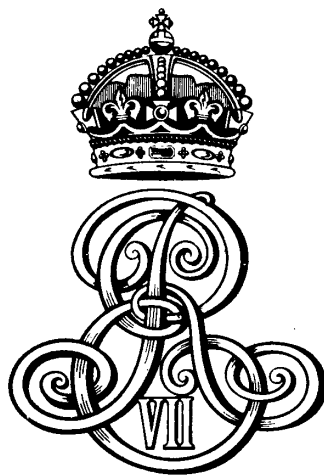


KING EDWARD'S HOSPITAL FUND FOR LONDON

KING'S FUND CENTRE REVIEW



1982

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KING'S FUND CENTRE

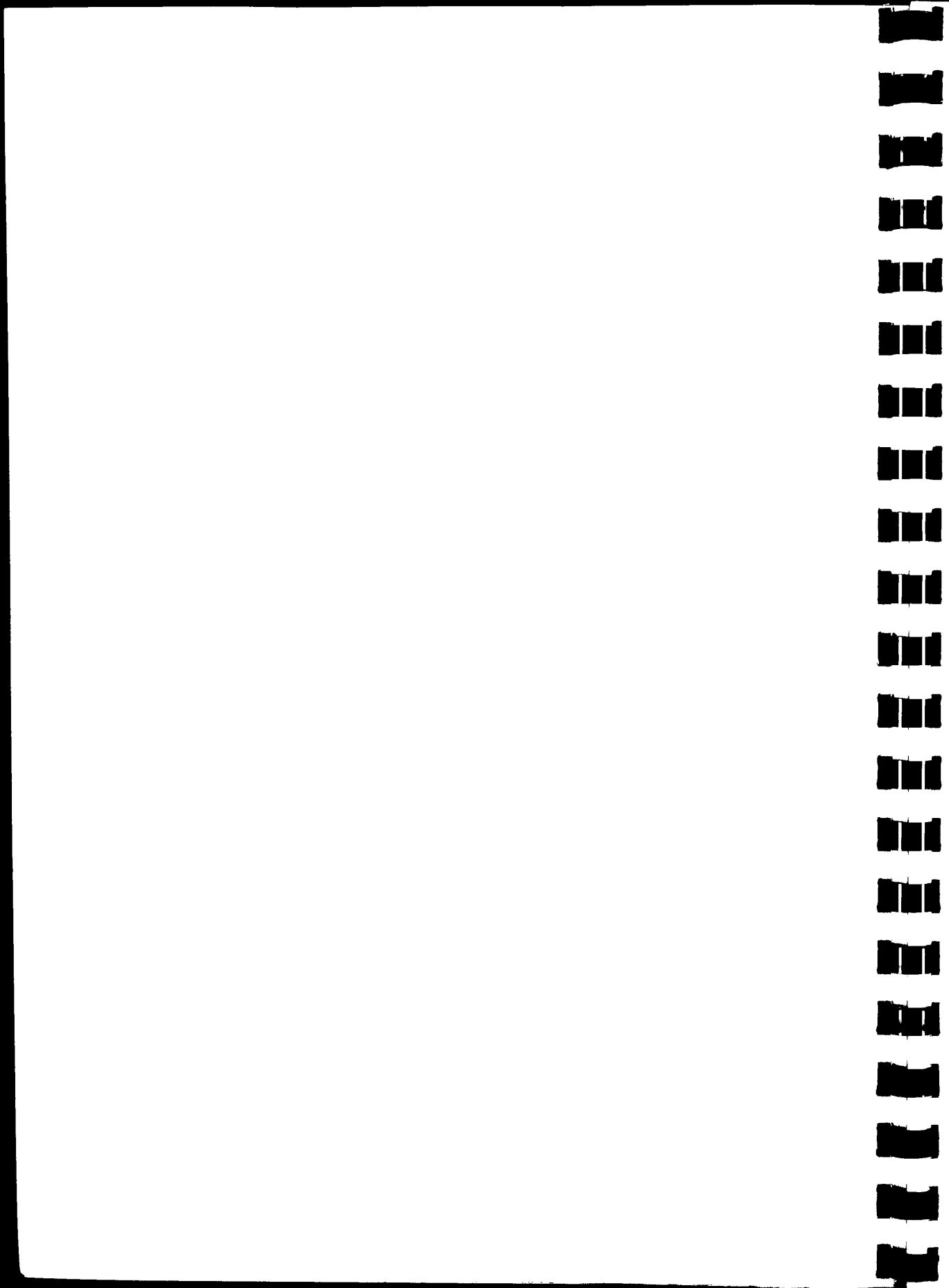
REVIEW

1982

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INTRODUCTION

It is now a little over ten years since my predecessor, Miles Hardie, produced the first of the Annual Centre Reviews. During the intervening years the form of this review has changed considerably; many of the activities of staff have altered in response to perceived needs, whilst the overall philosophy of the Centre has changed hardly at all. As with any organisation, it seems right therefore to review our objectives, and indeed such an examination complements similar debates now going on elsewhere in the Fund. I foresee that throughout 1983 we shall be continuing this process; experience suggests that whilst it is comparatively easy to discuss strategies and plans in a generally stimulating way, it is much harder to translate them into practical and beneficial developments. The starting point in my view is that the central activity of the Centre - to help accelerate the introduction of good ideas and practices - should mainly be directed at those who need care, or at those who provide it and are in close contact with patient or client.

The Centre, by which I mean the people as well as the buildings, has several definable strengths. It is unnecessary to dwell on the benefits of the purpose designed building which serves us well: the need for space within it is always greater than the rooms available. The Fund's neutrality has also been referred to previously and is enhanced by the flexibility with which we can operate. Conferences may be largely audience-participation events (probably the majority) but more specifically didactic sessions on particular topics are also held. The expertise of the staff is used in two ways - either in relation to special knowledge in a given field and also by contacts with authorities outside the Fund.

These "strengths" must be viewed in relation to the challenges which are being faced and which in more detail are described in the sections which follow. There is the continuing need to balance the use of the Centre by outside organisations with our own use. We debate at length the wisdom of our working reactively-responding and hopefully augmenting the initiatives of others: or pro-actively going out and taking the initiative ourselves in sponsoring improved care. In reality we do both and in doing so lay ourselves open to the charge that we take on too wide a spread of activities in too many and too diverse fields.

First and foremost we are a conference centre and the range of subjects covered and of the professionals (and others) who congregate here can be seen from the appendices. During 1982 we have produced a new brochure describing our conference resources (and our charges) primarily for the benefit of outside organisations. Included in this document are details of the audio-visual equipment which is now available for use by staff and for hire to outside organisations running events here. The variety, and complexity, of the equipment has been further extended and a significant number of teaching aids are now available.

