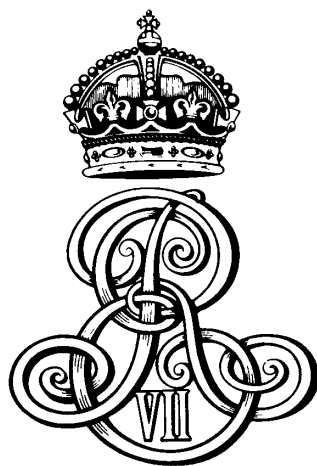


KING EDWARD'S HOSPITAL FUND FOR LONDON

KING'S FUND CENTRE REVIEW



1983

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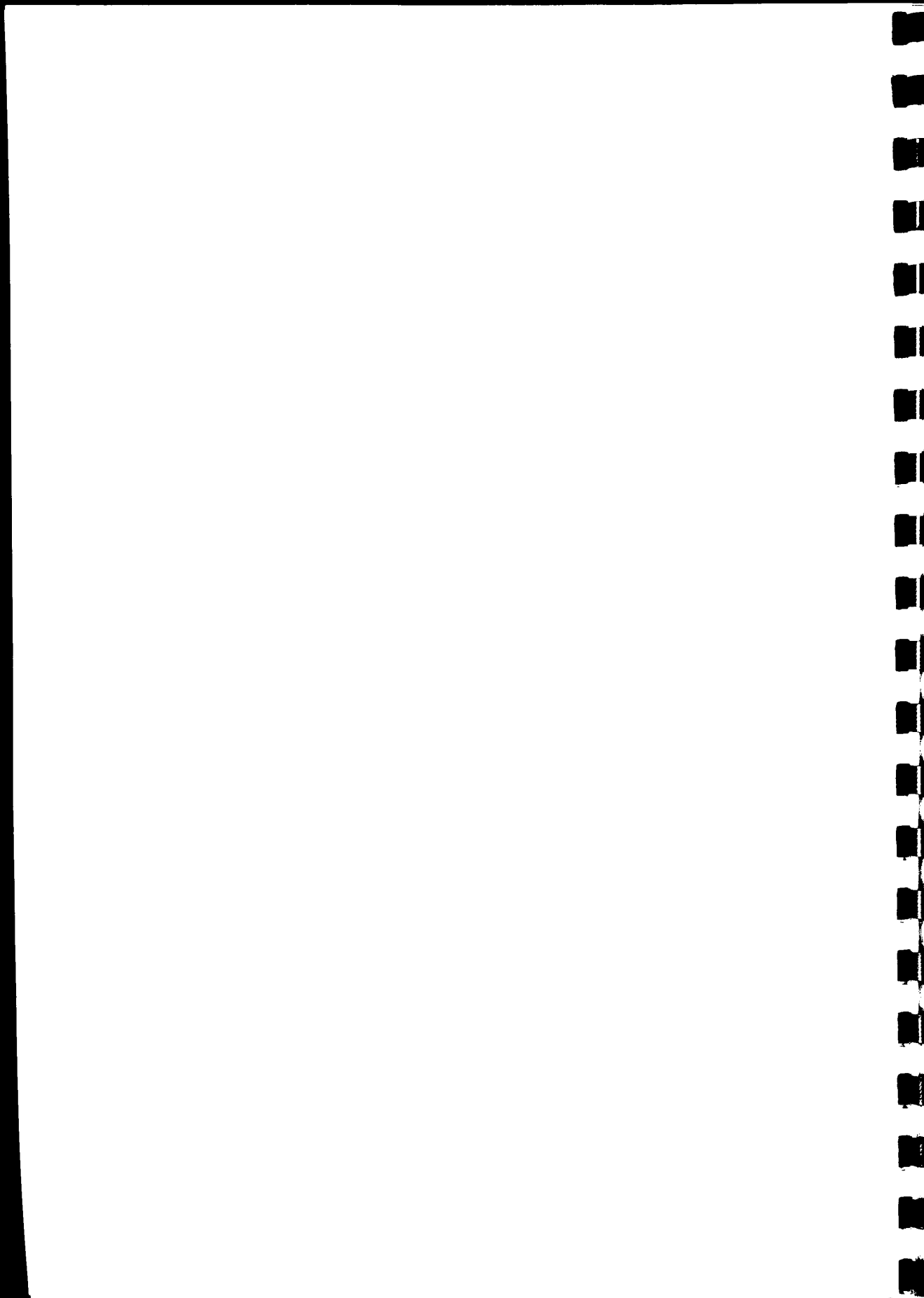
KING'S FUND CENTRE

REVIEW

1983

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INTRODUCTION

When the time comes to set down in writing one's thoughts for the Annual Review of the work of the King's Fund Centre it invariably seems as if we are at a watershed. This is certainly the case this year as we look forward to the development in practical terms of a large range of ideas that have been under discussion throughout 1983. The starting point must be the same as last year and one has to say that the process of reviewing objectives, discussing strategies and formulating plans is both easy and stimulating, and far more difficult is the task of translating them into practical and beneficial activities.

The central purpose of the Centre is to help to accelerate the introduction of good ideas and practices and to direct our efforts either towards those who need care, those who provide it or who are in close contact with patients and clients.

The appointment of David Hands in February, 1983 to a senior post with the West Midlands Regional Health Authority gave us an opportunity to review the priority of the work we had been doing on health service planning under his leadership for the previous five or six years. The decision to undertake this review was endorsed in May when the Management Committee received last year's Annual Centre Review and the report of the Centre Committee. It is worth recording that that meeting of the Management Committee took place for the first time at the Centre and gave a much welcome opportunity for the staff to be present at the discussion arising out of the Review, and it gave members of the Management Committee the opportunity to question the staff about their work and their plans.

I was then asked to consider the options that were available and, after a series of discussions with colleagues inside and outside the Centre, put forward my suggestions to pursue a programme of work focussed on an Assessment of Quality of Care. The Management Committee appointed a working party composed of members of the Committee and members of staff, under the Chairmanship of Dr Richard Himsworth, to develop ways in which this subject could be pursued.

In the meantime active work at the Centre has continued and is described in the pages which follow. Despite the unfilled vacancies of an Assistant Director and a Project Officer attendances have increased by 1,000 by comparison with the previous year. Income from all sources is up and, most importantly, an extensive and varied programme exists for much of 1984.

The scale of activities at the Centre leads me to refer first to the service side of the Centre's activities. With over 14,000 passing through here and some 563 groups working at the Centre - fifty more than last year - a sustained effort is required and given by many people. I am referring to the secretaries, catering staff and engineering staff, without whose support it would be quite impossible for the professional members of the Centre to develop and encourage innovation.

A particularly striking example has been the way in which the distribution of project papers has been developed. Project papers in their present format were originated at the Centre as an experiment in 1979. The tentative production of one such paper in that year has now developed into

what is almost a major industry. Seventeen titles, fourteen new works and three reprints were published in 1983. Even more significantly, however, is the fact that over 11,200 copies of project papers have been sold from the Centre during the year, and the total income from the sale of both books and project papers at the Centre during 1983 amounted to £19,350. This could only be achieved as a result of close cooperation between the publications department and the staff of the Centre, and I think it justifies the view that project papers, having perhaps a shelf life of only a year or so, are in considerable demand and may be considered as a very important instrument of change. I would single out for particular reference the following project papers which have clearly proved that they meet a need:

"Nurse to Nurse Reporting" (No 21);
"CHC Visiting" (No 23) - for which there is a steady demand;
"People First" (No 37);
"Action on Incontinence" (No 43).

The year has also seen the production of a new series published on behalf of the NHS Steering Group on Health Services Information and these titles are, predictably proving to be popular.

My comments about publications and the dissemination of information leads naturally into a description of the work of the Library and Information Services. In his report Keith Morton refers to the decision taken towards the end of 1983 to undertake with ASLIB a review of our activities and, in particular, to seek the informed advice of this organisation on the use of modern technology in this field.

The work of the Long Term and Community Care Team under David Towell has been enhanced by the appointment during the year of Tom McAusland, whose special knowledge is in the field of psychiatric care. His appointment reflected a conscious decision to work in this specialty and with that decision the acceptance that the Fund, and still less the Centre, cannot work in absolutely every area.

Initiatives affecting the provision of care for the mentally handicapped and our close involvement with the Centre on Environment for the Handicapped continues. With regard to the latter I was able to offer an additional room to CEH in order to assist them to respond to the initiative which the Director describes following the decision to establish the ACCESS Committee.

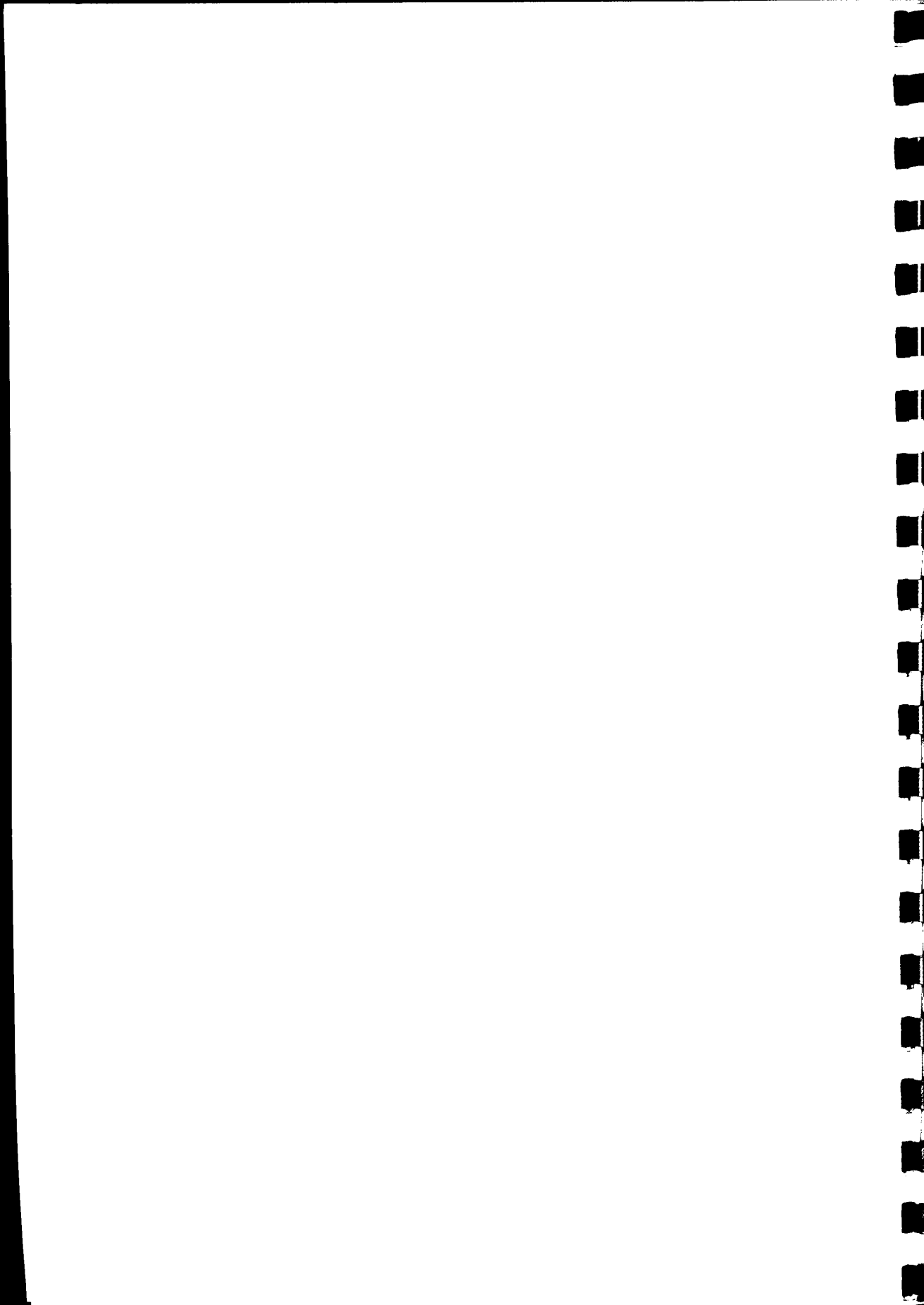
The work on education and training has seen virtually the end of one of the Funds's most important initiatives, namely the Training of Ward Sisters project. Apart from the numerous conferences, seminars and workshops that arose out of this project, publications have also been produced and all the work points logically to the importance of the Centre's involvement with practitioners in whatever disciplines who are actually in the forefront of providing care.

In my view it is imperative for the Centre to retain its position as an influential and authoritative resource centre for those who, whilst providing care, are faced with enormous economic, environmental and political problems. Our future involvement will, I hope, include too the wide range of topics from such issues as the provision of better occupational health services for NHS staff through technological developments in particular professional disciplines.

The recent Griffiths report has been widely reported almost exclusively as if it dealt solely with the future management of the NHS. In fact the report points clearly to the need to orientate those in the NHS to work towards enhanced performance. A greater concern for clinical evaluation is something which affects not merely the policy makers and senior staff but 'junior' staff - those who actually practise in the many professions providing care. The resources of the Centre are being used by an increasing number of these professionals and the year ahead will hopefully provide a range of opportunities for us to collaborate with colleagues in achieving higher standards of care.

