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KING EDWARD'S HOSPITAL FUND FOR LONDON

King's Fund Centre

PERSONAL CHOICE OF CLOTHING BY THE LONG STAY PATIENT

A report of a study day held at the King's Fund Centre
on 24 October 1979

King's Fund Centre
126 Albert Street
London NW1 7NF

March 1980

KING EDWARD'S HOSPITAL FUND FOR LONDON

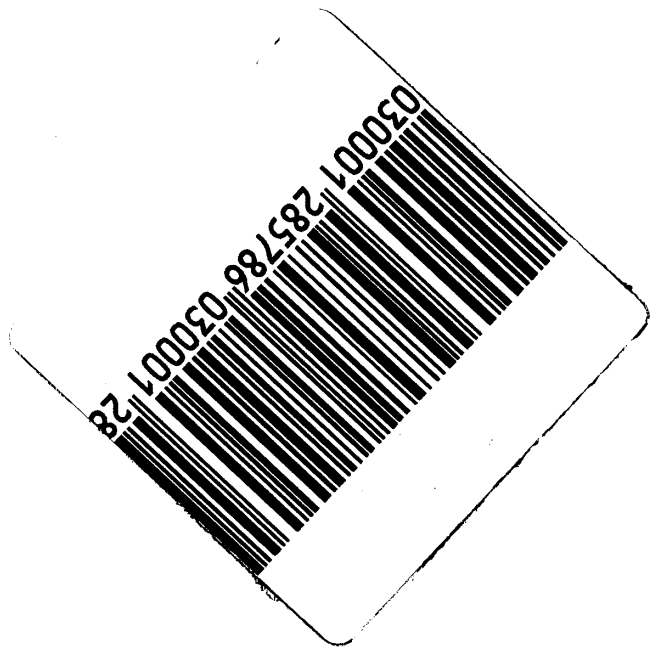
Personal Choice of Clothing by the Long Stay Patient

The King's Fund Centre and the Disabled Living Foundation jointly held a workshop for Clothing Managers at the King's Fund Centre on 18 October 1977. At this conference the audience expressed a particular wish for further exposition and discussion of independent personal choice of Clothing by Long Stay Patients. The King's Fund Centre and the Disabled Living Foundation therefore planned a workshop on the subject which took place at the King's Fund Centre, 24 October 1979. Regional Health Authorities and Health Districts were invited to send representatives from staff who were "actually dealing with patients personal clothing. Clothing Managers, Linen Services Managers, or a member of staff with daily practical responsibility for patients clothing." Those attending are listed at the end of this report.

CHAIRMAN'S OPENING REMARKS: Dr Eluned Woodford-Williams CBE JP MD FRCP BSc DCH DRCOG

The Chairman welcomed those attending the Workshop which represented a wide range of disciplines and backgrounds. Roughly one third of those present came from hospitals for mentally handicapped and mentally ill. A third came from Regional, Area and District Health Authorities, the final third came from other hospitals and from industry.

The Workshop was a development of the Disabled Living Foundation and the King's Fund Centre's interest in clothing for the long stay patient. Dr Woodford-Williams referred to the Disabled Living Foundation's books on clothing and dressing and recommended these. She hoped that there would be further developments on the subject of individual clothing for the long stay patient over the next few years. The Chairman then introduced Miss M F Cullen, who had been a nursing member of the Health Advisory Service Teams for the past five years and had a deep knowledge of her subject.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Personal Choice of Clothing: Miss M F Cullen SRN SCM DipN NHS Health Advisory Service

The DHSS official policy on personal choice of clothing is embodied in the declarations made, chiefly between 1971-74, but even as early as 1965, in circulars on minimum standards in Psychiatric and Geriatric hospitals, in advisory circulars on the management of laundries and advice on the use of patients' monies. I do not propose to quote these in detail to you, indeed you will know them only too well, but if I may precis DS82/72 we will have the essence :

> "It is the Department's policy that all long-stay patients should be encouraged to lead as normal a life as possible. Therefore, the provision of personal clothing becomes an important aspect of their care. They should be offered as wide a choice as possible of clothes in a modern style, with special attention to design for those with disabilities".

I speak not as an officer of the Department, but as a member of the HAS, which is privileged in being able to see the needs and problems over the country as a whole, and perhaps influence policy-making on matters of direct patient care. I would, therefore, like to remind you of the background in which the policies grew. Fortunately, we are beginning to forget the workhouse image of uniformly dressed inmates, or the shambling of groups of patients from mental illness or mental handicap hospitals, with trousers at half-mast and ill-fitting jackets. Or are we? As the teams from HAS continue visiting around the country, reports still have to be made of lack of personal clothing for patients, or of half-hearted schemes which provide outer clothes only, or of issue of clothing without any involvement of the recipient, so that personal choice as such does not exist.

