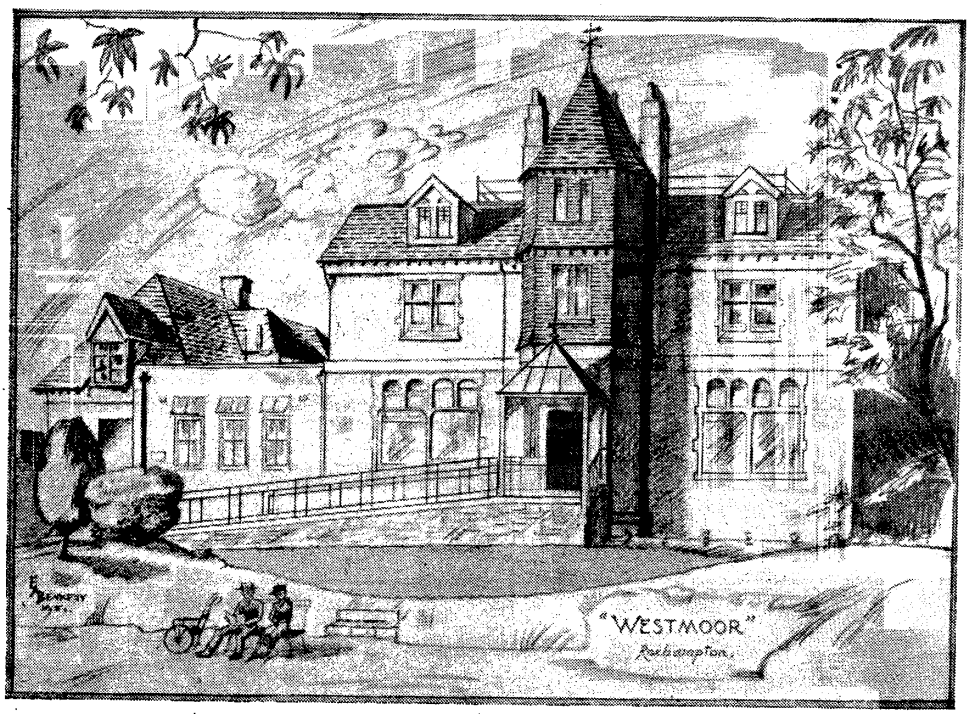
KING EDWARD'S HOSPITAL FUND
FOR LONDON

THE CARE OF THE AGED SICK

The story of an experiment in providing homes for aged patients within the National Health Service

10 OLD JEWRY *LONDON, E.C.2*

CARE OF THE AGED SICK



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Homes for the Aged Sick
King Edward's Hospital Fund for London

10 OLD JEWRY *LONDON, E.C.2*

King Edward's Hospital Fund for London was founded in 1897 *by His Majesty King Edward VII (when Prince of Wales) for the "support, benefit or extension of the hospitals of London."*

It was incorporated by Act of Parliament in 1907, *and is not directly affected by the provisions of the National Health Service Act of* 1946.

THE CARE OF THE AGED SICK

Progress is not always comfortable, and civilization can be extremely inconvenient. These truths are realized more by the old than by any other group of the community today. For children, life becomes increasingly easy—pædiatrics, child psychology and infant welfare services all aim at giving them a smooth entrance into the world ; but the picture is not so rosy at the other end. While science does much to prolong human life and ease its sufferings, it is doubtful whether the community as a whole does an equal amount to make prolonged life happy.

Looking back through the ages one is tempted to believe that old people may have been happier in less progressive and civilized surroundings. Certainly they would not have heard themselves discussed as problems. Nor would they have been haunted by the fear of becoming a burden to their families as their infirmities increased. The old, and even the feeble, were useful to their families, for minding the babies, walking the cows and doing a hundred other odd jobs. Illness nearly always meant death, rarely a partial recovery or long days of helplessness. When old folk felt ill health and enfeeblement creeping upon them it might even be the custom that they should wander off into the jungle or forest to end their days quickly and alone.

