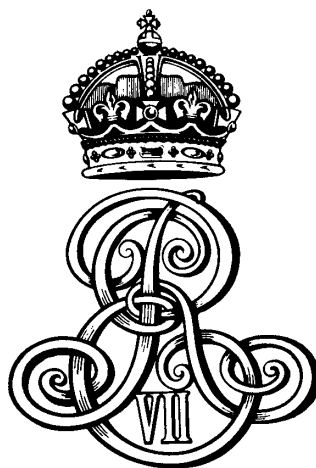


KING EDWARD'S HOSPITAL FUND FOR LONDON

KING'S FUND CENTRE REVIEW



1984

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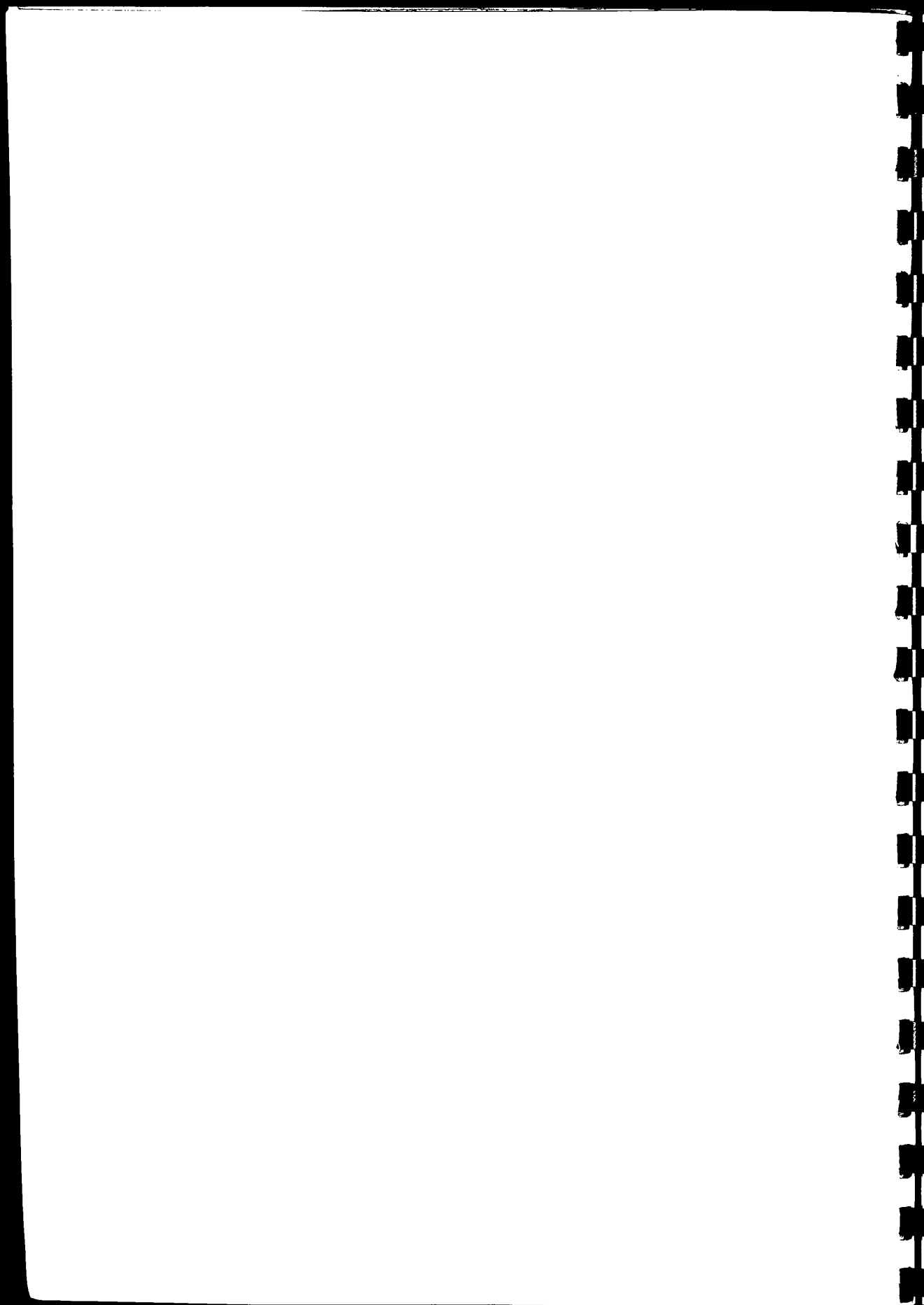
KING'S FUND CENTRE

REVIEW

1984

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INTRODUCTION

I have always regarded it as a source of strength that the King's Fund retains the capacity to support quite different sorts of good ideas and initiatives and still remains true to the original concepts of its founder, King Edward VII.

The early grants to improve London hospitals did more than provide better facilities in wards, kitchens, staff residencies and so on: collectively the administration of the grants resulted in the acquisition of knowledge about the financing of London hospitals and the ways they were run, which was unique. In the world of today the provision of health care is extremely complex, and reflecting this, the several components of the Fund bear little resemblance to the single office which existed in the City as the base of the King's Fund in the early years of this century. There are, however, points of similarity with the past in terms of what we do, and why we do it, and this review describes in detail the work of one of the Fund's components, the King's Fund Centre.

A cardinal feature of many of the activities at the Centre is that we work with those who in one way or another provide care for patients or are in direct contact with them. This fairly simple generalisation does, I believe, tie in with the original purposes for which the Fund was founded, and it is gratifying that even excluding visitors to the library, during 1984 over 16,300 people used our services in one way or another, an increase of 2000 over last year. The work of the Long Term Care team in the field of mental handicap, or with those who provide psychiatric services, or who plan ways to overcome physical disability, makes it plain that it is the clients themselves, their relatives and those who are in the 'front line' who so frequently attend our meetings, workshops and seminars. In education and training the work on the training needs of ward sisters has produced and is still producing important material which is used by and for this vital and, in my view, neglected group of hospital staff. The same applies to the programme which we have called "writers' workshop" and to the several conferences and publications which are planned for 1985. The library services attract an enormous variety of professionals and others, and perhaps partly because the services are available for six days a week, are especially useful to students and others who are developing their own interests. Most recently we have embarked on new work on quality in care and this too will be directed at practical issues affecting the well-being of patients.

In organisational terms there have been two important changes. The first results from the decision by the Management Committee to wind up the activities of the Project Committee, the central Fund committee responsible for administering grants for new ideas in the management of health care. In its place the Centre Committee has been given an enhanced role with a budget for grant making which will be administered by the Centre's officers to develop those interests which are the special concern of the Centre's teams. The Centre Committee's defined role in grant making is also to be supplemented during 1985 by a new Fund committee, the operation of which is still to be determined. These changes underline the continued importance of the original purpose of the King's Fund which is making grants to improve health care - a function which is perhaps even more relevant now in the complex environment in which we live. Secondly, within the Centre there has been a change among the team concerned with long term care matters arising from the move in September of Dr David Towell to the King's Fund College.

Temporarily the team has been greatly helped by being able to call upon the support of Dr Douglas Bennett MD FRCPsych, who has recently retired from his position as Consultant Psychiatrist at the Bethlem Royal and Maudsley Hospitals.

As the statistics at the end of this review illustrate, the pace of work at the Centre has increased again and the year has seen 2,300 more people come here for seminars, workshops and conferences, quite apart from the many hundreds of people who use the library and information services. Reflecting too the pattern of working in small seminars, the number of groups of people has also gone up by about 12 percent on last year's figures. Partly in recognition of this demand we plan to introduce a computer to improve the administration of the Centre during 1985, and in particular to use the technology for the booking of conferences and workshops so that we may maximise the valuable resources that we have here.

One of the most important developments which took place during 1984 which will largely affect our work in 1985 is the establishment of a programme of the assurance of quality in care, a development that I referred to in last year's report and which came about following suggestions from the Centre that this work should become a focal point for the Fund. Dr Charles Shaw, a Community Physician on the staff of the Cheltenham and District Health Authority, began work here in the Autumn and during 1985 will be working for two days a week. Two conferences are to be held in February and in April when the scope of the programme will be debated and an outline developed for the Fund's future initiatives.

Conferences which will be taking place in 1985, which are not referred to in the report which follows, cover the better provision of terminal care, and separately work is being done upon the special needs of the dying child. The Centre is actively collaborating with the Department of Geriatric Medicine at the University of Manchester and with the DHSS who have provided the funds for a research programme on Incontinence, with the aim of developing a training pack for those working in this difficult and intractable area.

Ten new titles of project papers were added to the list of 26 others in print as well as a new paper in the Körner series on information topics and two other titles not included in the project paper series. The average takings from sales of these project papers from the Centre is a little over £530 a week, which represents a sizeable return. One of the great advantages of the format that we have adopted is the relative speed with which they can be produced: the credit for this must go to Victor Morrison and his colleagues in the publications section, with whom collaboration has been easy and productive.

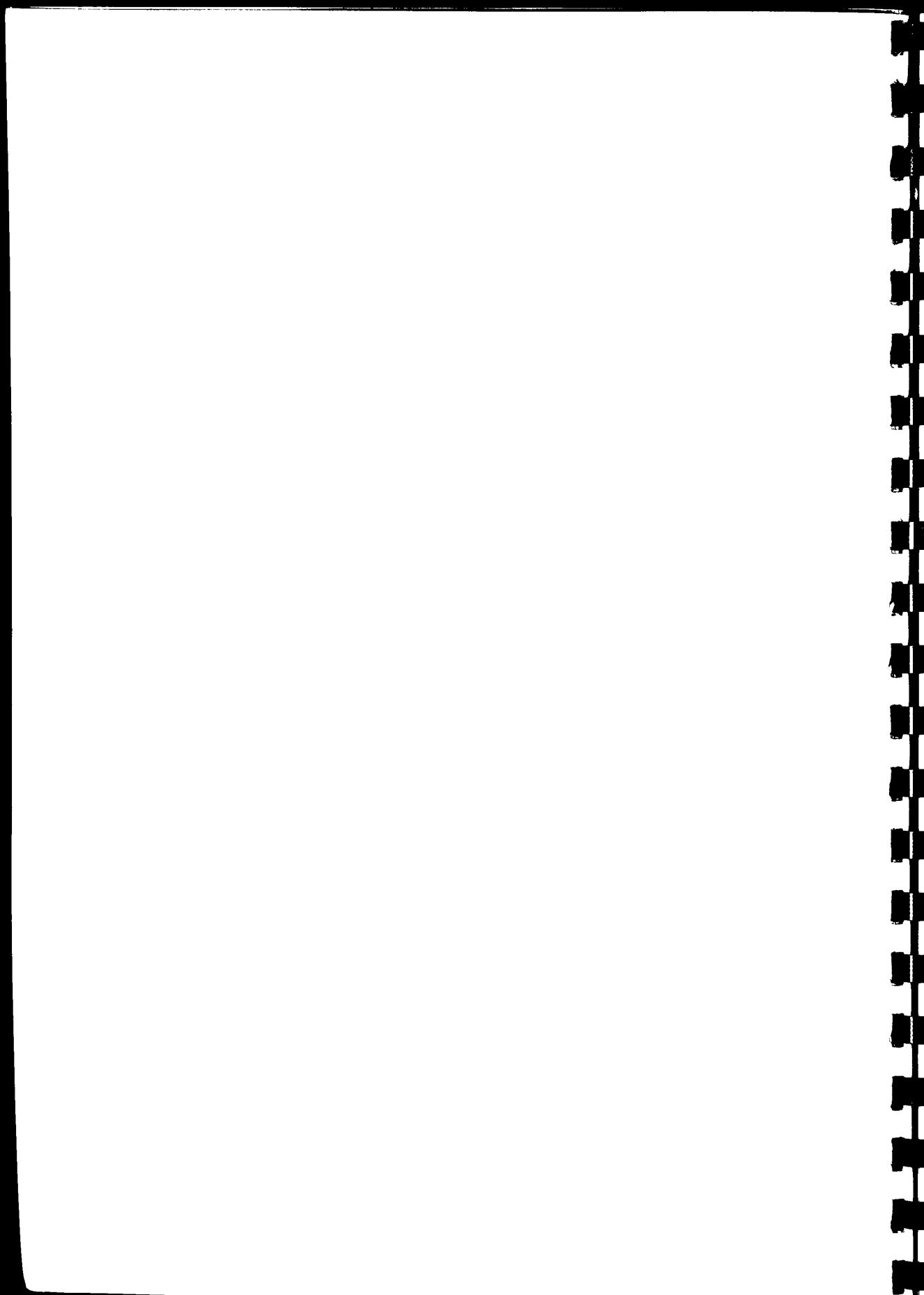
This year has in many ways been a difficult one and it would not be right for me to conclude this introduction without taking the opportunity publicly to express my thanks to the colleagues who have assisted me during the year and who have responded to the frequent requests for support that have been made, not only by me but by the health service communities with whom we work. I hope with some confidence that the coming year will show a continuing growth in the quality and quantity of the support that we are able to provide for those we exist to serve.