The term 'long-stay patient' can mean many different people. A true story from Dorset describes the attempt to re-introduce an elderly patient who had lived within the walls of a large mental hospital for many years, to the local town and to shopping in a supermarket. He returned in a very worried state saying that there was rioting going on in the town with people taking things off the shelves in the shops! It is easy to forget that the world is changing rapidly, and those who are out of the main stream are quickly left behind. With medical emphasis now on the prevention of the need for long-stay care, except for a very small percentage of patients, it is essential that every patient's individuality and normal abilities be retained and respected. The horrors of institutionalised and lethargic dependance must be avoided. The handling of money and the choice of what to buy, and what to wear, are surely fundamental in this. Personal choice of clothing is, therefore, not only a right for those who are capable, but therapeutic for those who have temporarily lost, or never had, the ability to make decisions.

Equally important is the need to foster personal dignity, pride and self respect, not only for the joy that this gives to patients and their relatives, but for its proven value in diminishing incontinence. This not only increases comfort and reduced dependence, but is money saving in equipment, laundering and labour. Undoubtedly the involvement of the patient in choosing clothing fosters such pride which would be greatly diminished by the mere acceptance of new clothes chosen by someone else, and totally absent if the issue was from a communal store, worn by you today and me tomorrow.

Ideally then, long-stay patients should be taken to the local shops, by, or with relatives or friends, at specially arranged times, if really necessary, to choose clothes and footwear and pay for them in the same way as the rest of us. To allow this to happen, multi-disciplinary plans must be agreed and management backing assured in order that staff are officially covered for this wider aspect of care.

Failing this, the shop must come to the patient and the various methods will be discussed later this morning.

In our travels around the country, we often find a great deal of initiative being shown by ward staff to overcome deficiences in clothing supplies. This ranges from chatting-up the local market-stall holder to come into the ward with his goods, to removing husband's favourite old suit to give to a patient. The vexed question of what to do about donated second-hand clothing needs a local policy decision. Often such clothes are in good condition and could be offered as such in the choice to the patient, but to be paid for, in the same way as we would buy from a nearly-new shop, if we wished. Is this not an appropriate role to be undertaken by the local League of Friends or similar organisation? After all, many of the nearly-new shops are run by voluntary organisations. Some such clothing could be kept for emergency use only, or given to specially selected short-term or day patients in financial difficulties.

Having chosen and purchased personal clothing the patient is officially its owner and responsible for its care. However, the hospital has a moral and practical responsibility to provide adequate laundering facilities. It is totally uneconomic to provide a personal clothing service without the proper laundering services. The choice of suitable fabrics and styles is, therefore, necessary and some patients will require guidance so that immediate destruction and consequent disappointment is avoided. Such guidance need not be too restrictive and could well be considered as part of the total programme of care being offered to each patient according to his individual requirements. The expertise of all concerned should be used, the clothing laundry managers, supplies officers, occupational therapists, physiotherapists etc. The need for effective personal laundry services before personal clothing is introduced, cannot be stressed too strongly and is discussed in the many official circulars on laundry management.

Although relatives should be encouraged to take an interest in the care and maintenance of the clothing, the laundry service offered should be such that it inspires their confidence and relieves anxiety from those who may be frail and elderly.

The pattern of clothing provision varies greatly throughout the country. Some services are excellent and as such should be visited by those in the process of establishing departments. Unfortunately, there are still many deficiencies despite the guidance given, now over 8 years ago. Even in these days of such financial difficulty, there must be some ways of improving services. Much can be done by looking again at our attitudes towards patient care, so that we cease to be all-providing and paternalistic and thus destructive of freedom of choice.

Nurse training policies stress the care of patients as individuals. Departmental policies provide the framework in which clothing and laundry services should be developed and personal choice given. I am sure there is much goodwill on all sides, but it is not an easy project, so many different disciplines are concerned and perhaps the most important policy of all is that there should be effective communication systems throughout the Districts so that all who should be consulted are involved. This does not cost money and would be a great step forward.

The Supplies Officer Buys Personal Clothing:

Mr R W Jackson FInstP
Regional Supplies Officer
NW Thames Regional Health Authority

Mr Jackson said that purchasing decisions may be made in many different ways, and involve many different disciplines. The ultimate decision on purchasing however must always be made by the Supplies Officer who is the only person who can commit his authority to the action and expenditure involved.

