King's Fund Centre

Review

1973 ~ 4

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April 1974

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KING'S FUND CENTRE

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KING'S FUND CENTRE

1973 - 4 REVIEW

INTRODUCTION

1. The purpose of this report is to review the work of the Centre and to attempt some evaluation of this work as at the end of March 1974. The report starts by recalling the original objectives of the Centre and commenting upon the Centre's role as a forum and meeting-place. The main body of the report is concerned with the main projects and activities with which the Centre has become involved in recent years. Appendices at the end give details of conferences, projects, exhibitions, costs, personnel and publications.

Aims of the Centre

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

a) to provide a neutral forum at which there can be free and informal discussion of matters affecting the development of the country's health services,

b) to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services,

c) to be a meeting place and source of information for all those interested in health service matters - administrators, doctors, nurses, architects, engineers and other professional and technical staff, members of health authorities, manufacturers and indeed to any section of the health service world, at home and overseas.

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

i) services for the mentally handicapped

ii) care of the elderly

iii) development of voluntary help

iv) integration of health services

In addition the Centre is involved with some projects that originated in earlier years and others that appear worthy of support for some specific reason. In all these activities it is the Centre's aim to involve staff of all disciplines in all branches of the health service from all parts of the country, as well as voluntary organisations concerned with health and social services.

in this sense the original title 'The Hospital Centre' became somewhat misleading, and in February 1973 the Fund's Management Committee formally resolved that the title should be changed to the King's Fund Centre.

The Centre as a meeting-place

4. If the number of visitors to the Centre is any guide, then the Centre can reasonably claim to have achieved its aim of being a forum and meeting-place and source of information for all those interested in health service matters. The statistics for conferences and meetings (see pages 265-272) show that the Centre has been very fully used since its earliest days, and the demand for the use of its facilities has consistently been much greater than can be accommodated. In the course of a year about 500 groups, totalling around 13,000 people, came to the Centre for one purpose or another, and a few thousand more came individually to use the library, visit the exhibition, or see members of the staff. Many of the meetings are of course arranged by the Centre for its own purposes and to further its own particular interests. At the same time, the Centre has been particularly glad to welcome many small organisations and groups that have insufficient funds for the hire of other meeting rooms, or that find it difficult to arrange meetings at or near their own place of work. Because of the demand for the use of the facilities, organisations are not encouraged to come to the Centre regularly for every routine meeting, but rather to come only two or three times a year, and to arrange other meetings at hospitals or elsewhere.

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

6. At present three other organisations are based at the Centre - the Centre on Environment for the Handicapped, the Spinal Injuries Association and the Volunteer Centre. All of these are working in fields that are closely related to the Centre's current interests, and their presence in the Centre has positive advantages not only for them but also for the Centre. As time passes, growth and change may mean that these organisations might find it desirable to re-locate themselves elsewhere. But in principle the ability of the Centre to provide initial accommodation for new organisations is a valuable asset, and one that should also be kept in mind for any future development. One of the features of the work of the Centre, and of the King's Fund as a whole, has been its interest in helping other organisations to help themselves, particularly in their early formative years, and the following is a list of just some of the organisations to which the Fund has given support in recent years :

Association of Professions for the Mentally Handicapped
Centre on Environment for the Handicapped
Colostomy Welfare Group
Drug Dependency Discussion Group
Hospital Domestic Administrators Association
Institute for Mental Subnormality
National Association of Health Students
National Association of Industrial Therapy Managers
National Association of Voluntary Help Organisers

Spinal Injuries Association
Toy Libraries Association
Volunteer Centre

Relationships with DHSS

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

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

Projects and activities

9. Between 1963 - 73 policies for the Centre's projects and activities were determined by the Development Committee. Following the disbandment of this Committee, a new Research Committee was established by the Fund in 1973 to take overall responsibility for the Fund's research and development policies and grants. In recent years, the Fund has allocated around £100,000 p.a. for project grants (by comparison, the Department of Health has some £18 million available in 1973/4 for R & D in the health and welfare services). This means that the Centre has not been able to undertake many large-scale, expensive studies, but has tended rather to support practical projects at working level and to encourage innovation and change. In fact the most important objective of the Centre can fairly be said to be to help accelerate the introduction of good ideas and practices in the planning and management of hospital and health services. In furthering this aim, the four main functions of the Centre (conferences; exhibitions; information; research) are usually harnessed in a co-ordinated effort. The best way of describing and assessing the Centre's work therefore seems to be review the main projects and activities with which the Centre has been concerned in recent years up to March 1974. There are also a number of projects currently in progress of which it is as yet too early to produce a report. An appendix to this review (pages 277 - - 282) lists virtually all the investigations sponsored by the Fund over the past eleven years. In the following pages, the main projects and activities are each summarised and reviewed under five headings:

Origins
Objectives
Progress
Evaluation
The future

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

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

M.C. Hardie
Director

April 1974

PROJECTS AND ACTIVITIES

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

	Information	Mental Handicap	Elderly	Voluntary Help	Integration
MENTAL HANDICAP					
Mental handicap project	*	*	*	*	*
Co-ordination of services	*	*		*	*
Centre on Environment for the Handicapped	*	*	*		
Physiotherapy for the mentally handicapped		*			
Professional Association for Mental Handicap	*	*			
Toy libraries	*	*			
Handbook for parents of the handicapped		*			
CARE FOR THE ELDERLY					
Care for the elderly	*		*	*	*
Staff from geriatric services			*	*	*
Psychogeriatric study groups			*	*	*
Five-day ward for geriatric patients			*	*	*
Clothing for long-stay patients	*	*	*		
Clothing and dressing the handicapped	*	*	*		
Art for the elderly			*		
VOLUNTARY SERVICES					
Voluntary Service Information Office	*	*	*	*	*
The Volunteer Centre	*	*	*	*	*
Regional Voluntary Services Officer	*	*	*	*	*
Student liaison officer – mental health	*	*	*	*	*
Community Service Volunteers	*	*	*	*	*
Health of the elderly project	*	*	*	*	*
Drug dependency and personal problems	*			*	*
Volunteers and social workers	*			*	
Case aides in a psychiatric hospital			*	*	
CUSS: Group home project		*		*	*
Anchor house project				*	*
Voluntary Work Centre	*	*	*	*	*
INTEGRATION OF SERVICES					
Integration of health services	*	*	*	*	*
Comprehensive health planning seminars	*				*
Cooperation between health and social service departments	*	*	*	*	*
Evaluation of health centres	*				*
Staff from general practice teams			*	*	*
INFORMATION SERVICES					
National information network	*				*
International network of hospital centres	*				
Bliss classification	*				
Wessex library and information services	*				*
Wessex planning information project	*				*
Information service for the disabled					
Multi-disciplinary library service	*				*
Advisers for postgraduate medical centres librarians	*				*
Schools of nursing directory	*				*
British health centres directory	*				*
Hospital house journals	*				*
National Innovations Centre	*				
Equipment advisory service	*				
Health care and technology publications	*				
OTHER PROJECTS AND ACTIVITIES					
Assessment of student nurses					
Nurses attitudes to patient care					
Counselling for nurses					
Allocation of nurses in training					
Nurses reporting on patients					
Nurse/patient dependency studies					
Return to nursing	*				
The child in hospital					
Staff from adolescent units					
Staff from alcoholic units					
Pain relief unit					
Shop window staff	*				
The language barrier	*				
National Association of Industrial Therapy Managers	*	*	*		
Spinal Injuries Association	*				*
National Association of Health Service Students	*				*
Hospital Domestic Administrators' Association					
Drug dependency discussion group	*			*	*
Drugs and school children	*				
Film on mental health	*				
Family planning					
Teaching aids project	*				
Chair for nursing severely disabled					
Aspects of management – conferences	*				*
Management audit					
Standards of staffing					
Staff attitude and opinion survey					
Admission of patients to hospital	*		*		*
Patients' satisfaction studies	*				
Industrial design bursaries					
Disposal of human waste					
Drugs in small hospitals					
Noise in hospitals	*				
Patients are individuals	*	*	*		
Social workers in psychiatric hospitals					
Client response to social work					
RCA studentships			*		
Occupational therapy degree course					
NHS and EEC	*				
Putting research to good use	*				
Centre Lunch Talks					
Overseas course					

MENTAL HANDICAP

THE MENTAL HANDICAP PROJECT

Origins and objectives

1. The Mental Handicap Project was established by the Fund in 1970 to run for five years, the prime objective being to provide an officer who would collaborate with hospital boards and committees, and other authorities and organisations in their plans for the improvement of services for the mentally handicapped. (Management Committee Minute MAN 7900 - 28 May 1970)

2. It is now 3½ years since the Fund appointed me as Associate Director of the King's Fund Centre, for this project. Progress reports were given in April 1971 (paper THC 71/287) April 1972 (paper THC 72/87) and April 1973 (pp 9-14 of 1973 review). The progress report given below relates to the objectives declared in the 1973 report.

Progress and evaluation

Objective 1
Improve the management system in hospitals for the mentally handicapped

I still pay some visits to hospitals upon invitation, holding seminars and making myself available for direct advice on request. Papers have been written on some of the organisational problems of large hospitals, and these have been used in various parts of the country. A paper on multi-disciplinary management has been used by the Department of Health and Social Security. I have completed a survey of the management system at Rampton Hospital, and the recommendations are now being implemented. On the general question of the management of long-stay hospitals I have spoken on a number of occasions at the King's Fund College, and a further contribution is scheduled for the next academic year.

Objective 2
Encouraging exchange of ideas between the various professions who work for the mentally handicapped

4. Virtually all the meetings organised have involved a mix of professions. Continued efforts have been made to reduce the isolation of members of the smaller professions who happen to work for the mentally handicapped but who have little opportunity of coming together on mental handicap matters.

5. I have undertaken secretaryship of the newly-formed Association of Professions for the Mentally Handicapped, which is the subject of a separate report to the Committee. The Association is organising a major British congress in July 1974.

6. An exhibition "Fun and Games", relating to play and toys for the handicapped, was held at the King's Fund Centre in December 1973 and January 1974. Very heavy attendances were recorded. A special feature was the organisation, by Mrs. Joan Rush, of seven toy workshops which were in effect study groups attracting forty people on each occasion, drawn from health, social and education services, and voluntary organisations. They were assisted by experts on play, and by designers and producers of toys and play equipment. A special audio-visual programme was made for this exhibition. Visitors were asked whether their organisations would be interested in a study pack on hire, and more than 150 people and organisations indicated their interest. As a result, work is now proceeding on the preparation of what might be called a suitcase exhibition, complete with audio-visual programme, fact sheets, photographs, leaflets covering special groups, and advice to study organisers. This pack is being developed in collaboration with the Toy Libraries Association and should be on hire at the cost of about £6 for one month. The exhibition itself is being transferred almost in its entirety to a permanent venue at Toynbee Hall under the auspices of the Toy Libraries Association (see separate report). This is a good example of the way in which an exhibition can be used to foster study groups at the Centre; to encourage study groups in the provinces; and to develop a focus outside the King's Fund Centre where interest may be maintained.

7. I have given papers at the International League of Societies for the Mentally Handicapped (Montreal), the International Association for the Scientific Study of Mental Deficiency (The Hague) and the Royal Society of Health (Eastbourne). Among other speaking engagements, I have undertaken commitments at Leeds, Nottingham University, the RCN (London), the RCN (Scotland), Harperbury Hospital and the King's Fund's own overseas course.

8. Conference topics have included the care of psychopaths; adventure playgroups; surveys of the American scene. Topics of forthcoming conferences include new ideas on staff training; the nature of and the training for, the medical task in mental handicap; and in collaboration with the Institute of Mental Subnormality, a series of one-day courses on strategies in mental handicap, designed for busy members and officials for whom mental handicap is only one of a considerable number of responsibilities.

Objective 3
Assist in the training and education of workers for the mentally handicapped

9. For the fourth year in succession we have been compelled by continued demand to run a series of non-resident study groups for care staff, each study group being made up of about 40 direct care workers from three or four different regions of the country. The toy workshops referred to in paragraph 6 were a continuation of this series. Clearly the King's Fund Centre cannot for ever undertake this role, and it is for this reason that the idea of study packs is being pursued.

10. For the time being, the last of our residential seminars has been held, solely because of the lack of residential accommodation, though it is hoped that the situation will be a little better next autumn. Nevertheless, the seminars have been continued on a non-resident basis. They have included the following topics: The Care of the Profoundly Handicapped (Mental Handicap Paper No.1); The Mentally Handicapped Security Patient (No.2); A Library Service for the Mentally Handicapped (No.3); and Perspectives of the Briggs Report (No.4). Currently, non-resident seminars are proceeding on the following subjects:

The Abnormal Offender (this will include a residential session at the Oxford Centre for management studies)
Adult Education for the Mentally Handicapped
Participation by the Mentally Handicapped

11. Day conferences have decreased in number, their place having been taken to some extent by the intensive programme of study groups referred to in paragraph 9 and the seminars referred to in paragraph 10. Support meetings for regional training project officers continue.

12. The experimental in-service training scheme for staff has ended, and evaluation is complete. The report is now in its final drafting stage, and will be issued as Mental Handicap Paper No.5. It is hoped that this will give a lead to people in the hospital and social services about the way in which in-service training for all kinds of staff might be organised with the aid of the general education system, including colleges of further education, polytechnics and universities.

13. Work at the Institute of Mental Subnormality, financed by the Fund, is proceeding apace on team instruction on behaviour modification, and on the role of the physiotherapist in mental handicap.

Objective 4
Expand and improve the information service

14. The Mental Handicap Bulletin has proved so successful that we now print as many copies on subscription as we formerly printed on free issue. The situation is such that we almost hope that it does not expand, since production of 1,000 copies represents a considerable task. This Bulletin is now much sought-after, and requests are frequently received from overseas. It is one of the activities of the Project which will need to be continued after the Project itself winds up, and this aspect will be dealt with in a separate paper.

Objective 5
Advise the Fund on those of its activities which relate to mental handicap

15. This work continues. One result, just announced, is a grant towards setting up a mental handicap advice and information centre at Toynbee Hall. Another involves setting up an experimental library service at Leavesden Hospital. In the previous report I mentioned the possibility of making a contribution in the field of long-stay care generally and the opportunity has now arisen through the Centre project provisionally entitled "Patients as People". This project is being handled by a group of Centre staff working with me, and should result in a short publication, an audio-visual programme, and a planned and integrated series of activities such as study days and meetings. The project is the subject of a separate paper.

Objective 6
Advise on the staffing of the mental handicap service

16. This year, my efforts towards this objective have been to chair a series of seminars and conferences, exploring the staffing of the mental handicap service in the light of the Briggs report on nursing. The result was the discussion paper Mental Handicap Paper No.4 - Perspectives of the Briggs Report. This is now being made the subject of discussion amongst nurses up and down the country, and I have chaired conferences on the subject at the Royal College of Nursing in London and Scotland. The Royal College of Nursing now plans a series of regional meetings, using the Mental Handicap Paper as a basis. The Paper envisages the possibility of revolutionary change in the content of the training of the mental handicap nurse, a change which is welcomed by most nurses; whilst it avoids the possibility of a revolutionary change in the structure of mental handicap nursing, a change which is feared by most nurses. It develops the idea of modules of training so that the syllabus for nurses is developed in parallel with the syllabus for residential care workers trained by the CCETSW and with the training of teachers in special education. A promising start has been made, and there have been encouraging reactions to the Fund's initiative. This is a highly explosive political issue, which has caused great division among nurses and others, and it certainly seems to be true that almost the only organisation independent enough and trusted enough to take a lead is the Fund itself.

The Future

Objective 7
Prepare for the cessation of the project

17. Informal discussions have now reached an advanced stage, and are the subject of a separate paper. The activities of the project continue to be welcomed by all kinds of worker in the statutory and voluntary services, and my main effort has been to try to make arrangements which will ensure that statutory and service organisations take over much of the work of the project as part of their ordinary range of duties, whilst some of the aspects - e.g. the Bulletin and certain conferences and publications, which are not easy to transfer in that way - are made the subject of a secure, long-term arrangement.

18. I hope to make a survey, or overview, of the state of the mental handicap service in Britain as it exists at the end of the project, in September 1975. To this end, I propose to concentrate, in that final year, on visiting as many units as possible; and convening gatherings at the King's Fund Centre which will help me to crystallise the current trend of professional opinion. If all goes well, I would hope, at the end, to indicate what I feel to be the most fruitful line of advance for health care planning teams and others concerned with mental handicap.

Staffing

19. During the year Mrs. Joan Rush, project officer, has been a vital contributor to the project, taking the full responsibility for all study groups and workshops, and making a valuable and insightful input on a range of subjects. My project assistant, Miss Andrea Whittaker, has worked consistently and enthusiastically and is known, mostly as a telephone voice, to mental handicap workers all over Britain.

Conclusion

20. At a time of great structural change in the NHS, it is refreshing to be able to undertake a programme of work which brings the quality of service into the foreground, and which keeps re-organisation where it belongs - in the background, serving the people at the coal face. I continue to be grateful to the Fund for the opportunity they have given me.

J.R. Elliott
Associate Director

February, 1974

COORDINATION OF SERVICES FOR THE MENTALLY HANDICAPPED

Origin

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

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

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

Objectives

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

i) to examine the services for the mentally handicapped in six local authority areas in the country previously selected by the working party, and

ii) to involve the providers of the services in so doing. The six areas to be studied were:

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

Progress

A Financial and administrative

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

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

5 Research

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

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

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

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

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

Parents
Nurses

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Evaluation and the future

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

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

20 Early in 1974 a review report on the project was produced by Mr Leslie Paine. The aim of this highlight many of the main lessons learned from the project and to present them in a form that, it is hoped, will be readily accepted, read and acted upon by policy-makers, managers and the many different professions and disciplines concerned with the mentally handicapped.

J B Craig
Assistant Director

March 1974

PN 132

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

Origins

1. The Centre on Environment for the Handicapped (CEH) was founded in 1969 by architect Kenneth Bayes and until 1971 had only a small part-time staff. In these initial stages the bulk of the work consisted in answering ad hoc enquiries from existing contacts and cataloguing the reference library, which was largely formed from Mr Bayes' personal collection of books and plans. In 1971 a major step forward was taken when CEH moved to new premises at 24 Nutford Place and took on full-time staff. Formerly it had been housed at the National Society for Mentally Handicapped Children who, together with the King's Fund (Dev minute 70/50) financed the unit. CEH is now funded mainly by the Department of Health and Social Security, but also receives grants from the Spastics Society and from the King's Fund, which has contributed £5,500 since 1970 (Minutes Dev 70/50, 72/7 and RES 19 a). It has an advisory council, the members of which are listed overleaf, together with the names of the staff.

Objectives

2. CEH exists to provide information on the design of the environment for handicapped people ranging from regional and city planning down to details of equipment and finish. Advice is available on buildings and their services context for the physically and mentally handicapped, the mentally ill, elderly and chronic sick.

Progress

3. Three series of seminars have been held over the past year, one series on upgrading arising directly from the publication of CEH Design Guide 1, Improving Existing Hospital Buildings for Long-Stay Residents, one on various aspects of designing for the disabled, and a third on liaison between the various branches of social services departments concerned with briefing architects. Delegates to these seminars covered a broad cross-section of professionals and consumers, and now that CEH has been established for several years and the initial ground-work has been done, the emphasis is necessarily on communication of resources available to the widest possible audience. The publications side has continued to expand with bibliographies and special papers, and Design Guide 2, Residential Accommodation for the Younger Disabled, is about to go to press. CEH has handed over its guest editorship of the Architectural Newsletter of the International League of Societies for the Mentally Handicapped to the Americans, in order to concentrate on its own quarterly Newsletter of which there have so far been three issues. This aims to disseminate practical information on the best new building schemes for the handicapped, information which we hope will be presented on a far larger scale in the forthcoming exhibition Buildings and Services for Handicapped People which CEH is organising this summer at the King's Fund Centre.

Evaluation and the future

4. It is perhaps too early to assess the value of CEH, but the demand for the newsletter and publications, and the response to the seminars, indicates that it is meeting a need. The impending re-organisation of local government and the National Health Service is expected to increase the need for the services which CEH is able to offer and the Centre looks forward to the challenge which this will undoubtedly offer. Such a challenge can only be met if sufficient funds are available to continue the Centre's activities which have become increasingly better known over the past year. Every effort will be needed to ensure that an ongoing financial structure is achieved.

5. The main areas of activity will continue to be the information service and seminars, with great store being put on the Newsletter which has been enthusiastically received and which will provide a means of communication for all professions engaged in producing buildings which handicapped people can use with the dignity which is their right.

George Miles
Director CEH

March 1974

PN 166

ADVISORY COUNCIL

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

Staff

George Miles, RIBA,FIBD	Director
Janet Levison	Information Officer
Selwyn Goldsmith, MA (Cantab), RIBA	Consultant
Jean Symons, AA Dipl, RIBA	Consultant

PHYSIOTHERAPY FOR THE MENTALLY HANDICAPPED

Origins

1. In June 1973 the Fund made a grant of £3,700 to finance an investigation into the provision of physiotherapy for the mentally handicapped. (Minute RES 5Aiii)

Objectives

2. In the field of mental handicap: to ascertain the need for physiotherapy, and the degree to which it is being met; to identify the role of the physiotherapist; to make proposals for a system of in-service training for qualified physiotherapists.

Progress

3. The project has been based on the Institute of Mental Subnormality, Kidderminster, and the study is limited to the area of the Birmingham RHB (5½M population). Miss Nancy Hughes, a recently-retired Gloucestershire physiotherapist with long experience in the field, is undertaking the work in collaboration with the Chartered Society of Physiotherapy. Miss Hughes has made a vigorous beginning. She has established communications with all local and health authorities in the project area; prepared a questionnaire; visited the four schools of physiotherapy in the project area; visited a number of key physiotherapists in the area; and has taken the especially useful step of establishing a working link with the Birmingham RHB's manpower section, which has offered full coöperation, including the use of their own data, and access to computer facilities. An open conference for all physiotherapists in this field is to be promoted; and a working link has been established with a group of physiotherapists who are already studying the question of post-registration courses for physiotherapists working in the paediatric field.

Evaluation

4. It is too soon for this. The work began in the late Autumn of 1973 and will take about one year.

Future

5. This depends upon the nature of Miss Hughes' report, and the reaction of the Chartered Society to her proposals.

PN 225

J.R. Elliott
Associate Director

ASSOCIATION OF PROFESSIONS FOR THE MENTALLY HANDICAPPED

Origins

1. In January 1973 the Committee made a grant of £500 to assist the inauguration of a professional association (APMH) of workers of all disciplines in the field of mental handicap. (Minute DEV 73/16)

Objectives

2. The objectives of the new association have been defined as follows:

> "To promote the general welfare of mentally handicapped people and their families, by encouraging high standards of care and development of the mentally handicapped, by facilitating co-operation and the sharing of knowledge among all professionals working for or with the mentally handicapped, by offering a unified professional view on the strategies of mental handicap, and by educating the public to accept, understand and respect mentally handicapped people."

Progress

3. Paid-up membership now approaches 500, including about 40 authorities who have sought corporate membership. A recent count of the professions and services represented totalled about 40. All countries of the British Isles are represented. A committee has been appointed, charged with the task of setting up a constitutional framework. Large local gatherings of an educational nature have taken place in Berkshire and Hertfordshire, and are scheduled for Manchester and Glasgow. A national congress will take place in North London from 15-18 July, 1974. The Association has been accepted into membership of the International Association for the Scientific Study of Mental Deficiency. The DHSS and the Department of Employment and Productivity have sought the advice of the Association on consultative documents. The DHSS has appointed a member of staff to attend meetings as an observer.

Evaluation

4. The response and interest seem to justify the effort. The testing-time will be after July 1974 when, with the first Congress completed, and the constitutional and administrative arrangements settled, the Association should move into full action towards its declared objectives.

The Future

5. In this formative period expenditure has been artificially low because of the Fund's generosity in permitting the Associate Director and his Assistant to provide administrative and secretarial services. This can only last until Autumn 1975.

Thus, negotiations are currently taking place aimed at securing a very close working association with the Institute of Mental Subnormality. This would mean that IMS would concentrate on instruction and courses at the Institute's premises, whilst APMH would concentrate on developing inter-professional collaboration in regions and areas. It is hoped to move towards a joint membership, joint secretariat, and a joint policy on publications and meetings.

PN 217

J.R. Elliott
Associate Director

TOY LIBRARIES ASSOCIATION

Origins

1. In November 1972 the Committee made a grant of £1,500 to enable a full-time assistant to work for the Association for a period of 6-9 months, to develop the work of the Association and to prepare plans for its long-term future. (Minute DEV 72/75)

Objectives

2. These were: to strengthen an organisation whose ideas on play and toys, particularly for the handicapped, had proved so successful that voluntary helpers could no longer sustain the effort.

Progress

3. A full-time General Secretary has been appointed, and rapid and valuable progress has been made. Miss Glenda Jackson has accepted the office of President, and Dr. Mia Kellmer Pringle is Vice-President. At the time of the original grant, 30 toy libraries were in existence: the 100th is now about to open.

4. Conferences and courses have been held, and an advisory service maintained. Useful publications have been produced, or are in hand, covering the needs of special groups - for example, the blind; the deaf; and handicapped adults. A quarterly newsletter is issued. Temporary office premises have been found at Toynbee Hall, and in September 1974 the Association will move into newly-built accommodation, also at Toynbee Hall, which will enable a permanent exhibition of toys to be maintained.

5. Very close association with the King's Fund Centre's Mental Handicap Project has been maintained: the chairman of the Association's Advisory Panel, designer Mrs. Audrey Stephenson, was the consultant for the Centre's own exhibition "Fun & Games". This very successful exhibition will be transferred to TLA when the Association moves into its new premises. TLA is also collaborating in the production of the King's Fund Centre's proposed Play & Toys study pack.

Evaluation

6. This energetic organisation is already beginning to make a sound contribution to an understanding of play and toys, particularly for the disabled and handicapped.

Future

7. When the King's Fund Centre's Mental Handicap Project winds up in 1975, it is intended that TLA will handle all enquiries received by the King's Fund Centre on play for the handicapped. TLA reports that fund-raising continues to be a problem: and that most charitable trusts prefer to fund research, rather than running costs. An application for further help from the Committee is likely to be forthcoming.

PN 213

J.R. Elliott
Associate Director

HANDBOOK FOR PARENTS OF HANDICAPPED CHILDREN

Origins

1. This project started in the summer of 1972 when it became apparent that with the intended reorganisation of the Social Services, of the National Health Service and the Education Authorities, many more people were going to come into contact with the handicapped child. Some of these people had professional training, though not necessarily in appropriate fields, and all of them were wanting to find out more about the children with whom they were dealing. In attempting to answer questions there were many which recurred and there were many misconceptions about apparently simple problems.

2. The need for a small and relatively factual handbook became obvious. In order to collect information as widely as possible and to prepare diagrams and illustrations, a request was made to the King's Fund for a grant of £500 which was awarded in June 1973 (Research Committee Minute RES 5Bxiv).

Objectives

3. The purpose of this project is to prepare a handbook for use by parents and those involved with handicapped children. Topics to be included are the problems of diagnosis, assessment methods, training, use of special equipment, as well as more general information on the social problems of the child and the family.

Progress

4. To date, much of the work has been the collection of data from diverse sources and its correlation. The needs for diagrams and illustrations are being assessed to try and make the book as comprehensible as possible. Lists of addresses of societies, manufacturers of equipment and so forth are being collected and a glossary of commonly used technical terms is being prepared.

Future

5. It is hoped that the text will be completed during 1974 and that publication can be arranged as soon as possible after its completion.

Dr E A Green
Consultant Psychiatrist
Cell Barnes Hospital

February 1974

PN 219

CARE FOR THE ELDERLY

CARE FOR THE ELDERLY

Origins

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

Objectives

2. In this field, the Centre's aims can be broadly defined as being:

i) To identify problems in the planning and operation of services for the elderly in hospital and in the community.

ii) To provide a forum for multi-disciplinary discussion of these problems and for exchange of information and ideas about ways of preventing or overcoming these problems.

iii) To disseminate information about good ideas and practices in the care of the elderly.

iv) To promote investigations and research directed towards the improvement of services for the elderly.

Progress

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

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

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

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

7. During 1971, some smaller meetings were held to follow up some of the problems and ideas raised during 1970, and these meetings continued into 1972. During 1970/2 one of the main problem areas was defined as being in the field of psychogeriatric care, a and it was agreed to concentrate on this topic in the exhibition and conferences arranged for the latter part of 1972 and early 1973. Accounts of the smaller meetings are given elsewhere in the review. A collection of reports on five of the large meetings has been prepared under the title "Care for the Elderly Mind" and 1,500 copies of this have been produced. Of these five meetings, one was organised in co-operation with the Geriatric Care Association; one with Luton and Dunstable HMC and the North West Metropolitan RHB (and held at Luton and Dunstable Hospital); and one with Kingston and Long Grove HMC (and held at Kingston Medical Centre).

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

9. To complement the conferences and exhibition, another publication "The Elderly Mind" was published in 1973 by the Health and Social Service Journal and Hospital International in conjunction with the Centre and the British Hospitals Export Council. This contained over 90 pages, with a foreword by Dr Bernard Mallett, Chairman of the North West Metropolitan RHB's working party on psychogeriatric care, and 24 articles by consultants in geriatric medicine and psychiatry, medical officers from the Department of Health and Social Security, nurses, social workers and others involved in the day-to-day care of the elderly in hospital and community. Some 3,000 copies were printed for distribution or sale at home and overseas, and over 800 copies were sold within a few months of publication.

Evaluation and the future

10. From the conference questionnaires returned by participants, and from comments in the press and elsewhere, it seems that the conferences and exhibitions did help to identify problems and to stimulate people to improve their services, although it is proving hard to measure such improvements precisely. One consultant said that he thought the Centre's prolonged efforts in the 1970 conferences and exhibition were instrumental in formulating public opinion and persuading the Government to allocate so much extra money for geriatric care in 1971, but the staff of the Centre would not presume to make any such claim themselves. For 1974/5 the Centre will be maintaining and developing its interest in the care of the elderly through various activities and studies as described elsewhere in this report. To some extent, this work dovetails in with the Centre's other interests in the care of long-stay patients in hospital and community, including the mentally ill and mentally handicapped - fields where staff share many common problems over training, attitudes, environment and other matters.

M C Hardie
Director
March 1974

STAFF FROM GERIATRIC SERVICES

Origin

1. These meetings arose out of a series of twelve conferences on the care of the elderly held at the King's Fund Centre in 1970. Arranged jointly by the King's Fund Centre with the North West Metropolitan Hospital Board, they took the form of discussion groups for nursing officers with responsibility for the care of the elderly in the Board's area.

Objectives

2. The purpose of the meetings was to explore the problems of providing care for elderly people in the area and to exchange good ideas and practices with particular reference to the reorganised health service.

Progress

3. Three meetings were held in 1973 attended by nurses working in hospital as well as with local authorities so that it was possible to discuss the problems of providing continuity of care between hospital and home. Members discussed community care for the elderly, improvements in the design of portable conveniences, and finally reviewed the series and reports of developments in the hospitals represented at the meetings.

A visit was made to the Disabled Living Foundation where recent advances in the development of aids for elderly disabled patients were seen.

Evaluation

4. The revision session showed the practical improvements which had resulted from these meetings.

A training programme for incontinent patients had been started in one hospital with encouraging results. Interest had been stimulated by educational schemes set up for workers and relatives regarding the transfer of patients to a home setting. Good relationships had developed between the units and the local authority and there had been an interchange between them to provide a wider professional experience, for example a home nurse now attended the consultant's round on the ward and the ward sister had spent some time on the district. In one area night service recruitment and the provision of meals on wheels had received more attention. There had been an increase in many units in the use of volunteers. New ward policies had been developed which involved patients in greater physical activity as well as diversional therapy.

Although the problem of staff wastage was still as great as ever in some areas, follow-up enquiries had shown that staff having to leave the area were seeking work

in geriatric units elsewhere because they now found the work interesting; thus they were not being lost to the service.

Future

5. It is proposed to hold four further meetings in 1974.

Publications

KFC Reprint No	762	Caring for the elderly
	772	Community developments in the care of the elderly
	834	Integrated care for the elderly
	854	Geriatric services study group

H G Edwards
Nursing Officer

March 1974

PSYCHO-GERIATRIC STUDY GROUPS

Origin

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

Objectives

2. i) The aim of the groups was to bring together hospital and community staff from a partiuclar geographical area, so that there would be not only an exchange of ideas and information, but also so that the communication network might be improved, building links which would be a base for health care teams of the future.

   ii) It was hoped that the group itself would generate its own action plans, which could be followed through with help from the relevant Regional Nursing Officer. These action plans could be concerned with practical issues, eg improving the quality of care on the ward, dealing with incontinence; or concerned with administrative action such as the instigation of unit meetings or improving communication with local authorities.

Progress

3. a) In conjunction with the North East Metropolitan Region eleven meetings were held. These were held at monthly intervals and the hospital participants came from five psychiatric hospitals and two geriatric units in the region. They included representatives from all grades of care staff ie nurses, ancillary staff, occupational therapists, catering staff and voluntary help organisers. The community nursing staff have been district nurses and health visitors from three of the boroughs in which the hospital are situated.

   b) There have also been eight meetings held in conjunction with the SouthWest Metropolitan Region. These meetings have taken place at the Centre for Adult Education, University of Surrey and were supported by staff from the community and hospital. The local authority staff included two doctors, geriatric liaison health visitors and district nurses, and the hospital staff from psychiatric and geriatric hospitals, included senior nursing officers and care staff at ward level.

Evaluation

4. a) The last meeting which was held with participants from North East Metropolitan Region was concerned with developments which had taken place since the series began. It was felt that there had been greater understanding of each others roles and problems between hospital and community staff, and this had taken place on a personal and professional level. This understanding had led to a situation where there could be a frank interchange of ideas leading to a more constructive approach to problems

surrounding the care of the elderly. This was one of the main areas which participants felt as having been useful.

b) The Regional Nursing Officer has visited all the hospitals involved and has reported that in many areas there has been an increased understanding of the role of the volunteer and there has also been an awareness of the need to maintain good communication both with hospital and with local authority staff.

c) The officer from the Management Services of the Unit who attended the meeting felt that this had been a useful opportunity to make links with hospital care staff which in turn had been helpful with the projects taking place in the hospitals concerned. A two-way system of communication had developed which may have been helped initially by the meetings taking place in neutral territory.

5. a) The meetings held in conjunction with the South West Metropolitan Region aroused interest from a wide range of staff, which was sustained throughout the series.

b) All participants enjoyed the opportunity to meet, sometimes for the first time, other professionals concerned with similar problems and links were made between hospital and local authority staff which will be helpful in the reorganised health service. The Centre for Adult Education, University of Surrey, provided a useful meeting place as this was already being used by local authority nursing staff in the region. It was also felt by the Training Project Officer who was involved in the series that the hospital staff welcomed the opportunity to increase their understanding of new developments taking place within the region, and that relationships were improved by the free interchange of ideas which could take place in a relatively informal setting.

Future

6. a) The studies groups for staff from the North East Metropolitan Region have now come to an end. It was felt that the meeting at the Centre had provided the necessary impetus to enable staff to organise further meetings in their own hospitals or groups. Local authority staff are being invited to these meetings so that the communication system built up is being sustained.

b) The last two meetings at the University of Surrey have been bedevilled by the rail strike so that discussions about the future have been somewhat limited. Due to changes taking place because of the reorganisation it has not been possible to hold further meetings but it is hoped that within the next month there will be a full discussion of the series with the possibility of continuing study groups if the need arises.

Joan Rush
Project Officer

March 1974

FIVE-DAY WARD FOR GERIATRIC PATIENTS

Origins

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

Objectives

2. The chief purposes of the project were:

a) to see if elderly hospital patients can be successfully rehabilitated on a five-day basis, spending each weekend at home

b) to investigate the sharing of the care of these patients by hospital and family, and to find out whether this prejudices the patient's recovery, or whether it favourably affects their morale as adjustment to living at home is achieved in the course of treatment.

c) to find out whether the establishment of this type of five-day ward helps to recruit nurses back into hospital work.

Progress

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

i) Type of patient and their reaction to the five-day programme

ii) Method of pre-admission assessment

iii) Discharge difficulties and relapse rate

iv) Family reaction and difficulties, especially at weekends

v) Problems of clothing - whether to use the patient's own clothing or to provide hospital clothing

vi) Transport organisation and difficulties

vii) Type of nurse applying for work on this ward, and their reaction to the work

viii) Overall cost being compared with conventional rehabilitation ward

ix) Possibility of establishing a five-day ward for long-stay patients, as distinct from rehabilitation patients.

4. When this new venture was planned, it was decided that a completely new nursing team should be recruited. Posts for trained staff were advertised in the national nursing press, and for both trained and auxiliary staff in local newspapers. The response for both types of post was very satisfactory. The applications and inquiries for the nursing auxiliary posts showed a wide range of background and experience, and a wide age range - from 15½ to 62. Although this type of post is often thought to appeal to the married woman whose family no longer needs her full time care, a considerable number of applications were received from single women. A small number of men also applied for posts as auxiliary staff.

5. Since the ward opened, the staff involved in the five-day ward - medical, nursing, occupational and physiotherapy and medical social work - have integrated into a team in which everyone is encouraged to contribute to discussions, and which encourages the patient to achieve the maximum amount of independence possible. A brief description of the project was published in an article "New developments in five-day care" in the Nursing Times on 1 November 1973 (KFC reprint 839), and later the same month a full report on the project "Home for the week-end - Back on Monday" was published by the Queen's Nursing Institute (price £1.25).

Evaluation and the future

6. The research study has now been completed, but the five-day ward continues. Interviews have showed that most of the patients and their relatives found that the five-day ward provided a very acceptable form of care. The study shows that patients in this age group can be successfully rehabilitated on a five-day basis, and that the sharing of care does not prejudice the improvement of suitable patients. The wide range of medical conditions treated in the ward indicates that this type of ward may be a suitable form of admission for some patients who are at present being treated in general medical wards, as well as those for whom it was intended - the geriatric patient requiring rehabilitation.

M C Hardie
Director

PN 192

March 1974

CLOTHING FOR LONG-STAY PATIENTS

Origins

1. For some years, the Centre has been concerned with the problems of clothing for long-stay and disabled patients, including the mentally handicapped. A number of conferences and discussions have been held at the Centre. Often in association with the Disabled Living Foundation, to investigate these problems and to disseminate information and ideas about improving the standard of such clothing and making it readily available to those who need it.

2. One result of these activities has been an approach from the Shirley Institute (The Cotton and Man-Made Fibres Research Association) for a grant to carry out an investigation into these problems. Development Committee made a grant of £2750 in 1969 for this project (Minute 69/53) and further grants have been made of £3500 in 1971 (Minute 71/15) and of £3800 in 1972 (Minute 72/10) and of £8650 in 1973 (Minute 19(c)).

3. The project has been guided by a steering committee at present consisting of:

Mr. M.C. Hardie (Chairman)
Mrs. W.M. Arnett-Rayson, Exhibition Officer, The Hospital Centre
Miss M. Fels, Textile Advisor, Dept. of Health and Social Security
Miss M.E. Frazer, Hospital Nursing Officer, Dept. of Health and Social Security
Dr. K. Greenwood, Head of Textile Products Division, Shirley Institute
Lady Hamilton, Chairman, Disabled Living Foundation
Miss D. Norton, Scottish Home and Health Dept. and Scottish Hospital Advisory Service
Dr. T.N. Rudd, Dept. of Geriatric Medicine, Southampton General Hospital

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

Mrs. Joan Lord, Senior Technical Officer at the Shirley Institute, was the research officer working on the project since it started on December 1, 1969. In April 1973 Mrs. Lord retired, and Miss Elaine Clulow from the Shirley Institute is continuing as research officer.

Objectives

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

Progress

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

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

This review and supplements provide important background papers for further development, and are aimed primarily at specialists and research workers. On this basis, the distribution and sale of 176 sets of the papers has been a reasonable, but not spectacular, achievement.

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

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

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

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

10. Since the publication of the clothing catalogue in 1972, copies have been sent to all parts of the world, going to Australia, Denmark, France, Holland, Norway, Israel, Sweden and Canada, to regional hospital boards, Hospital Management committees, social services departments, voluntary organisations and libraries, throughout the United Kingdom. By the end of February 1974, 508 copies have been sold.

11. A further 90 pages were prepared and a supplement to the catalogue was published in September 1973 and about 80 copies of these have been sold to date.

12. A mail order catalogue for patients in the community and not necessarily in hopital has also been published, 15000 copies were printed and approximately 7000 had been distributed by the end of February 1974.

Evaluation

13. In evaluating the project, and the associated work with the Disabled Living Foundation, it can be said that the following effects have been achieved:

i) there is much wider recognition, from DHSS to ivididual hospitals and wards, of the serious deficiencies in the arrangements for patients' clothing in long-stay hospitals and for clothing for the handicapped in the community,

ii) an increasing number of authorities are taking steps to try to deal with these problems, particularly through the appointment of clothing managers or clothing co-ordinators,

iii) through Mrs. Lord's article and contacts with hospitals, and through her participation in the DLF clothing demonstrations, many more authorities and individuals are now aware of the useful garments that are already available,

iv) by the same token, clothing manufacturers are much more aware of the problems and are beginning to take more active steps to overcome them, particularly by increased production of garments proved to be suitable for the handicapped.

The future

14. In the immediate future the aims of the project will be:

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

The King's Fund grant to the project ceases at the end of this year, but it is hoped that the Disabled Living Foundation , with possible help from the Department of Health and Social Security, will continue to work with the Shirley Institute to ensure that new fashions and new designs of garments will be publicised, and that information about suitable garments for the disabled will be available to anyone seeking guidance.

Mrs. W.M. Arnett-Rayson
Exhibition Officer

PN 157

March 1974

CLOTHING & DRESSING OF HANDICAPPED PEOPLE

Origins

1. This project arose from an application from the Disabled Living Foundation for a grant to help with the preparation of a manuscript for a book on problems of clothing and dressing of handicapped people. In May 1972, Development Committee agreed to allocate £5000 for this project over 18 months (Minute Dev 72/43).