The involvement of Centre staff in the assessment of applications for project grants, which has happened on an increasing scale in the last two or three years, has had several consequences. Experience has been gained in the methodology of research and increasing interest generated in the difficult task

of evaluating the results of work done. The ward sister training project is an example of an initiative which has had this component built in from the start and as with several of the projects within the London Programme has made full use of the Centre. The subjects covered by the Long Term Care Team frequently relate to quality of life - of the elderly or of the handicapped. Measurement of results is frequently difficult and often not possible in a strictly scientific sense. But it is in just these areas where the greatest needs lie, that I believe we must concentrate on ways to improve by greater understanding. And if we are to succeed we must find a way to demonstrate that not only has change been brought about, but that that change amounts to improvement.

The London Programme was described in last year's Review and a report on the expansion of its several features during 1982 appears later in this Review. The Programme in one way provides a model of one of the ways in which the Fund discharges its trust. A general commitment, but expressed in financial terms, has been accepted to allow a range of activities - publications, projects, workshops and so on - all in a given area and thus related to each other, and all within a given time span.

Closely related to activities which affect the quality of life of those receiving care in one form or another is the Centre's interest in what is loosely called "communications". Again a reference was made in last year's Review and in June 1983 a conference has been arranged jointly with the DHSS with the title "Talking with Patients". I hope that we shall be exploring other initiatives and looking at traditional as well as less conventional ideas for providing better care.

The small grants made on the authority of the Chairman of the Centre Committee have again proved their worth. Forty grants were made during the year and in October the Management Committee increased its allocation to the Centre Committee to £8,000 for the year. The following extract of subjects for which grants have been made, none exceeding £500, is selected at random. By no means all of those applying receive grants but the value of any award seems to be enhanced by the fact that it is often possible to respond within a week or two of the request being made. Examples of such grants are:

International congress of emergency surgery. Help to finance a session on medical records in emergency departments.