The Supplies Officer must always rely on the advice he has received in making his purchase. On the subject of clothing there was a need to settle the problems of the individual at grass roots level where the patient and his needs are known. This must be a multidisciplinary decision involving those who can advise from the patient's point of view, ie the nurses; those who can advise on the maintenance of clothing when purchased, ie the laundry and the sewing room staffs; those involved with the storage of the clothing, and administrative staff. Mr Jackson felt that a fresh approach was needed to the problems of purchasing clothing as present difficulties largely arose, and were not resolved, because those concerned could not communicate and get together enough. This absence of communication was a main cause of wrong choice:

Mr Jackson instanced the dangers inherent in certain materials which must not be chosen for institutional use. Materials could be chosen which must be drycleaned, when there was no dry-cleaning equipment available. There were other garments which the sewing room could not service. The result of all this was that resources were not used to the best advantage and here attitudes must change. With present finance improved communication and the imparting of knowledge held by special disciplines to others concerned in the choice of clothing, most of the problems could be solved.

Whereas good buying practices can give good value for money, including personal choice, the Supplies Officer has the problem of incompatible viewpoints among his advisers, or potential advisers. For example, some staff don't agree with the policy of personal clothing because they feel work implications for them have not been thought through. Again, one discipline can sway the others, for example, the laundry. Or current policies in bulk buying, standardisation and rationalisation may be applied to clothing although they are really not applicable to this subject.

Mr Jackson had been surprised by the small reaction which Supplies Officers in his Region had received as a result of the Clothing Seminars held by the King's Fund Centre and the Disabled Living Foundation. This was very disappointing because good buying practices can bring good value for money if the decisions are taken with good advice. He pleaded with his audience to work with the Supply discipline to influence the decision of the Supplies Officer through agreed advice. As the situation at present exists decisions often do not support the patient because of wrangles in administration. He asked those representing the different disciplines in this audience to go back to their hospitals and demand to participate in discussion of what clothing should be bought for patients.

Summing up Mr Jackson emphasised that the major need was a multi-disciplinary approach to decision-making and with this a great deal could be done within existing resources of money and manpower to achieve a satisfactory clothing situation.

The Chairman agreed with Mr Jackson on the great importance of multi-disciplinary decision-making and stressed the help which the feed-back obtained from the different disciplines could give to improving purchasing.

Starting and Running a Clothing Boutique/Shop in Hospital

Who Pays? Problems of Patients' monies:

Mrs M P Thorpe
General Services Officer
Park Prewett Hospital

Mrs Thorpe described the background from which she was speaking. This was a psychiatric unit of 900 beds (500 male and 400 female) two to three miles from the nearest town, plus a 450 bed general hospital with a geriatric floor of between 60 and 65 patients. The nearby town was expanding and the old shops which knew the hospital were being replaced by Littlewoods, Richard Shops, Dorothy Perkins and others not so suitable from the patients point of view. At the beginning of the hospital's efforts to tackle the problem of personal clothing and personal choice, the only personal clothing item was footwear, and here there was a restricted choice on offer. On the evidence, the problems of clothing the mentally ill patient did not appear much different from the problems of the physically ill patients.

As a first effort to bring in personal clothing and personal choice, the hospital started shopping days with the local Cooperative Society and other shops. The patients were taken in to buy their clothes. This did not appear to work as there were too many difficulties concerning the working arrangements.

The second effort was to get firms to bring in vans of clothing for inspection to the hospital. The staff were told that they could also buy from the vans. Here the problem was that there was only a range of choice at the beginning of the day and later in the day only remnants were left.

As a third measure a great effort was made to involve staff more in the obtaining of suitable clothes. Different shops were all asked to come in at once and a kind of fair was held. This again did not solve the problems of choice.

Finally all staff concerned sat round a table and agreed that patients must have personal choice of clothing somehow. Those patients who were unable to go to the local shops because of insufficient staff or because of their condition, were offered a choice in the stockroom of items on sale or return. The stockroom proved far too small. At this point it was decided to set up a clothing annex which was to come within the province of the Administrator of Patients Affairs. An application was made to the Regional Board for money to build a shop and £11,000 was offered by the Board in 1976.

After detailed investigations and where all concerned took an interest, the hospital's own shop was built on the principle that above all "a shop environment must be created". Both patients and staff should be allowed to buy from the shop. The present system is that the patients ward staff completes a form giving the patients requirements and then an appointment is made for the patient to visit the shop.

The patient is brought down to the shop where choices are made with the careful advice of the shop's staff and the items are purchased. Between 12 noon and 2.00 pm the staff come also to buy and are used as a barometer of the suitability of what is being purchased.

As soon as the decision was made that the shop should be part of the Administration of Patients Affairs it was decided to look at individual patient's resources and the majority of the purchases are made by patients from their own monies. For those who cannot afford to pay, the District Supplies Officer has allocated a part of the Exchequer Budget to the clothing shop. As a result those with money and those without are all fitted from the shop and no distinction can be seen.