Objectives

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

Progress

3. The project worker, Mrs Rosemary Ruston SRN HV, started work in 1972 on a part-time basis (which means that the project will extend over a longer period than the 18 months already envisaged). Her work started with a study of the literature on the subject, which showed that in fact there has been very little study on how people dress or undress, either by themselves or with assistance. Subsequent visits to discuss the problem with nurses in hospital and community likewise showed that little had been done to discover any techniques or ways of dressing particular groups of handicapped people, largely because nurses are not innovators in this field - since nursing is a caring profession, the nurses are more likely to help someone in difficulty than to watch him struggle and find out why he has particular problems in putting clothes on or taking them off. As a result, more information and advice is now being sought from physiotherapists, occupational therapists and patients. To quote from a progress report by Mrs Ruston in February 1974:

> "Each handicapped person has an individual problem which can only be solved in an individual way. It is obviously impossible to write a manual on this basis, so that a method of classification had to be found. In turn, I rejected disease, disability, single or multiple, and anatomy and physiology because they made the format clumsy with a great deal of overlapping. I have come to look at the subject in perhaps a more positive way, and I hope that it will be a better teaching weapon. Clothes can be grouped according to openings and position on the body, and there are an infinite number of ways to put them on and take them off, although there are probably an infinite number of variations. Younger children tend to do some things differently from adults so that there is a need to look at the two age groups, and also to look at someone dressing herself and being dressed by another. Once one has looked at the way a garment is put on, one can look at what allowed that activity to take place (muscle, joint movement, etc.) and this should lead on to assessing whether a particular handicapped person could or could not manage it. Variations would follow the description of each activity. This section will need to be very well illustrated to allow those attendants not able to receive tuition to follow the book for themselves."

"This is the main section; in support there will be sections on suitable types of clothing, a description of the development of dressing in the young child, a discussion on toiletting, the use of wheelchairs, the complicating factors of incontinence and menstruation, and the implications for administrators of the change from patients wearing nightwear and dressing gowns throughout their stay, to wearing normal garments. Appendices on fabrics, fastenings, etc and on behaviour therapy as it affects dressing, are planned."

Evaluation and the future

4. It is obviously too early to attempt any evaluation of the project, or to determine its final outcome.

M C Hardie
Director
March 1974

PN 204

ART FOR THE ELDERLY

Origins

1. A request was received in 1970 from the consultant in geriatric medicine at Guy's Hospital for a research grant to enable a teacher of art to develop art classes for elderly patients in both hospitals and residential homes. Development Committee made a first grant of £900 (min 70/48) on the understanding that an equal sum was provided jointly by the Hospital and its Guild of Ex-patients and Friends. In November 1971, a further grant of £1,250 for each of two years (min 71/47) was made on the same conditions. In December 1973, the Fund's Research Committee allocated a final grant of £3000 (min 19 (L)).

Objectives

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

3. To supervise the project, a Steering Committee was set up consisting of:

Professor J C Brocklehurst	Department of Geriatric Medicine University of Manchester
Dr D Hyams	Consultant in geriatric medicine Guy's Hospital
Mr K Jamieson)	Art Inspectors
Mr A Keefe)	Inner London Education Authority
Mr J Missen	Hospital Secretary, New Cross Hospital
Mr M C Hardie	Director, King's Fund Centre
Miss M D Hinks	Research Officer, King's Fund Centre

Progress

4. Experimental art classes were held both in geriatric units in general hospitals and in a private residential home for the elderly, and exhibitions of the work of these students have been held at the King's Fund Centre

It soon became clear that the urgent need was for an adequate supply of trained teachers to undertake the teaching of art to elderly patients. By arrangement with the Inner London Education Authority whose Art Inspectors have supported the project throughout, two courses for trained art teachers to enable them to acquire the additional skills required to teach a different age group in very different surroundings from those to which they were accustomed, were held at Goldsmith's College. A total of 21 students completed the course and at present, seven hospitals in the Greater London area are employing some of these teachers.

5. A third course will start in April 1974 and the ILEA have agreed in principle to accept responsibility for future courses, though final arrangements are still to be negotiated. The ILEA have already agreed to pay the salaries of any of the trainees appointed to hospitals, and two other local education authorities in the Greater London area have adopted the same course.

6. In order to meet the need for additional tutorial help to run these courses, a special course is being held for a small number of art teachers who successfully completed the first course at Goldsmith's. It is hoped that this group of 6 will shortly be able to run or assist to run, further training courses in London and elsewhere.

7. A video tape entitled 'A new vision' has been made and it is hoped to complete a black and white 16 mm film version shortly. A 16 mm colour film on the subject, intended for a wider audience is also envisaged.

Evaluation

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

The fact that one hospital has ready prepared plans for a purpose-built art room for this activity indicates the increasing interest that is being taken by hospital authorities. Enquiries have been received from a number of hospitals interested in starting classes. One art teacher wrote "the staff, both nurses and administration, are amazed at the results. They didn't think these patients were capable of anything, as on the whole, they have sat around the hospital doing nothing and saying nothing. New friendships have started up, and some are talking together who have practically given up all conversation altogether".

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

The future

9. Future plans include the development of the training course at present run at Goldsmith's College, in order to provide a pool of trained teachers available for work in geriatric units in hospital in the London area.

It is hoped that the proved value to patients will encourage hospital authorities to consider the provision of additional accommodation for art classes. The importance of a separate art room with its own 'atmosphere' is becoming increasingly obvious. To quote one teacher, it is important for patients to be "away from the hurly burly of ward life, with its hospital noises and smells, and other invading background noises which continue perpetually". "I am convinced," wrote another, "that it is invaluable to get the more sensible of the long-stay patients out of the depressing and distracting conditions of some of the wards and to make it possible to create a real atmosphere of relaxation and learning." Following consolidation in the London area, it is hoped to publicise the project in other parts of the country.

Publications

Poulden, Sylvia M Art in the geriatric ward. BHJSSR May 29, 1971 (THC Reprint no 577)
Art fights apathy in the elderly. BHJSSR March 4, 1972 page 491.
Hinks, M Dorothy From apathy to activity. KFC Reprint no 859 March 1974.

PN 165

M D Hinks
Research Officer

March 1974

VOLUNTARY HELP

VOLUNTARY SERVICE INFORMATION OFFICE

Origins

1. As a voluntary organisation itself, the King's Fund has for many years had a natural concern for the development of voluntary services. In recent years, the Fund has been particularly interested in the organisation of voluntary help in hospitals, and in 1968 published the report 'Organisers of voluntary services in hospitals'. In the following year a proposal was put to Development Committee for the establishment of an information service covering aspects of voluntary help in the hospital and health services. In the paper supporting this proposal (THC 69/310) it was stated that 'the Department of Health and Social Security, in various circulars, and notably in HM(62)29, urges the use of volunteers by hospitals and health authorities. Although many voluntary organisations, as well as individual persons, are involved, there is no central independent source of information of the ways in which their help can be utilised, nor of the problems which may arise in the course of such help in the hospital. The King's Fund has been prominent in encouraging and developing voluntary help in hospitals. It seems appropriate therefore that the Fund should now try to help meet the increasing demand from professionals of all disciplines in the health service for information and advice on this subject, by establishing an Information Service for a limited period on an experimental basis.' In May 1969, Development Committee (Minute 69/31) allocated £6450 over two years for this project. Further grants of £5350 in 1970 (Minute 70/78) and of £19,300 in February 1972 (Minute 72/8) have been made to enable the Voluntary Service Information Office (VSIO) to continue at least until June 1975.

2. Mrs. Chrystal King, one of the first voluntary help organisers in the country, at Fulbourn Hospital, was appointed as Voluntary Service Information Officer and took up her duties at the King's Fund Centre in June 1969. She retired in March 1973 and was succeeded in September by Mrs. Donna Johnston, formerly voluntary help organiser at Amersham General Hospital. During the interim, Mrs. Janet Boorer, formerly organiser at Springfield Hospital, served as acting VSIO.

Objectives

3. The objectives of the VSIO were defined as being

a) to collate information on existing schemes of voluntary help,

b) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units, or in joint health service/local authority schemes,

c) to prepare guide material on the various methods of recruiting, use and support of voluntary help in the health services,

d) to arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (eg doctors, nurses, occupational therapists, etc) on the way a particular profession can use voluntary help and on how such resources can be mobilised.

Progress

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

Objective I (Collating information)

5. The VSIO continues to collect information on voluntary help schemes, taking particular interest in innovation in the use of volunteers, both in hospitals and in the community, and in good practice wherever it is found.

Objective II (Providing information)

6. The VSIO provides information in a variety of ways: through personal contacts, visits and talks; by answering postal and phone enquiries; through the Centre's library and information service; by means of written material, conferences and exhibitions; and through serving on committees of other bodies. The majority of requests for information come from and are concerned with the following:

7. Statutory authorities. A major part of the work of the VSIO continues to be consultation with health service employing authorities concerning their plans to develop voluntary services. This includes the provision of relevant information and material on the work of volunteers and voluntary help organisers, as well as guidance on the implications of making such an appointment. Consultation may consist of informal talks with hospital committees and staff, and help with shortlisting, interviewing, and assessing of candidates.

The VSIO also receives enquiries from social services departments concerning appointments similar to those in hospitals, but increasingly these are being referred to the new Volunteer Centre.

8. Voluntary and professional organisations. The VSIO continues to receive enquiries from those bodies with particular interest or concern in the development of voluntary resources in the health service, and tries wherever possible to promote effective co-operation between statutory, voluntary and professional bodies.

Additionally, the VSIO serves as a link with other projects concerned with voluntary service by serving as a member of:

a) The Steering Panel of the Young Volunteer Force Foundation project in Newcastle, 'Health of the Elderly'.

b) The Steering Committee of the Volunteers' Advisory Service of the London Council of Social Service.

c) The Advisory group for the Student Liaison Officer - Mental Health project for MIND/NAMH.

d) The Management and Training committees of the National Association of Voluntary Help Organisers.

9. Individual voluntary help organisers. The number of VHOs in hospitals known to the VSIO has risen from 37 in December 1969 to 257 at 15 March 1974, with approximately 25 posts pending. Two developments have been particularly evident in the past year: first, the growing number of replacement appointments and second, the growing number of assistant VHO appointments.

With the increase of VHOs in post, there has been a concurrent increase in enquiries from individual VHOs, generally requests for 'how to do it' information about recruiting, using and supporting volunteers; development of record systems; advice about insurance, etc. This side of the work should diminish as VHOs turn increasingly for support to the recently formed regional branches of the National Association for Voluntary Help Organisers.

10. General public. There continues to be a constant flow of enquiries from members of the public, either from people interested in offering voluntary service who wish to be put in touch with appropriate bodies, or increasingly from individuals interested in the post of voluntary help organiser.

Objective III (Guide material)

11. Pamphlets published by the VSIO are shown in Appendix A. No new pamphlets have been issued during the past year, nor has there been opportunity to revise and up-date earlier guide material.

12. Sixteen essays have been commissioned by the Centre and are currently appearing in the Health and Social Service Journal under the general title 'The Volunteer in Society'. These articles are to be published in booklet form at a future date.

13. Two 'guides to reading' have been issued during the year, of special interest to those who organise, use or work with volunteers.

14. The two King's Fund manuals for VHOs, 'Organisers of Voluntary Services in Hospitals' (1968) and 'Volunteers in Hospitals' (1971) continue in demand, especially by employing authorities, VHOs and those interested in becoming VHOs.

15. A series of 80 slides with accompanying sound tape has been produced by the Medical Recording Service Foundation from the exhibition 'The Volunteer - Friend or Foe?' which was held at the Centre early in 1973. These slides illustrate the contribution of volunteers in hospitals and demonstrate how professionals and volunteers can help each other to help the patient.

Objective IV (Study days, etc.)

16. Nineteen conferences have been organised since June 1969, of which 10 were held jointly with other organisations, both professional and voluntary. Well over 100 talks have been given to professional, statutory and voluntary organisations on the use of volunteers in the health and social services.

17. The provision of adequate preparation and training for VHOs has always been a chief preoccupation of the VSIO who has worked closely with the National Association of Voluntary Help Organisers in preparing policy documents and in discussion of the standards of work that should be required of VHOs.

18. Because of its concern for training of VHOs, the King's Fund approached the DHSS in May 1972 with a request for the provision of a training officer. The DHSS responded to this with a proposal that they would finance a training project for volunteer organisers under the joint auspices of the King's Fund Centre and the National Institute for Social Work. This Joint Training Project came into being on 1st February 1974, and will promote, provide and monitor training courses for VHOs in related fields over the next 2 years.

19. The VSIO was a member of an informal working party of concerned people from a wide range of interests who prepared a report on the training needs of VHOs in May 1973. This report concluded that there were areas of training needs common to all VHOs, regardless of field of work, in the broad categories of values, knowledge and skills.

20. Although training for VHOs is no longer a responsibility of the VSIO, monthly induction days for newly appointed VHOs continue to be held, requiring the constant tracking of new appointments. These induction days are intended as an introduction to people, resources and organisations relevant to VHOs in both the health and social services.

Evaluation

21. The development of the work of the VSIO is one of many indications of the growing interest in the concept of voluntary service, and of the increasing realisation of the important contribution such service can make to the life of the community. The changing emphasis of its work since 1969 illustrates the change in attitudes towards voluntary service by statutory and voluntary bodies and by health professionals. Judging by the increasing demands made on the VSIO for information and guidance, it would seem that the project has gone a fair way towards meeting the overall objective laid down at its inception.

22. There can be little doubt that the forward momentum of the VSIO has suffered to some degree from the staff changes of the past year. At the same time, it is also clear that there remains much advisory work to be done. A number of employing authorities still appear to have little understanding of the broader implications of voluntary help schemes or of appointing organisers. Too many schemes are established without clarification of objectives and without any real understanding of the proper role of volunteers, and too many appointments of VHOs are made with little, if any, prior consultation with professional and other staff. With the integration of the hospital and community health services on 1 April, there will also be further scope for development work with the professions and health authorities to encourage the use of volunteers outside institutional settings.

Future

23. The establishment in 1973 of a national Volunteer Centre, with objectives similar to those of the VSIO but covering the whole field of voluntary involvement, created an opportunity to re-examine the future of the VSIO. Careful deliberations have been held with all concerned, and the King's Fund Management Committee has agreed with the recommendation put forward by the King's Fund Centre Committee (Minute 74/6) to transfer most of the current functions of the VSIO to the Volunteer Centre on 1st June 1974, and to encourage other organisations such as the National Association of Voluntary Help Organisers, to assume responsibility for those functions which are more appropriate to their roles. It is hoped that these new arrangements will create a logical framework for the further development of community participation in the provision of health care.

Mrs. Donna Johnston
Voluntary Service Information Officer
March 1974

Appendix A

VOLUNTARY SERVICE INFORMATION OFFICE PUBLICATIONS

Books

ROCHA, Jan. Organisers of voluntary services in hospitals. London, King Edward's Hospital Fund for London 1968. £0.57.

FINZI, Jean, KING, Chrystal and BOORER, David. editors. Volunteers in hospitals: a guide for organisers. London, King Edward's Hospital Fund for London. 1971. £1.10.

Pamphlets

Voluntary help in the field of mental handicap (April 1971)

Voluntary help in the care of the elderly (May 1971)

Voluntary help in the field of mental illness (July 1971)

Voluntary help in general hospitals and for children in hospitals (September 1971)

Work camps in hospitals (October 1971)

Community service volunteers in long stay hospitals (with Community Service Volunteers, July 1972)

Pupils and patients,
Guidelines for the organisation of hospital-based social education projects for young people still at school (with the Volunteers Advisory Service, London Council of Social Service, April 1972). 15p.

THE VOLUNTEER CENTRE

Origin

1 Following the publication in 1969 of the report "The Voluntary Worker in the Social Services" produced by a committee under the chairmanship of Miss Geraldine M Aves, various discussions took place about implementing the recommendations of that report, and Baroness Serota acted as chairman of a working group set up to examine the need for an independent centre to serve as a focus for all that affects volunteers in the health and social services. As a result of the recommendations made by the working group, the government made a grant of £75,000 over 5 years to help establish the Centre, and a similar sum has been found from voluntary trusts including a sum of £10,000 from the King's Fund in 1972/3 and a further grant of £15,000 to be made available at a later date on the basis of a further application after 2 years of experience in the running of the Centre (Minute 8150 of 19 October 1972). The Centre is registered as a charity.

Progress

2 The Centre opened in September 1973 and the first six months of its work has been concentrated upon recruiting senior staff and planning its initial programme. The Centre's Board of Governors (under the chairmanship of Lady Marre), Director (Mike Thomas) and staff team have now prepared a programme that, it is hoped, will start to meet the Centre's objectives of making community involvement in the health and social services both more extensive and more effective.

3 In its early stages the Centre is concentrating on developing the expertise and applying its experience in three main areas:

- the collection and dissemination of information
- the provision of advice and technical assistance
- the direct development work in the field

(i) INFORMATION - the Centre is monitoring developments in voluntary participation in the health, social, probation and after care services. It is building up information on a wide range of volunteer projects so that enquirers can be provided with material and put in touch with contacts who have experience of projects similar to those they are tackling. The Centre is producing a range of publications - details can be supplied on request.

(ii) ADVICE AND TECHNICAL ASSISTANCE - the Centre aims to provide advice and technical asssitance which will help field workers resolve some of the problems of the different services. Advice and assistance is specifically available in the fields of training and preparation and research and evaluation.

(iii) DEVELOPMENT WORK - in a limited number of cases the Centre is able to examine in detail the current situation in an individual locality or service (local authority, health authority or probation committee) and discuss with both statutory and voluntary organisations the potential of extending voluntary participation, the problems that might occur in such a development and the assistance the Centre could offer to overcome them.

4 An important additional role of the Centre is to bring together those in the field to discuss major issues and to exchange ideas. The Centre organises conferences, holds regular meetings of practitioners and interest groups and has set up working groups to tackle individual topics of importance. Details of the current programme are available on request.

5 The Centre has been accommodated in its early stages within the King's Fund Centre and has developed close working relationships with Centre staff and in particular the King's Fund Voluntary Service Information Officer. Mr Miles Hardie, Director of the King's Fund Centre, serves on the Volunteer Centre's Board of Governors.

Evaluation and Future

6 It is too early yet to evaluate the Centre's work but it is already clear that the demand for the Centre's services is in danger of outstripping its capacity to meet it effectively, particularly as inflation has made substantial inroads into an already stretched budget. With this in mind the Centre is planning to expand its staff over the forthcoming three years and make suitable financial arrangements to meet the cost of so doing.

Mike Thomas
Director

February 1974

REGIONAL VOLUNTARY SERVICES ADVISER

Origins

1. As appointments of co-ordinators of voluntary service (Cs of VS) were increasing rapidly in the region it was felt by the SW Metropolitan RHB that it would be an advantage to appoint a person to co-ordinate existing appointments and to develop the concept in groups which had not yet considered the appointments of Cs of VS.

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

Objectives

3. The objectives of the project were:

   i) to promote further understanding of the role of volunteers and co-ordinators of voluntary service among health service personnel

   ii) to provide guidance on new appointments of co-ordinators and help in the selection process

   iii) to support co-ordinators in post by regular meetings, counselling, training, etc

   iv) to promote links with all those concerned with voluntary services in the health care field.

Progress

4. The RVSA has taken every opportunity of meeting health service staff at all levels to exchange ideas about voluntary service. This has been done through informal visits, special meetings, conferences, seminars and training courses.

5. The number of appointments to hospitals in the SW Metropolitan Region has risen from 17 co-ordinators with 2 assistants in 1971, to 28 co-ordinators with 6 assistants/deputies in 1973. The Region has currently the largest number of Cs of VS in post, and further appointments are under consideration.

The RVSA has encouraged HMCs and officers considering a new appointment to discuss their ideas with her from the outset in an attempt to ensure the necessary preparation of hospital staff and a clear understanding of the qualities and experience required by persons appointed to the post of co-ordinator. Wherever possible, the RVSA has offered to serve as an assessor on appointing committees.

6. In order to define the objectives of a voluntary service programme more clearly, and to give guidance on the considerations to be taken into account when establishing a scheme and appointing a co-ordinator, a booklet, "Volunteers in an Integrated Health Service", was published in February 1973. About 800 copies were distributed free to regional hospital boards, local authorities and executive councils throughout the country, and to national headquarters of voluntary organisations and professional bodies. A further 2,300 copies have been sold.

7. The RVSA has supported co-ordinators in post by visiting them in their hospitals and generally keeping up-to-date with new developments in their programmes. In addition, she has arranged study days on a regional basis which have proved useful for the exchange of information and the promotion of closer working relationships.

The RVSA has also encouraged co-ordinators to accept opportunities for training and has tried to keep them informed of appropriate study days and courses.

In the case of newly appointed co-ordinators, programmes of induction and support have been arranged, including visits to established voluntary service schemes in other hospitals.

There has been frequent need for the RVSA to give advice to co-ordinators on such matters as travelling expenses for volunteers, insurance cover, etc. During this last year, the industrial action taken by hospital ancillary staff required special guidance, but in any case, co-ordinators have always been urged to make early contact with trade union representatives at hospital level, and to sort out with them how volunteers can acceptably be used.

8. The RVSA has met with voluntary organisations at national and regional level, and with local authority staff, and has encouraged co-ordinators to develop links with voluntary organisations at local level.

9. The RVSA has continued to work closely with the Voluntary Service Information Officer at the King's Fund Centre, and with the Volunteers' Advisory Service at the London Council of Social Service.

10. During the 2 years of this project, the RVSA has carried commitments outside her regional remit but integral to it. These have included:

i) training activities at national level in conjunction with the King's Fund

ii) membership on the Central Health Services Council's Committee on the "Organisation of the In-Patient's Day".

Evaluation

11. There is little doubt that this project has served to foster a deeper understanding of the effective use and future potential of voluntary resources in the health services in this region. The project has continued also to provide guidance to management, support to individual co-ordinators, and links with other bodies concerned with voluntary services in the health care field. There is, nonetheless, considerable scope for extension and further development of this work in the region.

Future

12. Miss Finzi resigned her post as RVSA in December 1973 at the end of the 2-year project, and has taken up her new responsibilities as training officer with the King's Fund/National Institute for Social Work Joint Training Project for Volunteer Organisers.

It is hoped that the post of Regional Voluntary Services Adviser will be made a part of the management structure of the new Regional Health Authority, and that an appointment will be made as soon as possible so that the progress made in the last two years can be continued and expanded. It is further hoped that the success of this experimental 2-year project will encourage other health authorities to consider similar appointments.

Donna Johnston (Mrs)
Voluntary Service Information
Officer

PN 179

March 1974

STUDENT LIAISON OFFICER - MENTAL HEALTH

Origins

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

Objectives

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

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

Progress

3. Mr. Tim Gauntlett was appointed Student Liaison Officer (SLO) in May 1972, and took up his duties in June 1972. He has continued to work in close cooperation with the National Union of Students (NUS)/Student Community Action programme, and by attending conferences, addressing student groups, writing articles, and visiting many universities and colleges, throughout the country, he has built-up a comprehensive network of contacts. His work in the three areas of Cambridge, Colchester and Norwich is not so prominent in his work as last year. Being unable to initiate voluntary activities in Colchester, he has not been there during this academic year. However, he has continued his activities in Cambridge and Norwich, particularly in the latter, where he shows films, arranges talks and closely monitors all voluntary activities. It is unfortunate that he has been unable to maintain contact with Colchester, but this is an indication of the increase in work that he has been doing at a national level.

4. During the last year the SLO has written a report on 'Students and mental health', based on the information gathered by questionnaire. This report has been sent to all universities and colleges affiliated to NUS, and to all Voluntary Help Organisers. A new questionnaire has been sent with the report to allow up-to-date information to be received. The SLO arranged a meeting at the King's Fund Centre on December 14th, 1973, for about twenty students. This was an opportunity for the issues and problems connected with student voluntary work to be discussed, as well as an opportunity for students to meet members of staff from the King's Fund and Volunteer Centres. A similar meeting is planned for March, when the topic will be 'students working in institutions'. On 8th February the SLO organised a conference for students in the London area entitled 'Mental health - What's it all about?' Over a hundred students and voluntary organisers from hospitals and local authorities attended.

Evaluation and the future

5. Less work has been done in the 'three areas'. This reflects the importance of concentrating on providing a service at a national level. The SLO believes that it is important to provide information and to create a forum to discuss some of the issues and problems associated with student voluntary work. To this end time is now being spent on writing information or guideline sheets for all student groups. They are making a worthwhile contribution to mental health but if groups are going to be more committed and play a more significant part, then students must be better informed and in contact with staff in hospitals, social service departments, voluntary organisations and community groups.

6. The SLO will continue to arrange conferences and meetings between students and people who work with students. He will continue to write articles for publications, and more important to write guidelines on aspects of involvement, and to ask students who are associated with projects of particular interest, to prepare descriptive accounts of their work, and this information he shall then circulate. A regular information service, based on a mailing list, will be established, which will facilitate a two-way flow of information between the SLO and student groups throughout the country. Work in Cambridge and Norwich will continue, and it is hoped that we shall initiate some mental health work with students in London.

Tim Gauntlett
Student Liaison Officer

PN 193

February 1974

COMMUNITY SERVICE VOLUNTEERS IN HOSPITALS

Origins

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

2. In the light of this experience, CSV applied to the King's Fund for a grant to enable it to extend its activities in the hospital field (paper THC 71/48). At its meeting in February 1971, Development Committee allocated £2,000 for each of two years for this project (Minute 71/11). In June, 1973 a further grant of £2,500 for each of two years was made (Minute RES 5Ax).

Objectives

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

Progress

4. During the first two years of the grant, groups of young volunteers, mainly aged between 17 and 22 were introduced into selected hospitals for the mentally handicapped. By the end of 1973 there were 86 CSVs at work in just over 30 hospitals. Some were members of a group of four or six volunteers involved in re-socialising programmes, others worked singly assisting with the introduction of new volunteers. A number of hospitals were awaiting the arrival of their group of volunteers.

5. Recognising that there is no one universally right programme for the introduction of volunteers, the needs of each hospital are discussed individually. CSV has sought out hospitals willing to involve long-term volunteers and much correspondence has resulted as well as frequent visits which have sometimes come to nothing. The imminent reorganisation of the health services, with the resulting changes in responsibilities and personnel, are causing further unavoidable delays. However, 4 hospitals in the Manchester Regional Hospital Board have recently started to use CSVs and involve between them a total of 18 volunteers.

Evaluation

6. In addition to the hard work and enthusiasm that the volunteers contribute in long-stay wards, CSV has been able to identify some major themes which seem to contribute to the development of the projects although the underlying factors in each case may not be entirely understood.

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

8. A new departure has been the decision to concentrate on long-stay hospitals or units within one regional hospital board area. One of the immediate benefits of concentrating on hospitals which are geographically close is to cut staff travelling time, thus enabling CSV staff to spend considerably more time in discussion with the ward staff with whom the volunteers will work.

9. In these ways it is hoped not only to gain the approval and understanding of ward staff of what a volunteer can contribute, but also to use the intimate knowledge the staff have of their patients' needs to ensure that a relevant and effective programme is designed to which they will give active support, thus narrowing the gap between hospital and community.

Future

10. In view of the success of group placements, CSV is continuing to approach other long-stay hospitals, drawing on the experience gained so far.

11. It is hoped that the easier flow of ideas and experiences between volunteers and users of volunteers will bring considerable benefits and meetings will be arranged to facilitate this exchange.

Donna Johnston (Mrs)
Voluntary Service
Information Officer

PN 178

March 1974

HEALTH OF THE ELDERLY PROJECT

Origins

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

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

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

Dr. D.L. Wilson	Medical Officer of Health, Newcastle upon Tyne (Chairman)
Dr. K. Bergmann	Consultant geriatrician
Miss J.E.S. Brown	Principal medical social worker, Newcastle General Hospital
Mr. F. Graham	Personal assistant to the director of social services
Dr. E.H. Jarvis	Consultant geriatrician, Newcastle General Hospital
Mrs. D. Johnston	King's Fund Centre, London
Mr. W. Morgan	University of Newcastle, Department of Family and Community Medicine
Mrs. A.I. Reed	Age Concern Newcastle
Mr. R. Richardson	Hospital secretary, Newcastle General Hospital
Miss N. Roddam	Newcastle upon Tyne social services department
Dr. J.R. Elliott	General practitioner
Mr. R. Charlton	Young volunteer force foundation

Objectives

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

i) those admitted to hospital and likely to be discharged home again, and

ii) those at risk of hospitalisation at some time in the future through lack of basic care at home.

The work of the project is based on certain premises:

(i) that a variety of personal needs encountered amongst the elderly population can be, and often are, met by untrained local people

(ii) that there remains, however, the care of isolated and frail elderly whose needs are not adequately met in this way, and that there are people living nearby willing and able to meet these needs once aware of them

(iii) that professional staff in health and social services are often aware of these needs, but to fulfil them personally would be a waste of their scarce expertise, and staff would welcome resources of local people to help in this area.

Progress

5 (i) Documentation

By February 1973, fifteen months after the inception of the project, 300 requests for help had been received and the help of 111 voluntary visitors had been enlisted. Questionnaires were administered to both elderly people and visitors; these were processed on an IBM 360 - 67 computer with the co-operation of the Medical Research Unit, Newcastle upon Tyne University. The results are presented in a 25,000 word report which will be published in the next few months; they are also summarised in an article which appeared in Health Visitor in December 1973.

(ii) The Elderly People

One third of the 300 referrals were made by Health Visitors a nd one third by medical social workers. The central work of the project - that of initiating continued visiting - prompted three-quarters of these referrals. The remainder concerned tasks of a 'once off' nature, e.g. transport to appointments or help with packing prior to rehousing. The project has dealt with a frail group of elderly people, many have entered hospital at some time subsequent to being referred. Where a visitor is involved she has been able to maintain contact with the hospital patient, and on discharge provide after-care with the aim of perpetuating the benefits of hospital treatment.

(iii) The Visitors

The Project operates in an area covering one and a half square miles of the West End of Newcastle. 73 of those 111 people who offered their help live within this area. The visitors were drawn from all five social classes, with social class III predominating. Altogether 88 visitors were introduced to old people, later 68 of these were questioned about their activities with 80 old people whom they had visited.
Nearly all had visited at least once weekly and one-third visited more regularly. In all but a few instances visitors have been placed with an elderly person so that they might undertake a practical task on a regular basis, e.g. shopping, escorting or pushing out in a wheelchair, providing regular transport.

(iv) Working with Professionals

Project staff have met with teams of health visitors at five clinics, and also with one group of general practitioners each fortnight. Contact has been maintained with the medical social worker of a Geriatric Unit by project staff attending the 'social' ward round each week. In addition the social workers at two area teams are met on an 'ad hoc' basis. The purpose of these regular meetings with professional staff are seen as being two fold

(a) It is important that professionals who make referrals are informed of their outcome, and that some explanation is given where no action is taken.

(b) These meetings also serve to keep professionals in touch with developments in the elderly person's situation; help them perceive situations in which the project might spark off valuable neighbourly support for an elderly person.

(v) Progress since February 1973

Between February 1st 1973 and January 31st 1974 the project received a further 255 requests for help. The area covered by the project has been extended further west to include a part of Newcastle upon Tyne 5. Plans to break down the visitors into small cohesive groups are progressing, the ultimate aim being to have several small groups 'attached' to health clinics.

Evaluation

6 As part of the questionnaire administered to visitors, and in order to explore the practical side of their visiting, a list was presented to project visitors who were asked to tick those practical tasks which they had performed. It was discovered that in addition to the practical role specified on allocation, visitors undertook a diversity of practical activities acting on their own initiative. The more common activities included shopping, making a cup of tea, cooking a meal, bringing in coals, taking along books or magazines and reading out letters to an old person with failing eyesight. This would seem to bear out the value of regular support of visitors by project staff in order to help visitors to develop and maintain a sound perception of the old person's needs, and of their own involvement within the context of other help being given.

The value of regular meetings between project staff and professionals has been reflected by the pattern of their referral. Individual professionals who meet staff regularly have been twice as likely to use the project as those who have only met staff on one initial occasion, and those who have made referrals at such regular meetings have done so twice as frequently as others who have made referrals having only met staff once.

Future

7 From April 1st 1974 the Project will be integrated with Age Concern Newcastle. Some funds have been provided by the social services department to finance this development, other funds are presently being sought from Age Concern England and the Area Health Authority.

Linda Hart (Mrs)
Field Worker

March 1974

References:

The following articles have been published:

Voluntary Work in Newcastle		The Elderly Mind (British Health Care & Technology) pp 52-53
Reprint No.736	Sparking off Community Care	Age Concern Today Autumn 1972
No.848	Health of the Elderly Project	Health Visitor December 1973

The following are due to be published:

Health of the Elderly Final Project Report	King's Fund/YVFF
Article on the Project	New Society
Working with Professionals	Age Concern Today

DRUGS DEPENDENCY AND PERSONAL PROBLEMS

(Nottingham Council of Social Service)

Origins

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

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

Dr. I. Lockett, County Medical Officer of Health, Chairman of the Drugs Dependency Liaison Committee

Dr. A. Willems, Director of the Regional Addiction Unit, Consultant Psychiatrist

Dr. B. Lake, Consultant Psychiatrist, Coppice Hospital and Lowdham Grange Borstal, Chairman of Personal Problems in the Community Committee

Miss J. L. M. Eyden, Senior Lecturer, Department of Applied Social Science, Nottingham University

Mr. D. Cheeseman, General Secretary, Council of Social Service

Objectives

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

a) to provide the administrative support to the Drugs Dependency Liaison Committee and The Personal Problems in the Community Committee

b) to deal with respondents to the Confidential Advice Service

c) to support initiatives in education and public relations work

d) to support the development of projects

e) to keep the necessary records for research purposes

Progress

4. The project worker continues to act as Secretary for both the Drugs Dependency Liaison Committee and the Personal Problems in the Community Committee and deals with the administrative work of these committees.

5. Inevitably the Confidential Advice Service has continued to develop. As the project worker has become more involved, particularly in the field of psycho-sexual problems, both with individuals and in educational activities, so more demands have been made on the service. Since March 1973 there have been a total of 35 cases referred to the Confidential Advice Service. Eighteen individuals have been seen on a long-term basis and required intensive casework help. Seventeen cases were seen on a short-term basis and normally only required three or four interview sessions. There were many self-referrals, as in the first year, but knowledge of the service has also extended beyond local agencies (Probation, Social Services, Samaritans, etc.) to various national organisations (Albany Trust, Gamblers Anonymous, Campaign for Homosexual Equality). There have also been three referrals from the staff of weekly magazines with "problem pages".

It was agreed by the Personal Problems Committee at the end of the first year that the worker should endeavour to encourage other professional workers who wished to refer clients through the Confidential Advice Service to deal with these cases themselves. Although it was recognised that unfamilar areas of work caused anxiety and stress, it was also felt that a consultative service would encourage other workers to develop their practice and experience into new fields utilising their existing theoretical training and skills. Consequently it has been the policy of the project worker, during this second year, to develop this consultative service and to keep her case-load at a constant and realistic level. There have been thirty-two enquiries which have been dealt with on this basis during the past year. These have come from the local and national agencies already mentioned. Invariably enquiries from national agencies have to be accepted as referrals by the worker as the client would otherwise normally be required to travel to London for help and advice. However it is where enquiries are from local agencies that the consultative service comes into its own.

6. There has been a continued demand for speakers on the subjects of addiction and personal problems. Requests have come from numerous educational establishments, church groups, and from medical and social work institutions. These engagements have been dealt with primarily by the worker but occasionally by members of the Drugs Dependency Liaison Committee on the panel of speakers. There is considerable room for the development of the work in this field but that will be discussed in more detail when the outline for the final years work is described. The worker has been responsible for undertaking thirty talks or seminars during the past year.

7. As a result of the success of the course held at the University Adult Centre on "The Problem of Drugs" in 1972, it was decided that this course should be repeated in 1973. There had been an overwhelming demand for places originally and it was anticipated that a repeat course would be well attended. It was decided to present a similar format i.e. a ten session lecture series specifically designed to help professional workers cope more effectively when confronted with the problem of drugs. As in 1972 this course was over-subscribed and was able to accept thirty-five people. It was mainly attended by magistrates, doctors and social workers.

8. Members of the Personal Problems in the Community Committee had been aware both in their own agencies and in general discussion with members of other agencies that there was a general anxiety and lack of information amongst professional social workers, General Practitioners and others when confronted with psycho-sexual problems. It was recognised that the majority of people practising in the area had not dealt with this subject when they had originally trained. It was also felt that even newly trained workers had a very cursory knowledge of the subject. Accordingly in April 1973 a day conference was organised in co-operation with the University Adult Centre

on the subject of "Psycho-Sexual Problems". A hundred participants were accepted from a large variety of agencies, the majority of those attending were from voluntary or statutory social work agencies. The speakers on that occasion were Dr. Robert Chartham, author of many books on sexual problems including "Advice to Women" and "Advice to Men"; Mr. Michael Butler, Deputy Director of Samaritans, London Branch, Trustee of the Albany Trust and writer; and Dr. G. F. Spaul, Consultant Psychiatrist, Towers Hospital, Leicester. The speakers talked about the difficulty of homosexual men and women, transexuals and transvestites. There was opportunity for discussion and many questions were asked about these and other sexual problems. In view of the success of this venture it was decided by the Personal Problems in the Community Committee that a similar day conference should be held in 1974 and that an effort should be made to encourage more General Practitioners to attend by enlisting the help of the local executive council.

9. As a result of a number of approaches from schools and individual teachers and discussions with the staff of the School of Education at the University it was decided to organise a session for teachers entitled "Drug Education in Schools". It was realised that many teachers are concerned about how to deal with the subject of drugs with their pupils. The conference hoped to help develop a responsible attitude in some local schools and also to provide teachers with accurate information on the subject. The main speaker was Mr. Derek Rutherford, Director of the Teachers' Advisory Council on Drug and Alcohol Education. He was joined for discussion by Mr. Lewis Nicklin, Health Education Officer for the London Borough of Camden, Chief Inspector G. Shaw of the Nottingham Drugs Squad and Mr. John Harding, Senior Probation Officer. The conference was chaired by Dr. Ian Lockett, County Medical Officer of Health and Chairman of the Drugs Dependency Liaison Committee. The course was fully subscribed but unfortunately due to severe fog only attended by about eighty teachers. However these represented thirty-one City and County schools.

10. The Brookhill Hall Community, at Pinxton in Derbyshire, for ex-addicts, has now been operating for just over a year. The project worker has acted as Secretary to the Community Committee during this time and for sometime before it was officially set up. Her main function has been to raise money for the project from a number of grant giving sources. A total of just under £5,000 has been raised to date. The community is now moving towards the time when it should be self-supporting to the extent that it is able to operate with the benefit received by the residents and with the Home Office grant which is provided for six beds. The community has accepted sixteen residents during the first year. Individuals have stayed from two months to eleven months. The selection procedure is quite rigid and seems to have worked successfully to date. Potential residents are asked to stay for two weeks in the community and then they leave for at least a week whilst a decision is taken about whether to offer them a place or not. The residents have had to face only one serious crisis when one of their number reverted to drug taking. Community rules required that he should be asked to leave and this was done. All the people who have passed through the community still remain drug free and are holding down jobs (including the young man who was asked to leave). Three of the ex-addicts of the community are working on different New Careers projects as staff members. The project worker has now resigned from this committee in accordance with the initial agreement.

11. Future programme

It is a necessary part of the project's development to work in the final year in such a way that in future the project could be realisticly undertaken either by existing individuals in the Council of Social Service or funded from an alternative source or sources. The present project worker will be leaving the Council of Social Service in March and a new worker will therefore be appointed to undertake the final year's programme. After discussions with the Chairmen of both committees and with the Secretary of the Council of Social Service it has been decided to continue to direct the work into the field of education and publicity. It is apparent that the major part of the work to date can be divided into two sections. Work with individual clients coming through the Confidential Advice Service and work in the educational area. As will be seen in Section 5, the Confidential Advice Service has developed from a casework service in 1972 to a casework and consultative service in 1973. It is envisaged that this work will move out of the Council of Social Service during the final year by selecting key people from local institutions who will eventually become the specialist consultants in the field of psycho-sexual problems in their own agencies. These individuals have for the most part already been identified and some are existing members of the Personal Problems Committee. During the final year the casework content of the post should be severely reduced. It is envisaged that involvement in the educational field will continue and develop recognising that this work may well be funded from alternative sources when the King's Fund grant is terminated.

Felicity Harding
Project Worker
February 1974

PN 194

VOLUNTEERS AND SOCIAL WORKERS

Origins

1. This project was put forward by the British Association of Social Workers (BASW), which was formed in 1970 at the wish of members of seven constituent social work organizations. The Association's membership now numbers over 10 000 social workers employed in both statutory and voluntary agencies throughout the United Kingdom. One of the objects for which the Association was established is:

> 'to provide opportunities for the social work professions to work in unity towards promotion of the welfare of individuals and the social well-being of the community by the encouragement of good social work practice and efficiency in the conduct of the social services.'

2. The enactment of the Children and Young Persons Act in 1969 was followed in 1970 and 1971 by further major legislation affecting the role and task of the Social Services Department. In parallel with the growth of professional social work, recent years have seen a revival in the participation of voluntary workers. An innovation has been the involvement of volunteers in the statutory social services.

3. One of the interests which the Association gladly inherited from the constituent organizations was a concern to develop a good working relationship between social workers and volunteers in providing effective personal social services. This interest was stimulated by the publication of 'The Voluntary Worker in the Social Services', the report of the Aves Committee. In February 1971, informal discussions led to the formation of a planning group which drew up proposals for a three-year project. The Council of the Association approved the proposals in principle in December 1971.

4. A Steering Committee was appointed and the present members are:

Mr. Hugh Barr (Chairman)	Asst. Director of Social Work Education, Central Council for Education & Training in Social Work.
Miss Geraldine M. Aves CBE	Former Chief Welfare Officer, Ministry of Health.
Miss Matilda Goldberg	Director of Research, National Institute for Social Work.
Mr. Keith Jones	Principal Officer, Field Support Services Branch, Social Services Department, Essex County Council.
Mr. Jef Smith	Group Controller, Research and Development, Social Services Department, London Borough of Tower Hamlet.
Miss Enid Warren OBE	Former Chairman, British Association of Social Workers.
Mr. Bryan Woods MBE (Hon. Treasurer)	City Parochial Foundation, London.
Miss Doreen Bateman (Min. Secretary)	Principal Social Worker, Whittington Hospital. London N19.
Mr. Michael Thomas (Observer)	Director, Volunteer Centre, London.

The Association has appointed a member of the Secretariat, Miss Joan Baraclough, Assistant General Secretary, to have oversight of the project as one of her special concerns.

