



The King's Fund

Annual Report 1988

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King Edward's Hospital Fund for London

Annual Report 1988

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The King's Fund: its origins and history

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

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

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

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it seeks to stimulate good practice and innovation in all aspects of health care and management through research and development, education, policy analysis and direct grants. As a matter of policy, however, it does not fund basic scientific or clinical research.

Grant making ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the London Programme, for which, to date, some £1,165,000 has been made available. Another new venture concerns the assessment and promotion of quality in health care.

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

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

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

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King's Fund Centre

After the major reshaping of the Centre the previous year, 1988 was a year of consolidation. Five new programme directors were appointed and much of the year was taken up with setting clear directions for the programmes. Late in the year the Centre received a grant of £1,250,000 from the Sainsbury Family Charitable Trusts for work on nursing developments, user involvement in health care and for a new communication unit. This new unit becomes the seventh programme; the other six are described below.

The Centre Committee made grants of £210,000 for work to improve services for black and ethnic minorities and the development of acute services. The grants are now being given on an almost commissioned basis to support work which is a practical demonstration of the aims of the main Centre programmes.

Use of the conference facilities increased and surveys undertaken during the year showed that users were satisfied but a number of people did not know about the facilities. A marketing drive will therefore take place in 1989. The pricing structure was changed to allow users to build up a more flexible package.

The library also continues to be well used. We were sad to lose Sue Cook, the Librarian Manager. However, her departure gave us the opportunity to review the library and to link in more of the information services currently provided by the programme teams.

The new bookstore was a great success, increasing sales significantly and making the entrance to the Centre a more welcoming area. We improved access for people with disabilities by installing automatically opening front doors.

ACUTE SERVICES

Considerable progress was made on the acute hospitals project. Workers were appointed to Riverside, City and Hackney, and Coventry District Health Authorities. In Riverside, the new Westminster and Chelsea Hospital provides an opportunity to develop activities and policies to take the hospital into the 21st century; a key part of this work concerns the interface with community services. In St Bartholomew's Hospital the focus will be on reshaping medical education

and changing the pattern of services. Several conferences were held to stimulate debate about the future of acute services.

The consensus development conferences continued, with one on the treatment of stroke and an expert group consensus approach used for analysis of intensive care units. Funding for a full-time post on medical audit was obtained from the DHSS and South Western RHA. This will allow the work on audit to progress in 1989. Meanwhile a handbook on medical audit for hospital doctors was prepared and published.

QUALITY ASSURANCE

The QA information service, the core of this programme, has always been literature based. In 1988, it was decided to make it more 'user friendly' and information was collected on who is doing what and where, enabling workers to be put in touch with each other. Reviews of specific areas and a newsletter are planned and two directories of QA professionals are to be published.

The development of good practice guidelines continued and should be completed in early 1989. Meanwhile there has been much debate about the need for national standards for the NHS and whether an accreditation system should be established. In response to this, a one-day workshop on national standards was held in the autumn; funding was obtained for a two-year experimental programme and districts identified to take part. A publication on accreditation around the world will soon be available.

Funding from the DHSS was obtained to establish an advisory service on consumer surveys. Finally, the team set up a forum of national bodies and professional networking groups to push forward thinking about quality assurance.

NURSING DEVELOPMENTS

The strategy of this programme includes both the development of nursing practice and the development of nurses as practitioners. Funding from the Sainsbury Family Charitable Trusts will enable nursing development units to be set up in a number of districts which

can learn from those already established in Oxford and Tameside.

Because of the interest in the field, a network was established for those developing primary nursing. Primary nursing means that a designated nurse has 24-hour responsibility for planning and delivering each patient's care. Over 120 wards/units have joined.

Another approach to the development of nurses is to have nursing fellowships, not specifically for nurses to gain higher degrees but to support them for a period of career development. Background work was done to see how such a scheme can be established and funding is being sought.

LONG-TERM AND COMMUNITY CARE

The team, now renamed the Community Living Development Team, continued its work with and for people with learning difficulties. One of the events of the year was the International People First Conference held in the UK. People First is the umbrella organisation for self advocacy and, until 1988, the UK branch was run from the Centre. However, it has now developed to such an extent that it needs independent premises and resources.

Facing the Challenge, published in 1987, was followed this year by a series of conferences on services for people with learning difficulties and challenging behaviour. *Ties and Connections*, a report on ordinary community life for people with learning difficulties, was published in 1988.

Work on developing a model for comprehensive mental health services was begun. Work on services for black and ethnic minorities focused on mental health because users and communities are so dissatisfied with the current provision. The Centre Committee, recognising the need to establish new models of service, gave a grant towards Lewisham Black Mental Health Centre.

Perhaps the biggest change concerned services for people with physical disabilities. Two reports which the team collaborated on, *Last on the List*, published by the King's Fund Institute, and *Living Options Lottery*, published by The Prince of Wales' Advisory Group on Disability, were discussed at a conference

in the autumn as a way of launching a major programme of activities.

INFORMAL CARERS

The unit had an excellent year with many of the information and training projects coming to fruition. Published during the year were *Caring Together: Guidelines for Carers' Self-help and Support Groups* and *Action for Carers: a Guide to Multidisciplinary Support at Local Level*.

Four other information and training projects were commissioned: the carers' charter, which developed 'a new deal' and provides guidance on policy and practice; the Asian carers' project, which is producing a video and booklets in five languages for Asian carers in Leicester; the MSD Foundation, which is working on training materials for GPs working with carers; and the Standing Conference of Ethnic Minority Senior Citizens, which will produce a report on carers in three ethnic minority communities.

Originally the unit was to continue its work up to September 1988. However, the demonstrated need is so great that funding was obtained to maintain the unit. It was decided that the new focus should be the development of services which take into account carers and their needs, and that more emphasis should be given to developing materials for black and ethnic minority carers.

PRIMARY HEALTH CARE (London Programme)

During 1988 several major projects came to an end resulting in a series of publications, workshops and national conferences. These included *The Future of Community Health Services*, *Working Towards Racial Equality in Health Care: the Haringey Experience*, *Pimlico Patch Committee: an Experiment in Locality Planning* and *Planning Primary Care: Forging Links between DHAs and FPCs*.

Key activities were to extract lessons from field projects and to raise funds to develop a further programme of work, particularly to help FPCs develop their planning and monitoring role. Work on user participation in service development continues, focusing especially on black and ethnic minority communities.

King's Fund College

For the College, 1988 was a year dominated by the changing fortunes of the NHS. Few will need to be reminded that, throughout the year, barely a week passed when the NHS was out of the headlines. The first half of the year – if the media are to be believed – was a time of crisis: a shortage of NHS finance, long waiting lists, and rising dissatisfaction among doctors and nurses tended to dominate the headlines. The government's response to this crisis, in the form of a hastily announced Prime Ministerial review of the service, then came to dominate developments during the second half of 1988.