Progress and civilization have changed all this. After passing through the stage at which illness and destitution were considered to be divine punishments and therefore not to be alleviated, and the stage at which the richer members of the community would give part of their wealth towards the assistance of those less fortunate than themselves, civilization has perhaps gone to the other extreme. Today in return for regular payments to the State everyone can claim some form of assistance, of right rather than of charity, if they are old, destitute or ill. Yet, for the aged at any rate, the Golden Age seems farther away than ever.

THE PAST

The workhouse was the refuge of those in need of any kind of assistance or care. It was certainly not a pleasant place. Charles Dickens did not exaggerate overmuch in his description of Oliver Twist's childhood. It is easy to see, therefore, why it was a last resort.

The Boards of Guardians had no easy task, each dealing with a small area. Their social conscience had to struggle against the temptation to keep the rates down, and a belief which died hard, that poverty was the reward of the spendthrift. It was not easy to combine care of the genuinely unfortunate with discomfiture of the malingerer and work-shy. The task became too complex for so small a unit. In 1929 the County Councils took it over. Workhouses ceased to exist, or rather were re-named " Institutions " and their form of management modernized.

But the stigma of pauperism remained. The hospitality of the institution was not sought with enthusiasm—it remained a last resort. Among the aged inmates there were those who found living alone too difficult and whose relatives could not look after them ; and there were those who in addition to their age suffered from some form of disability which made it necessary for them to have more care than a normal aged person, yet who still did not need hospital care.

Still more was done to stifle the antipathy. By the National Assistance Act of 1948 it is now a statutory duty for County Councils to " provide residential accommodation for persons who by reason of age, infirmity or any other circumstance, are in need of care and attention which is not otherwise available to them "—surely a great change of attitude from the days of Dickens and even of the Institution.

The County Councils were responsible also for hospitals. These were open to everyone, payment being assessed according to individual means. Inmates of an institution could, if they were ill, be taken to such a hospital for treatment, returning to the institution when they were able to dispense with nursing care. The same authority looked after old people in sickness or health.

The picture would be distorted if the part played by voluntary effort and charity were excluded. There are two main branches of

their work, the almshouses and, a more recent development, the homes for the aged.

Almshouses are a peculiarly English institution. Many of them are Elizabethan foundations. These were, in many cases, endowed by rich merchants for their less fortunate colleagues or for those who had lived the major part of their lives in a particular part of the country, or who were able to comply with some other qualification for entry.

Individuals, and groups representing trades, professions, or church, continued to build and endow almshouses, though in decreasing number through the centuries. The great point about them is the independence which they afford to the inmates. A cottage or flat, and possibly coal, are provided free, but otherwise the residents are as independent as if they lived on their own. Almshouses usually have at most one warden or supervisor; there are generally no facilities for nursing the sick.

In the early 1900's with the increased cost of building and of land in urban areas, the establishment of almshouses became impracticable and was replaced by communal homes as a more economic way of caring for a number of people. New buildings were erected or large houses no longer suitable as private residences were adapted for this purpose, accommodating from 10 to 40 people. These were run as far as possible on the lines of ordinary private houses, retaining as much privacy and individual freedom as possible. In recent years there has been a great increase in the number of these homes set up by voluntary bodies. Again no real provision was made for nursing the sick, nor was it needed, as admission to hospital was easy.

THE NEW HEALTH SERVICE

Such was the picture before nationalization of the health services. How has it altered? The hospitals are no longer the concern of the local authority. The hospital service is free to everyone. The new weekly national insurance contributions form a by no means small slice out of the weekly wage and contributors are quite naturally anxious to benefit from a service for which they pay so highly. The aversion felt towards the institutions is certainly not felt towards

hospitals ; here is nothing shameful about going into hospital. Consequently there has been considerable pressure on the hospitals to take in old people who might have carried on with their relatives, or even on their own. At the same time the institutions, between whom and the hospital there had been a good deal of give and take, now protest that they are having to undertake nursing duties because the hospitals cannot take their cases ; whilst the hospitals protest equally strongly that they are having to care for patients who do not really need their services and are well enough to be looked after elsewhere. This can scarcely be a pleasant state of affairs for the patients or inmates. The old people themselves must in many cases be only too well aware of the trouble their presence causes when they are either too well or too ill for the bed they occupy.