5. To undertake a project of such importance was at this stage beyond the financial resources of the newly-formed Association. In January 1973, the King Edward's Hospital Fund for London donated a sum of £5 000 over the three-year period, as its contribution to the study (Minute DEV 73/7). Later in the year, the Leverhulme Trust Fund made an award of £18 000, and thus the necessary finance to support the project was secured. The Funds are administered by the Social Workers Educational Trust, a registered charity set up under the auspices of the British Association of Social Workers.

6. Two workers were appointed to the project, Mrs. Anthea Holme and Mrs. Joan Maizels, who commenced work in January 1974.

Objectives

7. The aims of the project are:

(i) to study the attitudes of social workers towards the involvement of volunteers in social work settings; the ways in which volunteers and social workers work together, and the organizational structures which define their relationships;

(ii) to consider the implications for social work practice of the involvement of volunteers and

(iii) to explore how the involvement of volunteers in social work settings can make the optimum contribution to the total service to clients.

Progress

8. In this first stage of the project the workers have been particularly concerned to meet individuals and groups in a variety of social work settings to explore with them the use of volunteers and the nature of the social work task confronting social work agencies at the present time. They are mindful of the organizational changes which take place on 1 April 1974, and are preparing a questionnaire about the role of volunteers.

Evaluation

9. In these early days there is little to be said about progress except, perhaps, that both workers and members of the Association with whom there have been initial discussions about the work of volunteers and social workers in the social service departments, have found the experience rewarding and we feel this augurs well for the development of the project.

The Future

10. The project is a three-year one. It is hoped that during this period reports can be made which will assist the development of a satisfactory working relationship between social workers and volunteers and will help to identify the range of tasks undertaken in social services departments.

Miss Joan Baraclough
Assistant General Secretary, BASW
February 1974.

CASE AIDES IN A PSYCHIATRIC HOSPITAL

Origins

1. This project arose from an application from St. Crispin Hospital Management Committee for a grant of £2,870 over two years for the establishment of a case aides programme in a psychiatric hospital. The application stems from a visit made by Mrs. Jeanne Lewington, Voluntary Help Organiser at St. Crispin Hospital to the United States in 1973 on a Winston Churchill Fellowship to study developments in voluntary services. At their meeting in December 1973 the Fund's Research Committee (Minute 19g) agreed to make a grant of £2,870.

Objectives

2. The aim of the project is to introduce trained volunteers as case aides, along the lines already pioneered in USA. These volunteers are specially selected and trained, and then assigned to a patient in a 1-1 relationship for a period of one year. The doctor clinically responsible for the patient is the one who requests the help of the case aide, and with the request goes a realistic plan to be aimed for - e.g. with one patient, the goal might simply be to talk with more people or move out of the ward; but in another case, there might be a more ambitious aim of working with a patient towards a move from hospital to community home. The case aide receives ongoing supervision in a group setting led by a skilled professional.

Progress

3. At the time of writing, the project at St. Crispin is in the process of being established, involving in the first instance 10 patients and 10 specially picked volunteers. The following description of the plan for the project comes from the original application:

> 'There would be an initial training programme involving professionals consisting of several lectures and seminars. Coincidental with this would be liaison with professional colleagues to select suitable patients in the hospital who would benefit by participating in the project. During the training programme case aides would be introduced to the different therapeutic teams with the aim of matching up patient and volunteer. At the conclusion of training case aides would be assigned to their particular patient and would meet with them for a period of between three to four hours per week for the minimum period of a year, working towards the goals set down by the therapist. There would be continuing contact between the therapeutic team concerned in the treatment of a patient and his case aide, but supervision and support would be provided in a group setting as well by a group counsellor appointed by and accountable to the Voluntary Services Organiser, who would herself use consultation with consultant psychiatrists.'

M C Hardie
Director

PN 233

March 1974

CUSS GROUP HOME PROJECT

Origins

1. This project arose from an application from Cardiff Universities Social Services (CUSS) for a grant towards the cost of establishing a group home for the mentally handicapped. The main support is coming from Cardiff City Council and the Welsh Hospital Board.In December 1973, the Fund's Research Committee (Minute 19e) made a grant of £1,00 towards the project.

Objectives

2. Basically, the project is concerned with the development of community care for the mentally handicapped and centres round a group home in which university students will live with mentally handicapped young people. The following outline description of the project is taken from a note prepared by CUSS in November, 1972:

> 'Twelve people (six students, five mentally handicapped people and one full-time worker) will provide a large enough group to minimise inter-personal stress without the creation of a 'mini-institution'. The home will be mixed - this is obviously essential if any degree of normality is to be achieved. (Of the eight clients at present short-listed by Ely Hospital, all but two live on mixed wards). The potential clients have been working with CUSS on other projects since late 1968. Ely Hospital and the Hospital School are working with CUSS on a lead-in programme in preparation for the group home. Ely Hospital have indicated that in the initial phase of the project they would be prepared to accept clients back into the hospital during the day, for industrial therapy; this would cushion the change for the clients. They have also indicated their full support for back-up services at all stages of the project.
>
> The students will live in for between three and twelve months. They will take shortened, staggered vacations during which their rent will be subsidised so that they incur no financial penalty. Discussions have taken place with the Centre Council for Training and Education in Social Work and it is intended that three of the students should live in as a residential placement on their course. All the students will pursue their courses normally - CUSS will be able to provide substantial back-up from its other workers at all stages of the running of the project. '

Progress

3. Negotiations between CUSS and Cardiff City Council and the Welsh Hospital Board have naturally been somewhat prolonged, but approval for grant aid has now been received from the Board and the City Council is helping to find suitable premises. The period October 1973 - 1974 will be used to prepare the potential clients, fit out the property and start basic ground work in the area in which the home will be situated.

M C Hardie
Director

PN 232

March 1974

ANCHOR HOUSE PROJECT

Origins

1. This project arose from an application from the Orpington Mental Health Association for a grant to help voluntary activities in the field of mental health in the Orpington area. In December 1973 the Fund's Research Committee (Minute 13iii) agreed to allocate £2,000 for each of three years for the project.

Objectives

2. Through the appointment of a social worker, the aim of the project will be to develop, in association with the voluntary workers of the Orpington Mental Health Association, a new pattern of activities which could not be embarked upon without professional planning and backing. It is intended to work closely with the Beckenham Mental Health Association, and with the statutory health and social service authorities, to develop a prototype scheme which other London Boroughs might adopt. The proposed new pattern of community care will involve :

i) Programmes of training and support to equip volunteers to provide help in the community for recovering psychiatric patients and people at risk, including isolated mothers.

ii) Support for the relatives of the mentally ill. The Orpington Association has already pioneered some successful work with a relatives' group. The volunteer PSW who ran it has now left the area. Experience shows that there is ample justification for an expansion of this scheme, necessarily with professional support.

iii) The provision of placement opportunities for trainee social workers wishing to gain practical experience in a voluntary community setting - we have a steadily growing number of requests for such placements, but acceptance depends on having resources for supervision.

Progress

3. The project is based at Anchor House in Orpington which is owned and run by the Anchor Club, sponsored by the Orpington Mental Health Association. The Club aims to help people to recover from mental ill health, such as depressive illness, anxiety states, agoraphobia and schizophrenia, and provides support in both prevention and after care. Mr. Brian Gorsuch was appointed full-time social worker for the project from 1 January 1974. Very soon after his appointment it proved possible to undertake faster and more intensive follow-up of referrals, and to establish closer and more efficient links with hospitals and statutory authorities. The voluntary helpers also started to benefit from the extra support and guidance which they were receiving.

Evaluation and the future

4. It is of course still far too early to evaluate this project, as at the time of writing, Mr. Gorsuch has only been in post for two months or so.

M C Hardie
Director

PN 226

March 1974

VOLUNTARY WORK CENTRE

Origins

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

Objectives

2. The initial intention was to develop the work already undertaken by the Council of Churches e.g. School Leaver Conferences, Housing Trust and at the request of the M.O.H. to develop a close liaison between churches and health visitors and social workers in the borough, and later to develop a liaison between the Centre and hospitals in the borough.

Progress

3. The Voluntary Work Centre has now been opened six years, since 4th March 1968. The number of referrals from social workers, health visitors, medical social workers, has continued to increase and in 1973 the total was 1411, bringing the grand total of cases since the Centre started, up to 4184. The cases are falling into three main categories, emergency short term care, care needed until a service can be laid on by a statutory service, and long term befriending and care, particularly for the elderly and handicapped.

4. The Waltham Forest survey of the elderly and handicapped was completed in 1973. Over 100 volunteers during the period of the survey were used to interview and complete questionnaires in both Stages II and III. The results have now been published and it is interesting to note that many of the areas of help which were highlighted by the survey, are areas in which we are constantly receiving requests for volunteers; showing perhaps how much more voluntary effort could possibly be used if requested, or on the other hand, whether statutory services must be set up.

Langthorne Hospital

5. The work at this large geriatric hospital was increased by the addition of another full time organiser funded by the King's Fund. Volunteers are now used extensively in the hospital for escort duty with patients to other hospitals, for visiting, for helping on the wards, for taking the trolley round with small items for sale, for entertaining - regularly visiting to play the piano in wards, organising singing, etc. Over the Christmas period a number of volunteers helped by shopping in the local shops for patients. Many of the patients wanted to spend their £10 bonus so the volunteers took down the "orders" and completed the task. The Voluntary Work Centre minibus is used to take patients out in the summer and is now providing a service to help elderly relatives into hospital to visit. There is also a volunteer who, twice a week, helps the visiting chiropodist.

Schools

6. There has been a marked increase in the work with the schools and this has been recognised by the Education Authority, as they have given a grant of £750. The work consists of organising groups from the ten Senior High Schools and some Junior High Schools in all types of community service. Each school works in a different way, but all participate. The Schools are involved in working with the elderly, the mentally and physically handicapped - with practical tasks such as decorating, gardening and shopping, but also a lot of ongoing work in the local hospitals, special schools and training establishments.

Intermediate Treatment

7. Much work has been done by introducing young offenders and young people "at risk" to voluntary service to help add a further dimension to their lives. In conjunction with the Probation Service, a number of young people have been involved as full time volunteers, as some are unable to gain employment or have yet to find what employment they really wanted. Also the Borough had requested that the Centre help to organise young people to do the Community Service part of the Intermediate Treatment provision.

The Voluntary Work Centre has two full time and one part time member of staff, two full time volunteers and two part time volunteers. We continue to have a regular stream of students studying for the Certificate of Qualification in Social Work.

Evaluation

8. There is little doubt that the Voluntary Work Centre has achieved its original objective and made a notable contribution in encouraging a fruitful partnership between statutory and voluntary resources.

Future

9. Future plans include development in all areas of work with the possibility of employment of another full time member of staff and the possible provision, with the co-operation of the Probation Service, of a hostel for young people who are doing voluntary work and unable to find reasonable accommodation.

Miss Ann Marshall
Organiser, Voluntary Work Centre
March 1974

PN 159

INTEGRATION OF SERVICES

INTEGRATION OF HEALTH SERVICES

Origins

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

Objectives

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

a) The administrative reorganisation necessary to effect unification and the development of a district organisation if that is thought to be necessary.

b) The organisation necessary to ensure proper medical advice to any area health authority over the whole range of health services, the role of the Executive Committee and the application of the Salmon Report, together with the influence of the Community Physician.

Progress

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

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

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

i) to consider the identification of current problems in providing services and needed improvements in the Brighton and East Sussex area

ii) to give detailed consideration to the cause of past problems

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

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

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

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

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

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

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

9. At a later stage in the project a sociologist, Miss Adrianne Mead was appointed to prepare a report reviewing some of the problems involved in the future collaboration between the health services and the personal social services after NHS reorganisation in 1974. Her report was completed in April, 1973 with the title "Collaboration between health and personal social services" (price 50p). It was as widely distributed as the earlier advisory group reports, and well received.

Evaluation

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

The future

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

M.C. Hardie
Director

PN 172

March 1974

COMPREHENSIVE HEALTH PLANNING SEMINARS

Origins

1 The seminars resulted from discussions between Mr. B Brookes and the Long Range Planning Group, Department of Health and Social Security, about the lack of collective experience in comprehensive health planning in this country.

2 It was decided that an exploratory meeting should be held between representatives of areas in which comprehensive health planning (CHP) was taking place in an attempt to identify common practice and problems in the hope that this could provide the basis for the development of a planning methodology.

3 The first meeting was held in January 1970 and it was obvious that further meetings would have to be organised to discuss the problems that had been raised.

4 At that time the Centre was responsible for organising the seminars but it was felt important that guidance of the series should become the responsibility of the group as a whole and accordingly a steering group was formed, the membership of which was as follows:

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

Objectives

5 The steering group agreed the following five main objectives for the seminars:

a) to provide a forum for discussion between those engaged in CHP projects

b) to act as a focus for the collation and exchange of knowledge, experience and opinion gained in current CHP projects

c) to define and to discuss a concept of CHP and its application

d) to help towards the establishment of a structure and methodology for the planning of health and related services in the context of the 1974 reorganisation of the NHS and local government

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

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

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

Progress

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

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

Evaluation

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

10 Even though the lack of common understanding extended to the central question of what comprehensive planning is all about there was no doubt in the minds of the seminar members that they should continue to meet. Indeed it was felt that the lack of agreement between the members was an issue that called for further exploration because this was

likely to be shared by planning groups set up in the future, and it was also felt that the work of the seminar should be made more widely available.

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

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

The future

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

Brian Brookes
Assistant Director
March 1974

* THC Reprint No 737 (price 25p)
Comprehensive Health Planning: Seminar Report

Contents

CO-OPERATION BETWEEN HEALTH & SOCIAL SERVICE DEPARTMENTS

Origins

1. Following an approach from the Society of Medical Officers of Health and the National Institute for Social Work Training, the Fund's Development Committee allocated £1,000 in February 1972 (Minute 72/15) for the conduct of a survey to identify patterns and problems in co-operation between health and social services departments.

Objectives

2. The prime aim of the project was to find and present examples of good working arrangements between social service departments and health service authorities.

Progress

3. In the summer of 1972, the Society of Medical Officers of Health, the Association of Directors of Social Services and the National Institute of Social Work Training arranged to circulate all Directors and Medical Officers of Health in England and Wales seeking out examples of collaboration between the Health and Social Services. The National Institute circulated 175 authorities; one hundred and thirty-four replies were received, 61 from MOsH, 58 from Directors and 13 were jointly compiled, plus the City of London and the ILEA. Although the response was somewhat disappointing, it must be noted that this was not a statistical survey, but that the objective was to find specific examples of collaboration for others to note. Additionally, of course, all Directors outside London were deeply involved in local government reorganisation, whilst Medical Officers of Health were involved in the reorganisation of the NHS.

4. The two investigators for the project, Dr. I. Gordon (formerly Medical Officer of Health for Redbridge) and Mr. T.G. Williams (Director of Social Services for Shropshire) followed up the questionnaires by visiting a number of authorities to study their collaborative projects, and they were the authors of the final report that was issued under the auspices of the National Institute for Social Work in November 1973. The report is 18 pages long and summarises the findings under a number of headings, covering such topics as: liaison committees, professional advice, research, communication, health education, at-risk indices, social work attachments to hospitals and group practice, drug addiction, mental health, paediatrics, geriatrics. Copies of the report can be obtained from the National Institute for Social Work (Mary Ward House, 5 - 7 Tavistock Place, London WC1H 9SS).

Evaluation and the future

5. The aim of the report was simply to collect examples of good working arrangements, and the report contains a selection of such examples. Copies have been distributed to every Director of Social Services and to every Medical Officer of Health inviting comments and suggestions for the further promotion of collaborative efforts. At the time of writing, it is too early to assess the response. Meanwhile, it is hoped that the information already collected and circulated may be of help in planning to maintain and improve collaboration between health and social services.

M C Hardie
Director

PN 191

March 1974

EVALUATION OF HEALTH CENTRES

Origins

1 Following the distribution of the working paper, 'Directory of British Health Centres' in 1971, a number of organisations wrote to the Centre expressing concern that, with so many health centres open and being planned, little had been done to evaluate them. A meeting was held at the Centre on 8 February 1972 to discuss the problem of the need for evaluation and was attended by representatives of:

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

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

3 At its meeting on 5 May 1972 Development Committee agreed to allocate up to £2,000 to support this enquiry (Dev Minute 72/40), and a further £1,500 was later allocated to enable the report that resulted to be prepared for publication.

Objectives

4 The objectives of the project were:

a) to collect information and opinions about the questions that need to be answered about health centres and group practice, with particular reference to problems of organisation and planning;

b) to collect information on studies already completed, in progress, or planned in this field;

c) to establish criteria which can be used to help assess priorities for research, and in the light of these criteria and the studies already undertaken, to identify the areas where further research is thought to be both needed and viable.

5 The intention was that the information and opinions thus collected should be summarised and represented in a report, listing the topics proposed for further study in some order of priority, and related to those studies already in progress. The report would then serve as a basis for further discussion, with the aim of arriving at positive recommendations about further studies that should be undertaken.

Progress

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

7 Information was collected by means of a short questionnaire, distributed on a national basis, to all those believed to be involved in health centre development. Over 600 replies were received and many were followed-up by meetings and correspondence in which suggestions for further studies were discussed and details of research projects were obtained.

8 The information collected was analysed and reported in a discussion paper presented to the organisations who had suggested the study, representatives of whom acted as the project's steering committee. With their agreement, the discussion paper was published as a King's Fund Project Paper, 'Towards the Evaluation of Health Centres'.

Evaluation

9 Interest in the project by outside organisations grew during its progress, and requests were received for further information and for advice on proposed studies. This seems to indicate that there is an urgent need both for more study into the workings of health centres and for more accessible information about the work already being done. The project paper has tried to meet this latter need and has been well received although it is obvious that to be of real value, some continual processing of information would be necessary.

The Future

10 Because of the interest aroused by the project and because many of the organisations and individuals contacted during its progress have expressed the desire to co-operate with the Centre on further studies in this field, discussions are taking place to identify the most appropriate course of action.

11 One of the prime needs mentioned by the project paper is for an information service on health centre development and research. Because of the knowledge already built up by the Fund in its British Health Centres Directory 1973 and in this project, and because of the Fund's independence, the steering committee suggested that the information already collected should be developed to provide a continuing service during the reorganisation of the NHS and until other systems can be developed.

Brian Brookes
Assistant Director
March 1974

PN 202

STAFF FROM GENERAL PRACTICE TEAMS

Origins

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

2. In November 1971 a discussion was held at the King's Fund Centre with representatives of the Royal College of General Practitioners, the Royal College of Nursing, the National Institute for Social Work Training, the National Association for Mental Health, the Department of Sociology, Bedford College and the social service section of the Department of Health and Social Security. As a result of this a series of luncheon meetings was arranged for 1972.

Objectives

3. The aims of these meetings were to:

a) discuss the priorities for the caring professions
b) exchange information and ideas about improving communication between members of the caring teams, and to provide better coordinated care for patients.

Progress

4. Two series of luncheon meetings have been held since 1971. The first series of discussions which included general practitioners, senior nurses and social workers identified key areas which it was felt deserved further study, that is the improvement of communications between the professions, the development of skills in recognising early warning signs from patients and finding out how the professions may work together to define the objectives of treatment.

The second series dealt with the following topics:

a) Health education as a priority

It was agreed that this meant not only the supply of knowledge about social and bodily hygiene but also education in health matters for the non-medical professions working with the health and social services. It was also suggested that the caring professions and the patients needed to learn to use each other appropriately and economically.

b) Meeting ones colleague's expectations

Communications featured largely in these two sessions and all were agreed that the problems arose mainly through professional workers not knowing quite

what they should expect from each other, and how to communicate with each other with due regard to economy of time.

c) Nurse or social worker - servant or colleague?

It was a fact, the group said, that many auxiliary staff felt they were in subservient roles in relation to the general practitioner and did not see themselves as professional colleagues and part of the team. Whilst many general practitioners in the group felt this was an exaggeration it was equally clear that many of them did not understand the role of the social worker in the same way as they did that of the nurse. They felt that the question of ultimate responsibility in crisis situations needed more discussion.

5. A conference entitled 'Developing patterns of care in general practice' was arranged in January 1974 by members of the lunch-time group with the aim of sharing with a wider audience some of the ideas which had arisen at their meetings.

The programme began with an account of a group practice, presented by the senior general practitioner followed by short accounts of their work by other members of the team which included practice nurse, health visitor, geriatric visitor, and social worker as well as the practice administrator and her staff.

A doctor in a singlehanded practice also explained how he coordinated services for his patients. The afternoon session was devoted to hearing two patients speak on the consumer's view and this was followed by a health education officer talking about using the services. Interest was added to this meeting by a medical student who reported briefly on his experiences of attachment to the social services department in his area, and a consultant geriatrician spoke about the services he offered through his geriatric unit to the local general practitioners.

Evaluation

6. The advisory group of general practitioners who had helped to plan the conference felt that the response had suggested that general practitioners and their teams would welcome further information on the development of facilities which would enable them to supplement their efforts to meet the needs of their patients.

Future

7. It is intended to hold further conferences geared to the most pressing needs of the general practitioner. The first one is to be on the "floating bed" a description by a consultant geriatrician and his team of deployed hospital care in community medicine.

A further meeting on the paediatric services available to general practitioners for their patients is to be arranged for the Autumn.

Publications

KFC Reprint No 857 Developing Patterns of Care in General Practice

H G Edwards
Nursing Officer

March 1974

INFORMATION SERVICES

A NATIONAL INFORMATION NETWORK FOR THE HEALTH SERVICES

Origins

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

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

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

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

Objectives

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

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

- bringing together, formally and informally, people who are in a position to initiate and effect such development;

- encouraging the adoption of standard and compatible methods for classifying and processing literature and other media;
- encouraging the DHSS to recognise the necessity for improved information services and to take a more active part in coordinating developments within the NHS.

Progress

6. The NHS librarians' discussion group, mentioned in previous reviews, held a two-day conference at Southampton in May 1973. Of the group's membership of 110, 70 attended the conference, the purpose of which was to learn about and discuss the development and operational activities of the Wessex Regional Library and Information Service. During this year a sub-group of Regional Hospital Board librarians was formed, and met three times to discuss common problems of providing library services to regional board staff.

7. The problem of seeking affiliation of this group with an existing association, touched upon in last year's review, moved perhaps a little nearer solution when it became known that the Library Association's Hospital Libraries and Handicapped Readers Group were considering a change of constitution and title, to become the Health and Welfare Libraries Group. This proposal is still at the voting stage, but, if the membership accept the revised coverage of interests indicated in the draft constitution and rules, it might well encourage some of the non-professional librarians and information workers in the NHS discussion group to become members of the Library Association.

Evaluation

8. Although many other factors contributed to the proposal to reconstitute the Library Association's Group concerned with health services libraries, it is a fact that the existence of the NHS librarians' discussion group, and views made public by some of its members, played at least a small part in this development. The Library Association and Aslib are currently becoming more interested in the health services as fields for involvement; the deeper their involvement, the stronger becomes the platform for advancing ideas and proposals for the development of a national information network for the health services.

The future

9. So far as a national network is concerned, it seems likely that, after reorganisation of the NHS, the drive should be towards the establishment of effective libraries and information units at area rather than regional level. Nevertheless, it is anticipated that those regional board librarians already in post will be in a strong position to influence, through giving advice and encouragement, the development of regionally coordinated services.

10. One of the main reasons advanced for the reorganisation of the NHS is that it will result in a strengthened administrative structure. Good management depends to a great extent upon good communication of information, and it is therefore to be hoped that in the reorganised NHS the DHSS will develop machinery for the coordination of information services, including perhaps the appointment at the DHSS of a libraries and information services adviser.

March, 1974

Keith Morton
Assistant Director

AN INTERNATIONAL NETWORK OF HOSPITAL CENTRES

Origins

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

2. For some years there have been informal and occasional exchanges of information and literature between several of the institutes' libraries and information units, notably those in London, Edinburgh, Stockholm, Düsseldorf, Utrecht, and Lisbon. In September 1970, at Stockholm, representatives from those institutes, and from other organisations in Oslo and Copenhagen, met to discuss the possibilities of forming an active information handling network which would link all European 'hospital centres'. During that meeting it was agreed that an attempt should be made to build such a network, that the use of common classification schemes and indexing languages should be encouraged, and that consideration should be given to the use by all centres of one, perhaps mechanised, central information storage location. It was realised that any agreement for cooperation would have to be based on the pooling of material and labour, rather than on shared financing in a direct monetary sense.

Objectives

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

Progress

4. A meeting of the working party took place at the King's Fund Centre, as planned, in October 1973. In addition to the members from the Netherlands, Portugal, Sweden, the United Kingdom, the United States, and West Germany mentioned in earlier reviews, representatives attended for the first time from Austria, Belgium and Switzerland. At this meeting, following a suggestion from Mr D.G. Harington Hawes (Director General, the International Hospital Federation), it was decided to ask the Federation if the working party could be reconstituted as an International Hospital Federation Study Committee. An application will be submitted at the April 1974 meeting of the Federation's Executive Committee.

5. The arrangement, whereby the centres at London, Stockholm and Utrecht index a limited number of periodicals as input to the Deutsches Krankenhaus-institut's Information Krankenhauswesen, came into operation during 1973 and, after some preliminary problems had been solved, appears to have settled down into a manageable routine. It has been decided to continue experimentally with this scheme for another year before any attempt is made to increase the involvement by adding to the number of periodicals indexed, or by asking more centres to contribute input.

Evaluation

6. Although progress has been comparatively slow (but probably no slower than should be expected with attempts at multinational cooperation), enough has been achieved to indicate the feasibility of cooperative activities among the centres. It is gratifying to be able to report the addition of more countries' representatives to the working party; it is hoped that this

growth rate will be continued during the coming year, and that membership of the International Hospital Federation, if granted, will place the working party in a strong position to attract more interest to its activities.

The future

7. A meeting of the working party (or the IHF Study Committee) is planned to take place in September 1974 at the Scottish Hospital Centre. It is hoped that arrangements will be made for the setting-up of small working parties to examine specific subjects of cooperation, such as thesaurus building and other terminological problems, and the standardisation of research documentation and research registers.

Keith Morton
Assistant Director

March, 1974

BLISS CLASSIFICATION

Origins

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

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

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

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

Objectives

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

Progress

6. Several key libraries in our field use BC, including those at DHSS, the Scottish Hospital Centre, and some Regional Hospital Authorities. A number of hospital libraries have adopted the scheme. Since the Centre's

printed version of the HO schedules was made available, over 170 copies have been supplied in response to requests from other organisations. These requests were from health service and hospital authorities, national and university libraries, and schools of librarianship. Many of the requests were from overseas, particularly from North America, but also from several European countries. It is known that some of the recipients are already using or are planning to use the schedules in their libraries.

Evaluation

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

The future

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

9. The whole of BC is in process of being revised and brought up-to-date through a project based at the Polytechnic of North London School of Librarianship. This project, which has received some financial support *** from the King's Fund, should be completed in 1975, when a complete new edition of BC will be published. This will make Bliss the most up-to-date general classification available and, it is hoped, will reinforce the high opinion of the scheme already held by many users and classification experts.

Keith Morton
Assistant Director

March, 1974

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

WESSEX REGIONAL HOSPITAL BOARD - LIBRARY AND INFORMATION SERVICES

Origins

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

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

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

Objectives

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

5. The objective of the cooperation between the King's Fund Centre and Wessex Regional Library and Information Service is twofold:

- to assist the Regional Librarian to attain his regional objective;
- to encourage the Regional Librarian to build his services in such

ways that they can be used as a model by other regions where similar developments are envisaged.

Progress

6. During 1973 the regional library, which is a joint function of Wessex RHB and the University of Southampton, moved into purpose-built quarters in the academic block of the new Southampton General Hospital. As well as accommodating the headquarters staff of the Wessex Regional Library and Information Service, this library houses the Wessex Medical Library (Hospital Branch) and the Regional Audio-visual Library. The activities of the three area libraries - at Bournemouth, Portsmouth and Southampton - are coordinated at this headquarters; there are some twelve staffed hospital libraries spread across the region which serve as access points, for all types of staff, to the regional library resources.

7. The DHSS-financed research project, mentioned in last year's review, is due to end in March 1974. A final report for the project has been submitted to the Department, and it is hoped that further funds will be allocated to enable deeper research to be undertaken into some of the specific problems which have been revealed by this exploratory study of the information needs of hospital workers.

Evaluation

8. Wessex is undoubtedly the best-served NHS region so far as library and information services are concerned. The libraries which comprise the regional network are well-established, mostly professionally staffed, and are interacting well with each other and with users. A disappointing aspect, however, from the wider evaluative angle, is that, so far as can be seen, no other NHS regions have committed resources to similar development - even though a great deal of interest has been shown in the Wessex Regional Library and Information Service.

The future

9. This library network is now a well integrated part of the region's services, but, during the next year or two, will have to be prepared to respond to imminent changes connected with NHS reorganisation. Probably closer cooperation with local authority libraries will develop, and almost certainly there will be a need to concentrate more resources at AHA level, although the Regional Library at Southampton General Hospital will remain as the main central collection for all NHS libraries in the region. The value of this network as a model for other, less well endowed, regions should become greater as new inter-relationships evolve.

Keith Morton
Assistant Director

March, 1974.

Reference

(1) SHEFFIELD REGIONAL HOSPITAL BOARD. Working party on medical libraries: final report. Sheffield RHB, 1965.

PLANNING INFORMATION PROJECT - WESSEX RHB

Origins and objectives

1 In May 1972, the Fund's Development Committee approved an application from the Wessex Regional Hospital Board for a grant of £3,500 to finance an experimental appointment in the Forward Planning Division of the Board, so that practical experience could be gained in the acquisition and flow of information to a specialist health planning unit, in anticipation of developments in comprehensive health planning resulting from the reorganisation of the NHS. In May 1973, a renewal of the grant for one year was sought and given (Minutes DEV 72/41 and RES 5Axi).

2 The project arose out of work done by Mr. Keith Barnard when research officer for the King's Fund Centre looking at the whole subject of information and health planning. He had reported that there was a fundamental need to recognise in the context of health planning the wide range of sources and types of information which needed to be procured in order that the planning process could be successfully prosecuted. He saw the information handling skill as that of ensuring the presentation of the needed information, suitably packaged, at the appropriate stage of the decision-making process, and presentation in a manner such as to encourage the understanding and acceptance of the information.

3 Mr. Barnard suggested that such skill might be exercised by a person acting as an intermediary between the planners and their many sources of information. This person being a close colleague of the planners, would be responsible for developing a network of contacts in order to ensure a continuing and controlled flow of information. In the course of fulfilling this responsibility the individual concerned, by virtue of the closest contact with the planners, would be in a position to sift and evaluate the information against the requirements of any assignment and to ensure as relevant a flow as possible with the minimum of redundant information. Such a person might be called an 'Information Broker'.

4 Some of the information handled by such a 'broker' would be relatively stable over a short run and applicable over a general range of health planning issues. Such information e.g. population forecasts, digests of official policies, review summaries of the consensus of professional thinking, might be best made available in some form of Handbook or bench book. This would develop out of the practical experience of the proposed information broker but should also be of more general interest and application.

5 Mr. Barnard was concerned that these ideas - the broker and the handbook - for which there were precedents and analogies in fields outside the health service, should be tested in practice. Through the King's Fund Comprehensive Health Planning Seminars Mr. Barnard met and exchanged ideas with the Forward Planning Division of the Wessex Regional Hospital Board. This unit had, in the course of its two years activities in the area of policy and service planning, identified a large information need and a problem in satisfying this. It was therefore proposed that the 'information broker' concept be tested out in the Forward Planning Division.

6 On 1st September 1972, Miss Maureen Valdez took up the post on P.A.A. grade. She had obtained the University of Leeds Postgraduate Diploma in Health Service Administration in June 1972, and had thus a broad familiarity with health service theory. Prior to this she had worked in a voluntary organisation maintaining communication links between branches

and central H.Q., and therefore was considered to have a concern for communication if not the detailed knowledge of formal information theory.

7 In order to bring the lessons of this experiment to the attention of other authorities with as much impact and objectivity as possible, it was necessary to build into the experiment an assessment process to be conducted by a third party. ASLIB (Association of Special Libraries and Information Bureaux) expressed a willingness to undertake this task, the financial responsibility of which is being borne by the ASLIB budget. ASLIB are substantially financed by OSTI (Office of Scientific and Technical Information) who are an agency of DES and they have also acknowledged and endorsed ASLIB's participation in this exercise. Their (ASLIB and OSTI) interest is in looking for lessons that can be generalised for the wider field of information handling. ASLIB staff have been working in the board since Miss Valdez took up her post and have devised means of recording the activities of the Forward Planning Division and Information Broker in particular. The recording system has been designed to identify the information handling aspect of the work.

Progress

8 At the outset Miss Valdez was assigned some specific activities which it was hoped would give opportunities for:

(a) meeting people and making the contacts which would become part of the informal information networks

(b) learning about health planning philosophies and practices

(c) becoming familiar with existing information systems and services

(d) introducing the concepts of information and information broking, and testing reaction to and interest in these.

These activities included:

(a) an initial reconnaissance of a new subject, as a base for decisions about the need for further study or action

(b) information support for working parties established to apply an existing policy in a new area

(c) searching for regional policies and decisions on resource commitments in order to prepare guidelines for the Dorset trials of the DHSS proposed new planning system for the reorganised NHS.

In terms of the initial criteria they yielded learning experience and some opportunities for meeting people, but in the event less a testing of the reactions to the basic concepts of information than had been anticipated.

9 A review of these activities showed the need for more adequate expressions of policy, i.e. for statements about health care group or service objectives and priorities, about means of achieving these, and the resources to be allocated:

- the 'initial reconnaissance' project found many narrow operational-type policies but no overall concern or stance

- the 'working party' projects shows how regional policies were needed as counter-weights to immediate pressures and local politics
- the 'guidelines' search shows that in general policies have not been debated, assembled or published at regional level.

As policies provide starting points for other planning projects and a framework for them, the definition and assembly of policies, and the recording of progress in implementing them, would be a vital part of the information broking task. Such policy and progress information would form a large part of a planner's everyday needs and would be incorporated in any planning handbook.

10 A more general briefing was that of promoting information flows to, within, and from the Forward Planning Division. Work here has included providing a divisional current awareness service, strengthening structures for internal communication, and joining in 'middle management' discussions of communication problems within the Regional Board. Information flows out from the division to the board have been given comparatively little attention to date, other activities having dominated the work pattern.

11 The post has attracted a certain amount of interest and attention. Miss Valdez has spoken to various groups - students of health service administration at the Nuffield Centre in Leeds, the 'October Club' (group of health service administrators), and an International Course on Hospital Planning. A report on the project will be given to the ASLIB jubilee annual conference in the autumn of 1974. Visitors to the Forward Planning Division have had the opportunity to discuss the project and its underlying concepts.

12 In talks to the 'October Club' and in the course on Hospital Planning, Miss Valdez outlined some of the questions and processes in information broking:

(a) Defining the information task. Dialogue with the planners to define the question or situation to which the information is to relate, to clarify the reasoning behind it, and to identify any constraints.

(b) Procuring the information. Methodological questions about whether the information exists, is collected, is known about and vailable; and about its possible sources, channels and forms.

(c) Analysing the information. Looking at its content and quality (e.g. 'texture', relevance, validity) and at what is omitted or not covered. Devising the appropriate assembly and packaging of the information.

(d) Communicating the information. Passing the information in a manner to promote its understanding and acceptance by the planners, using knowledge of the information content, knowledge about the planners, knowledge of the factors which hinder or aid communication.

(e) Assessing the exercise. Considering any further or on-going need for the information, whether for the planners or for others within the organisation or outside it. Reviewing the above exercise for lessons about the effective use of existing communication structures, internal and external, or about the need for new or different structures.

In all this the significance of the broker being part of the planning division is seen. It is on the basis of an ongoing and developing relationship with the planners that an understanding of their needs, whether explicitly or implicitly expressed, can be gained and effective communication achieved. The broker has equally to make effective links with the formal information systems and services and promote the planners' understanding of what these can offer, as well as developing the informal contacts which can throw up the often crucial pieces of intelligence a planner needs. It is in developing these relationships and in remaining adaptable and responsive to changing situations that the need for a 'human' interface or intermediary is underlined, and the value of the non-specialist - not aligned with specific professional interests - is emphasised.

Evaluation

13 The testing of the original concept of the broker's role has been hindered by the prevailing climate of uncertainty in which the Forward Planning Division has been working, arising both from internal organisational factors and the approach of NHS reorganisation. Whilst any such unit, both new in itself and dealing with new ideas, would be expected to have a volatile work-flow, the extent of outside influences on this were very much underestimated. These contributed too to a much longer 'implantation' time than expected, for instance in becoming accepted by the planners, of learning about their work, and in becoming familiar with the regional board's structure and functions. This meant that many aspects of the original concept have not been tested in the way initially envisaged. The concepts themselves have not been discredited but practical demonstration has not always been clearly achieved. Meanwhile the process of developing and refining the concepts has gone on. The uncertainty of the work background meant that more time and attention could be given to thinking about planning theory and to the role of information and information services in this.

The future

14 At the time of writing the structure of the new RHA is being debated and in particular the structuring of the planning function. Once established this would give the new planners a clearer mandate and task delineation. Assuming some minimal personnel and job continuity from the present division into the new Authority, a role for the information broker can be sketched. The main burden of the task might be that of:

(a) recording agreed plans and policies to give a 'here and now' picture against which subsequent progress can be checked

(b) initiating periodic policy reviews, making sure that advice and information from all the new structures is assembled and built into the processes of issuing policy guidelines

(c) facilitating the processes of communication of information through the planning system.

15 In applying for the renewal of the grant in May 1973 it was hoped that the broker's programme would throw light on some basic questions:

- what is the relationship between a planner and his information
- is it so sensitive as to preclude an intermediary
- what would be the characteristics and skills of such an intermediary
- how could it be distinguished from other information systems and services?

At the time of writing this report these questions still seem crucial, and the experimenters are cautiously optimistic about their ability to illuminate them by the end of the project, September 1974.

At that time a full report will be written for the King's Fund, and publication sought so that the ideas and experience gained can be made more widely accessible.

Maureen Valdez
Wessex RHB

PN 203

March 1974

INFORMATION SERVICE FOR THE DISABLED

Origins

1. The Information Service for the Disabled (ISD) came into being at the end of 1964, as part of the Disabled Living Activities Group of the Central Council for the Disabled. The King's Fund supported the service until 1967, by which time, due to the fact that a large number of hospital authorities and local authorities had become subscribers, the service was financially self-supporting. When, in March 1970, the Disabled Living Foundation (DLF) was established, the ISD was transferred to it and is now housed, with the Foundation's Aid Centre, at 346 Kensington High Street, London W14. During the past few years the ISD has received from the Department of Health and Social Security an annual grant towards its running costs.

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

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

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

Objectives

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

Progress

5. The general workload - handling enquiries, dealing with subscriptions, issuing bulletins and equipment lists - continued to increase during 1973, and there is still no indication that a ceiling for these activities has been reached. Not only have enquiries increased in number, but, according to the Information Officers, the proportion of more complex enquiries is also greater than it was during the earlier years of the service.

6. The subscription structure has now been re-examined in the light of NHS and local authorities reorganisation. So far as hospitals are concerned, it is intended that individual hospitals will continue to receive the service direct, but that subscriptions will be consolidated and transacted at area level. The approach to local authorities will still mainly be to those with social service responsibilities.

Evaluation

7. The factors of continued increase in the number of subscribers and continued DHSS financial support are reasonable indicators that the ISD is seen as a necessary and useful function by many people who are concerned with health care and, more specifically, with implementing the statutory requirements of the Chronically Sick and Disabled Persons Act, 1970. There are acknowledged gaps between legislation, resources, provision, and knowledge of what is available. Organisations like ISD are in a strong position to help to narrow some of these gaps.

The future

8. There is a need for a careful evaluation of the ISDs services and objectives. Already the service has staffing problems which, due to lack of space and other resources, cannot continue indefinitely to be solved on a purely numerical basis. Two extra staff will be appointed in the near future - an additional Assistant Information Officer and a professional Librarian - and these will certainly help to spread the workload which at present is keeping the information staff working at full stretch for most of the time. It is unlikely, however, that there will be enough space for further additions to the staff, even if extra posts could be financed, so probably this is the time for serious consideration to be given to the possibilities of containing and stabilising the ISDs activities at their present level.

King's Fund grants in support of this project:

15 May 1964 (Dev. minute no. 237)	-	£2,500
2 Feb 1966 (Dev. minute no. 375)	-	£6,500
28 Oct 1966 (Dev. minute no. 422)	-	£1,000
Total	-	£10,000

PN 54

Keith Morton
Assistant Director

March, 1974

MULTIDISCIPLINARY LIBRARY SERVICES IN HOSPITALS

Origins

1. Library provision in hospitals generally is not good. Even where hospital libraries do exist they usually serve only one or two professional types of user, such as medical staff, or nurses in training; usually they are understaffed and therefore underorganised and underexploited as information sources. Apart from the Wessex Regional Library and Information Service, and a cooperative scheme for medical libraries in the Oxford region, there are few signs of coordinated effort to build up more adequate literature and information services. If the proposal for a national information network for the NHS (discussed in a separate review) gains acceptance, and if any other regions decide to develop services similar to those in Wessex, hospital libraries will be the main access points for many users. It is important, then, that these libraries should be improved, or should come into being in hospitals where there are none, both in the interests of local staff and patients and to provide effective components in larger networks.

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

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

Objectives

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

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

Progress

5. During the past few years, some 25 hospitals or group HMCs have approached the King's Fund Centre for advice and information about methods

for initiating or upgrading libraries. In several of these locations professional librarians were subsequently appointed, and it is expected that more will be recruited in the near future. In most of these cases local library authorities have cooperated in examining needs and selecting staff.

6. The appointment of two peripatetic advisers for postgraduate medical centre librarians (see separate review) has already produced positive results in the metropolitan regions. The objectives of these two advisers are broadly the same as those set out in paragraph 4 above, as was intended when the King's Fund agreed to partly finance their appointments.

Evaluation

7. The qualitative evaluation of library and information services is always difficult, and the development of those services with which the Centre has been involved is too geographically scattered to be collectively evaluated. Nevertheless, last year's evaluation is not only still valid but is also now based on more evidence. As was said then, in those hospitals and groups where professional librarians have been appointed, and where services have been coordinated to meet the needs of all kinds of staff, it does appear that the improvements in provision are soon noticed by users and are appreciated.