W G Cannon
Director

January 1985

SECTION 1

THE KING'S FUND CENTRE



LIBRARY AND INFORMATION SERVICES

Keith Morton
Sue Cook

Associate Director
Librarian

The now familiar growth patterns were continued during 1984, which can be summarised as a busy and successful year for the library staff. There were several staff changes during this year, including a change of Librarian - Sue Cook was promoted and took over in June - and it is to the credit of both existing and incoming members that services were maintained throughout this trying period at the level now expected by the library's users. Even with the addition to the library establishment of one more junior post, it was not always possible to achieve the optimum balance between routine processing work and dealing with enquiries and, inevitably, some backlogs developed which have been carried over into 1985.

This 'over stretched' state of affairs, whilst providing opportunities to demonstrate the robustness of staff and services, highlights the need, stressed in last year's review, for forward planning and for constantly seeking improvements in methodology. It was with these themes in mind that two projects were carried out in 1984; the first of these, by Aslib, was presaged in last year's review, and the second, by Kent-Barlow Information Associates, was part of the follow-up to the Aslib survey.

The Aslib survey

It will be recalled that Aslib (The Association for Information Management) were commissioned to examine possible diversification of roles for the library and to assess the respective merits and viabilities of such roles. In general, Aslib were asked to consider roles which would derive from existing non-formalised activities in the library, and roles which might match some of the perceptions held by other librarians and information specialists working in our field. In particular, they were asked to examine the following possibilities:

that we should assume a stronger advisory role in relation to health care libraries and information services;

that we should plan to become a national library of health care management;

that we should seek greater formal involvement in the training of users of health care libraries.

In addition, they were asked to look into the possible advantages of making use of information technology.

The project was carried out in May, and Aslib submitted a written report in June. Copies of this report are available in the library, together with copies of a paper presented by Keith Morton and Sue Cook to Centre Committee in October which details their responses to the Aslib report. What follows here is a brief outline of the main points arising in those documents.

The survey indicated that the Centre's library and information services are appreciated and valued, and the sentiment was expressed that whatever

changes are envisaged, the quality and availability of the existing facilities should not be reduced. There were no strong arguments for radical changes in the overall scope of services; the 'national library' concept received no support but, it was suggested, the advisory role should be maintained and extended to cover advice about the use of information technology. Some people thought that the Centre should deepen its involvement with district information officers as well as with librarians, and that we should do all we can to encourage greater integration between NHS libraries and information services. There was significant support for the proposal that the library should run training courses, as well as one-day meetings, at which, for example, NHS library staff could be introduced to the full range of resources available to them, especially to health care management resources. Some of the people surveyed expressed the opinion that the library should be using more modern technology.

We found the Aslib report extremely helpful; not least because, by indicating some of the courses we should NOT attempt to follow, it will enable us to concentrate on the more practical issues. Not all of the recommendations made by Aslib fit in with current practices at the Centre (for example, we do not run courses here) but we shall certainly incorporate some of them in our short term and longer term planning.

One factor which cannot be ignored or put off is the potential value to the library of using information technology. It is in this area that the greatest possibilities exist for strengthening, fairly quickly, our ability to cope with the increasing workload, and we consider this aspect to be the most urgent of all those raised in the Aslib report. For this reason, Kent-Barlow Information Associates were consulted.

The Kent-Barlow survey

Kent-Barlow Information Associates (KBIA) were contracted to identify operational applications in the library where information technology might be introduced to improve efficiency. The overall aim is to find ways of adjusting the balance of staff time commitment from input (routine processing of library material) to output (dealing with enquiries and related user services). In this context, KBIA were asked to examine the existing housekeeping routines, such as book ordering and periodicals control; they were also asked to look into the feasibility of internal data bases being set up to support the work of King's Fund Centre projects.

KBIA completed their survey towards the end of the year and their report is expected in the near future.

Looking ahead

When the KBIA report has been received, the findings of both surveys will be studied and plans will be drawn up for implementation of those recommendations which are considered to be operationally and economically viable. From what we already know of the findings, we envisage the inclusion of both short term and longer term proposals in our plans, and it is our aim to commence some implementation as soon as possible.

A by-product of the surveys has been a growing realisation that, although we can estimate with reasonable accuracy the numbers of people using the library and information services, we do not have a clear idea of how the total breaks down by categories of user. To remedy this situation, Carol Jacklin (Library Assistant) will be conducting a series of surveys during 1985.

EDUCATION AND TRAINING

Miss Hazel O Allen	Associate Director
Miss Christine Davies	Project Officer
Miss Pat Tawn	Secretary
Trevor Wheeler	Media Resources Officer

The past year has been a hardworking one as will be clear to the readers of this Review. It demonstrates something of the energy and determination of a small team engaged in a variety of pursuits which are summarised below.

It is hoped that note will be taken of the work, suggestions and possibilities for 1985/86 plans. Because this Review is, at least in part, a working document it would be helpful if readers have any comments which they would like to make on policy or have ideas about activities, they would contact one of us.

The aims of the programme have been stated for some time:

- 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.

It has become increasingly apparent that the guiding principles for the work are:

- 1 Direct value to education for nurses and the professions complementary to medicine.
- 2 General applicability of project/research outcomes to practitioners.

Something like 85 percent of time is absorbed by such matters, the balance going into provision of information.

Helping Professional Groups Develop Concerns and Values from their Own Problems

- 1 The King's Fund financial involvement in the project to examine the role of the ward sister and to identify the needs for training ward sisters ceased in December 1983. The research findings have, so far, received only a limited circulation, but it was agreed by the DHSS in November 1984 that the Report was good and arrangements for a press launch and further dissemination of the findings will be made at the King's Fund Centre early in 1985.

Hazel Allen continues to be involved in the dissemination of the principles of the preparation of ward sisters and in teaching skills with some of the developing courses.

The last Review explained the development of the Peer Group researchers all of whom had a common interest in the role of the ward sister. Workshops on the subject of the ward sister role definition, responsibility, authority and support were organised during 1984. Such was the encouraging outcome of this initiative that participants and facilitators met again in 1984 to further the sharing of experiences and expertise and arranged 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 has been considered and adopted as this exercise illustrates very clearly the way in which the Fund acts as a catalyst and support when sensitive issues and changes are being made.

Writers' Workshops

2 In the knowledge that one of the *raison d'etres* of the King's Fund is to promote and accelerate the introduction of good ideas and practice, we continue to respond to requests from interested groups to organise these workshops. We do so in the belief that writing is an essential tool for the introduction of good ideas and good practice. In 1985 we are planning to organise two workshops, one in May for dieticians and one in November for radiographers; it is rewarding to organise these particular workshops as neither profession has so far had the opportunity to attend a writers' workshop and representatives from both heard of our previous work from other groups and approached us with requests to organise similar two day events for their colleagues.

A further development from the writers' workshop package has been a book entitled 'Writing for Nursing and Allied Professions'. In a covering letter with the complimentary copy the nursing book editor of Blackwell Scientific Publications has written: 'As you are probably aware, he based his Writers' Workshop on your KFC package...' (Desmond F S Cormack; 'Writing for Nursing and Allied Professions', Blackwell Scientific Publications Ltd. 1984).

3 In the autumn of 1984 an international seminar on nurse leadership was held at the King's Fund College in response to a request by the Royal College of Nursing. It was organised by Hazel Allen and Miss Margaret Green, Director of Education and Principal of the Institute of Advanced Nursing Education.

The focus was mainly concerned with issues about nurses, power and politics. A project paper reporting the seminar proceedings will be published early in 1985.

Conferences and workshops which have been arranged for 1985

a) During 1984 workshops, held on philosophy and curriculum building, it became apparent that there was a need to re-examine the issues related to community experience for student nurses. A paper presented by the Royal College of Nursing Community Tutors' Forum, which was discussed in 1980 at the Centre explored two main areas:

Community experience in basic nursing education, its planning, content and evaluation.

The qualification, sphere of work, accountability, career structure and status of the Community Tutor.

Since 1980 some programmes have integrated the experience throughout, some giving a module of experience and others combining the two approaches. In January 1985 the problems related to each type of experience will be critically appraised at a two-day workshop.

b) Research and its relevance to patient care is a subject to be examined at a three-day workshop in February. It is designed for nursing staff who have not had the opportunity to become familiar with published nursing research. It will aim to introduce published nursing research to trained nurses who may not have considered research findings in relation to their own sphere of nursing. It will not aim to enable the conduct of research but to develop understanding and relate research to planned patient care.

c) Planning Health Services for Children: A conference has been arranged in February 1985 with the National Association for the Welfare of Children in Hospital with Health Authority members and officers to examine the questions of changing patterns of illness and care as related to health service care.

d) In March, a three-day workshop of senior nurses cognisant of the difficulties related to quality care measurement and actively involved in introducing some measurable standards, will have the opportunity to examine their work and compare it with a system in Ontario and with each other. It is hoped this will form a group willing to continue working together over a period of time.

e) A joint study day in March 1985 has been arranged for the Royal College of Midwives and the Marcé Society on 'Mental Illness in Childbearing Women'. The aim is to identify the role of midwives and doctors in screening, detection and management of mental illness.

Other planned conferences include 'Nurse manpower planning' and 'Stress in senior nurses'. Unfortunately the workshops arranged for the ENB were unable to take place in 1984 due to setbacks in ENB funding. However, five study days have been arranged for Directors of Nurse Education in 1985 to update them on proposals regarding examinations, the Griffiths report, the role of the Boards' Education Officers, central processing of applications and education advisory groups.

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

1 The Thwaites Peer Group (reported in 1982 and 1983 reviews) has continued to meet and discuss current problems, such as the role of the nurse manager after Griffiths. The idea to examine recording and responding to untoward accidents and incidents has been pursued further and those Districts involved in the earlier Conference have attended workshops since 1 October 1984. These will continue bi-monthly throughout 1985, the aim being to examine and design a form or forms which might be used as a management tool to collect information relating to:

patient/client accidents and

staff accidents.

A training package for members may be considered if time allows. It is hoped that Peter Mawle from the Health Services Advisory Committee, which is involved with a working party looking at recording and reporting of accident and occupational ill health information to health service staff, will be able to join the group in order to provide an exchange of views and prevent duplication of work.

Following the 1984 conference Frances M Roberts wrote Project Paper No. 49, 'Reported accidents to hospital patients'. Her contribution to the Conference, entitled 'Getting IT (information technology) together: Methodology' had been received with much interest and a certain regret was voiced that more detail and some outcomes were not discussed. The Project Paper was in response to this reaction and gives a considerable amount of detail from her, as yet, incomplete study. This follows King's Fund Centre practice of disseminating early ideas and observations even though they may be inchoate so that they may be shared whilst still in the actively creative mode and developed in a variety of settings.

Quality Circles (Q.C.) The previous report pledged the Fund to provide a supportive role for some of the Thwaites Group interested in developing this participative style of involvement.

During the summer, Christine Davies spent two weeks in North Carolina looking at QC training materials and experiencing quality circles in action in the US health service. Through the generosity of her hosts, Sun Health Inc., the King's Fund now possess a complete set of manuals, literature, slides and script of the QC programme developed for the US health service by Carolinas Hospital Health Service (CHHS) (now incorporated in Sun Health). On 20 November, a group of 10 nurse representatives from different health authorities, met at the King's Fund in order to discuss the use of the materials in order to further the application of QCs in the UK. Currently, group members have committed themselves to monitoring the materials and to sharing their evaluations with each other on a monthly basis. It is hoped that a future development from this work will be for the King's Fund to provide a focal point and resource for QC information and to facilitate and support QC developments. (Although the monitoring group members all have nurse backgrounds the QC programme will have application to all who work in the health service).