A further complication may be the increasing interest in " geriatrics ". Those who a few years ago would have been declared hopelessly ill may be partially cured. Quite rightly every effort is made to help them and put them on their feet again. Patients who in the old days would have gone into hospital with no prospect of recovery may now look forward to at least a partial recovery and in due course return to an almost normal life.

Yet—and here lies the real trouble—where can they go to live such lives? Their old homes have gone, relatives are not able, owing to financial or housing difficulties, to have them. In many cases, although they are partially recovered, they are certainly not well enough to live quite alone. Although transfer to local authority institutions would seem the obvious answer the patients need more care and attention than the institution is allowed to provide. Institutions and hospitals are now under separate authorities, both of whom are short of accommodation, and have to defend their rights. Free transfer between the two could hardly be expected, even if it were, from the patients' point of view, advisable. The most that could be hoped for would be a form of exchange of one fit patient from the hospital for one sick inmate from an institution. Not unnaturally both hospital and institution are anxious to do something for the urgent cases pressing for admission from outside, rather than take over cases which are already receiving relatively good attention in each other's care.

The border line between sickness and health has thus become a frontier over which it is difficult to pass. For the old people themselves the position is not happy. Those who are fortunate enough, on becoming acutely ill, to be admitted to hospital receive excellent treatment while they are there. They may even go to a hospital with a " geriatric unit " where special attention and equipment are provided for the aged ; but, having recovered from the acute stage of their illness, they are faced with an apparently unending existence in a hospital ward. Although they can get up and even dress themselves there is no reason why they should. All they can do is to sit by their beds until it is time to get into them again. The doctors and nurses who were keenly interested in getting them back to this state of health begin to lose interest in them ; they are unlikely to make any more real progress. To many of them, if they look back, the arduous process of getting better must seem rather pointless when they realize to what an anti-climax it leads.

There is not much point in learning to walk up and down stairs, if the only stairs one can use are the specially built ones in the hospital gymnasium ; or in learning to manage a needle in a partially paralysed hand, if the only object is to make little mats in the occupational therapy classes. All the will-power and energy that goes into any of these achievements seems wasted when day after day all one does is to follow the same hospital routine, sometimes showing off one's achievements to sympathetic visitors brought round by the doctor but more often just going on with the routine of getting up, sitting, eating, exercise and bed. It is a tribute to the enthusiasm and perseverance of doctors and nurses in the geriatric units that they are able to get such good results in spite of these discouragements.

But there are others for whom the position may be even less happy. Attempts to get them into hospital may fail. They are nursed in home-like and even reasonably comfortable surroundings, but without specialist care and certainly without the facilities of a geriatric unit. Having passed the acute stage of their illness, they may remain for an indefinite period bedridden and an additional burden on an already overburdened staff or family. Apparently those who have been cured wonder why anyone bothered to do it, and those who have not been fully cured wish they had had the facilities to get over their illness and cease to be a burden to others. There are frequent

references to the problem of the aged in the Press—the difficulty of getting them adequate hospital treatment, the need to provide housing, care and attention for them, and the burden which they will no doubt be on the younger generation. This can hardly be conducive to peace of mind for aged readers.

It seems as though the nationalization of the health services has in some way caused a vast increase in the need for hospital or other forms of care for the aged, but this can hardly be an accurate interpretation of the situation. As far as London is concerned the existing accommodation for old people has been considerably reduced as a result of enemy action during the war. This applied both to the institutions for the able-bodied and to the infirmaries for the more chronically ill. At the appointed day some of the buildings which had been used as infirmaries were allocated to the hospital service, and were adapted to general hospital use to meet the increased need for hospital services.

It is easy to enlarge on the hardships endured by individuals who, for some reason or other, are unable to benefit from either health or welfare services in time of need. But it is not so easy for those responsible for the provision of these services to assess the number of people who may need their help.

Old age is not a notifiable disease and registration of the aged is not compulsory. At the same time social conscience does not accept quietly the fact that old people may die in considerable hardship because they do not know how to obtain the help to which they are entitled, or if they have the necessary knowledge will not, for reasons of pride, avail themselves of the services.