Financially the enterprise appears advantageous. The shop made a profit of £3,800 in the first of its full year of trading. In the last year a profit of £6,800 was made. The stock was originally brought in from firms on sale or return, firms giving the hospital a 10% commission. Instead of a cost of £27,000 to clothing patients from the Exchequer budget, a profit is now secured.

The present gross profit is running at £700 per month. The shop's mark up is 30% for shoes and 25% for clothing.

Purchasing visits to the nearby town still continue. Ward visits for very disabled patients are not undertaken unless absolutely essential as the shop atmosphere is inevitably lost. The Supplies Department now only buy nightwear and dressing gowns.

A much greater interest by patients in their clothing is noticed. Where there was a doubt if the patients could appreciate individual choice of clothing, an effort was made to persuade consultants to allow them to try and this had on the whole been successful.

The guiding principle had been that clothing purchases could and should be funded by patients wherever possible as a normal action, just as the public fund and buy their own clothes. When individual patients resources had been studied it was clear what their situation was. Some had independent control of their funds. Others were in the care of the Court of Protection. The Court of Protection were approached to allow money for patients to fund their own clothing and agreed to this. A problem arose when relatives have the benefit of the patient's pension book. The pension book is basically retained by them to supply the patient's needs and to enable them to visit. Some relatives would not visit but used the pension for their own needs. These people were persuaded to visit rather than give up the benefit, if this persuasion failed after the system had been explained by the local D.H.S.S. to the relative, the benefit would be placed with the hospital authorities for the benefit of the patient.

All the progress achieved had been the result of team work. The original team consisted of the Divisional Nursing Officer, the Sector Administrator, the Chief Supplies Officer, the Laundry Manager and Mrs Thorpe herself. The nursing staff were brought in wherever there were special problems and the team were added to as required on specific matters.

Though many problems remain to be solved, progress has been made. Mrs Thorpe invited any member of the audience to visit Park Prewett Hospital and see the shop.

Various matters were brought forward in discussion of Mrs Thorpe's talk:
On the problem of storing clothing at ward level, it was explained that the cost was not high but it was essential to have a commitment to the idea of ward storage of clothing.

The clothing was laundered by the district laundry which had dry cleaning facilities on site.

With respect to clothing marking all clothing was marked on purchase by the sewing room. It was felt however that this was unsatisfactory and the clothing should be marked in the shop and then the purchaser could take away his purchase as an ordinary member of the public would take away purchases from a shop. It was hoped to alter the system and install a marking machine which would give immediate service within the facilities of the shop itself.

The question of how to mark shoes was raised. Mrs Thorpe has given up marking footwear as patients now recognise their own shoes and most patients retain those shoes.

With respect to flammability Mrs Thorpe felt it impossible to meet all DHSS flammability standards but these were kept in mind all the time.

Independent Personal Shopping: Miss P Bousted SRN
Nursing Officer
St Pancras Hospital

Miss Bousted was speaking from the experience of a 100 bed unit with 30 long stay patients. The short term patients bring in their own clothes and these are marked in the hospital with a red ironed-on label. The hospital helps the long stay lady patients to acquire their clothes.

The long stay patients where sufficently mobile make visits, escorted by volunteers and taken in a tail lift bus to Brent Cross Shopping Precinct. The Precinct has suitable toilets and wheelchair access. There is plenty of parking and the shopping area is all covered. The visit is made into a day trip outing and four to six patients are taken, six is a maximum number. All together there are about two helpers to each patient. The confused patients get extremely tired so a wheelchair is taken for each. The wheelchair users need a pusher plus another helper to assist with money and to carry the parcels. Up to £100 cash is taken per patient. All patients are carefully measured before the visit and wherever possible they try the garment on. A tape measure is an essential part of the equipment for the visit.

The nursing staff go in uniform as it is found that this facilitates the cooperation of the stores. Peak days are avoided so visits are made on Monday or Wednesday. The shopping centre opens at 10.00 am and the patients arrive at opening time.

For purchases of clothes the patient makes the final choice after it has been checked that launderable items can be laundered on hospital equipment.

With respect to the fire regulations staff guide the patients in the best way they can. Patients are never allowed to buy nightwear because the fire regulations make this too difficult. Shoes and slippers form very important sections of the purchases as these are essential for facilitating rehabilitation and on shoe purchasing days a psysiotherapist is taken to advise.

If specially adapted trousers are required for disabled patients the supplies department can supply these.

The relatives are included as volunteers among the volunteers when shopping trips are arranged. Visits are made about every six weeks.

In discussion the following points were raised:

The Oxford Group have excellent advice on clothing for special needs. It is essential for the success of the shopping visits to have the individual commitment from members of the team.

Problems of destructive patients were raised. The Area Supplies Officer of the Essex AHA has made a special study of destructive patients.

The importance of offering feedback to staffs concerned was stressed again.