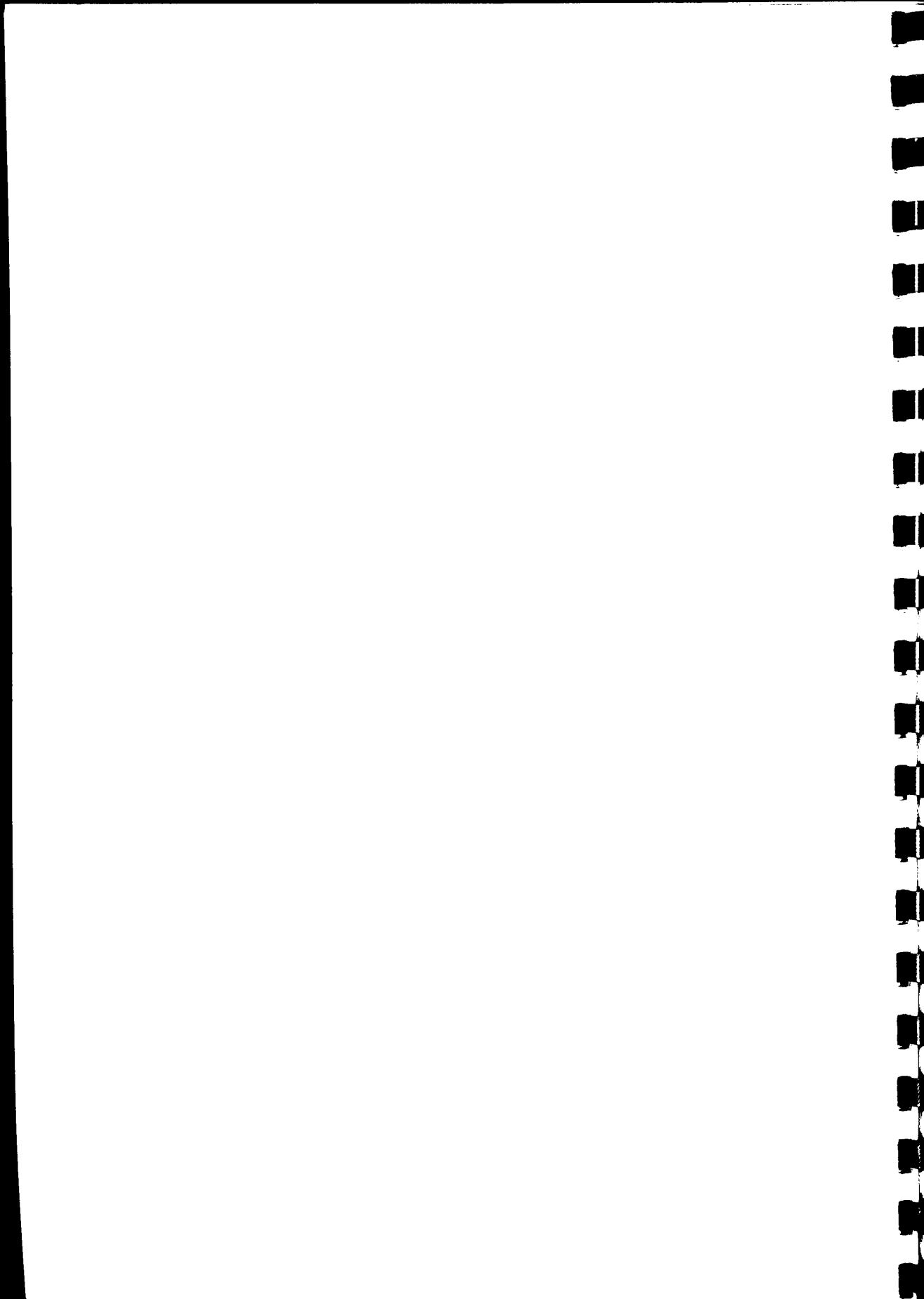
W G Cannon
Director

January 1984



SECTION 1

THE KING'S FUND CENTRE



LIBRARY AND INFORMATION SERVICES

The library handled about 15,000 enquiries during 1983 - 25% more than in the previous year. The collections continued to grow at about the same rate as in earlier years, but an effective check was kept on the overall bulk of the subject files by rigorous weeding out of redundant material. Photocopies made on the library's machine rose by 12½% to 93,803, of which 57,000 were made for and sold to users - 50% more than in 1982. Saturday usage of the library went up by 16%. It is interesting to record that, although not directly related to the library's workload but because the library opens, 42 meetings of outside organisations were held on Saturdays during the year.

These figures show significant increases and, in some cases, accelerated rates of increase. With no signs of reversal in these trends, it seems as though the library's services are useful and needed. Coping with this volume of expansion is not easy, and the question of how the services should be allowed to develop must now be given some priority. The answer will depend not only on availability of resources but also on an understanding of where the library belongs in broader patterns of health care management information provision. Why is the library's workload still increasing? What are the options for further development? This year's review will be used to attempt to answer these questions, for it is certain that planning decisions will have to be made in the near future.

Growth Factors

The library's collections are not unique, although the scope and depth of their coverage are unusual, as are some of the methods used to exploit them. Other libraries include health care planning and management in their stock, but usually superficially; only one other library - at the DHSS - is comparable. The DHSS library is much bigger than the Centre's in all respects - more stock, more space, more staff - but it cannot be accessed easily by people working outside the Department, whereas the Centre's library is available to anyone interested in health care. Easy accessibility to strong collections, and a reputation for staff expertise and good service are certainly some of the factors which account for the size and growth of the library's user-body.

Another powerful influence is an upsurge of interest in making better use of information. Reorganisations of the health services and new approaches to planning and management have all laid stress on the need for better communication and improvements in the organisation of information handling. The work of the NHS/DHSS Steering Group on Health Services Information has helped to construct a concept of information as a commodity to be gathered, processed, packaged and repackaged, marketed and consumed. Health services staff are becoming more information conscious, but often, in their search for management literature, they are unable to find local provision and they turn to central organisations like the King's Fund Centre, and there is no doubt that this burgeoning of interest has added to the library's workload.

Students comprise a category of user which has grown steadily during the past few years and which has much growth potential. Most of these students are engaged in post-basic management studies; they are drawn from various health professions and many of them are from overseas.

Some come independently to the library, but the majority are members of courses which are designed in part around the library and its holdings. Formal induction sessions are arranged for these courses, and many of the members become regular and heavy library users who strike up strong working relationships with the staff. A fair proportion continue as users after they have returned to or taken up their health care careers.

Another category can be described as commercial users. These are people from marketing and industrial organisations, and from the private sector of health care, who find the collections useful. This category will surely grow as the private sector expands in this country and as UK involvement with overseas hospital and health planning spreads.

A different kind of user is the person who comes for advice and help when setting up or trying to improve a library or an information unit. This is another growing category, which can be expected to expand fairly rapidly as more health authorities respond to the recommendations of the NHS/DHSS Steering Group on Health Services Information, and as more health services and voluntary bodies become involved in establishing libraries.

From the foregoing it can be inferred that the increases in use of the Centre's library are attributable to: the existence of a large consumer population; pressure on health care practitioners to make better use of information; recognition by educationalists and students of the usefulness of the library; the need for a central facility which can cater for the public, private and commercial sectors of health care; the need for advice and help with the organisation of libraries and information units; the library's good reputation. The planning implications of this list are formidable and challenging. The uses made of the library suggest that, in addition to the primary task of providing literature for users, it is seen partly as a national library and partly as an advisory centre. Should deliberate efforts be made to move towards formalising these functions which have grown rather by custom than by design?

A National Library of Health Care Management?

It might be argued that the spread of libraries and information services in the field will reduce pressure on the Centre's library and, to take the argument to its logical conclusion, that in time it will become redundant. However true this might prove in the long run, current indicators suggest the opposite: as more services appear in the field, and as more people become information conscious, there is increased use of the Centre for both information and advice. Many librarians, rationalising the use of their own funds, use the Centre as a specialist resource on planning and management and refer users here, instead of building collections on the subjects. There is a tendency to use the Centre as a national library.

Organisationally, the library is well placed to assume a more positive national role. Health care is by no means confined to the NHS and local authorities, and the ability of the King's Fund to embrace all elements - public and private sectors, professional and voluntary workers - could be used to good account. The Fund's impartiality places the library in a better position to act as a national library than, say, the libraries at the DHSS or the Royal Colleges and other professional bodies with their unidisciplinary and membership limitations. The resource implications of this option would have to be realistically surveyed, but the foundations for development are firmly embedded in the library's present structure.

An Advisory and Coordinating Role?

While the library has been evolving as a national resource for the literature of health services management, it has also become a focal point for ideas and good practices in librarianship and information handling. Its staff have been involved in promoting better information services in health authorities and voluntary organisations. They have given talks, taught on courses, counselled formally and informally, helped with staff selection, and conducted surveys in the field. Through these activities they have had a hand in many advances in library provision - from routine improvements in localised services to the appointment of regional librarians. They have also organised many meetings, at the Centre and outside, which have brought together librarians and members of their client groups. The library's stance in these matters has always been a responding one but, to help to optimise current interest in information handling, a more proactive approach could now be made.

There is a need for an active advisory and coordinating mechanism. Information units and libraries are coming into being within the statutory and voluntary health services at a greater rate than ever before; but, unfortunately, many of these emerging services are growing in isolation and in many cases they are under-resourced numerically and short of expertise; there is little evidence of coordination or networking, and there is often ignorance of similar developments in other places. There could be much more sharing of experience and even, in some cases, of resources.

The Centre, working with regional librarians and other responsible people, could help to strengthen awareness of the benefits of co-ordinated planning and operation, and could help to promote action in areas where there is a lack of commitment or interest.

The Way Ahead

The primary task, and therefore the first priority, of the library is to provide literature and information for its users. The present library establishment (which will be increased by one early in 1984) is fully committed to that task, and there is no spare staff time which could be directed to fresh objectives. Any attempt, therefore, to take up the extra options mentioned in this review would depend on the availability of extra resources. Before decisions could be made about the feasibility or even the desirability of pursuing new objectives, some questions must be answered: Is there a real need for the roles discussed here? If there is, is the Centre's library the best base for their development? If it is, should the King's Fund be expected to bear the full weight of supporting such developments?

To ensure objectivity in seeking answers to these questions, the Management Committee have agreed that ASLIB (The Association for Information Management) be invited to comment on the feasibility of their conducting a survey of the possibilities for role development of the Centre's library. They have responded with a proposal for a small-scale project which would assess the merits and viabilities of the library adopting the following options:

- the assumption of a stronger advisory role in relation to health care libraries and information services;
- becoming a national library of health care management;

- seeking greater involvement in the training of users of health care libraries.

The project would also be designed to look into the advantages of using information technology in relation both to these options and to the library's existing activities.

These possibilities would be examined against the background of the present state of libraries and information services in health care, and the indications of need for resources which could best be provided by an independent body such as the King's Fund. Surveys would be made at national, regional and district levels, and would be aimed at reporting on the feasibility, merit and probable impact of each of the options. An indication of cost implications would be given where practical, and the project report would include proposals for any further research that will be needed to assist the Centre in choosing between alternative future directions for the library.

The Management Committee will be asked to consider the ASLIB proposals at their March 1984 meeting and, if it is agreed that the project can go ahead, the aim will be to complete it during the first half of the year.

Keith Morton
January 1984

LONG TERM AND COMMUNITY CARE

Introduction

The last year has been a productive period for the Centre's work in fostering improvements in long term and community care: increasingly demonstrating the benefits from the Fund's continuing commitment to helping policy-makers, providers and consumers meet the major challenges in developing good local services. In mental handicap, the Centre's leadership role in promoting community-based services consistent with the principles of 'An Ordinary Life' has been sustained. In mental illness, the Fund's evolving programme of work on 'Psychiatric Services in Transition' has quickly acquired momentum. At a more modest level, selected activities addressed to the needs of people with physical handicap or the disabilities associated with old age have maintained the Centre's involvement in these areas of long term care.

This progress has been encouraged by recent changes in the external environment as well as by changes within the Fund itself towards the more strategically-guided and coordinated approach anticipated in last year's Review. Externally, Government policies to foster 'Care in the Community', Regional Health Authority plans to reshape long-stay services, and a variety of local initiatives (some sponsored by voluntary organisations and consumer groups) have all added to the requests for assistance coming into the Centre. Within the Fund, the Team's programme of work has been a particular beneficiary of the increasing integration between Centre, College and grant-making activities. Working closely with London Programme colleagues at the Centre the Team has, for example, improved access to the new senior managers of community health services. The rapid growth in the College Faculty has brought colleagues with skills in planning, finance and management development which complement our own policy-oriented work: leading at the College to a joint programme group on the transition from institutional to community-based services. Through modification in the Fund's grant-making activities, there is also a growing relationship between the Team's work and the Fund's role in project sponsorship.

At the same time this strengthening in the Centre's policy-oriented development agency role has not always fitted easily with its other largely responsive functions.

In the light of these trends, the focus of this year's review is on the Team's strategy for 1984-5. Appendices provide more detailed summaries of the Team's 1983 Activities, Publications and related Fund grants

Issues and Responses

Any consideration of strategy needs to begin of course from a diagnosis of the issues confronting the development of 'priority' services, drawing here on the extensive experience the Team has accumulated through its work in recent years. There are currently significant opportunities for making progress, particularly with mental handicap and mental illness services, but it also needs to be recognised that these services remain priorities precisely because in many if not most localities (and not least in London) existing services, both in quality and quantity, fall short of even tolerably acceptable standards. Moreover, a decade or more of national initiatives

to secure improvements, most recently reflected in government promotion of 'Care in the Community', have clearly encountered extensive difficulties

In part these difficulties stem from resource constraints: even during periods of growth in public expenditure the shift of resources into the priority services has been marginal and they now face increasing demand arising from demographic changes with little prospect of greater public sector resources becoming available. Progress has also been hindered by weaknesses in policy, organisation, professional development and community involvement. These include:

- (i) policy ambiguity, particularly about the precise meaning of 'community care' - requiring therefore clearer definitions of service development strategies and the principles upon which these are based;
- (ii) a failure to learn from experiences elsewhere - pointing to a need for new approaches to the sharing of ideas and dissemination of innovations between localities;
- (iii) fragmentation in the planning and delivery of services between different agencies and diffuseness in professional leadership - requiring careful attention to building the necessary collaborative arrangements;
- (iv) a divorce between policy-making and implementation - entailing more participative management in which planners and providers engage in a continuing dialogue about problems and opportunities;
- (v) a failure to 'build in' appropriate methods for assessing service quality - pointing to a need to develop arrangements for positive monitoring, based on explicit targets and standards;
- (vi) ineffective use of the human resources of the service - requiring attention both to staff support and the opportunities to develop new roles and skills;
- (vii) a tendency towards agency rather than client-centred services - suggesting instead the need to strengthen individual care planning in the context of both formal and informal contributions to client welfare.

Services for People with Mental Handicap

Starting from this appreciation of current issues, the Team's role in both its national and local work is to use the resources of the Fund to encourage the development of services which better meet the needs of people with disabilities and their families. This work is most advanced in the field of mental handicap where over the last five years our tactics have involved:

- working with local providers at the 'leading edge' of current services both to define and demonstrate a new model of mental handicap provision;
- linking with funding bodies to sponsor relevant research and evaluation studies;
- mobilising and supporting networks of local providers and consumers in spreading good ideas and gaining support for their implementation;

- using this experience as a contribution to regional and national policy directly (i.e. through influential publications and conferences) and indirectly (e.g. through supporting the Independent Development Council for People with Mental Handicap in its dialogue with ministers and civil servants).

These tactics have now evolved into a concerted strategy for improving mental handicap services in which the Fund (with its combination of analytic, developmental and project financing roles) makes a unique contribution.