State Aid, to many old people, still carries with it the stigma of pauperism. The acceptance of charity in the eyes of some is an admission of defeat. Requests for help are postponed until the last possible moment, often when it is too late for effective treatment. Then, too, the requests are often made to the wrong authority with the inevitable delay that such mistakes must mean.

The older members of the population are slow to understand how to make use of these new services, at the same time the younger members of the population who can more readily keep pace with such developments, have appreciated the extent to which the State has assumed responsibilities which used to belong to family units.

Social conditions have encouraged this appreciation. Families feel their responsibility is less, yet the old folk have no clear idea of where to turn for help and those whose duty it is to provide the help cannot always provide it in exactly the required form.

THE KING'S FUND

The King's Fund saw an opportunity to help both the hospital service and the patient. Homes, in pleasant surroundings with gardens, linked with the hospitals to which such patients could go, would give the patients a real incentive to get well, and the hospitals would not find beds occupied by patients for whom they could do no more, yet who could not immediately be sent home. One of the bigger discouragements to both doctor and patient in geriatric work might in this way be removed and the process of recovery accelerated.

The Fund allocated £250,000 to the setting up of homes attached to specially selected hospitals in London where the interest in geriatrics was well proved. The Ministry of Health expressed great appreciation of the scheme. It was arranged that, when the homes were opened, the hospital service should accept responsibility for the maintenance costs of all patients in them.

The Fund retains the ownership of the homes, but the day-to-day running is in the hands of voluntary organizations, either national or local, who have experience of and interest in work of this kind. It was decided as a matter of prime importance that all admissions and discharges, as well as the medical care of all patients in the home, should be entirely in the hands of the geriatrician of the hospital to which the home was attached.

That was in July 1949. Today three of the Fund's homes are open and there are four others which it is hoped will be open early in the new year. Three other organizations which have received substantial grants from the Fund have opened homes running on similar lines.

Whittington was the first of the Fund's Homes to open. It is in Broadlands Road, Highgate, and is run by Hill Homes for patients coming from the Archway Group of Hospitals. Hill Homes already run five homes for old people in Highgate, and the Fund appreciates

the advantage of co-operation with an organization of such standing and experience. When Whittington opened, the Archway Group had not yet formed its special unit for the rehabilitation of old people. Difficulty was at first experienced in the selection of suitable patients to be admitted to the home. There were too many bedridden patients who might or might not be rehabilitated but for whom there was no rehabilitation service at the hospital. There were very obvious difficulties in dealing with a large proportion of these patients in a home designed for about thirty more or less ambulant cases. In spite of these initial troubles the home has shown clearly its value, both to the hospital from which the patients come and to the patients themselves, in providing them with an incentive to improve their health.

Westmoor is the second of the homes to open. It is in Roehampton Lane and is linked with the Battersea and Putney Group of Hospitals. The home is run by managers appointed by the Fund, and has the advantage of the close co-operation of the geriatric unit of St. John's Hospital, Battersea. The work of the home has been admirably summarized in the geriatrician's report to the Fund :—

> " The Home was opened for patients on the 18th December, 1950, and the first cases to be admitted were all long-stay patients from the Hospital.
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> " One man, for example, had been in hospital for ten years, and bedridden for eighteen months during that time. Another had been in hospital for ten years with arthritis, but had been ambulant. Other patients had remained between two and five years in hospitals ; one of these having been bedridden at home for six years in addition. Since then a number of other patients have been admitted, so that twenty-one have now entered the Home. Three of these were formerly out-patients at St. John's and were deteriorating while living in unsatisfactory conditions in their homes. Two patients have been discharged back to their own homes after a short stay. One of these had been bedridden for three years before coming for two years' treatment at St. John's Hospital. She found the life of the home extremely valuable in teaching her to get accustomed to picking up her feet, adjusting her walk for carpets, different types of chairs and walking up uneven surfaces again. The other, who had had a slight stroke, also wanted some adjustment to life outside hospital wards.

At the present moment two more are due to be discharged : one to his own home after two years in hospital and the other has a vacancy at the Putney Home for Incurables.