The future

The reorganisation of the National Health Service will produce a situation where probably the most useful level for the development of library and information services will be that of the Area Health Authorities. If these authorities can be encouraged to support multidisciplinary libraries and information services, coordinated at area level and with access points in all district hospitals, this could be a sound basis for the building of regional and national networks. Library staff at the Centre will continue to make available advice to health service administrators who are interested in developing such libraries and networks.

Keith Morton
Assistant Director

March, 1974.

PERIPATETIC ADVISERS FOR POSTGRADUATE MEDICAL CENTRE LIBRARIANS

Origins

1. In June 1972 the British Postgraduate Medical Federation (University of London) applied to the King's Fund for financial assistance towards the appointment of an itinerant professional librarian to act as adviser to medical centre librarians throughout the four NHS metropolitan regions. There are more than eighty university-appointed clinical tutors in the four regions, some working in purpose-built medical centres, others in adapted hospital accommodation. These centres usually consist of a lecture theatre, seminar and common rooms, a library, a bar, and offices for the clinical tutor and the librarian. Most of the librarians are employed partly as medical secretaries, and have received no formal training in librarianship; in many cases they are unable to offer much more than a clerical service in the library.

2. The King's Fund Centre, through its senior library staff, has for several years been active in promoting the appointment of professional librarians in health service libraries, including those in medical centres. Recently there has been a marked increase in the number of chartered librarians moving into health service posts; this is a trend which is welcomed by Centre staff and others concerned with information handling, because they believe that the future development of NHS libraries and information services should, wherever possible, be firmly based on professional staffing. Nevertheless, it is recognised that many medical centres are so constrained in terms of space, stock and finance, that they are unlikely to attract or be able to afford full-time chartered librarians. In these circumstances every encouragement should be given to non-professional librarians to improve the efficiency of their service to users, and staff at the King's Fund Centre were very intersted in the Federation's proposal to appoint a professional libraries adviser.

3. The proposal was discussed at a meeting of the Directors and other staff of the Federation and the Centre, and general agreement was reached about the desirability of the envisaged work, although it was felt that the size of the task would require two advisers. Subsequently the Federation approached the Nuffield Provincial Hospitals Trust, from which body they received assurance that financial support would be provided for a second adviser if the Fund would agree to finance the first. At a meeting of the King's Fund Development Committee, on 3 November 1972, it was agreed to allocate up to £5,000 for each of three years towards the cost of the project. The Federation had previously stated that, after the initial three years, if the project proved successful, permanent establishment of the two posts by the University of London would be sought.
(Development Committee minute no. 72/73).

Objectives

4. A job description prepared by the British Postgraduate Medical Federation outlined the advisers' duties as follows:

- to conduct a comprehensive survey of existing medical centre libraries and resources in the four regions;

- to advise medical centre secretaries and librarians, and to be available for consultation on bibliography, reference and

SCHOOLS OF NURSING DIRECTORY

Origins

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

2. At a meeting on 28 May, 1970, Management Committee discussed Mr Constable's proposal, which, broadly speaking, was a request for the King's Fund to support the preparation and publication of a directory giving details of all schools of nursing in the United Kingdom. At the request of Management Committee, a small committee was then formed to report back to them with details of how the work would be conducted. Subsequently, having received the report, Management Committee duly approved the proposal and allocated £1,000 for the salary of a research assistant to collect and analyse information for the directory. (Management Committee minute 7902). Since then, further grants have been made as follows: May 1971 (Management Committee minute 8007) - £1,875; October 1972 (Management Committee minute 8148) - £1,000; so far a total of £3,875 has been allocated to this project.

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

Mr P.H. Constable	Chairman
Miss E. Barnes	Assistant Secretary, King's Fund
Mrs K.M. Bennett	Nursing and Hospital Careers Information Service
Mr M.W. Cuming	King's Fund College
Mr K. Morton (Convener)	Assistant Director, King's Fund Centre

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

Objectives

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

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

organisation, particular attention being given to the needs of new regional research centres, such as the one at Canterbury and the proposed centre at Brighton;

- to foster coordination of library arrangements within the area, including non-book material such as tape-slide presentations and other audio-visual aids, in consultation with the University of London's Audio-Visual Centre and other A-V services such as those of the MBA, RCGP, and others;
- to encourage appropriate links between medical centre libraries, libraries of the University of London and its medical postgraduate institutes, regional universities (such as Brunel, Essex, Kent, Surrey, and Sussex), MEDLARS, and so on;
- to cooperate with the staff of the regional department in the planning of meetings for medical centre secretaries and librarians;
- to advise on the planning of new libraries.

Progress

5. The two advisers have been in post for almost a year. They have visited at least once all the medical centre libraries in the four regions. As was anticipated, they have found that, with a few exceptions, the libraries hold inadequate book-stocks which often include out-of-date editions and old books in poor condition which are not being used; they have also found inadequate classification and cataloguing of collections; they have reported insufficient knowledge by the librarians of inter-library lending facilities. In many cases library services are of an unacceptably low order simply because the secretaries are too busy with other duties to spend sufficient time in their libraries. The advisers will be producing a written report of their preliminary survey in the near future.

6. In addition to offering on-the-spot advice to encourage the centres' librarians to effect improvements in holdings and services, the advisers have held four practical training sessions at focal points within their area. They have also started a bulletin for medical centre librarians, which will be used to keep the librarians informed about each others' activities, problems and possible solutions.

Evaluation

7. This project is at the preliminary reporting stage, and therefore no evaluation of results can yet be made. What is certain, however, is that several of the authorities who are responsible for medical centre libraries are showing increased interest in the development of stocks and services. It has been noted that the advice and training given by the advisers has quickly improved the morale of many of the secretary/librarians. In addition, the presence of the advisers has had much to do with the appointment of several qualified librarians in medical centres.

The future

8. Proposals for future action include:

- the production of a union list of periodicals for each of the regions; this would facilitate inter-library lending between the eighty or so libraries, and could lead to better use of resources;

- an investigation into the possibilities of the medical centre libraries making use of MEDLARS terminals already installed in London centres;

- the arranging of training attachments for secretary/librarians with large medical libraries, linked with locum provision and the possibility of qualifying for salary upgrading;

- examining the possibilities of creating a new NHS special staff grade of 'secretary/librarian'.

Keith Morton
Assistant Director

PN 212

March, 1974

would have been repaid the full amount of money invested in the project. In the event, it was discovered that the market had been considerably overestimated; of the 10,000 copies produced of the first edition, less than 3,000 were sold, although sales initially were brisk, and the total number sold compares well with normal King's Fund experience. The Fund had been advised that between 7,000 and 8,000 copies would be bought by careers advisers in schools throughout the United Kingdom, but this market failed almost completely to materialise. Accordingly, it was decided to reduce the print order for any subsequent editions.

Progress

7. The work of collecting, collating and preparing copy for the second edition proceeded smoothly during 1973, and was completed on time. Unfortunately, the scheduled timings for printing and publishing coincided with a period of acute industrial unrest and national crisis, with the result that, instead of being published in late 1973, the second edition will not be available until May 1974. Inevitably this means that much of the information will be even more out-of-date than always is to be expected of infrequently published directories.

8. In view of the comparatively limited sales of the first edition, it was decided to produce only 3,000 copies of the second. In keeping with general increases in the costs of literature, the second edition will sell at a significantly higher price than the first; the selling price will be £3.25 per copy, and there will be a number of hard-bound 'library' copies available at £5.00 each.

Evaluation

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

10. Judging by the number of enquiries about the second edition - by people asking when it will be available - it does appear that the directory is already well-established with, and considered to be necessary by, many people who are concerned with nurse recruitment and training.

The future

11. As was anticipated in the previous review, the King's Fund does not intend to underwrite any more editions of the directory. The possibility of the DHSS becoming involved has not by any means been ruled out, and the committee would strongly favour development in this direction. They feel that it should be only as a last resort that the directory should be taken over by a commercial publisher.

Keith Morton
Assistant Director

March, 1974

Reference

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

BRITISH HEALTH CENTRES DIRECTORY 1973

Origins

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

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

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

Objectives

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

Progress

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

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

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

* The Lancet, vol.11 for 1969, no. 7627, 1st November 1969. pp.945-948

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

9 At its meeting in November 1971 Development Committee agreed to allocate a sum of up to £1,000 for the preparation of the second stage of the project as a revised and expanded edition taking account of the comments made by the recipients of the original working paper (Minute 71/54). In January1972 the Fund's Editorial Panel agreed that this new edition would be formally published by the Fund under the title 'British Health Centres Directory 1973'.

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

Evaluation

11 The first stage working paper was, on the evidence provided by the questionnaire, successful, and the present edition has been received well as a collation of information although it has provided little in the way of feed-back from its users.

The future

12 The continuation of the project is still a matter of discussion. In theory the collection and exchange of information useful for planning health centres should be easier after the introduction of a planning structure within the reorganised NHS, and therefore the directory, in its present form, may not be necessary. On the other hand, the project "Evaluation of Health Centres" has reinforced the view that an information service may still be needed and discussion is now being directed towards identifying the needs for, and scope and nature of such a service.

B Brookes
Assistant Director
February 1974

HOSPITAL HOUSE JOURNALS

Origins

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

Objectives

2. (a) To help hospitals to improve their staff relationships, communications and public relations by encouraging the establishment of house journals, newsletters or bulletins.

   (b) To help hospitals to improve the standards and efficiency of their publications by menas of conferences, annual workshops for editors, advisory and information service for enquirers and editors, and a biennial national competition.

Progress

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

   i. Annual workshops for editors

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

   ii. National competition

   The Fund's Development Committee has allocated a sum of money every other year for this contest which started in 1969. The number of hospital publications entered has steadily increased from 64 in the first year to 102 in the 1972 contest. The contest is increasingly attracting more entries, largely on account of the very detailed and individual critiques of each publication that are presented by the judges. The next contest will be announced in October 1974.

   iii. Exhibition

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

iv. Enquiries and information services

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

v. Research

A readership survey by means of postal questionnaires of 12 hospital house journals was undertaken in 1971/2. Following this, requests have been received from a number of editors for similar surveys to be carried out. As a result, a total of 17 journals have been subjected to a readership survey, covering a total of 119 hospitals and 30,000 staff.
Individual editors and editorial committees have found the results of the surveys to be a useful guide to the needs and views of staff and a help in planning future developments.
A further development has been the receipt of requests from several hospitals for help in conducting their own surveys. A revised form of questionniare was prepared but the results seem to indicate that, despite promises of anonymity, staff appear to respond better to a survey carried out by an independent outside investigator than by staff of their own hospital.

Evaluation

4. In 1966 when the first survey was undertaken, the Centre knew of only 23 newsletters or magazines for hospital staff in this country. The number at the moment is 277. Enquiries of some sort connected with such publications are received by the Centre almost every week.

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

The future

5. Plans for the future include a continuation and extension of the present activities - information, advice and training. In addition it is hoped to publicise the use of house journals by means of published articles, particularly the result of the national survey. Plans also include a possible handbook of guidance for editors. It is hoped that eventually responsibility for encouraging the introduction of house journals and the training of editorial staff will be carried out at regional level, to enable more editorial staff to participate, particularly those situated at considerable distances from London. Finally, the Centre wishes to record its gratitude to members of the British Association of Industrial Editors who have given unstintingly of their time and expertise to advise and guide as well as taking part in the workshops and competition judging.

PN 125

M D Hinks, Research Officer

NATIONAL INNOVATIONS CENTRE

Origins

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

Objectives

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

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

i) to gather in suggestions and follow up those that seemed worthwhile

ii) to pass on to organisations who might promote research or investigations promising ideas from the public for possible improvements

iii) to produce a journal that would publicise good ideas and suggestions

Progress

4. The NSC gained support from industry and government sources, as well as from voluntary organisations (the Department of Health, Gas Council, Electricity Council, Post Office, Lloyds Bank, Marks and Spencer, Unilever and the National Coal Board were amongst the Foundation subscribers) and the first issue of the NSC's journal WHAT? appeared in 1969. The first director of the NSC was Mr Richard Luce, who held that post until he was elected MP for Arundel in 1971. Dame Elizabeth Ackroyd then succeeded Mr Luce as director.

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

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

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

Evaluation

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

a) published the results of a study (organised with the Institute of Community Studies and financed by the National Corporation for the Care of Old People) of the provision, in Hull, of telephones to elderly housebound people;

b) investigated the contribution which welfare rights stalls can make to informing potential claimants about the statutory benefits available and published the results, as well as guide to setting up a stall;

c) collected data about what benefits are available, which authorities dispense them and the relevant application forms, and published an informatory leaflet.

d) initiated and financed with Bath Social Services Department a pilot scheme for a telephone answering service on welfare benefits - Dial-a-Benefit.

The future

8. In the summer of 1972 the NIC launched a weekly tabloid, controlled circulation, newspaper for social workers "Social Worker". It carried news of current developments in existing policies and schemes in social welfare and reported on new ideas and projects. Responsibility for publishing and financing the paper was taken over by its editor in the spring of 1973 since the resources of the NIC could no longer meet the cost.

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

Projects in progress

10. The Centre is now preparing for publication the results of two research projects into possible gaps in social welfare where there is prima facie evidence of a need, but no comprehensive information has up to now been available:

a) Provision for disabled students at universities and polytechnics. This project was financed by the Charles Wolfson Charitable Trust and is due for publication in February/March 1974.

b) Creches at adult education centres. This, which is a joint project with the National Institute of Adult Education, has been financed by the Department of Education and Science and is now in its final stages.

Finale

11. Since 1971 the central funds of the Centre had been drawn almost wholly from the King's Fund grant and from a companion grant from the Joseph Rowntree Memorial Trust. These grants expired during 1973 and the NIC's earnings from other sources have not been sufficient to maintain it as a running concern. It will therefore effectively cease operations at the end of March 1974.

12. The Centre believes that it can fairly be said that it has made a unique, if modest, contribution to promoting community and welfare action in areas which fall outside the mainstream of public policies. It has not been, and was not intended to be, a pressure group, so that the effect of its activities and reports is seen in action by other groups or by individuals. In some directions, for example National Heritage and the welfare rights stalls movement, such action is already visible. In others - Dial-a-Benefit, disabled students, creches at adult education centres - the Centre will go out of business before the value of its work can be assessed.

Dame Elizabeth Ackroyd
March 1974

PN 162

EQUIPMENT ADVISORY SERVICE

Origins

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

Purpose

2 The original purpose of the appointment was to provide a focal point within the Fund for the collection and dissemination of information about equipment and supplies, engineering and technical services for hospitals and other organisations concerned with care of the sick and disabled. The aims of the Equipment Advisory Service (EAS) are to provide information in subject areas that are not adequately covered by other sources, calling for changes in emphasis anddirection in the light of services provided by the Department of Health and Social Security (DHSS), organisations such as the Disabled Living Foundation (DLF) and other specialised advisory and information services, with whom liason is maintained.

Progress

3 The work of the EAS is best described by referring to the various activities shown in the following paragraphs.

i) Enquiries

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

5 The growing awareness of the community to the existence of aids for themselves or for nursing relatives at home continues to increase the number of private enquiries, particularly from those who regard local welfare services as charitable sources, or otherwise embarrassing to approach, while others are unaware of the type of help available. In some cases, however, there is an anxiety to purchase immediately to avoid the delay of official and administrative procedures. Enquiries of this nature are received sympathetically and although information is given as to sources of supply it is usally accompanied by advice to consult the patient's doctor as to the suitability of the product and the local welfare service regarding supply and installation. Other sources of information such as the Disabled Living Foundation, British Red Cross Society and other associations dealing with specific ailments are quoted where appropriate.

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

7 A considerable number of enquiries are received direct from overseas and help is often given to the British Hospitals Export Council in dealing with the enquiries they receive. It was anticipated that entry into the European Economic Community would have increased the flow of information concerning products of member countries but, so far, this has not materialised.

ii) Collection of Information

8 This entails the collection, filing and indexing of trade literature describing all types of equipment and materials, excepting drugs and pharmaceutical preparations, likely to be used in health care situations, ranging from the large hospital to the domestic household. At present about 6,900 companies are listed as manufacturers or suppliers, showing an increase of 600 during the last year. An index of trade names is maintained as a means of identifying particular products and during this year, 1,600 entries have been made, giving a total of over 9,600. Details of each product on which information is received and considered suitable for inclusion is logged and this year the entries numbered 2,200 giving a total of 12,200.

iii) Information Retrieval

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

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

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

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

11 The present collection of over 2,800 terms has been built up randomly to cover the extremely wide range of products and subjects on which information is held. It is acknowledged that this thesaurus is too large for convenience and a study is being made on ways in which this can be reduced.

12 Code numbers are used to identify companies in order to obviate the necessity of writing the full name and address of the company at each stage of recording, and also to safeguard the possibility of changes of title or address. Each company has a separate card which carries their last known address and telephone number. Commercial mergers, rebuilding and direction of industry to other areas cause a great deal of change in addresses and titles of companies and quite a number lose their identity

in larger amalgamations. Reference to a single point where current data is recorded saves the embarrassment of giving out of date information. Lists of companies supplying a particular type of equipment are also prepared and about 500 of these are available.

iv) Maintenance of Information Services

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

v) Sources of Information

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

vi) Disposables Index

15 One of the most popular subjects of enquiry is the availability of disposable products, and since no other organisation appears to cover this important field, it has been the practice to publish an index of products, and the companies supplying them, at intervals of every two years. The 1973 edition, which was the seventh, contained references to cover 600 different classes of products, 200 companies and some 570 trade names. Preparation of the index involved the preparation and circulation of a detailed questionnaire to each company and collation of their replies. A different method of listing and reduction in the size of type were used to conserve paper, whilst providing a great deal more information than previous editions. The coding system employed makes it possible to identify the suppliers of any product, the material from which it is made, and whether the company concerned is a manufacturer, importer, or a distributor of that particular item.

The index is sent by request only, free of charge to health service authorities and other government departments, but commercial establishments are charged 20p per copy to cover printing and postage. Since October approximately 425 have been distributed and some 75 have been sold to commercial establishments. Requests from overseas, including the New Hebrides, account for 20 copies so far.

vii) Conferences and Exhibitions

16 The general range of subjects on which conferences and exhibitions are held at the Centre include very few that concern the Equipment Adviser from a technical viewpoint, but he has the responsibility for provision of all audio-visual aids. Generally, day to day operations of the equipment is in the hands of other staff, but all technical matters, special arrangements, breakdown etc are referred to the Equipment Adviser, who is also called upon to operate or instruct others to use equipment when normal operators are unavailable. He also advises on photographic and sound reproduction materials, the methods and equipment used in preparation of audio visual programmes used for conferences and exhibits.

viii) Outside Activities

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

Chairman - British Standards Committee - Hospital Castors
Chairman - British Standards Committee - Bedside Lockers
Member - British Standards Committee - Incinerators
Member - British Standards Committee - Tubular Equipment
Member - British Standards Committee - Sanitary Equipment
Member - D O H S S Committee - Trolleys
Member - U K Liaison Committee for Sciences Allied to Medicine and Biology.

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

Evaluation

18 The demands being made on the EAS, both from inside and outside the health services indicate that there is a need for advice and information of a kind that will help enquirers on the way to finding answers to their problems. It cannot be claimed that there is specialist knowledge in any particular fields, and many enquirers already know a great deal about the subject in question, but lack a few links in their chain of enquiry. The systematic recording of information over an extremely wide range of subjects calls for consistent application to routine, but it is proving to be a firm and widely-based foundation on which to build a reputation, not only as a source where information can be obtained, but also to where it should be directed.

The Future

19 The aims of the EAS will be to continue providing a service that is sensitive to the demands likely to be made upon it and to seek ways of improving the standards of operations by which information is collected, indexed and disseminated. Much work has been done already to streamline these processes and it is hoped that the opportunities which arise from moving to the new King's Fund Centre, will allow such changes to take place.

S G Wakeling
Equipment Adviser

April 1974

BRITISH HEALTH CARE AND TECHNOLOGY PUBLICATIONS

Origin

1. This series of publications arose from discussions between the King's Fund Centre, the British Hospitals Export Council and the publishers of Health and Social Service Journal and Hospital International. As a result of these discussions, the King's Fund agreed to help underwrite the cost of producing the series (Minutes Dev 72/77 and Res Cen 74/9.

Objective

2. The aim of these publications is to produce an authoritative review by expert contributors on developments in selected themes of health care, together with descriptions and illustrations of interesting developments in services and buildings. It is intended that the publications should have a wide circulation overseas as well as in this country.

Progress

3. The first publication in the series was produced in September 1972 on the subject "British Operating Theatres". Some 10,000 copies were printed for distribution or sale at home or overseas, and of these nearly 3,000 were given to delegates attending the World Congress of Anaesthesiology in Kyoto, Japan. During 1973, two more publications were issued on: "The Elderly Mind" and "Hospital Catering", and early in 1974 a further one on "Accident and Emergency Services". During 1974 the topics chosen include Health Centres, Intensive Therapy, and Rehabilitation.

Evaluation and the future

4. It is difficult at this stage to give a firm assessment of the value of the publications, but they have certainly been in very great demand, both overseas and in this country. Financially, the aim is to make the publications self-supporting through advertising or sales. In practice, however, some of the topics that the Centre would like to cover do not have a high advertisement potential, particularly on subjects that are as much concerned with organisation as with equipment.

M C Hardie
Director

March 1974

PN 215

OTHER PROJECTS AND ACTIVITIES

ASSESSMENT OF STUDENT NURSES BY MEANS OF PROGRESS REPORTS

Origins

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

i. A study of student nurses' progress reports: interim report. August 1965 (M D Hinks)

ii. Study of student nurses' progress reports: final report. November 1967 (M D Hinks)

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

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

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

Representing the GNC

Miss B N Fawkes	Education Officer
Miss P Sayer	Inspector of Schools
Dr J McGuire	Director of Research Unit

Representing the King's Fund Centre

Miss J B Craig	Assistant Director
Miss M D Hinks (Secretary)	Research Officer

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

Objectives

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

Progress

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

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

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

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

Evaluation

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

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

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

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

The future

11. The Centre will continue to publicise the King's Fund booklet and the trial national report form available from the GNC, and to offer help where required. Requests for speakers on the subject at study days, and examiners' courses and management courses are regularly received by the King's Fund Centre. Further action will depend on the GNC decision about the national report form and the possibility of more research into the whole question of assessment of nurses in training.

PN 126

M D Hinks
Research Officer

March 1974

NURSES ATTITUDES TO PATIENT CARE

Origin

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

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

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

Progress

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

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

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

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

6 The major differences in the group of nurses attending the second series, were:

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

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

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

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

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

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

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

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

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

15. A meeting was held in 1973 at which all the hospitals who had teams of nurses making studies of their own behaviour in relation to each other and to their patients, presented their findings.

Some changes in practice and in attitudes were:

(a) A programme of geriatric experience is now planned for nurses working in a teaching hospital. It covers all aspects of care from admission and assessment to discharge and attendance at the Day Hospital. A clinical teacher is now provided to guide students. This has the effect of giving prestige to geriatric work within a teaching hospital complex thus emphasising that it is an important part of nurse training.

(b) A relatives clinic has been developed in a geriatric hospital to give staff and relations of patients a chance to meet and exchange views, and to give the administrator an opportunity to talk about the objectives and plans for the hospital.

(c) An old project to produce an information brochure for patients and their relatives was given fresh impetus by the attitudes meetings.

(d) Regular informal meetings between day hospital staff and patients have been started.

(e) Multidisciplinary meetings between nurses, catering staff and administrative staff have been arranged where matters of mutual importance have been discussed, for example, student nurses attitude to the use of a communal dining room, interdepartmental friction, and attitudes between patients and staff.

(f) A questionnaire on professional attitudes and standards of nursing care was circulated within the same hospitals and the collated information passed on to the Principal Nursing Officer of the teaching division.

(g) A team of four nurses from a district general hospital went to Brussels with Dr T Caine, Miss J Craig and Professor R Revans to meet with Belgium nurses and to describe their points in the attitudes study and compare experiences. It was useful and stimulating meeting during which nurses from both countries discussed that they had many problems in common. The King's Fund financed this attempt to link up with nurses of the EEC.

(h) Meetings were also organised by this team to discuss attitudes to patient care, but they developed into a student nurses and others and aired very real questions about their new hospital.

(i) A questionnaire based on the King's Fund Guideline booklet "a psychiatric hospital" was prepared and the final results of this enquiry is still awaited.

(j) One hospital for the mentally handicapped produced a six-point plan which they felt might help nurses to develop professionally satisfactory attitudes.

The six points were as follows:

i improved selection of learners

ii the provision of a consistently good example by all the senior and experienced staff both in their attitudes to patients and to subordinate staff

iii the maintenance of nursing standards by genuine interest on the part of the nursing administration

iv the acceptance by administrators of a flow of information upwards from ward level

v that administrators should take appropriate action enabling the nurses to feel valued and appreciated

vi the continuing help for charge nurses and ward sisters in their management and teaching functions.

(k) One team felt they had learned a lot about attitudes in themselves. By constantly meeting as a group, noticing how they got on with whatever task they had undertaken, observing the way in which they tried to avoid awkwardness by blaming other people, especially senior staff, for their problems. How different people in the group fulfilled traditional and inevitable roles. There was the joker, bringing light heartedness when the going was rough, the dominator and the stabilizer influence - each member of the group taking on these functions at different times. The team found that it was possible to create a congenial working atmosphere and to achieve a common goal. 'We as a team have learnt much in the art of listening, of tolerating and of working as a group sensitive to each others needs and feelings.' They seemed to have gained an insight into the complexity and delicacy of the study of attitudes.

Finally this team held a meeting which was attended by Dr T Caine, and Miss J Craig to which 120 people from all disciplines in the hospital and the community including a general practitioner were invited. This meeting resulted in a decision to set up small local groups to be joined occasionally by members of the original team.

In conclusion a chief nursing officer who had been involved in the study of attitudes since its inception said 'we found it necessary to get the involvement of the total team - all those who cared for patients in our area - not just medical and nursing staff but starting at the top with the Hospital Management Committee. You must make sure that all the information we receive goes up down and across.'

16. A questionnaire designed by the Education and Mental Nurses Committee of the General Nursing Council was circulated to area nurse training committee in August 1972 entitled "Professional attitudes and standards of nursing care". It was intended that this questionnaire should be sent to the principal nursing officer of every teaching division in the country. Miss J Craig has been consulted by the General Nursing Council to scrutinise on the results of this survey.

17. As a result of an article about nurses attitudes to patients which appeared in the quardian in November 1973. 180 applications have been received for the Booklet "A Question of Attitudes".

Future

The King's Fund Centre is prepared to covene meetings as requested either at the Centre or in the local situations.

Publications

THC Reprint No	463	A Question of Attitudes
	519	A Question of Attitudes (second series)
KFC Reprint No	756	Attitudes and Assessment
	827	Nurses Attitudes to Patients

H G Edwards
Nursing Officer

PN 135

March 1974

COUNSELLING FOR NURSES WORKING IN THE HEALTH SERVICE

Origins

1. During 1972 meetings were arranged by the King's Fund Centre at the request of the nurses themselves for those responsible for occupational health and counselling within the Salmon structure. One of the main problems which emerged from the discussions was that, although the nurses felt they were adequately prepared by their occupational health course for that aspect of their work, they were less well prepared for their counselling function.

2. In the autumn of the same year a working party was appointed by the Standing Conference for the Advancement of Counselling (SCAC) to enquire into ways and means of learning about the needs of nurses in relation to counselling.

Objectives

3. As the first step in their enquiry the working party suggested that the existing series of meetings planned at the King's Fund Centre should be used to find out what nurses themselves thought about counselling.

Progress

4. Originally four hospitals and one local authority were represented by teams of five nurses of different grades working in different wards and departments; later two more hospitals joined the group. The seven hospitals consisted of two for the mentally handicapped, one psychiatric hospital, two teaching hospitals and two district general hospitals.

5. Discussions at these meetings have ranged over a wide variety of subjects and the group identified three main reasons for which nurses seek counselling.

a Psychiatric problems
b Maturational problems
c Institutional problems

Psychiatric problems

The group felt that some nurses enter training in order to solve some of their own inner problems. It was important, they said, that the counsellor should receive adequate training which would enable her to recognise mental disorder and to know the process of referral to the appropriate authority.

Maturational problems

It was agreed that many nurses need help to deal with the problems which face them as an ordinary part of their emotional development, for example adolescence and menopause with particular emphasis on the young nurse's first encounter with suffering and death, attitudes towards the suicidal patient, and the feeling

of guilt and grief about the death of patients and the sorrow of their relatives.

They felt there were particular problems of language, culture and religion for nurses recruited from overseas. Loneliness and sexual anxiety could also present problems for nurses of any age. More married women now take up nursing, and these have family problems and responsibilities. As one senior nurse said in summing up nurses attitudes to personal counselling, 'I myself had to seek counsel and it was hard to face up to the fact that I needed it. As nurses, we are in jobs which set us up in omnipotent positions and we often fail to see that we need help ourselves and have a right to ask for it.'

Institutional problems

This was by far the largest group of problems and included such items as insufficient preparation of nurses for such experiences as first night duty, the care of the terminally ill patient and acting-up for senior nurses, particularly by staff nurses.

Other problems identified were the sheer volume of work which can be overwhelming and the feeling that there is no authority, medical or otherwise, which will monitor the amount of effective work which can reasonably be expected of a ward or, indeed, of the institution as a whole. Repercussions at all levels resulting from the implementation of the Salmon and Mayston reports formed a further problem. The nurses were well aware of the stresses imposed on some senior staff who, through no fault of their own, found themselves in painful positions of professional rivalry which often had an effect on the staff working with them. The group felt that the further changes envisaged in the reorganisation of the Health Service 1974 might well have similar effects.

6. The general unofficial conclusion was that these meetings had pinpointed nurse wastage rates as the key feature which might give some indication of the need for better counselling facilities.

Evaluation

7. Action taken as a result of the meetings, includes three main studies undertaken by nurses working in general hospitals as a direct result of these meetings and one study as an indirect result.

The group expects to present its findings at a meeting in September 1974, and members have asked that an audience of senior nurses responsible for policy should be invited to attend. A further study group has been started under the auspices of the Tavistock Institute of Human Relations for occupational health nurses to explore the problems of nurses seeking to provide an effective counselling service.

Future

It is intended that this series will continue in 1974 with studies undertaken by the nurses working in hospitals for psychiatric and mentally handicapped patients, who

were not able to complete their studies in the present series.

There has been discussion between a nursing officer at the Department of Health and the King's Fund Centre with a view to preparing a King's Fund project paper on the findings of this group.

Publications

KFC Reprint No	676	Counselling for nursing working in the Health Service
	727	" "
	742	" "
	760	" "
	783	" "
	784	" "
	803	" "
	815	" "

H G Edwards
Nursing Officer

March 1974

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

Origin

1. The study of allocating nurses in training to wards and departments has been continuing since 1953. Discussions have taken place at the King's Fund Centre and elsewhere to enable those who have planned successful methods to share their findings. A thesis prepared by Mr Ian Banks provided a starting point for a three-day study group to discuss what was common to all training schools, and a guide book was produced to help those starting to learn about allocating nurses in training. Nurses meeting in 1971 felt they needed to organise a forum for nurses interested in allocation.

Objectives

2. The aim of the forum was to study the immediate problems of arranging appropriate experiences for large number of students within a shorter working week and to see how these may be advanced within the proposals of the Briggs report.

Progress

3. A meeting was held in 1973 at which three nursing officers described the introduction of a modular scheme of training in both general and psychiatric hospitals. These schemes had originally been recommended in 1970 by a working party from the Department of Health and Social Security, and the Briggs report has further emphasised their usefulness.

Evaluation

4. Those who attended have since reported back to the King's Fund Centre the ideas stimulated by the meeting and their hopes that these should be implemented as soon as the extra tutorial staff needed can be appointed.

Future

5. The position of allocation officer in hospital is a lonely one and the opportunity to share good ideas and practices is very much appreciated by such nurses. A further meeting is planned for 1974 after the publication of the White Paper following the Briggs report, and it has been suggested that the King's Fund Centre should arrange for a speaker to explain simple analysis and operational research in relation to allocation of nurses in training.

Publication

KFC Reprint 836 Nurse allocation forum

H G Edwards
Nursing Officer

March 1974

NURSES REPORTING ON PATIENTS

Origins

1. The chief nursing officer of the education committee of the General Nursing Council approached the King's Fund Centre because the committee was becoming increasingly concerned by information from their inspectors of training schools that the daily report on patients was no longer being used as an opportunity for teaching students and pupil nurses.

2. The committees wanted the King's Fund Centre to arrange one or more day conferences to discuss this with nurses.

Objectives

3. To bring together nurses responsible for teaching and ward administration as well as student and pupil nurses in training to discuss systems of reporting and how they might be used for training purposes.

Progress

4. A preliminary meeting was attended by a ward sister, a tutor, a clinical tutor, a night nursing officer and several student nurses to plan the conference.

5. Three meetings have been held to which nursing officers working on day and night duty, ward sisters and student and pupil nurses were invited. Problems discussed have included the lack of continuity of nursing care resulting from the shorter working week, the use of part-time staff and of agency nurses. It was found that insufficient attention was being given to a detailed introduction of students to the Kardex system of reporting and insufficient time given to verbal reporting to supplement the written one, thus making it impossible for nurses to ask questions and to use this as a learning opportunity.

Evaluation

6. All the meetings have been over-subscribed. Differences in practice in hospitals with similar resources have been recognised. One nursing officer used the account of the first meeting as a basis for discussion on the practice of reporting in his own hospital.

Future

7. It has been suggested that the King's Fund Centre should set up a working party on nursing reporting on the lines of the working party on nurse patient dependency.

It is intended that the working party should include all grades of staff from nursing officer to nurses in training, representatives of service, education and administration and representatives from the community, the DHSS and the General

Nursing Council. It was also suggested that the third meeting in the series should include staff from the community to see if there was a common element in reporting that would make standard hospital/community reports possible.

Publications

KFC Reprint No	836	Nurses Reporting on Patients
	858	Nurses Reporting on Patients

H G Edwards
Nursing Officer

March 1974

NURSE/PATIENT DEPENDENCY STUDIES

Origin

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

Objectives

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

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

Progress

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

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

4 The working party held a number of meetings and finally commissioned Dr. Bernadette Mulligan to prepare a booklet on the subject of nurse-patient dependency. This booklet, which was published by the King's Fund Centre in October 1973 as a King's Fund Project Paper, describes briefly the background work leading to the creation of dependency systems and looks at their various uses including the derivation of work load measures. It then shows in detail how to use two simple methods to collect the necessary dependency information and how to calculate the work load index.

Evaluation

5 It is too early to make any evaluation of the publication, of which 500 copies have been circulated to nursing personnel throughout the country.

Future

6 The working party will shortly be meeting again to discuss possible methods of evaluation and future development of the project.

Publication

Nurse-Patient Dependency. Dr Bernadette Mulligan. King's Fund Project Paper No. 2 October 1973

PN 201

M D Hinks
Research Officer

April 1974

RETURN TO NURSING

Origins

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

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

Objects

3. These were:

i) To ascertain the number, experience and geographical distribution of trained nurses not employed in nursing and to register them.

ii) To explore by means of questionnaire and discussion their attitudes with regard to nursing, in particular on an ad hoc but paid basis.

iii) To examine the administrative and financial implications of organising them as 'ever readies' to cover certain nursing, neo-nursing or other duties in the Health Service, including possibly work for executive councils and local health authorities.

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

Progress

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

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

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

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

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

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

'Where Have all the Nurses Gone?'
Nursing Times, 1st March, 1973. K.F.C. reprint No. 761

'Where Have all the Nurses Gone?'
by R.J.E. Wilcox, R. Morgan and G.V. Baker.
Nursing Times Occasional Paper, 8th March, 1973. K.F.C. reprint No. 766.

Evaluation

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

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

13. In September, 1973, a campaign of public relations and recruitment was run by the University Hospital of Wales HMC on the initiative of the Chief Nursing Officer, Miss E. M. Rees. This campaign, controlled by Mrs B Miles, Senior Nursing Officer, drew on the experience gained in the project, and had much in common with it, such as publicity in the local evening newspaper, and meetings at the Hospital for reserve nurses to have exploratory discussions with senior members of the nursing staff from hospitals in the Group. 90 inquiries were received, and as a result, 22 reserve nurses attended a voluntary unpaid course on 'back to nursing'. Of these, 7 have subsequently taken posts within the Group. Furthermore, also as a result of the campaign, the Group has recruited 12 other qualified nurses, with a possibility of 5 more, and 8 nursing auxiliaries; there have been 5 applicants for training for the S.R.N. or S.E.N. and 2 have been referred to hospitals elsewhere.

The future

14. It is suggested that a register for reserve nurses should be kept centrally for an area and used for bringing them together within the hospital environment from time to time in order to sustain their interest.

15. The survey has demonstrated that there is a potential gain waiting to be drawn upon. Hospital authorities, especially those faced with a shortage of nurses more acute than in the area covered by the survey, might do well to take up a similar approach from the point where it finished, with particular emphasis on harnessing the willingness and competence of nurses to organise themselves.

PN 167

Irfon Roberts
Assistant Director
March, 1974.

THE CHILD IN HOSPITAL

Origins

1. These meetings arose out of discussions held at the King's Fund Centre in 1969 when the problems of providing effective continuity of care for patients in hospital and the community were studied.

2. Nurses attending these meeting felt that continuity of care for children was so important that it deserved particular emphasis.

Objectives

3. To study the problems of co-ordinating resources to provide appropriate care for children before, during and after admission to hospital.

Progress

4. A series of eleven meetings have been held to which a wide variety of workers concerned with the care of sick children were invited, including relatives, nurses, health visitors, paediatricians and general practitioners, psychotherapists and social workers, teachers and play leaders, physiotherapists and occupational therapists, police liaison officers and members of voluntary organisations.

5. One meeting was held at a District General Hospital to discuss the care of the battered child and his family.

6. In response to a suggestion from the Department of Health and Social Security, a King's Fund project paper has been prepared based on the findings of these meetings. It is intended that this handbook shall be made available to nurses working in paediatric departments and that it might also serve as a working document for discussion at study groups envisaged in the Hospital Memorandum(71) 22 Hospital Facilities for Children, Staff Training Memorandum 59/71. The handbook has been compiled in association with an advisory group of paediatric nurses, members of the National Association for the Welfare of Children in Hospital, and representatives from the Department of Health and Social Security and the Royal College of Nursing.

Evaluation

7. The series have usually been over-subscribed and those attending have indicated that they have been useful in stimulating further discussion in their own hospitals on new ways of introducing good ideas and practices.

Future

8. Discussions are planned between representatives of the National Association for the Welfare of Children in Hospital, the Association of British Paediatric Nurses, and the King's Fund Centre to find ways in which the Fund can help them jointly to continue this series on the care of sick children under the reorganised National Health Service, and to study the role of the volunteer in the care of the chronically sick child at home.

Publications

KFC Reprint 754 The emotional needs of children in hospital

781 The child in hospital: an account of a meeting held at West Kent General Hospital

789 The integrated care of the handicapped child in hospital and at home

835 Care of the severely ill child in hospital

Caring for Children in Hospital, compiled by Shirley Hardy. King's Fund Project Paper No.4, February 1974.

H G Edwards
Nursing Officer

March 1974

STAFF FROM ADOLESCENT UNITS

Origins

1. These meetings arose from earlier discussions held at the King's Fund Centre in 1969 to explore the problems of providing continuity of care for psychiatric patients.

2. The staff of recently opened adolescent units wanted to discuss with their more experienced colleagues their new opportunities for organising the care of disturbed young people.

Objectives

3. To bring together members of the health and social services, as well as other workers involved to share ideas and problems related to caring for adolescents.

4. To arrange inter-regional multidisciplinary meetings so that the efforts of the King's Fund might be combined with the Association for the Psychiatric Study of Adolescence (APSA) in order to transfer responsibility to APSA for future meetings.

Progress

5. An inter-regional meeting has been held in Birmingham arranged jointly between the King's Fund Centre and Dr E Irwin of the East Birmingham HMC to which health and social service workers were invited with others from the Oxford, Welsh, Sheffield, Manchester and South Western Regional Board areas. Speakers were drawn from the many disciplines which combine to treat disturbed adolescents and included a consultant psychiatrist, a social service training organiser, a headmaster of a residential school for maladjusted girls, a nursing officer in charge of an adolescent unit in a teaching hospital, and a nursing assistant who had worked with emotionally disturbed adolescents for three years.

6. A multidisciplinary meeting was held at the King's Fund Centre when the particular problem of caring for the aggressive patient and the perpetual absconder were discussed.

Evaluation

7. Those attending have said that they find the meetings interesting and useful. The Chairman of APSA has reported that the programmes organised by them have gained a great deal by their association with the King's Fund meetings.

Future

8. APSA is now responsible for arranging meetings, conferences and study days for multidiscplinary and inter-regional groups concerned with promoting good ideas

and practice in the care of the adolescent with particular emphasis on treating the young person in his home environment and caring for the family.

Publications

KFC Reprint No	794	Care of emotionally disturbed adolescents
	812	Integrated care for the emotionally disturbed adolescent

H G Edwards
Nursing Officer

March 1974

STAFF FROM ALCOHOLIC UNITS

Origin

1. This series of meetings which started in May 1967, arose out of discussions between nursing officers at the King's Fund Centre and the then Ministry of Health.

Objectives

2. To promote meetings of health and social services staff and other workers seeking to identify, treat and rehabilitate people suffering from alcoholism.

3. To study the particular problems associated with the problems of alcoholism and work.

Progress

4. Two large conferences have been held since 1972 arranged by a steering committee of members of this discussion group. Speakers have been drawn from both sides of industry, from industrial medicine, trade unions, social workers, disablement rehabilitation officers, members of Alcoholics Anonymous, and of Alanon.

Evaluation

5. Demands for further meetings have followed each conference.

6. Staff from alcoholic units, whilst appreciating the value of the large conferences which were in fact organised as a result of their recommendations, also felt the need to continue the smaller discussion groups which had been a feature of earlier meetings. At this time Mr Marcus Grant, Educational Director of the newly formed Alcohol Education Centre, suggested that the Alcohol Education Centre should combine with the King's Fund Centre to discuss the reconstitution of the Alcoholic Unit discussion group with the staff from Alcohol Units.

Future

7. The first joint meeting between the Alcoholic Unit discussion group, the Alcohol Education Centre and the King's Fund Centre is arranged for April 1974 and it is expected that responsibility for future meetings will be transferred to the Alcohol Education Centre and the Alcoholic Unit discussion group, and that an appropriate programme will be devised by them to meet the developing needs of these units.