During 1983 the Team has been concerned to both sustain and widen this contribution. The central thrust continues to be the An Ordinary Life initiative which to date has focussed on the development of comprehensive residential services for people with all kinds of mental handicap, using ordinary housing in the community. It is encouraging that while in 1980, when 'An Ordinary Life' was first published, there was a need to look abroad (notably to Eastern Nebraska) for 'working models' of such services, we have since seen increasing reference to 'An Ordinary Life' in local plans and more recently the implementation (e.g. in Bath, Bristol, Derbyshire, Lancashire, Northumberland, Southwark, Winchester and notably in Wales) of schemes based on this philosophy.

To sustain these trends the Team has invested particularly in supporting the networks of local innovators involved and offering short-term consultancy in the design of local strategies for development, through informal meetings and problem-solving workshops. Related activities have included advice to the Rowntree Memorial Trust sponsored programme of the Community and Mental Handicap Education and Research Association, which is exploring the usefulness of a sophisticated quality assessment procedure (PASS - Programme Analysis of Service Systems) as a basic tool in service design.

Other themes in this continuing work include support to local groups developing schemes to bring children and young people with mental handicap out of hospital, and assistance to a peer group of workers from different parts of London concerned with establishing family-based respite care schemes (and influenced by previous Fund research on this topic).

New elements in this area of work during 1983 have involved the publication of a further Project Paper in the 'An Ordinary Life' series addressing issues in staff training and the start of workshops for groups of staff interested in improving the way individual programmes are established and implemented for clients of their services. Assistance has also been offered to the Independent Development Council in a review of progress, problems and priorities in the development of mental handicap services and in preparing a paper on the future role of the Development Team.

Looking towards the next two years, the Team plans to maintain the impetus in these activities both by continuing the problem-solving approach to assisting local people in fostering community-based residential services and also by establishing a more systematic information base at the Centre for innovators seeking guidance on aspects of service development in which the Team now has particular expertise. In addition, the preparatory work is already well under-way for a major new thrust in the 'An Ordinary Life' initiative concerned with employment and day services. At present the move towards care in the community is reducing the relevance of hospital-based facilities (e.g. for occupational training) while more locally, adult training centres are typically full and showing little throughput of clients.

There is a considerable need to consider alternatives to traditional day services more consistent with the principles of 'An Ordinary Life'. A Centre working group is to launch a consultative document on these issues in April 1984 and the Rowntree Memorial Trust has funded a survey of relevant innovations already being tried in different parts of the country. It is intended that this work should become the launching pad for two years' further development work following a similar pattern to the successful programme on residential services.

Mental Health Services

A much more recent area for substantial Team work is the development of local mental health services. Drawing on lessons from the mental handicap programme, this work has however rapidly gained momentum during 1983. Two particular factors in this rapid take-off have been the assistance of College colleagues in examining issues arising in the management of transition from institutional to community-based services and the opportunity offered by North East Thames RHA (NETRHA) for Team members to study the early stages in their plans for a major relocation of psychiatric services through the proposed closure of two large hospitals. In addition, the Fund's grant-giving Committees have been willing to invest in this area, for example by supporting a large project to establish a community mental health centre and other work on prevention, treatment under conditions of security, and the protection of client rights. Perhaps here more than in any other area it is possible to identify what we see as the elements of a Fund-wide programme - addressed to the major challenges facing mental health services over the next decade.

The Team's work in 1983 has aimed to lay the foundations for this joint programme and provide the framework for activities over the next two years. Three key sets of issues have been identified which need to be addressed in any concerted strategy for moving towards a more local pattern of services:

- strategic management issues, including the respective roles of region and districts in achieving major service transitions, the financial policies required to promote local development, and the necessary personnel arrangements for redeployment and training;
- service development issues, particularly relating to joint planning at local level and the way agreed policies can be reached on the form of new services meeting different client needs;
- issues arising in managing contracting large institutions, including the arrangements for staff participation in change, maintenance of standards and ways of safeguarding patient interests over the period of retrenchment.

The Team's concern has been to increase our understanding of these key issues and explore appropriate responses as a basis for the design of a programme of activities supporting people in the field in tackling the policy and implementation problems in achieving real change.

During 1983 this has involved:

- publicising this new programme of work through King's Fund News and in other ways so as to generate interest among field agencies;

- establishing links with a network of localities where groups of staff are actively concerned with significant developments in psychiatric provision;
- through correspondence and field visits, improving our understanding of issues which need to be addressed in our educational and consultancy activities;
- drawing on these links to build a central information file of relevant planning documents, operational policies, training procedures and other papers, together with contact addresses for people seeking further details;
- commissioning a series of case studies on how key issues are being addressed in different places, designed for use both as part of the information file and as material for training activities;
- arranging the first events in what will become a cumulative series of workshops and conferences dealing with both the processes of planning and managing transition, and the content of community-based psychiatric services;
- offering our direct assistance to staff in the field through consultancy and action research projects.

Among specific activities, the Team has itself completed the first of the case studies (a systematic review of experience over the last year in NETRHA's 'feasibility studies' on the shift towards local services and their implications for implementing change); Centre conferences have examined policies for psychiatric services in London, participative approaches to local planning, and the preparation of individual care plans; a pack of papers arising from these events ('Creating Local Psychiatric Services') has been published; small working groups have begun examining issues of service design and quality assessment in relation to provision for people with long-term psychiatric disabilities and elderly people with mental infirmities; and the Team's interest in protecting client rights has included a project and conference on patient access to social security benefits.

In 1984, it is planned that all the main strands in this programme will continue to develop but with increasing emphasis at the Centre both on direct assistance to people in the field (for example, work with NETRHA on processes of innovation and learning in the expansion of local psychiatric services) and on more detailed examination of good practices in meeting particular client needs. In the latter context, workshops are already in the pipeline on the design of community mental health centres, the changing role of community psychiatric nurses, planning services for people with long-term disabilities and policies for the treatment of people under conditions of security.

Services for People with Physical Handicap and Disabilities Arising in Old Age

At present the Team's resources permit only a modest involvement in other areas of long term and community care. Activities therefore need to be selected where the Centre can make a small but distinctive contribution, where through collaboration with others (e.g. our colleagues in the Centre on Environment for the Handicapped) this contribution can be magnified, or on themes where links with related work on mental handicap and mental illness can add to our impact.

In the area of services for people with physical disability, the main component of the Team's work in 1983 meets all three of these criteria. Jointly with CEH a major survey has been undertaken to develop a systematic register of schemes which successfully combine housing and care to support people with disabilities, including those who are deaf or blind, living in the community.

In response to this survey, information on current practice among statutory and voluntary agencies has so far been received from over 700 sources. A priority for 1984 is to complete the analysis and coding of this information with a view to identifying how it can best be made available to planners and other concerned with developing appropriate local services. Consideration is also being given to how details of the more innovative and effective schemes might be disseminated more widely. This concern with information dissemination is also reflected in the Team's continuing support for the National Information Forum on disability issues, a consortium of some 40 consumer/disability information organisations first established as a coordinating mechanism during the 1981 International Year of Disabled People. A further component of the survey, shortly to be carried out, is a more selective search for information from people with disabilities who have established their own individual 'packages of services'.

A related theme emerging in the work this year has been the way consumers and their representatives can be more actively involved in the design and implementation of programmes for 'independent living'. A particular stimulus here has been the opportunities to learn from American experience of the Centres for Independent Living. It is planned to pursue this theme more fully in 1984 as part of a wider concern with arrangements for promoting user participation in the delivery, management and planning of long term care services.

In the area of services for people experiencing the disabilities associated with old age, some limited work has been possible through links with the mental illness programme: accordingly the focus has been on the 'elderly mentally confused'. Two strands of work, both continuing in 1984, are examining approaches to defining quality in residential services for elderly people and helping field staff develop skills in individual care planning. The Team hopes that one result of the Management Committee's current interest in assessing service quality will be an input of resources to permit stronger development of work of this kind.

In 1984 the Team also plans to contribute to the dissemination of lessons from a number of current projects sponsored by the Fund, including a study of home aids for disabled patients discharged from acute hospitals, a survey of the private nursing home sector of care for elderly people, and an action research project on collaboration in community care of elderly people with mental infirmity.

We welcome comment and advice on these proposals.

David Towell
on behalf of the Long Term and Community Care Team

January 1984

APPENDIX I

CURRENT PUBLICATIONS

1. **An Ordinary Life - comprehensive locally-based residential services for mentally handicapped people.** KF Project Paper No. 24. Reprinted June 1982.
2. **Establishing client-centred mental handicap services: a case study and commentary on multi-faceted strategies for achieving change.** (David Towell) KFC 82/36.
3. **The Portage Model of Home Learning Services.** (Roger Blunden) KF Discussion Paper. KFC 82/75. April 1982.
4. **Bringing it all back home - getting mentally handicapped people out of hospital.** (Alison Wertheimer) KF Discussion Paper. June 1982. KFC 82/127.
5. **Better services for the mentally handicapped? Lessons from the Sheffield Evaluation Studies.** (Alastair Heron) KF Project Paper No. 34. August 1982.
6. **Mentally handicapped people with special needs.** (Melinda Firth & Hugh Firth) KF Discussion Paper. KFC 82/145. August 1982.
7. **People First - developing services in the community for people with mental handicap.** (Linda Ward) KF Project Paper No. 37. October 1982.
8. **An Ordinary Life: issues and strategies for staff training for community mental handicap services.** (Ann Shearer) KF Project Paper No. 42. 1983.
9. **Strengthening the future contribution of the Development Team for the Mentally Handicapped.** IDC, May 1983.
10. **Next Steps: An independent review of progress, problems and priorities in the development of services for people with mental handicap.** IDC, February, 1984.
11. **Housing management, social work and mental illness** (Chris Heginbotham) KFC 82/132.
12. **Professionals and volunteers: partners or rivals?** (ed. Pat Gordon) KF Centre paper 1982.
13. **Just like a friend - befriending discharged psychiatric patients** (Pat Gay & Jill Pitkeathley) KF Project Paper No. 32. October, 1982.
14. **A guide to training resources for staff working with 'confused' elderly people.** (Joan Rush and Tom McAusland) KFC 83/5.

15. **Developing Psychiatric Services in the catchment areas of Claybury and Friern Hospitals: Issues arising in the Feasibility Studies and the implications for implementing change.** (David Towell and Tom McAusland). KFC August, 1983.
16. **Moving out from the large hospitals: Involving the people concerned** (David Towell and Ann Davis) KFC, October 1983.
17. **Creating Local Psychiatric Services: Collected Working papers** KFC October 1983.
18. **Reviewing disabled people in residential care - what do we mean?** KFC 82/160. June, 1982.
19. **Admissions policy for the handicapped student in further education and Admissions policies in higher education.** KFC 82/220. October, 1982.
20. **Centres for Independent Living in the US and UK - An American Viewpoint** KFC 84/3. January, 1984.

APPENDIX II

CONFERENCES AND WORKSHOPS

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| 1. | DHSS Leaflets - availability and supply through post offices | 17 Jan |
| 2. | Portage development group | 5 Feb |
| 3. | Multi-disciplinary team in psychiatric services | 9 Feb |
| 4. | Disability information services and computers | 23 Feb |
| 5. | Independent living project | 28 Feb |
| 6. | Issues for London DHAs: development of comprehensive district psychiatric services | 3 Mar |
| 7. | Epilepsy centres seminar | 9 Mar |
| 8. | Portage development group | 26 Mar |
| 9. | Training and mental health | 7 & 18 April |
| 10. | Health, community work and elderly people | |
| 11. | Regional responses to bringing mentally handicapped children out of hospital | 19 April |
| 12. | The development of community mental health centres | 4 May |
| 13. | Centre lunch talk - Professor Gunnar Dybwad: "Infants with birth defects - who may live, who must die?" | 11 May |
| 14. | Normalisation issues related to vocational and rehabilitation issues | 26 May |
| 15. | Working with groups: group work training | 31 May |
| 16. | An Ordinary Life 'problem solving day' | 21 July |
| 17. | Working party on services for elderly mentally ill people | 28 July |
| 18. | Planning local psychiatric services - workshop led by John O'Brien and Connie Lyle, Responsive Systems Associates, Atlanta, Georgia. | 5 & 6 Sept |
| 19. | Progress in bringing mentally handicapped children out of hospital. Joint Conference with Dr. Barnardo's | 28 Sept |
| 20. | An Ordinary Life - learning from experiences in developing new residential services for mentally handicapped people. | 13 Oct |

21. Respite care for mentally handicapped children - workshop	28 Oct
22. Patients' money in psychiatric hospitals	15 Nov
23. Pass team leaders' workshop	17 Nov
24. Working party on services for elderly mentally ill people	18 Nov
25. Pyschiatric services policy working group	24 & 25 Nov
26. Centres for Independent Living: US and UK	29 Nov
27. Individual programme plans for people with mental handicap	1 Dec
28. Individual assessment and care planning with elderly mentally ill people.	8 Dec
29. Working party on respite care for mentally handicapped children	12 meetings
30. 'An Ordinary Life' day services and employment working group	4 two-day meetings 2 one-day meetings
31. Independent Development Council for People with Mental Handicap	6 meetings 1 conference
32. London PASS support group	3 meetings
33. Training in mental health - working group	6 meetings

APPENDIX III

SOME PROJECTS SPONSORED BY FUND COMMITTEES

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| 1. Regional planning for the development of services to mentally handicapped people (CMH) | PRO 82/41(c) |
| 2. Training programme for advocates on behalf of mentally handicapped people. (Advocacy Alliance) | PRO 81/59 |
| 3. Garden House project for young people with mental handicap - minibus | AUX 2981 |
| 4. Harington Scheme, Islington - Van for gardening service employing people with mental handicap | HOS 1749 |
| 5. Jay Project Camberwell - Design and implementation of comprehensive services for people with mental handicap | HOS 1748 |
| 6. Hamilton Trust, Bromley - Group home for autistic adults | JHA/7 |
| 7. Development of a model preventive psychiatry service | PRO 82/4(a) |
| 8. Prevention in mental health (MIND) | PRO 81/52 |
| 9. Thamesmead Day Centre - community support for psychiatrically disabled people | AUX 2873 |
| 10. A review of secure provision for mentally ill and mentally handicapped people in England and Wales | PRO 82/49 |
| 11. An advice and legal representation service Springfield Hospital, Wandsworth, London | PRO 80/43 |
| 12. Community Psychiatry Research Unit, Hackney Hospital - to establish a permanent psychiatric case register | HOS 1700 |
| 13. Rubery Hill Hospital Benefits Project | PRO 83/40 |
| 14. Westminster Association for Mental Health - Resource Centre | AUX 2914 |
| 15. Maudsley Hospital - Choices Project, evaluation of rehabilitation programmes for people with psychiatric disabilities | JHA/4 |
| 16. Coalition for Community Care - Community Mental Health Development Project | JHA/5 |
| 17. Mental Aids Project, Kingston - Residential hostel and day centre project | JHA/11 |

18.	Aids and adaptations for discharged disabled patients	PRO 81/20
19.	Physically handicapped school-leavers in the community	PRO 80/74
20.	Minimum support groups in epilepsy centre	PRO 82/35
21.	The contribution of community service volunteers to patients in long stay hospitals	PRO 82/14
22.	The residential care task - development of educational and training resources	PRO 81/22
23.	Facilitating change in geriatric hospital care	PRO 80/75
24.	A study of geriatric rehabilitation and long term care	PRO 82/47
25.	Frail elderly - Collaboration in community care	LPE 81/15
26.	Evaluation of elderly client assessment procedures	LPE 81/50
27.	Alzheimer's Disease Society - London Regional Coordinator	AUX 2920
28.	Partially Sighted Society - Greater London Development Worker	AUX 2921
29.	Greater London Association for Disabled People - Disability Transport Studies	AUX 2959
30.	King's College Hospital - Self-help project for people with visual impairment	HOS 1733
31.	Bolingbroke Hospital - Single room accommodation for long-term elderly patients	HOS 1736
32.	Royal National Orthopaedic Hospital - Study by spinal injuries unit team of rehabilitation in the USA	HOS 1766
33.	Wood Lodge Housing Association - Occupational therapy room in sheltered housing complex	JHA/9
34.	A retrospective study of people with spinal cord injury	PRO 83/21
35.	A longitudinal survey of cancer patients at home	PRO 83/25
36.	Care of the dying patient in the community	PRO 83/50

EDUCATION AND TRAINING

The Centre's programme of work on education and training initiatives for nurses and the professions complementary to medicine aims to:

1. help professional groups develop concerns and values from their own problems and examine ways in which change might be introduced.
2. expose people to a wider range of problems which require a greater and more diversified exercise of professional judgement and skills and thus encourage professional development.