A-Z of Health. Towards the cost of a publication for Lewisham pensioners guiding them to their local services.

Psychiatric Day Hospital, Hackney. Video film to inform staff about work of unit.

Register of speech clubs in the UK. Grant towards publication in a neglected field.

Bedside manners. Grant for entertainment of elderly patients in hospital.

Nursing law and ethics. To enable a nurse/barrister to attend conference overseas and to produce a paper for us.

North Southwark Bereavement Care Association. Grant to assist in the training of counsellors.

Sixteen publications (other than King's Fund books) were produced or reprinted from the Centre during 1982; nine of these were project papers. As with the small grants, the titles reflect a fairly wide range of interests although it is interesting that there is a considerable emphasis upon patients and the problems they encounter when they receive care. For instance, "An Ordinary Life" - a reprint which is about locally based residential services for mentally handicapped people; "Just Like a Friend" - which describes an experiment in befriending discharged psychiatric patients; and "People First" - the title of which carries its own message. Other more specialised topics are covered by publications on "Women Doctors" and "Converting Data into Information". The project paper no. 36 on "Ward Sister Preparation", and no. 35 on "Management Development for Chief Officers in the NHS" describe two of the most important initiatives which the Fund has been engaged upon during the last few years.

It is worth recording that the increased number of these publications, and more importantly the increased revenue which has resulted from the sales is a reflection of the close cooperation which exists between the Fund's Publications Department, under Victor Morrison, - housed in the Centre - and the Centre staff who are mainly responsible for the production of these publications.

The presentation of this Annual Review follows closely the general lines of the last two years, and the first four sections describe in detail the plans associated with the main interest areas at the Centre. The discussion of our changing role which, as I have said, is part of a general reappraisal which is going on throughout the Fund, will continue into 1983, and I predict that much of our focus is likely to be upon activities which can be seen to be directed towards the benefit of patients and clients.

It is as always a pleasure to be able to record my own indebtedness to my many colleagues at the Centre. Any progress that is achieved is dependent upon the flow of stimulating ideas and solid support which I have come to depend on so much.