Throughout this period the College responded to the needs of managers and others within the service by providing direct support in the field and by offering opportunities to stay abreast of changing developments and ideas in classroom and other non-workplace settings. A good example of this type of work was the College's increasing involvement with GPs and hospital doctors. As the crisis in the NHS and the Prime Minister's review increasingly moved the medical profession to centre stage during 1988, there was a proportional increase in the College's work with doctors. Over the year, nearly 150 senior doctors (mostly consultants) attended eight classroom-based programmes designed specifically to allow doctors to consider the benefits of working in a well managed organisation. These were supplemented by programmes run at the Royal College of Physicians and the Royal College of General Practitioners. In addition, College faculty worked on a number of substantial field projects concerned with involving doctors in resource management. This included work in three health authorities designated as experimental resource management sites.

The year also saw an increasing awareness that NHS management will, in future, depend on the more effective use of information technology. Against this background, the College pioneered a series of Information Management Programmes jointly with the Centre for Health Information at the Manchester Business School. These programmes were introduced through competitive tender by the Department of Health and, when complete, will have been attended by board level managers and their information tech-

nology specialists from about half the UK health authorities.

Another significant development was the introduction of the College's new Top Management Programme (TMP). The TMP is designed for managers who will contribute significantly to shaping health care in the UK in the 1990s. The programme represents a substantial commitment from its 24 board level participants, running over a nine month period and costing authorities (or other sponsors) approximately £6,000. Despite this commitment, the 1988 programme was over-subscribed and there was a waiting list for the 1989 intake. The TMP represents a major investment and breakthrough for the College involving, as it does, considerable joint work between participants, College Faculty and leading management and health care thinkers from North America, Europe and the UK.

Two new programmes of educational and field development activities were launched which focused on managing strategic change in community services and in public sector organisations. The Building Community Strategies (BCS) group within the College represents an important example of the College combining its reputation for high quality management development with the Fund's wider commitment to promote better health care. The group has three priorities for its programmes in 1988/89: first, strengthening the management of primary health care; second, achieving large-scale change in community services for people with long-term disabilities; and third, implementing public health strategies. The Office of Public Management was also established as an independent agency within the College during the year and aims to undertake programmes which build bridges across different public sector organisations. The Office aims to help organisations engaged in public enterprise to secure more effective social and economic results. Its work takes the form of management development, educational and research programmes and consultancy with clients from the civil service, local government, education authorities and other agencies involved in public service provision.

Other significant developments included the launch of the King's Fund Association – an organisa-

tion whose membership is made up of alumni of the College. Among other activities, the Association sponsored the first of its annual 'NHS Question Time' events which was chaired by the BBC announcer, John Humphrys, and included Sir Raymond Hoffenberg, Dr Lewis Moonie MP, Sir David Price MP, and Philip Hunt, Director of the National Association of Health Authorities, as panelists. The Association also launched its new journal, *Management Process* – a publication intended to provide a forum for ideas and debate relevant specifically to NHS management. It is hoped that the Association and its new journal will increasingly become a resource which will allow NHS managers and others concerned with NHS management to meet with one another, stay abreast of ideas, reflect on their work and generally stay in touch.

As we go to press, the debate surrounding the Prime

Minister's review of the NHS continues unabated. This is perhaps not surprising in that the white paper stemming from the review is unlike all previous white papers. In particular, it does not contain a detailed prescription of how the NHS should be changed but, rather, puts forward a broad agenda for change and challenges managers and others within the field to devise ways of bringing these changes about. In this sense, the white paper puts management at centre stage. This, of course, places a special responsibility on institutions such as the College which attempt to contribute to and strengthen management within the service. There can be little doubt that 1989 will be one of the most exciting, challenging and, indeed, important years in the lifetime of the College. We look forward to these challenges and to supporting those who must face them first hand.

King's Fund Institute

The Prime Minister's review of the NHS so dominated 1988 that its 40th anniversary was somewhat overshadowed by speculation about the future. Certainly, the financing and organisation of health services have never been debated more fiercely. Staff of the Institute were busy throughout the year clarifying the issues and improving the quality of public debate by contributions on radio and television, at conferences and in newspapers.

The government's proposals for the NHS are discussed elsewhere in this report, but the Institute was also engaged in analysing specific issues throughout the year, and some of these are described below.

COMMUNITY CARE

A major activity was the Institute's involvement in, and monitoring of, the review of community care by Sir Roy Griffiths. This culminated in a briefing paper, *Griffiths and Community Care: Meeting the Challenge*, published immediately after the Griffiths report in the spring. Following the failure of the government to respond to Griffiths, the Institute conducted a survey of senior managers responsible for providing health and social services. The results emphasised the need for urgent action.

Another initiative was a report on three coordinator/case manager projects in the sphere of physical handicap. The subject of case management is highly topical and is one of the cornerstones of Griffiths's recommendations to secure more effective delivery arrangements for community care.

In addition, David Hunter was commissioned by the Scottish Office to undertake a review of success and failure in joint planning in England and Wales. The aim was to discover whether there were lessons for policy and practice which might be applied to Scotland.

PHYSICAL DISABILITY

Last on the List: Community Services for People With Physical Disabilities, analyses the health and social support services available for disabled people in Britain. It describes a piecemeal approach to service development which results in haphazard care.

Agencies' failure to agree goals and develop complementary service plans have created considerable problems for people with disabilities and for the professionals who work with them – problems which are compounded by failures of communication between professionals and the difficulties they experience in working in partnership with disabled people. The report stresses the need for change in the way that services are planned, managed and monitored.

ACUTE SERVICES

Institute and Centre staff collaborated in the preparation of a paper for NAHA's AGM which reviews major trends in acute services in the NHS and analyses possible future developments. Particular attention is paid to developments in surgery, genetics and diagnostic services. The paper suggests that in future there is likely to be an expansion of home care and self-care and an increased role for GPs. Hospitals will provide fewer beds and will use these beds more intensively. Important and difficult ethical questions will accompany these developments, particularly in relation to the new genetics.

MEDICAL NEGLIGENCE

Claims of a 'malpractice crisis' in British medicine are exaggerated. But patients and their relatives do face unacceptable difficulties in bringing negligence claims against doctors. Major changes should therefore be made to the existing procedures and serious consideration should be given to the introduction of a no-fault compensation scheme. This, however, would need to be balanced by measures to increase the accountability of the medical profession.

These are some of the conclusions of *Medical Negligence: Compensation and Accountability*, a report prepared jointly by the Centre for Socio-Legal Studies at Oxford University and the Institute.

MANAGING CLINICAL ACTIVITY

Medical practices are not always as cost-effective as they might be. *Managing Clinical Activity in the NHS* identifies three broad strategies that could be

pursued: to raise professional standards through medical audit and the use of guidelines and accreditation; to involve doctors in management by providing them with budgets and appointing them as managers; and to increase external management control of doctors by changing their contracts and extending provider competition. But despite the proposals announced in the NHS white paper there are formidable problems to be overcome in changing the clinical and managerial culture before health services can be provided more effectively and efficiently.

OCCUPATIONAL HEALTH AND SAFETY

Workplace accidents are only one facet of a much wider problem. Deaths from known occupational diseases are ten times higher than from work related accidents: occupational accidents and diseases cost more than £3 billion in 1987.