We have tried to provide a review/preview account of our work in this report and to identify aspects which have become increasingly significant in terms of consumer need and Centre strategy. During 1983 we have been unable to avoid an increasing awareness of the effects of the rapid expansion of technology and the specialisation of occupational and organisational roles which are complicating the institutional system of the Health Service. Cost, quality and a variety of other considerations are leading both consumers and providers to question the system's effectiveness and to demand better organisation and integration of services. These demands indicate that there is a need to recover and strengthen our critical intelligence. Operational intelligence suggests how one gets from here to there but critical intelligence raises the question as to whether it is worth getting to. It asks value questions which underline a continuing responsibility for the cultivation of the critical and teaching skills and enables professionals to interpret and be accountable for their knowledge and actions.

Hazel Allen and Christine Davies have attempted to respond to the restructuring and professional developments without developing a totally new dimension in the existing fabric and thus, hopefully, providing some stability and continuity of aim in 1983, yet at the same time moving each initiative forward and strengthening the Fund's work in each area.

Helping professional groups develop concerns and values from their own problems

1. The project to examine the role of the ward sister and to identify the needs for training ward sisters reached a definite landmark in 1983 and as such more detailed information about this project has been included in this review. June marked the cessation of the King's Fund involvement in the project at Guy's and Whipps Cross Hospitals. At Guy's Hospital the project continues to be developed along comparable lines to those initiated during the King's Fund involvement. Whilst the Fund has ceased its financial steering role, Hazel Allen continues to give support to the project in tutorials and discussions, as requested. The cessation of the link with the research component of the project was in December 1983. The draft research findings have, to date, received only a limited circulation but in 1984 it is anticipated that the findings will be given a wider, public circulation and a conference at the Centre will also help to focus national interest on the research outcomes.

National and international enquiries concerning the project continue to be received. Some of these are cursory but others require more in depth detailed information. In the latter category, requests to speak at locally organised conferences or meetings were and will continue to be met by either a team of speakers (i.e. individuals taking different aspects of the project) or, an individual giving an overview of the project. It is anticipated that the service will continue throughout 1984.

The Review of 1982 explained the development of the peer group researchers all of whom had a common interest in the role of the ward sister. It was indicated that workshops were planned for 1983 at which the subject of the ward sister role definition, responsibility, authority and support were to be the focal points. The first part of the workshop took place in April over a two-day period, the focal points were explored with the research facilitators and the framework for a possible application of research findings for the ward sister was discussed, debated and drafted by each triad, (each District sent a sister, nursing officer and tutor to the workshop) bearing in mind their unique needs. The outcome of the subsequent achievements, frustrations and failures in the intervening six months were shared through the production of case histories at the second part of the workshop during two days in October. Such was the encouraging outcome of this initiative that participants and facilitators are to meet again in 1984 to further the sharing of experiences and expertise. Later in 1984 it is planned to arrange another conference aimed at bridging the gap between those who research the role of the ward sister and those who might wish to apply some of the research findings and develop the role. The option of more in depth workshops in 1985 will also be considered. This exercise illustrated very clearly the way in which the Fund acts as a catalyst and support when sensitive issues and changes are being made.

The annotated bibliography by Rachel Choppin, 'The Role of the Ward Sister' was published in 1983 as Project Paper No 33.

2. Writers' Workshops have become an annual feature in our calendar. At the request of the Royal College of Midwives, the 1984 workshop will be for midwives. As this feature has become almost 'fixed', a little background information might be of interest.

In the late 1970s when writers' forums for nurses were organised, it could not have been anticipated that we would find ourselves in a situation of recurring demand. Now a 'reserve' list of participants appears constant.

The forums were based on the premise that nurses were dilatory in putting pen to paper for publishing. Participants at the forums were enthused to have more detailed information and instruction in writing, hence the birth of the workshops. The workshops are designed to give a systematic, logical development of an article or book for publication. Projects used during the workshop are carefully selected with the Centre librarian. Some of the pressures of writing are simulated, such as writing to deadlines and using a required number of words. The stages in developing an article or book starting with research and going through the stages of preparation, writing, publication and rewards are all part of the two-day event. Workshops have been organised for professions complementary to medicine and this broad approach will continue.

A second request was received from South Africa for a copy of the Writers' workshop package.

3. The Association of Integrated Degree Courses in Nursing continues to hold an annual conference at the Centre, the 1984 theme is entitled 'Towards Political Awareness' - the focus will help participants to consider the reasons for low participation in political affairs and maybe support the need to include content of this nature in nursing curricula.

The revised Nurse to Nurse Reporting Handbook was published in April 1983 and sales by the end of the year totalled almost 4,000. A request to translate the handbook into Swedish was agreed.

Professional Regulation for a Newly Integrated Profession. A UKCC conference held at the Centre in May 1983 was one of our 'maximum capacity' days. Such was the interest in the programme that in addition to a full lecture theatre, the programme was relayed via closed circuit television to 60 more participants in discussion rooms. An edited video and audio recording of the day was made available for sale or hire. The overall aim of the programme was to give an explanation of the philosophy and practice to be employed by the new statutory bodies for nursing, midwifery and health visiting to fulfil their responsibilities to both public and profession in matters of professional misconduct and unfitness to practise.

4. Conferences and workshops which have been arranged for 1984 are:

- a) Counselling Skills and Studies (9 days in 3 x 3-day periods) a series of workshops for nurses, midwives and health visitors. This series is designed to concentrate on assisting in the development of practical skills and increase the confidence and competence of participants. An opportunity is also given to learn in depth rather than disseminate a number of more superficial experiences.
- b) Philosophy and Curriculum Building (2-day workshop), for nurse tutors. The aim is to increase understanding of values of philosophical questions and examine the reality and problem-solving aspects necessary in curriculum building.
- c) Paediatric/Neonatal Conferences with the National Association for the Welfare of Children in Hospital:
 - i. Special Care Baby Units. NAWCH survey of presence of parents in special care baby units and intensive care units will be presented along with the examination of other aspects of relations between families and professionals.
 - ii. Access on day of operation (relations between parents, child and professionals).
- d) The What and Why of the Nursing Process. A conference to open up questions related to the nursing process methodology and to include the launch of a video package produced by the Open University.
- e) Death of a baby. A forum for midwives to explore the support for professionals concerned with the difficulties following a death in the maternity unit.
- f) Stress in Nursing. To examine the need for a counselling service and how it might be provided.
- g) Computers and their application in nurse education. A conference in conjunction with NUMINE - Network of Users of Microcomputers in Nurse Education.

Exposing people to a wider range of problems which require a greater and more diversified exercise of professional judgement and skills

1. The re-formed Thwaites Peer Group (reported in 1982 Review) have continued to meet in 1983. A discussion generated by the group is to be developed at a conference in March 1984 about the recording of untoward incidents/accidents. During their deliberations the group focussed on the need for nurses to be encouraged to record all such incidents as a 'reflex action' and not with any fear of punitive action. It was felt that the objective of such recordings should be seen as:

preventing the occurrence of similar incidents;
providing a better standard of patient care;
providing facts for possible future use.

The conference may be followed by workshops to produce some common and helpful measurements, possibly used in conjunction with a computer information service. Sir Cecil Clothier, Health Service Ombudsman has agreed to chair the day. Juxtaposed with this management tool is the interest in developing the management philosophy of quality circles. Three members of the Thwaites group are interested in developing this participative style of management in their districts and the Fund will be working towards providing a supporting role in these initiatives.

2. Audit in Physiotherapy Care. It is hoped to encourage a senior peer group of physiotherapists to consider a tool for monitoring care in the community following the information obtained by Miss Ida Bromley, previously Chairman of Council of the Chartered Society of Physiotherapy, from the States and Canada which she visited following an educational bursary award by the Fund.

3. The Nursing Policies Study Centre. The Fund has provided finance to establish the Centre at the University of Warwick. Funds are available in the first instance for four years. The intention is that the Centre should examine nursing policy at national, regional and district levels and may later develop relationships with NHS and other nursing institutions who may wish to use the expertise and the resources of the Centre. The initial task will be to demonstrate by investigating policies related to nursing, the nature and importance of nursing policy research. It is hoped that this activity will provide the nucleus for further development, for example, by attracting other nursing policy researchers with their own funds, and will become a focus for nursing policy research. It is hoped that the Director will be appointed early in 1984 - close co-operation will exist between the University and the Centre and developments reported to the profession through Centre activities.

4. In February of this year the Fund met senior nurses representing both professional and statutory bodies in order to explore ways in which they might be helped forward. Three major activities have resulted from the discussions.

- i. Joint King's Fund/Royal College of Nursing one week venture in October/November 1984. Twenty senior nurse leaders from Europe are to be invited to discuss the subject of accountability, leadership and nursing, in particular, examining the professionalism of management and the gap which lies between the teachers/managers and those practising nursing.

- ii. A 3-day residential course in March 1984 at the KF College for newly appointed UKCC members to work together on problems in the early days of the Council's life.
- iii. A series of 3-day workshops for Directors of Nurse Education at the King's Fund Centre and the College of Ripon and St John York, for the English National Board in 1984. These workshops will respond to the ENB and Regional Nursing Officers increasing concern at the lack of financial and managerial expertise in many Directors and the stated policy that, 'from the date of handover, the Directors of Nurse Education will be recognised by the Board as the named budget holder....'

5. Integration of Community and District Services. Workshops examining the community module for student nurses in curriculum planning are under discussion after the inadequacy of tutor experience was expressed in the philosophy workshops.

The Health Visitors' Association are currently planning around further ideas with the Centre. Firstly, client access to health visiting and other records. It is considered that this might be related to nursing process records now mainly accepted by the Districts. In addition there is a need for methods of measurement of health visiting activities, arising out of concern regarding some of the recommendations of Korner Working Group D. Nurse managers have expressed some reservations about the cost-effectiveness of the service and meetings between senior health visitors and nurse managers have been arranged.

The role of the primary health care professionals in preventive work with elderly people is an area to be examined in 1984, with particular reference to the intrinsic and circumstantial overlap of the community nurse, health visitors and social services.

6. Association with the United States continued in 1983 when a study tour of different aspects of the UK health services was organised for 9 senior nurse managers. Each visitor had identified her own objectives and requested experiences thus giving an educational opportunity unique to each individual. Some members of the group were able to offer reciprocal talks/discussions to the health authorities they visited.

Preliminary discussions are currently taking place regarding the possibility of a nurse student exchange between Queen's College, North Carolina and the UK in 1985.

The AMI private medicine organisation have requested a half day visit to the Centre in June 1984 for a group of 35-40 from the Californian Society of Nurse Service Managers. The group will be given an overview of the health service in the UK and a general background to the nurse education system in the UK.

8. Help and advice. Our advisory service has been well used and a steady stream of enquiries related to ward sister training, quality assurance and educational planning have been dealt with by post, local seminars and by personal interviews.

Hazel Allen has agreed to chair the Independent Health Care Training and Education Committee (ITEC). The aim of this committee is to promote interest in and awareness of the need for education in the Independent Sector and to engender a spirit of self-help with the sharing of resources between the large and small organisations.

It is hoped that during 1984 a resource information centre may be established through the appointment of a research officer and from that it will be easier to identify the needs for continuing education and the way these needs might be met.

It is planned to give office space at the Centre to the appointed officer in order to underline the neutral position of the post and to support the work from our own information service.

Hazel Allen
January 1984

THE LONDON PROGRAMME

Improving health care in the capital is the aim of the London Programme. It is a coordinated programme of work that includes both development activities and project sponsorship. The work began in 1980 and is guided by the London Project Executive Committee (LPEC) under the chairmanship of Professor Brian Abel-Smith. The Committee met five times in 1983.

During 1983, most effort has been put into activities associated with the central theme of the London Programme: primary health care and its relationship with hospital services. This work has been strongly influenced by the **Acheson report**,¹ which is the source of many good ideas for promoting changes in primary care. By primary care is meant not only primary medical care provided by GPs, but also services provided by district nurses, receptionists, chiropodists, health visitors and many others; services provided at home, in surgeries, clinics, accident units, health centres; services which are the responsibility of district health authorities, family practitioner committees and local authorities and need joint planning and cooperation to be effective. Thus, many London Programme initiatives bring together the managers and planners responsible for these various services to discuss how they could be improved.

The London Programme also continues to give special attention to the needs of groups within London's population that are particularly disadvantaged with respect to health care, for example, homeless people, gypsies, poor people and those from ethnic minority groups. Making health services more responsive to the needs of these local groups and to local communities generally is a thread that links much of the work undertaken in 1983 and plans for 1984.