2 Audit Physiotherapy Care A number of physiotherapists have formed a group to examine the question 'What is a "good" department?' This follows through the work of Miss Ida Bromley, previously Chairman of Council of the Chartered Society of Physiotherapy, and others - noted in the 1983 report.

The group have met twice and their response is enthusiastic and energetic. A detailed analysis of staff education, equipment and environment is being undertaken and it is hoped this may provide the basis for an audit/information system which is, as yet, unavailable in the UK.

3 The Nursing Policy Studies Centre Mrs Jennifer Robinson has been appointed director of the Nursing Policy Studies Centre at the University of Warwick. Mrs Robinson, who comes from the Department of Economics and Social Studies at Wolverhampton Polytechnic, will start work in January 1985. The Study Centre was established with the help of a grant from the Management Committee. Hazel Allen serves on the Steering Committee and will be closely involved with the developments.

4 Association with the United States continues. A nurse student exchange has been arranged for 1985 between Queen's College, North Carolina and UK settings.

5 Help and advice Our adviser service continues to be well used and a steady stream of enquiries continues related to ward sister training, continuing education and educational planning. These enquiries are dealt with by post, local seminars and personal discussion.

6 Hazel Allen has chaired the Independent Health Care Training and Education Committee (ITEC) this year (see 1983 report). The committee has commissioned the University of Surrey to undertake a research project to establish training that is being carried out in the Independent Sector, to analyse this and to look at future needs.

It is hoped to have a report on this by the autumn of 1985.

Other Activities

Computer Applications at the King's Fund Centre

Christine Davies has been involved in a feasibility study of the use of computer technology at the Centre during four months of 1984. The original ideas of software related to a conference booking system had to be re-thought when it was discovered that the only conference booking system comparable to the Centre's needs was at the Barbican Conference Centre. Although a scaled down programme sounded most suitable to our needs, this software package was not pursued when it was realised that the Barbican system has access to a main frame computer. After discussion it was agreed that the principles of booking into a hotel were on a par with booking into a conference and the support services were also comparable. Eventually, Automatic Data Processing (ADP innsite) was identified as the organisation able to provide the computer software and hardware most suitable to the Centre's needs. In November and December 1984 the training for beverage and food control should be completed and implemented. Early in 1985 it is planned to start a conference booking system beginning with the diary booking of rooms and facilities. It is hoped that a gradual expansion of computer applications will take place during 1985.

Media Resources

It has been said that the Centre's capacity creates its demand but when, in late 1983, a permanent CCTV system was installed, it was in response to over capacity. The exceptional demands and potential problems inherent in such a response, however, limit and qualify the Centre's commitment to its use. It was felt essential, therefore, to install the CCTV system as part of a flexible commitment to audio and visual aids in general and video in particular. A bottom-line video production capacity was developed, offering a range of possibilities from a more professional approach to the packaging of recorded conferences to the creative use of video.

The 1983 media resources proposal provided the skeleton, while the 1984 proposal offered some flesh and clothing. The 'process' was complete and it was suggested that a shift of emphasis from acquisition to creative utilisation would be appropriate and desirable. It is now realised that the 'process' is never complete and that perhaps capacity does not create demand, but it certainly does create possibilities.

The effective, not to mention creative, use of audio visual aids is the most difficult aspect of acquisition. One can only advise, instruct and encourage people to use the equipment, one cannot make them. Having said that, however, the Centre's resources are being used more and more effectively. While the potential for creative use is beginning to be considered and exploited, clearly the 'process' is not a swift one, but it is a growing one.

LONG TERM AND COMMUNITY CARE

Dr David Towell	Assistant Director (until September 1984)
Dr Douglas Bennett	Consultant (from December 1984 - temporary appointment)
Miss M Eldridge	Secretary
Miss A Johnston	Secretary
Mrs M Kornitzer	Secretary
Mr T McAusland	Project Officer
Mrs J Rush	Project Officer
Mrs D M Twitchin	Project Assistant
Miss A F Whittaker	Project Assistant

Introduction

There has been a recent acceleration of the hitherto slow but steady movement of care for disabled people from segregated environments to the community. As a result, many health and local authorities are confronted with the urgent need to plan services for those with more severe long-term handicaps.

But the difficulties of financing local services, of agreeing joint policies and managing contracting institutions remain. In these circumstances it is not suprising that service planners and providers continue to seek assistance from the Fund. Since the Team share a common approach to services for people with all kinds of disability and handicap it is uniquely capable of transferring and sharing experience of creative and innovative services in several fields.

But planners and providers do not necessarily use these services themselves. It has been a major concern of the Team, therefore, to foster the interest and participation of disabled consumers in the changes which are taking place. Much is being done to encourage consumers from all disability groups to express their needs and to have a say in shaping the new services.

While most people agree that care in the community is preferable to care in large isolated and understaffed institutions, there is a continuing need to monitor the quality of care wherever it is given and to make sure, too, that the quality of the disabled person's life is safeguarded. This will continue to be an important part of the Team's work.

Services for people with mental handicap

During 1984 a major area of work has been sustaining the 'An Ordinary Life' programme and, within it, developing new initiatives concerned with vocational services.

On the first issue, 'An Ordinary Life', there has been continuing contact with a number of health authorities, social services, and voluntary organisations, who are developing comprehensive residential services for people with mental handicap.

A new Project Paper, 'Planning for People - developing a local service for people with mental handicap' was published in May 1984, which focussed on the issues of recruiting and training staff for a comprehensive service, used ordinary housing. A conference to discuss this was held in November, 1984, and because of the amount of interest is being repeated in April 1985.

On the second issue, following on from the initiatives based on 'An Ordinary Life', a working group was convened to examine the principles for vocational services which should be available to people with all kinds of mental handicap. The group consulted with representatives from the Manpower Services Commission, employers and trade unions, as well as statutory agencies concerned with vocational services. The result of these discussions and meetings was the publication of 'An Ordinary Working Life', Project Paper No.50. This paper has been discussed at two meetings - one a consultation meeting with the leaders in the field of vocational services, and one a conference which was attended by 100 people from all over the country. This project paper is just a beginning. Other conferences are being held in Manchester, and during 1985 it is hoped to hold a series of conferences and workshops which will debate the issues, learn of new initiatives, and support and encourage new development across the country. At the future meetings it is planned that there will be a focus on particular agencies who have a role in finding work for people with handicap, i.e. the Disablement Advisory Service and the Manpower Services Commission, so that a broad network can be developed which will include all the health and local authority agencies as well as voluntary organisations. This work has been helped by the research undertaken by Jan Porterfield, who has visited a number of new developments around the country, with support from the Joseph Rowntree Trust. There will be a workshop in January 1985 where all the workers involved in new schemes will meet to discuss their work, and this will be linked with a new publication giving practical details of work schemes and new initiatives.

Other areas of work in 1984 which will continue in 1985, are concerned with services for mentally handicapped children, and support for families and relatives of such children.

A major initiative by the DHSS in 1981 was undertaken to support alternative care for mentally handicapped children who were living in hospital. Since that time, following our publication and series of conferences, there is continuing work to be done to develop schemes for children and young people who are leaving institutional care. It is planned to hold a workshop in April 1985 where those Health Authorities awarded central funding by the DHSS will have an opportunity to share experiences, evaluate developments to date, and plan for the future. There has also been continuing support for professionals who are concerned with developing respite care schemes for families both on a short-term and longer-term basis.

The Fund supported research on short-term care, which was undertaken by Maureen Oswin and resulted in the book 'They keep going away' - a critical study of short-term residential care services for children who are mentally handicapped'. This was published by the King's Fund and was launched by a major conference in October. Further work, such as conferences and workshops, is planned for 1985, which will look at the management of respite care, provide guidelines on standards for direct care staff and managers, and look at new aspects of respite care such as short-term fostering.

Advocacy

In July of this year, two members of the team were privileged to attend, along with sixteen other people from England, the First International Conference of 'People First', held in Seattle, Washington State, USA. The move towards helping people with mental handicap to speak for themselves and take a more direct role in shaping their own lives is still in its early stages in this country. In America it has become well-established, and this conference was recognising ten years of development by inviting leaders of self-advocacy groups from Australia, Canada and England, as well as from 26 States in America, to join together to celebrate the evidence of what people with learning disabilities can achieve given the appropriate opportunities. 175 people attended, of whom 105 were self-advocates.

It was a week full of enriching experiences and we will produce a separate report of the conference in due course. Suffice it to say that all who attended were fired with a desire to see how the American experience can be translated for the benefit of people with learning disabilities in this country. The self-advocates who went to America are now holding their own meetings on Saturdays at the King's Fund Centre and have taken the first steps towards a more firmly-established and coordinated 'core' group as a base for future development.

The Team's interest in the role of the citizen advocate - that is, one who can advocate independently for a person with disability - particularly when the severity of that person's handicap makes it difficult for them to make their needs known - has been marked by the Fund's financial support to 'Advocacy Alliance', which has been working in hospitals for people with mental handicap.

A new KFC publication '**Advocacy**' (KF Project Paper 51) was launched at a conference held at the Centre in December, which was attended by people setting up and running self-advocacy and citizen advocacy schemes and this has opened up interesting possibilities for further development.

The work on self-advocacy and citizen advocacy represents just part of a growing interest in all forms of advocacy which the team shares and which spreads across all the client groups with which the team is involved.

Early in the year we brought together a group of people interested in the participation of the consumer in a variety of ways. These included patient participation in primary care, greater client participation in social services, in the process of transition from institutional to community services, and of people (at present mostly those with physical handicap) involved in the independent living movement. A draft proposal for an action-research project and a short publication has been prepared and we plan to continue this work during the coming year.

Services for people who are mentally ill

Psychiatric Services in Transition

Over the second full year of the psychiatric programme at the Centre, interest has continued to grow in the processes of moving psychiatric care from centralised institutional sites into local services. Consultancy and training activity involving the Centre and College staff has been particularly concentrated in North East Thames Regional Health Authority and the transfer of patients and staff from Friern and Claybury Hospitals to the catchment Districts and local authorities involved. This and briefer contacts with other localities tackling similar problems has built up an extensive information file of planning documents, operational policies and other papers which are now available to other service planners. A selection of case studies drawn from these contacts was published in conjunction with the Health and Social Services Journal (October 25, 1984). With the transfer of Dr David Towell to the King's Fund College on a full-time basis, work on the psychiatric programme, within the Fund, will be carried out jointly by the Centre and the College over the next two to three years. At the Centre over the coming year work will focus on the development of new models for local services and particularly on fostering innovation in the support of people with severe and long-lasting psychiatric disorders. Using a psychiatric services planning framework introduced at a Centre conference early in the year - the Balanced Service System - a joint information and conference programme has been established with the Good Practices in Mental Health Project which will run throughout 1985 and will aim to make available packages of information on particular service areas.

Innovation in Psychiatric Services

In the last year attention has been given to a variety of key areas of provision including - the changing roles of nurse therapists and community psychiatric nurses, the planning and monitoring of community mental health centres and secure provision (Centre reports on these three topics are in preparation). In 1985 the programme of occasional seminars and workshops will be continued and will include in the second half of the year a series of full day workshops devoted to examining in some depth the operation of individual projects which represent particularly innovative practice.

Training and Staff Supervision

An important strand in the work of the last twelve months has been the Centre's role in helping to establish a new mental health body - the Interdisciplinary Association of Mental Health Workers. Like its counterpart in the field of mental handicap - the Association of Professions for the Mentally Handicapped - IAMHW has already set up a national conference programme, a network of local groups and a members' newsletter. With Centre support a small subgroup met to pool information on training for interdisciplinary work and a two day workshop - 'Training and Transition' - was run at the Centre in November. In 1985 the aim of this part of the programme will be to encourage the dissemination of interdisciplinary training within psychiatric services, through a series of local training workshops and by the dissemination of packaged training materials.