Personal Choice - Different Ways for Different Patients:

Mrs B J Banham CBE JP BSc SRN DipSocSt
Director, Disabled Living Foundation

Mrs Banham did not wish to speak as Director of the Disabled Living Foundation, but rather from her twelve years previous experience first as Chairman of a Hospital Management Committee and later of an Area Health Authority. She had also been a member of a Regional Health Authority. Mrs Banham would confine her remarks to discussion of complaints from patients relatives and aspirations of staffs.

Mrs Banham referred to the destructive profoundly handicapped child who destroyed his clothes among other things. Here it was essential to consider what was an adequate staffing level in order to provide the child with proper care.

Good practice in an ideal world should make patients and staff indistinguishable by clothing. If the hospital has not succeeded in supplying acceptable clothing so that patients when being visited or going out into the community do not look normal it is deeply distressing both to the staff and to the patients.

In an HMC and later an AHA in serious complaints, the Chairman is where the buck stops and the Chairman sees these complaints. In Mrs Banham's experience most complaints came from the psychogeriatric assessment units, where the patients were often profoundly confused and wandered about. Many serious complaints centered on loss of jewellery and other valuables. These were most distressing to the staff. In such complaints there were naturally implications of dishonesty whereas it might well happen that the confused patient had put the jewellery in some totally unexpected place where it had not as yet been recovered.

Another complaint deeply felt by the staff concerned the treatment of good clothing in some psychiatric hospitals. It was impossible to avoid that, eg. a very expensive and beautiful cashmere cardigan sometimes went to the hospital laundry returning totally unrecognisable and causing serious complaints from the relatives, who might often also subconsciously be influenced by their guilty feelings about a patient. Here the problem was to decide on the recompense, if any, which could only be on real evidence. In Mrs Banham's experience, relatives who did not want to part with the pensions book belonging to the patient could pose great difficulties for the staff.

Overall it must be remembered that "Authority" is not so appropriate a word as "Responsibility". It must be recollected that patients are ourselves and those who have their immediate care deserve all possible support. It is most important that the staffs should take pride in the appearance of their patients. How admirable were the achievements of those who had made progress in these matters despite the many difficulties.

Contributions from Delegates on Good Practices

The following matters were raised from the floor:

The difficult problems which arose through the action of the patients themselves. The patient who goes home for the weekend and sells all his clothes and the patient who is used to and likes to have his trousers at half mast were instanced as examples. Starting a rehabilitation system for these patients was most important. It was necessary to treat these cases medically if that was required. Otherwise could the environment be changed to improve behaviour? It must be borne in mind that the capacity for rehabilitation was limited in some cases. There was also the effect of the drugs which some patients were taking. In some cases behaviour modification could be used with advantage.

How is personalised clothing to be provided for the senile doubly incontinent patient?. The decisions here have to be made by someone else. The number of such senile doubly incontinent patients is very small if active rehabilitation is being followed. Any little bit of ability remaining can be used to choose one thing, eg. colour preference, or the patient picks up a garment in preference to others. If the patient has limited ability it is advisable to put a range of items before him and he may then indicate a choice. In one area where a special study had been made, incontinence on the ward had been reduced by 50%.

The Chairman referred to the effect of normalising the environment on reducing incontinence. It was also necessary to increase the staff ratio where patients were being rehabilitated.

Use of Protective Pants. The views of the Panel were invited. Molyneux pants had been very successful when worn with ordinary pants on top. This experience came from the East Birmingham Hospital.

The problems of arranging storage of personalised clothing. Runwell Hospital has the best clothing system which the DLF Clothing Advisor has seen in seven years.

Does mixing the sexes reduce anti-social behaviour?
It was agreed in general that it did.

Syndicate Chairman's Report on the Syndicate Questions

Question One: How is it best to set-up and run a boutique? SYNDICATE A

Mr Goff, the Chairman, reported that the Syndicate had enquired first whether a boutique was needed and had raised the problem of patients housed in small units. There was general agreement that a boutique was useful in larger hospitals where it would be of benefit to both patients and staff.

The accommodation for the boutique can best be situated in a large central area with male and female changing rooms, a sewing room and marking facilities either in the shop or adjacent area. It was important to avoid delays on having to send the clothes purchased to a remote sewing room for marking.

For smaller units to have a travelling boutique might be the answer. It was important not to use the boutique as a substitute for outside shopping or visits by local traders where these were appropriate.

The management of the boutique needs a high level of commitment from shop staff and all those dealing with the patient. The shop needs a multidisciplinary advisory panel to advise on all technical and other points.

Legal and other requirements must be considered. There were grey areas which should be clarified such as who gets the profit? Does it get taxed? Who provides the initial finance? What about the nearby local competition feeling they are undercut by the boutique?

All agreed that if a boutique is possible, it is the best way of getting choice and of using the patient's money to the best advantage.