The LPEC's current strategy is to concentrate London Programme resources, including grants and development activities undertaken by the officers, on a limited number of themes. Within these themes the emphasis is on practical help for those planning and providing services and encouragement of new ideas and experimentation.

In particular, a clear plan has been devised by the LPEC for work on improving primary care services. A proportion of the LPEC's development funds are being concentrated on 'growth points' in primary care, i.e. on centres which are a focus for innovation and change locally, rather than spread more thinly over unrelated projects. The project officers have concentrated on establishing links with community unit management teams in inner London districts. These teams were created when the NHS was restructured in 1982 and are responsible for planning primary and community health services. The new management structure has given fresh impetus to tackling the very difficult primary care problems in the inner city. There are many ways in which the Fund can help managers with their task and a programme of more intensive work is planned for 1984. To complement this assistance to managers it is also important to continue to encourage members of FPCs and health authorities to discuss primary care issues.

To show how this strategy is being put into practice, the four main themes of the London Programme are reviewed here. Some general observations on the progress of this work are also offered. A list of projects currently receiving grants from the LPEC is included as an appendix.

Primary Health Care in Inner London

The Acheson Report

A major landmark during the year was the announcement by the Secretary of State in October of a belated response to the Acheson Report. Nine million pounds has been made available to be used over the next four years to improve **primary care in inner cities**.² The money is intended for a number of different initiatives concerned with helping GPs and boosting services provided by health authorities. However, once the money has been allocated, the amounts available for inner London are likely to be disappointingly small and spread so thinly that they will have little effect on services locally. Over the coming year the project officers will collect information on how these extra resources are used in order to assess their effect on primary care services in London.

Experimental Projects

During the year the project officers spent a significant amount of time working on the LPEC's "growth point" strategy for using its development funds. As a result, two experimental projects have been established, one in Tower Hamlets and one in Camberwell.

In Tower Hamlets, the post of "development worker" or facilitator in primary care has been created to see what can be achieved by someone working intensively to overcome barriers to change and encourage the spread of good practices. Evidence from a number of projects, including that of the GP facilitator in Islington, shows that improvements result when contact is made with isolated individuals providing primary medical care. The Tower Hamlets project extends this idea to cover primary care in general. The worker operates at the grass roots level with nurses, GPs, consumers and others who often have good ideas which fail to get anywhere. She also works at a political level, with decision-making bodies such as the Local Medical Committee, FPC and district health authority, in order to influence policy decisions.

In Camberwell, the department of general practice at King's College Hospital Medical School is extending its scope, with help from the LPEC, to take on the role of fostering good primary care in its neighbourhood.

Community Health Services

Work with community unit managers began slowly but has now gathered momentum and will be an important focus for the London Programme in 1984. Groups of community services administrators and directors of community nursing services now meet regularly at the Centre to exchange information and explore different ways of working. The groups have already generated a number of requests for "issue meetings" to help them tackle pressing problems. Examples of these issues are school nursing services and relationships with ILEA and the development of community-based mental handicap services. Another outcome of the meetings is two multidisciplinary workshops on managing community services to be held in February and March. These have been planned in collaboration with colleagues at the College and are based on the recent publication **Effective Unit Management**.³ It is also hoped that ideas for local projects will be developed by the working groups.

During the summer, one of the project officers responded to a request from a community unit planning group in South London to help develop ideas for improving collaboration between the various professionals providing primary care. The group, like many others in London, were also keen to find ways of making services more sensitive to the needs of local communities. The idea of establishing a "patch system" for planning and providing primary and community services in the district was discussed by the group at two workshops. Plans for testing the idea in practice, by setting up several "patches", are now well-advanced.

Community nurse managers in inner London have long been concerned about the stress under which health visitors and district nurses are expected to work. In some districts groups have been established, usually for health visitors, to provide professional and emotional support. Contacts have been made with some of the people running these groups and plans made to bring them together to explore the different ways of supporting primary care staff at a workshop in May. This work is being carried out in collaboration with the Health Visitors' Association and the Centre for the Study of Primary Care, and it is hoped it will lead to other activities, especially with community nurse managers.

Family Practitioner Services

To complement the work on services provided by health authorities, the project officers have made more contact with London FPCs. A mutual interest in improving general practice premises was useful common ground in early discussions and most FPC administrators have used the advisory service provided by MARU, which is funded by the LPEC. Since the project was established, some headway has been made on improving poor practice premises. In particular, FPCs are now taking a much more active role in monitoring the quality of premises by routine visits to surgeries and encouraging GPs to apply for improvement grants and loans. One inner London FPC has appointed a planning officer, whose role includes visiting and advising GPs about practice developments. Dr Arnold Elliott's talk at the Centre in September 1983 on his work as GP facilitator in Islington attracted a number of FPC members and staff, as did the meeting in July on "out-of-hours" care (see below).

Currently a great deal of attention is focussed on FPCs and their role in ensuring good quality primary care. FPCs are soon to become free-standing health authorities and a central issue in 1984 is likely to be the responsibilities this new status brings for collaboration in planning and providing services. A national conference on this subject is to be held at the Centre in May and it is hoped to follow this with a series of London workshops. A seminar for FPC staff on the same issues will be held at the College in March.

Primary Medical Services and their Relationship to Secondary Care

Access to GPs and the related issue of the use of accident and emergency services as a substitute for primary care were major concerns in the early days of the London Programme. Renewed interest is now being shown in this area, especially in the provision of "out-of-hours" primary care in London. Representatives of the London departments of general practice met several times during the year at the Royal College of GPs to discuss

research into primary care provided by A&E departments. London University's Special Advisory Committee in General Practice convened a meeting on "out-of-hours" care at the Centre in July. It brought the different professions together to discuss problems on a local geographical basis. A number of working groups were formed to stimulate local developments.

The LPEC recently discussed the difficulties experienced by patients trying to reach their GPs by telephone. Various studies have established the problems but little attention has been given to possible solutions. A review of the research findings and a survey of views on what should be done has been commissioned by the LPEC.

Deputising services play a large part in "out-of-hours" care in inner London. The government's current plans to **tighten up supervision of deputising services**⁴ and restrict their use by GPs have already caused controversy. The debate about how these services should be provided and monitored is important for the future of inner city primary care and will be pursued by the London Programme in 1984.

Community Development and Health

There is no doubt that the Fund's interest in, and financial support for some of the early neighbourhood projects (in Stockwell, Bethnal Green and Haringey) helped the 'community development and health movement' take root in London. Its rapid growth was assisted by the establishment of the London Community Health Resource (LCHR), which supports local schemes with advice, information, workshops and newsletters. This year, the LPEC decided to continue to fund the Resource for a further three years, in partnership with the GLC, to enable its work to be consolidated and expanded.

A significant proportion of the London Programme funds has been invested in projects connected with this theme and future activities will focus more closely on dissemination of the ideas that they have developed. Within the NHS there still seems to be some misunderstanding and scepticism about the role and importance of neighbourhood health projects. With this in mind, LCHR is currently helping project workers document their activities, assess their achievements and present their findings in ways more accessible to health professionals. The project workers will discuss their work with senior NHS managers and policy makers at a conference organised jointly by LCHR and NCVO's Community Health Initiatives Resource Unit at the Centre in June.

Ethnic Minorities and Health Care

Last year's review described the groundwork that had been done on this theme by the project officers. Work in 1983 built on this and lines of action now being pursued relate to both provision of health services and employment of black and ethnic minority staff in the NHS.

There is ample evidence that the health needs of ethnic minority communities are not being adequately met. Many small, isolated projects have sprung up outside the health service to fill the most obvious gaps. On the whole, these short term projects are unlikely to bring about the major shifts in attitudes necessary to ensure better care for black and

ethnic minority people. However, some initiatives have been successful and can help to show the way forward. One of these is an advocacy scheme for women using maternity services in Hackney which is to be the topic of a conference in June. Four local women, (who between them speak Turkish, Bengali, Urdu, Gujarati, Hindi and Punjabi) are employed to 'speak for' women unable to speak for themselves, to advise and support them and to help hospital staff understand their needs. They also put forward suggestions for changes in policy to ease the difficulties women have encountered. This work has aroused a great deal of interest nationally.

Another group whose needs are often overlooked by the health service are Gypsies, or Travellers as they prefer to be known. In collaboration with Save the Children, which over the last 13 years has established a number of local projects, the London Programme is exploring what can be done to secure improved care for Travelling families. The first step in this process was to bring together to discuss the issues professionals working with Travellers, Travellers' representatives and policy makers from DHSS, DOE and DES. Long-term improvements in Travellers' health require concerted action by all three departments. A number of health authorities are already making special efforts to ensure that Travellers get good health care. Existing services have been adapted to meet Travellers' needs or new methods of service delivery have been introduced, such as mobile clinics. The next step is to discuss these innovations at a conference for health professionals in February.

The more general issues about planning and providing services for ethnic minority groups will be discussed by those involved in planning health services at a conference on 27 June. This is being organised jointly with the Training in Health and Race project, which is a national initiative to improve health care for ethnic minority groups.

The NHS in London is a major employer of people from ethnic minority groups, but enquiries have shown that few health authorities have looked carefully at the implications of employing a multi-racial workforce. The practical steps that should be taken by health authorities and individual managers to ensure equality of opportunity for ethnic minority groups were discussed at a conference in April. A booklet based on contributions to the conference, entitled **Race and employment in the NHS**, is to be published in 1984.

Some London health authorities recognise their responsibilities towards ethnic minority employees and consumers. Several are working on strategies to promote racial equality, in which initiatives on employment and service provision proceed hand-in-hand. These ideas take a long time to put into practice, but with London Programme assistance, it is hoped to establish at least one experimental project this year.

Priority Groups

Until recently, some London districts had made little or no local provision of services for "priority groups" - elderly, mentally ill and mentally handicapped people. A major challenge facing London health authorities is to establish these services at the same time as "rationalising" acute services. This task was made even more difficult by the financial and manpower restrictions imposed on health authorities during 1983. Despite these setbacks, some London authorities are making progress and the Centre's Long Term and Community Care Team is helping others to develop their plans for priority groups.

Using the Team's expertise in this field, a series of conferences was held at the Centre to encourage health authority members to discuss national policies and the implications of changing patterns of services in London. The last of these 'Issues for London DHAs' meetings examined psychiatric services and formed part of the broader programme of work being developed by the Team. A pack of papers **Creating local psychiatric services**⁵ has subsequently been published.

The Team was called also on, at the request of the London community services administrators group, to help organise a workshop on community-based services for mentally handicapped people. Most of the administrators involved in planning these services have expressed concern about the lack of clear strategies and the dangers of capital-led developments in this field. The workshop, to be held in February, will explore these and other issues.

Some General Observations about the London Programme

1. Over three years, the focus and direction of the Programme have been clarified and the LPEC has adopted a more proactive role. These changes are well-illustrated by the work on primary care, and there is now a clear plan for work to be undertaken by staff and ideas about what is being sought in the way of project proposals.
2. In its grant-giving the LPEC has moved from funding mainly research projects towards development projects with practical aims.
3. The London Programme was originally staffed by a half-time project officer. There are now 1³/₅ staff and this gives more scope for carrying out analysis and background work. There is also more time for development work, such as the ethnic minority initiatives.
4. However, it takes a relatively long time to develop the good ideas generated by the LPEC into practical proposals that will satisfy the LPEC as a grant-giving committee. To get a sense of the success of such experimental projects will take even longer.
5. The London Programme has established links with other Fund staff and has drawn on their knowledge and skills. Equally, the London Programme has encouraged others in the Fund to concentrate more of their own work on London issues. This increasing integration is a feature of the relationship with the Centre's Long Term and Community Care Team. The project officers are also participating in the College's programme on management of primary care which offers an opportunity to extend London Programme interests.
6. Outside the Fund, the London Programme has developed a wide network of contacts, especially with organisations and groups that have London-wide responsibilities and interests. The GLC's recent health initiatives have generated a number of new groups with aims similar to those of the London Programme. The possibilities and potential for collaboration are currently being explored.

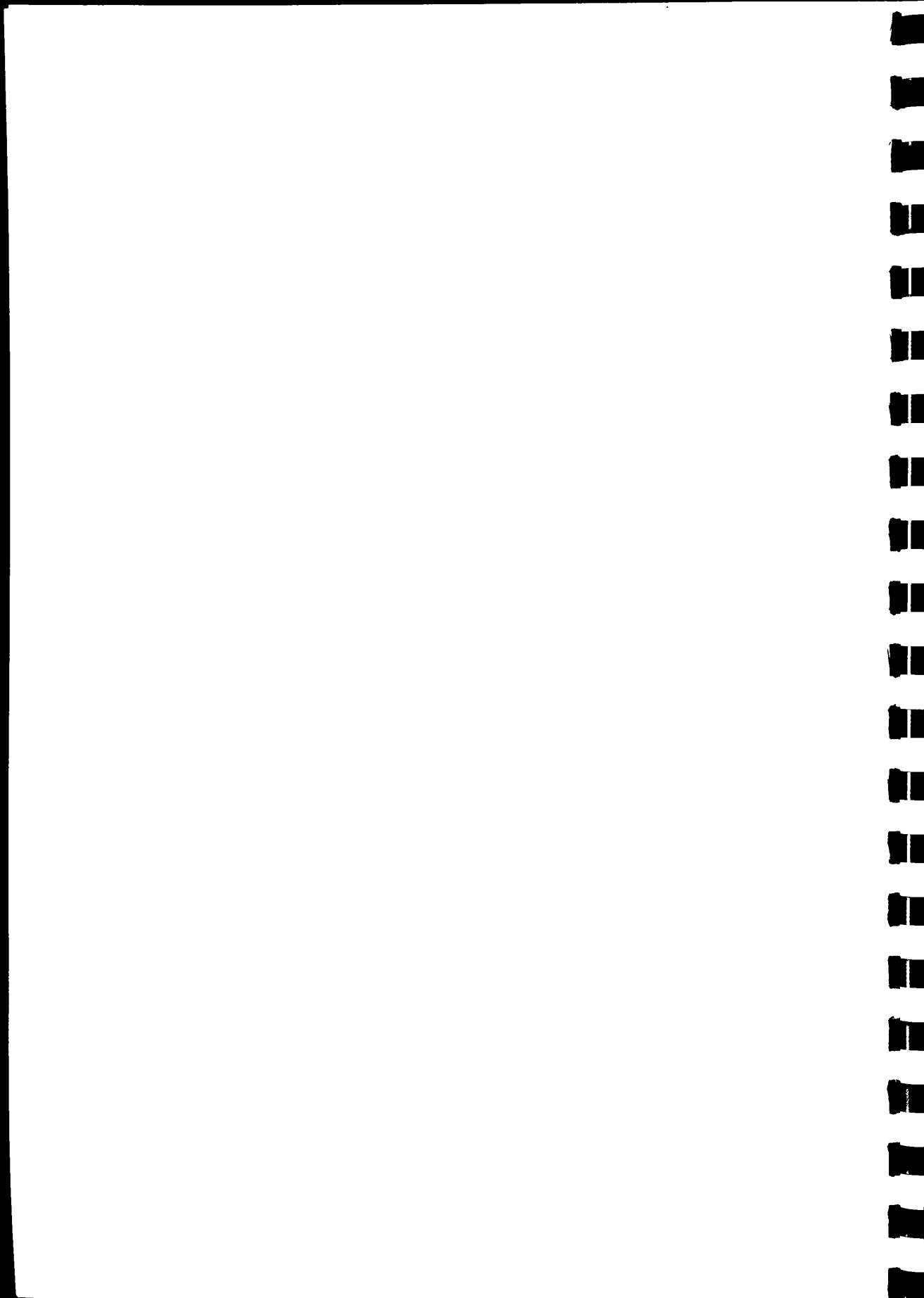
Jane Hughes
Pat Gordon

January 1984

REFERENCES

1. LONDON HEALTH PLANNING CONSORTIUM. **Primary health care in inner London: Report of a study group** (Chairman, Professor E D Acheson) London, DHSS, 1981.
2. GREAT BRITAIN. DEPARTMENT OF HEALTH AND SOCIAL SECURITY. **£9 million towards primary care in inner cities** Press release 83/218, 27 October, 1983.
3. WICKINGS, I. **Effective Unit Management** London, King Edward's Hospital Fund for London, 1983.
4. GREAT BRITAIN. DEPARTMENT OF HEALTH AND SOCIAL SECURITY. **Health service development. General practitioner deputising services** HC(FP)84 London, DHSS, 1984.