Services for People with Severe and Long Term Psychiatric Disorders

In examining the experience to date in transferring patients, staff and resources out of the large hospitals into dispersed community settings, the priority which needs to be given to those referred to as 'chronic patients' has emerged very strongly. The Centre's workshop and seminar programme on 'good practices' - in housing, day time and recreational activities - already reflects this priority and it will be increasingly emphasised over the next two years. Over and above the promotion of new models of support we have been concerned with three important issues:

maintaining the individuality of people with severe disabilities.

Through our work on the process of hospital closure we have become aware of the need for proper individual assessment and care planning, and particularly for better understanding of the social networks and friendship patterns of people who have lived in hospitals for long periods of time. An initial report of a small study of social networks in long stay wards and their implications for resettlement and rehabilitation services will be produced in January. One common difficulty - linking planning for the individual patient with overall district service planning - has been the subject of investigation by a Centre working group in 1984. In preparing its report, members of the working group have spent some time with a small number of long stay patients, using a structured technique - 'Getting to know you' - to generate a picture of individual lives and likely service needs. A discussion paper by the study group will be available in the early part of 1985.

Safeguarding the rights of individuals

Following the highly successful conference on Patients' Money in Psychiatric Hospitals in 1983, a training videotape and handbook were produced and launched at a second conference this year. In 1985 we hope to complete the third phase with the production of a directory of independent advice and advocacy projects serving people in psychiatric hospitals and the launch of a survey of hospital administration of patient monies carried out by the University of Birmingham and the Disability Alliance.

Self advocacy and the promotion of opportunities for services users to add their voice in the development of services is at an early stage within the mental health services. The Fund has provided a grant to East Sussex Consultancy and Training Agency to produce a videotape presenting the views and ideas of people who use psychiatric services and giving examples of ways in which user participation can be encouraged. Research and interviewing will begin in January with a view to launching a tape and handbook package in the middle of the year.

Monitoring services and safeguarding quality of life

Alongside service development the programme has laid increasing emphasis on long term quality assurance. A Centre working party on services for elderly people who are mentally impaired has met several times during the last year. In addition to setting up a two day pilot workshop - 'Applying Principles of Normalisation to Services for Elderly Mentally Ill People' - this group is now drafting a discussion paper to be published in Spring of 1985 which includes a checklist of assessment questions for examining the quality of life experienced by individual elderly mentally ill people in a variety of services and a parallel checklist for overall service planning at local level. It is hoped to use this document in local discussions and a series of small workshops over the next year.

Services for People with Physical Disability

During 1984 work has continued on the analysis and coding of the surveys for the Register of schemes which successfully combine housing and care to support people with disabilities, including those who are deaf and blind living in the community. The Register has been in active use since Spring of 1984, and users include housing associations, architects, social workers, doctors, researchers, voluntary organisations and some disabled individuals. It is hoped during 1985 to plan some workshops jointly with CEH around some of the more innovative ideas that the Register has identified, particularly those housing and care initiatives supporting disabled individuals who need a greater degree of support.

Living options for people with a severe physical disability

Since April 1984 in response to an initiative by the Prince of Wales' Advisory Group on Disability, the team have been supporting a working party drawn from a cross section of the major disability organisations, together with local authority and health services, to develop guidelines on living options available to people with severe disabilities, either in full residential care, or in sheltered or integrated housing. The initial guidance document is aimed at health and social services departments and it is hoped will be published in January 1985.

The working party will then look at ways of assisting Health and Joint Care Planning teams to be more aware of living options open to disabled people, by collecting examples of good practice both in residential care or community settings, funded and managed in either statutory or voluntary sectors. The working party will also examine the best way of disseminating these ideas and options, either in the form of a second more detailed booklet or through the medium of a series of workshops, or both. It is expected that the Register of Housing and Care will contribute greatly to this work.

One continuing theme during 1984 has been to encourage user participation, both that of disabled individuals or informal carers in the delivery, management and planning of services, both through the Living Options working party and through the Participation Project involving all members of the Long Term and Community Care Team.

APPENDIX I

CURRENT PUBLICATIONS

		Price £
1	An Ordinary Life - comprehensive locally-based residential services for mentally handicapped people. Reprinted June 1982. KF Project Paper No.24.	1.50
2	Bringing it all back home - getting mentally handicapped people out of hospital. (Alison Wertheimer) KF Discussion Paper June 1982. KFC 82/127	.75
3	Mentally handicapped people with special needs. (Melinda Firth & Hugh Firth) KF Discussion Paper August 1982. KFC 82/145	.75
4	People first - developing services in the community for people with mental handicap. (Linda Ward) October 1982. KF Project Paper No.37	6.00
5	An Ordinary Life: issues and strategies for staff training for community mental handicap services. (Ann Shearer) 1983. KF Project Paper No.42	2.50
6	A guide to training resources for staff working with 'confused' elderly people. (Joan Rush and Tom McAusland) KFC 83/5	.75
7	Health Community Work and Elderly People Notes from a one-day workshop held in April 1983 KFC 84/116	.30
8	Creating Local Psychiatric Services: Collected Working Papers. October 1983. KFC 83/181	2.50
9	Reviewing disabled people in residential care - what do we mean? June 1982 KFC 82/160	.20
10	Centres for Independent Living in the US and UK - An American Viewpoint. January 1984 KFC 84/3	.20
11	The Provision of Aids and Adaptions for Hospital Patients Discharged into their own Homes (Ursula Keeble) A follow-up study of patients seen by occupational therapists in three London hospitals. October 1984	2.00
12	Planning for People: developing a local service for people with mental handicap. 1. Recruiting and Training Staff (Linda Ward) First of a series of pamphlets designed to share information gained from the experience of setting up and running a comprehensive community service for adults with mental handicap in South Bristol, using ordinary housing. April 1984. KF Project Paper No.47	4.00

		Price £
13	An Ordinary Working Life outlines a vision of a comprehensive local vocational service for people with all kinds of mental handicap, and begins to identify strategies through which services might be implemented. October 1984. KF Project Paper No.50	2.50
14	Personal Relationships and People with Mental Handicap (Paul Chamberlain) A discussion paper on the issues surrounding personal relationships, including sex education, parental involvement, staff training, pregnancy and parenthood. July 1984. KFC 84/141	.50
15	Progress in Bringing Mentally Handicapped Children out of Hospital (Ann Shearer) This paper is an account of a conference held at the King's Fund in March 1984, with a description of innovative schemes and discussion of the issues described. May 1984. KFC 84/85	.30
16	IYDP Centre Lunch Talks Among the activities supported by the King's Fund Centre for IYDP were a series of lunch-time talks on key questions which needed to be addressed if the aims of the year were to be realised. Some of these were about the enduring issues; others made explicit the aspirations. This collection reproduces the text of the talks as a stimulus to fresh attention to the important themes they raise. April 1984. KFC 84/83	1.00
17	They keep going away (Maureen Oswin) A critical study of short-term residential care services for children who are mentally handicapped. The book is full of case studies and actual quotes from the parents and care staff, and her often heartbreaking accounts of individual children's homesickness and distress. The last chapter deals with a new aspect of short-term care - that of special foster arrangements. Copies available from your usual bookseller or from Oxford University Press Showroom, Freepost, 116 High Street, Oxford OX1 4BR. Available at the King's Fund Centre 'over the counter' only. November 1984. OUP	15.00
18	Advocacy: the UK and Americal Experience This paper explores and discusses developments in this country of citizen advocacy with the Advocacy Alliance and also contains a substantial section about the work of the Georgia Advocacy Office in America, by John O'Brien	2.50

Note: All these publications are available at the prices indicated from the Publications Officer, King's Fund Centre, 126 Albert Street, London NW1 7NF. Cheques and money orders should be made payable to **King Edward's Hospital Fund for London.**

APPENDIX II

CONFERENCES AND WORKSHOPS IN 1984

1	Nurse therapy and community psychiatric nursing: developing roles	17 Jan
2	Introduction to the Balanced Service System - an alternative model for psychiatric services	13 Mar
3	Progress in bringing mentally handicapped children out of hospital	21 Mar
4	'An Ordinary Working Life': vocational services for people with mental handicap	3 April
5	Individual Programme Plans for people with mental handicap	6 April
6	Physical handicap and NHS planning	9 April
7	Specialised Training Programmes for people with mental handicap	17 April
8	Planning and monitoring community mental health centres	9 May
9	Planning spaces - a conference for planners concerned with services for people with handicaps	10 May
10	Social networks in psychiatric hospitals and in the community	11 June
11	Patients' money in psychiatric hospitals	15 June
12	Applying principles of normalisation to services for elderly mentally ill people	19 & 20 June
13	Will your community mental health centre be manageable?	25 Sept
14	Housing and residential services for elderly people with severe dementia	1 Oct
15	A review of secure provision for mentally ill and mentally handicapped people in England and Wales	2 Oct
16	Options for housing long term patients in the community	9 Oct
17	'They keep going away': to discuss the research by Maureen Oswin with short term residential care for mentally handicapped children	15 Oct
18	An informal seminar with Rudjard Propst, Fountain House community mental health centre, New York	19 Oct

19	More equal than some: a study of the employment needs of women with disabilities in Lambeth	22 Oct
20	'An Ordinary Working Life': vocational services for people with mental handicap	29 Oct
21	Training and transition: interdisciplinary training in the movement from large psychiatric hospitals to local services	13 & 14 Oct
22	'Planning for People' in the community: staff training for 'An Ordinary Life'	23 Nov
23	Advocacy and people with long term disabilities	6 Dec
24	Working party on respite care for mentally handicapped children	12 meetings
25	'An Ordinary Working Life': vocational services for people with mental handicap - working party	4 meetings
26	Independent Development Council for People with Mental Handicap	8 meetings
27	Patient Participation in Long Term and Community Care	2 meetings
28	Interdisciplinary Association of Mental Health Workers/King's Fund Training Group	8 meetings
29	Psychiatric Services Policy Group	3 meetings
30	Working party on services for mentally confused elderly people	4 meetings
31	National Information Forum	4 meetings
32	Living options for people with severe physical disabilities - working party	4 meetings

APPENDIX III

SOME PROJECTS SPONSORED BY FUND COMMITTEES

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	Jay Project Camberwell - Design and implementation of comprehensive services for people with mental handicap	HOS 1748
4	Development of a model preventive psychiatry service	PRO 82/4(a)
5	Thamesmead Day Centre - community support for psychiatrically disabled people	AUX 2873
6	A review of secure provision for mentally ill and mentally handicapped people in England and Wales	PRO 82/49
7	An advice and legal representation service Springfield Hospital, Wandsworth, London	PRO 80/43
8	Westminster Association for Mental Health - Resource Centre	AUX 2914
9	Maudsley Hospital - Choices Project, evaluation of rehabilitation programmes for people with psychiatric disabilities	JHA/4
10	Coalition for Community Care - Community Mental Health Development Project	JHA/5
11	Minimum support groups in epilepsy centre	PRO 82/35
12	A study of geriatric rehabilitation and long term care	PRO 82/47
13	Frail elderly - Collaboration in community care	LPE 81/15
14	Evaluation of elderly client assessment procedures	LPE 81/50
15	Partially Sighted Society - Greater London Development Worker	AUX 2921
16	Greater London Association for Disabled People - Disability Transport Studies	AUX 2959
17	King's College Hospital - Self-help project for people with visual impairment	HOS 1733
18	Bolingbroke Hospital - Single room accommodation for long-term elderly patients	HOS 1766
19	A retrospective study of people with spinal cord injury	PRO 83/21



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20	A longitudinal survey of cancer patients at home	PRO 83/25
21	Care of the dying patient in the community	PRO 83/50
22	Computer to assist primarily in the planning of teaching programmes (KIDS)	AUX 3036
23	New boiler for Hope Agricultural Project, Cheshunt (John Grooms Association for the Disabled)	AUX 3037
24	Information Training Resources in visual handicap for Community Nurses (Disabled Living Foundation)	PRO 84/21
25	Help towards funding for three years two development workers and an administrator (Southwark Mental Handicap Consortium)	JHA 30
26	Establishment of experimental model of community health care for individuals who, in addition to their mental handicaps, have serious mental or other health problems. (Project for Mentally Handicapped, Southwark)	JHA 31
27	Review of Research in Local Authorities Social Services Department (ADSS)	PRO 84/39
28	Rehabilitation and Provision of a Community Psychiatric Service (South Bank Polytechnic)	PRO 84/44
29	Coordinator for project linking volunteer medical students to families or individuals with special needs (SPECTRUM, Hampstead)	AUX 3084
30	Study of Factors correlated to referral for Speech Therapy in Hackney of Children aged 2½ (Community Speech Therapy Services)	PRO 84/58
31	Prevention in mental health (MIND)	PRO 81/52
32	Brixton Circle Projects - Furniture/equipment for Centre for people with mental health problems	JHA 34
33	The COMPASS Project, Bloomsbury towards initial funding for the COMPASS Project (Community Psychiatric Action and Support Service)	JHA 47
34	ESCARTA Video - Request for funding towards cost of making video on client participation in Mental Handicap Services	MAN 9541

THE LONDON PROGRAMME

R J Maxwell	Secretary of the Fund
Jane Hughes	Project Officer
Pat Gordon	Project Officer (part-time)

Improving health care in the capital is the aim of the London Programme. It is a coordinated programme that includes both development work and project sponsorship. The programme began in 1980 and is guided by the London Project Executive Committee (LPEC) under the chairmanship of Professor Brian Abel-Smith. The committee met three times in 1984, and its work continues to focus on primary care and its relationship with hospital services. Priority is also given to disadvantaged groups in London's population, for example homeless people, gypsies and those from ethnic minority groups.