Question Two: How is independent personal shopping best arranged?
SYNDICATE B

Mr Scoffin, Chairman, reported that the best way to begin is to educate the patient over wise choice and also to educate staff and relatives and others concerned with the shopping. The idea that the nurse chooses must be broken down. It may be difficult to educate the relatives but the attempt should be made. In order to get those concerned committed to the idea it might be valuable to appoint a clothing officer as a focus of advice. Small Units may not be able to appoint such an officer and in this case it was necessary to have someone with the provision of clothing advisor specified in their work load. Those giving clothing advice needed to have a multidisciplinary approach.

It might be best in inaugurating a system of independent personal shopping to start with one ward or one villa where the nurse in charge is in agreement with the idea.

All facilities and methods available should be employed to give the full range of personal choice to the patients.

If there is a boutique there can be greater control of the qualities of clothing being sold with respect for example to their launderability or flammability.

Finally the Syndicate concurred that guidelines for relatives and patients were useful if these could be made available.

Question Three: How can one be sure that the patients choice of garments can be washed/cleaned by the hospital facilities successfully
SYNDICATE C

Mr Hatfield reported that Syndicate C had concluded that they could not be sure that the facilities could be used successfully. Laundries were geared to flat work and not to patients clothing for which the appropriate facilities were essential. The Syndicate felt that there should be provision for a patients' clothing unit on site in the laundry and until the proper plant is available there will always be difficulties.

It was therefore necessary to consider what could be done and the Syndicate had felt that involvement in Budget allocation might be needed. Leagues of Friends or other well wishers could be asked to help with the financial side of providing the plant. A further difficulty would arise where mentally disordered patients could not understand the need for launderability and nonflammability. Here communication between disciplines and staff training would both be helpful.

Bonus schemes made constraints on laundering facilities which were often adverse to good results being obtained with patients clothing.

Finally the Syndicate concurred that if a clothing service were instituted it should provide a whole service including care assistants to launder clothing on wards where necessary.

Question Four: How many and what items of clothing should the patient possess

SYNDICATE D

Mr Sandry, Chairman, said the Syndicate felt that the patient should possess what he required and needs should be determined after assessment in relation to the patients physical needs and his activities including work, if he was at work. In addition the laundry, sewing room facilities and the available storage all affected the number of individual items which would be required.

The goodwill of patients relatives was a very important factor and was often lost by bad laundry. If special facilities were required at unit level these should be supplied.

Women's foundation garments (corsets and brassieres) should be encouraged though difficulties with nursing staffing levels were recognised. It was also to be borne in mind that it was not advisable, if a patient was going home to live alone and was unable to manage her foundation garments independently, to insist on these.

Protective pants may be advised for social needs and these should be available.

Specialised wheelchair garments as required should be available.

The Syndicate queried whether the Department of Health gets enough feedback caused by its own advice on such matters as inflammability and laundry.

The Syndicate also queried whether the Department of Health was investigating other methods of disinfecting rather than heat, eg. disinfectation by chemicals since the effect of the required temperature of hot water could be very destructive to garments which had not the necessary qualities.

Question Five: What is the place of the sewing room in a good personal clothing service when patients choose their own clothes? SYNDICATE E

Mrs Knight, Chairman, said the Syndicate's view was that a sewing room was essential for large units. For small units an example of one full time care assistant looking after sewing, mending, marking eto on site for three wards was given. In another case of a 28 bedded unit, the units own staff managed the mending, marking etc of the clothes.

Questions and Discussion

Those attending the Workshop were reminded that the DHSS had produced a paper on Personal Laundry (DS 82/72). Against smaller units it was pointed out that these often had a poorer finish to their work than the large. Launderettes can work well. It is also possible for certain patients to have home laundry as part of the therapy.

With the respect to the destructive effect which high temperature washing could have on personal clothing it was suggested that the advice of the Control of Infection Committee should be sought as to whether clothing could be washed at normal temperatures. Where there were no special circumstances giving rise to infection this might be possible.

The question of the safety of machines in small or ward units was referred to. These machines should be under the control of the District Linen Services Manager for safety wherever they were situated.

In response to a query as to whether numbers of individual garments could ever be arrived at it was pointed out that a research which had recently been undertaken showed that it was useless to try to establish these numbers.

With respect to the service of small units, Mrs Thorpe hoped that this could be from a boutique. In her own case she is trying to get a van and to ascertain needs. Now, however instead of her small units ordering pool clothing they ordered from the Boutique.

With respect to the newly admitted patients it was important to try to get the rest of their clothing as required from their relatives.

How to avoid patients buying flammable clothes? 100% polyester or nylon polyamides are both safe, and the Boutique or shop could stock them safely. It was important to try to persuade boutique/ shops not to show acrylic garments which are very flammable.