GREAT BRITAIN. DEPARTMENT OF HEALTH AND SOCIAL SECURITY. **Kenneth Clarke's statement on deputising services** Press release 84/13, 19 January 1984.
5. KING EDWARD'S HOSPITAL FUND FOR LONDON, KING'S FUND CENTRE. **Creating local psychiatric services: Papers from the Long Term and Community Care Team** London, King's Fund Centre, 1983.



APPENDIX

THE LONDON PROGRAMME

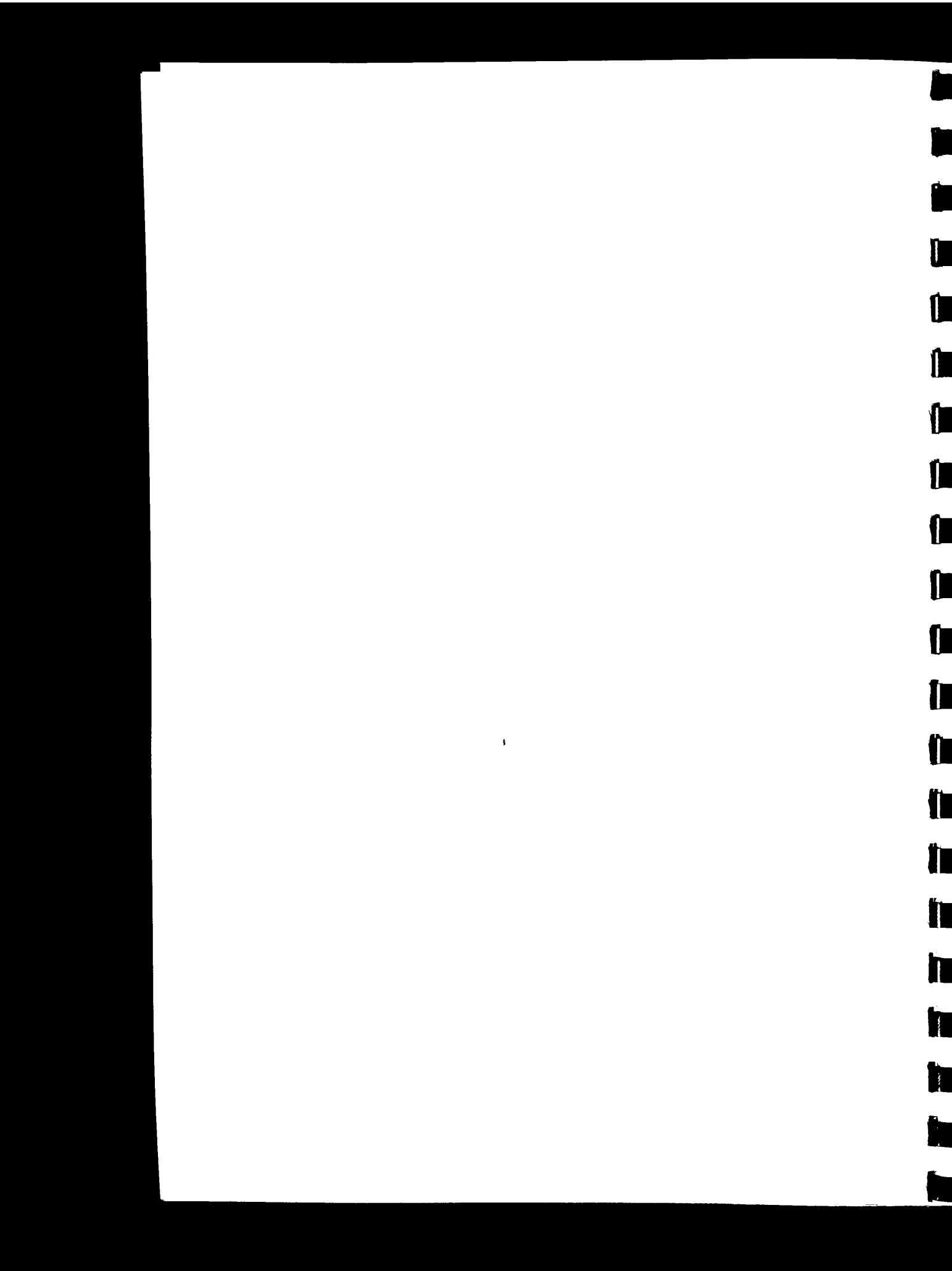
Projects receiving support in 1983/84

			Total Allocation £
LPE80/21	Comparative study of the need for health care	Department of Geography, Queen Mary College/North East Thames RHA	16,081
LPE81/7(d)	Development of primary health care teams	Dr D Craig, Thamesmead	5,041
LPE81/15	Frail elderly - collaboration in community care	Voluntary and statutory agencies in London LVSC	20,000
LPE81/16	Subregional resource allocation in the NHS	University of Warwick/South East Thames RHA	20,000
LPE81/45	Evaluation of a two year trial of a GP community hospital in an inner city district	Paddington and North Kensington HA	30,000
LPE81/46	General practice premises	Medical Architecture Research Unit, North London Polytechnic	34,000
LPE81/50	An evaluation of elderly client assessment procedures	Department of Applied Social Studies, North London Polytechnic	6,810
LPE82/19	Graphic input methods in general practice	Dr M Salkind, Hackney	7,980
LPE82/21	Identification of under-privileged areas	Dr Brian Jarman/London School of Economics	20,000
LPE82/22	Haringey Greek Cypriot Women's Health Group	Cypriot Community Centre, Haringey	6,450
LPE82/33	Bethnal Green Community Health Network	Oxford House, Bethnal Green	12,500
LPE82/52	Psychiatric services in London	In-house grant for work by LTCC Team	500
LPE83/4	Development worker in primary care	Tower Hamlets HA	52,000
LPE83/6	London Community Health Resource	London Voluntary Service Council	51,450
LPE83/15	Part-funding of worker	Women's Health Information Centre	4,489
LPE83/16	Sick bay for young homeless people	Dr David El Kabir, Paddington	15,000

			Total Allocation £
LPE81/31	One Parent Families Health Project	National Council for One Parent Families	3,485
LPE83/38	Telephone access to GPs in London: review and recommendations	Judy Allsop, Polytechnic of the South Bank	2,700
LPE83/39	Camberwell primary medical care development project	Dr Roger Higgs, Department of General Practice, King's College Hospital Medical School	20,000

SECTION 2

OTHER ORGANISATIONS



INTERNATIONAL HOSPITAL FEDERATION

President Mr Royce Kronborg MBE (Australia)
Director-General Mr Miles Hardie

The Federation, usually referred to as the IHF, is an independent non-political organisation supported by subscribing members in some 90 countries, and affiliated to the World Health Organization. The main aim of the IHF is to promote improvements in the planning and management of hospital and health services. Amongst its activities, the IHF

- publishes **WORLD HOSPITALS**, a quarterly journal which is issued free to members. It is printed in English with supplements in French and Spanish, and contains authoritative articles and report on various aspects of international developments in the planning and operation of hospitals and health services. Particular attention is paid to reporting on IHF congresses, study tours and other activities.
- organise international **CONGRESSES** and regional conferences and seminars at which representatives of all branches of health services can meet their colleagues from other countries and discuss common problems. The main event in 1983 was the 23rd IHF Congress, held in Lausanne and attended by 1230 delegates and 480 guests from over 50 countries. Other meetings included an international symposium in Geneva on patient information systems, quality assurance, and accreditation/licensure; there were 53 participants from 26 countries, and it was sponsored jointly by the IHF, Commission on Professional and Hospital Activities, Joint Commission on Hospital Accreditation and by the W K Kellogg Foundation of Michigan USA, which gave generous financial support. In November, the seventh annual workshop on health care planning in urban areas was held in Lisbon with 32 representatives from 11 cities.
- arranges **STUDY TOURS** and special study visits to give members first-hand knowledge of health work in different countries. Three special study visits were held in 1983. The first was in North Carolina, USA, in April, with 22 representatives from 12 countries, and focussed on the area health system in the 'Research Triangle' of Raleigh, Durham and Chapel Hill. The second was in Finland, with 37 participants from 13 countries, studying the organisation of the hospital and primary health care system and the linkages between them. The third was in China with 35 participants of 16 nationalities, looking at the health care system in Canton, Changsha, Shanghai and Beijing.
- maintains an **INFORMATION SERVICE** for members on hospital and health service matters anywhere in the world, and offers advice and assistance to members over personal study tours and other matters. In the field of information, the IHF works in very close collaboration with the King's Fund Centre.
- sponsors an annual 10-week **COURSE**, which is organised jointly with the King's Fund Centre, for senior hospital and health service administrators from overseas. Nearly 600 people from some 90

countries have attended this course since it started in 1961. In 1983 there were 22 participants from 14 countries, and in the organisation and conduct of the course there was close collaboration with the King's Fund Centre and the Health Services Management Centre of the University of Birmingham.

- sponsors **PROJECTS** and study groups on different aspects of hospital and health services. Amongst current and recent projects have been ones concerned with health care in big cities; health auxiliaries; health care planning in urban areas; good practices in mental health; hospitals and primary health care.
- sponsors **FELLOWSHIPS**, usually financed from charitable sources. During 1983, the W K Kellogg Foundation of USA continued its generous support for 10 fellowships over the period 1981 - 1984; one on hospitals and primary health care in developing countries; one on the same subject in UK; two on health care in big cities in Europe; four on health care in big cities in Latin America; and two on management training for developing countries. Also in 1983, and thanks to generous grants from the Japan Hospital Association and five industrial companies in Osaka, the IHF was able to establish a special endowment fund the income from which will be used to provide an annual travelling fellowship for the study of aspects of urban health care, especially for poor and disadvantaged sections of the community, in big cities in the WHO regions of South East Asia and the Western Pacific.

Miles Hardie
January 1984

IHF EVENTS

A list of some forthcoming IHF events is shown below. Further details about these activities and about membership, can be obtained from the IHF.

1984

Date	Event	Place
15 - 21 April	Special Study Visit - Hospital development in Japan	JAPAN
22 - 27 April	IHF Regional Conference	Seoul, KOREA
30 April - 2 May	Special Study Visit - Hospital and community/primary care	Seoul, KOREA
13 - 26 May	18th IHF Study Tour	PORTUGAL
22 July - 1 August	Special Study Visit - A health services system: first and second levels of care	MEXICO
11 July - 19 September	24th Annual Course for senior hospital and health service managers from overseas	London and Birmingham, ENGLAND
10 - 20 September	Special Study Visit - Planning a district health service	London and Oxford, ENGLAND
1 - 6 October	WHO/IUA/IHF Seminar - Health and hospital care's heritage and future	Budapest, HUNGARY
8 - 12 October	IHF Regional Conference	Nairobi, KENYA
21 - 26 October	8th Workshop on health care planning in urban areas	Barcelona, SPAIN

