alcohol and drug dependence  | £1.50 |                  |            |
| Allocation   | 80p   |                  |            |
| Assessment (20% discount on orders<br>of 20 or more)                                 | 25p   |                  |            |
| British Health Centres Directory   | £2.00 |                  |            |
| Contract and pay questions in<br>industrial therapy units                            | 70p   |                  |            |
| Design of hospital bedsteads   | 75p   |                  |            |
| Directory of convalescent homes  | 50p   |                  |            |
| Evaluating new hospital buildings  | £1.17 |                  |            |
| Geriatric Day Hospital, The  | £1.50 |                  |            |
| Hospital description: Wycombe<br>General Hospital                                    | 87p   |                  |            |
| Hospital research and briefing problems  | £1.75 |                  |            |
| Hospital traffic and supply problems   | £1.17 |                  |            |
| Job descriptions for hospital staff  | £2.00 |                  |            |
| King's Fund house style  | 25p   |                  |            |
| Landscape architecture for new hospitals   | 87p   |                  |            |
| Longitudinal study of the dietary of<br>elderly women                                | 40p   |                  |            |
| (with first report, Investigation into the<br>dietary of elderly women living alone) | 50p   |                  |            |
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| Organisers of voluntary services in<br>hospitals                                     | 57p   |                  |            |
| Nutrition of housebound old people   | £1.00 |                  |            |
| Patients and their hospitals   | £1.00 |                  |            |
| Psychiatric hospitals viewed by<br>their patients                                    | £1.00 |                  |            |
| Reducing the odds (20% discount on<br>orders of 20 or more)                          | 30p   |                  |            |
| Resources in medicine  | 90p   |                  |            |
| Room for improvement (20% discount<br>on orders of 10 or more)                       | 50p   |                  |            |
| Schools of Nursing Directory   | £1.50 |                  |            |
| Spotlight on shop window staff   | 50p   |                  |            |
| Volunteers in hospitals  | £1.10 |                  |            |

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| <u>Title</u>  | <u>Price</u> | <u>No. of<br/>Copies</u> | <u>£<br/>Total</u> |
|---|--------------|--------------------------|--------------------|
| Catalogue of garments for the<br>handicapped and disabled | £5.00        |                          |                    |
| Supplement of new products                                | £1.00        |                          |                    |
| Control of drugs in small hospitals                       | £1.75        |                          |                    |
| British health care and technology series:                |              |                          |                    |
| The elderly mind  | £1.50        |                          |                    |
| British operating theatres                                | £1.50        |                          |                    |
| Integration of health services                            |              |                          |                    |
| First phase   | 50p          |                          |                    |
| Second phase  | 50p          |                          |                    |
| Action learning   | 50p          |                          |                    |
| Twenty-four talks   | 25p          |                          |                    |
| Pupils and patients                                       | 15p          |                          |                    |
| Nurses attitudes to their patients                        | 13p          |                          |                    |
| Study of student nurses progress reports<br>75 in '72     | 13p          |                          |                    |
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| Mental handicap papers No.1                               | 10p          |                          |                    |
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| Check List - 'how good is your hospital                   | 1p           |                          |                    |
| Glossary of hospital planning terms                       | 10p          |                          |                    |
| Questionnaire - psychiatric hospitals                     | £1.50        |                          |                    |
|   | per 100      |                          |                    |
| Questionnaire - general hospitals                         | £4.00        |                          |                    |
|   | per 100      |                          |                    |
| Modern British Cleaning                                   | 25p          |                          |                    |
| Modern British Maternity Department                       | 25p          |                          |                    |
| Modern British Medical Laboratories                       | 25p          |                          |                    |
| British Hospitals Home & Overseas                         | £1.50        |                          |                    |
| British Ward Design & Equipment                           | 50p          |                          |                    |

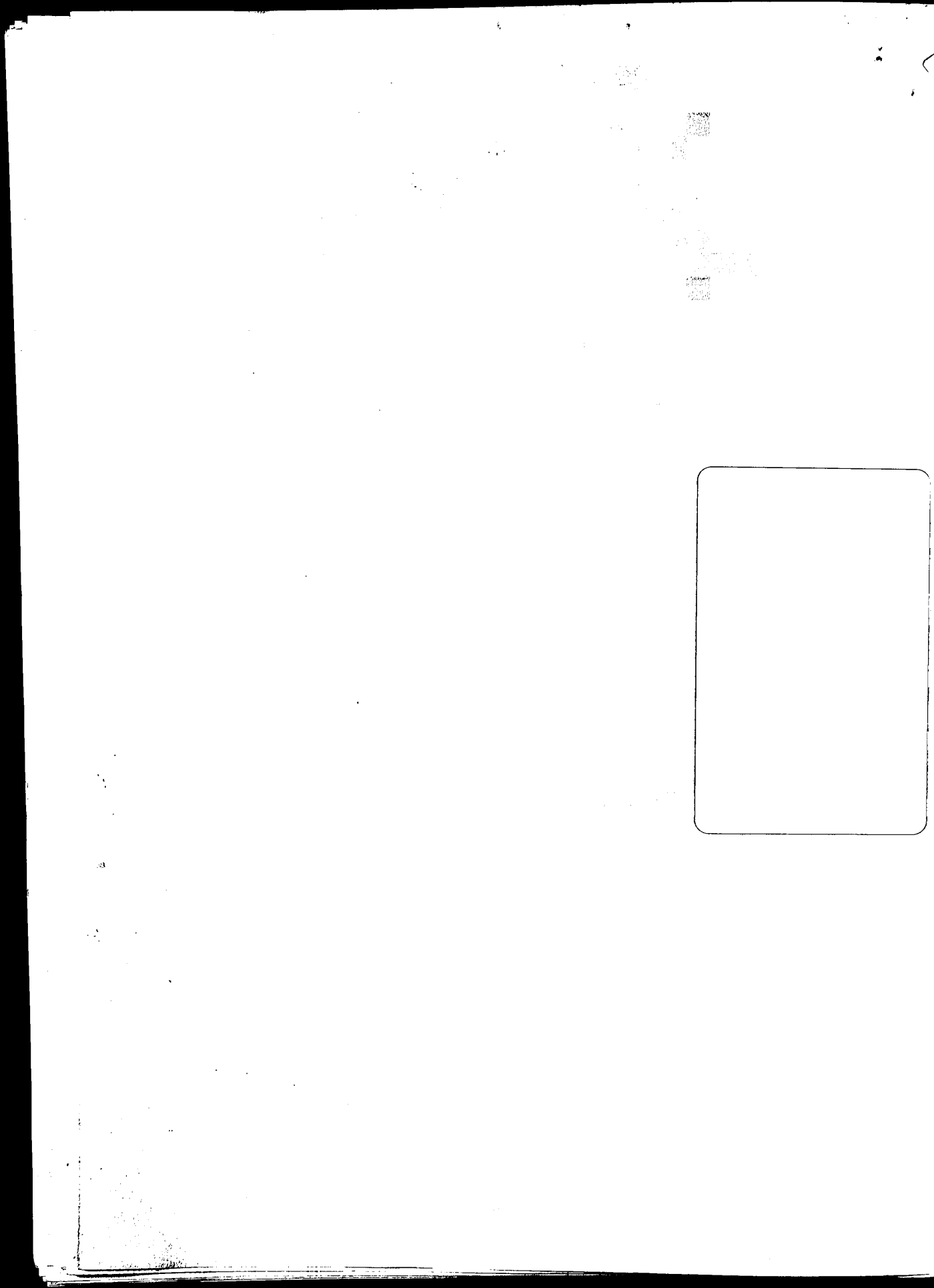
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