" Of the long-term hospital patients everyone has improved so much both mentally and physically since their transfer to the home that they are now at least possible candidates for ordinary hostel accommodation in the future. Many of the patients who have previously been having extensive treatment for rheumatic diseases have hardly complained of any pain or disability since they left hospital, so up to the present we have managed with the minimum amount of physiotherapy. This, of course, may not last.

" Perhaps the best results in some respects have been chiefly with patients who were paralysed after cerebral thrombosis, and whose rehabilitation in hospital was incomplete. Of these seven cases are now walking very much better and, although limited in their activities, are in far better condition than when they left hospital.

" I feel, therefore, that from the purely medical aspect, the work of the home has been more successful than I had expected. (We have only one patient who is unable to walk properly.) In my opinion much of the credit for this improvement must be given to the Matron and the members of the nursing staff, who have worked hard in making these patients more mobile and leading them back to a normal home life.

" Most of the residents now take part in the domestic activities of the Home, peeling potatoes, dusting, sewing, mending and so on. This, in addition to the handicraft work which is being organized, has definitely built up their morale. In fact they are now human beings, and no longer just hospital patients."

Fallowfield—in Chislehurst—came next, linked with the Orpington and Sevenoaks Group of hospitals, and under the management of the North West Kent Housing Society. The improvement in the patients and the happy atmosphere achieved in a surprisingly short time after the opening of the home are both tributes to the work of the Society.

Field Lane Institution was the first organization to make a successful application to the Fund for assistance in opening a home for the aged sick. The Institution was founded in 1841, when its first evening school was opened in Clerkenwell, since then its work has expanded in many directions and includes homes for old people.

The Institution found a particularly suitable property in the Holly Hill Nursing Home at Banstead. The Fund shares satisfaction at the success of this home with the National Corporation for the Care of Old People who also gave a substantial grant. It is near enough to St. Helier Hospital to enable the Physician Superintendent of that hospital to provide the medical services. Although the admissions to the home are not officially in his hands, he has shown successfully the advantage of complete medical supervision of the home. By his willingness to take into hospital patients who became unsuitable for the home or needed intensive treatment, he has become the unofficial medical superintendent of Holly Hill, which has developed into an excellent "halfway house." Patients move from the hospital, through the home, and on to ordinary homes for the aged or alternatively to a chronic sick hospital or back to an acute hospital should their condition deteriorate.

The Bermondsey Medical Mission has many years' experience of the care of the aged. The Fund welcomed their application for assistance in the purchase of Homefield, near Bickley Station, which they wished to convert to a home for the aged sick linked with the Bermondsey and Southwark Group. Homefield had been an hotel and has plenty of ground floor rooms, making it particularly suitable for this purpose. Patients in the home are under the care of the Mission doctor who is on the staff of the Group and is in close touch with the other units in the Group caring for the aged sick. There is a continual flow of suitable patients to the home, and, where possible, out to normal life again. The setting of the home is perhaps less luxurious than Holly Hill, but the patients are, none the less, equally happy and appreciative of their good fortune.

University College Hospital was the first of the teaching hospitals to take advantage of the Fund's offer of assistance toward setting up homes such as these. Their Thomas Barlow Home for the St. Pancras Geriatric Unit is now open. The Fund is glad to have been able to make some contribution to its success. It is, however, particularly suited to the needs of a teaching hospital and can hardly be regarded as a prototype for homes attached to Hospital Management Committees.

It is early as yet to make any pronouncement on running costs. At present they are approximately £5 os. od. for each patient each

week, that is to say about one third or less of the cost of patients in hospitals in the same area. It is evident that a unit of less than twenty-five patients is in danger of being uneconomic.

The Fund has gained useful experience in the planning and designing of these homes. The ideal, of course, would have been to build a specially designed house, but at the present time this is impracticable. The conversion of large houses provides the next best alternative. This has advantages as well as disadvantages: their gardens are well matured, the rooms have a dignity and character which might well be lost in a new building, and they are all of a period and style which would not seem strange or unfriendly to their future residents.