The problems of Velcro were brought forward. The experience of the meeting had been unhappy. Velcro closures made ridges down the back of dresses and Velcro snags knit garments. Many members of the audience found that Velcro carried disadvantages with it.

With respect to clothing adaptations and making of special articles for specific disabilities the sewing room had been found very valuable.

The Clothing Contracting system in Birmingham was referred to. There is a Central Regional Clothing Store where patients and staff can go to obtain garments and take them away.

Chairman's Closing Remarks

Dr Woodford-Williams thanked the King's Fund for arranging a valuable Workshop. She also thanked the speakers for their excellent papers.

Miss Cullen's point concerning personal choice and modifications to suit the individual was valuable. And also her idea of a nearly new shop was an excellent one.

Guidance for the team involved in personal choice of clothing and their education in what is required were both very important. Many speakers had stressed the need for team work, for communication and for feedback. There appeared to be a lack of feedback to all concerned including the Department of Health and Social Security.

The involvement of those concerned was exceedingly important. Was there sufficient involvement. Those sufficiently involved were prepared to learn and educate themselves.

In Mrs Thorpe's valuable talk there were many excellent points including the importance of immediate marking.

The Chairman advised the delegates to visit Mrs Thorpe's unit to learn more about her work.

Staffing levels had been referred to continually. Were these adequate where the rehabilitation of patients was concerned. The Chairman felt that the rehabilitation aspects of personal clothing had perhaps not been discussed enough. Both the movements needed in dressing and undressing and the discipline necessary to carry dressing through were important.

Had the legal problems of setting up a boutique been sufficiently investigated. Further enquiries here would be valuable.

Finally the education of patients, relatives and staffs had been referred to and possibly the meeting had not spent enough time on this most important subject.

The Chairman then thanked delegates for their attention and closed the meeting.

Lady Hamilton, Chairman, Disabled Living Foundation, proposed a vote of thanks to the Chairman for her excellent Chairmanship and contribution to the value of the day. This was unanimously agreed and signified in the usual way.

King Edward's Hospital Fund for London KFC 79/256

King's Fund Centre
126 Albert Street London NW1 7NF

Personal Choice of Clothing by the Long Stay Patient

Wednesday 24 October 1979

Those due to attend

	A	Mrs E Al-Sanjari	Nursing Officer	Athlone House, The Middlesex Hospital
	B	Mr F Ashmore	Assistant Linen Services Manager	Middlewood Hospital, Sheffield
	A	Mrs M Ball	Patients Clothing Co-ordinator	St Mary's Hospital, Portsmouth
	A	Mr H F Beckham	Clothing Manager	Darenth Park Hospital
	B	Mrs J Black	Staff Nurse	East Birmingham Hospital
	A	Mr G A Bogle	Clothing Manager	West Park Hospital, Epsom
	C	Mrs I Booth	Ward Sister	City General Hospital, Carlisle
	D	Mrs L Brewster	Nursing Officer	Hither Green Hospital, London
	A	Mr R Bulcock	Sector Administrator	North Yorks Area Health Authority
	A	Mr A Campbell	District Linen Services Manager	York Health District
	B	Mr A T Chiles	District Linen Services Manager	King's Health District
	B	Mrs C Clancy	Patients Accounts Department	Springfield Hospital, London.
	E	Mr G Cockayne	Nursing Officer	Sheffield Area Health Authority
	A	Mr D Crawford	Divisional Nursing Officer	Portsmouth & SE Hants Health District
	C	Miss J R Crockford	Hospital Administrator	Worcester Royal Infirmary
	D	Mrs M Crook	Storekeeper/Clerk	Brockhall Hospital, Blackburn
	D	Mr G T W Davies	District Support Services Manager	Portsmouth & SE Hants Health District
	B	Mrs E Dobson	Higher Clerical Officer	Cleveland Area Health Authority
	E	Mr G Dodds	Supplies Administrative Assistant	Northumberland Area Health Authority
	B	Mrs S Doel	Charge Nurse	Hill End Hospital, Herts
	C	Miss B Dunleavy	Nursing Officer	St Andrews Hospital, London
	B	Mrs E Ede	Clothing Assistant	Banstead Hospital, Surrey
	C	Mrs A L Fisher	Clothing Manager	Hill End Hospital, Herts
	D	Miss De Giorgi	Staff Nurse	Thurrock Hospital, Essex
*	A	Mr R M Goff	Area Support Services Manager	South Glamorgan Health Authority
	B	Mr J Goodridge	Deputy Hospital Secretary	Hill End Hospital, Herts
	C	Mr W P Green	District Linen Services Manager	South Health District, Manchester
	E	Mr L M Haddock	Charge Nurse	Ely Hospital, Cardiff
	D	Mr T Halton	Clothing Officer	Brockhall Hospital, Blackburn
*	C	Mr D J Hatfield	Administrator	Portsmouth & SE Hants Health District
	C	Mrs S K Healy	Higher Clerical Officer	Medway Health District
	E	Mrs L Herbert	Clothing & Linen Manager	Manor Hospital, Epsom
	A	Mr T Hindmarsh	Clothing Manager	Humberside Area Health Authority
	A	Miss J Hine	Nursing Officer	Royal West Sussex Hospital
	B	Mr D Horn	Clothing Manager	Banstead Hospital, Surrey
	C	Mr F Hughes	Nursing Officer	Whipps Cross Hospital
		Ms A Hyde	Reporter	Health & Social Services Journal