Government policy on occupational health is in a state of confusion. Although tighter controls on hazardous substances have been introduced, an inadequate health and safety inspectorate, and pitifully low fines for violation of safety standards, have weakened pressure on employers to comply with regulations. Occupational health services are essential to the accurate identification and prevention of ill health caused by work. But about half the workforce has no access to them. *Just an Occupational Hazard?* calls for a comprehensive approach aimed at preventing injuries and illness and at actively promoting health at work.

PRIMARY HEALTH CARE

The government's first ever review of primary care was an opportunity missed. This is particularly evident in the excessive emphasis on family practitioner services and in the failure to analyse the context in which they operate.

Promoting Better Health?, an analysis of the government's programme for primary health care, discusses the difference between the white paper and the consultative document which preceded it, notably the introduction of dental examination and eye test charges and the introduction of cash limits for FPCs.

The financial and policy implications of the review's major proposals are examined. The report argues that the ground has been cleared for enhanced financial control of new and expanded primary care organisations, but that the review is far too narrow in its conception of the future role of primary health care.

COMPARATIVE HEALTH CARE

At a time when the debate about the future of the NHS is drawing on examples from overseas health care systems, the Institute launched a study of the lessons for the NHS to be found in the United States, Canada, Germany, Sweden and the Netherlands. The study is investigating the operation of various arrangements that are likely to become more important in the UK over the next few years. These include competition between hospitals, ways of managing clinical activity, and possible trade offs between choice and universal access to health care. The results of the study will be published in 1989.

COST IMPROVEMENT PROGRAMMES

Efficiency savings through cost improvement programmes have been a major source of funds for NHS service development over the last five years. In an effort to understand how specific programmes are put together at local level, and how they are monitored by regions and the management board, the Institute collaborated with IHSM and NAHA on an in-depth study of a small number of districts. The preliminary results indicate some interesting findings on the status of reported savings from cost improvements. The final results will be published in 1989.

SEMINAR FOR SENIOR MANAGERS

A seminar, 'New Directions in Health Policy and Management' held in October, was an opportunity for Institute staff to discuss with senior NHS managers, current and future issues in health policy. Topics covered included the NHS review, the future of community care, health promotion policy, new horizons in acute care, and the NHS in international context. A similar seminar is being planned for spring 1990.

Grantmaking/Publishing

In 1988 the **Grants Committee** received over 300 applications and had approximately £750,000 to allocate. Two specific grant competitions were advertised: one for a major innovation in health care and the other for improvements to health care for homeless people. The grants below describe a few selected areas of funding; other grants are detailed on pages 19-23.

MAJOR GRANTS

The successful applicant for the Fund's major grant was a team from Charing Cross Hospital. Six clinics will be set up in health centres in the Riverside Health Authority to alleviate the suffering of elderly patients with venous leg ulcers. The clinics will use techniques, developed at the vascular surgical service at Charing Cross Hospital, to speed up the rate of healing. The grant is to see whether these techniques can now be undertaken by specially trained nurses in a community setting.

Another large grant, for improvements to health care for homeless people, was made to Kensington and Chelsea and Westminster FPC and Parkside Health Authority for a primary health care facility in the Bayswater area. The project will work closely with a families' care team to ensure that homeless families can register with a general practitioner and receive back-up support from a health visitor, social worker and welfare rights officer.

HEALTH CARE OF ETHNIC MINORITIES

There is a great deal of evidence to show that basic health services prove inaccessible to ethnic minority communities. The Grants Committee, therefore, made several grants to improve the provision of health care for these groups. For example, it supported a development worker at a centre run by the Africa Educational Trust for refugees and asylum seekers who have stress-related problems; it also funded an alcohol advisory service worker to increase awareness and tackle problems in the Newham Asian and Afro-Caribbean communities. Four more grants are being administered by the National Self Help Support Centre for activities to improve information, edu-

cation, training and recognition for ethnic minority carers. The Committee also contributed to a multicultural bereavement group in Brent and a health centre for the Chinese population in Greenwich.

CHILDREN'S HEALTH CARE

Grants were made to promote a checklist on the quality of children's inpatient services in hospitals, to appoint a play specialist to help abused and damaged children and their families at a centre in North London, and to Brook General Hospital in South London towards a special unit for parents to share in the care of their own children. The Rainbow Trust received a grant to set up a home care team for terminally ill children in their own homes within the Greater London area. A grant was also made to help establish a mobile play group for children living in bed and breakfast hotels in Bayswater, many of whom suffer from behavioural problems and developmental delay.

The **Management Committee** has the second largest grant allocation in the Fund. It supports innovative projects that do not fall directly under the remit of the main committees and programmes.

FORTIETH ANNIVERSARY OF THE NHS

To celebrate this the King's Fund and Blue Peter, the BBC TV children's programme, ran a competition entitled 'A Picture of Health'. Children up to 15 years old submitted their images of health and over 16,000 entries were received. The prizes were awarded in June and the King's Fund Centre displayed the best 200 entries. A selection of the pictures will be printed in a book to be published by Puffin.

RADIOLOGICAL EXAMINATIONS

Over the years there has been concern about the increase in the number and cost of x-ray examinations in hospitals. As a result the Royal College of Radiologists recently issued radiological examination guidelines. The Management Committee contributed towards a study at four pilot sites to look at the implementation and effectiveness of these guidelines.

NEW COURSE FOR REMEDIAL THERAPISTS

Another major project is the appointment of a lecturer for a new MSc course in research methods for remedial therapists. This part-time course at King's College London should allow occupational therapists and physiotherapists to evaluate critically existing practice and to improve the quality of the service.

MEDICAL EDUCATION

As a result of recent financial cuts in medical training, there has been great concern about the standards of basic medical education. The King's Fund and the Nuffield Provincial Hospitals Trust have been involved in trying to establish the scale and nature of the problem. A comprehensive questionnaire is being sent to all medical schools in the UK to identify the number of clinical teachers, the workload and changes in the structure of the curriculum.

RARE HANDICAPS

Parents of children suffering rare handicaps are often widely dispersed and isolated. The Management Committee therefore made a grant for a development worker who can advise parents on the establishment of self-help support groups.

TRAVELLING FELLOWSHIPS

The Travelling Fellowships Subcommittee has a current yearly budget of £25,000 to help senior registrars or recently appointed consultants to travel abroad, either as part of a training programme or to study the latest research or treatment in their field. The travelling fellowships, averaging around £1000, are only awarded to doctors working in London who give an undertaking that they will return so that what they have learned will help patients in the capital.

ART IN HOSPITALS

The Fund's art in hospitals programme works through the Public Art Development Trust to help hospitals develop long-term programmes commissioning new

works. During 1988, St Mary's, Little High Wood, Bolingbroke, Hammersmith, Harold Wood and Whittington Hospitals received grants.

In addition, the Fund worked with a national steering committee to set up a new British Health Care Arts Centre. This exciting development will be based in the Duncan of Jordanstone College in Dundee. The Fund also jointly commissioned with the Forbes Trust an evaluation of a sculptor in residence project in a hospice and the report will be published in 1989.