The emphasis of the work of the two project officers has been to give practical help to those planning and providing services in London and to encourage them to develop ideas for experimental projects. Where appropriate the LPEC can assist by giving financial support to the projects. This 'proactive' aspect of the programme has progressed relatively slowly: it has proved difficult to stimulate the sort of proposals requested by the committee and much effort on the part of the project officers has been needed to develop grant applications that meet the committee's requirements. This was not unexpected, however. The programme purposely concentrates on parts of the NHS where change happens slowly and on groups in the community that are not usually considered a 'priority' by the NHS. Nevertheless, the aim of stimulating ideas and new developments has been achieved and the committee has been able to identify innovations and support a range of experimental projects in different parts of London.

The London Programme's strategy of concentrating resources on a limited number of themes was explained in last year's Review. Progress in 1984 on the two main themes, primary care and disadvantaged groups, is described here and plans for 1985 are outlined. A list of projects currently receiving grants from the LPEC is included as an appendix.

Primary care

Work on primary health care covers a broad spectrum of services. It includes not only primary medical care provided by GPs, but also services provided by district nurses, chiropodists, health visitors and many others; services provided in the home, in clinics and accident units; services which are the responsibility of district health authorities, family practitioner committees and local authorities and which call for joint planning and cooperation. Currently most attention is being given to monitoring responses to the Acheson Report;¹ management of community health services; and the role of FPCs in ensuring good quality primary health care.

The Acheson Report

Over the last eighteen months, in response to the recommendations of the Acheson Report, the DHSS has announced a variety of initiatives to improve primary health care in inner cities. The LPEC has already begun to monitor the effects on London's services of the extra resources that have been made available. As part of this review, the LPEC commissioned the Policy Studies Institute to investigate the origin, reception and impact of the Acheson Report.

The committee is keen to ensure that particular recommendations in the Acheson Report are acted on. For example, many patients trying to reach their GPs by telephone still experience difficulties. An investigation into the current situation in London and what can be done about it was commissioned by the LPEC and will be published in 1985.² The report will be discussed as widely as possible with the intention of bringing about change. One particular problem, which should be easy to solve, is GPs' lack of information about tele-communications equipment on the market that could make them more accessible to their patients. Provision of an independently produced guide containing this information is under discussion.

The committee is also following closely the progress of the two experimental primary care development projects that it has funded in Tower Hamlets and Camberwell. In Tower Hamlets the post of 'development worker' in primary health care has been created to see what can be achieved by someone working intensively to help grassroots workers put their good ideas into practice. In Camberwell the Department of General Practice has taken on extra staff to extend its role and assist local GPs who want to improve the care they provide. In 1985, the Fund's role will be help disseminate the lessons from both these projects and to look at how they can be applied in other districts.

The Tower Hamlets development worker has already been successful in bringing together a group representing all the relevant statutory authorities to tackle the problem of rundown and inadequate general practice premises in the borough.³ Through the work of this group, a number of GPs have been found new surgery premises - a complicated operation requiring close cooperation between the borough or GLC (which own the premises), the FPC and the health authority. The group and the GPs have been helped by the Medical Architecture Research Unit practice premises project, which has given practical assistance over the last 3 years to a large number of GPs in all parts of London. The results of this work have been analysed by Ann Noble who has compiled a report making recommendations for changes in the present complicated system by which GPs acquire and finance practice premises.⁴ Meetings to discuss the report are being organised by the Fund in 1985.

Family Practitioner Services

FPCs have traditionally been seen as the 'pay and provisons' side of family practitioner services, administering contracts and paying contractors but taking little interest in policy making or planning of primary care services. Since 1974 their relations with health authorities and community health councils have not been easy. They have remained isolated.

From April 1985 FPCs are to be independent health authorities. The aim nevertheless is 'to bring DHAs and FPCs into closer working relationship as equal partners, to service the interests of the community in primary health care.'⁵ With this aim in mind the project workers spent a lot of time in 1984 making contact with FPC members and officers who previously have had scant dealings with the Fund.

In March an intensive three-day seminar for FPC officers and their DHA opposite numbers was held at the College. In May a national conference was held at the Centre on the theme of collaboration, for members of FPCs, DHAs and CHCs. This was so oversubscribed that two further conferences were arranged in September and October. A workshop in December brought together staff from three London FPCs and their opposite numbers in community health services to discuss day-to-day practical collaboration in the inner city. A group of London FPC officers has started to meet regularly at the Centre and is planning new initiatives for 1985.

The relationship between community health councils and FPCs will be explored at a national conference in February, organised jointly with the Association of CHCs for England and Wales and the Society of FPCs.

In addition to this development work, the LPEC is financing a guide book on FPCs describing their work and illustrating their potential. FPCs are still a remarkably 'closed book' even to those engaged in primary and community care. The LPEC is also considering other ways in which it might foster the strengthening of links between FPCs and DHAs, particularly through their community units.

Community health service management

Over the last eighteen months good links have been established with community unit managers in the inner London area. Groups of community services administrators and directors of community nursing services have been meeting regularly at the Centre to talk about their work. These meetings have generated other activities, including during 1984 two multidisciplinary workshops on community unit management; two meetings on school nursing services and relationships with ILEA; a workshop on developing local services for mentally handicapped people and a seminar on the South Birmingham computerised patient information system. The peer groups will continue to meet in 1985 for informal discussion as well as for more formal seminars on particular issues. An important outcome of the project officers' intensive work with community unit managers is that more community health staff are now attending Centre conferences and workshops.

One of the themes running through many discussions with community unit managers during the year has been the necessity to make primary care services more responsive to the needs of local communities. One of the difficulties identified by managers was the very limited local information relevant to primary care needs. Using 1981 census data, Professor Brian Jarman and Doreen Irving have produced a set of relevant indicators for all electoral wards in the country. Their work is described in a number of papers and reports that have been a stimulus to local activity on planning and developing primary care services.^{7,8,9} Information, planning and performance indicators in community health services are topics for continuing debate in 1985.

For those community units that have found time in 1984 to think constructively about the future, the theme seems to be 'small is beautiful'. 'Patch' systems, in which planning and management of community services will be devolved to a local, neighbourhood level, are being discussed in several districts. Some interesting experiments are already underway: in Brent two health visitors are working as part of a joint health and social services neighbourhood team. The LPEC has funded a study of this development that will examine the impact on the health visitors' work and their approach to it. It is anticipated that the Fund will help to establish other experimental projects on 'patchworking' in the coming year.

Disadvantaged groups

To improve the quality of health care received by disadvantaged groups in London the LPEC is collaborating with voluntary organisations representing these groups. Out of this collaboration have come conferences on the health needs of ethnic minority groups, gypsies and one-parent families. The emphasis has been on getting regular NHS services to respond to these needs as well as on developing special or new kinds of provision. The conferences have been followed up by publications designed to reach wider audiences.

Black and ethnic minority groups

Most work has gone into initiatives on health care for black and ethnic minority communities in London. In Greater London as a whole racial minority groups comprise 15-20% of the population. In some boroughs the proportion is greater than 30%. In response to the health needs of this large section of London's population, many small, isolated projects have sprung up outside the NHS. On the whole, these short-term projects are unlikely to bring about major shifts in attitudes, but some can help to show the way forward. One such project is the Hackney multi-ethnic women's health project, which was the subject of a conference in June.¹¹ The project was established by the Community Health Council and provides advocates for women whose first language is not English who are using the local maternity hospital. The advocates 'speak for' and support the women during their visits to hospital as well as helping hospital staff understand the customs and culture of their patients. The scheme has been a notable success locally and has aroused a great deal of interest nationally. Similar schemes have been established successfully in other hospitals in London and elsewhere.

Nationally, there is an ever-growing number of projects that aim to improve maternity services for women from ethnic minority groups. These schemes are described and assessed in a new directory published by the Maternity Alliance.¹² To coincide with its publication in January 1985 a conference is planned to discuss the schemes and their implications. However, the demand for places has been so great, notably from midwives and their managers, that a second conference will be held in April.

London's health authorities are also major employers of people from ethnic minority groups but most are only just beginning to consider the implications of employing a multiracial workforce. Equal opportunities in the NHS was the subject of 'Race and Employment in the NHS' which was published early in 1984.¹³ This was followed by a workshop in October for personnel officers and administrators from London health authorities, organised jointly with the Commission for Racial Equality, that looked at the mechanics of implementing equal opportunity policies.

Some London health authorities are taking positive steps to improve both their employment practices and provision of services to ethnic minority groups. To help show the way, the LPEC has funded a three-year experimental project in Haringey Health Authority. A senior officer has been appointed to help the authority develop and implement practical proposals to promote racial equality. The officer, in collaboration with health authority staff, will explore where changes can be made - in service provision and delivery; planning; employment; and education and training - to ensure that the authority responds to the needs of Haringey's ethnic minority population. At the end of three years it is hoped that this kind of view will be integrated into management in the district and that managers will continue to develop services in response to racial and cultural influences.

Gypsies

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 has worked with Travellers for many years, the Fund organised a seminar for professionals involved with Travellers and this was followed by a national conference in February. A report based on the conference brings together information about Travellers in Britain and describes ways in which health services have been adapted to meet their needs.¹⁴

Single homeless people

Single homeless people in London rarely get good health care, although their needs are great. Gaining access to GP services is often difficult and A & E departments can be unsympathetic. To fill one gap in services a 'sick bay', where homeless people can get short-term medical care, has been established in West London with help from the LPEC. The voluntary sector plays a vital part in meeting the needs of homeless people in London, but good collaboration between statutory and voluntary services is often missing. In South East London cooperation will be strengthened by the creation of a health worker post with an 'umbrella' organisation representing more than twenty agencies working with single homeless people. The worker will help the three health authorities concerned develop coordinated plans for better services. The post is part-funded by the LPEC.

One-parent families

One-parent families are more likely than other households with children to live at or near the poverty line and to occupy poor quality housing. Because of these factors and the associated stress and isolation of lone parenthood, these families may make heavy demands on health workers. To ensure that health workers are fully informed about the difficulties faced by lone parents and the benefits to which they are entitled, the National Council for One Parent Families has compiled an information pack for health professionals.¹⁵ The pack was produced with help from a grant by the LPEC and the Fund was further involved in organising a conference to discuss the health needs of one parent families in October. The conference emphasised the importance of self help groups for lone parents, which can provide friendship and mutual aid and counter the many problems of isolation.¹⁶

Participation by users of health services

The neighbourhood health projects that have sprung up in British cities during the last five years have helped to give local people a voice in decisions about their health and health care. They have been especially valuable in discovering what 'disadvantaged' groups think about the services they may or may not use. To do this, project workers usually take a 'community development' approach to health, taking up local concerns, building on local resources, and involving people in discussions about health services that usually result in some sort of collective action to press for change. At a conference in June representatives from 17 projects described their local achievements and discussed their methods with senior NHS staff and health authority members.¹⁷

In 1985, the London Programme will continue to work closely with the London Community Health Resource, which as well as supporting local projects, helps to evaluate and publicise their work.¹⁸

This year, the Fund also helped to establish a new body concerned with giving a voice to consumers of health services in London. The Greater London Association of Community Health Councils has organised a number of seminars at the Centre on issues of interest to its member CHCs. Although the Association had no paid staff, it got off to a vigorous start. To sustain the initial impetus, it became clear that a full-time voice was needed to coordinate action between 31 London CHCs and a grant has been made by the LPEC towards employing someone to do this.