	B	Mr V Irenaeus	Charge Nurse	Hither Green Hospital
	D	Mrs R N Janson	District Domestic Services Manager	Bedfordshire Area Health Authority
	D	Mr M D Jeffery	Assistant Sector Administrator	Friern Hospital, London
	A	Mr C Jones	Linen Services Manager	Harlow Health District
	E	Mrs A Kelly	Linen Services Manager	Bedfordshire Area Health Authority
	E	Mr F G Kelly	Sector Administrator	Southen Health District
	D	Mrs M Kelly	Nursing Sister	Moss Side Hospital, Liverpool
*	E	Mrs S Knight	Senior Nursing Officer	Redbridge & Waltham Forest AHA
	A	Mr C Lamb	Manager Supplies Department	Banstead Hospital, Surrey
	D	Mrs M Lidlow	Ward Sister	Basildon & Thurrock Health District
	C	Mr J Lough	Clothing Manager	Northumberland Area Health Authority
	B	Mr A S McCord	Senior Nursing Officer	Shotley Bridge Hospital
	D	Mrs M Maguire	Supplies Officer	Moss Side Hospital, Liverpool
	E	Mrs B A Miles	Patients Clothing Officer	Brentry Hospital, Bristol
	A	Miss D Murphy	Domestic Services Manager	Bedfordshire Area Health Authority
	C	Mrs S A Myers	Nursing Officer	East Birmingham Hospital
	D	Mrs R M Newham	Ward Sister	Hither Green Hospital
	E	Mrs D Noyce	Senior Care Assistant	Welfare Home, Surrey
	A	Mrs M O'Donnell	Charge Nurse	Hill End Hospital, Herts
	B	Miss S Osborn	Unit Administrator	King's Health District
	D	Mrs P Parkes	Patients Clothing Officer	Clifton Hospital, York
	B	Mr M W Payne	Supplies Liaison Officer	St Thomas Health District
	A	Mrs J Peatman	Boutique Manager	Middlewood Hospital
	C	Miss A Pelikan	Assistant Unit Administrator	Tooting Bec Hospital
	C	Mr P Marlow	Assistant Sector Administrator	Royal West Sussex Hospital
	D	Mrs O Pyne	District Clothing Manager	New Cross Hospital
	D	Mr S W Read	Clothing Manager	Cane Hill Hospital, Surrey
	E	Mr M J Reynolds	Clothing Manager	St Augustines Hospital, Kent
*	D	Mr A K K Sandry	Unit Administrator	St Lawrence's Hospital, Cornwall
*	B	Mr G J Scoffin	District Linen Services Manager	Portsmouth & SE Hants Health District
	E	Mrs U E Sellar	Assistant Administrator	Spingfield Hospital, London
	E	Mr P Shelton	Sector Clothing Manager	St Crispin Hospital, Northampton
	A	Mr G A Sheppard	Sector Administrator	Bromham Hospital, Bedford
	C	Mrs D R Stabler	Geriatric Clothing Manageress	Kingston General Hospital
	D	Mrs L Stow	Nursing Officer	St John's Hospital, Lincoln
	C	Mrs H Thorp	Patients Clothing Manager	Carlton Hayes Hospital
	D	Mrs P Turnball	Deputy Superintendent Physiotherapist	Edgware General Hospital
	D	Mr J E Tysoe	Patients Services Officer	St Crispin Hospital, Northampton
	B	Mrs E Vincent	Sister	Herts & Essex General Hospital
	C	Mr G L Warren	Assistant Sector Administrator	Goodmayes Hospital, Essex
	C	Mr J L Watson	Area Sales Representative	Wader Marking Limited, Devon
	D	Mrs C Whitehouse	Clothing Manageress	Shenley Hospital, Herts
	E	Mrs B V Williams	General Services Officer	Haringey Health District
	E	Mrs J Williams	Deputy District Supplies Officer	Medway Health District
	B	Mr J M Wood	Unit Administrator	St Augustine's Hospital, Kent

*These people have been asked to be chairperson for their syndicate group