8. A further large conference is being planned by the Steering Committee on Alcoholism in the Community and will take place in June 1974.

Publications

KFC Reprint	721	The problems of alcoholism and work
	820	Alcoholism and work

H G Edwards
Nursing Officer

March 1974

PAIN RELIEF UNIT

Origins

1. The Pain Clinic in the United Oxford Hospitals has been functioning as an out-patient clinic since 1962. In 1970 it was realised that more in-patient facilities were required particularly for patients who were terminally ill and who were unable to cope on their own. The Pain Relief Unit opened in October 1970 embracing eight to ten beds for essentially short-stay patients requiring pain relief whilst two to three beds were reserved for the terminally ill. As this was an entirely new venture within the National Health Service, a valuation of its worth to the community was essential. A King's Fund grant made this possible and Mrs C Muckle has been employed as a result of the grant to carry out the project. (Dev Minutes 70/20 and 70/39)

Objectives

2. The initial aim was to compare the results of treatment in patients admitted to the Unit with those who were unable to be admitted because of the waiting list. This was abandoned as there never was a waiting list. There is a particularly high degree of family responsibility in Abingdon and most people are nursed at home if it is at all possible.

It was then decided to follow up 100 patients suffering from cancer in Abingdon until death. Many would be admitted to the Unit and many would not. In this way, a comparison could be made of the level of treatment provided and if there were advantages or deficiencies on either side. The relative cost of hospitalisation is set against domiciliary treatment involving visits by doctors, district nurses, health visitors, social workers and the social services. The assessment is made on a survey of these facts.

Progress

3. Initially progress was slow because of difficulty in collecting information on patients' diagnoses. It has now improved and a total of 130 patients have been visited. Twenty-six have died and of these 15 in hospital and 11 at home.

Evaluation

4. This is difficult at this stage except to say that the project has concentrated the available resources for dealing with a recurrent, neglected problem. Many of the deficiencies quite obviously result from poor communication and it is to be hoped that the presence of such a unit in the community will do much to help this.

Future

5. This depends on the assessment of the Unit. If it is shown that it fulfils a definite need to the community, one would like to see such a Unit in association with every Regional Health Authority in the country.

Dr J W Lloyd
Consultant Physician

March 1974

PN 174

"SHOP WINDOW" STAFF

Origins

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

Objectives

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

Progress

In hospitals

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

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

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

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

provinical clinical area where every type of hospital could be found within a very small radius.

Further development

5. Receptionists had suggested that relationships between their group and medical secretaries were not always as good as they might be and this led to two further series of meetings held at the King's Fund Centre in which the teams each consisted of one receptionist, one telephonist and one medical secretary.

Contact with general practice

6. Comments by medical secretarial and reception staff in hospitals indicated a need for improved communications and relationships with their 'opposite numbers' in general practice. A series of four half-day discussions was held for medical secretarial, records and reception staff from hospitals and general practices in the area of two London boroughs. Hospital medical staff and general practitioners were invited to a further meeting to conclude the series. A follow-up meeting has been arranged to take place in six months time.

7. Enquiries have been received from a number of hospital authorities as well as some general practitioners asking either for further information or for courses to be held in their areas. Several hospital authorities have organised their own activities for shop window staff, adapting the King's Fund Centre methods to suit their own circumstances.

Evaluation

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

9. Although doubts were expressed by some general practice staff as to the possible value of such meetings, both hospital and general practice staff find the meetings to be of good value in making contact, improving relationships and solving problems. In the view of one general practitioner, "it was most inconvenient to lose a secretary for an afternoon, but it was worth it, as the patients have benefitted from the project".

The future

10. Further series of meetings for hospital "shop window staff" can be arranged either at the King's Fund Centre or elsewhere if requested. It is hoped to publish further articles

pinpointing certain aspects that have been specially noted and requests have been received for the production of a handbook of guidance for those interested in promoting such discussion meetings.

11. Reports on the first hospital/general practice series of meetings will shortly be published, and a second series of similar meetings is planned to take place in another London borough.

Publications

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

Hinks M D. From the shop window. The Hospital, vol 61, no 1. January 1971 pp. 9-12 (THC reprint no. 527)

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

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

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

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

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

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

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

KFC Reprint no 810. Spotlight on Shop Window Staff. July 1973.

M D Hinks
Research Officer

March 1974

THE LANGUAGE BARRIER

Origins

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

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

Objectives

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

Progress

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

Patients

5. A questionnaire circulated widely to hospital authorities, local health authorities, interested organisations and individuals produced a wealth of both problems and suggestions for improvement in the present situation. As a result, a lending folder containing many examples of instruction sheets, explanatory leaflets and booklets in a variety of languages has been completed and is available on loan from the King's Fund Centre. Many suggestions were received for additions to present language cards but there appeared to be little inclination on the part of hospitals to use such aids.

Student nurses

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

As a result of two meetings of nurse tutors to discuss the problems of overseas student nurses (reported in THC reprints) a Working Party was set up in December 1973 consisting of:

Miss C Beevers	Principal Nursing Officer	Birmingham Regional Hospital Board
Miss E Bendall	Registrar	General Nursing Council
Mrs K Bennett	Principal Information Officer	Nursing and Hospital Careers Information Centre
Mrs S Bristow	Nurse Officer	Student Section, Rcn
Miss C Devonshire	Tutor	Greenwich District Hospital
Mrs E Hemstock	Secretary	London Conference of Overseas Students, British Council
Mr M Hicks	Tutor	Moorfields Eye Hospital
Miss M D Hinks	Research Officer	King's Fund Centre
Mr S Holder	Principal Tutor	St. Mary's Hospital, London
Miss B E Kettle	Nursing Officer	Department of Health and Social Security
Miss M Naylor	Senior Tutor	Netherne Hospital

This group is considering in detail the problems of recruitment , selection, distribution, orientation and training of overseas entrants to nurse training, and hopes to produce a first report by the summer of 1974. A conference open to all those interested in the subject will be held at the King's Fund Centre in December 1974.

A lending folder containing samples of orientation courses and other relevant material is available for loan from the King's Fund Centre.

Ancillary staff

7. The King's Fund Development Committee authorised a grant of £300 (min 72/42 of May 1972) to finance an experimental training course in English for overseas staff employed in a London hospital laundry and a training day for supervisors of overseas staff. A further grant of £850 (min 73/10 of 26 January 1973) was allocated to cover the cost of a second training course to be held in another London hospital laundry, as well as a course for supervisory staff to be held in their own hospital and a possible English language test for overseas applicants for ancillary staff posts. A further grant of £7,550 for a period of three years was made by the Fund's Research Committee (min 4(iv), 6 June 1973) for the development of English language training courses for overseas, domestic, catering and portering staff.

Training packages: the following have been produced and are available only from the King's Fund Centre:

a) English language assessment interview for overseas ancillary staff. Price £2.00 (a test which can be undertaken by supervisory staff to assess the level of comprehension of English of their overseas staff)

b) English at work: laundry staff. Price £5.00
(a training package consisting of explanatory booklet, teaching manuals and flash cards for a 12-week, job-orientated English course for overseas workers in hospital laundries. Slides and tapes to be hired from the King's Fund Centre)

A conference to publicise and explain the training scheme particularly for administrators, laundry managers and lecturers from technical colleges and colleges of further education was held in February 1974.

8. Following three training days for supervisory staff held at the King's Fund Centre, to discuss the many problems of the various backgrounds of overseas staff from both Europe and the Far East, similar courses are being held in hospitals for professional and supervisory staff.

Evaluation

9. The conferences and training days and courses so far held have helped to highlight some of the problems connected with the employment of overseas staff and have helped to increase the understanding of those attending. There is an increasing realisation both of the problems and possible solutions on the part of medical, nursing and other professional and supervisory staff.

The future

10. Plans for the future include:

a) the publication of a booklet containing some of the good ideas and practices that have so far been collected,
b) experiments will be carried out with the use of language cards particularly for use in casualty and out-patient departments,
c) a second language training package is in the course of preparation specifically for hospital domestic staff on the same lines as the package for laundry staff. Further developments will include similar material for the training of overseas staff in catering and portering departments.
d) a training package and manual dealing with background information on overseas staff and patients for management and supervisory staff.
e) recommendations on the selection, recruitment and orientation of overseas entrants to nurse training.

Publication

THC reprint no 636. The Language Barrier. February 1972

PN 199

M D Hinks
Research Officer

March 1974

NATIONAL ASSOCIATION OF INDUSTRIAL THERAPY MANAGERS

Origins

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

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

Objectives

2 The National Association of Industrial Therapy Managers aims to:

(a) promote the interests of all persons referred for Industrial Therapy

(b) provide support, encouragement and advice for training courses in Industrial Therapy

(c) diffuse advice and information on Industrial Therapy to members

(d) provide a democratically governed body who will be able to represent at local and national level the interests of all those concerned in Industrial Therapy

(e) mount study days to facilitate the exchange of information between members

(f) disseminate information about Industrial Therapy among interested persons in allied fields.

Progress

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

(a) the maintenance of membership files and register

(b) production and circularisation of newsletters

(c) minuting of Executive Meetings

(d) replying to queries where factual replies are available

(e) acquisition of government reports and other necessary publications

(f) dissemination of information and literature on branch formation

(g) the ballot for returning members to the National Executive at the Annual General Meeting

(h) the basic secretarial work occasioned by the Annual Conference and Business Meeting.

4 Two further branches have been formed in this past year - one in the Leeds Regional Hospital Board area and one in the new South East Thames Region. This latter has been started by members from local authority Units. The Association now has seven fully operational branches and there is an exchange of information between their Executive Committees and the National Executive.

5 There have now been three successful Annual Conferences, each including an Annual General Meeting and in 1973 the first Spring Meeting was mounted in Sheffield. These Spring Meetings will always be run by a branch and held in their area. This arrangement has been adopted so that there are two meetings per year for those members without a local branch.

6 The pilot course at Ewell Technical College for workshop floor instructor staff was completed at the end of 1973. Modifications have been made to the syllabus after an appraisal by course tutors and students and the second course is now in progress.

Evaluation

7 (a) Total registrations now stand at 260, an increase of 54 on last year. Formal resignations due to retirement and leaving the field were 17. The remaining people were sent a questionnaire seeking reasons for non-continuance of membership but insufficient were returned to give any clear picture of why or if there was dissatisfaction.

(b) The Association has been active in making representations to various Committees regarding Industrial Therapy. This has led to requests for evidence on proposals laid out in certain reports such as that on Sheltered Workshops for the Disabled and the Macmillan Working Party on the Remedial Professions.

(c) The Association has been asked to send speakers to Conferences held by other organisations concerned with the Rehabilitation and Employment of the Disabled.

(d) Links are being formed with other organisations concerned with the disabled.

(e) It has been asked to send assessors when appointments for Managers of Industrial Units are conducted.

(f) The Association has appointed one of its members, a journalist and Member of the Institute of Journalists, to act as Publicity Officer. He has been co-opted to the National Executive. He is preparing guidenotes for those called to speak for the Association, to various types of audience (including TV and radio).

(g) The British Council requested the Association to arrange a comprehensive programme for an overseas post-graduate working in the field of Industrial Therapy.

(h) the non-member circulation of the Newsletter has occasioned useful enquiry and comment.

(i) The Association has purchased items of office equipment, including a photo-copying machine, an addressing machine and stamp dispenser.

Future

8 More branches should be formed so that all of the estimated potential membership of 2,000 will have access to the forum provided by a local branch. We see the need for the appointment of an "extension officer" employed to stimulate branch formation and guide each group until the branch is properly established.

9 Correspondence with Colleges of Technology in different areas of the country regarding the stablishment of courses for instructor staff on a common syllabus has received a good response. As three or four colleges already operate a similar syllabus, it is hoped that more of these courses will be available from September 1974 or January 1975. Attendance at such a course would indicate that an agreed standard had been reached. The Central Council for Education and Training for Social Workers have expressed interest in NAITM sponsored courses and have offered to help with future development and the possible awarding of a certificate.

B. Watson
Hon. Secretary, NAITM

PN 205

March 1974

SPINAL INJURIES ASSOCIATION

Origins

1. In June 1973, a conference was held at the King's Fund Centre to consider the need for a Spinal Injuries Association. The initiative for this move came from Baroness Masham and other paraplegics or tetraplegics in consultation with the Disabled Living Foundation and the King's Fund. The meeting was attended by disabled people and representatives of spinal units and rehabilitation units throughout the country, and of voluntary and statutory organisations and professional associations. There was strong support for the idea of forming an association of those with paraplegia and tetraplegia or other forms of spinal paralysis, who are not already catered for by any other voluntary organisation appropriate to their own disability. Subsequently, the King's Fund Management Committee allocated a total of £13,250 over three years to help launch the Association (Minute MAN 4211, November 1973).

Objectives

2. The overall objectives of the Association are to promote the benefit of all persons suffering from spinal cord injury, and in furtherance of these objectives, the Association may, in the words of its draft constitution :

i) Promote and organise cooperation in the achievement of the above objects nationally internationally and locally and to that end may bring together in conference representatives of voluntary agencies, government Departments, statutory authorities and individuals engaged in the furtherance of the above objects.

ii) Promote and carry out or assist in promoting and carrying out research, surveys and investigations.

iii) Arrange and provide for or join in arranging and providing for the holding of exhibitions meetings lectures classes and training courses.

iv) Collect and publish information regarding the welfare of the above-mentioned persons and exchange such information with other bodies having similar objects whether in this country or overseas.

v) Assist any such charitable body or bodies financially or otherwise and to appeal for funds.

vi) Do all such other things as may be incidental or conducive to the attainment of the foregoing objects.

Progress

3. A temporary steering committee was formed consisting of the following members :

* Mr. J. Balfour
* Mr. P. Bolshaw
* Mr. R. Broke
* Lord Crawshaw
* Baroness Darcy Knayth
* Mrs. J. Driver
  Lady Hamilton - Disabled Living Foundation
* Mr. D. Hyde
* Baroness Masham
* Miss V. Naylor
  Mrs. J. Ogilvy-Webb - National Council of Social Service
  Miss J. Stone - Scottish Paraplegic Association
  Miss B.M. Stow - Disabled Living Foundation
* Miss R. Wilkins - Volunteer Centre
  Mr. M.C. Hardie - King's Fund Centre
  Mrs. W.M. Arnett-Rayson - King's Fund Centre

(* signifies paraplegic or tetraplegic)

4. The post of General Secretary for the Association was widely advertised, and Miss Diana Irish was appointed, taking up her post in December 1973. Miss Irish was severely disabled by polio 18 years ago, but has been in employment since 1959, with secretarial and administrative experience at Stoke Mandeville Hospital and Manor House Hospital, Aylesbury.

5. An inaugural meeting was held on 12 February 1974 at the Centre, when a draft constitution was agreed, subject to minor alterations. It was also agreed that the steering committee should remain in office for the purpose of arranging the enrolment of members, the election of a Management Committee and the holding of a general meeting within one year.

6. Full membership of the Association is open only to those with spinal cord injury. Associate membership is open to the families of full members, and to doctors, nurses and paramedical staff, and indeed to any person, able-bodied or disabled, interested in furthering the aims of the Association. There is also provision for junior and honorary membership, and the Association plans to affiliate on a reciprocal basis with other voluntary organisations concerned with the disabled, and to work with them on matters of joint interest and concern. Subscription rates for full members and associate members are 50 p. per annum minimum; there is no subscription payable by junior and honorary members. The subscription rate for affiliation is £5 per organisation.

Evaluation and the future

7. It is of course too early to assess the work of the Association, but there has certainly been a very favourable response to the press releases and other information circulated about the formation of the Association. Priorities over the next year will be to enrol as many members as possible, to discuss and determine the priorities for the work of the Association and to collect and disseminate useful information to all members.

Diana Irish
General Secretary

PN 230

February 1974

NATIONAL ASSOCIATION OF HEALTH STUDENTS

Origins

1. This project arose from an application from the National Association of Health Students for a grant to help meet the running cost of the Association in its formative years. At their meeting in December 1973, the Fund's Management Committee (MAN 8276) agreed to make a grant of £3,000 over one year in the first instance.

Objectives

2. The principal aim of the Association is 'to defend and promote the interests of the patient in the context of a fully comprehensive health service'. To this end, the Association represents a coming together of students from many different disciplines in the health and social services to promote discussion, development and action on various matters, such as education and training, facilities, grants, the isolation of different groups of students and the deleterious effect this has on patient care.

Progress

3. The Association had its origins at a meeting held in February 1973 when over 250 students from all over the country met to discuss 'The future role of students in the health services'. This conference was organised as a result of meetings which had occurred over a number of years between representatives of the British Dental Students Association, the National Association of Physiotherapy Students, the British Dental Students Association and the National Union of Students to discuss how co-operation between the different groups of students in the health services could best be achieved. The feeling at that meeting was that the concept of the health team, though well known, was not being achieved as rapidly as it should be through the presence of professional barriers, and could be realised more quickly and effectively by bringing students in the health services together within a single democratic organisation. As a result, the NationalAssociation of Health Students was formed at that meeting and a National Co-ordinating Committee of ten members was elected. During the rest of the year, membership gradually increased to over 500 individual members and over 10,000 members affiliated by a block subscription from the training centres to which they belong. Further meetings and conferences have been organised since February, and a national quarterly newspaper 'Health Team' was published in November.

4. Early in 1974, Miss Carol Newey SRN was appointed Administrative Research Officer to the NAHS and took up her duties on 1 April, based at the offices of the National Union of Students in Edinburgh.

Evaluation and the future

5. It is too early to evaluate the success of the NAHS, but it is certainly gathering strength. For 1974, the programme includes plans for :

a) Regular specialists conferences are to be organised to ensure representation of specialist interests.

b) National Health Student Conferences are to be organised to determine policy.

c) Interdisciplinary conferences are to be organised on specific issues in association with established bodies e.g. 'Action Research for the Crippled Child'.

d) Initiate research into education and welfare of health students.

e) Long term prospects of introduction of integrated programmes of education and training.

M C Hardie
Director

PN 228

March 1974

HOSPITAL DOMESTIC ADMINISTRATORS' ASSOCIATION

APPOINTMENT OF ORGANISING SECRETARY

Origins

1. The Hospital Domestic Administrators' Association was constituted in 1949.

Its objects are:

a) To do all within its power to supply, encourage and maintain an efficient hospital domestic service to support the medical, nursing and other hospital services in their work for the comfort and healing of the sick.

b) To support and protect the character, status and interests of those engaged in hospital domestic administration.

c) To improve the standards of training and welfare amongst hospital domestic staff.

d) To promote the interchange of knowledge and provide for the holding of meetings, lectures and demonstrations.

2. The affairs of the Association have in the past been administered by its honorary officers who have had full time occupations in the National Health Service.

3. During 1973, the Association looked at its constitution and its work and decided to make changes that would enable it to meet the situation to be brought about by the reorganisation of the National Health Service in 1974. Amongst other things, the Association decided that to achieve the objects the members of the managing body had in mind, it would be necessary to appoint a paid Organising Secretary. It applied to the Fund for support, and in June, 1973 the Research Committee made a grant of £4,500 for 2 years towards the cost (minute (5) A (xix)).

Objects

4. The principal duties of the Organising Secretary are:

a) To expand recruitment.

b) To provide a secretarial service to the Association and its National Executive Council.

c) To develop professional training programmes.

d) To undertake the functions of a Public Relations Officer.

e) To arrange conferences, study days, etc.

Progress

5. In November, 1973 the Association appointed as its Organising Secretary Mr Robert Morgan then Regional Staff Officer to the South West Metropolitan Regional Hospital Board, to take up the post on 1st April, 1974. Mr. Morgan has had much experience in senior hospital administrative posts, with the National and Local Government Officers' Association, and with the Whitley Councils for the Health Service .

6. In the meantime, the National Executive Council of the Association has continued to consider its reorganisation and reconstitution and has taken steps to get the Association registered as a company limited by guarantee. It is hoped to place the recommendations the Council has in mind before an extraordinary general meeting of the Association which it is proposed to hold in the summer of 1974. One of the changes that has already been approved is that the Association should in future be organised on the basis of branches which will be constituted from staff employed in domestic management, employed in the geographical areas covered by regional and area health authorities. This structural change is now taking place.

7. People eligible for membership have begun to show a new interest in the work of the Association and the number of members has increased from 400 to 500 over the past twelve months.

Evaluation

8. Though Mr Morgan has already begun to give some time to the affairs of the Association, it would be inappropriate to consider an evaluation until some time after April, 1974.

Future

9. The Organising Secretary sees as his first priority the expansion of the membership of the Association. It is estimated that there is a present potential membership of 1,000 and his first object will be to get all these eligible members into membership. The domestic service, as a separate function of line management, continues to expand and the forecast of eventual potential membership is 3,000.

As soon as can be arranged after 1st April, the paid Secretary will take over the routine functions now carried out by the Honorary Secretary and the Honorary Treasurer. He will also begin to investigate the ways in which professional training programmes can be developed so that early consideration can be given to the possibility of establishing a recognised professional qualification for members of the Association.

PN 222

Irfon Roberts
Assistant Director
March 1974

DRUG DEPENDENCY DISCUSSION GROUP

Origin

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

Objectives

2. The initial objectives of the Drug Dependency Discussion Group (DDDG) meetings were to allow nurses and social workers from the London hospitals' drug units the opportunity to discuss and learn from each other ways and means of treating and caring for those who would, through the new legislation concerning the prescribing of heroin, be attending for treatment either as day or residential patients. As time passed, attendance at the meetings expanded to include staff of many disciplines from drug dependency units and related organisations inside and outside London, together with volunteers working in this field and a number of ex-patients. In 1973 the overall aims of the DDDG were re-defined as being:

i) To act as a forum for information, discussion and personal contact, in order that people of different disciplines and interests in the field of the prevention and treatment of drug abuse may meet and cooperate with one another.

ii) To encourage and facilitate specialised education of those concerned with problems arising from drug misuse and its prevention, such as those working with drug dependent people in statutory and voluntary bodies in the health and social services as well as in the fields of education, police and probation work.

iii) To help identify topics requiring further study and to promote research into those topics.

iv) To advise such action as may be thought necessary by the Group in discovering and overcoming the problems that give rise to drug dependency and in improving the care and rehabilitation of drug dependent people

Progress

3. Since 1968 the DDDG has continued meeting about four times a year (twice in London and twice in the provinces) The topics discussed have covered a very wide range, and the composition of the audience has been no less wide and varied,

covering many disciplines and interests in both the statutory and the voluntary field. The Centre has provided the necessary administrative and secretarial support.

4. In its early years, the DDDG was guided by a steering committee that was appointed in a somewhat undemocratic and arbitrary fashion by some of those who had attended DDDG meetings. But there was no formal membership structure for the DDDG and it had no corporate existence. Although the DDDG provided a forum for discussion, it had no power or influence as a group and was incapable of making any representations to anyone, even if it wanted to, because it had no real representative status. But the fact that the meetings had almost always been over-subscribed indicated that the DDDG was meeting a need - and such strength as it had was probably due to the multi-disciplinary nature of the meetings, with a good mixture of professionals and volunteers and of statutory and voluntary organisations. However, the feeling grew that if the DDDG was to continue, and in particular if it was to become more than a useful information-exchange, then its organisation and programme of activities should become more structured. Even if those attending the DDDG meetings did not wish to seek influence for the DDDG as a representative group, it was still felt that the DDDG needed to have something of a formal structure in order to continue in existence at all.

5. Taking all these factors into account, the Steering Committee decided to seek the views of the consultants in charge of addiction units about the continuance of the DDDG and about the aims, functions and membership of the DDDG. For this purpose a questionnaire and draft proposals were circulated to the consultants in February, 1973, the majority of whom agreed that the DDDG should continue and should be organised on a subscription basis. On the basis of these replies, the Steering Committee agreed upon the proposals for aims, functions and membership as outlined in para 2 above. It was hoped and intended that as a result of these proposals the DDDG would become more formally organised by becoming a group of subscribing members. The members would then appoint their own committee and officers so as to decide policies and programmes and to manage the group's affairs. It was hoped too that there would be a close association between the reconstituted DDDG and the Standing Conference on Drug Abuse (SCODA) and the Society for Study of Addiction in particular, and with any other organisations concerned with the prevention and treatment of drug abuse in general.

6 In May 1973, details of these proposals were circulated to consultants in charge of drug dependency units, and to others known to be interested in this field, together with application forms for membership. Within a few weeks over 70 people from many disciplines became subscribing members. By January 1974 the total had risen to over 100. In August, 1973, the paid-up members were invited to nominate about 20 of their members to serve on the Management Committee of the DDDG. The attached list (KFC 74/175)shows the names of the 21 people who were so nominated and who now constitute the Management Committee of the DDDG. This Committee is responsible for managing the affairs of the DDDG and for making recommendations to the membership for the approval or amendment of the DDDG's aims, functions, membership etc.

7. Accounts of the meetings of DDDG have been given in the following papers:

THC Reprint No	260	Treating drug dependency	Nursing Times, 17.5.68
	277	Drug dependency units	Nursing Times, 23.8.68
	288	Methedrine-the new restriction	Nursing Times, 18.10.68
	316	Drug addiction discussion group	Nursing Times, 27.12.68
	319	The nurse and the drug addict	Nursing Times, 20.2.69
	327	The drug addicted patient in casualty	27.3.69
	345	Drug addiction unit staff discussion group	5.6.69
	670	Drug dependency discussion group	7.11.69
	389	Drug dependency discussion group	19.12.69
	418	Drug dependency discussion group	9.2.70
	440	Drug dependency discussion group	23.4.70
	472	Drug dependency discussion group	30.6.70
	502	Drug dependency discussion group	1.11.70
	534	Drug dependency discussion group	15.2.71
	565	Drug dependency discussion group	27.5.71
	582	Drug dependency discussion group	15.6.71
	607	Conference of liaison committees concerned with drug dependent people	28.9.71
	650	Drug dependency discussion group	20.1.72
	677	Drug dependency discussion group	27.4.72
	709	Coordinating the efforts to combat drug dependency problems within the London Boroughs	20.7.72
	728	Drug dependency discussion group	17.10.72
	753	Drug dependency discussion group	18.1.73
KFC Reprint No	780	Drug Abuse & Educators	23/24.3.73
	824	Drug dependency discussion group	19.7.73
	851	Drug dependency discussion group Drug Abuse in a Provinical City - Clinical and Legal Aspects	22.10.73

8. One very practical outcome of the work of the DDDG was the establishment of a Working Party to review the relationships between the Metropolitan Police and those working in the field of drug abuse. This Working Party met at the King's Fund Centre from September 1972 to July 1973 with the following members :

Dr. H. Dale Beckett (Chairman)	Clinician, Norwood Drug Dependency Unit
Mr. J. Holloway	Probation Officer, London Borough of Greenwich
Detective Chief Inspector M. Huins	Metropolitan Police Drug Squad
Inspector F. Leeds	Metropolitan Police A7 Branch - co-opted April 1973
Mr. W.E.C. Robins JP	Stipendiary Magistrate, Lambeth Magistrates Court
Mr. J. Snow	Director, New Horizon
Mrs. S. Hardy	Secretary

The Working Party collected information and advice from a very wide range of people and organisations including the probation service, addiction treatment centres, magistrates courts and many statutory and voluntary organisations in the London area. The Working Party produced a report (KFC 73/396) containing a number of recommendations for practical ways in which communications between all interested authorities could be improved, and several of these have already been put into effect.

Evaluation

9. The fact that the DDDG has survived with well-attended meetings since 1968, and that it now has a strong core of subscribing members, indicates that it is meeting a need and proving of some value to the membership. So far the DDDG has been, as its name implies, a forum for discussion rather than for decision and action - although the activities of the Working Party described above does indicate ways in which the DDDG can stimulate useful action. It remains to be seen whether now with its new constitution and subscribing membership, it develops a more powerful and influential voice in the field of drug dependency.

The future

10. The agreed aims of the DDDG for the near future are to :

i) Promote and help to promote meetings at local, regional, national or international level to discuss matters concerned with the prevention and treatment of drug abuse.

ii) Cooperate with other organisations working in the field of addiction and the prevention of drug abuse.

iii) Undertake such other activities as the Group, through the elected committee, thinks fit to promote discussion and action on co-ordination, information, education and research in the field of drug dependency.

M.C. Hardie
Director

PN 200

February 1974

KING'S FUND CENTRE

Director:
M. C. Hardie, M.A., F.H.A.
Telephone:
01-262 2641

KFC 74/175

24, NUTFORD PLACE,
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W1H 6AN

DRUG DEPENDENCY DISCUSSION GROUP
Election of Chairman of Management Committee

The ballot by the members of the Management Committee for the election of its chairman resulted in a close finish with Dr H B Milne (Consultant in charge, Regional Drug Unit, Leeds Road Hospital) heading the poll. This means that for 1974 Dr Milne and Mr Hardie will serve as co-chairmen, with Miss J B Craig as Hon. Secretary. The full list of members of the Management Committee is shown below.

Dr G BIRDWOOD	Member	APA Educational Trust
Dr P A L CHAPPLE	Medical Director	NARI (CURE)
Dr I G CHRISTIE	Director	Alpha House
Miss J B CRAIG	Assistant Director	King's Fund Centre
Dr H DALE BECKETT	Consultant Psychiatrist	Norwood Treatment Centre
Mr R GEORGE	Probation Officer	Probation & After-Care Department
Mr M C HARDIE	Director	King's Fund Centre
Mr D J S HARPER	Senior Social Worker	Lambeth Drug Dependency Unit
Mr P HICKEY	Charge Nurse	Queen Elizabeth 11 Hospital
Mr J A HOLLOWAY	Probation Officer	Greenwich Magistrates Court
Mr D W INGHAM	Youth & Community Worker	Kaleidoscope Youth & Community Project
Mr D LANE	Head of Remedial & Counselling Dept	Homewood School, Kent
Mr J McCABE	Director	Nova Project
Mr A MALBY	Volunteer	Hayling Island, Hants
Dr H B MILNE	Consultant in charge	Regional Drug Unit, Leeds Road Hospital
Mr J NEWING	Chief Inspector	Metropolitan Police
Mr M NYMAN	Principal Psychiatric Social Worker	All Saints Hospital, Birmingham
Dr J OLLEY	Senior Lecturer in Pharmacology	School Studies in Pharmacology University of Bradford
Mr R SEARCHFIELD	Coordinator	SCODA
Rev T E TANNER	Director	Roma Housing Association Ltd
Dr E TYLDEN	Consultant Psychiatrist Clinical Assistant	Bromley Hospital University College Hospital

March 1974

M C Hardie

DRUGS AND SCHOOLCHILDREN- FILM SERIES

Origins

1. This project arose from an application from the National Addiction and Research Institute for a grant towards the cost of a set of films presenting and analysing the attitudes of young people towards the use and abuse of drugs. At their meeting in June 1973 the Fund's Research Committee (Minute 5B(xvii)) agreed to make a grant of £1,000 towards the cost of this project.

Objectives

2. The films are intended for an adult audience, e.g. for teachers, social workers, doctors and parents, and will present a totally honest picture of 'teenage behaviour and beliefs in an area seriously bedevilled by lack of communication' . The chief orientation of the films is to enable teachers and other professionals to carry out their responsibilities in this area with greater knowledge and understanding.

Progress

3. The first three of the five 40-minutes films have now been produced, following in-depth interviews on films with children in five very different London schools, as well as in clubs, playgrounds and drug rehabilitation centres in the London area. The films have been edited from transcripts of this interview material, with some additional contributions on film from teachers, doctors and social workers. The first three films have already been bought for the Inner London Education Authority (ILEA) library and they have asked permission to show them to all ILEA teachers on close circuit television during 1974.

M.C. Hardie
Director

PN 231

March 1974

FILM ON MENTAL HEALTH

Origins

1. In January 1972, MIND (National Association for Mental Health) approached the King's Fund for a grant towards the cost of making a ten minute film on mental aftercare. The film was to be produced by the National Coal Board for commercial distribution as one of their monthly "Review" series. The total production cost, to include 35 mm and 16 mm copies of the film, was £6,000: the National Coal Board made their own contribution by reducing the cost to £4,500. In February 1972 the Development Committee made a grant of £500 towards the project. (Minute 72/22).

Objectives

2. The aim was to prepare a short colour film describing, for the general public, the work of local mental health associations in providing hostels, group homes, day centres, social clubs and employment for long stay psychiatric patients. The film should fit into a commercial programme and would be suitable for use as a publicity vehicle for local associations.

Progress

3. The film "Return to Life from Mental Hospital" was made by David Pitt of the National Coal Board Film Unit in close cooperation with MIND (NAMH) and after visits by the Unit to many different local association projects. The film was completed in September 1972 and was then offered to film distributors and independent cinemas.

4. As at the 1st January 1974, the figures produced by the film's distributors, Data Films, show that "Return to Life ...." has been taken by 775 cinemas in England, Scotland and Wales - in most cases for a seven day run. A few independent cinema managers agreed to foyer collections and/or displays of posters and exhibition material during the period of the run, and the Rank Organisation, which agreed to show the film in all Odeon and Gaumont cinemas during the period May - July 1973, gave blanket permission for foyer collections. All the collections would have to be organised by MIND and its local associations or by volunteers recruited by them.

Financial Results

5. It proved impossible, in some instances, to organise collections in the May - July period, but Rank gave a further permission for collections during MIND Week 1973 (28th October - 3rd November). As at the beginning of January 1974, a total of £1,140 had been received from 42 collections, and further income from this source may be expected as MIND Week monies are received from local associations and campaign committees. All funds raised through foyer collections will go to the cost of the film.

Evaluation

6. Perhaps the most significant success of the film is that it has brought mental health, however briefly, to the notice of a sizeable and completely new section of the population: people who may have had no previous knowledge or experience of - or interest in - mental disorder. In this it has greatly endorsed the aims and objectives of the MIND Campaign and of MIND (NAMH) as a growing and more outward looking organisation.

7. Local mental health associations and other interested bodies have been able to hire the film and have found it a valuable way of stimulating new interest in, and support for, their work. It has proved to be of the right length and content for opening talks and discussions in schools, colleges, clubs, societies, etc.

The future

8. The film will continue to be shown in cinemas throughout the country and privately during the coming months. It is hoped that the 1973 MIND Week collections and further collections in 1974 will again contribute significantly to the cost of the project which undoubtedly has proved both worthwhile and effective.

Michael Gulliver
Appeals Director
MIND/NAMH

February 1974

PN 195

A PSYCHO-SEXUAL APPROACH TO FAMILY PLANNING

Origins

1. The Director of Nursing of the Family Planning Association approached the King's Fund Centre in early 1973 to ask if it would sponsor a meeting for nurses employed in family planning clinics to discuss the problems of dealing appropriately with clients enquiries regarding the psycho sexual aspects of family planning advice.

Objectives

2. To discuss whether or not the nurses felt they needed help in this aspect of their work and to discuss various methods of training.

Progress

3. A meeting was held at which Dr S Dawkins, an experienced medical officer in a marital problem clinic talked about the advantages of psycho-sexual training for nurses working in family planning clinics. Miss Doreen Martin, Matron of the Cassel Hospital described seminar methods of training.

4. The nurses themselves identified the problems which face them as they attempt to give adequate counselling to women seeking contraceptive advice.

Evaluation

5. As a result of the recommendations from this meeting the FPA were able to suggest appropriate training schemes and the Department of Health and Social Security has agreed to finance three pilot schemes to take place this year and arrangements have been made to evaluate them.

Publications

KFC Reprint No 813

H G Edwards
Nursing Officer

March 1974

A PSYCHO-SOCIAL APPROACH [illegible]

Origins

1. The Director of Nursing [illegible] King's Fund Centre in early [illegible] employed in family planning [illegible] with clients enquiries [illegible]

Objectives

2. To discuss with [illegible] their work and to discuss [illegible]

Progress

3. A meeting was held [illegible] in a marital problem clinic [illegible] for nurses working [illegible] Cassel Hospital described [illegible]

4. The nurses discuss [illegible] to give adequate course [illegible]

Evaluation

5. As a result of the [illegible] suggest appropriate [illegible] has agreed to finance [illegible] have been made to [illegible]

Publications

KFC Report No [illegible]

TEACHING AIDS PROJECT

Origin

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

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

Objectives

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

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

Progress

4 A steering committee was set up to:

a) be general advisers collectively, or individually
b) approve methods of lifting
c) approve intermediate stages of the development of the package
d) approve the final production

The members of the committee were:

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

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

6 The package was launched in the spring of 1972 and followed initially by demonstrations at the Centre for regional hospital boards, teaching hospitals and the professional press. To encourage further sales and give a larger number of nurse tutors the opportunity of seeing the contents of the package, Heinemann Training Services and the Centre offered, through area nurse training committees, to demonstrate the package in centres throughout the United Kingdom. By the autumn of 1973, practically all nurse-training areas had given nurse tutors the chance to see the package. Mr Hardie and Miss Craig attended their share of these meetings and found on the whole an appreciative audience wherever they went. The question of the cost of the package and the need to share it with other hospital staff who also have to lift patients were two recurring themes during the discussions which followed the demonstrations. To date, over 110 of the training packages have been sold at a price of £95 each.

Evaluation and the future

7 Towards the end of 1973 those authorities that had purchased the package were asked by questionnaire for their opinions about its usefulness and about any improvements or additions that should be made in future packages. Preliminary analysis of the questionnaires showed that the packages had been generally well received. A more detailed analysis is due to be completed by April.

J B Craig
Assistant Director

PN 119

February 1974

CHAIR FOR NURSING SEVERELY DISABLED

Origins

1. This project originated with an application from the Bath Institute of Medical Engineering for grant towards the cost of developing a special chair for hemiplegic patients. The study on this problem was initiated in January 1969 by Dr A St J Dixon of the Royal National Hospital for Rheumatic Diseases for an adjustable chair for hemiplegic patients. The requirement was for a chair in which a patient, paralysed one side, could be mobilised by getting him sat out as much as possible and as early as possible. Current chairs then available did not support the patient from inevitably drooping towards the paralysed side, did not provide adequate support for the paralysed arm which hangs on the shoulder painfully, there being loss of normal muscle power to support it. The chair envisaged was to be symmetrically adaptable for right or left hemiplegics and adaptable for various heights of patients. The Institute financed the construction of a basic prototype chair to satisfy the above requirements and which was available for clinical assessment in August 1969. Trials proceeded at St Martin's Hospital, Bath, during September 1969. As a result of these trials it became obvious that design modifications would be necessary. It was following these trials that the application was made to the King's Fund, and at their meeting in June 1973 (Minute RES 5Axxiv) a grant of £2500 was made for the project.

Objectives

2. The Bath Institute set up a sub-committee comprising those members of the medical profession most interested in the development of the chair for hemiplegics and with a view to drawing up a complete requirement for the design. This sub-committee consisted of the following members of the Institute:-

Dr A St J Dixon, MD FRCP (Chairman)
Mr P Bliss, FRCS
Dr J R Bolton, MBE MD FRCP
Dr P G Mann, MD FRCPath DipBact
Dr B D Owen-Smith, MB MRCP DPhys Med
Mr B Auty, C Eng, MIERE (Secretary)

With the assistance of the advice of experts dealing with associated medical, nursing and rehabilitation problems, this sub-committee specified the requirements for a Nursing Chair for both hospital and domicilliary use as follows:-

i) To provide a safe comfortable chair for severely disabled patients.

ii) To enable patients suffering from the following to be nursed:

(a) Hemiplegia
(b) Quadraplegia
(c) Tetraplegia
(d) Multiple or Disseminated Sclerosis
(e) Heart conditions of varying severity
(f) Other conditions benefiting from chair nursing instead of bed confinement due to lack of safe body supporting systems.

Progress

3. After agreeing on the criteria needed to achieve these objectives, it was decided to undertake fundamental research, design and development of an entirely new kind of chair to meet the stated criteria and to be capable of manufacture at the lowest possible cost to ensure maximum availability through the Department of Health and Social Security, Directors of Social Service and in the private sector. A voluntary design engineering team was set up under the leadership of Mr M Mansbridge of the British Aircraft Corporation (Filton Division). This team had its first meeting in December 1969 and prototype chairs were made available by December 1970. Clinical trials started in January 1971 at Edgware General Hospital and St Martin's Hospital, Bath, and these led to a requirement for further modifications. Further trials took place throughout 1972 at different hospitals leading to a need for further re-design, and it was at this stage that additional funding was sought from the King's Fund.

Evaluation

4. The trials have so far been disappointing inasmuch that no manufacturer offered to take up the production of the chair, but at the same time the trials did demonstrate the faith of the medical profession in the vital need for a chair of this type. The demonstration of the prototype at an exhibition in Bath in October 1973 aroused considerable interest and provided further evidence of the need for such a chair.

The future

5. Those associated with the project still firmly believe that there is a need for this type of chair and the aim is to promote the chair by trying to make a fair quantity (say two dozen) available to the medical profession throughout the country in the hope that further interest may be aroused.

M C Hardie
Director

March 1974

ASPECTS OF MANAGEMENT
(CONFERENCES ON MANAGEMENT TOPICS)

Origins

1 During 1971 a series of conferences was held at the King's Fund Centre on various management topics and these were followed by a second series in 1972. These owed their origin to the fact that from time to time the Fund is made aware of fresh ideas and practices in management in the health services which seem to merit wider application. One of the declared purposes of the Centre is to focus attention on these subjects, and topics were chosen for these conferences which seemed to lend themselves to this way of fostering good practice. They were arranged in cooperation with the King's Fund College.

Objects

2. As Mr Hardie explained in the notices of these conferences first distributed with the Centre Newsletter for November 1970, 'The purpose of the series is not to offer instant training in management, nor to provide an alternative to formal training, but rather to provide an opportunity for the description and discussion of some of the more interesting developments and experiments in hospital management, several of which have been initiated or supported by the King's Fund'.

Progress

3. The following list shows the subjects covered, and the reports available as Centre reprints.

First Series, 1971

I MANAGEMENT ACCOUNTING - Wednesday 6 January 1971

Experiment in presenting hospital management with comprehensive and up-to-date information relating the functional aspect to expenditure monthly instead of annually, so that informed decisions on future policy can be made.

Reprint No 538 Accounting for Managers British Hospital Journal 27 2 71

II MANAGEMENT CONTROLS IN MEDICAL CARE - Tuesday 16 February 1971

(a) Making the best use of resources with the help of systems of information.

(b) Progress of project at St James' Hospital, Portsmouth, for a hospital-based information service to enable doctors to identify overall aims of hospital and departmental objectives.