W G Cannon
Director

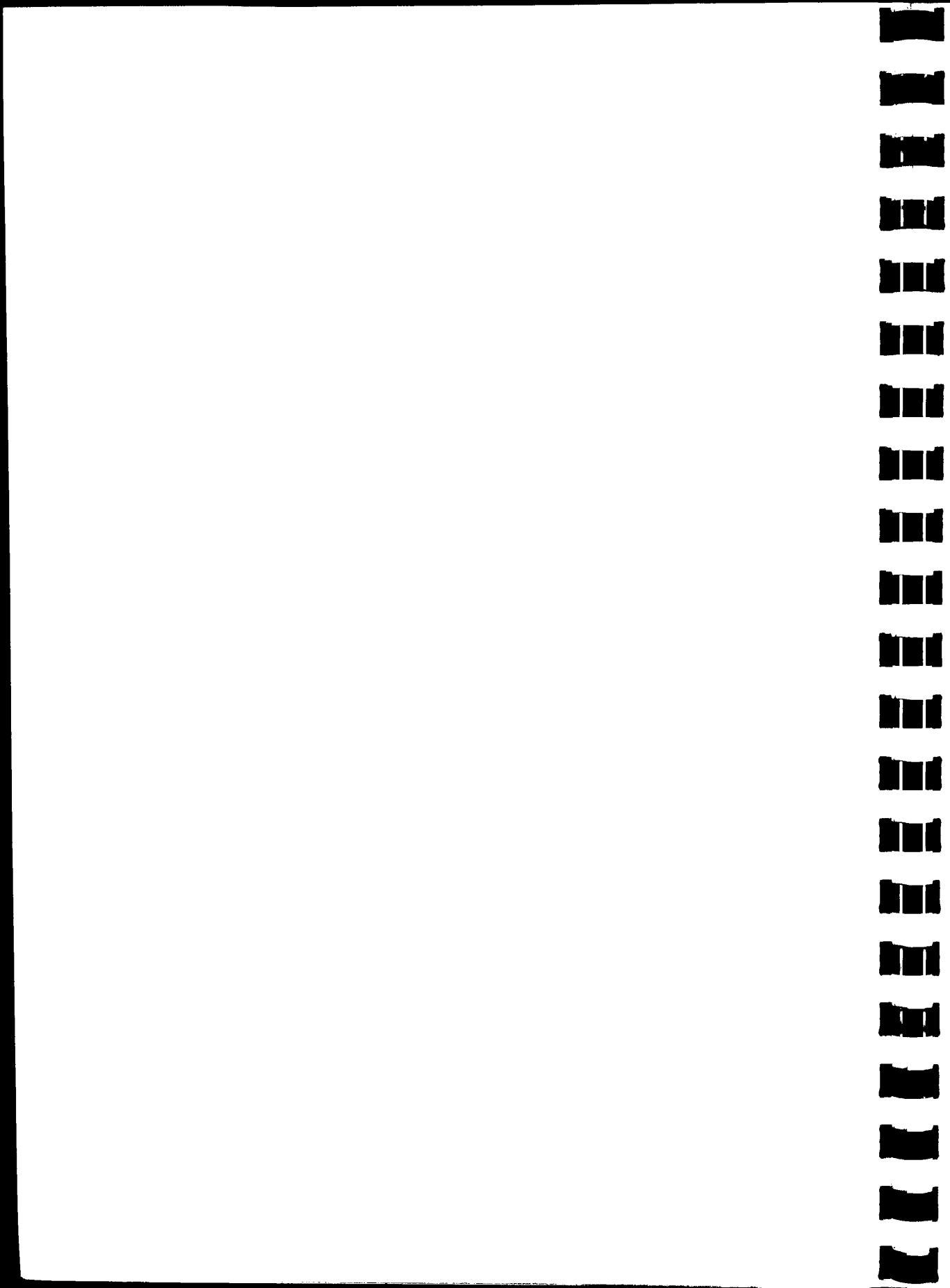
January 1983



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SECTION 1

THE KING'S FUND CENTRE



LIBRARY AND INFORMATION SERVICES

The end of 1982 found the library well stocked, expertly staffed, and busy. With no diminution of the upward trends reported in recent years, the workload increased markedly. It is encouraging and satisfying for the staff to see the library being well used, but there were times when they were working under considerable pressure and, because priority is always given to dealing with enquiries, some unwelcome backlogs built up in the routine work. With these early warning signs of growth problems ahead, this seems a good time to take a closer look at some aspects of the library's organisation and to consider the effects of further growth.

The collections

It is difficult to predict fluctuations in the availability of books and other printed matter, as so much depends upon what is happening in the world. We are often told that books will be replaced by electronic publishing and that visual display units will displace library shelves, but there can be little doubt that the written or printed word is still the most convenient medium for transferring intelligence and that, if anything, the volume of conventional publishing is increasing. Health and social services are 'fashionable' subjects at present and seem certain to remain so for many years, and it is safe to assume that the publishing rate for these subjects is more likely to go up than down. The library cannot acquire everything published or issued on the subjects that interest its users, and it is neither necessary nor desirable to try to do so; the aim is to maintain a balanced collection, and input is controlled by prudent selection and budget considerations.

Selecting, acquiring and processing material for the collections are labour intensive activities which involve every member of the staff at some stage. This is an area of library organisation in which word processing or other forms of technology might be used to reduce human effort, and we shall be looking into the possibilities.

The biggest growth problem with library collections is housing them. Every librarian wages a constant battle to make optimum use of shelf space. Redundant material is identified and discarded to make way for new stock, but, because the rate of publishing is always greater than the rate of obsolescence, the shelves inexorably become overcrowded. Towards the end of 1981, the library's book stock began to outgrow the shelving so, early in 1982, the shelving was extended by 25%, giving sufficient capacity to cope with a further five years' stock development. There is also space in the library to add another 20% to the shelving without seriously disrupting the library's other activities and without taking away too much from the aesthetic values of the accommodation.

The additions just described were envisaged when the library at Camden Town was planned, space was allowed and the book cases were chosen with a view to uncomplicated extension. But the collections have grown more quickly than

was estimated in 1975, and thought must now be given to expansion in the longer term. Ultimately, more rigorous disposal policies will have to be adopted and, if necessary, some older but still valuable material will have to be converted to microform or machine storage, depending on what technology becomes available in the next few years. In the meantime there are planning options which will enable the library to continue growing without fundamental changes in philosophy or methodology.

For example, it is feasible to extend some of the collections into the library document store in the basement. At present, back runs of journals, project records, and some archival material are stored there, and records and stationery belonging to other organisations. When, in about ten years time, the library shelving has been finally extended, the document store could be upgraded to provide a library annexe with accommodation for material and readers.