Finally, work began on two projects which will feature in the next annual report. These are a national prints in hospital scheme and a video and handbook about how to introduce arts projects into hospitals.

Publishing

The major publication in 1988 was *The Nation's Health*, a report from an independent committee chaired by Professor Alwyn Smith. It was the result of two years' research at the London School of Hygiene and Tropical Medicine, joint sponsor of the committee with the Fund, and the Health Education Authority. Media coverage of the report was extensive and sales have been brisk.

Understanding the NHS by Peter A West appeared soon after the 40th anniversary of the service. Ethics were the concern of three books, *The Status of the Human Embryo*, *Cost and Choice in Health Care*, and *Health, Rights and Resources*, which was the third volume of King's College studies in medical law and ethics.

Two new project papers were published, dealing with housing for people discharged from psychiatric hospitals and bereavement support in NHS hospitals. Other publications dealt with paediatric surgery in Greater London; patients' views on the prevention of cervical cancer; caring for people with AIDS; the achievements of the 'An Ordinary Life' initiative; the management of care for people with physical handicaps; the health of elderly people; postgraduate medical education; and the work of equal opportunities advisers in the NHS.

Selected Issues

The Prime Minister's review and 'the new NHS'

The Prime Minister's review began early in 1988 and resulted in January 1989 in the white paper, *Working for Patients*. The government's three main conclusions are: *first*, to separate the purchasing and provision functions of the NHS, creating a form of competitive, regulated market for the provision of care; *second*, to reinforce the link between the clinical work of doctors, nurses and others, and the management of the NHS organisations in which they work, with a strong emphasis on audit and peer review; and, *third*, to decentralise decision-making in the NHS, so that the DHSS and the regions intervene less in the detailed running of services.

Since publication of the white paper, opposition has mounted, particularly from the BMA and the Royal College of Nursing. The BMA reaction has much to do with a breakdown in negotiations over changes in the general practitioner contract, stemming from the 1987 white paper on primary care. There is also a perfectly legitimate party political element at work: Her Majesty's Opposition is entitled to oppose. More generally, though, the reactions are about distrust and fear of change. Many people within the NHS fear that the white paper will destroy the basic equity of the service, and some believe that it is intended to do so. On the other hand, to defend the status quo simply because it is familiar is irresponsible, and many people have not studied the new proposals with proper care. The difficulties over financing the NHS are long standing. Britain does need to spend more on health care, but that is not the sole problem. There needs to be greater transparency about what services the money actually buys, and sharper incentives, both for individuals and for institutions, than a global budget offers.

It is easy to fault the white paper for its unevenness and incompleteness, but there is enormous scope to fashion it in an experimental, evolutionary way. The King's Fund will be seeking to help those involved in developing the new arrangements, while keeping a constructively critical eye on their effect. It is not self-evident that the changes will work to the benefit of

patients, particularly the most vulnerable and least articulate. Equally, however, it is not self-evident that they will suffer. Everyone involved must simply try to see that the government's proposals are worked out in ways that make the service more flexible and more responsive, without losing its many good qualities, particularly its fundamental decency to those least able to claim help. In the short term that means the government showing that it is willing to listen – on timing, on education and research implications, and on the dangers of a two-tier system. It also means proponents and opponents keeping their tempers. An increasingly shrill and bitter confrontation will do nobody any good, and will certainly erode public confidence in the NHS.

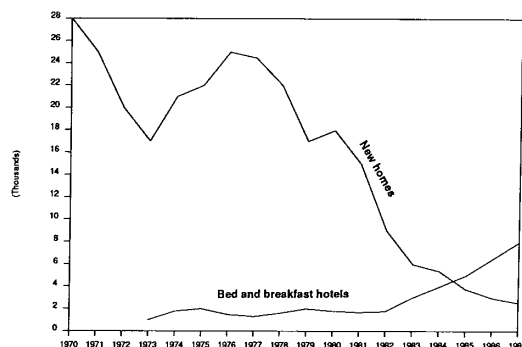
Respect for individual choice

A principal lesson from our experience of working to improve care for people with long-term disabilities is to try to listen to what people actually want and to maximise their scope for controlling their own lives. The NHS needs to be more responsive to patients as people. Is it too much to hope that patients will in future genuinely be welcomed on arrival; that the hospital or GP practice will recognise that the customers' time is often precious too; and that the private sector's expertise in showing its respect for clients will be emulated or even exceeded by 'the new NHS'? While lack of time, because of the pace of work in the NHS, is often seen as an explanation, the matter is also one of attitude.

But some customers inevitably appear to be bad risks, or potentially disruptive, or in need of complex coalitions of care, and there is too little in the white paper about how high quality care will be assured for them. This is an important omission because evidence from other countries, with arrangements more like those now proposed, is that the most vulnerable patients, particularly those with continuing care needs, often come off worst. Treating them with respect (and their families and carers) is even more important than for the customer whose illness is short term and curable.

Equally we must recognise in a multi-ethnic com-

Public sector homes built in London 1970–1987 (by boroughs, GLC and housing associations) and families in bed and breakfast hotels 1973–1987. From *Speaking for Ourselves*, Bayswater Hotel Homeless Project, 1987. (See next page for section on homelessness.)



munity that there are refreshingly diverse views about everything to do with health. The NHS should respond to this diversity, not so much by extending the range of services but in the sensitivity of its manner. Moreover, appropriate health care will be provided only when users have been involved in planning and giving feedback about services.

In health promotion, too, successful action calls for a partnership between the professionals and the ordinary public. The King's Fund publication, *The Nation's Health*, points out the gains to be made by changes in individual behaviour (smoking, drinking, diet, sex) and through collective action (housing, food safety, environmental protection). Since it was published in September 1988, the controversies over salmonella in eggs and listeria in milk products have underlined that these are indeed matters for regulation to protect the individual and for informed individual choice.

Some of the changes proposed in the white paper could, however, actually weaken patient autonomy. For example, it is not clear how the placing of contracts within budget limits, by selected GPs and by district health authorities, can be reconciled with the traditional freedom for any GP to refer across geographical boundaries. If freedom of referral of individual patients is reduced so, too, is an element of patient choice. Another example could be when providers amalgamate and rationalise. Neither of these dangers is a certainty, but a reminder that respect for individual choice needs more attention in the future, not less.

Health services in London

The Prime Minister's decision to carry out a review of the NHS was partly a response to problems that had surfaced most acutely in London. To what extent, then, does the white paper offer help to London?

In hospital services, the notion of regulated competition is more realistic in London than anywhere else because of the concentration of hospitals and medical specialists. Some of London's leading hospitals will be anxious to become hospital trusts within the NHS, with greater autonomy to run their own affairs, earn-

ing payment for the work they attract. Assuming the idea has its intended effect, it will benefit patients and staff in increased hospital productivity.