Looking ahead

In the coming year, London Programme priorities will remain unchanged. The main themes will continue to be issues in primary health care identified in the Acheson Report and improving services for disadvantaged groups. The strategy of finding 'growth points' that can be a focus for experiment and innovation will continue to be pursued.

A new dimension will be incorporated into the LPEC's work on primary health care by seeking projects concerned with preventing illness and promoting health. In this important aspect of primary care, inner London seems not to be keeping pace with developments elsewhere in the country.

The need for better information about services in London and about the health of Londoners is a problem to which the committee has returned repeatedly. How this need could be met will be explored further in 1985.

It is still too early to assess the impact of the experimental projects that have been funded. Evaluation, however, is an important concern and the project officers keep in close touch with how the projects are developing. It is useful to learn about how changes have been introduced and whether they have had beneficial effects as well as to hear about where there have been failures. Dissemination of this sort of information from the projects will be an important part of London Programme work in 1985 and in future years.

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- 10 Community health visiting London Community Work Service **Newsletter.** June 1984, p12
- 11 Cornwell J and Gordon P (eds) **An experiment in advocacy: The Hackney Multi Ethnic Women's Health Project.** King's Fund Centre, 1984 (KFC 84/237)
- 12 Ahmed A and Pearson M **Directory of initiatives in maternity care: a multi-racial approach.** London, Maternity Alliance 1985 (Available from Maternity Alliance, 59-61 Camden High Street, London NW1 7JL)
- 13 Hughes Jane, McNaught Allan and Pennell Imogen (eds) **Race and employment in the NHS.** King Edward's Hospital Fund for London, 1984
- 14 Cornwell Jocelyn **Improving health care for Travellers.** King's Fund Centre, June 1984 (KFC 84/124)
- 15 Caring for health **An information pack for health professionals working with one parent families.** National Council for One Parent Families, 1984. (Available from 255 Kentish Town Road, London NW5 2LX)
- 16 Salfield Angela **Caring for health: health issues for one parent families.** King's Fund Centre, 1985 (in press)

- 17 Somerville Gwynne **A local response.** Health and Social Service Journal, 30 August 1984, p1034-5
- 18 London Community Health Resource **Report of work March 1983 - April 1984.** (Available from LCHR, London Voluntary Service Council, 68 Chalton Street, London NW1)

APPENDIX

THE LONDON PROGRAMME

Projects receiving support in 1984/1985

			Total Allocation £
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	Taking stock of 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
LPE82/33	Bethnal Green Community Health Network	Oxford House, Bethnal Green	12,500
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
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, Dept of General Practice, King's College Hospital Medical School	20,000
LPE84/6	Development worker (ethnic minorities)	Haringey HA	54,600
LPE84/16	Study of the Acheson Report	Policy Studies Institute	26,240

			Total Allocation £
LPE84/17	Effective FPCs: a handbook	Judy Allsop, Polytechnic of the South Bank	9,255
LPE84/20	Antenatal Project	Barnet Home Tutor Scheme	2,000
LPE84/18	Part-funding of health worker post	South East London Consortium	16,324
LPE84/33	Study of the role of health visitor in the Chalkhill Neighbourhood Project	Hessie Sachs, Brent HA	28,150

THE ASSESSMENT AND PROMOTION OF QUALITY IN CARE

Dr Charles D Shaw - Coordinator of Project

1 Background

Reflecting a growing professional and public interest in quality assurance (QA), the Management Committee set up a steering committee to advise on how the Fund might stimulate the measurement and improvement of health services. From October, 1984 the Chairman of this committee will be Dr Tom Meade, Director of the MRC Epidemiology and Medical Care Unit at Northwick Park Hospital.

The Fund also appointed Dr Charles Shaw on a part-time basis to coordinate the project.

2 Definition

In order to make a coherent start in a very broad field, the steering committee agreed to focus initially on acute hospital services. This is not to deny the relevance and later inclusion of long-term care, primary and community care, or indeed other topics.

For the purposes of collecting and indexing publications and activities, their general remit is further specified:

<u>to include</u>	<u>to exclude</u> (unless directly linked to quality assurance)
GENERAL	
effectiveness	efficacy, clinical trials, etc
quality review	quality control of specific
clinical audit	technical procedures
process, outcome of services	financial audit
attitudes to QA	inputs, resources
costs & benefits of QA	operational research
EXPECTATIONS	
standards	norms of provision
good practices	resource indicators
	financial guidelines
MEASUREMENT	
QA methods	information systems
QA information/statistics	health status indices
	measures of need & demand
	workload (e.g. in relation to staffing levels)
IMPLEMENTATION	
changing behaviour	management of change
education	generally
resource implications	

3 Current Problems

At regional and national level, there appear to be common handicaps in the development of quality assurance:

information: relevant publications and articles tend to be indexed (if at all) under individual specialties. Exchange of ideas among disciplines is unusually difficult. An early task in this project is to find out from professional, academic and health authorities what is going on, and to establish cross-referenced computer files.

coordination: linked with the above is the problem of having no national organisation (as in many countries) to act as an obvious clearing house for ideas. The Fund is willing to take on that role at least until an appropriate alternative is found.

standards: the measurement of quality is hampered when the standards or expectations of professions, public or managers are not clearly stated. The project will seek to promote the development and dissemination of explicit statements.

At more local level, there may be other practical barriers such as with the content and retrieval of records, professional advisory structure, and staff attitudes and skills. If these, or other problems, are found to be major issues the project will respond accordingly.

4 First Steps

Comments are being sought, from a progressively widening circle of professional (medical and paramedical), academic and health service bodies, on attitudes and progress nationally or locally. So far these enquiries have been phrased in very general terms; specific areas of interest could include:

policy: does the college/institute have a stated view of quality assurance?

coordination: is the college/institute involved in any specific projects (such as morbidity/mortality enquiry, clinical indicators, guidance to individual members on quality assurance)? Does the college/institute know to what extent individual members or groups participate in active review of clinical care?

standards: has the college/institute developed or endorsed explicit standards for the delivery of services? Should basic minimum standards be defined and common to all colleges, at least for the purpose of accreditation of training posts? Is formal review of clinical care a requirement for accreditation of training posts?

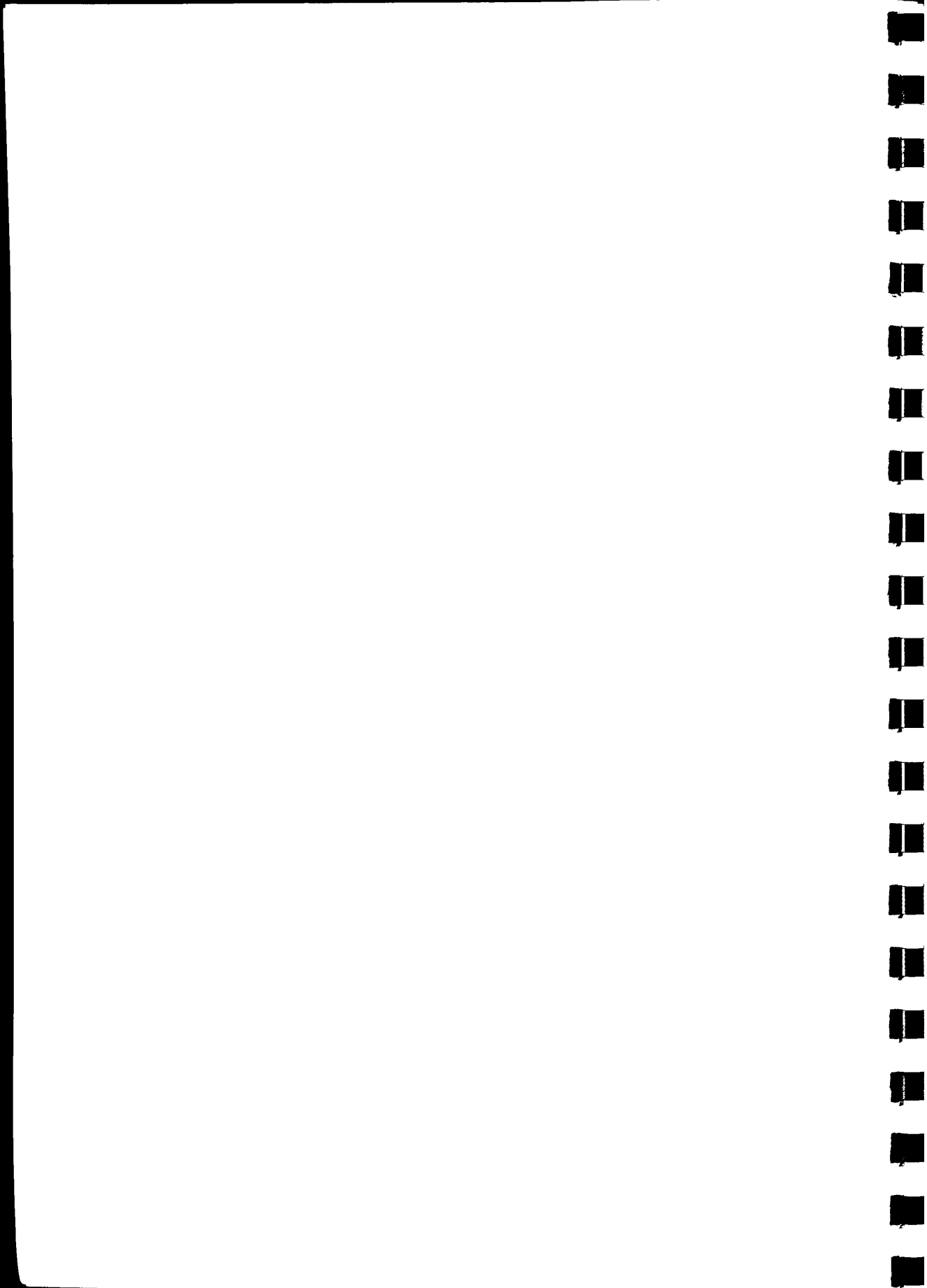
information: does the college/institute maintain a bibliography relevant to quality assurance? Is this manual or on computer?

5 Conclusion

At this stage the project is exploratory. We are seeking to define the problems and to identify potential answers and good ideas from a variety of viewpoints.

SECTION 2

OTHER ORGANISATIONS



INTERNATIONAL HOSPITAL FEDERATION

President
Director-General

Mr Royce Kronborg MBE (Australia)
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 an annual **YEARBOOK** of reference information and **WORLD HOSPITALS**, a quarterly journal, both of which are issued free to members. They are printed in English with supplements in French and Spanish, and contain authoritative articles and reports on various aspects of international developments in the planning and operation of hospitals and health services; Particular attention is paid in **World Hospitals** to reporting on IHF congresses, study tours and other activities.

organises 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 international Congresses are organised every two years and none was held in 1984. There were, however, two regional conferences the first was in Seoul, organised in collaboration with the Korean Hospital Association and attended by 320 delegates from 12 countries. The main topics were health care in big cities; health insurance and hospitals and PHC. The second was in Nairobi organised in collaboration with the Kenyan Ministry of Health and International Conferences and Exhibitions Ltd. It was attended by about 150 delegates from 27 countries. The main topics were hospitals and PHC; appropriate design and technology for rural hospitals and health facilities; strengthening health services management; essential drugs; and health insurance. Other meetings included the 9th International Public Health Seminar, held in Budapest, and organised by the International Union of Architects in collaboration with the IHF and WHO and the Hungarian government and professional health and architectural societies. It was attended by some 200 delegates from 32 countries, and the main topics included the preservation, remodelling and adaptation of hospital buildings of outstanding historical, and architectural value. In Barcelona the 8th annual workshop on health care planning in urban areas was attended by 31 representatives from 11 cities and focussed upon health information systems and health service management.

arranges **STUDY TOURS** and special study visits to give members first-hand knowledge of health work in different countries. In 1984 the main event was the 18th IHF Study Tour, held in Portugal and organised in collaboration with the Ministry of Social Affairs. It was attended by 100 participants from 20 countries, and included visits to a wide range of hospital and health care facilities, old and new, in and around Lisbon, Faro, Oporto and Coimbra. Smaller-scale study visits, with up to 35 participants, were held in Japan, Korea, Mexico and England.

maintains and **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** for senior hospital and health service administrators from overseas. Over 600 people from some 90 countries have attended this course since it started in 1961. In 1984 there were 28 participants from 16 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; good practices in cost containment; 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. The first fellow, a public health nurse from Jakarta, is to undertake her studies early in 1985 in Delhi and Manila.