These phased rearrangements of the library and the document store should safeguard the collections for the next 20 years or so without structural changes to the building. During that time, of course, innovations in information storage and dissemination might lead to a fundamental reorganisation of the collections.

The user-body

The library exists to give service to users, and its effectiveness can be judged by growth of and other changes in the user-body. People coming into the library constitute only part of the user-body - many more use the services by telephone and letter - but those who do have the advantage of being able to use all the collections and, when necessary, they can seek guidance from the librarians. This aspect of usage, by personal call, has attracted more and more people recently, and it is not unusual to have 30 or 40 callers in the course of a day, including Saturdays.

An interesting change in the user-body is that many people now come to the Centre specifically to use the library. In the early years of the library's existence, most users were people who knew the Fund and the Centre, having attended courses and conferences or having been involved in projects or working parties; to them the library was a subsidiary function of the Centre. There is now a growing number who see the library as a primary function, and who have discovered the Centre and the Fund through the library. Such users are directed here by colleagues who have themselves made satisfactory use of the library, or by course tutors, or by librarians in other organisations; some of them have come across the library through entries in directories or mentions in books and articles, some of them have attended talks given by the Librarian and other staff. Several colleges where health services management and related subjects are taught send courses to learn about the library, and members of these courses often become regular and heavy users.

Enquiries are being dealt with at the rate of more than 12,000 a year and indications are that the user-body is still growing. At present there are enough tables and carrells in the library to accommodate personal callers, and there are also a few extra places in the document store for readers who require the older material stored there. If the need ever arises to accommodate more visitors than the number of places now available, consideration could be given to providing some tables in the exhibition area just outside the library.

Staffing

The potential problems of growth in stock and users can be solved without a great deal of trouble and without seeking much in the way of extra resources, but the potential problems of staffing are not so easy to solve. Whilst the workload has increased considerably during the past four years, the staff complement has remained constant. Hard work, knowledge, experience and good management have kept the service going, and willingness and determination have helped to 'paper over the cracks' when the going has been really tough due to staff absences caused by leave and sickness.

If enquiries continue to increase during 1983, it is predictable that the routine work of the library will fall further behind. If this happens, it will be necessary at some stage to review the library establishment. Staff changes are already taking place, early in the year, and it will be difficult to evaluate the situation until there has been a settled period.