Many other difficulties in London will not be resolved by changes stemming from the white paper. Indeed it would be unrealistic to expect single solutions to the complex, interlocking problems of London, some of which are listed below:

- The special health needs of vulnerable groups, such as the single homeless, homeless families, and deprived urban communities (including deprived ethnic minorities).
- Historically weak patterns of general practice in many inner city areas, and great difficulty in acquiring premises.
- A lack of appropriate community care, particularly for people who are mentally ill or have severe learning difficulties, for whom London has never had adequate local provision.
- The concentration of teaching hospitals and medical schools, with a shrinking number of inpatient beds, inadequate for traditional patterns of undergraduate teaching.
- The potential conflict (within tight budgets) between serving local communities and maintaining London's teaching, research and specialist referral roles.
- The absence of a suitable planning forum for promoting change in London's health services.
- The lack of comprehensive and reliable data on health needs and on the adequacy of services in meeting them.
- Special difficulties in staff recruitment and retention, and in finding the money to pay staff at adequate London rates.

Some of London's problems could even be exacerbated by the proposals. For example, districts financed on a formula of weighted population may find themselves much shorter of funds than under RAWP. This is because of the high utilisation rates for hospital services that are common in London and



HRH The Princess of Wales was shown a mock-up of a room in a bed and breakfast hotel when she opened the Bayswater Families Doctors Practice.

arise from special health needs and from inherited patterns of medical practice.

The Minister of Health, Mr David Mellor, may take a special interest in London's health problems and the King's Fund would certainly wish, in the next few years, to help review several of the issues already mentioned, probably starting with deprivation.

Already we are learning about homeless people and their health care. Homelessness is rising for a variety of reasons, including lack of cheap housing. Clearly adequate responses to these problems go far beyond health services, but good health care has its place and calls for innovative approaches. In this connection a King's Fund grant of £150,000 made possible the opening of the Bayswater Families Doctors Practice. HRH The Princess of Wales opened the practice premises in February 1989 and her visit gave encouragement and helped to increase public awareness of the situation for the families concerned.

Valuing NHS staff

The NHS is probably the largest service organisation in the world. A major lesson from other organisations (airlines, for example) is that their performance depends on how their staff treat customers; this, in turn, depends on shared values within the organisation and the nature of the relationships between staff and management.

Although the NHS has great traditional strengths, the way the organisation presents itself to the public is not among them, nor is the way the NHS values its staff. Staff at all levels are often intensely irritated by the way they are dealt with and feel undervalued, if not devalued. This is not simply a matter of pay – although that, of course, comes into it. The long-standing grievances of junior doctors are as much about hours as about money, and are exacerbated by frequent failures in, for example, their accommodation. A vicious circle can set in where morale is low and people feel they cannot do the job required of them. It is precisely in these situations that staff are most likely to leave and most difficult to replace.

If the NHS is going to recruit and retain staff – particularly nursing staff – it is going to have to do a much better job of managing people. This was well documented by the Price Waterhouse reports, *Nurse Retention and Recruitment*, published in April 1988 and commissioned by the regional chairmen, which surveyed the views of 7,600 nurses. Concerns were greatest among young, recently registered nurses in the basic grades, especially those working in and around London. These concerns included management inflexibility, lack of communication and lack of appreciation. Staff morale and retention seem to vary sharply between hospitals and even within hospitals, and how particular hospitals (and particular wards within hospitals) are run, makes a crucial difference to the experience of the staff working there. An important future issue for the NHS is whether, with a drop of a quarter in school leavers by 1994, it will be able to staff its services. One response, therefore, should be to study the local differences and learn to do more of the things that keep staff, and fewer of those that lose them.

There is also a broader reason why the NHS and the Fund should try to achieve radical change in the valuing of staff: organisations will never serve patients at the high level they are capable of unless staff themselves feel valued.

* * *

The Fund's Annual Report often ends with a recognition of how much is to be done, and how inadequate is our ability to help. So again this year. In order to avoid being stretched impossibly thin, we will be trying to test our own activities, applications for grants and other new proposals against their relevance to the four selected issues discussed above. We can do most by some concentration of our effort, and by restraining ourselves from extending our agenda, unless the Fund really is the only organisation that can provide help.

Finance

The following pages (16 and 17) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. At 31 December 1988 the total valuation of the Fund's assets was £90.5 million, a growth of £6.4 million over the year. Although there was little alteration in the value of securities, cash assets were higher and the principal change was the appreciation in property holdings.

After profit on realisation of investments had been transferred to General Fund, the net income for the year was £3,652,000, almost £400,000 more than in 1987. This improvement was due to increased revenue from securities, including cash assets.

Net general expenditure of the Fund during the year before Grants was £2,001,000 (1987 £1,901,000) and Grants allocated in 1988, were £1,742,000 (1987 £1,868,000). The overall deficit for the year of £27,000 (1987 £428,000) was met by transfer from General Fund.

The Treasurer gratefully acknowledges all contributions which have been received by the Fund during the past year. New sources of finance are always welcome and the Fund remains a very suitable object for charitable legacies to support the advancement of health care and management. Forms for use in connection with donations and payment under deed of covenant will be found enclosed with this report.

Bankers:

Bank of England
Baring Brothers & Co Limited
Midland Bank Plc

Auditors:

Deloitte Haskins & Sells

Solicitors:

Turner Kenneth Brown

Abridged statement of assets and liabilities at 31 December 1988

	Book Value		Valuation	
	1988 £	1987 £	1988 £	1987 £
Capital Fund				
Investments				
Listed securities	18,228,000	18,522,000	23,198,000	24,161,000
Unlisted securities	412,000	379,000	561,000	547,000
	<u>18,640,000</u>	<u>18,901,000</u>	<u>23,759,000</u>	<u>24,708,000</u>
Net current assets	2,430,000	369,000	2,430,000	369,000
	<u>21,070,000</u>	<u>19,270,000</u>	<u>26,189,000</u>	<u>25,077,000</u>
General Fund				
Fixed assets				
Equipment	371,000	225,000	371,000	225,000
Investments				
Listed securities	19,205,000	18,006,000	22,665,000	22,374,000
Unlisted securities	194,000	208,000	213,000	234,000
Properties	4,184,000	4,184,000	27,258,000	23,702,000
King's Fund Premises	5,922,000	5,763,000	12,500,000	11,725,000
	<u>29,876,000</u>	<u>28,386,000</u>	<u>63,007,000</u>	<u>58,260,000</u>
Net current assets	1,272,000	751,000	1,272,000	751,000
	<u>31,148,000</u>	<u>29,137,000</u>	<u>64,279,000</u>	<u>59,011,000</u>
Special Funds				
Investments				
Listed securities	23,000	23,000	19,000	18,000
Net Assets	<u>£52,241,000</u>	<u>£43,218,000</u>	<u>£90,487,000</u>	<u>£84,106,000</u>