Miles Hardie
January, 1985

IHF EVENTS

1981

DATE	EVENT	PLACE
<u>1985</u>		
20 - 25 January	The role of hospitals in primary health care	Delhi, INDIA
10 - 14 February	ARABHEALTH Conference and Exhibition	Dubai, UAE
21 - 25 May	*International symposium on quality assurance	Florida, USA
26 - 31 May	24th International Hospital Congress	San Juan, PUERTO RICO
2 - 8 June	Special Study Visit - Hospital and community care	COSTA RICA
10 July - 18 September	25th Annual Course for senior hospital and health service managers from overseas	London and Birmingham, ENGLAND
29 September - 4 October	*9th Workshop on health care planning in urban areas	Bordeaux, FRANCE
17 - 29 November	Special Study Visit - Hospital community care	ISRAEL
<u>1986</u>		
Date to be fixed	Special study Visit - Integrated hospital and primary health care	CUBA
Date to be fixed	IHF Regional Conference	Buenos Aires, ARGENTINA
2 - 13 June	Special Study Visit - Fire safety in hospitals and nursing homes	St Louis, USA Toronto, Canada
15 - 27 June	19th IHF Study Tour	CANADA
July - September	26th Annual Course for senior hospital and health service managers from overseas	London and Birmingham, ENGLAND
17 - 27 August	Special Study Visit - Primary health and social care	Oslo and Bergen, NORWAY
22 - 26 September	IHF Regional Conference	Taipei, TAIWAN
October	Health care in the People's Republic of China	CHINA

1987

31 May - 5 June	25th International Hospital Congress	Helsinki, Finland
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* Small meetings, by invitation

For further information about any of these events, please apply to IHF,
126 Albert Street, London NW1 7NX, England

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

1984 has been the year in which CEH's sustained work since 1969 to influence the quality of environments for handicapped people has received its most powerful impetus. The establishment of the Access Committee for England, which held its first meeting at the Centre, attended by the Minister for the Disabled, Mr Tony Newton MP, on 26 March, represents a unique opportunity to coordinate and promote at national level the growing range of initiatives designed to secure the integration of disabled people in all aspects of the life of society.

CEH is privileged to be providing the administrative base for the Committee, and deeply grateful to the King's Fund Centre for its commitment and support of this important new task.

Seminars

CEH itself continues to grow in terms of its workloads, demand for its information and advisory services, new publications, projects and expanding seminar programme.

Eleven seminars were held in 1984, 10 of them at the Centre. The topics were:

- Gardens and Grounds in Old People's Homes; 23 February
- House Adaptations for Paraplegics and Tetraplegics leaving Spinal Units and Hospitals; 22 March
- Stairlifts and Home Lifts for Disabled People; 29 March
- The Use of Improvement Grants in House Adaptations; 11 April
- Stairlifts and Home Lifts for Disabled People; 22 June
- Health Authority Joint Finance for Housing Associations; 6 July
- The Philosophy and Politics of Independent Living; 16 July
- Horticulture and the Countryside for Handicapped People; 5 and 6 September, York
- Adapting Kitchens for Disabled People; 6 November
- Health Authority Joint Finance for Housing Associations; 20 November
- Designing Bathrooms for Disabled People; 7 December

The value of CEH seminars for training purposes is demonstrated by the levels of over-subscription, which necessitate repeats of the most successful events. An innovation this year have been the mini-exhibitions of aids and equipment to accompany seminars on aspects of house adaptation for disabled people. The involvement of manufacturers in these events has been beneficial and we are fortunate that the Centre's exhibition facilities have enabled us to develop this format.

Computerisation has assisted the growth of the seminar programme with existing staff resources, and seminar administration will be further aided by the introduction of bespoke software in 1985.

Publications

A number of new publications projects came to fruition in 1984, notably 'Webs and Mazes: Approaches to Care in the Community', a handbook on the collaborative development of community care services by Christopher Heginbotham; the 'Access Fact Sheet', a poster format guide to access facilities in public buildings; and 'Access Action', the first issue of the quarterly newsletter of the Access Committee for England.

A major project, undertaken by CEH with the Committee of Inquiry into the Arts and Disabled People, and with additional funding by the Office of Arts and Libraries, will result in the publication in April 1985 of 'Arts for Everyone', guidance for arts administrators on improving facilities and services at arts venues to promote greater participation by handicapped people. The Access Committee will launch in March 'Access for Disabled People: Design Guidance Notes for Developers', to be distributed free of charge to developers and their architects by planning authorities throughout England.

Information and Advisory Services

Thought has been given in the year to a new service to be launched in January 1985, the CEH Architectural Advisory Service. It will be based on a regionally based register of architects, surveyors and occupational therapists with experience of the environmental needs of handicapped and elderly people. The scheme has the blessing of the Royal Institute of British Architects and will enable us to locate for the many enquirers in search of design advice a local practitioner with relevant expertise.

The joint CEH and King's Fund Centre Register of Housing and Care Support Schemes is now in the process of being classified, catalogued and made available in a readily accessed and permanent form to users. This valuable material will be promoted in 1985 through study days and journal articles.

Staff

Four new members of staff joined us in 1984: Alice Gamlen as Seminar Officer, Andrew Lacy as Information Officer, and John Dobinson and Lisa Jacobs, Access Director and Secretary respectively to the Access Committee for England.

While we persevere in making individual services self-financing or profitable where appropriate, we should not be viable as a voluntary organisation without the financial support of the DHSS, Spastics Society, King's Fund Centre and the grant-making bodies who provide funds for special projects. To the King's Fund Centre and all its staff we are also indebted for the less tangible but no less important contributions of encouragement, friendship and a sense of common purpose. Our deepest thanks to all concerned.

Sarah Langton-Lockton
January 1985

SECTION 3

ADMINISTRATIVE SECTION



KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee during 1985:-

Professor Ian McColl MS FRCS (Chairman)

Professor Rosemary Crow MA PhD SRN

Colin Godber MPhil FRCP FRCPsych

Ms Shirley Goodwin BSc SRN

Professor J C Hayward BSc PhD SRN

Mr J Clive Minty IPFA

Miss M O'Hare MSc

Dr G C Rivett MA MRCP DObst RCOG

Miss J M Wheeler BA SRN SCM RNT

January 1985

THE LONDON PROJECT EXECUTIVE COMMITTEE

The following are the members of the London Project Executive Committee during 1985:-

Professor Brian Abel Smith MA PhD (Chairman)

Miss Joan Clague SRN SCM

Miss Denise Dennehy

Ms Christine Farrell BA

Edward Glucksman MD MRCP

Christopher Heginbotham

Professor Brian Jarman MRCP MRCGP

David L Kenny LLB AHA

Ms Celia Pyke-Lees

Peter Westland

W G Cannon

R J Maxwell

January 1985

ASSESSMENT OF QUALITY IN CARE

Steering Committee

The following are the members of the Steering Committee during 1985:

Dr R Himsworth MD FRCP (Chairman)

Miss H O Allen BA SRN SCM RNT

Miss A I Bromley MBE MCSP

Mr W G Cannon MA AHA (Secretary)

Miss Jennifer Hunt SRN BA(Hons) MPhil FRCN

Professor Ian McColl MS FRCS

Dr T W Meade DM FRCP

Dr C D Shaw MB BS MFCM LHA (Coordinator of Project)

Ms Barbara Stocking BA MSc

January 1985

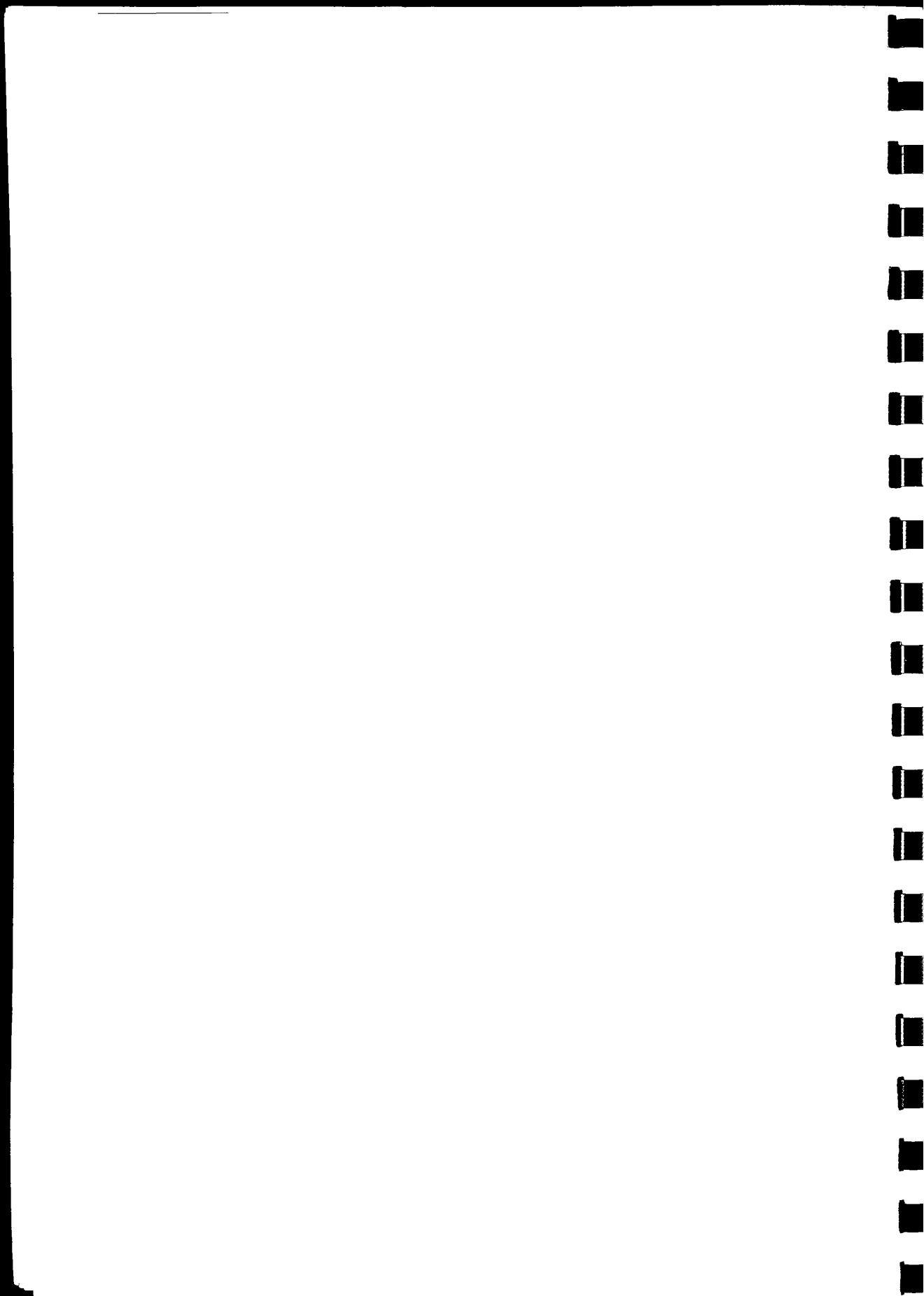
STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 December 1984:

Mr W G Cannon MA FHA	Director
Miss H O Allen BA SRN SCM RNT	Associate Director
Mr K Morton BA FHA AMR	Associate Director
Dr D H Bennett MD FRCPsych	Consultant
Mrs M E Aston	Conference Secretary
Miss D Bailey	Printroom Operator
Mr C Belz	Printroom Assistant
Mrs M Byrne	Waitress (part-time)
Miss S Cassell	Library Assistant
Mr R Carter	Administrative Assistant (publications)
Mrs M Chekri BA ALA	Assistant Librarian
Mr D Coles	Head Chef
Mrs S Cook BA ALA	Librarian
Miss C Davies SRN	Project Officer
Mr A Dobbie	Catering Assistant
Miss C Drury	Assistant Cook
Miss M Eldridge	Senior Secretary LTC
Mrs A Gifford	Waitress (part-time)
Ms P Gordon	Project Officer (part time)
Miss S Hawkins BA DipLib	Senior Assistant Librarian
Mrs S Hodge	Mr Cannon's Secretary
Miss P M Hope	Clerk/Typist
Ms J Hughes MSc	Project Officer
Miss C Jacklin BA DipLib	Library Assistant
Miss A Johnston	Secretary, Long Term Care Team
Miss G Kavanagh	Library Clerk
Mrs M Kornitzer	Secretary, Long Term Care Team
Mr H W Lord	Cashier/Accounts Clerk
Mr T McAusland	Project Officer
Mrs C McElligott	Secretary, London Project
Mr L McElligott	Handyman
Mr R McElligott	Caretaker (part-time)
Mrs M McEwan	Library Assistant (part time)
Mr C Mills	Porter/Messenger
Ms M T O'Donoghue	Receptionist
Miss S Pallot SRN ALA	Assistant Librarian
Mrs I S Reeves	Wordprocessor Supervisor
Mrs J Rush SRN DipSoc	Project Officer
Dr C D Shaw MB BS MFCM LHA	Project Coordinator-Quality Assurance (p/t)
Mrs R Stenborg SRN OHNC	Occupational Health Adviser (part-time)
Miss P A Tawn	Miss Allen's Secretary
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 ALA	Assistant Librarian
Mr J L Webster	Assistant House Engineer
Mr T Wheeler	Media Resources Officer
Miss A F Whittaker	Project Assistant
Miss L N Wood	Catering Manager

OTHER ORGANISATIONS

International Hospital Federation	9 staff
Centre on Environment for the Handicapped	5 staff
King's Fund Publications Department	2 staff
Access Committee for England	2 staff



CONFERENCES, MEETINGS AND VISITS - JANUARY/DECEMBER 1984

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 1984, and about the groups of visitors who come to the Centre during this period.

	No of groups	No of people
1977	481	13,075
1978	505	14,540
1979	498	13,544
1980	649	15,381
1981	562	14,064
1982	514	13,002
1983	563	14,028
1984	630	16,327
	4,561	117,780

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

	1981	1982	1983	1984
Conferences and meetings organised by the Centre	228	210	267	289
Working parties, committees and projects with which the Centre is directly concerned	40	31	19	28
Groups of nurses, other staff and students visiting the Centre on study days	39	26	26	32
Groups of overseas visitors	15	8	8	8
International Hospital Federation overseas course on 1-day sessions at the Centre	25	33	35	18
Other organisations using the facilities of the Centre for their own purposes	215	206	208	255
	562	514	563	630



CENTRE USERS 1981



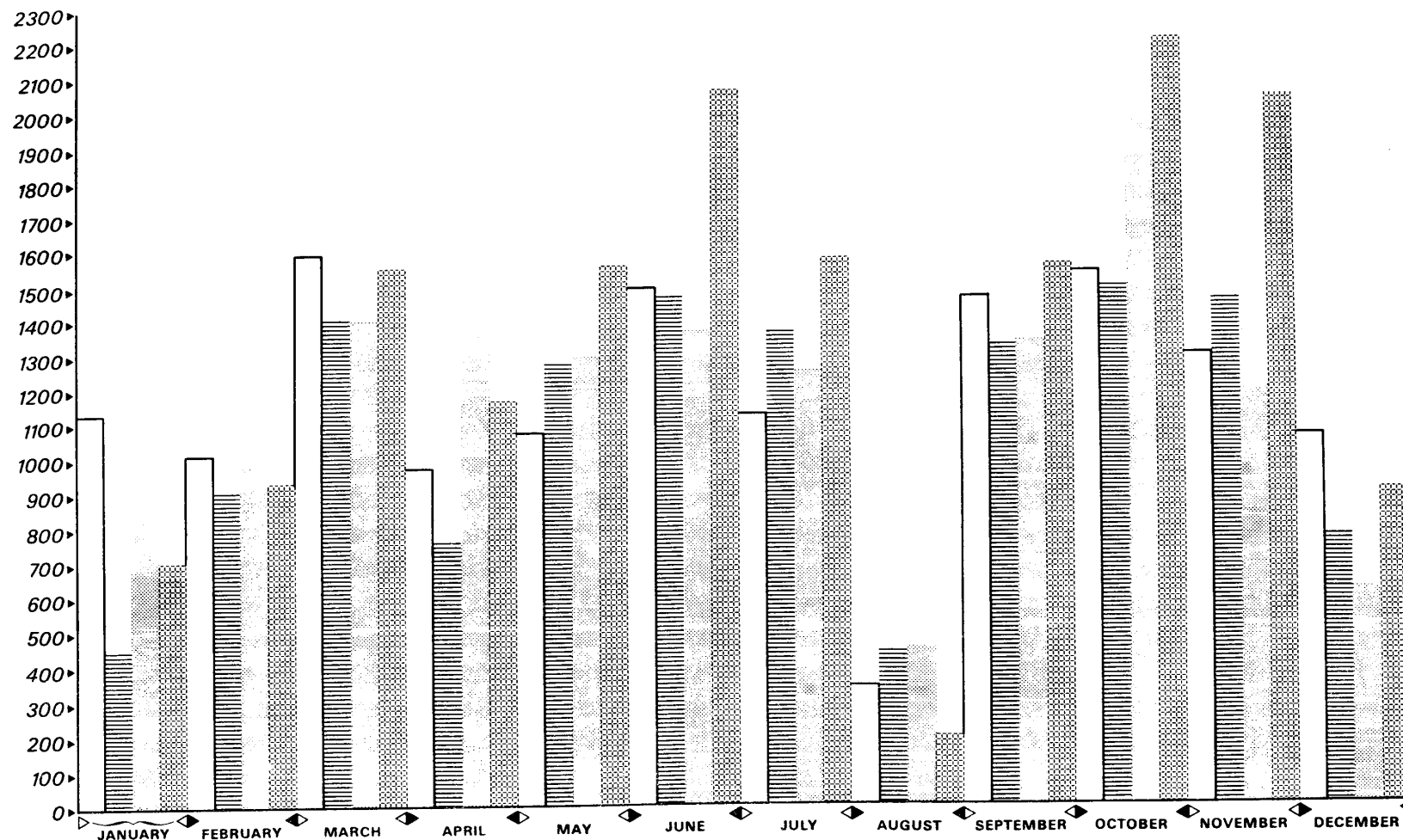
1982



1983



1984



The chart on the opposite page shows over four years the numbers of Centre users in graphic form. We continue to try to minimise the dips for August and December and we hope that the next Review will show an increase for these months. The overall figures for this year are, however, very encouraging and we are delighted that for the first time we were able to receive over 2000 visitors for the months of June, October and November. The Centre's activities for a typical month are shown below:

CENTRE ACTIVITIES FOR A TYPICAL MONTH

Date	Time	Organisation	Number
1	12.30	Preview of video tapes on Counselling-Listening and Responding	17
	2.00	Volunteer Centre	8
	3.00	Greater London Association of CHCs	9
2	10.00	Planning meeting - Community Developments in Health Conference - 17 June	6
	11.30	Training for Interdisciplinary Teamwork	6
	4.30	Participation Meeting	6
3	10.30	NHS Management Librarians Group	12
4	10.00	Emotional Support for Health Visitors Seminar	30
8	10.00	Philosophy & Curriculum Building	35
	10.30	Access Committee for England	32
9	9.30	Philosophy & Curriculum Building	35
	10.00	Planning & Monitoring Community Health Centres	104
10	10.00	Planning Spaces	72
	10.15	Centre Activities	15
11	10.00	Association to Combat Huntington's Chorea	27
	10.00	APMH - Creative Roles for Hospital Staff	14
	10.30	Ward Sister Studies Peer Group	11
	11.30	Community Development Conference - 13 June - Meeting with Project Workers	30
12	10.00	Hysterectomy Support Group	15
	1.30	'REACH' - The Association for Children with Artificial Arms	10
14	9.45	Child Accident Prevention Trust	93
	12.00	Meeting of Unit Administrators for Community Health Services	12
15	10.00	London Borough of Camden - Dept of Social Services	75
16	10.00	Counselling Skills & Studies 1984	47
	10.00	APMH Executive Meeting	14
	2.30	Participation Meeting	13
17	9.30	Counselling Skills & Studies 1984	47
	10.00	Respite Care Meeting	8
	10.30	Centre Activities	15
18	9.30	Counselling Skills & Studies 1984	47
	10.00	Services to Elderly Mentally Confused People Working Party	10
19	9.30	Mental Health Training Group	20
	10.00	Institute of Home Help Organisers	12
21	10.00	Collaboration between FPCs and DHAs	104
	10.30	Long Term Care Team	8
22	9.30	Neonatal Units - Access & Facilities for Parents (A NAWCH Conference)	104
	9.30	Option Appraisal Workshop	25
	11.00	The Institute of Health Service Administrators	6

Date	Time	Organisation	Number
23	9.30	King Edward's Hospital Fund for London	104
	2.00	Community Mental Health Services	12
24	9.00	Travenol Laboratories Ltd	31
	10.00	Planning Mental Handicap Services	5
	10.30	Department of Health & Social Security	92
25	9.00	Travenol Laboratories Ltd	31
	10.00	The UKCC - Historical Insights into Today's Decisions	36
	1.00	PASS Meeting	10
29	10.30	Centre Activities	15
30	9.30	Abbott Laboratories Ltd	20
	10.00	Independent Development Council	12
	10.00	Community Experience in Basic Nurse Education	25
	11.00	Association of Regional Works Officers	9

(50 groups - 1556 people)

A few of the topics discussed at conferences and meetings organised by the Centre during 1984:

Caring for health - health issues for one-parent families
Children in hospital - day of operation
Collaboration between family practitioner committees and district health authorities
Community experience in basic nurse education
Death of a baby - a forum for midwives
Improving health care for travellers
NHS district information services
Patients money in psychiatric hospitals
Philosophy & Curriculum Building
Planning and monitoring community health centres
Planning spaces
Planning for people in the community - staff training for an ordinary life
Stress in nursing
Study day on performance review
WHO targets for the year 2000 in Primary Health Care

Overseas visitors from Holland, Japan, New Zealand, Scandinavia, South Africa and USA took part in discussions at the Centre on health care services, both here and in their own country. The 1984 course for hospital administrators from overseas (28 members from 17 countries) attended 36 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:

Access Committee for England
European Association of Programmes in Health Services Studies
Greater London Association of Community Health Councils
Headway - National Head Injuries Association
Institute of Home Help Organisers
Institute of Management Services - Health Services Specialist Group
Lennon Computer Systems Ltd
London Hospital Medical College
NHS Computer Policy Committee
National Association of Hospital Head Porters
National Bureau for Handicapped Students
National Staff Committee for Administrative & Clerical Staff
The Royal Association for Disability & Rehabilitation
The Royal College of Psychiatrists
The Royal Society of Medicine
Training in Health & Race
Travenol Laboratories Ltd
Volunteer Centre

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 1984.

Expenditure	£	£ (1983)
Salaries	468,000	447,450
Lecture Fees	14,000	12,650
Wages-household	49,500	44,150
Rents, rates and insurance	178,000	144,950
Heating and lighting	34,000	32,950
Household supplies, repairs and renewals	46,000	44,050
Travel, subsistence and miscellaneous	19,500	16,250
Office and tutorial supplies	13,000	13,400
Telephone and postage	26,000	23,050
Publicity	4,500	3,300
Office furniture	32,000	28,580
Periodicals, books etc.	11,500	10,100
Audio visual/display equipment etc.	6,000	13,150
Catering	32,000	31,170
Publications	15,000	12,400
	<hr/> 949,000	<hr/> 877,650
Less receipts		
Sale of books and publications	12,500	12,650
Conference fees etc.	95,000	89,300
Rents etc.	1,150	700
Contributions - DHSS	325,000	300,000
RHA	95,625	89,025
	<hr/> 529,275	<hr/> 491,675
	<hr/> 419,725	<hr/> 385,975

King's Fund



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