Reprint No 599 Management Controls in Medical Care

III JOB DESCRIPTIONS FOR HOSPITAL STAFF - Wednesday 19 July 1972

The preparation of job descriptions for hospital staff as illustrated in the folder of examples supplied by hospital authorities, published by the King's Fund in April 1972.

IV RESOURCES FOR MAINTENANCE - Tuesday 12 September 1972

To discuss problems and progress in the management of hospital maintenance services and the allocation of resources for this purpose.

V HOME FROM HOSPITAL - Thursday 26 October 1972

A review of steps taken to apply the recommendations of the report 'Home from hospital' by Miss Muriel Skeet, published by the Dan Mason Nursing Research Committee.

Reprint No 739	Home from Hospital	British Hospital Journal 9 12 72

VI PLANNING AND ALLOCATION OF RESOURCES IN AN INTEGRATED HEALTH SERVICE - Wednesday 13 December 1972

A discussion of how the National Health Service should determine its priorities and plan to use its financial, manpower and other resources to greatest effect. The talks were based on the planning arrangements proposed in the White Paper on NHS re-organisation in England (Cmnd 5055) and on the report 'Management arrangements for the re-organised National Health Service'.

Reprint No 746	Planning and allocation of resources	The Hospital and Health Services Review January 1973

Third Series, 1973

I MEDICAL RECORDS AND MEDICAL CARE - Wednesday 10 January 1973

Talk by Professor Lawrence L Weed, Professor of Medicine at the University of Vermont Medical Centre, Burlington, Vermont, USA. Professor Weed was in this country on a series of visits sponsored by the Fund and other organisations. The talk at the King's Fund Centre was on Problem-Oriented Medical Records, with particular attention to the computer aspect of the subject.

Reprint No 778	Medical Records and Medical Care	Health and Social Service Journal 14 April 1973

II MANAGEMENT AUDIT FOR THE NURSING SERVICES
Tuesday, 20 November 1973

To show how management audit can be applied to the nursing service in hospitals, as set out in the report 'Management audit for the nursing services' issued by Doncaster HMC. A number of study days had previously been held in Doncaster on management audit and this conference was for those interested in the subject but who were unable to attend any of them.

III DEVELOPING THE HOSPITAL FROM WITHIN
Wednesday, 28 November 1973

An account of an experiment at Fulbourn Hospital, in which the staff had worked with social scientists from the Tavistock Institute of Human Relations. Their purpose was to discover how far it is possible to develop the capacities of hospital staff,

(a) to investigate the problems of hospital organisation and practice arising in their day-to-day work, and

(b) to use such investigations as a basis for making informed improvements for the benefit of the patients.

Reprint No 861	The Hospital Innovation Project	Health and Social Service Journal 26 January 1974

IV ADMISSION OF PATIENTS TO HOSPITAL
Tuesday, 18 December 1973

An account of the study run by the Fund to focus attention on good practice and described in the King's Fund report 'Admission of patients to hospital' published in the autumn of 1973.

Reprint No 853	Admission of patients to hospital	Health and Social Service Journal 19 January 1974

V THE VOICE OF THE PATIENT
Thursday, 28 February 1974

The Patients' Committee at the United Manchester Hospitals was established in 1968 with the specific responsibility of reviewing the service as seen by the patient, for the investigation of patients' complaints, and for the creation of suitable channels of communication within the organisation for obtaining patients' opinions following hospital experience.

The conference was an assessment and discussion of the Committee's effectiveness as a 'voice of the patient', its development since 1968, an examination of the information received from patients and the action taken as a consequence, and finally a view of its future role in the light of 1974.

Evaluation

4. The demand for places has regularly been far more than could be met, and reports have been received at the Centre from those attending who have applied the lessons of the conference. On several themes the conferences have helped to foster a good response at the early stages in the development of a subject, as with Problem-Oriented Medical Records in January 1973, which was a sequel to the conference on Health Information Services and the Medical Record held on 22nd June 1972. On other themes they have given a fresh impetus to a subject already well-known, such as management audit. In both these subjects the Fund itself has subsequently made grants to support projects which emerged from the conferences. For Problem-Oriented Medical Records the Fund has made grants of up to £89,000 for two projects, each of three years, directed towards an improvement in the nature and use of records which might be expected to lead to a better standard in the care of patients (Research Committee, 6th December 1973, minute 16). The Fund also gave a grant for the development of management audit for the nursing services in the Doncaster Group and elsewhere, as mentioned in report PN 70, Management Audit, and progress on this was reported at the conference on 20th November 1973.

The future

5. There is no shortage of topics which could usefully be aired at similar conferences, either to break new ground or to consolidate gains already made earlier in the series.

Irfon Roberts
Assistant Director
March 1974

MANAGEMENT AUDIT

Origins

1. The work of the Fund on management audit may be traced back to a visit paid in 1960 to the United States by Mr. A.C. Dale, when he studied the work of the American Hospitals Association in developing it on a consultancy basis. Later, as a senior tutor at the King's Fund College, he continued with the help of a small working party and as a result a check list for use in taking stock of management practices in a hospital group was issued at the College in January 1966. The subject was defined as 'a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management'.

Objects

2. It was envisaged that the list would be used jointly by group and hospital secretaries; that together they would reappraise the policies, the systems, and the relationships and communications within their hospitals. Such a review could well be linked to a system of 'management by objectives' and in this way gradual and methodical progress might be made towards new and better ways of managing the human and material resources of the hospital.

Progress

3. The subject was included in the curriculum at the College and, when Mr. Dale left in 1966, Mr. Aubrey Keep became the senior tutor most closely concerned. In 1967 he ran a survey from the College on a sample basis in an attempt to ascertain where it had been put into practice by those who had attended courses there. In 1969, a survey for the same purpose was made from the Centre on a broader basis as part of the project 'Putting research to good use': please see report PN 123. About 500 questionnaires were sent to hospital authorities in the United Kingdom, and 172 were completed and returned. 160 of these were valid for the purpose, and the answers were:-

A	Applying the check list in whole or in part	94
B	Not aware of the King's Fund study	28
C	Aware of the study but not applying the check list	38

19 in group B and 23 in group C said they regarded management audit as part of their routine of management. The general attitude to the idea of management audit on the part of practically all those replying was favourable, and was well expressed in the words of one group secretary who wrote 'It is probably true to say that the check list prepared by the King's Fund College of Hospital Management formalised for the first time the sort of administrative examination of conscience which senior administrators had from time to time carried out in a less systematic fashion'. The check list as it stood, three years after being drawn up, was generally regarded as well suited for the purpose. Where the need for alteration was suggested, it was usually to meet local conditions, or to keep pace with one or two general changes in hospitals. The main difficulties said to be encountered were the pressure of more immediate demands on the administrator's time, and shortage of staff of the calibre required. It was evident that management audit could well be of value not only to group and hospital secretaries, but to others such as the nursing staff and the heads of professional and service departments.

4. These findings were used by Mr. Keep in giving the subject a fresh impetus and in particular to encourage its adoption by managers of health care in the Service at large, primarily through the medium of the management courses then taking place at the College with participants from various professions. Both the College and the Centre kept in touch with hospitals which had shown interest, and with other places such as the William Rathbone College where it had been taken into the curriculm.

5. On 14th December, 1971, a conference was held at the Centre in the series on management topics: please see separate report. The speakers included Mr Dale and Mr Keep; and accounts were given of management audit in practice, including its part in the administration of the new Southampton University Hospital Group, and in the nursing administration of the Doncaster Group.

6. On 29th February, 1972 a meeting was held at the King's Fund College with Mr F R Reeves, Director of Education, in the chair, when representatives of the College and of the Centre discussed with the speakers who had taken part at the conference what the future contribution of the Fund might be.

7. Good progress was subsequently made with management audit in the nursing administration of the Doncaster Group, where in August, 1972 a manual on the subject, 'Management Audit for the Nursing Services' was produced by the Chief Nursing Officer, Miss B. J. Smith. Copies are printed within the Group, and bound at its Industrial Therapy Unit. It is available on sale either in parts each for a given grade of staff, or as a composite copy as shown below:-

	Single copy	10 copies
Composite copy	45p	£3.50
Charge Nurse	20p	£1.50
Nursing Officer	20p	£1.50
Senior Nursing Officer	15p	£1.25
Principal Nursing Officer	15p	£1.25
Chief Nursing Officer	15p	£1.25

Prices include postage in U.K.

Cheques must be made payable to Doncaster Area Health Authority and sent to Miss B J Smith, Area Nursing Officer, Doncaster Royal Infirmary, Doncaster, DN2 5LT.

A measure of the interest shown in the subject may be seen from the numbers sold from the time it was first available in October, 1972, to the end of January, 1974 :

Composite copy - 1,738 Separate parts - 3,839

Study days were held in Doncaster in November, 1972, for the nursing staff of the Group, and three during 1973 for those from elsewhere, with a total of about 340 participants. The impact beyond the Group was subsequently strenghened by means of visits to the employing authorities concerned, made by the Doncaster team including Mr G Robson, SRN RMN, who in February, 1973, with the help of a grant from the Fund, was appointed by Doncaster HMC as a full-time project officer to help in developing this work in the Group and elsewhere.

A conference describing progress at Doncaster was held at the Centre on 20th November, 1973: please see report 'Aspects of Management'.

8. The following articles have been published:-

'Management audit' by A C Dale	British Hospital Journal	25 3 66,
'Management audit' by A G Keep	" " "	26 9 69, THC reprint 384
'Management audit' (report on conference, 14 12 71)	" " "	22 1 72, THC reprint 647
'Management Audit for the Nursing Services'	Nursing Times	29 3 73, 5 4 73, THC reprint 773

Within the Doncaster Group itself, each of the Nursing Divisions had by January, 1974 completed the process of audit in all grades from charge nurse to principal nursing officer. A programme to extend the process to other grades of staff was started in January, 1974, and plans are in hand to prepare audits for community health services in the Doncaster Area Health Authority from 1st April, 1974. Inquiries should be addressed to Miss B. J. Smith, Area Nursing Officer, Doncaster Royal Infirmary, Doncaster, DN2. 5LT.

Evaluation

9. The consensus of opinion of the conference in December, 1971, which seemed strongly in favour of management audit as an integral part of hospital management has been confirmed by the response to subsequent developments at Doncaster, and it is evident that many still look to the Fund for leadership.

10. When the check list was first issued, management audit was seen primarily as an aid to diagnosis in the general administrative field. Since then it has been shown that it could extend from a scrutiny of the organisation to that of the individual working in it, with all that this entails in job descriptions and so on. This can be seen in the report 'Management Audit for the Nursing Services'. Developments of this kind are, however, the exception, and it seems that there are still relatively few hospitals where it has been applied even in its original form.

11. Several studies on a small scale have been made by the staff at Doncaster to assess the value of the scheme there so far, and the Fund has made arrangements with the Department of Nursing Studies at Edinburgh University to undertake an evaluation of the introduction of management audit in the nursing profession, following the close association of the King's Fund College with the work undertaken by the Doncaster Area Health Authority in this field.

The future

12. Apart from the developments evolved from Doncaster, it seems that the Fund would do well to continue fostering the application of management audit, for instance by presenting it at the College as one of several valuable aids to good management, and continue to be on the lookout for fresh developments, encouraging their application as appropriate.

Meanwhile, many hospitals could still benefit from using the check list as a guide in the preparation of their own, and it should therefore continue to be available on request. To put it into its present perspective, a fresh introduction has been added. Whatever developments there may be, it seems likely that for some time to come it will be in something like its original form, with the accent on simplicity, that management audit will be of most practical value to hospitals.

PN 70

Irfon Roberts
March, 1974

STANDARDS OF STAFFING

(Ratios of Staff in Hospitals)

Origins

1. This study was prompted by the variations in the ratios of medical and other staff to patients in hospitals in various countries. It was proposed about three years ago by Dr. Duncan Neuhauser, Assistant Professor, Harvard University School of Public Health, with the support of Professor Odin W. Anderson, Professor and Associate Director of the Centre for Health Administration Studies of the University of Chicago.

2. The project is in the form of an international comparison of patterns of hospital staffing in the United States, Sweden and the United Kingdom. Its purpose is to try to ascertain why there are differences in these patterns within the three countries and between one country and another. The study is a co-operative effort on the part of the Centre for Health Administration Studies of the University of Chicago; Harvard University School of Public Health; S P R I, which is the research branch of the Swedish County Councils, and King Edward's Hospital Fund.

Objects

3. It was proposed that the questions to be dealt with should include:-

i) Do the lower staffing ratios (employees per patient day) in Swedish and United Kingdom hospitals mean that they are more efficient than United States hospitals?

ii) If so, where can savings be made in the use of hospital personnel?

iii) What is the effect of hospital size, scope of services, average length of stay, occupancy rate, etc., on hospital staffing patterns? (The hypothesized relationships are summarised in Neuhauser and Anderson, "Structural and Comparative Studies of Hospitals.")

iv) What different tasks are being performed by different types of personnel in the three countries and to what extent does this imply that one type of personnel can be substituted for another?

Progress

4. By the autumn of 1972, data on the staffing of individual hospitals had been obtained in Sweden and the United States, and similar information was then sought from a random sample of about 90 hospitals in England and Wales, by means of a questionnaire distributed from the King's Fund Centre. A response of over 75% was obtained, and the information will be analysed and compared with the answers from the other two countries.

5. Some comparisons have been made in great detail between a matched pair of hospitals, one in Sweden and the other in the United States.

Evaluation

6. It is too early to attempt an evaluation of the project.

The future

7. It is intended that an initial report will be made in the summer of 1974.

8. A substantial amount of the explanation of staffing ratios will focus on the effects of differing length of stay and differences in the custom and practice of medical care. It is not expected that exact parallels can be drawn from comparisons between one country and another. However, it is hoped that the information obtained will be of value especially for comparison within each of the participating countries as an aid to the best use of resources of staff.

Irfon Roberts
Assistant Director
March, 1974.

STAFF ATTITUDE AND OPINION SURVEY

Origins

1. During 1971 the London Hospital Group gave consideration to the idea of conducting an attitude and opinion survey of its staff. The Ashridge Management Research Unit, which has experience in this field, was invited to conduct the survey. It was felt that some of the findings would be likely to be of interest not just to the Hospital Group but to other parts of the Health Service, and for this reason the King's Fund was approached for funding the project.

Objectives

2. The aim of the survey was to find out the state of morale in the Hospital Group, the strengths and weaknesses of the Group as seen through the eyes of its staff, and the aspects of their jobs which staff found either satisfying or dissatisfying. The Hospital Group also wished to find out what had first attracted staff when they applied to join the Group.

3. It was one of the main objectives of the survey that as far as possible all categories of staff working in the Group should be included. (In fact the only categories excluded were medical and dental students.) Moreover the survey was to be of a census type, rather than a sample survey: all the people in each job category were invited to participate. Thus as well as gathering information, the survey was also viewed as a means whereby individual staff members could communicate directly with the Group's management. The data from the survey would help to identify groups of staff to whom special attention should be paid for one reason or another, and would enable inter-group comparisons to be obtained and an overall view of the organization climate to be developed.

Progress

4. The research team, after initial discussions with the Group's management, began a programme of interviews and small-group discussions with all categories of staff. Over 400 people were seen at this stage of the survey. The information gathered from these interviews and discussions was used to design a structured questionnaire. The Group's management also suggested a number of items which they wished to have included.

5. Initially it had been hoped to design one questionnaire capable of being administered to all staff. However, as a result of the interviews it became clear that this could not be practicable, and instead four separate though overlapping questionnaires were designed - for medical staff, nursing staff, professionally and technically qualified para-medical staff, and clerical secretarial and ancillary staff. After trying out the questionnaire items

with small groups, a shortened version of the appropriate questionnaire was prepared for non-supervisory ancillary staff. Having different questionnaires enabled the researchers to explore issues of interest to certain groups of staff only. There was, however enough overlap to enable comparisons to be drawn between the groups. The questionnaires were administered postally to the 5000 or so staff in the Hospital Group. A satisfactory response rate was obtained from all groups of staff, with the exception of non-supervisory grades of ancillary staff, a high proportion of whom do not speak English as their first language, or have undergone a relatively limited education.

6. Separate report on the four major occupational groupings of staff were prepared on the basis of the questionnaire results. Each report sought to give an overall view of the staff it was concerned with, and in addition paid attention to any differences in opinion between particular categories of staff - for example those of different grades or specialisms, or in different locations in the Hospital Group. In addition there was a fifth, general, report, which compared the four major staff groups, and thus provided an overview of the survey results. A more general report on the survey, drawing attention to some of its wider implications, was prepared for the King's Fund.

7. The main results from the survey were summarised and distributed to the Group's staff. There has also been a series of discussion meetings on the survey results. Each meeting has involved between 20 and 50 staff, and at each meeting a member of the research team and a senior member of the Group's management have been present.

Evaluation

8. The survey has provided the Group's management with a considerable amount of information concerning its personnel. Areas of satisfaction and dissatisfaction to staff have been determined, enabling the organization to order its priorities in any action program - both to safeguard the perceived strengths and to rectify the weaknesses. A further effect of the is to stimulate staff to think about the issues raised, and to help to develop a favourable atmosphere for communication in the Hospital Group.

9. The chief feature of the survey was that it covered all the many categories of staff which work in a hospital. Though this led to difficulties in the administration of the survey and the interpretation of the results, it had the advantage that an organization-wide view of the Hospital Group could be obtained, and similarities and differences between staff of widely differing occupational groups determined. The overall view thus obtained was one of the chief benefits of the survey.

Future

10. The survey has suggested a number of areas for further research. The survey techniques could be developed in various ways: for example, they could be:

- standardised to form a tool for personnel management in hospitals;
- adapted for use in surveys covering several different hospitals;
- adapted for use on certain groups of staff only, where intensive treatment could be given to specific topics.

Any of these types of survey could be repeated every few years to gauge shifts in staff's opinions over time, and measure changes in attitudes resulting from organizational action.

11. The survey has also uncovered a number of areas of general significance which deserve further study. Some of these issues could be studied by survey methods, but others would probably require application of other techniques. Some of these topics are:

- the various career structures - from point of view of both the job security they provide and the opportunities they provide for individual development;
- the factors which influence staff to leave a hospital, and the optimum length of stay for various types of staff;
- ways of increasing job satisfaction among ancillary workers;
- the most appropriate type of relationship between staff in positions of leadership or authority, and their subordinates.

12. Proposals are currently being prepared for further research arising from the survey. From the Hospital Group's point of view, the survey has provided a base of information to guide its personnel planning in the future.

R. Hughes
Ashridge College

PN 185

February 1974

ADMISSION OF PATIENTS TO HOSPITAL

Origins

1. This study can be traced back within the Fund to several points where it had previously been given attention, as shown in the reports: 'Some observations on hospital admissions and records', 1948; 'Hospital bed occupancy', 1954, and 'Red Warning', 1968. The work of the Emergency Bed Service loomed large in the last of these reports, and it was from the E.B.S. that the impetus came for a fresh study. Sir Francis Avery Jones became Chairman of the Emergency Bed Service Committee in 1968, and in the following year he put forward the proposal for a study of admissions to hospital.

2. Management Committee approved the proposal at its meeting in July 1969, making a grant of £3,000 (minute 7815). A steering committee was formed but in the event it was not found possible to make an immediate start on the project, and the committee first met on 2nd April, 1971. Its membership at the completion of the project was:-

Sir Francis Avery Jones: Chairman	Consultant Physician, Central Middlesex Hospital
* Dr. Howard Baderman	Consultant Physician, University College Hospital
* Miss Christine Corless	Project Officer, the King's Fund Centre.
* Mr. M.J. Fairey	House Governor The London Hospital
Mr. M.C. Hardie	Director, the King's Fund Centre
* Dr. Michael Modell	General Practitioner, London N.W.5
Mr. G.A. Phalp	Secretary, King Edward's Hospital Fund
* Mrs. Y. Ramsden	Principal Nursing Officer, Royal Northern Hospital
Mr. Irfon Roberts: Secretary	Assistant Director, the King's Fund Centre

Those shown with an asterisk formed the project team led by Dr. Baderman. All were part-time except for Miss Corless, who joined the team as full-time project officer in July, 1971.

3. A grant of £750 to complete the project was made by Management Committee at its meeting in October, 1972 (minute 8174)

Objects

4. The purpose of the study was to undertake a survey of problems and possible solutions in the organisation of efficient and humane procedures for the admission of patients to hospital, concentrating largely on hospitals that have already established good practices in this field.

Progress

5. Pilot study

A draft questionnaire (THC 71/236) was drawn up and distributed to the London Hospital, the Whittington Hospital and University College Hospital, under the aegis of the three members of the team associated with these hospitals. In the light of the results it was decided that the draft was too long and complicated to produce an encouraging response on a national scale, and so the questionnaire was simplified accordingly.

6. Distribution of questionnaire

The revised questionnaire (THC71/480) was distributed to H.M.Cs on 28th July, 1971 for completion by the appropriate hospital or hospitals in each group. The survey was initially limited to those general hospitals with more than 500 beds having major accident and emergency departments. A copy of this questionnaire was also sent to the Senior Administrative Medical Officer of each Regional Hospital Board and their comments were invited.

7. Analysis

By October, 1971, replies had been received from 17 out of 20 Regional Boards (85%), 9 of which gave detailed information. Of 60 questionnaires distributed, 55 (92%) were returned. The questionnaires were then analysed; close attention was given to the final question asking for examples of good practice, and, as hoped, this brought in some useful and interesting examples. The project officer also examined files and other material on the subject available at the King's Fund Centre, and exchanged information with other sources including the Department of Health and the Emergency Bed Service.

8. Report

By March, 1972 all the replies from hospitals had been analysed and points of special interest were examined more closely by correspondence and visits. A first draft report was received by the steering committee early in May, 1972 and after being revised was offered to the Fund and approved in October, 1972 for publication as a King's Fund report. This report, 'Admission of Patients to Hospital' appeared in November, 1973.

Its recommendations are:-

1 Have a flexible system of admission

2 Keep the patient in the picture

3 Keep the general practitioner informed

4 Give patient and general practitioner some freedom of choice of hospital

5 Consider the subject of admissions as a whole

6 Revise the procedure regularly and make it known

7 Consult the staff in devising the procedure

8 Ensure that the consultant is personally involved with managing his waiting list

9 Have one person to manage the bed state

10 Have a centralised system with good communications

11 Have a flexible system of allocating beds

12 Keep the bed state accurate

13 Give the general practitioner prompt access to the system

14 Give clerical staff authority to accept emergency cases

15 Have one point of entry for admitting all emergency cases

16 Use an admission ward to full advantage

17 Give close attention to the system of discharging patients

18 Cooperate with other branches of the health service

These recommendations are shown in a summary of the report which was given a wide distribution at the time of publication, as recommended in the project 'Putting research to good use': please see report on this project, PN 123. Copies are available free of charge from the King's Fund Centre. Translations of the summary into French, German and Spanish are in preparation.

The report is compiled with practical issues to the fore, each chapter covering a major element of the subject to which those concerned with reviewing their own situation can turn according to their own needs.

On 18th December, 1973, a conference on the subject was held at the King's Fund Centre in the series on management topics: please see report on these conferences. At this conference accounts were given of some of the examples of good practice which had been studied by the project team. It is recognised that the subject is one with many facets, and the problems encountered can be tackled from more than one line of approach: this in itself proved a good reason for holding a conference since several points of view were put forward, enhancing the value of discussion.

Evaluation

9. The need for such a study was emphasised by the cooperation and interest shown by the hospitals participating in it, and by the number of hospitals dissatisfied with their admission procedures and considering change in the near future which it is hoped will find the report of practical help.

The future

10. The recommendations of the report lend themselves to be applied with variations to suit local conditions and the new structure of the health service, and a hospital which may not find it opportune to adopt a particular practice in full, such as an entirely centralised system of admissions, may well see fit to do so in part.

The response obtained from participants in the project itself, from publication of the report and from the conference suggests that the initial impact has amply served the declared purpose. Some hospitals have already begun to review their practice in the light of the report, and to take action accordingly, and it is hoped that prompted by this and other current studies, the process will continue.

PN 173

Irfon Roberts
Assistant Director
March, 1974

PATIENTS' SATISFACTION STUDIES

Origins

1. So far there have been three studies of patients' satisfaction financed by the Fund: the first with patients in general hospitals, the second with patients in psychiatric hospitals and the third with both staff and patients in psychiatric units attached to general hospitals. All these surveys have been completed. Reports on the first two have been published and a second edition of the report on general hospitals was published in 1973, the first edition having been sold out. The report on psychiatric units is completed but still under consideration.

2. The first of these studies was started in 1965 by Mr A C Dale, then a senior tutor at the King's Fund College. He pointed out that as many aspects of hospital care had an effect on the recovery of patients, it would be valuable to make some assessment of their views. 'What hospital authorities require', Mr Dale suggested, 'is a simple and inexpensive system of sampling the opinion of patients at regular intervals and expressing the results in a way which will be an inducement to positive administrative action'.

3. In October 1965, Development Committee approved a proposed pilot scheme for general hospitals, with a grant of £500 (minute 367(h)). Subsequently the following grants have been made by Development Committee: in May 1967, for general hospitals, £750 a year for two years (minute 67/25); in May 1969, for psychiatric hospitals, £750 a year for two years (minute 69/30); in May 1971, for psychiatric units, £1,000 a year for two years (minute 71/33) and in June 1973, Research Committee made a grant of £700 for six months for a survey of studies run by hospitals, and £2,800 for two years for a study in outpatient departments (minute 5(viii)).

4. A project committee was formed in 1967; membership was later extended for the studies with psychiatric patients, and it now consists of:-

Mr A C Dale Chairman	Area Administrator, Doncaster Area Health Authority
Mrs E Lucas	Assistant Secretary, King Edward's Hospital Fund
Dr R K Freudenberg	Principal Medical Officer, Department of Health and Social Security
Dr J C Hayward	Principal Lecturer, Department of Social Science, North East London Polytechnic
Mr Irfon Roberts Secretary	Assistant Director, the King's Fund Centre
Mr E W C Seccombe	Senior Tutor, King's Fund College
Miss H M Simpson	Principal Nursing Officer (Research), Department of Health and Social Security

Objects

5. The purpose of the surveys at the general and psychiatric hospitals was to devise a method which hospitals could apply themselves to find the views of their own patients and to compare these with the views of patients at comparable hospitals. It was hoped that the results would stimulate action when desirable and practicable, and would assist in the choice of priorities for change. It was also hoped that patients would appreciate the fact that their opinions were sought and that the surveys would stimulate good relations between patients and staff.

6. The purpose of the survey in psychiatric units was to compile evidence on people's likes and dislikes of conditions in existing units, to be of assistance to general hospitals that are running or planning to start such units.

Progress

7. The pilot study in general hospitals was run from January to December 1966, with encouraging results, and it was then proposed to extend the project.

8. Mr Dale left the College to take an appointment as a group secretary and the Fund invited Mrs Winifred Raphael, formerly Assistant Director of the National Institute of Industrial Psychology, who had been associated with the enquiry, to be the survey organiser. It was run at ten general hospitals and completed early in 1969. The report on the study, entitled 'Patients and their hospitals' was published by the Fund in November 1969. It has been one of the best-selling of King's Fund reports.

9. The Fund provides the set of instructions free of charge, and questionnaires at cost price. Copies of the reports from hospitals are received at the Centre, and used by Mrs Raphael to revise the tabulated results to which hospitals can refer for sake of comparison. At several hospitals the idea of these studies has been applied for special purposes such as studies of a clinical unit or of an outpatients' department, and the Centre has normally been consulted in these developments. University departments and other establishments have taken part in several surveys.

10. The survey in psychiatric hospitals began in the autumn of 1969, and Mrs Raphael continued to be the survey organiser. From May 1970 she had the assistance of Mrs Valerie Peers, who had had considerable experience of hospitals. A questionnaire was devised and tried out in nine large psychiatric hospitals and found satisfactory except for the geriatric wards. Results were obtained from 2,148 patients and were analysed. About two-thirds of the patients participated in the wards included in the survey and of these there were only 2% whose questionnaires had to be discarded, their answers being irrational. The points of satisfaction and of dissatisfaction were noticeably different from those raised in general hospitals.

11. Similar steps were then taken to those which followed the study in general hospitals, including the preparation of a report 'Psychiatric hospitals viewed by their patients' published in July 1972. A summary of the report, and descriptive leaflets, were issued at the time of publication, as recommended in the project on applying the recommendations of research: please see report PN 123, 'Putting research to good use'.

12. The study in psychiatric units in general hospitals began in September 1971. The policy of the Department of Health and Social Security is that short stay psychiatric patients shall be treated more in psychiatric units of general hospitals rather than in large psychiatric hospitals. Many general hospitals have such units and others plan to open such units within the next few years. This seemed to point to the value of a study and Mrs Raphael and Mrs Peers were appointed to run it, but Mrs Peers had to resign in January 1973 due to ill health. Fourteen units were visited and the views of some 300 staff members and inpatients were obtained either by interview or by questionnaire as well as those of seven groups of day-patients. Great variations were found in the policies and organisations of the various units but this study was more an exploratory enquiry than a comprehensive attitude survey.

13. A large number of hospitals, both general and psychiatric, have conducted surveys themselves and many have acceded to the request to send reports on the results and particulars of action taken or proposed. Two psychiatric hospitals sent reports on the action taken, of such interest that, with their permission, these have been made into an article 'Practical Results of Surveys' that was published in the Health and Social Service Journal in June, 1973.

Evaluation

14. In all these studies, the project committee has been confirmed in its original view that there is a place for surveys of this kind in the normal process of management, especially if reinforced by a service from the Fund in the form of advice and the regular publication of comparative results, and there are encouraging signs of its being accepted as a normal process of management.

The future

15. Much more work needs to be done on the evaluation and comparison of results both at general and at psychiatric hospitals and the project will now be directed to this and to devising methods of obtaining the views of outpatients.

16. A start has been made in analysing the results of surveys already made. Many hospitals, general and psychiatric, have sent in copies of their reports and all Groups have been asked if they have conducted surveys with their patients, whether by means of the King's Fund questionnaire or by any other method. Consideration is being given to possible ways of improving the surveys and, above all, to planning methods by which the results can be made more widely known, possibly by means of short reports, leaflets, articles etc.

17. After this, surveys will be planned of outpatients and possibly of the staff caring for them.

PN 71

Irfon Roberts
Assistant Director
March, 1974.

of entries, which compare favourably with those in other sections of about the same degree of speciality:

	Subject	No of entries	No of schools of design
1967	Geriatric chair	10	7
1968	Bath hoist	8	4
1969	Clothes storage	11	8
1970	Bedside locker	14	9
1971	Vending machine for hot drinks	18	12
1972	Toy-library unit and educational toy	18	9
1973	Kitchen sink and washing-up unit	14	10

6. The subject of the 1971 competition was suggested by Mr J F Harvey, then Deputy Catering Adviser to the King's Fund, who helped in the preparation of the brief for competitors, and Mr W E D Skinner, Chief Executive of the Automatic Vending Association of Britain, joined the jury. In 1972, help was obtained from the Toy Libraries Association, The Spastics Society, and from Miss Sandra Francklin of the Centre on Environment for the Handicapped: Miss Sophie Levitt and Miss Audrey Stephenson joined the jury. For the 1973 competition, the jury was joined by Miss Elizabeth Fanshawe of the Disabled Living Foundation.

7. The Royal Society of Arts publishes a report annually on all sections of the bursary competitions, and the winning entries are put on display in London and elsewhere. For several weeks each year, those in the hospital equipment section have also been exhibited at the King's Fund Centre. The following reports have been published as articles in the British Hospital Journal (now the Health and Social Service Journal) and are available as Centre reprints:

Reprints		Journal for
No. 256	Equipment for the disabled	17 5 68
393	Design of bath hoists	31 10 69
500	Clothes storage for the disabled and	12 6 70
	Design for living with disablement	17 10 70
602	R.S.A. bedside locker contest	25 9 71
718	Vending machines for the disabled	7 10 72

Reports on the 1972 and 1973 competitions are due to appear in the Journal.

Evaluation

8. Though the main purpose is to foster the talents of the competitors, in practice the benefits seem to go well beyond that. The competition is made known by various means such as the published articles and the displays at the Centre. These have drawn many enquiries from this country and abroad, often from people asking where they could obtain the items of equipment. So far they have had to be disappointed, but one or two of the more promising designs may yet be taken forward into production, and opportunities for this have constantly been sought from the Centre.

INDUSTRIAL DESIGN BURSARIES

Origins

1. About eight years ago the suggestion was made that there should be a section on hospital equipment in the industrial design bursaries awarded each year by the Royal Society of Arts. These bursaries, awarded by competition, are intended to encourage young British designers to travel abroad in order to study design overseas at first hand. The idea of a section on hospital equipment came as a sequel to the King's Fund project on the design of hospital bedsteads. The underlying purpose of that project was to encourage a systematic approach to the design of hospital equipment. Success in this direction would involve more industrial designers than before, hence the value of arousing their interest in their formative years.

2. In July, 1967 Management Committee of the Fund made a grant of £200 a year for three years (minute 7612). Subsequent grants were £240 for the 1970 competition (minute 7888), £250 for 1971 (minute 8008), £250 for 1972 (minute 8111) and £150 for 1973 (minute 4184).

3. The Industrial Design Bursaries Board of the Society, under the chairmanship of Lord Hayter, sets up a jury for judging entries in each section. For hospital equipment its most recent membership was:-

Sir Selwyn Selwyn-Clarke	Chairman
Mr K M Agnew	Senior Research Fellow, School of Industrial Design (Engineering), Royal College of Art.
Mr W Marrow	Formerly County Health Education Officer, Nottinghamshire
Mr James Gardner	Industrial Designer
Mr Irfon Roberts	Assistant Director, The King's Fund Centre
Professor M W Thring	Head of Department of Mechanical Engineering, Queen Mary College, University of London.

Objects

4. The competitions are intended to bring potential abilities to light rather than to evoke designs which could be put into production as they stand, and the mere fact that there is a section on hospital equipment serves to draw the attention of young designers to the subject.

Progress

5. The description 'hospital equipment' has been interpreted broadly, to include items which would also be of value to patients and to the disabled in other establishments or in their own homes. The competition itself has so far attracted the following numbers

9. An interesting development in 1971, and another sign of growing interest, was that the annual industrial design bursary of the R.S.A. given at the more senior level was awarded to a candidate with a special interest in hospital equipment, Mr J Hardaker, Principal Lecturer in Industrial Design (Engineering) at Leeds Polytechnic. In the same year, one of the four Leverhulme Trust travelling scholarships for industrial design, each of £700, went to the winner of an R.S.A. bursary in the hospital equipment section, Mr Richard Berge.

10. As for a wider interest in the subject, it has all gained momentum; some examples are mentioned on page 6 of the Centre Reprint No 500. There is evidently a steady increase of interest in the subject on the part of designers and manufacturers, of the staffs of hospitals and elsewhere in the health services, and of patients and their families.

The future

11. The R.S.A. has appointed a committee with Lord Hayter in the chair to review the organisation and operation of its industrial design burseries and a note has been sent on behalf of the Fund in reply to the committee's request for opinions.

12. Some attempt has been made at the King's Fund Centre to keep note of developments and to put people in touch with each other, but this has inevitably been somewhat random, and there seems no doubt that the time is now ripe for a systematic survey of the situation if enthusiasm and effort are not to be wastefully dissipated.

PN 112

Irfon Roberts,
Assistant Director,
March, 1974

DISPOSAL OF HUMAN WASTE

Origins

1. This project came into being as a result of an investigation carried out some five years ago by the National Research Development Corporation on the needs for equipment for the elderly and disabled. One task of the Corporation is to assist in the development of new equipment for needs which otherwise might be neglected, where this is in the public interest. The equipment is subsequently licensed for manufacture, which allows the Corporation to recover its expenditure. Discussions with a number of welfare organisations and with organisations having experience in the development of hospital equipment, such as the Research Unit of the School of Industrial Design at the Royal College of Art, pin-pointed the need for developing mobile toilet equipment. The Corporation commissioned the Research Unit to conduct a preliminary study in 1968; this confirmed the need for improved equipment in both the hospital and the home environment. The Corporation then invited organisations concerned with the welfare of the elderly and disabled, including the King's Fund, to support a programme, jointly financed, to develop suitable equipment.

> Note: the word 'commode' is used in this project to describe an item of equipment devised for the purpose mentioned, though the equipment evolving from the project is radically different from the conventional pattern of commode.

2. A grant of £1,000 was made by Hospital Development Committee in January 1969 (minute 69/6) as a token contribution to the project. The main grants were to come from the Department of Health and the National Research Development Corporation, with the Reabilities Trust as another sponsor.

3. The total grants provided so far are:-

King Edward's Hospital Fund	£ 1,000
Reabilities Trust	4,000
National Research Development Corporation	19,350
Department of Health and Social Security	24,600
Total	48,950

In addition the DHSS has made available £8,000 to the Research Unit for a study to evaluate, in private houses, commodes at present available on the market, and £14,000 for trials to evaluate the commode developed for home use and for pre-production orders.

4. A Steering Committee was formed and has held almost 35 meetings to date. The original members consisted of:-

Mr J F Hunt:	Chairman	Under-Secretary and Controller of Supply (retired), DHSS
Professor L Bruce Archer		Head of Department, Industrial Design (Engineering) Research Unit, Royal College of Art.
Mr R E Pearson		Principal, Supply Division, DHSS
Mr K Grossfield:	Secretary	Executive, Planning Department, NRDC
Mr Irfon Roberts		King Edward's Hospital Fund
Dr J B Stewart		Consultant in Physical Medicine, Princess Margaret Hospital, Swindon. Reabilities Trust.
Mr M Wagstaff		Executive, Scientific Equipment Group, NRDC

Mr Wagstaff resigned from the Committee in September, 1973 on leaving NRDC

More recently the following have joined the Committee:-

Mr G M Blunt	DHSS
Mr R W H Cooke	DHSS
Dr E B Pike	Water Pollution Research Laboratory
Mr W W Stead	DHSS
Mr D G Sturrock	DHSS
Mr J Tait	DHSS

5. The project team is part of the Research Unit of the School of Industrial Design at the Royal College of Art. It consists of:-

Mr K Agnew	Senior Research Fellow and Project Leader
Miss P Rogers	Research Fellow
Mr D Tomkin	Research Fellow
Mrs C M Mattiesen	Research Associate

Objects

6. The purpose of the project is to devise improved equipment for disposal of human waste products from patients in hospitals and other institutions and in their own homes.

7. The Steering Committee approved the following as the main items to be devised:

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

2) A mobile commode much smaller than the above, designed primarily for use in private houses where users have some mobility but difficulty of access to the W.C. These two types of commode have a large number of interchangeable parts.

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

4) An improved W.C. seat particularly useful for the mobile who have some difficulty in sitting down and getting up.

Progress

8. Mr. Agnew was a member of the team at the Royal College of Art which took part in the King's Fund study of the design of hospital bedsteads, and he designed the prototype bedstead used in the trials in a hospital ward. The lessons learned in that project have been applied in the planning and control of this one, which follows a similar sequence of design by systematic methods. First came a definition of need and a survey of present knowledge and existing equipment; next, specifications of performance were prepared and then sketch designs; these have led to the production of a prototype commode.

9. In May, 1971 a fresh impetus was given to the part played by the DHSS when the Secretary of State, in replying to a debate in the House of Commons, announced his intention of providing about 1,000 chemical closets for local health authorities to issue to patients for use in their own homes, and to help these authorities to see whether this would improve life for the disabled who are not within easy reach of a lavatory. The steering committee took the initiative in seeing that steps would be taken to ensure co-ordination with this proposal.

10. The Water Pollution Research Laboratory of the Department of the Environment has taken part in the project since early in 1972 and has been most helpful in evaluating a number of existing chemicals and a search for new ones.

11. This project is exceptional in the care taken in its encouragement of extensive trials by the users, in the planning of pre-production orders, and in the writing of instructional literature for those using the equipment especially in the pioneer stage. It is hoped by the Steering Committee that the King's Fund Centre may participate in the preperation of this literature and in making it known.

Evaluation

12. Prototype commodes have been tested in Charing Cross Hospital at Fulham with encouraging results. Tests in private houses are still in progress.

13. As a small separate study, the project team has also developed a detachable W.C. seat; the prototype of this seat is now available.

The future

14. The DHSS has placed contracts with the RCA through NRDC to continue the development of the commodes in home use. The NRDC has licensed the commode for manufacture. Subject to any modifications which might be required for the processes of manufacture, the commode should become available for sale early next year.

15. It is likely that the detachable W.C. seat will become commercially available at the same time.

Irfon Roberts,
Assistant Director
March, 1974.

PN 139

DRUGS IN SMALL HOSPITALS

Origins

1. This project originated from a conference held at the Centre in February, 1967, on the subject of drugs in hospitals. One of the participants at that conference, Mr D W Carrington, then Chief Pharmacist at the Royal Cornwall Hospital, later wrote to the Centre to say 'I wonder how you would view the possibility of Cornwall being used as an area for the investigation, and possible resolution, of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. ... The scheme outlined at the conference were based on the large central or district general hospital; however a high percentage of the total beds in the country must still be concentrated in smaller hospitals, and the problems in drugs prescribing, distribution and administration are just as acute as in the larger hospitals.'

2. Subsequently, Development Committee approved a grant of £750 (Minute 67/24) for a survey of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. Further grants of £2,750 (Minute 68/64) and £2,400 (Minute 70/12) have been made to extend, follow-up and implement the findings of the original survey, making a total of £5,900 allocated for the project.