1985

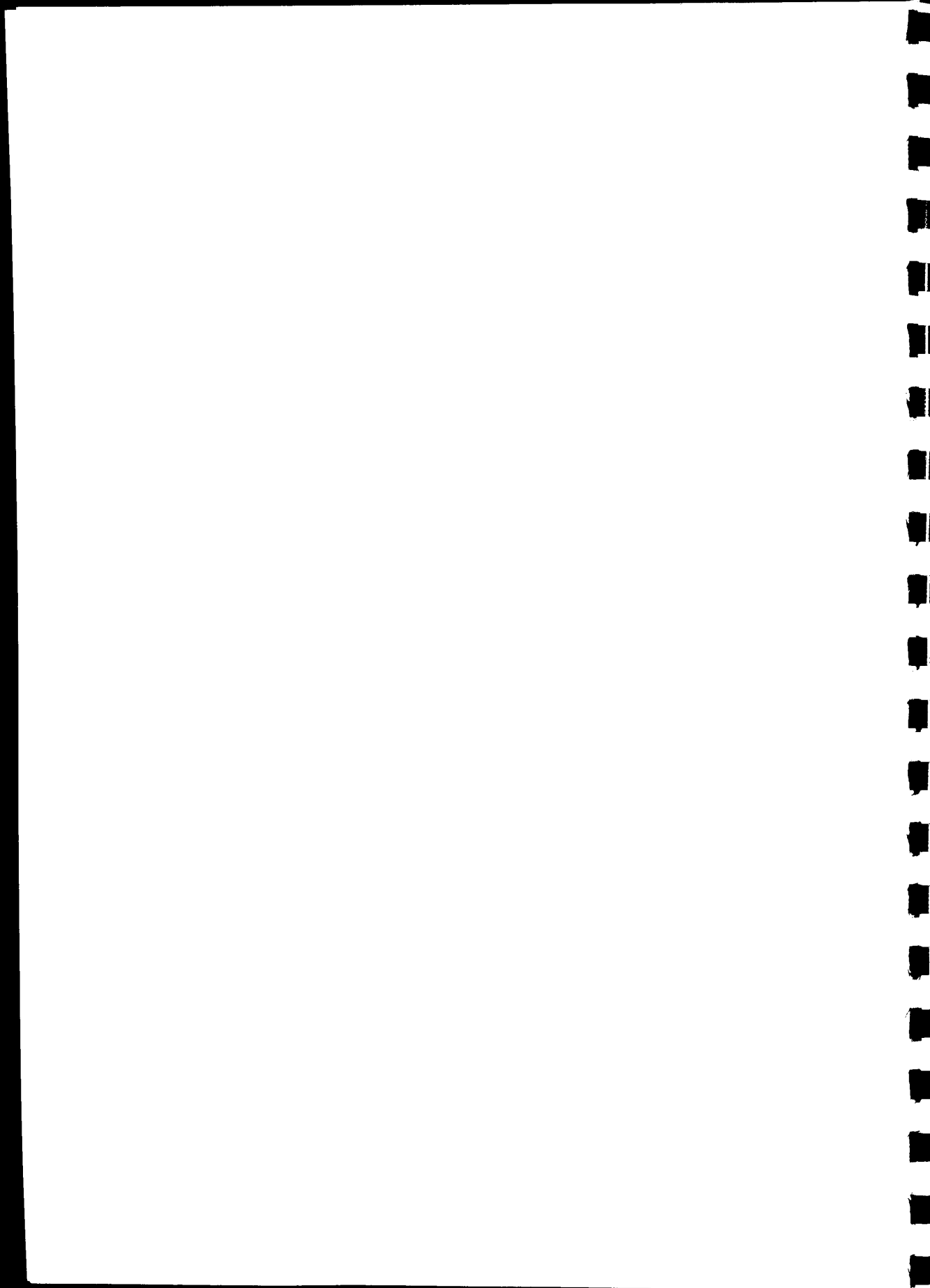
20 - 25 January	Conference on the role of hospitals in primary health care	Delhi, INDIA
26 - 31 May	24th International Hospital Congress	San Juan, PUERTO RICO
2 - 9 June	Special Study Visit - Hospital and community care	COSTA RICA
July - September	25th Annual Course for senior hospital and health service managers from overseas	London and Birmingham, ENGLAND

1986

Date to be fixed	19th IHF Study Tour	CANADA
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1987

31 May - 5 June	25th International Hospital Congress	Helsinki, FINLAND
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CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

1983 has been for CEH a year of change, growth and challenge. The most significant development has been the invitation from the Minister for the Disabled to develop the new Access Committee for England.

The Minister has outlined the broad functions of the Committee as 'to give advice and support to local Access groups; to advise local authorities who are considering the designation of access officers; to consider access problems of national relevance, including the implications of legislation; to promote public awareness of access problems; and to provide a focal point on access matters for individual disabled people, referring them as appropriate to relevant organisations'.

Within this broad framework the Committee will itself determine strategic priorities and a programme of action. To assist this process CEH is conducting a consultation among interested organisations regarding the detailed membership and activities of the Committee. The deadline for responses to the consultation is 1 February and it is hoped that the Committee will be appointed and hold its inaugural meeting by the end of March 1984. The Chairman of the committee, Mr Arthur Goldthorpe, OBE, was appointed in October and has been working one day a week at the Centre since that date.

The Committee will be based at the Centre and has its office next to CEH's on the second floor. It is of inestimable value for the Committee to be able to embark on its important task with CEH and the Centre's resources readily available and from within a purpose-designed building in which the provision for disabled people is exemplary. We are once again indebted to the King's Fund Centre for its support and for enabling us to assume a new task, from which, we hope, both will gain.

Seminars

Nine seminars were held in 1983, five of them at the Centre. The topics were:

- Fire Safety in Residential Accommodation
- Access Action Groups and the Implementation of Section 6
- Home Support for Elderly Mentally Infirm People (in association with MIND and the Long Term and Community Care Team)
- Housing Associations and House Adaptations for Disabled People
- Essence of Home
- A second event on Home Support for Elderly Mentally Infirm People held in association with the Institute for Human Ageing at Liverpool University School of Extension Studies
- Water Recreation for Disabled People: Providing the Opportunities - held at the National Star Centre, Cheltenham
- House Adaptations for Paraplegics and Tetraplegics leaving Spinal Units and Hospitals
- Fire Safety in Residential Premises: A Coordinated Approach, held at Manchester University
- Centres for Independent Living, held at Kensington Town Hall.

The latter seminar was a large and ambitious event, the first conference in this country to explore the consumer-led independent living movement, and to bring together planners, providers, and users to discuss the design and delivery of services for severely disabled people. It could not have been held without the financial assistance received from many sources, which included the British Council, Central Television plc, RADAR, Marks and Spencer plc, and most importantly, the King's Fund Centre, which sponsored thirty places for disabled people not backed by fee-paying organisations.

An additional Section 64 grant from the DHSS enabled us to purchase a microcomputer and accessories, including a printer and software programmes, to date word processing and data management packages. This equipment is already proving of value in seminar administration, reducing clerical procedures and releasing staff for the intellectual and creative work involved in formulating a successful programme.

Publications

Several new publications have been added to our list in 1983, notably a consumer guide for disabled people on 'Buying or Adapting a House or Flat', sponsored by Anglia Building Society and 'Promoting Residential Services for Mentally Handicapped People' by Christopher Heginbotham. Projects for 1984 include an 'Access Fact Sheet' which will illustrate in poster form the basic access requirements in new or existing public buildings.

Information and Advice Service

The acquisition of a computer has provided an opportunity to review our information storage and retrieval systems; this task will continue in 1984.

The principal information gathering exercise of the year has been the development of the Register of Housing and Care Support Schemes with the Long Term Care and Community Team. The information gathering phase is now complete and in 1984 we shall be looking at how best to make available to those developing community care services for disabled people the valuable material the Register's information bank contains.

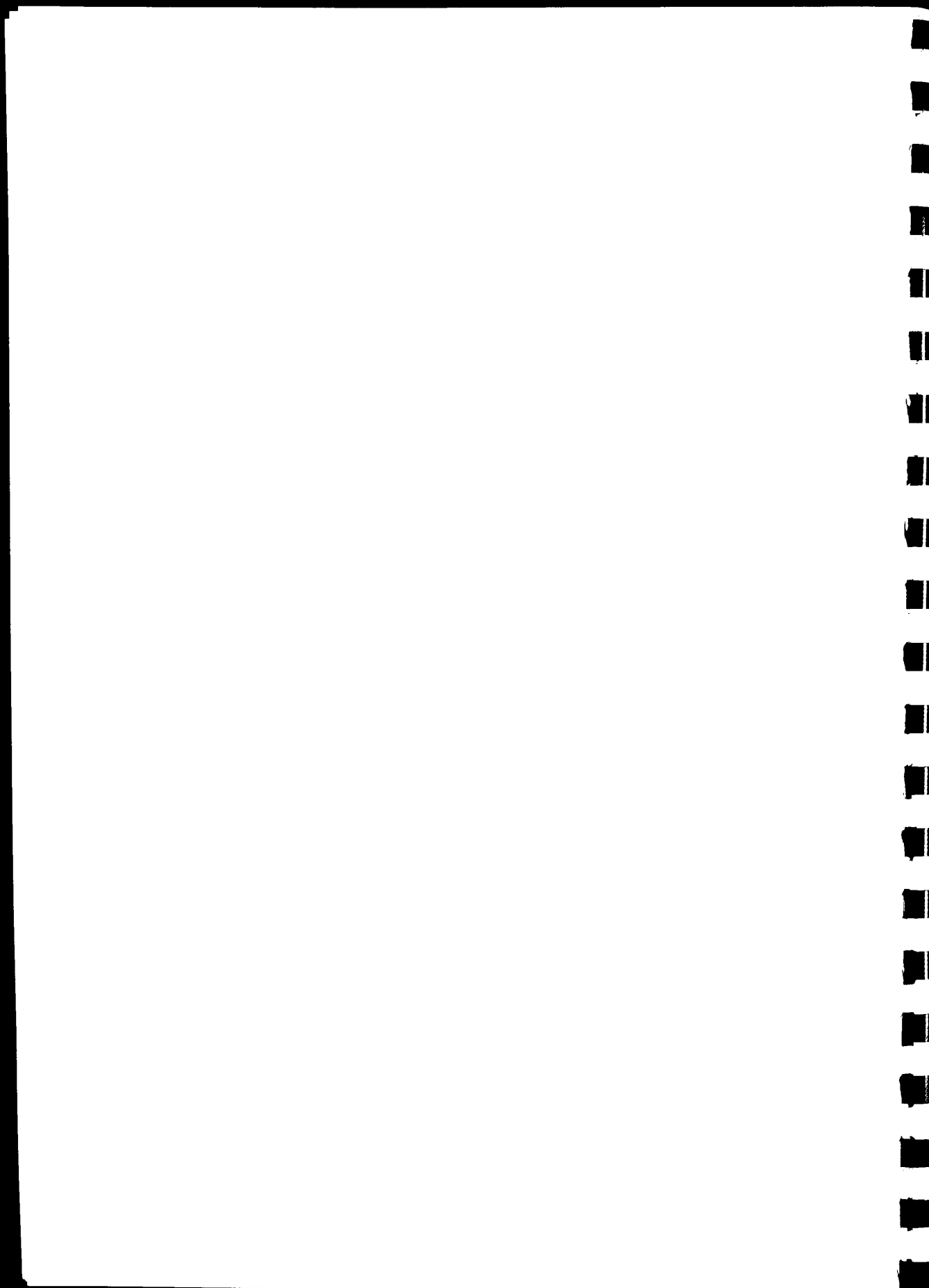
Staff

After a long period of minimal staff turnover, two valued members of staff left us in 1983, Rosalind Purcell to have her first baby, and Penny Bayer who married in the summer, to work nearer home at Bromley Social Services. Ros and Penny contributed immeasurably to CEH's growth in recent years and we wish them well in their new careers. In the new year Alice Gamlen will join us as Seminar Officer and Andrew Lacey as Information Officer. Alice previously administered seminars in the Department of Occupational Psychology at Birkbeck College, and Andrew was an administrative assistant in the Building and Construction Section at the National Economic Development Office. In February the staff attached to the Access Committee will be in post: John Dobinson, currently working as a research officer for Surrey County Council Social Services Department, will take up the post of Access Director; Lisa Jacobs will be secretary to the Access Committee Team.

Sarah Langton-Lockton
January 1984

SECTION 3

ADMINISTRATIVE SECTION



KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee during 1984:-

Professor Ian McColl MS FRCS (Chairman)

Sir Roger Bannister CBE DM FRCP

Colin Godber Esq MRCP MRCPsych

Norman Halliday Esq MB BS DCH

Professor J C Hayward BSc PhD SRN

M J McCarthy Esq MSc MRCP MFCM

S F Thorpe-Tracey Esq

P C Walker Esq MB BChir MFCM

Miss J M Wheeler BA SRN SCM RNT

February 1984

KING'S FUND PROJECT COMMITTEE

The following are the members of the King's Fund Project Committee during 1984:-

R Himsworth Esq MD FRCP (Chairman)
Professor Brian Abel-Smith MA PhD
Dr Rosemary Crow MA PhD SRN SCM HV
Ms Christine Farrell BA
Ms Shirley Goodwin BSc(hons) SRN HV
A Henderson Esq
Brian Jarman Esq MRCP MRCGP
D K Nichol Esq MA AHA
H I Wickings Esq PhD
Sir Henry Yellowlees KCB FRCP FFCM

February 1984

THE LONDON PROJECT EXECUTIVE COMMITTEE

The following are the members of the London Project Executive Committee during 1984:-

Professor Brian Abel Smith MA PhD (Chairman)

Miss Joan Clague SRN SCM

Miss Denise Dennehy

John Dennis Esq BA DSA AHA

Ms Christine Farrell BA

Chris Heginbotham Esq

Brian Jarman Esq MRCP MRCGP

David L Kenny Esq LLB AHA

Professor Ian McColl MS FRCS

Ms Celia Pyke-Lees

Peter Westland Esq

W G Cannon Esq

R J Maxwell Esq

February 1984

STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 December 1983:

Mr W G Cannon MA FHA	Director
Miss H O Allen BA SRN SCM RNT	Assistant Director
Mr K Morton BA FHA AMR	Assistant Director
Dr D Towell MA PhD	Assistant Director (part time)
Mrs A Anderson	Waitress (part time)
Mrs M E Aston	Conference Secretary
Miss D Bailey	Printroom Assistant
Miss D Brown	Assistant Cook
Miss C T Butler	Word Processor Operator
Miss C Capron	Secretary, London Project
Mr R Carter	Admin Assistant (publications)
Mrs M Chekri BA ALA	Assistant Librarian
Mrs S Cook BA ALA	Senior Assistant Librarian
Mrs R Crawford	Printroom Supervisor
Miss C Davies SRN	Project Officer
Mrs J Duff	Occupational Health Adviser (part time)
Miss M Eldridge	Dr Towell's Secretary
Miss J Freedman BA	Library Assistant
Mrs V J Galpin BA ALA	Librarian
Ms P Gordon	Project Officer (part time)
Mrs S Hodge	Mr Cannon's Secretary
Miss P M Hope	Clerk/Typist
Ms J Hughes MSc	Project Officer
Miss A Johnston	Secretary, Long Term Care Team
Mrs M Kornitzer	Secretary, Long Term Care Team (part time)
Miss C Lever	Secretary, London Project (part time)
Mr H W Lord	Cashier/Accounts Clerk
Mr T McAusland	Project Officer
Mr L McElligott	Handyman
Mr R McElligott	Caretaker
Mrs M McEwan	Library Assistant (part time)
Miss P Mann	Head Cook
Mr C Mills	Porter/Messenger
Ms M T O'Donoghue	Receptionist
Miss S Pallot SRN ALA	Assistant Librarian
Mrs J Rush SRN DipSoc	Project Officer
Miss P A Tawn	Miss Allen's Secretary
Mrs A Taylor	Catering Assistant
Mr A J Thorne	House Engineer
Mr F G Topping JP	Administrator
Mrs D M Twitchin	Project Assistant
Mr J Tyson	Kitchen Porter
Miss H Vogwell BSc	Assistant Librarian
Miss F Waugh BA	Library Assistant
Mr J L Webster	Assistant House Engineer
Mr T Wheeler	Audio Visual Technician
Miss A F Whittaker	Project Assistant
Miss L N Wood	Catering Officer