Abridged income and expenditure account year ended 31 December 1988

	£	1988 £	£	£	1987 £	£
Income						
Securities		2,696,000			2,308,000	
Properties		934,000	3,630,000		934,000	3,242,000
Profit on realisation of General Fund Securities		2,038,000			2,837,000	
Less transferred to General Fund		2,038,000	—		2,837,000	—
Donations			22,000			11,000
			£3,652,000			£3,253,000
Expenditure						
Grants allocated		1,742,000			1,868,000	
Less grants lapsed		64,000	1,678,000		88,000	1,780,000
King's Fund Centre		1,244,000			1,070,000	
Less contribution from DHSS conference fees, etc	512,000	297,000	435,000	519,000	138,000	413,000
King's Fund College		2,159,000			1,795,000	
Less fees	1,069,000			1,082,000		
charges for services	446,000			51,000		
Education Committee grant	51,000	1,566,000	593,000	102,000	1,235,000	560,000
King's Fund Institute		378,000			276,000	
Less receipts		51,000	327,000		13,000	263,000
Publications		111,000			188,000	
Less sales		82,000	29,000		77,000	111,000
TOTAL GRANTS AND SERVICES			3,062,000			3,127,000
Head Office – Staffing		304,000			285,000	
Other expenses		129,000			120,000	
Professional fees		86,000			67,000	
Maintenance of King's Fund premises		98,000	617,000		82,000	554,000
			3,679,000			3,681,000
EXCESS OF INCOME OVER EXPENDITURE OR (EXPENDITURE OVER INCOME) FOR THE YEAR TRANSFERRED TO (FROM) GENERAL FUND			(27,000)			(428,000)
			£3,652,000			£3,253,000

Contributors in 1988

Her Majesty The Queen
Her Majesty Queen Elizabeth The Queen Mother
HRH The Duke of Gloucester

Hon Hugh Astor

Baring Foundation Ltd

Mr N H Clutton
A H Chester
Ms K Chitty
D Collings

Miss V Dodson
K Drobig

Ebury Lodge
Miss W Edwards
Equity & Law Charitable Trust

Donald Forrester Charitable Trust

The Eleanor Hamilton Education and Charitable Trust
D Hampton
J M Hargreave
Lord Hayter KCVO CBE

Jensen & Son

Roger Klein

London Orpheus Choir

R Maxwell
Merchant Taylors' Hall
Metropolitan Bonded Warehouses Ltd
Morgan Grenfell Group Plc

Dr G Pampiglione
P F Charitable Trust

Albert Reckitt Charitable Trust
Sir Thomas B Robson

O N Senior
Mrs R M Simon
Sussman Charitable Trust

The Wernher Charitable Trust

Legacies received in 1988 (£13,016)

Sir John R Ellerman
C T Cooper Trust
F H Hinge
W M Willcocks

Grants made in 1988

Management Committee

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

Amalgamated School Nurses' Association towards the cost of a residential course for school nurses	£ 500
Art in Hospitals towards the continuation of the scheme for a further year, aimed at introducing contemporary murals and similar works into London hospitals	21,000
Birmingham Community Care Special Action Group towards the cost of research assistance during a study visit to the USA by Tessa Jowell and Harriet Harman	1,912
Briefing of MPs for a King's Fund seminar on the NHS for MPs	629
British Council of Organisations of Disabled People towards the costs of the Annual General Meeting	4,000
Cleveland Enquiry Planning Group towards future work on child protection services	5,000
Consensus Conference Development towards the running costs of national conferences	19,000
Thomas Coram Foundation for Children towards production costs of report on the survey of families in bed and breakfast hotels	500
Council for Involuntary Tranquilliser Addiction towards running costs	1,000
Professor A Culyer, University of York towards the costs of preparing a report for IHSM working party on alternative funding for the NHS	4,630
Directory of Social Change towards maximising the effectiveness of public, private sector and local community fund-raising to support local voluntary effort	2,500
Equal Opportunities Task Force towards running costs	13,000
European Healthcare Management Association to underwrite the costs of the second meeting of the 'Governing the Health Care System' group	2,590
Family Action Information and Rescue towards running costs	1,000
Health Care Arts Centre to provide sponsorship for the award scheme	1,500
Health Records Briefing towards costs of the first issue and the first editorial meeting	1,327

David Hume Institute towards the cost of a conference on health service financing	1,000
Informal Caring Support Unit towards the running costs of the unit, which was originally funded by the DHSS	74,054
Institute of Health Services Management towards the costs of a pilot project to evaluate courses leading to IHSM qualifications	2,000
Institute of Manpower Studies towards research on job-sharing in the NHS	14,000
Institute of Medical Ethics to fund a study of the teaching of ethics in nursing, midwifery and health visiting	12,500
Institute of Nursing, Oxford towards the cost of evaluating the medical unit and other nursing projects	10,000
King's Fund Meeting on the 40th Anniversary of the NHS to provide funding for a meeting to discuss the key questions for health and health services in the UK	5,000
King's College London towards the costs of establishing an MSc in research methods for remedial therapists	30,000
Richard Lewis towards the costs of a study to compare health care provision for aboriginals in Australia with that provided for travellers and some ethnic minority groups in the UK	500
Medical School Funding towards a study of clinical academic staffing and standards of medical education	35,000
NCVO National Self-Help Support Centre to provide interim funding for the Centre	12,000
Nursing Policy Studies Centre, Warwick to provide transitional funding for the Centre	50,000
Nursing Research Fellowship, Northwick Park towards the continuation of this project	5,000
Blue Peter Competition to provide funding for 'A Picture of Health' competition	6,000
Rare Handicap Groups Support Project to fund a national training coordinator	7,228
Royal College of Radiologists towards the cost of a multicentre study to implement and evaluate guidelines for the use of radiology	17,000
St John's Hospice, Lancaster towards the cost of evaluating the literature scheme	1,300
Dr R Sheaff, Health Services Management Unit, University of Manchester towards a study of consumer relations techniques for the NHS	5,000
Southampton General Hospital towards attendance at a conference on physicians' role in management to be held in Toronto	750
Southend Health Authority towards the costs of an exchange scheme between Southend and Canada	2,000
	19

Standing Committee on Sexually Abused Children (SCOSAC) to provide interim funding for this specialist advisory group based in South London	2,480
Travelling Fellowships for Doctors to continue the scheme for a further year	25,000
University of Bristol, School for Advanced Urban Studies towards the cost of a conference for CHC workers on the NHS complaints system	2,100
	<u>400,000</u>