3. The project has been guided by a steering committee at present consisting of:

Mr M C Hardie	Chairman
Mr R Beckton	Deputy Group Secretary, Cornwall HMC
Dr T G Booth	Senior Lecturer in Pharmacy, Postgraduate School of Studies in Pharmacy, University of Bradford
Mr D W Carrington	Group Chief Pharmacist, Norfolk & Norwich Hospital (formerly Chief Pharmacist, Royal Cornwall Hospital, Treliske, Truro)
Mr J Greene	Chief Nursing Officer, Cornwall HMC
Mr D Higgins	Group Chief Pharmacist, Royal Cornwall Hospital, Treslike, Truro
Miss L M Macpherson	Senior Nursing Officer, West Cornwall Hospital, Penzance
Mr G Raine	Group Chief Pharmacist, St George's Hospital, London (Representative of the Guild of Public Pharmacist)
Dr W H St John-Brooks	Consultant Physician, West Cornwall Hospital, Penzance

4. The research workers involved in the project have been:

Miss Patricia Stone	Deputy Chief Pharmacist, Whipps Cross Hospital
Miss Shirley Ellis	formerly Chief Pharmacist, Royal Halifax Infirmary

Objectives

5. The objectives of the original survey were to ascertain the nature of the problems involved in the prescribing, distribution and administration of drugs in the Cornwall clinical area, which includes 22 hospitals, and to make recommendations for dealing with these problems. The objectives of the subsequent stages of the project were based upon the recommendations made in the survey and were designed to improve the situation by:

i) The introduction of improved design of prescription sheets for acute and long stay hospitals into all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.

ii) The production of procedural booklets for medical, nursing and pharmaceutical staff in connection with the prescribing, distribution and administration of drugs, in all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.

iii) The setting up of a Pilot Visiting Pharmacist System in a selected area of West Cornwall.

iv) The improvement of the distribution of pharmaceutical preparations from the parent hospital to the associated smaller hospitals, without a pharmacist, in the area selected for the Pilot Visiting Pharmacist Scheme.

v) The measurement of the success of the Pilot Visiting Pharmacist Scheme by conducting experiments to determine ratio of error before and after introducing the scheme in the selected area.

vi) An additional aim has been to prepare and publish information that could be of value on this subject to others inside and outside the NHS who are concerned with the problems of drugs in small hospitals - at present there are in the country over 900 hospitals with less than 50 beds, and a further 1,000 with between 51-250 beds.

Progress

6. The original survey by Miss Stone was published by the King's Fund in 1968 with the title 'Drugs in small hospitals'. This had a good press, and over 600 copies have been distributed or sold. A number of conferences have been held to discuss the progress of the project, and the following reprints of the relevant conference-reports are available:

No 186	Drugs in hospitals	British Hospital Journal 17.3.67
No 221	Drugs in hospitals	Nursing Times 27.10.67
No 294	Whose drug cupboard?	Nursing Mirror 22.11.68
No 298	Drugs in psychiatric hospitals	Nursing Times 22.11.68
No 312	More drug problems	Nursing Mirror 10 & 17.1.69

7. As the later stages of the project were reached further progress reports were published:

Drug rounds in small hospitals	Nursing Times 20.8.70 (reprint No.485)
Control of drugs in small hospitals	Nursing Times 16.3.72 (reprint No.667)
Pharmaceutical services to small hospitals - The West Cornwall system	Pharmaceutical Journal 7.12.72

The final report on the whole project 'Control of drugs in small hospitals - the West Cornwall System' was published by the Centre in October 1972. Of the 1000 copies printed, over 650 were sold within three months. Price £1.75.

8. In October 1973 a conference was held at the Centre to describe and discuss the project. This proved to be one of the most heavily over-subscribed conferences held at the Centre; a repeat conference was therefore arranged in January 1974 and this too was over-subscribed.

9. On a personal note, it is gratifying to record that in 1973 Miss Shirley Ellis, the research worker and author of the final report, was awarded a PhD by the University of Bradford for her thesis based on the project, and later in the year she became the first recipient of the Nicholas international Award for Services to Hospital Pharmacy.

Evaluation

10. It is still too soon after completion of the project to evaluate its full impact. At this stage it can be said that:

i) the project has aroused great interest in many different parts of the country, as evidenced by the numerous enquiries received both at the Centre and in Cornwall, by the large number of copies of the final report sold very swiftly after publication, and by the heavy over-subscribing for the conferences about the project.

ii) a number of improvements have been made in drugs procedures in the Cornwall area, particularly as regards the design of prescription sheets, the introduction of procedural booklets and the visiting pharmacist scheme, and the general arrangements for the storage, distribution and administration of drugs,

iii) the effectiveness of these improvements has been demonstrated by a marked drop in error rates since the start of the project,

iv) the Department of Health have, at their request, been kept informed of the progress of the project. A number of the recommendations and improvements arising from the project are reflected in the guidance offered in the Department's circular HM/70)36 'Measures for controlling drugs on the wards'.

The future

11. There are in Britain over 900 hospitals with less than 50 beds and a further 1000 with between 51-250 beds. It is hoped that the report on this project will prove of practical help to many of these small hospitals, and indeed to larger hospitals as well, in reviewing and developing procedures for the control of drugs and, as Professor Andrew Wilson, Professor of Pharmacology and General Therapeutics at the University of Liverpool, says in his foreword "....it provides important guidelines for a closer integration of the work of doctors, nurses and pharmacists."

M C Hardie
Director

PN 105

March 1974

CONTROL OF NOISE IN HOSPITALS

Origins

1. In 1957 the official visitors of the King's Fund decided to make special enquiries to discover what particular noises in hospital were most worrying for patients. The comments received from hospitals indicated that 'there was a genuine consciousness that hospitals were becoming more noisy, and that something ought to be done about it'. It further appeared that 'the staff did not notice a good deal of the noise going on around them .... because they had become accustomed to it'.

As a result of these findings, the King's Fund undertook two surveys to identify the noises which caused the greatest distress to patients. Results of these surveys were published in:

1 Noise Control in Hospitals. KEHFL 1958.

2 Noise Control in Hospitals Report of a Follow-up Study. KEHFL 1960.

A further follow-up study involving a number of the hospitals taking part in the earlier studies was undertaken in the summer of 1973.

Objectives

2. Although many and drastic changes have taken place both within and outside hospitals during the 15 years since the subject of noise was first investigated by the King's Fund, it was felt that a follow-up survey might well prove valuable in identifying noises that disturb hospital patients at the present time and also possibly form an interesting comparison with the situation in 1958/60.

Progress

3. In the summer of 1973, ten of the original 19 hospitals were invited to take part in a further follow-up; seven of these accepted. Each hospital authority was asked to hand a questionnaire, explanatory letter and pre-paid addressed envelope to all patients well enough to respond, from a number of medical, surgical and maternity wards on any convenient day before the end of July. The questionnaire was the same as that used in the earlier surveys, and each hospital was asked to estimate the number of questionnaires it was thought would be required. A total of 2460 forms was requested and supplied to the seven hospitals but of these only 666 (27 per cent) were returned to the King's Fund Centre.

Blank forms were returned by 23 patients and 114 had no comment to make. This left 529 (80 per cent) of the respondents who had complaints or comments to make about noise which had disturbed them during their stay in hospital.

Evaluation

4. The general findings of this survey indicate that today noise is probably a greater cause of distress to patients in hospital than it was in 1960. In the first survey nearly 50 per cent of patients replying to the enquiry indicated that they were not bothered by noise; by 1973 this had dropped to 20 per cent. A few noises seem to be of less concern to patients, while

some new sources of annoyance have appeared during the intervening years. Noises causing the greatest distress vary according to the environmental circumstances, type of building and the situation of individual wards. The physical and mental condition of patients, their level of noise tolerance, their age and general attitude to life also affect patients' reactions to noise in hospital.

In general patients seem to be prepared to accept those noises which appear to be inevitable or outside the power of the hospital to regulate or eliminate. It is disturbing, however, to find that such noises constitute only about one quarter of all the complaints made by patients in this study. The other three quarters refer to sources of noise which are, to varying extents, within the power of hospitals, their staffs and their patients to control, reduce or even eliminate. These can be divided into three main categories - noise made by equipment, by staff, and by patients and their visitors.

More comments were made by patients on the subject of noise made by staff than on any other source of disturbance. This included nursing, domestic, medical and professional staff of all grades. Noisy working with clattering and dropping of equipment, noisy walking with unsuitable footwear and above all, loud talking, laughing and unnecessary chattering are all matters which can be cured or, at least, considerably alleviated by the exercise of a little thought and care on the part of all concerned. 'They seem to forget that we are sick people,' said one patient. This is probably a difficult lesson for younger people to learn, as is suggested by the number of patients who referred particularly to the noisy behaviour and chatter of young nurses and students.

The thoughtlessness of convalescent patients both in loud conversation and in excessive use of radios and television at high noise levels were also listed by patients as sources of distress. The general introduction of unrestricted visiting, or increased visiting hours since 1958 would seem to be the main reason for the increase in the number of complaints (8 per cent) about disturbance caused by visitors. "Some people stepping inside a hospital do not realise there are sick people around, and they come and go like as they are in the market" wrote one patient.

Another source of noise that probably did not exist to disturb patients in 1960 has now become quite a problem. The introduction of visiting by children appears to be a mixed blessing. A number of patients wrote of the disturbance caused by uncontrolled children running around and screaming. 'It is nice to allow children,' wrote one grandparent who obviously appreciated the facility, 'but they should not be allowed to run up and down.'

The report finally points out that the conclusions of the 1960 survey are as relevant today as they were 13 years ago:

> 'Continuing noise-consciousness can only be achieved by constant reminders and permanent improvement must be largely maintained by the efforts of senior staff.'
>
> 'Noise control is not something that can be achieved by an all-out attack over a short period of time: it is rather a matter of constant vigilance all the time.'

Publication

M Dorothy Hinks The most cruel absence of care. King's Fund Project Paper No 3. Feb 1974

M D Hinks
Research Officer

March 1974

PATIENTS ARE INDIVIDUALS
(provisional title)

Origins

1. In May 1973 the Committee granted £3,500 for a project aimed at producing a handbook or checklist for use by members and staff of health authorities and community health councils, particularly those concerned with long-stay care.

Objectives

2. These were subsequently defined as follows:

(a) To demonstrate and illustrate the social needs of people in congregate care, particularly those in long-stay hospitals; (e.g. mentally ill, mentally handicapped, psychogeriatric, geriatric, young chronic sick)

(b) To show that at present these needs are not adequately met;

(c) To show that meeting those social needs is not merely a humanitarian act but a therapeutic necessity;

(d) To illustrate some of the ways in which large institutions can overcome those obstacles of size and centralisation which frequently seem to prevent the adequate satisfaction of patients' social needs;

(e) To provide an index by which visiting members and staff may assess the degree to which the social needs of patients are being adequately met;

(f) To indicate that whilst these needs have been stated in relationship to long-stay hospitals, many of the principles are equally applicable to short stay.

In short, to formulate some advice: to staff: on how to do it
to members: on how to check it.

Progress

3. Efforts to appoint a suitable Project Officer proved unsuccessful, and thus the project was reorganised to permit it to be undertaken by a team made up of existing King's Fund Centre staff, Mr. Irfon Roberts, Miss M.D. Hinks and Mrs. Joan Rush - the project leader being Mr. James Elliott. The effect of this is likely to be a reduction in cost, but some extension of the time scale. The team is being assisted by a consultative group of three doctors and a nurse, whose work it is to provide long-stay care; together with a psychologist well known to King's Fund Centre, Mrs. Winifred Raphael.

4. The principal means chosen to achieve the declared objectives are:

(a) Publication: aimed at staff, but also at members of area health authorities and Community Health Councils

(b) An audio-visual programme, with associated

Study notes: aimed principally at staff
perhaps a separate set of study notes for members

(c) Study groups and conferences: mainly for staff
mainly held in the Regions.

(d) A module of training in King's Fund College courses.

5. Discussion of background reading material has taken place, and a programme of interviews has begun, the object being to find out from patients themselves those social and emotional aspects of life in long-stay hospitals which they find most unacceptable, and also those aspects which they enjoy. The interviews will not constitute a formal survey, but are designed to bring out those aspects of life in hospital which patients feel are important, and which ought to be discussed with the consultative group, to form part of the subject matter of the publication and audio-visual programme.

Evaluation

6. Nothing to report at this stage

The Future

7. The publication and audio-visual programme should be completed during this year; study-groups and conferences based on this new material will be scheduled for the winter of 1974/5 and onwards. Expenditure may be needed on hiring expert help on such things as book illustration, production of audio-visual programme, and preparation of study pack. This will be met from the underspending on the salary of the Project Officer.

PN 221

J.R. Elliott
Associate Director

THE ROLE OF SOCIAL WORKERS IN PSYCHIATRIC HOSPITALS

Origins

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

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

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

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

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

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

Objects

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

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

ii) Second stage; a study of the 'status' of social workers in psychiatric hospitals, to discover their relationship to their colleagues in medicine, nursing, psychology etc., and their relative positions in the hospitals. It was hoped to throw light on communications, social workers and others working in hospitals, and on the effects of the social workers' position on their functions in the hospitals.

iii) Third stage; a study of 'public response' to social workers. It was hoped to discover whether patients and their families are aware of the social workers, and if so what they expect of them and the degree of satisfaction obtained.

Progress

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

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

Dr Miles completed her work on the project in September, 1972: a copy of her detailed report is available on loan from the King's Fund Centre.

Evaluation

9. In view of the implementation of the Seebohm report, the project generated wide interest at the time and was generally welcomed by social workers. It brought to light fresh information which was of practical value when the problem of whether social workers should be based on hospitals or on local authorities was being discussed during 1972-73.

PN 150

Irfon Roberts
Assistant Director
March, 1974

CLIENT RESPONSE TO SOCIAL WORK IN A PSYCHIATRIC HOSPITAL

Origins

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

Objectives

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

i) A study of the work of the social work department of the hospital based on all cases referred to over a period of twelve months - the Census study.

ii) Interviews with patients and relatives who have had contact with the social workers to assess the value of social work help to them and to find out what conceptions, if any, they have of social workers.

iii) Interviews with patients of the hospital who have not been referred to the social workers. These will investigate

a) if they had comparable problems
b) alternative sources of help
c) their conceptions of social workers.

Progress

3. The census study has now been completed, preliminary interviews with patients conducted and analysed and further interviews are now proceeding. The response of people approached for an interview has so far been most encouraging and suggests that there should be no difficulty in carrying this part of the study through to a successful conclusion.

Evaluation and the future

4. It is somewhat difficult to evaluate the project at this stage before the final results of the interviews are known. The findings so far have raised fundamental questions about the type of social work service needed in a psychiatric hospital, and the nature of social work in an institution the primary function of which is not the provision of social work help. It is hoped that the findings of the study will provide information which will be of use in the debate on the future position of social workers in hospitals, and that they will stimulate further, and perhaps more extensive studies in this area.

Mrs. Jill Causer
Research Fellow

PN 210

February 1974

ROYAL COLLEGE OF ART STUDENTSHIP

Origin

1. This project arose from an application from the Department of Design Research of the Royal College of Art for a grant of £4,640 over two years to cover the cost of a studentship to investigate the design of a body-cleansing unit for the general public with particular emphasis on its suitability for the elderly and disabled user. This grant was approved by the Fund's Research Committee in June 1973 (Minute RES 5Bxii).

Objectives

2. The practical objective is the eventual emergence of equipment to allow the hygiene and toilet facilities of domestic life to be performed more safely and easily by the elderly and handicapped as well as the normally fit. The academic objectives of the research are to ascertain whether the design derived from the earlier work could form an acceptable and viable product.

Progress

3. Mrs Janet Hall was selected for the studentship and took up her post in October 1973. She is working for a Master's Degree in consultation with a physiotherapist, and under the supervision of Mr Kenneth Agnew, Senior Research Fellow responsible to a Tutorial Board chaired by Professor L Bruce Archer. The work is based upon the experimental work and Master's Degree thesis of John Mitchell, then the chief physiotherapist of Woodlands Spa Clinic (now working at Loughborough University of Technology, Consumer Research Unit).

4. Since October a great deal of work has been accomplished to lay a firm foundation for possible design solution. Examples of the research in progress include such areas as:

a) To see if similar and related research was in progress or had been conducted elsewhere.
b) To obtain information on conventional bathroom systems.
c) To obtain information on potential user spectrum.
d) To obtain information on potential installation areas.
e) To obtain information on constructional problems.
f) To obtain information on financial considerations. This includes not only finances concerning the costs of building and installation of the proposed unit but also areas such as local authority expenditure for installing special or modified equipment for disabled, or in improvement grants for old houses, etc.
g) To obtain information on related ergonomics (environmental, psychological, physiological, statistical, etc).
h) To obtain information on people's requirements ("wants and needs").

5. At present extensive ergonomic testing, on a rig which embodies the fundamentals of any future design is in progress. This is being accomplished over a widely ranging spectrum of possible users (including ambulent and wheelchair bound subjects). In conjunction with these trials a comprehensive questionnaire has been constructed in order to define the potential market areas, to ascertain opinions on conventional equipment and obtain any suggestions which may affect possible design developments.

Evaluation and the future

6. The future programme will include phases which produce an experimental prototype, wet trials of the experimental prototype, final prototype and trials. The results will be presented in a thesis submitted for a Master's Degree.

R C A Langdon
Research Tutor
Royal College of Art

March 1974

PN 223

OCCUPATIONAL THERAPY RESEARCH COURSE

Origins

1. As a result of the deliberations of the Council of the British Association of Occupational Therapists exploratory talks were held by Mr. V.H. Wheble, Consultant Orthopaedic Surgeon and Chairman of the Association's Post-registration Training Committee, with Professor Alwyn Smith, Head of the Department of Community Medicine at Manchester University, Professor Chester, Professor Lee and Dr. R. Harris, Director of Physical Medicine, Manchester Royal Infirmary, on possible ways of assessing the future role and function of the occupational therapist in the re-organised health and social services.

2. The conclusion reached, was that it was really necessary for an occupational therapist to spend up to three years carrying out a thorough investigation into this subject in order to produce an authoritative treatise which could be used as a basis for further planning and development. It was felt that study of the kind of research course envisaged could best be carried out in a university setting, and that it would also be very valuable to show how the profession of occupational therapy could be advanced by higher educational training mainly geared to practical study in the educational field.

3. A number of meetings were subsequently held with representatives of the King's Fund; as a result of these meetings the King's Fund kindly agreed to finance the projected course by a grant of up to £11,000 spread over three years (Minute MAN 8251 of July 1973).

Objectives

4. The terms of reference agreed to be given to the research worker were:

a) How the occupational therapist can best fulfill her role in relation to other professional groups in the rehabilitation field.

b) The various skills and knowledge required at different levels in occupational therapy.

c) Necessary recommendations in future organisation and advanced training

d) Some evaluation of present treatment methods and equipment as a basis for a later study in depth.

5. To allow for flexibility it was agreed that Professor Alwyn Smith should advise on how the course could best be structured, as it was felt important that the candidate should not be overloaded. It was also agreed that the information required by the Association's remit should be produced as part of the thesis to be written by the candidate for the M.Sc. degree.

Progress

6. The Association selected Miss Jean Edwards MAOT, who had been completing her studies for a Bachelor's degree in Occupational Therapy at the University of Alberta, as the candidate for the Research degree work and Miss Edwards commenced the Course at Manchester University in October, 1973.

7. Up to Christmas 1973 Miss Edwards attended a series of lectures on statistics given by Professor Alwyn Smith. She also started assimilating the necessary background information for the project, e.g. reading various relevant government documents and reports produced by various professional bodies concerned in rehabilitation. These included reports produced by the Occupational Therapy Board and the Educational Committee of the Professions Supplementary to Medicine (Oddie and Burt), the Rehabilitation Report produced by the Standing Medicine Advisory Committee, (Tunbridge), and the Remedial Professions Report, (McMillan). She also visited and discussed various aspects of the problems involved with Miss M.A. Mendez, President of the World Federation of Occupational Therapists, Mrs. E. Grove, the occupational therapy representative on the Secretary of State's Working Party, Miss E.M. Macdonald of the Association's post-registration Training Committee, Mr. J.S. Tapsfield, Registrar of the Council for Professions Supplementary to Medicine, and the Secretary of the Association.

8. Since January this year, she has been engaged in collating the information she has obtained and is currently preparing to carry out three pilot studies in a hospital of physical medicine, a psychiatric hospital and in a local authority social service department, under the direction of Professor Alwyn Smith.

Evaluation and the future

9. It is still too early to attempt any evaluation of the project. Miss Edwards will be producing progress reports regularly during the course of the project.

Sir Christopher Nixon Bt
Secretary
British Association of Social Workers

PN 227

March 1974

NHS AND EEC

Origins

1. In 1973, a start was made on a series of seminars about the health care systems of countries in the European Economic Community (EEC). The background to the series is that in recent years there has been increasing contact between the King's Fund and various European educational and research centres concerned with health care. The International Hospital Federation, based at the Centre, has done much to initiate and develop these links and with Britain's entry into the Common Market we are likely to become still more closely involved with our colleagues in Europe, particularly if there is eventually to be 'harmonisation' of health and social security systems in the EEC. One has the impression that European countries are reasonably well-informed about Britain's National Health Service, but that NHS staff in Britain are not so well-informed about health services in Europe.

Objectives

2. To promote better knowledge and understanding of European health services, it was therefore suggested that the Centre might co-operate with the International Hospital Federation in arranging a series of one-day seminars at the Centre during 1973/4 at which English-speaking representatives from EEC countries could talk to invited audiences about the planning and organisation of health services in their respective countries.

3. At its meeting in November 1972 (Minute 72/76) Development Committee agreed to allocate £1,000 towards the cost of arranging these seminars.

Progress

4. Each seminar deals with the health care system of one country and the audience is multi-disciplinary, consisting of up to 100 staff from the health and social services and voluntary organisations, with an emphasis on staff of the younger generation who are going to have to spend most of their working lives within the EEC framework. At each seminar there are two speakers from each country, one taking the morning session and one the afternoon, with plenty of time allowed for questions and discussion. The speakers also prepare a paper based on their talk, which is then available for seale to those who want copies. A report on each seminar is also being published in Health andSocial Service Journal A list of the speakers of each seminar up to March 1974 is shown overleaf.

Evaluation

5. The request for places at the seminars certainly indicates widespread interest in the subject, and the seminars themselves have proved to be very lively, with no shortage of questions and comments. To this extent, it does appear that the seminars are achieving their objectives of helping to promote better knowledge and understanding of European health services.

The future

6. It is planned to continue the series during 1974, with seminars on Denmark and Ireland. Consideration is also being given to the possibility of holding further seminars to describe and discuss the health services of other countries in Europe outside the EEC. There are also plans to produce booklets about the heal th services of each country.

M C Hardie
Director
March 1974

Origins

1. In 1972, a start was made on a series of seminars [illegible] the health [illegible] committee in the European Economic Community (EEC). [illegible] background to [illegible] that in recent years there has been increasing co[illegible] between the King's [illegible] European educations and research centres concerned [illegible] health care. [illegible] Hospital Federation, [illegible] of the Department [illegible] and with [illegible] are the Common Market [illegible] are likely to [illegible] closely involved with [illegible] particularly if there [illegible] 'harmonisation' of health care [illegible] as the EEC. [illegible] that Fundamental [illegible] approved about Britain's [illegible] Service, but the [illegible] so well informed about [illegible] Europe.

Objectives

2. To promote better knowledge and understanding [illegible] proposed [illegible] that the Centre might co-operate [illegible] the International [illegible] in arranging a series of one-day seminars at the [illegible] during 1972 [illegible] speaking representatives from EEC countries could [illegible] relevant decision [illegible] planning and organisation of health services in their respective countries.

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Progress

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M C Hardie
Director
March 1974

PUTTING RESEARCH TO GOOD USE

Origins

1. This project originated some six years ago, when it was reported to Development Committee in March, 1968 that: 'It is common experience at the Centre to find that many research projects are not even known in hospitals and other health services, let alone understood, and even less applied. This was amply revealed also in the project financed by the Fund to establish a regional information service. The task of applying the results of research in the social sciences is therefore a problem worthy of attention in itself. Unless this is tackled, much of the effort spent in research will continue to run into the sand.' This was also one of the main conclusions which had been reached by the Heyworth Committee on social studies, which had led to the formation of the Social Science Research Council.

2. It was proposed to run a study of the problem, and at its meeting in March, 1968 Development Committee gave approval to this project with a grant of £2,000 for one year from 1st January, 1969. (Minute 68/23).

3. Mr. Irfon Roberts, one of the Assistant Directors of the Centre, was released early in 1969 from most of his normal duties to concentrate on this project, with Miss Rosemary Stewart, of the Oxford Centre for Management Studies, as consultant. From 1st April the team included Miss Rosalind Pinder, a graduate in social science, who had taken part in the project on internal communication in hospitals and subsequently in a study of the attitudes of senior hospital medical staff to their role in hospital management.

Objects

4. The project was to take the form of a survey of selected items of research relating to hospitals and health services. The purpose was to determine what effect they had had and to devise ways of strengthening the impact which research in this field should have on the management of hospitals and other health services.

Progress

5. Steps were first taken to make the project known by such means as letters to hospital authorities and others concerned both in this country and abroad. From the start the response was distinctly encouraging, typical comment being 'It's about time someone looked at what happens to all this research'. The study was run in two phases. First, with the help of the King's Fund College, a pilot study was conducted at eight hospitals, at which a cross section of the staff were asked questions about a dozen or so King's Fund projects. This was completed in May 1969, and an interim report, THC 69/348, presented to Development Committee at the end of the month. This included the comment 'The onus of applying recommendations must rest with hospitals themselves, but they need to draw to full effect on each other's experience, and also to keep the original sponsor of the project informed'. The findings, which confirmed the original

impression that the studies were not well known, were used in the preparation of a revised questionnaire for the second phase of the project. Copies were distributed at the end of August to all teaching hospitals and to six hospital groups in each region in the United Kingdom. In each group a copy was sent to the Chairman of the Medical Committee, the group secretary, and the matron and secretary of one of the hospitals, making a total of about 550 recipients. This survey was completed by the end of October, 1969, with 60% of the questionnaires completed and returned.

6. The statistical information was analysed by computer and separate reports were produced and distributed within the Fund setting out all the answers obtained to each question.

7.	THC Reprint No. 335	Putting research to good use	Nursing Mirror and Midwives Journal 7th March, 1969.
	389	You are the change makers	Hospital World October, 1969.
	392	Research into action	British Hospital Journal 7th November, 1969.
	506	Putting research findings to use	World Hospitals Vol. 6 No. 4 October, 1970.

8. A report, THC 69/740, 'A course of action for the Fund to consider', which gave a summary of conclusions, was completed and submitted to the Fund by the end of November 1969. This was received by Development Committee at its meeting in January, 1970 with the supplementary reports THC 69/732-738 giving all the answers obtained to each question.

Evaluation

9. In its immediate effects, the project itself evidently helped to focus attention on the need to put research to good use, provided some measure of the situation, and showed that the Fund was concerned to know what impact it makes. It was run as 'action research', to use a fashionable term: opportunities were taken in the course of the project itself to make the work of the Fund better known and to encourage action. Some of the consequences of the project are mentioned in the following paragraphs.

10. In March, 1970, a meeting was held within the Fund, with Mr. Phalp in the chair, to discuss the steps then to be taken. It was suggested in the report that the Fund should concentrate its efforts on seeing that its recommendations were known and understood, and this seemed to point to the need for improvements in the flow of information within hospitals and groups. Discussions continued within the Fund and with others interested, and one of the results is the project sponsored by the Department of Health and Social Security which began in February, 1972, in the Wessex region: please see separate report concerning 'Wessex Regional Hospital Board: Library and Information Services'.

11. The information obtained was made known within the Fund. For example, one of the questions asked was, 'have you any suggestions to make for improving the content or format of King's Fund reports?' A copy of all the answers obtained was given in 1969 to the publications department of the Fund. Among the suggestions offered was the

distribution of leaflets and summaries about King's Fund reports. These suggestions were adopted; leaflets each describing a recent report have been distributed in large numbers, and when the King's Fund report 'Psychiatric Hospitals Viewed by Their Patients' was published in the summer of 1972, a summary of the report was sent to every hospital group in the United Kingdom containing a psychiatric hospital, about 125 in all: please see report PN 147 'Patients' Satisfaction Studies'. The response to its distribution gave good grounds for belief in the value of this means of making the recommendations of a project known to those on whom action depends, and similarly in November, 1973, a summary of the King's Fund report 'Admission of Patients to Hospital' was distributed from the Centre with the quarterly Newsletter: please see report PN 173, 'Admission of Patients to Hospital. Translations of the summary into French, German and Spanish are in preparation.

12. Questions about management audit had been asked in the survey, and the answers were used at the King's Fund College and at the Centre to give the subject a fresh impetus. Please see report PN 70, Management Audit.

13. Another idea put forward was to hold conferences in the course of projects, as a means of maintaining interest and drawing on informed opinion, rather than on their completion. This idea was successfully tried out for the project on the disposal of human waste, when a conference was held at the Centre in November, 1971: please see report PN 139, Disposal of Human Waste.

14. It was suggested that 'the Fund should consider taking the initiative in bringing together other sponsors of research', and this was put into practice when a meeting for this purpose was held on 24th November, 1971 at the Centre in association with the Science Policy Foundation.

15. An attempt was made to see the problem in its full context from the moment when a project is no more than an idea in somebody's mind until the time when its recommendations have been applied wherever appropriate. This led to a closer examination of the task of selecting and controlling research projects, and in November, 1971 a report, THC 71/689, the Centre and Research, including some recommendations on this subject, was received by Development Committee which gave its consent for action to be taken along the lines suggested. A note for guidance on selecting and controlling projects is now in preparation.

16. Since the project began, opportunities have been taken to include aspects of it in conferences and in training courses at the King's Fund College and elsewhere, such as the Queen's Institute of District Nursing, the Department of Health and Social Security, and regional training centres.

17. The idea of making full use of the graphic presentation of research findings was put forward as an integral part of the project and Mr Roberts was granted a sum of £335 for this purpose by the Kodak Educational and Charitable Grants Committee. A display to illustrate the project itself was put on view at the

Centre and at the Queen's Institute of District Nursing. During the past three years, the use of slides with recorded commentary has become common practice in exhibitions at the Centre.

18. In the report 'A course of action for the Fund to consider', one of the conclusions was that 'even if the Fund is available for advice and consultation, it is best for the people on the spot to put their own house in order..... What is needed, apart from specialised advice, is a helping hand to lighten the load on the people on the spot so that they can have the satisfaction of improving things'. It was suggested that, as a means of achieving this, appointments might be made to the administrative staffs of hospitals. The Fund made it possible to put this idea into practice when in March, 1972 it made a grant of £4,500 a year, initially for three years, to St. Thomas's Hospital for the appointment of an Assistant Clerk to the Governors who would provide the administrative link between the services of the hospital and the research undertaken by its Department of Clinical Epidemiology and Social Medicine, and take part in allied activities at the King's Fund College and Centre (MAN. minute 8094). Mr John Wyn Owen, formerly of the University of Wales (Cardiff) HMC, took up this appointment in November, 1972.

The future

19. When the project itself was completed, there was ample material for publication either as a King's Fund report or as more articles in the professional journals. It seemed best, however, first of all to take some action within the Fund itself in the ways described. Now that the Fund can point to the steps it has itself taken in the light of the project, the time would be more propitious to suggest to others what they for their part might care to do, and the material collected would still be topical and relevant enough for publication.

20. The project has come increasingly to be recognised not so much as one in isolation but rather as bearing on many aspects of the work of the Centre and of the Fund as a whole. There are still several recommendations from the project which have not yet been adopted. It would therefore seem best to continue seeing future action as a merging of this project into the work of the Fund as opportunities occur.

PN 123

Irfon Roberts
Assistant Director
March, 1974

CENTRE LUNCH TALKS

Origins

1. The idea of holding Centre Lunch Talks came as a direct result of Mr. Hardie's attendance at some of the New Thinking Lunches, now called New Action Lunches, that the Industrial Society has been arranging for some years. It was felt that it might be worthwhile arranging at the Centre a similar series of lunch-time talks related to the health and social services. As a result, the first Centre Lunch Talk was given on 18 December, 1968, by Mr. John Garnett, Director of the Industrial Society.

Objectives

2. The purpose of each talk has been to invite some distinguished person to speak for half an hour on a topic related to the health and welfare services with the aim of stimulating new thought or action. As often as not, the speaker has come from outside the immediate world of the National Health Service. Again, this choice of speakers has been deliberate: the purpose has been to widen our horizons and to prompt thoughts about ways in which we can change things for the better. Often, too, the talks have given us a chance to see ourselves as others see us - 'us' in this context being those working in statutory and voluntary organisations directly concerned with the health services. At times these insights may not have been too flattering.

Progress

3. The talks have been held about once every 6 weeks since December 1968 and speakers have been drawn from a wide field. A list of the 42 talks given up to March 1974 is attached. A report of every talk has been published in the Health and Social Service Journal and nearly every one has been written by Mr. Leslie Paine, House Governor and Secretary of Bethlem Royal and Maudsley Hospitals. A collection of reports on the first 24 talks is available from the Centre in a booklet "Twenty-four talks", price 25 p.

Evaluation

4. It is of course very difficult to measure the effect of one 30-minutes talk in terms of action taken or results achieved. The talks have proved popular in the sense of often being over-subscribed, and they have generally received good publicity in the professional press. One might reasonably hope that they have helped to draw attention to current problems or innovations, and perhaps to influence the general climate of opinion on some topics. One feature that is worth noting is that by having the talk given before lunch, rather than after, those attending are able to discuss the talk amongst themselves, or with the speaker, over lunch.

The future

5. It is intended to continue arranging talks at intervals of about 6 - 8 weeks.

M.C. Hardie
Director

March, 1974

CENTRE LUNCH TALKS

	Date	Speaker	Talk
1.	18 December 1968	Mr. John Garnett Director The Industrial Society	Achieving high performance in large-scale organisation
2.	22 January 1969	Dr. Bernard Benjamin Director, GLC Research & Intelligence Unit	The Greater London Council's Research and Intelligence Unit
3.	22 March 1969	Mr. Harold Young Director J. Lyons & Co Ltd	Achieving high performance in large scale catering
4.	5 May 1969	Dr. Michael Young Director, Institute of Community Studies	What? and the National Health Service
5.	25 June 1969	Mr. Anthony Steen Director, Young Volunteer Force Foundation	The Young Volunteer
6.	31 July 1969	Mr. George Teeling-Smith Director, Office of Health Economics	Targets for Tomorrow
7.	21 October 1969	Professor W.J.H. Butterfield Guy's Hospital Medical School	Priorities in Health Care
8.	18 December 1969	Mr. Jimmy Savile Disc-jockey and volunteer porter at Leeds General Infirmary	A porter's picture of the hospital
9.	15 January 1970	Miss Rosemary Stewart Fellow, Oxford Centre for Management Studies	The inquiring mind
10.	3 March 1970	Miss Geraldine M. Aves Chairman of the Committee on Voluntary Worker in the Social Services and formerly Chief Welfare Officer at the Ministry of Health	The future of voluntary help in the health and social services
11.	28 April 1970	Mr. John Wren Lewis ICI Research and Development Organisation	The old order changeth
12.	9 June 1970	Sir Bruce Fraser Comptroller and Auditor-General and a former Permanent Secretary of the Ministry of Health	Hospitals and their money

	Date	Speaker	Talk
13.	14 July 1970	Mr. Lewis Waddilove Member, Social Science Research Council	Social science research and the health service
14.	15 September 1970	Mr. Caspar Brook Director, The Family Planning Association	The future of family planning in Britain
15.	27 October 1970	Mr. Paul de Berker Principal Psychologist Civil Service Department and Associate Fellow of Oxford Centre for Management Studies	Motivation of managers
16.	25 November 1970	Professor Stafford Beer President, Operational Research Society	Operational research and the health service
17.	16 December 1970	Mr. Mickey Stewart Captain, Surrey County Cricket Club	SPARKS
18.	27 January 1971	Mr. Frank Field Director, Child Poverty Action Group	Poverty in the welfare state
19.	9 March 1971	Dr. John Roger Ellis Dean, The London Hospital Medical College	Medical education and the future of primary medical care
20.	29 April 1971	Mr. Glyn Picton Vice-Chairman, National Staff Committee	Manpower policy in the health service
21.	10 June 1971	Mr. Christopher Mayhew MP for Woolwich East and Chairman, National Association for Mental Health	An MP looks at mental health
22.	6 July 1971	Professor Thomas McKeown Department of Social Medicine, University of Birmingham	Priorities in health care
23.	5 October 1971	Miss Ann Shearer Free-lance journalist	The press and the professional
24.	16 December 1971	The Rev. Michael Wilson MD Research Fellow, Theology Department, University of Birmingham	The primary task of the hospital

	Date	Speaker	Talk
25.	27 January 1972	Miss S. Quinn Chief Nursing Officer Southampton University HMC	Nurses, patients and management
26.	9 March 1972	Mr. Robin Huws Jones Principal, National Institute for Social Work Training	Doctors and the social services
27.	19 April 1972	Mr. Leslie Wilson Director ASLIB	The information explosion
28.	7 June 1972	Dr. Francis Pigott Member, General Medical Council and President, Junior Hospital Doctors'Association	Priorities in health care
29.	25 July 1972	Mr. Alfred Morris MP	Next steps for the disabled
30.	26 September 1972	Dr. E. Grey-Turner Deputy Secretary, British Medical Association	NHS and EEC
31.	1 November 1972	Dr. Wilfrid Harding Medical Officer of Health London Borough of Camden	The community physician
32.	14 December 1972	Dame Albertine Winner Deputy Medical Director St. Christopher's Hospice	Care for a dying patient and his family
33.	16 January 1973	Mr. Timothy Raison MP	Prospects for employment
34.	14 February 1973	Mr. Maurice Goldsmith Director, Science Policy Foundation	Science policy and health care
35.	4 April 1973	Mr. David Hobman Director Age Concern	Partners in caring
36.	24 May 1973	Dr. Katherine Elliott Assistant Director Ciba Foundation	Meeting world health needs : the doctor and the medical auxiliary

	Date	Speaker	Talk
37.	3 July 1973	Mr. James LeFanu Editor Scope	Priorities in health care
38.	27 September 1973	Mr. Brian Groombridge Head, Education Programme Services Independent Television Authority	Television and the people
39.	1 November 1973	Miss Mary Greaves President, Central London Branch Disablement Income Group	D I G and the disabled
40.	12 December 1973	Dame Elizabeth Ackroyd Director National Innovations Centre	The consumer and the NHS
41.	13 February 1974	Dr. Roger Bannister Chairman The Sports Council	Sport and health
42.	12 March 1974	Dr. A.L. Cochrane President Faculty of Community Medicine	Research into action

	Date	Speaker	Topic
[illegible]	[illegible] July 1972	Mr. [illegible] Editor Scope	[illegible] health care
[illegible]	[illegible]	Mr. Brian [illegible] Head, Education Programme Services Independent Television Authority	Television and [illegible]
[illegible]	1 November 1972	Mary Cleaves Resident Control Lorado Women Employment Income Group	[illegible] C and [illegible] Priorities [illegible]
40.	12 December 1972	Dame [illegible] Acting Director [illegible] Innovation Centre	The [illegible]
[illegible]	13 February 1974	Dr. [illegible] Chor[illegible] The Sport[illegible]	Sport [illegible]
42.	12 March 1974	Dr. A[illegible] Preside[illegible] Fo[illegible] Medic[illegible]	Research [illegible] Community

COURSE FOR HOSPITAL ADMINISTRATORS FROM OVERSEAS

Origins

1. This course had its origins in the time that Mr. Hardie spent as secretary of the Government Medical Department in Bahrain in the Arabian Gulf in 1956 - 58. Part of his work on this 2-year contract was to arrange for further training of Bahraini administrators to enable them to take over responsibility for the administration of the Medical Department. Considerable difficulty was experienced in finding suitable training facilities in England. On his return to England in 1958 to take up an appointment with the King's Fund, Mr. Hardie initiated discussions with the King's Fund, British Council, Ministry of Overseas Development and other organisations with a view to arrange a training course for hospital administrators from overseas. Thanks to the support of the King's Fund, and of its College in particular, it was possible to arrange a 12-week course for overseas hospital administrators in 1961, attended by 12 officers from 9 countries. Since then, a similar course has been held each year, and since 1964 the course has been organised under the auspices of the International Hospital Federation.

Objectives

2. The aim of the course is to provide for senior hospital and health service administrators from overseas further experience and training in administration. The course is designed to provide those who take part with a general background of the origin, introduction and development of the National Health Service in Britain, together with more detailed information and some practical experience of the current organisation and work of the Department of Health and Social Security and hospital and health service authorities.

Progress

3. By the end of the thirteenth course in 1973, some 270 hospital administrators from 70 different countries had attended. A fourteenth course has been arranged for 1974. The numbers attending each year vary between 23 - 27. The course consists partly of academic work and partly of attachments to different hospital and health service authorities, as indicated below :

- 2 weeks introductory sessions at the King's Fund Centre
- 1 week attachment to the Department of Health and Social Security
- 1 week attachment to a Regional Health Authority
- 3 weeks with sessions at the King's Fund Centre interspersed with visits to hospitals and other establishments
- 2 weeks attachment to hospitals
- 1 week attachment to the King's Fund College
- 2 weeks final sessions at the King's Fund Centre

4. Mr. Irfon Roberts, Assistant Director at the King's Fund Centre, gives considerable help to the International Hospital Federation in making the arrangements for the course. The help given by many statutory and voluntary organisations, and by individual lecturers is very much appreciated.

Evaluation

5. For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are vacancies. There are no formal examinations at the end of the course, but comments from members certainly indicate that the course is valuable to them, and modifications to the course are made in the light of suggestions for improvement offered by the members.