OTHER ORGANISATIONS

International Hospital Federation	9 staff
Centre on Environment for the Handicapped	5 staff
King's Fund Publications Department	3 staff

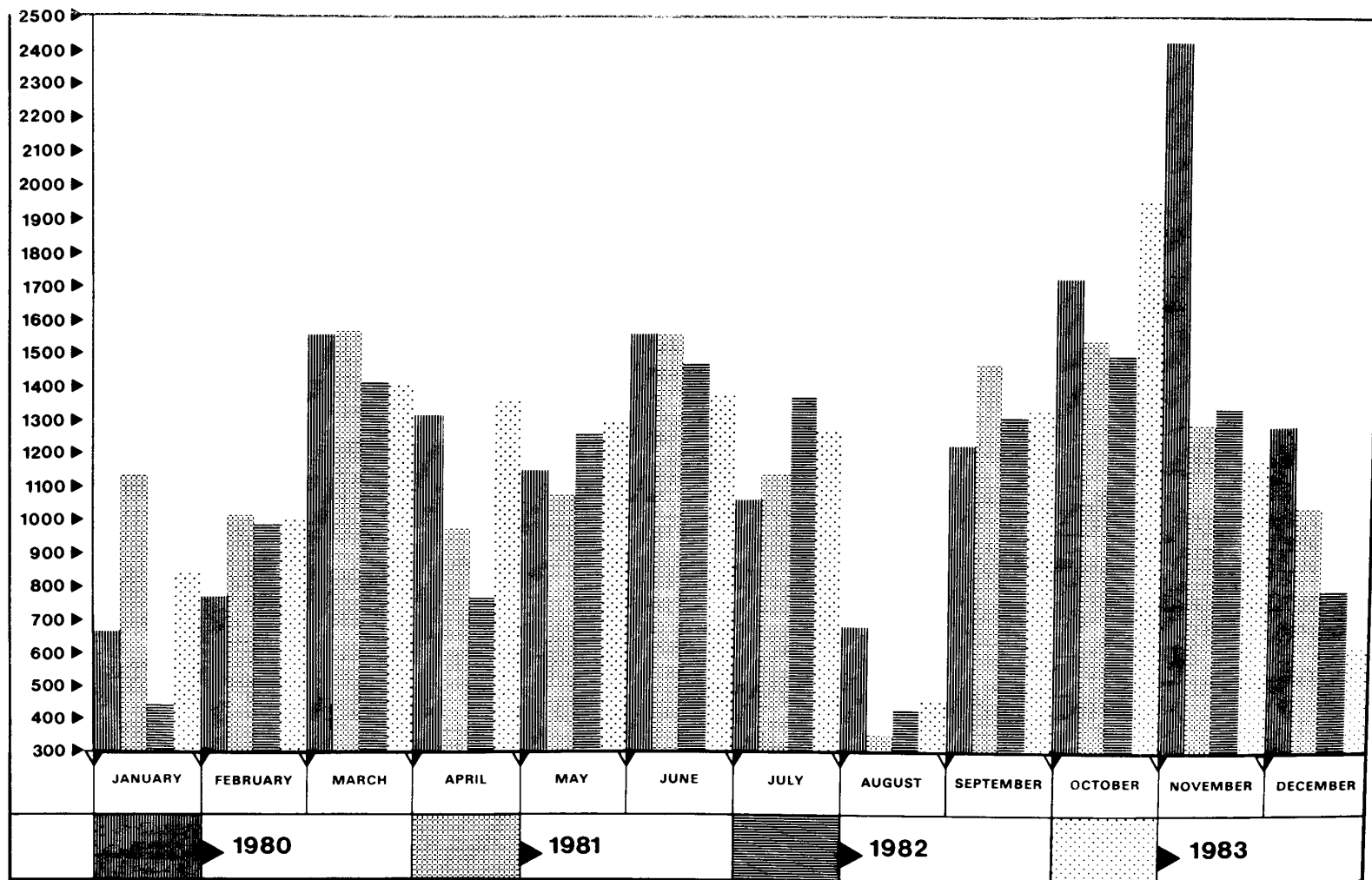
CONFERENCES, MEETINGS AND VISITS - JANUARY/DECEMBER 1983

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 new Centre at Camden on 9 August 1976. The attached papers give further information about the conferences and meetings held during 1983, and about the groups of visitors who come to the Centre during this period.

	Working days	No of groups	No of people
1976 (Aug-Dec)	108	159	3,819
1977	253	481	13,075
1978	252	505	14,540
1979	253	498	13,544
1980	254	649	15,381
1981	252	562	14,064
1982	253	514	13,002
1983	252	563	14,028
<hr/>			
	1,877	3,931	101,453
<hr/>			

Below is shown a broad classification of the groups who made use of the Centre during the last four years.

	1980	1981	1982	1983
Conferences and meetings organised by the Centre	188	228	210	267
Working parties, committees and projects with which the Centre is directly concerned	72	40	31	19
Groups of nurses, other staff and students visiting the Centre on study days	102	39	26	26
Groups of overseas visitors	14	15	8	8
International Hospital Federation overseas course on 1-day sessions at the Centre	25	25	33	35
Other organisations using the facilities of the Centre for their own purposes	248	215	206	208
	—	—	—	—
	649	562	514	563
	==	==	==	==



The chart on page 58 shows over four years the numbers of Centre users in graphic form. The low uptake in August and December is understandable but some other peaks and troughs are less easy to analyse. However we can see the result of the rail strike in January 1982 and the impact of the NAWCH exhibition in November 1980 when we were inundated with young people from nursery schools to nursing students.

CENTRE ACTIVITIES FOR A TYPICAL MONTH

Date	Time	Organisation	Number
5	10.00	Philosophy & Curriculum Building	24
	10.30	Long Term Care Team	8
6	9.30	Philosophy & Curriculum Building	24
	10.30	Transport Project	4
7	9.30	Training & Mental Health	98
8	10.30	Program Analysis of Services Systems	8
9	10.00	Institute of Home Help Organisers	18
11	10.30	Silverlands JBCNS Mental Handicap Nursing Course	9
12	9.30	British Association of Manipulative Medicine	27
13	9.30	British Association of Manipulative Medicine	27
	10.00	Prevention & Health Education - Conference for Chairmen of DHAs	102
	10.15	King's Fund News Editorial Board	7
14	9.00	International Hospital Federation	6
	9.30	British Association of Manipulative Medicine	27
15	9.00	International Hospital Federation	16
	11.00	British Dietetic Association	8
	9.30	British Association of Manipulative Medicine	27
16	10.00	Institute of Home Help Organisers	10
18	9.30	Health Community Work & Elderly People	104
	10.30	Long Term Care Team	8
	10.00	Bloomsbury Health District Management Team	6
	1.00	Thwaites Peer Group	14
	2.00	Ethnic Minorities	5
19	10.00	How should the role of the ward sister be developed during the 1980s?	45
	10.00	Bringing mentally handicapped children out of hospital	40
20	9.30	How should the role of the ward sister be developed during the 1980s?	45
	10.00	Study Tour of Health Care in the UK for Monlycke AB	32
	11.30	Community services in Inner London	10
	5.00	GLC Voluntary Sector Development Group	10
21	9.00	The Royal Association for Disability & Rehabilitation	90
	10.00	AHCIMRO Planning Group	5
	2.00	International Hospital Federation	7
22	9.00	The Royal Association for Disability & Rehabilitation	90
23	10.00	National Association of Teachers of the Mentally Handicapped	20
26	10.00	Society of Community Health Council Secretaries	64
	11.30	NE London Polytechnic - Students from Thronheim School of Nursing	17
27	9.45	Race & Employment in the NHS	90
	11.00	Centre Development Forum	15
28	9.30	Training Ward for Ward Sisters - Review/Preview	13
	10.00	Short term care for mentally handicapped people	9
	11.00	Training Ward for Ward Sisters	5
29	10.00	Occupational Health Services in the NHS - Caring for the Carers	160

(42 groups - 1354 people)

A few of the topics discussed at conferences and meetings organised by the Centre during 1983:

Action on Incontinence
Art and the NHS
Centre Lunch Talk - Infants with birth defects: who may live, who must die?
Hospital and Public Library Services for mentally handicapped people
Information in the Eighties - Second series: the work of the health services information steering group (Korner Group)
Issues for London DHAs - the development of comprehensive district psychiatric services
King's Fund Centre/Volunteer Centre - mobilising voluntary resources to promote community health care
Maternity Care in Action - antenatal care
Prevention & Health Education - Conference for Chairmen of DHAs
Talking with patients
The GP facilitator - is he really necessary?
Understanding politics - an historical perspective
Workshop on 'Long stay care for elderly people - a shared responsibility'

Overseas visitors from Norway, USA, Scandinavia and Japan visited and took part in discussions at the Centre on health care services, both here and in their own country.

The 1983 course for hospital administrators from overseas (22 members from 14 countries) attended 70 half-day sessions at the Centre.

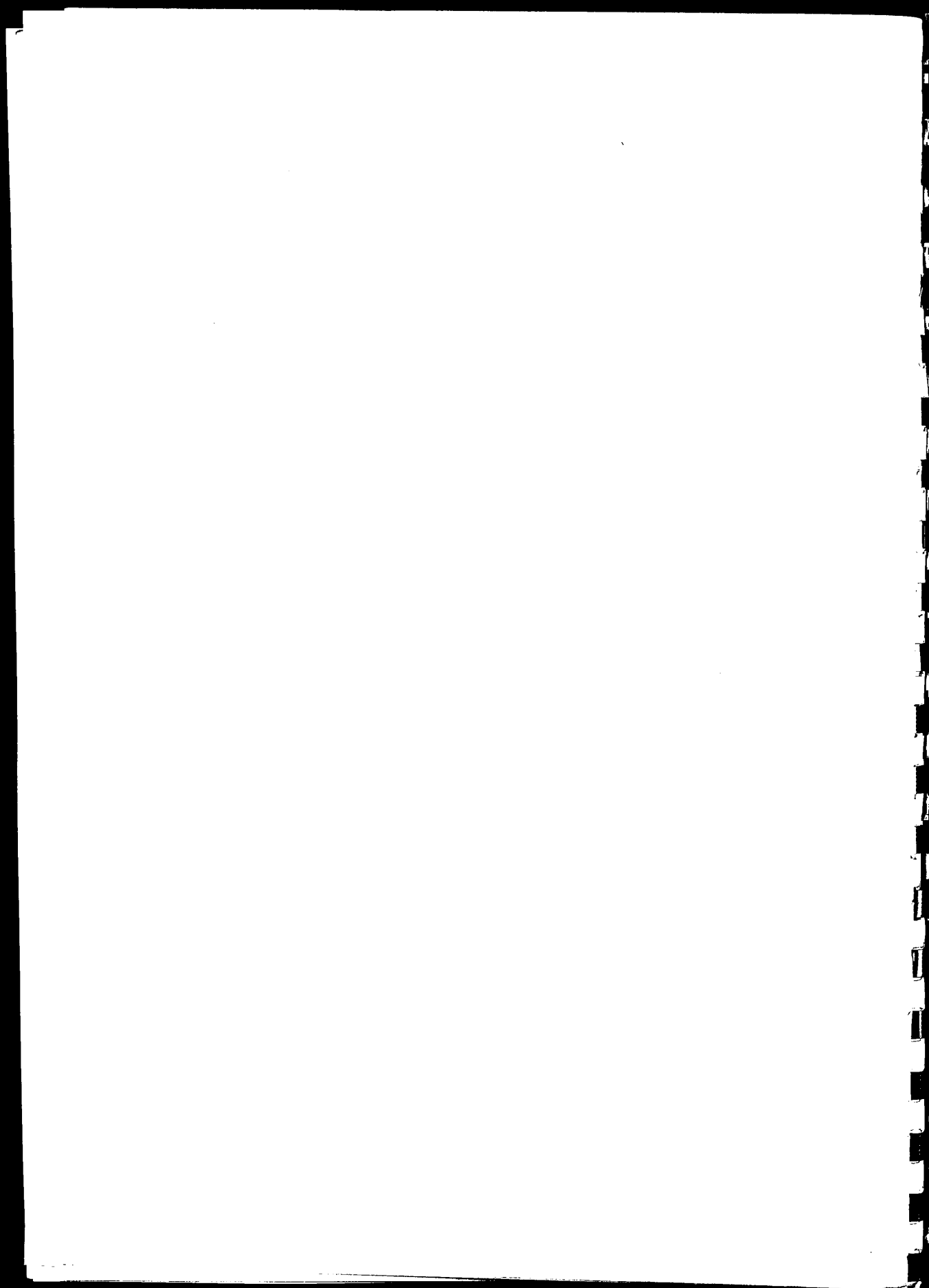
A selection of **outside organisations** taken from a very long and wide ranging list, that have used the Centre facilities.

Abbott Laboratories Ltd.
Association of Integrated & Degree Courses in Nursing
British Association of Manipulative Medicine
British Association of Social Workers
Centre for Policy on Ageing
Child Accident Prevention Trust
Damart Ltd
GLC Voluntary Sector Development Group
Health & Social Service Journal
London Joint Drug Clinic Staff
London School of Hygiene & Tropical Medicine
Medical Journalist Association
Prince of Wales' Advisory Group on Disability
The Ergonomics Society
The Manpower Society
The Third World Group for Disabled People
World Health Organisation

RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the King's Fund Management Committee for the year to December 1983.

Expenditure	£	£ (1982)
Salaries	447,450	(452,000)
Lecture Fees	12,650	(10,000)
Wages-household	44,150	(33,000)
Rents, rates and insurance	144,950	(143,500)
Heating and lighting	32,950	(35,000)
Household supplies, repairs and renewals	44,050	(44,000)
Travel, subsistence and miscellaneous	16,250	(16,000)
Office and tutorial supplies	13,400	(9,500)
Telephone and postage	23,050	(26,000)
Publicity	3,300	(5,000)
Office furniture	28,580	(16,000)
Periodicals, books etc.	10,100	(8,750)
Audio visual/display equipment etc.	13,150	(6,000)
Catering	31,170	(25,000)
Publications	12,400	(10,000)
	<u>877,650</u>	<u>(839,750)</u>
Less receipts		
Sale of books and publications	12,650	(8,000)
Conference fees etc.	89,300	(70,000)
Rents etc.	700	(300)
Contributions - DHSS	300,000	(287,000)
RHA	89,025	(84,675)
	<u>491,675</u>	<u>(449,975)</u>
	<u>385,975</u>	<u>(389,775)</u>



King's Fund



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