The standard to be reached by each home is not easy to fix. At an early stage the Fund had to decide whether to plan for single rooms or cubicles for each patient, or whether to put as many patients together as the rooms would allow with comfort. The latter course was taken for several reasons.

It is important to remember that the patients are not intended to remain indefinitely in these homes. Even though their stay may be a matter of months rather than weeks it is to be regarded as a temporary rather than a permanent home. The patients will still be in need of some medical and nursing care and able to do relatively little for themselves; to provide nursing care and supervision for many such patients in single rooms necessitates a staff uneconomically large. The patients will come from hospitals, many having been there for a number of years; the change from a bed in a large ward to one in a room with at most five or six beds will bring much satisfaction to them; few of them would be able to appreciate to the full the benefits of a single room, and many of them might in their infirm conditions even fear and dislike its loneliness. The division of big rooms into smaller ones or even into cubicles must, however well planned, waste space and reduce to an uneconomic figure the number of beds which the house can take.

Some of the adaptations to the houses were obvious—ramps to replace steps, handrails of a comfortable girth on either side of stairs and passages, baths low enough to be used by patients with the minimum of help, room everywhere to allow for wheelchairs or crutches. But there were others which came to light only with

experience—awkward corners that needed a protective rail, shelves of an inconvenient height, or round door-handles that were difficult to grasp.

Special attention was, of course, paid to the heating to secure a comfortable temperature, at the same time minimizing the risk of accident through any kind of unguarded fire.

On equipment, preference is given to what the patients find easiest to manage for themselves rather than what is easiest for the nurses or attendants ; low beds are favoured rather than the high hospital type and chairs that are not easily overbalanced.

Throughout all the preparation of the homes every effort is made to secure a home-like atmosphere. The furnishings are varied from room to room ; the decorations are such as one would be pleased to find in a private house. The homes do indeed present a great contrast to the ward of a hospital, although they are not planned on an over-luxurious or lavish scale. At current prices the total capital cost of a home, including the purchase and adaptation of the property and its furnishing and equipment is approximately £850 per bed. In using this figure it should be appreciated that the prices of the properties varied considerably in different areas and that, in order to be within reach of a particular hospital, it is sometimes necessary to secure one in a residential district where, although the houses are too large for single family use, their possible conversion into flats has kept up their price.

OTHER SCHEMES

The Fund has received many applications for the assistance of the aged in other ways. Almshouses and homes for the aged, are anxious to maintain their principle that the people who come to them should be cared for from the time they enter the home until their life is over. The facilities in many of these places are quite inadequate for nursing any but minor ailments and all too often the ailments to be nursed are anything but minor.

Appeals were made to the Fund for financial help in implementing plans for the improvement of such nursing facilities.

Nearly all these plans were based on experience of emergency nursing in the homes or almshouses, rather than the need for long-