Future

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

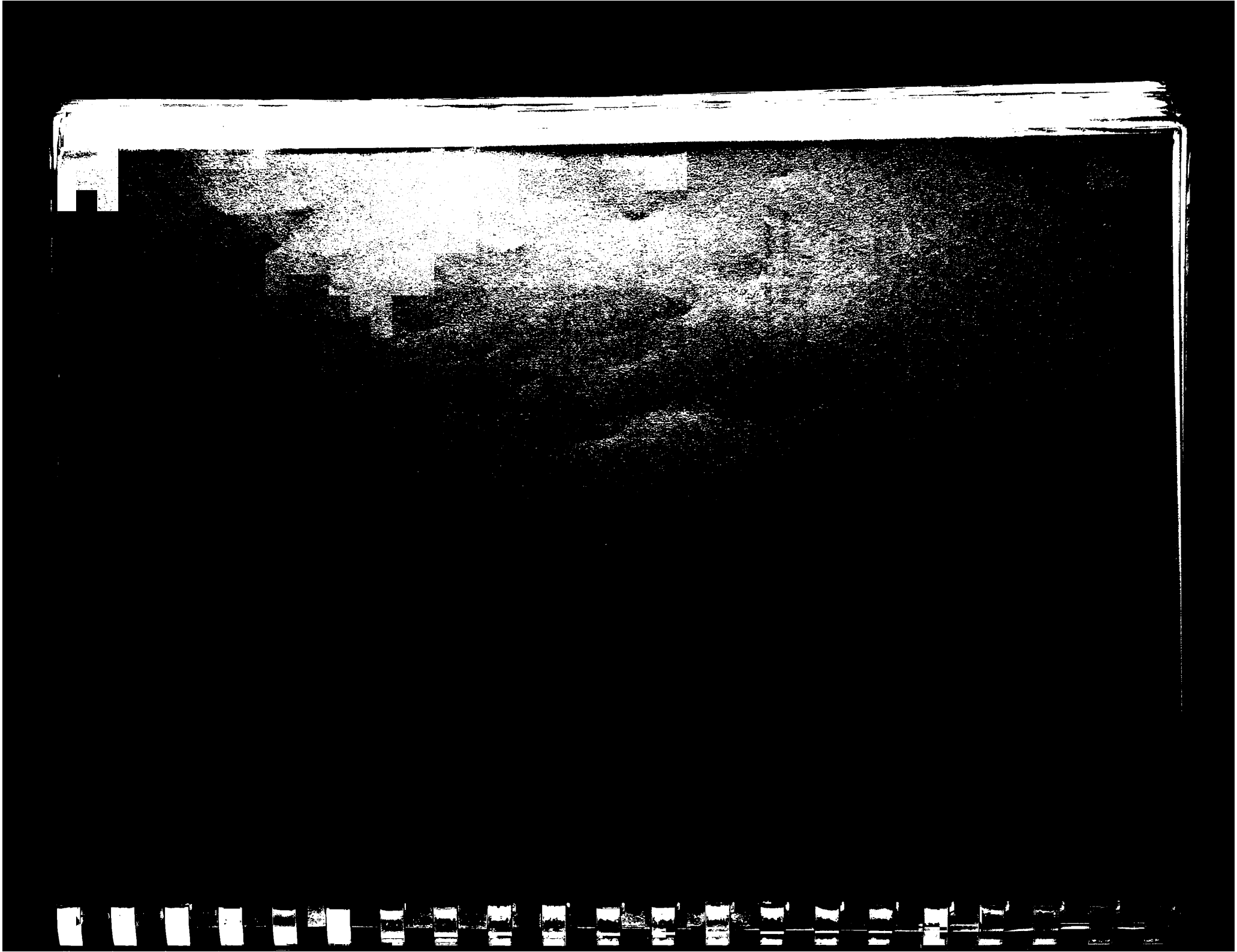
Publications: Overseas Hospital Administration reprinted from World Hospitals, Vol.6, No.4, pp.231-235. 1970. THC Reprint No.507

Overseas Hospital Administrators' Course, 1972 by Irfon Roberts, reprinted from World Hospitals, Vol.8, No.3, pp. 295-8 July,, 1972. THC Reprint No.691

ROBERTS, Irfon. International Hospital Federation. Course for hospital administrators from overseas, 1973. Hospital International volume 8, number 1, February 1974. pp.9-20. (KFC Reprint No.855)

M.C. Hardie
Director
March 1974

APPENDICES



KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee appointed in 1973 :

Sir Francis Avery Jones, CBE MD FRCP (Chairman)

Miss J.F. Carre

J. Fry Esq MD FRCS LRCP FRCGP

T.J.B. Geffen Esq MD MRCP

N.M. Hale Esq

W.G. Harding Esq, FRCP FFCM DPH

R. Huws Jones Esq, CBE

L.C. Phipps Esq, OBE DPA FHA

K.R. Porter Esq, MBE FRCP MRCS LDS RCS DPH

Miss Rosemary Stewart

Miss J.M. Wheeler

March 1974

KING'S FUND RESEARCH COMMITTEE

The following are the members of the King's Fund Research Committee appointed in 1973:

Sir George Godber, GCB DM FRCP DPH (Chairman)

Professor Brian Abel-Smith, MA PhD

H. Baderman Esq, BSc MRCP

Miss C. Biddulph, SRN SCM BTA RTN

J.L.T. Birley Esq, BM MRCP DPM

Miss Oriole Goldsmith

J.T.H. Hadfield Esq, BCh FRCS

Sir Francis Avery Jones, CBE MD FRCP

R.L. Lindon Esq, MRCS LRCP DPH DCH

Professor Ian McColl, MS FRCS

D.C. Morrell Esq, MRCP MRCS MRCGP

W.E. Randall Esq, DFC AFC FCII

Miss Rosemary Stewart

P. Westland Esq

March 1974

STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 March 1974:

Executive and specialist staff (11 staff)

Mr M C Hardie, MA FHA	Director
Mr B Brookes, Dipl Arch RIBA	Assistant director
Miss J B Craig, SRN RSCN	Assistant director
Mr K Morton, BA	Assistant director
Mr I Roberts, MA	Assistant director
Mrs M E Aston	Conference secretary
Mr A F J Chidgey	Administrative officer
Mrs H Edwards, SRN	Nursing officer (part-time)
Mr D G Ewbank	Designer-draughtsman
Miss M D Hinks, BA FHA	Research officer
Mr S G Wakeling	Equipment adviser

Library (7 staff)

Mrs J M Hurst, ALA	Head of library and information services
Mr R G Bennett	Information officer
Miss P McLoughlin, ALA	Official reader
Mrs J M B White, ALA	Librarian
Miss J M Lamyman	Information assistant
Miss B McAllister	Library assistant
Mrs A-M Cartwright	Library clerk/typist

Exhibition (2 staff)

Mrs W M Arnett-Rayson, SRN RFN	Exhibition officer
Vacant	Secretary

Clerical and secretarial (14 staff)

Mrs J Driver	Receptionist-telephonist
Vacant	Assistant receptionist-telephonist/typist
Mrs R Crawford	Multilith operator
Miss M Lewis	Mailing list and publications clerk
Vacant	Accounts clerk
Miss R Barnett	Secretary/shorthand typist
Miss E Camille	" " (part-time)
Miss S Johnston, SRN	" "
Miss N Turner	" "
Mrs A Wong	" "
Vacant	" "
Vacant	" "
Vacant	" "
Vacant	" "

Maintenance (2 staff)

Mr A J Thorne	House engineer/technician
Mr J J Elliott	Porter-messenger

Catering and domestic (7 staff)

Miss E Kydd, AMIMA	Catering officer
Miss S Moll	Head cook/kitchen supervisor
Miss I Manlow	Cook
Mrs E Milicevic	Catering assistant
Mr J Tyson	Kitchen porter
Mrs J Groves	Waitress (part-time)
Mrs I Vaughan	" "

The cleaning of the Centre is done by contract and there are therefore no cleaning staff on the establishment.

Special projects (7 staff)

Mental handicap project

Mr J R Elliott, MBE FHA	Associate director
Mrs J Rush, SRN Dip Soc	Project officer
Miss A Whittaker	Project assistant

Voluntary service information office

Mrs D M Johnston, BA	Voluntary service information officer
Mrs J Feather	Project assistant
Vacant	Secretary/shorthand typist

Commissioning new King's Fund Centre

Mr R E Lingard, FHA	Project officer (part-time)

Other organisations

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

British Hospitals Export Council	4 staff
Centre on Environment for the Handicapped	4 "
International Hospital Federation	8 "
The Spinal Injuries Association	1 "
The Volunteer Centre	8 "

March 1974

CONFERENCES, MEETINGS AND VISITS, 1973

The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the Centre on 23 April, 1963. The attached papers give further information about the conferences and meetings held in 1973 and about the groups of visitors who came to the Centre during the year.

	Working Days	No of Groups	No of People
1963 (Apr-Dec)	170	159	3,790
1964	252	392	9,729
1965	253	441	10,393
1966	251	443	13,475
1967	252	495	12,559
1968	250	437	14,026
1969	255	480	13,904
1970	253	525	16,137
1971	254	546	13,757
1972	250	561	15,416
1973	251	531	13,966
Total	2,691	5,010	137,782

Below is shown a broad classification of the groups who made use of the Centre during 1973.

Conferences and meetings organised by the Centre	104
Working parties, committees and projects with which the Centre is directly concerned	50
Groups of nurses visiting the Centre on study days	30
Groups of other staff and students visiting the Centre on study days	25
Groups of overseas visitors	26
International Hospital Federation overseas course on sessions at the Centre	37
Other organisations using the facilities of the Centre for their own purposes	259
Total	531

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

Conferences, meetings and visits: June 1973

Date	Time	Organisation	Number
1	9.30	Overseas Course	22
	11.00	Centre Committee	12
	2.00	National Association of Voluntary Help Organisers	10
	4.30	Drug Dependency Discussion Group working party	8
4	10.00	Induction Day for Voluntary Help Organisers	13
5	10.30	The National Health Service and the EEC - The Netherlands	72
6	12.30	Priorities in health care - working lunch	12
	6.00	Dental Units Press Conference	62
7	10.00	Bath Institute of Medical Engineering conference	95
	10.00	Regional Hospital Boards - librarians meeting	10
8	1.45	NW Metropolitan Paediatric Association	67
11	10.00	Psychogeriatric study day	32
	2.30	Medical students from Argentina	31
	2.00	Volunter Centre Committee	8
12	10.00	Conference: To consider the need for a Spinal Paralysis Assn.	68
	4.00	Visitors from Norway	8
13	10.00	Hospital Internal Communications working party	12
	11.00	DHSS Supplies Officers	10
	12.30	Priorities for health care working lunch	11
14	10.00	Conference: The problems of alcoholism and work	56
	10.00	Association of Hospital Treasurers research committee	5
	10.30	BLISS committee	10
15	11.00	Society of Hospital Laundry Managers	45
	12.30	APMH working party	19
18	2.30	Research Project on portable conveniences	23
	10.30	Volunteer Centre Committee	8
19	10.00	NAMH child assessment conference	64
20	10.30	South East Area Speech Therapists - AGM and conference	70
	11.30	National Association of Hospital Head Porters	22
21	10.00	Hospital house journals - a workshop for editors	40
	2.30	ASSA meeting	23
22	1.45	Joint Committee on Mobility for the Disabled	29
	2.00	Association of Hospital Secretaries	16
	2.00	Volunteer Centre working group	8
25	3.00	Family Fund	25
26	11.30	DLF press conference - Clothes Sense	18
	1.45	DLF conference - Clothing for the handicapped	50
27	10.00	Conference of Medical Missionary Societies	7
	2.30	Mental handicap meeting	8
28	10.00	Mental handicap study group	50
	12.15	ASSA meeting	10
	2.30	Trainee medical secretaries	12
29	10.00	All Japan Federation of Social Insurance Association	31
	10.00	American students course	19
	2.30	Centre on Environment for the Handicapped	8

(45 groups - 1,239 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1973:

Large conferences

Geriatrics

Art for the Elderly
Integrated Care for the Elderly

Management

Admission of Patients to Hospital
Centrepoints of Health Care
Developing the Hospital from Within
Management Audit for the Nursing Services
Medical Records and Medical Care

Mental Handicap

Films for Education
Psychopathic Disorders - A Welsh Plan
Teaching Parents to Teach Children
The American Scene (2 meetings)
The Asa Briggs Report
Toys for the Mentally Handicapped

Nursing

Allocation Forum
Nurses Attitudes to Patients
Nurse-Patient Dependency
Occupational Health & Counselling
The Care of Emotionally Disturbed Elderly Patients
Ward Activity and Learning

Voluntary Services

Organisers of Volunteers in London
The Volunteer - Friend or Foe
Voluntary Help and The Trade Unions

Other topics

Psychogeriatric study days (4 meetings)
Research project on portable conveniences
Salmon structure and counselling
The Child in Hospital
Toy Workshops (4 meetings)

Other topics

Art for the Elderly
Continuity of Care for Children
Drugs in Small Hospitals
European Information Network
House Journals
Language Barrier
NHS and EEC (three meetings : Belgium, France and Holland)
The Care of Emotionally Disturbed Adolescents
The Care of the Severely Ill Child in Hospital
The Problems of Alcoholism and Work

Centre Lunch Talks

DIG and the Disabled - Miss Mary Greaves
Meeting World Health Needs - The Doctor & the Medical Auxiliary - Dr. Kathleen Elliott
Partners in Caring - Mr. David Hobman
Priorities in Health Care - Mr. J. Le Fanu
Prospects for Employment - Mr. Timothy Raison
Science Policy and Health Care - Mr. Maurice Goldsmith
Television and the People - Mr. B.H. Groombridge
The Consumer and the NHS - Dame Elizabeth Ackroyd

Small meetings

Alcoholic units discussion group	
APMH	5 meetings
Art for the Elderly	
Care of the emotionally disturbed adolescent	
Care of the handicapped child at home and in hospital	
Community developments in care of the elderly	
Community health nurses	
Community hospitals	
Comprehensive health planning	
Continuity of care for children	
Counselling within the health service	2 meetings
Evaluation of health centres	
Geriatric meetings	2 meetings
Hospital internal communications	3 meetings
Hospital planning seminar	
House journals	
Induction days for voluntary help organisers	9 meetings
Medical Recording Foundation Library	2 meetings
Medical secretaries and receptionists	4 meetings
Mental handicap study days	9 meetings
NAMH student project	
NRDC	
Nurse counselling	
Nurse/patient dependency discussion group	2 meetings
Nurses reporting on patients	
Orientation working party	
Patients are individuals	
Priorities for the caring professions	
Priorities in health care	2 meetings

Groups of overseas visitors

Argentina
Australia
Bahrian
Belgium
Canada
Egypt
Eire
Germany
Holland
Israel
Italy
Japan (several groups)
Jugoslavia
Nigeria
Norway
UNICEF/WHO Paediatricians
USA

The 1973 course for hospital administrators from overseas (21 members from 15 countries) attended 37 sessions at the Centre.

Groups of nurses

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

Eastern Hospital
Friern Hospital
Greenwich District Hospital
King's College Hospital
Mayday Hospital
Middlesex Hospital
Moorfields Eye Hospital
New Cross Hospital
Northampton Hospital
QARANC
Queen Alexandra Hospital, Millbank
Rcn Administrative Course
Royal Earlswood Hospital
Royal Free Hospital
St. Crispin Hospital
St. George's Hospital, Hornchurch
St. Mary's Hospital
Severalls Hospital
University College Hospital

Groups of other staff and students from:

British Red Cross
Chiswick Polytechnic
Community Health
Health Education Council
King's Fund College of Hospital Management
Manchester Polytechnic School of Librarianship
North East Metropolitan Regional Hospital Board
Oxford Regional Hospital Board
Polytechnic of the South Bank
Sheffield University
West London College of Librarianship

Also:

Medical trainees
National trainees in hospital administration
Occupational therapy students from Oxford and Derby
Pupils from St. Thomas More's School
Social workers from Reading, Cardiff, Crawley, Derby and Gravesend
Trainee medical secretaries
Voluntary workers from Amersham, High Wycombe and St. Albans

Press conferences

Comfortable Clothes Mail Order Catalogue
Dental Units Exhibition

Receptions

Anglo Soviet Working Party
British Dental Association
British Hospitals Export Council Equipment Group
Department of Health & Social Security
European Hospital Centres
Japanese Anaesthetists
Joint Purchasing Committee
Overseas Course
Paintings in Hospitals
Mr. G.J. Stormont (Farewell)
Visitors from the Netherlands

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

Age Concern
Anchor House Project
Area Supplies Officers
Association of Charity Officers
Association of Chartered Physiotherapists in Industry
Association of Home Dialysis Administrators
Association of Hospital Management Committees
Association of Hospital Secretaries
Association of Hospital Treasurers
Association of Medical Records Officers
Association of Nursing Religious
Association of Occupational Therapists
Association of Professions for the Mentally Handicapped
Association of Provincial Hospital Treasurers
Association of Provincial Teaching Hospitals
Association for the Psychiatric Study of Adolescents
Association of Sterile Supply Administrators
Bath Institute of Medical Engineering
British Association of Social Workers
Bliss Classification Association
British Dietetic Association
British Hospitals Export Council
British Red Cross
Camden Social Services Working Group
Cardew Stanning Foundation
Central Public Health Laboratory
Centre on Environment for the Handicapped
Chartered Society of Physiotherapy
Churches' Council on Gambling
Conference of Medical Missionary Societies
Council for the Education and Training of Health Visitors
Department of Health and Social Security
Disabled Living Foundation
Employment Fellowship
Enfield & Haringey Area Health Authority
Excerpta Medica
Family Fund
Geriatric Care Association
Greater London Home Help Organisers
Handcrafts Advisory Association for the Disabled
Hospital Domestic Administrators Association
Inskip St. Giles Housing Association for the Disabled
Institute of Hospital Engineering
Institute of Operating Theatre Technicians
Institute of Purchasing & Supply
Institute of Religion & Medicine
International Federation of Medical Records
International Hospital Federation
Joint Board of Clinical Studies
Joint Committee on Mobility for the Disabled

Outside organisations (continued)

Kensington & Chelsea & Westminster Area Health Authority
Leeds Regional Hospital Board
Management Services Officers
Medical Trainees
Medispa Society
National Association of Hospital Supplies Officers
National Association of Hospital Head Porters
National Association of Industrial Therapy Managers
National Association of Leagues of Hospital Friends
National Association for Mental Health
National Association of Voluntary Help Organisers
National Association for the Welfare of Children in Hospital
National Council of Social Service
North East Thames Regional Health Authority
North London Polytechnic
North West Metropolitan Regional Hospital Board
Oxfam Medical Group
Polytechnic of the South Bank
Pre-Retirement Association
Regional Catering Advisers
Regional Supplies Officers
Registered Nursing Homes Association
Royal Association for the Deaf & Dumb
Royal College of Nursing
Royal Society of Health
Shirley Institute
Social Services Research Group
Society for the Advancement of Medical Engineering
Society of Hospital Laundry Managers
South East Metropolitan Regional Hospital Board
South London Polytechnic
South West Thames Regional Health Authority
Speech Therapists
Spinal Injuries Association
Standing Conference for the Advancement of Counselling
Standing Conference of Voluntary Help Organisers
Teaching Hospitals Association
Training Council for Teachers of the Mentally Handicapped
Training Project Officers
Volunteer Centre
Women's Royal Voluntary Service

EXHIBITIONS

Origins

1. Before the Centre opened in 1963 there were few facilities for exhibitions to show new ideas and trends, or materials and equipment, related to the planning and management of hospitals. During the early years the displays aimed at helping specific groups of people concerned with designing new or up-graded hospital buildings or with selecting furniture or equipment for them.

Purpose

2. The aim of the exhibitions is to demonstrate and display new ideas and trends, new materials and equipment, relating to the planning and management of health and social services.

Progress

3. In recent years there has been a change in emphasis in the Centre's policy on exhibitions. Greater attention is now paid to dealing with concepts and ideas about wider issues in the health and social services. These thematic exhibitions are usually arranged in conjuction with conferences at the Centre. To reach a wider audience some exhibitions include audio-visual programmes which are then made available for loan, details of which may be obtained from the Exhibition Officer. Exhibition themes covered in the period 1963-1973 are shown in Appendix attached.

Evaluation

4. Evaluation of exhibitions is very difficult. For some exhibitions, visitors have been invited to complete and return questionaires. These have indicated a fair measure of interest in the exhibitions and expressions of help gained from them, as well as useful critical comments for the future. Otherwise one can judge by talking and discussing with the visitors what they have gained by their visit, and by requests for help in planning further exhibitions, or for the loan of audio-visual programmes. During the last year the following topics have been displayed at the Centre:

i) The Volunteer - Friend of Foe?

This exhibition illustrated the contribution and role of the volunteers in hospitals, and demonstrated some of the factors in developing effective partnership between those who provide services, and those who use them. Most hospitals welcome the surge of interest and enthusiasm from people of all ages and classes who give time and effort to voluntry service. The exhibition was well attended, and after the finish of the exhibition the panels were lent out to several voluntary organisations, and health authorities for use in local exhibitions to promote interest in voluntary work. An audio-visual programme of the whole exhibition was made and this has been borrowed by organisers of voluntary services for training purposes.

ii) W.R.V.S. Handicrafts Exhibition

In conjunction with W.R.V.S. a display of handicrafts by members of their clubs for the elderly were shown. The exhibits were judged and prizes awarded. Many elderly people from clubs from all over the country visited this exhibition and were grateful for the chance to meet and see the work done by other clubs. This was a very good public relations exercise; the W.R.V.S. were most grateful to the King's Fund Centre for their help.

iii) Planning for General Dental Practice

This was to show the work of a joint research and development project between the Medical Architecture Research unit at the Polytechnic of North London and the School of Industrial Design at the City of Leicester Polytechnic in planning for dental practice. This display showed ideas currently being developed by the two polytechnics in designing for the dental multi practitioner and in particular design for dental service and storage units to be used in the transportation of prescribed instruments. It is hoped that this exhibition will be mounted at the Design Centre.

iv) Contract Furniture

An exhibition showing furniture and furnishings available to hospitals through centrally negotiated contracts. Owing to limitation of space only domestic type furniture from typical ranges from the main contractors was shown and included room settings such as study/bed-setting-rooms, lounge and sitting areas, dinning room and canteens. A full range of flame retardent curtain fabrics and carpets was also displayed. This exhibition proved to be extremely useful and helpful to supplies officers and planners of hostels, hospitals and similar institutions who found it most valuable in assessing their needs within a given budget.

v) Toy Exhibition, "Fun and Games"

This exhibition was mounted in conjunction with the Toy Libary Association and in response to the many enquires received at the Centre. A selection of over 300 toys were displayed, a few of which were specifically designed for people who are handicapped, but most were selected from the normal range of toys available in the open market. The main emphasis was on the play needs of the mentally handicapped - children and adults alike. An audio/visual programme together with four different "fact sheets" on the problems and organisation of play were a helpful addition to the exhibition and will be available to interested parties after the exhibition is over. In addition special study days were held at which experts on toys and play were present to discuss toys and their construction and use.

vi) Smaller exhibitions included such topics as paintings in hospitals, voluntary services, MIND (NAMH), assesment equipment for the handicapped, charity Christmas cards.

The Future

5. Exhibitions planned for 1974 include:
   - Aids to independent mobility
   - Equipment for physiotherapy department
   - Buildings and services for the handicapped
   - Multi-media resource centres
   - Paintings in Hospitals
   - Role of physiotherapy in the health service

(Mrs) W.M.Arnett-Rayson
Exhibition Officer

March 1974

Appendix

EXHIBITION TOPICS 1963 - 1973

Aids for the disabled
Anaesthetic room design
Art therapy for the elderly
Beds and bedside equipment
Brochures for schools of nursing
Charity Christmas cards
Children's units
Cleaning equipment
Clothing for the disabled
Comprehensive mental health services
Consulting room design
Contract Furniture
Convenience foods
Dental departments
Disposable goods
Do we spend enough on health care?
Equipment for export
Food service for patients
Food service for staff
Gardening for the handicapped
Geriatric care
Health centres
House journals
Hydrotherapy units
Intensive therapy units
Laboratory services
Maternity units
Medical records equipment
Mental handicap
Mantal health
Multi media resource centres
New ways towards learning
Nurses home furniture
Operating theatres
Paintings in hospitals
Patient's booklets
Psychogeriatric care
Putting research to good use
Staff accommodation
Toys for the mentally handicapped
Value for money in catering
Voluntary organisations
Voluntary services in hospitals
Ward design
Ward equipment
Workload and labour cost in catering
75 in '72 (A brief history of the King's Fund)

AUDIOVISUAL PROGRAMMES

HELPING PEOPLE - a programme which highlights the importance of meeting the needs of the elderly

LEARNING TO LIVE-a programme showing ways of improving the environment of the mentally handicapped

A LIFE WORTH LIVING-a programme illustrating problems and progress for the provision of psychogeriatric care

THE VOLUNTEER -
FRIEND OR FOE - a programme about volunteers in hospitals

FUN AND GAMES - a programme on toys and the importance of play enviroment

King Edward's Hospital Fund for London

King's Fund Centre

INVESTIGATIONS AND RESEARCH

The following is a list of the main studies sponsored by the King's Fund in recent years, classified under a number of broad headings:

CATERING ADVISORY SERVICE PROJECTS

Catering for staff	Journal report: British Hospital Journal, Sep. '67
Crockery washing	King's Fund Report, 1967
Disposable tableware	King's Fund Report, 1964
Frozen foods	Completed
Ganymede tray service in hospital	King's Fund Report, 1966
Hot-air circulation ovens	King's Fund Report, 1968
Modern British hospital catering	Journal report: Hospital Management, Dec. '68
Peripheral finishing kitchen	King's Fund Report, 1967
Regethermic food service	Completed
Stellex tray service	King's Fund Report, 1968
Twin-tray service	King's Fund Report, 1967

DOMESTIC SERVICES

Central vacuum cleaning	King's Fund Report, 1966
Filmstrips on cleaning	
i) bed area	Filmstrips issued, 1966
ii) sanitary annexes	Filmstrips issued, 1967
iii) ward kitchen	Filmstrips issued, 1968
Flooring and floor maintenance	Journal reports:
i) floor seals in hospital wards	The Hospital, Feb 1961
ii) hospital corridor flooring	The Hospital, Nov 1961 and Feb 1966
iii) floor maintenance in hospital wards	The Hospital, Aug 1962
iv) flooring for geriatric wards	The Hospital, Feb 1963
Survey of hospital domestic services	Report published by Hospital Domestic Administrators Association, 1968
Toilet cleaning service	Journal report: The Hospital, Dec 1963
Training of domestic administrators	King's Fund Report, 1963
Training of head porters	Training scheme in progress King's Fund Report, 1963
Ward housekeeping services	Journal reports: Nursing Times, July 1963, Nov. 1964, May 1966, The Hospital, Nov '66 British Hospital Journal, Dec 1967 The Hospital, Jan 1968 Hospital Management, Mar/Apr '70 (supplement)

EQUIPMENT

Bed elevators	Hospital Centre memorandum, 1964
Bursary in design of hospital equipment	Journal report

Royal Society of Arts: 1st competition '67 - '68	British Hospital Journal, May 1968
2nd competition '68 - '69	June 1970
Design of hospital bedsteads	King's Fund Report, 1967
	Journal reports: Nursing Times, May 1966
	Hospital Management, May 1967
	British Hospital Journal, May & June 1967
	Hospital Management, Nov 1967
	Bedsteads now in commercial production
Carpeting in patients' rooms	Completed
Disposable goods in hospitals	Journal reports:
	Interim report, The Hospital, Feb 1964
	Final report, The Hospital, May 1965
	Hospital Centre memorandum/schedule, 1969
Equipment for the disabled	Journal reports: British Hospital Journal Jan 1968, Apr 1969, Mar 1970, Apr 1970
Linen trolley exchange service	Journal report: Hospital Management, Apr '67
Medicine Trolley design	Journal report: Nursing Times, Nov 1963
Plastic foam mattresses	In commercial production
St Peter's boat	In commercial production
Urine drainage bags	In commercial production
Chair for hemiplegic patients	In progress

GENERAL PRACTICE

Admissions and doctors enquiry service	Journal report: The Hospital, Aug 1963
Emergency admissions (EBS red warning)	King's Fund Report, 1968
General Practitioners - involvement in hospital care	In progress
Kentish Town health centre: seminar room and library	In planning stage
Relationship of GPs to hospitals	King's Fund Report, 1963
Radio-communication systems for GPs	In regular use
Health centres directory	King's Fund Report, 1971, Directory published 1972
Secretarial staff from hospitals and general practice	In progress

INFORMATION SERVICES

Libraries and medical centres	In progress
Bliss classification system	In progress
Hospital library services	King's Fund Report, 1959
Hospital Centre library	Journal report: The Hospital, Apr 1967
Information service for the disabled	Service established
Glossary of hospital planning terms	British Hospital Journal, Oct 1971
Management research and information services	Journal report: The Hospital, May 1967
Design for the handicapped - information	Service established
British health centres directory	Published 1973
Community innovations register	Service established

MANAGEMENT

Putting research to good use	Nursing Mirror, March 1969 Hospital World, Oct 1969 British Hospital Journal, Nov 1969
Consultant's role in hospital management	Completed: Journal report: The Medical Officer, Feb 1971
Forward manpower planning	Journal report: Nursing Mirror, Mar 1969
Joint consultation in hospitals	King's Fund Report, 1969
Management accounting	The Hospital, Oct 1970
Management audit	King's Fund Report, 1969
Management by objectives in a psychiatric hospital	Journal report: Nursing Times, May 1968
Management research: appointment of social scientist	In progress
Personnel function in a large hospital group	Completed
Productivity and training	King's Fund Report, 1969
The shape of hospital management in 1980?	King's Fund Report, 1967
Effective communciation for the senior executive	Journal report: The Hospital, May 1971
Organisation of psychogeriatric services	In progress

NURSING

Attitudes of staff to patient care	Progress reports, 1969, 1970, 1971
Brochures for schools of nursing	King's Fund Report, 1965
Completion rate of nurses in training	In progress
Implementation of nursing research	In progress. Journal reports: Nursing Times, Feb and Mar 1969 Hospital Centre Report, Oct 1970
Nurse training - St Thomas' Hospital	In progress
Nurse tutors - survey	King's Fund Report, 1968
Nursing establishments	Joint report with Rcn, 1966
Nursing organisation - Charing Cross Hospital	In progress
Nursing organisation - Middlesex Hospital	In progress
Nursing administration: office accommodation	Journal report: Nursing Times, Oct 1968
Prevention of bedsores	Nursing Times, Nov 1970, Apr 1971
Programmed learning	Programmes published, 1967
Planned allocation for student nurses	Journal report: Nursing Times, Apr 1968 King's Fund Manual 1971
Student nurse assessment by progress reports	King's Fund Reports, '66, '68, Manual '72 Nursing Times, July 1969
Systems analysis of nurses' record procedures	In progress
Teaching aids: assessment of needs in pupil nurse training schools	In commercial production
Video-tape for nurse training	Report by St Bartholomew's Hospital, 1968 Nursing Times, Jan 1970
Return to nursing - survey of potential resources	In progress
Nurse-patient dependency	In progress, Project paper, 1973
Incontinence in the home	In progress

Role of the health visitor	Completed
Directory of schools of nursing	Published 1972, '73
Orientation for overseas student nurses	In progress

PATIENTS' WELFARE & VOLUNTARY SERVICES

Art for elderly long-stay patients	In progress
Appointment of organiser of hospital and community voluntary services	Journal report: Mental Health, winter 1968
Background music in hospitals	Journal report: Hospital and Health Management, July 1962
Hospital chaplains	King's Fund Report, 1966
Hospital visiting	King's Fund Report, 1960
Information booklets for patients	King's Fund Report, 1962
Information service on voluntary help	In progress
Noise control in hospitals	King's Fund Reports, 1958, 1960, Project paper, 1974
Paid organisers of voluntary services - survey	King's Fund Report, 1968, Manual 1971
Patients and their hospitals	Tape-recording issued, 1966
Patients' satisfaction study	King's Fund Reports, 1969, 1971, 1972
Reference manual for voluntary help organisers	King's Fund Report, 1971
Regional organiser of voluntary services	In progress
Use of volunteers	Filmstrips issued, 1967
Young volunteers in mental health	In progress. Journal report: Mental Health, Spring 1968
Caring for children in hospital	Project paper, 1974
Client response to social work	In progress
Voluntary work in hospitals - film	Issued by Women's Royal Voluntary Service, '69
Social responsibility Centre	Journal report: Nursing Times, July '70
Clothing for the long-stay and handicapped patient	Catalogue published 1972, '73
Young volunteers in community care	In progress
Volunteers and social workers	In progress
Clothing and dressing of handicapped people	In progress
The language barrier	In progress
Social needs of long stay patients	In progress

PLANNING

Addiction units - design	King's Fund Report, 1972
Commissioning of new hospitals	King's Fund Report, 1966
Description of new hospitals-Phase 1	King's Fund Report, 1968
Evaluating new hospital buildings	King's Fund Report, 1969
Evaluation of Addenbrookes' and Royal Marsden Hospitals	King's Fund Report, 1967
Evaluation of New Guy's House	King's Fund Report, 1963
Guy's Hospital: survey of outpatients	Journal reports: Medical Care, Apr/Jun '66
Health services planning research	Completed
Hospital traffic and supply problems	King's Fund Report, 1969
Integration of health services	Completed. Centre reports, 1973
Landscape architecture of new hospitals	King's Fund Report, 1967

Opening ceremonies and official visits	Journal report: Hospital Management, Sep/Oct 1963
Outdoor overhead heating	Hospital Centre memorandum, 1967, 1970
Royal Victoria Hospital, Belfast: survey and evaluation of outpatient department	King's Fund Reports, 1967, 1970
Wall finishes in a central sterile supply dept	Hospital Centre memorandum, 1967
Ward conversion: partitioning	Journal report: Hospital Management, Aug '66
X-ray departments - function and design	Journal report: Radiography, Jan/Oct '68
Hospital research and briefing problems	King's Fund Report, 1971
Planning information	In progress
Evaluation of health centres	Project paper 1973
Five-day rehabilitation for geriatric patients	In progress
Admission of patients to hospital	King's Fund Report, 1973

PSYCHIATRIC SERVICES

Co-ordination of services for the mentally handicapped	Completed
Industrial therapy in psychiatric hospitals	King's Fund Reports, 1968, 1969 and 1970
Role of psychiatric social workers in hospitals	In progress
Young volunteers in mental health	Journal report: Mental Health, spring 1968
Client response to social work in a psychiatric hospital	In progress
Case aides in a psychiatric hospital	In progress
Handbook for parents of handicapped children	In progress
Hymnbook for the mentally handicapped	In progress
Physiotherapy for the mentally handicapped	In progress
Group home for the mentally handicapped	In progress

STAFF ORGANISATION & WELFARE

Changing accommodation for non-resident staff	Journal report: Hospital Management, 1965
Communication flow in hospitals	Completed
Hospital house journals	Journal report: The Hospital, Oct 1966
Hospital internal communications	Reports published Journal reports: British Hospital Journal, Dec 1964 British Medical Journal, Dec 1964 The Lancet, Nov 1965 Nursing Times, May '66, July '67, Mar '68
Occupational health of hospital staff	Journal report: The Hospital, Mar 1968
Residential accommodation for staff	Completed
Supervision of nurses' health	King's Fund Report, 1963
Social centres and recreation halls	Journal report: Hospital Management, May '66
Staff suggestion schemes	Journal report: British Hospital Journal, May '67
Staff job satisfaction	Completed
"Shop window" staff	In progress Manual 1973 Journal report: The Hospital, Jan 1971
Return to nursing - survey of potential resources	In progress
The language barrier	In progress - Language training course for laundry staff 1974, Assessment test for overseas ancillary staff 1973
In-service training for staff in hospitals for mentally handicapped	In progress

OTHER STUDIES

Adolescent counselling	In progress
Control of infection: role of control of infection officer	Completed
Co-ordination of health services	King's Fund Report, 1968
Cost of provision	Journal report: Hospital Service Finance, July67
Dietary of elderly women living alone	King's Fund Reports, 1965, 1970
Drugs in small hospitals	King's Fund Report, 1968 Journal report: Nursing Times, Aug '70
Films for hospitals	King's Fund Report, 1961
Geriatric day hospitals - survey	King's Fund Report, 1970
Hospital pathology laboratories - management and equipment	Completed
Human waste disposal	In progress
Improving care for the elderly	Hospital Centre Report, 1970
King's Fund essay competition	First competition, 1967 Journal reports: The Hospital, Jan 1967 Hospital Management, Jan 1967 Nursing Times, Mar 1967 British Hospital Journal, Feb, Aug '67
King's Fund essay - second competition	British Medical Journal, June, Aug '69
Mechanised report production	Completed
Medication system for psychiatric hospitals	King's Fund Report, 1973
Nutrition of housebound old people	King's Fund Report, 1973
Prescribing and use of drugs	King's Fund Report
Shortage of dietitians	King's Fund Report, 1960
Terminal care and the relief of pain	In progress
Meals for the elderly	King's Fund Report, 1971
Student liaison officer for mental health	In progress
Co-operation between health and social service departments	In progress
Role of the social worker in the primary health care team	In progress
Films on drug-taking	In progress

ORGANISATIONS HELPED BY KING'S FUND CENTRE

Association of Professions for the Mentally Handicapped
Centre on Environment for the Handicapped
Colostomy Welfare Group
Drug Dependency Discussion Group
Hospital Domestic Administrators' Association
Institute for Mental Subnormality
National Association of Health Students
National Association of Industrial Therapy Managers
National Association of Voluntary Help Organisers
Spinal Injuries Association
Toy Libraries Association
Volunteer Centre

ALLOCATION OF FUNDS FOR RESEARCH AND DEVELOPMENT, 1973

This table shows the grants made by Development Committee (to 31.1.73) and Research Committee (1.2.73 - 1.12.73)

Minute	Title	1973 £	1974 £	1975 £	1976 £
72/79	Forward commitments at 31.12.72	34,300	19,700	6,600	-
73/8	Exhibition - voluntary help	350			
/11	In-service training for staff of hospitals for mental subnormal	500			
/12	Centre on Environment for the Handicapped	2,000			
/13	Health service planning	600			
/14	Role of the social worker in psychiatric hospitals	675			
/15	Exhibition - dental units	800			
/16	Mental handicap - a professional association	500			
/23	House journals competition				
		39,725	19,700	6,600	-
5A(i)	SOLVE - adolescent counselling *	2,500	2,500	2,500	
5A(iii)	Physiotherapy for the mentally handicapped	2,000	1,700		
5A(iv)	The language barrier	(850			
		(1,700	3,750	2,100	
5A(v)	Evaluation of health centres	1,500			
5A(vi)	British health care and technology publications	1,500			
5A(vii)	Nottingham Council of Social Service	1,865	1,865		
5A(viii)	Patients' satisfaction studies	700	1,100	1,400	300
5A(ix)	Regional voluntary services officer	625			
5A(x)	Community Service Volunteers	2,500	2,500		
5A(xi)	Planning information	1,500	2,000		
5B(xii)	Role of the social worker in the primary health care team	3,712	3,712		
5B(xiii)	Hymnbook for the mentally handicapped	750			
5B(xiv)	Handbook for parents of handicapped children	500			
5B(xv)	Preparing volunteers for mental health service	750			
5B(xvi)	Anchor House, Orpington	1,000	1,000	1,000	
5B(xvii)	Drugs and school children	1,000			
5B(xviii)	Patients are individuals	1,500	2,000		
5B(xix)	Hospital Domestic Administrator's Association	2,250	2,250		
5B(xx)	RCA studentship	2,325	2,320		
5B(xxiv)	Chair for hemiplegic patients	2,500			
		£73,252	46,397	13,600	300

* Subject to establishment of satisfactory evaluation procedure

RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the Fund's Management Committee for the year to 31 December 1974:

Salaries - King's Fund Centre		£109,500
Lecture fees		2,500
Wages - Household		8,500
Rents, Rates and Insurance		54,000
Heating and Lighting		5,300
Household - Supplies	2,750	
Repairs and Renewals	1,500	
Cleaning and Laundry	4,600	8,850
Travel, Subsistence and Miscellaneous		4,250
Office and Tutorial Supplies		8,000
Telephone and Postage		8,000
Office Furniture & Equipment		1,500
Periodicals, Books, etc		3,750
Exhibition Expenses		2,300
Catering - Provisions	11,700	
Bar	1,300	13,000
		229,450
Less - Receipts		
Catering - conference and meal tickets	8,000	
bar receipts	1,100	
Rents, etc	7,500	
Fees, etc Mailing list	200	
BHEC	400	
Volunteer Centre	1,200	18,400
		211,050
DHSS contribution		100,000
		£111,050

March 1974

KING'S FUND PUBLICATIONS

The following King's Fund publications can be obtained from Research Publication Services Ltd, whose address is shown at the bottom of this page. All prices include free postage in the UK.

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Accounting for health	£1.25		
Admission of patients to hospital	£1.50		
Alcohol and drug dependence	£1.50		
Allocation	80p		
*Assessment	25p		
British Health Centres Directory	£2.00		
Catalogue of garments for the handicapped and disabled	£5.50		
1973 supplement	£2.50		
COGSTATS	£1.75		
Contract and pay questions in industrial therapy units	70p		
Design of hospital bedsteads	75p		
Directory of convalescent homes	50p		
Evaluating new hospital buildings	£1.17		
Geriatric Day Hospital, The	£1.50		
Hospital description: Wycombe General Hospital	87p		
Hospital research and briefing problems	£1.75		
Hospital traffic and supply problems	£1.17		
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King's Fund housestyle	25p		
Landscape architecture for new hospitals	87p		
Longitudinal study of the dietary of elderly women	40p		
(with first report, Investigation into the dietary of elderly women living alone)	50p		
Meals for the elderly	80p		
Organisers of voluntary services in hospitals	57p		
Nutrition of housebound old people	£1.00		
Patients and their hospitals	£1.00		
Psychiatric hospitals viewed by their patients	£1.00		
* Reducing the odds	30p		
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Spotlight on shop window staff	50p		
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Title	Price	No. of Copies	£ Total
Care of the elderly mind	25p		
Collaboration between health and personal social services	25p		
Comprehensive health service planning	25p		
Control of drugs in small hospitals	£1.75		
Disposable products for health and social services	20p		
Drug administration in psychiatric hospitals	£1.00		
English language assessment interview for overseas ancillary staff	£2.00		
Ganymede tray service	38p		
Glossary of hospital planning terms	10p		
Integration of health services in East Sussex			
Phase 1	50p		
Phase 2	50p		
Learning to live	25p		
Mental handicap papers: No. 1	10p		
No. 2	10p		
No. 3	25p		
No. 4	25p		
Methods for teaching new steps and skills	50p		
Pupils and patients	15p		
Study of student nurse progress reports (follow-up)	13p		
75 in '72	10p		
Twenty-four talks	25p		
King's Fund project papers			
No. 1 Towards evaluation of health centres	50p		
No. 2 Patient - nurse dependency	50p		
No. 3 'The most cruel absence of care'	50p		
No. 4 Caring for children in hospital	50p		
No. 5 Staff attitudes and opinions	50p		
British health care and technology series			
Accident and emergency units	£1.50		
British hospital catering	£1.50		
The elderly mind	£1.50		
Centre on Environment for the Handicapped			
Design guide No. 1 - improving hospital buildings for long-stay residents	50p		
Mentally handicapped people living in ordinary houses and flats	50p		

Title	Price	No. of Copies	£ Total
British Hospitals Export Council			
Yearbook	£2.00		
PPWAPPA			
Autistic, psychotic and brain-injured adolescents	£1.05		
Questionnaires and checklists			
Patients' satisfaction (general hospital)	£4.00 for 100		
Patients' satisfaction (psychiatric hospital)	£1.50 for 100		
How good is your hospital?	.01½p		

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