Education Committee

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

	£
Financial Management Unit	51,000
Trainees in Europe	8,274
	<u>59,274</u>

Grants Committee

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

Africa Educational Trust to support a development worker in a new centre for refugees and asylum seekers who have stress related problems	£	
	11,805	
Association for all Speech Impaired Children towards an open door resource centre	10,000	
Association for the Prevention of Addiction towards an advisory centre in Tower Hamlets providing advice, information and counselling support to people with drug dependence	4,402	
Barnet Action for Mental Health to finance a revue and display for advertising and public education	250	
Bermondsey and Brook Lane Medical Mission towards installation of a lift and replacement of central heating at Derwent House, a residential home for women with a physical handicap	10,000	
Bexley Association of Carers of the Elderly towards a scheme to help people avoid going into residential care unwillingly	8,000	
Bloomsbury Health Authority for a study visit to Cincinnati to look at examples of health service development which might be incorporated in Bloomsbury	3,000	
Bow Self Help Alcohol Recovery Programme (BSHARP) for furnishings for this organisation, which offers a programme of education, counselling and group meetings for alcoholics in East London	5,000	
Brendoncare Foundation for two respite short-stay rooms within a new nursing and residential development in Tooting for elderly people	20,000	
Brent Bereavement Project to support a counselling service for different ethnic groups in Brent		10,000
British Home and Hospital for Incurables for two single-bed units as part of the hospital's refurbishment programme		15,000
Brixton Circle Projects head office refurbishment for this organisation, which helps single homeless people and people with a mental illness		500
Brook General Hospital towards a parent care unit		20,000
Central Middlesex Hospital towards a bereavement suite for relatives		4,000
Charing Cross Hospital to establish six venous ulcer clinics at health centres in Riverside Health Authority		173,000
Chemical Dependency Centre Limited towards the building of a half-way house for the intermediate residential care of recovering alcoholics and drug addicts		10,000
City University towards an evaluation of an adult disability team for Westminster and Kensington and Chelsea		5,000
Crossroads Care Attendant Scheme towards the cost of a nightwatch service		5,000
Disabled Living Foundation towards a distance learning pack on visual handicap for physiotherapists and other health professionals		5,000
Foundation for Women's Health Research and Development (FORWARD) to translate a slide programme on female circumcision into Somali		500
Gloucester Drive Drop In Centre to increase the opening hours of a day centre for families living in bed and breakfast accommodation in the Finsbury Park area		10,000
Good Practices in Mental Health for an information officer to help complete the computerisation of a mental health database		10,000
	towards printing and launch costs of a report on users' views of hospital treatment	2,000
Great Chapel Street Medical Centre to support a psychiatrist working with homeless people who have a mental illness		10,000
Greater London Association of Community Health Councils to help agencies engage in good practice and make informed decisions about merging health districts		3,825
Greenwich Association of Disabled People to help the applicants prepare a more detailed proposal for a self-operated care scheme		1,000
Greenwich Chinese Association to provide educational material on health care and advice on available facilities to Chinese people in Greenwich		7,200
Greenwich Social Services to help implement a family placement scheme for the older Asian community in the area		5,000

Group Study Tour for six unit general managers to examine an insurance based health system in Canada and a health maintenance organisation in USA	2,000	National Schizophrenia Fellowship for a training officer	10,000
Hampstead Old People's Housing Trust Limited towards a new wing at Compton Lodge, a home for physically and mentally frail elderly people	5,000	National Self-Help Support Centre to set up and monitor four pilot schemes providing information, education and training for ethnic minority carers' groups	8,600
Intercare (the International Childcare Trust) towards the appointment of a Sylheti-speaking health worker at Barton House Health Centre, Stoke Newington	1,000	National Sickle Cell Programme for the purchase of leaflets and books	1,500
Kensington and Chelsea and Westminster FPC and Parkside Health Authority to establish a primary health care facility for homeless families in Bayswater	100,000	Newham Alcohol Advisory Service for a development worker to make alcohol advisory services more appropriate for the ethnic minority population in Newham	40,000
King's College, Department of Medicine towards the evaluation of a computer system producing hospital discharge summaries	8,000	North East London Area St Leonard's Society towards the building of a residential drug detoxification unit and day rehabilitation centre for drug abusers	10,000
King's Fund Pressure Sore Study Group for a graduate nurse to advise and coordinate the development of district pressure sore prevention programmes around the country	18,500	North West Thames Regional Health Authority/King's Fund towards a report on a series of seminars on comprehensive community services for people with a mental handicap (total grant £10,000)	5,917
Kingston and Esher Health Authority towards a seminar on the promotion of mental health services for children	7,000	Northwick Park Hospital for an orthopaedic registrar to provide better care for the feet of diabetic outpatients	500
London Hospital, St Clements to enable Mrs L Vibhakar, a psychology assistant, to visit Bangladesh to undertake a study of mental health care	500	Northwick Park Hospital, MRC Epidemiology and Medical Care Unit to enlarge the number of patients in a randomised controlled trial of low back pain	10,000
London Hospital, Whitechapel furnishings for staff consultancy rooms in the child psychiatry department	735	Nurses' Memorial to King Edward VII towards the replacement of a lift at Fonthill, a home for retired nurses	5,000
MIND in Camden towards the cost of a video on user involvement	2,500	Open Door to support the work of this advice and counselling service for troubled young people in north London	5,000
Marilyn Monroe Children's Fund towards the appointment of a play therapist to work with abused and damaged children and their families	5,000	Parkside Health Authority to set up a mobile playgroup for children living in bed and breakfast accommodation in Bayswater	78,000
Mary Fielding Guild towards convector ovens and burners for this home for the elderly in North London	10,000	People First to set up a London office for this self-advocacy organisation whose members are people with learning difficulties	15,000
Medical Campaign Project towards work to improve health care for homeless people	5,000	Phoenix House towards gymnasium equipment at this rehabilitation centre for recovering drug addicts	5,000
Mental Aid Projects to help build an extension at Maple Lodge, a residential home for adults with a mental handicap in Surbiton	5,000	Doria Pilling, City University to complete an evaluation report on a case management project in Camden	1,000
Ms Christine Miles towards travel expenses for attendance at a European Society of Children Pharmacy Conference	50	Portal Christian Rehabilitation Centres towards the conversion of a loft to enable semi-independent living for five residents in a residential centre for emotionally disturbed young adults	10,000
National Association for the Welfare of Children in Hospital (NAWCH) to promote a quality checklist for children's inpatient services within five health districts in London	10,000	Rainbow Trust for a worker to provide 24-hour domestic and basic nursing cover to families with terminally ill children in their own homes	15,000
National Deaf, Blind and Rubella Association to equip a residential flat for severely handicapped young deaf blind adults from London	13,000	Riverside Health Authority to support Westminster and St Stephens Hospitals management forum for one year	1,075
		Royal Free Hospital School of Medicine towards the evaluation of a practice nurses' training course	1,000