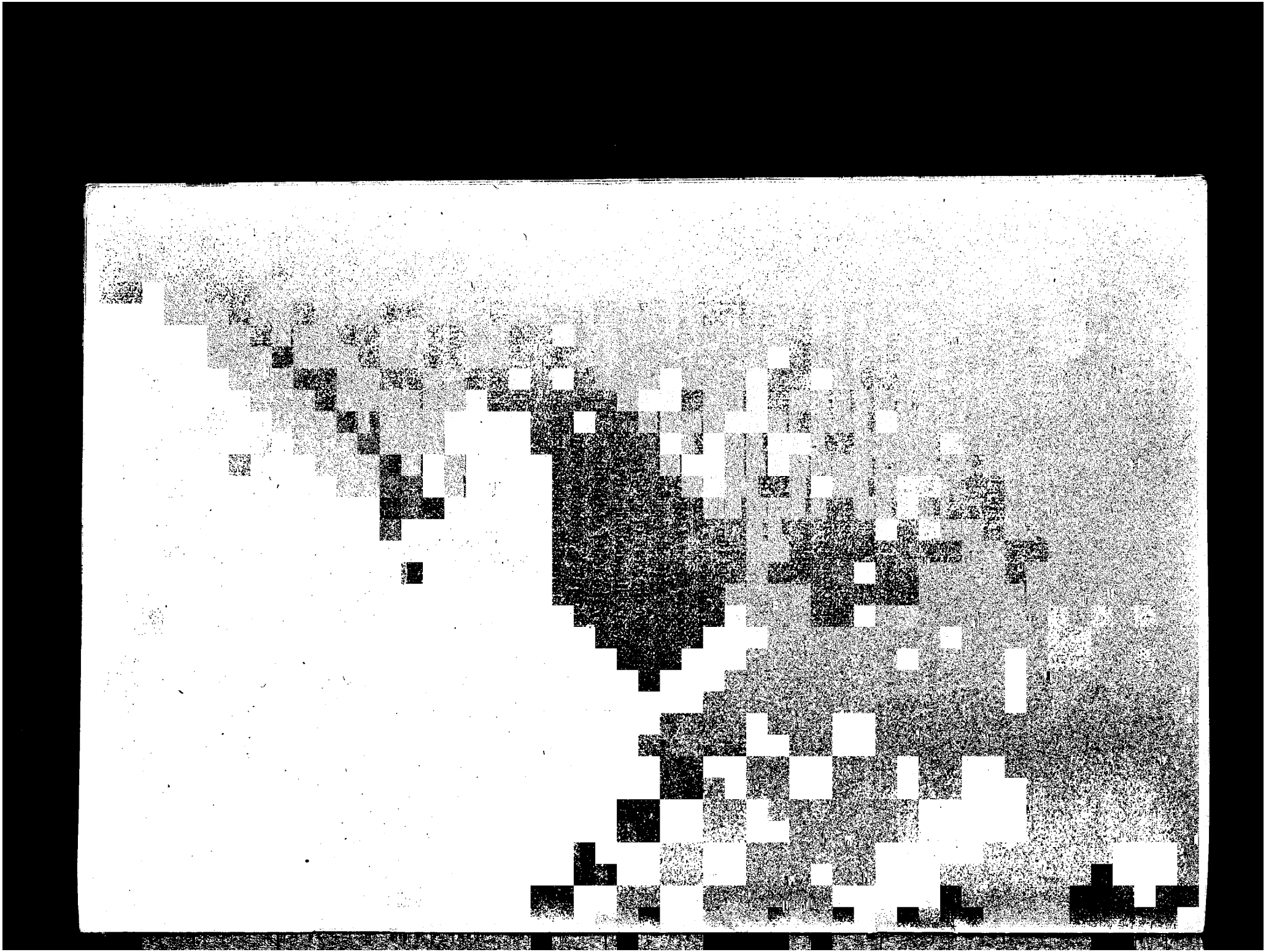
term nursing facilities which would be both economic and, to the maximum extent, beneficial to the patient. Assistance was asked for minor alterations to an existing home or almshouse, to enable one or two inmates to be given some kind of extra attention in the way that would prove most convenient to the matron or warden of the home. No extra nursing staff was envisaged, though one could not help fearing it might well be needed.

Medical opinion on such schemes was not favourable. Patients admitted to sick bays might not receive the skilled attention and treatment which would be available to them if they were admitted to hospital. They might become permanently bed-ridden in the sick bay after some relatively minor illness because staff and facilities to help them on to their feet again were lacking.

It was not easy to make a decision on these applications. The principles underlying them were excellent, that the inmates should be able to stay under the same roof through sickness and health. It was decided that there was a difference between assisting the warden or matron to care for inmates during mild and temporary illness such as would normally be looked after at home, and the provision of small chronic hospitals for the care of long-term and serious cases of illness. The former work lies outside the scope of the Fund, whose charter stresses clearly the relief of hospitals. The latter, the setting up of small chronic hospitals, is uneconomic. Full facilities could not be provided on so small a scale, and the welfare of the patients would suffer.

The Fund cannot hope to provide all the homes for the aged sick that are needed in the London area. Indeed the Fund's homes will make very little impression on the total need. They are experiments in the most satisfactory and most economical way in which suitable care for this particular type of patient can be provided. It is to be hoped that if the experiment proves successful they will be copied perhaps not only by other voluntary bodies interested in this work but also by statutory authorities.

1 *December*, 1951.



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