Royal National Orthopaedic Hospital, Spinal Injuries Unit to support an independent living initiative for people with spinal injury	10,000	Unity Centre of South London fixtures and fittings for a hostel in Balham for black people recovering from a mental illness	2,000
Runnymede Trust towards publishing work dealing with black people and mental health	1,600	Wandsworth Black Elderly Project towards the cost of a reminiscence trip to the West Indies	500
Rush Green Hospital to help furnish and equip a crèche for the children of hospital staff	5,000	Wapping Group Practice towards the building of a doctors' practice in Stepney to cater specifically for the homeless	10,000
St Bartholomew's Hospital to fund a sister's post for a symptom control and support team	7,500	Watling Farm Community Centre furnishings for a caravan for community use on a permanent site for travellers in Harrow	3,000
St Francis Hospice furnishings for a new lounge	4,121	West Lambeth Community Health Council to establish a patients' council	17,000
St Helier's Hospital, League of Friends towards developing and equipping a diabetic education and treatment centre	5,000	Westminster Children's Hospital towards a study on the psychological aspects of bone marrow transplantation and cardiac surgery for children and their families	1,250
St Mary's Hospital Medical School towards attendance at a conference on health promotion in Australia and presentation of a paper on healthy public policy	500	Whittington Hospital to extend a diabetic register in Islington Health Authority	15,000
St Mungo's Housing towards a clubhouse day centre for single homeless people with a mental illness	10,000		923,000
SCOPE in Islington to support the work of this small housing project for people with learning difficulties	1,300	London Project Executive Committee	
Shelter, Maternity Alliance, SHAC and London Food Commission towards the publication and launch of a report on the health of homeless mothers and young children living in bed and breakfast hotels	2,000	Makes grants for projects designed to improve the quality of care in London.	£
Special Needs Housing Advisory Service to support development costs of health care and care in the community training courses	4,400	Amount not previously allocated (at 31.12.87)	20,283
Springboard Charitable Trust towards building a residential wing for the elderly at Buckhurst Hill, Essex	5,000	1988 allocation	100,000
Standing Conference of Ethnic Minority Senior Citizens to support a caring for carers project in Southwark	6,000		120,283
Mrs S J Stevens towards the cost of a study tour to USA	370	Camberwell Development Project to produce and publicise a report of the project	4,500
Study Team on Quality in Community Mental Health towards a search conference	3,000	Community Health Service Management to produce and publicise a handbook for managers	6,000
Teddington Hospital towards building and equipping a general practitioner inpatient unit	14,600	Glyndon Health Project to cover increased accommodation costs	2,918
Tower Hamlets Health Authority towards the preservation and storage of archive material	3,000	King's Cross Disaster towards costs of a report on the work of King's Cross Support Team	1,000
UK Sports Association for People with a Mental Handicap towards 'come and try it' days introducing previously non-participating people to physical activity	500	Refugee Health and Primary Health Care in the UK to identify problems faced by refugees in gaining access to health care	10,000
to help coordinate the provision of sport and recreation in London	5,000	Tower Hamlets Day Care Abortion Service to cover increased salary costs	2,000
		Salaries and other expenses	33,684
		Amount not allocated	60,181
			120,283

Quality Assurance Committee

For assessing and promoting quality in care £ 50,000

King's Fund Centre Committee

Grants money for the development of new ideas and practices in health services.

Birmingham Community Care Special Action Project £ 15,000
to support carers in the black and ethnic minority communities

Black Mental Health Centre in Lewisham 30,800
to employ a worker to research, establish and oversee the development of the Centre

Chinese Community 25,000
to train members of the Chinese community to be specialised, volunteer health service interpreters

Coventry Health Authority 40,000
to appoint a development worker for the acute care services

Oxfordshire Health Authority 23,000
towards an exercise in comparative health care research

St Bartholomew's Hospital 31,308
towards a radical review of the acute services

South Derbyshire Health Authority 29,200
to appoint a project officer for the ethnic minority health services

Small Grants

Bexley Council for Racial Equality 200
Black Women's Network 300
Centre for Safety Research: home accidents to the elderly 1,000
City and Hackney Community Health Council 400

Good Practices in Mental Health: report on ethnic minorities 1,000
Greater London Association of CHCs: to complete a report on new specialist techniques 1,000
Institute of Psychiatry 500
King's Cross Fire Disaster: report on the counselling given by King's Cross Support Team 1,000
London Borough's Training Committee (Social Services) 500
London Brook Advisory Service 250
Mersey Regional Health Authority 100
Mid Surrey Health Authority 100
National Aids Trust 500
National Association of Voluntary Hostels: seminar on medical care for the single homeless 1,000
National Citizen Advocacy 120
National Institute for Social Work: towards a report on practice and development exchange experience 1,000
National Standing Conference of Hospital Teachers 180
Nottingham Health Strategy Group 500
Occupational Therapy Special Interest Group – Mental Handicap (Wandsworth) 450
Psychiatric Nurses' Association 200
St Bartholomew's Hospital Medical School 155
Susan Scott-Parker Associates: a study on advertising and disability 1,000
South West MIND 500
Speke Women's Health Action Group 200
Tower Hamlets District Health Authority 709
25+ Disabled Activities Group, Sheffield 300
University of Bradford 300
UK Rett Syndrome Association 400
Wandsworth Social Services Department: Asian health fair and well women's week 1,000
West Indian Senior Citizens' Organisation 200

209,372

TOTAL OF GRANTS MADE IN 1988 £1,741,646

General Council and Committee Members

General Council

President

HRH The Prince of Wales KG KT GCB

Honorary Member

HRH Princess Alexandra, The Hon Lady Angus

Ogilvy GCVO

The Lord Chancellor
The Speaker of the House of Commons
The Bishop of London
His Eminence The Cardinal Archbishop of Westminster
The General Secretary of the Free Church Federal Council
The Chief Rabbi
The Rt Hon The Lord Mayor of London
The Governor of the Bank of England
The President of the Royal College of Physicians
The President of the Royal College of Surgeons
The President of the Royal College of Obstetricians and Gynaecologists
The President of the Royal College of General Practitioners
The President of the Royal College of Pathologists
The President of the Royal College of Psychiatrists
The President of the Royal College of Radiologists
The President of the Royal College of Nursing
The President of the Royal College of Midwives
The President of the Institute of Health Services Management
The Chairman of each of the four Thames Regional Health Authorities
Professor Brian Abel-Smith MA PhD
Sir Donald Acheson KBE DM DSc FRCP FFCM FFOM
The Hon Hugh Astor JP
Sir Richard Baker Wilbraham Bt
Sir Roger Bannister CBE DM FRCP
Sir John Batten KCVO MD FRCP
Sir Douglas Black
Major Shane Blewitt CVO
Sir Andrew H Carnwath KCVO DL
Lord Catto
Professor Anthony Clare MD FRCPI FRCPsych
Sir Michael Colman Bt
J P A Cooper
Lord Cottesloe GBE TD
Baroness Cox BSc(Soc) MSc(Econ) SRN
A M Dawson MD FRCP
Robin Dent
Sir John Donne
S M Gray FCA
Lady Hamilton CBE MA
Michael Hargreave VRD
Lord Hayter KCVO CBE
Professor R L Himsworth MD FRCP
Sir Raymond Hoffenberg KBE MD PhD
Lord Hunter of Newington DL LLD FRCP
M J Hussey
G J A Jamieson
Sir Francis Avery Jones CBE MD FRCP
C E Kevill-Davies CBE DL JP
The Countess of Limerick MA
Lady Lloyd MA
Professor Ian McColl MS FRCS
C J Malim CBE
L H W Paine OBE MA AHSM

Lord Rayne
Professor Philip Rhodes MA FRCS FRCOG FRACMA
The Baroness Serota JP
Sir Maurice Shock MA
Selwyn Taylor DM MCh FRCS
Richard P H Thompson DM FRCP
Professor Sir Bryan Thwaites MA PhD FIMA
Sir John Walton TD FRCP
Lord Wardington
Professor Jenifer Wilson-Barnett PhD SRN FRCN
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