Conclusion

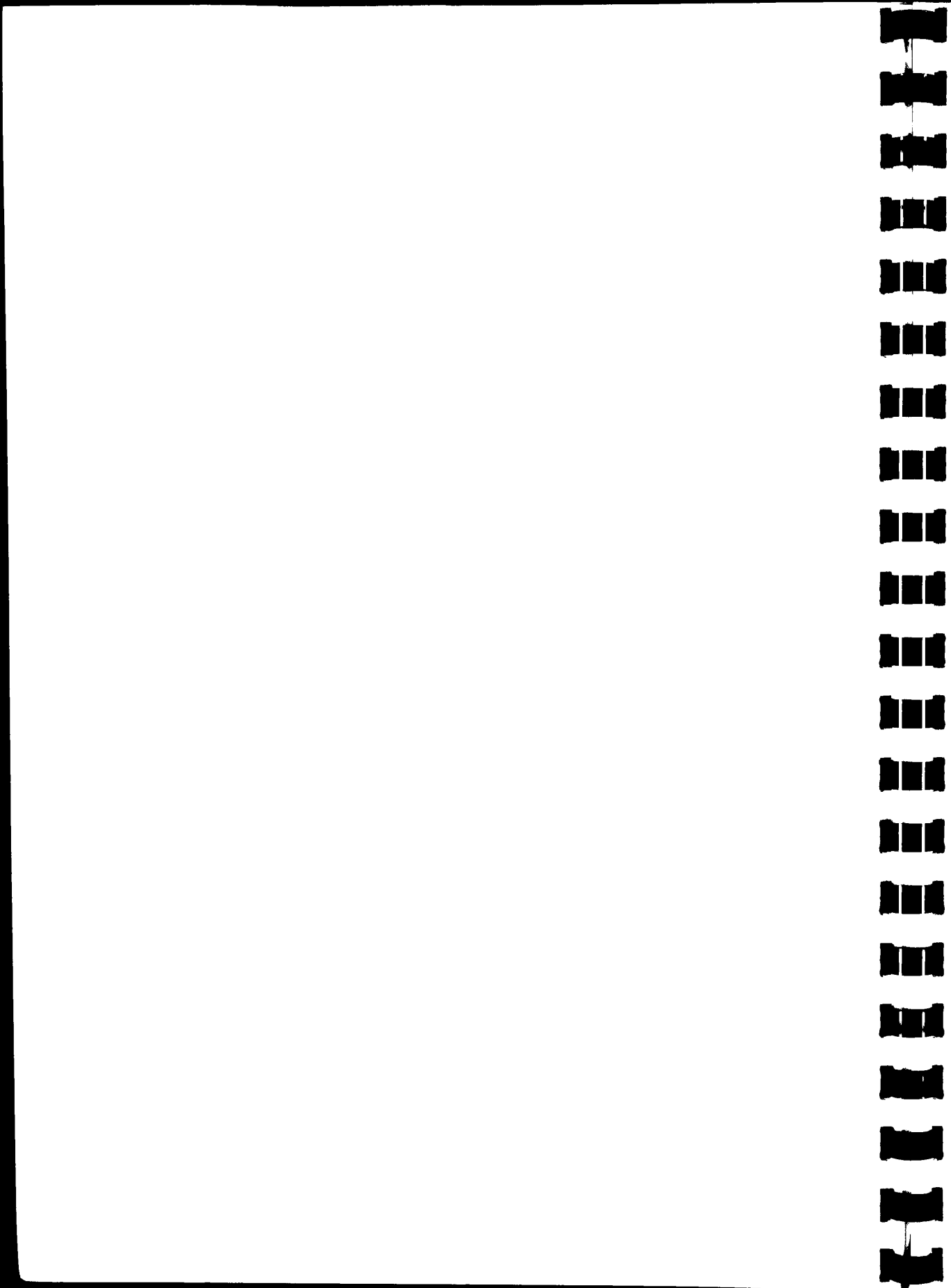
1982 was a good year for the library; the collections were strengthened and rehoused to take advantage of the extra shelving, the staff worked well together as a team to overcome difficulties caused by the heavy workload, and many users expressed satisfaction with the service. 1983 is likely to be difficult, with known staff changes early in the year and the likelihood of an even heavier workload. No innovations are planned, but ways will be sought to lighten the load of routine work in the interests of maintaining the high level of service to users.

* * * * *

VALEDICTORY

By the time this review appears, Mrs Jennifer White will have left the Centre after working here, most of the time as Librarian, for 11 years. Her knowledge, experience and enthusiasm have been predominant in bringing the library to the respected position it now occupies, and she will be long remembered by staff and by many users for her ability and her charming personality.

Keith Morton
January 1983



LONG TERM AND COMMUNITY CARE

The Centre's programme of work on long term and community care aims to encourage the development of services which better meet the needs of people with mental handicap, physical disability, psychiatric problems or experiencing the frailties associated with old age. Members of the Team engaged on this programme are David Towell, Win Arnett-Rayson (until May 1982), Tom McAusland (from September 1982), Joan Rush, Diana Twitchin, Andrea Whittaker, Maureen Eldridge, Marian Elsdon and Melanie Kornitzer. We have tried here to provide a succinct account of the Team's work in relation to each 'client group' during 1982 and to identify key themes in the programme as a whole. Encouraged by the helpful comments we received on last year's review and the wider debate currently underway in the Fund about future strategy, we have given particular weight to formulating proposals for the Team's programme in 1983 and identifying ways of strengthening the Fund's work in this area.

The environment for action

Broad economic and social trends over the past year have further sharpened the dilemmas confronting providers and users of public services. On the one hand, resources available to the 'priority care groups' are not keeping pace with growing needs arising from demographic changes, still less with progressive demands for improvements in the quality of services. On the other hand (and partly as a response to these trends), there has been a renewed emphasis (for example, at national and regional level) on policies designed to secure 'care in the community'. At the same time, the precise implications of such policies, not least in relation to the contribution to be expected from informal carers and the design of appropriate support services, remain controversial.

The Team's own experience continues to suggest that maintaining and improving services on the ground depends not only on the skill and commitment of the wide range of people (managers, providers, voluntary groups, consumer bodies) involved, but also on devising service development strategies which address the often complex variety of factors ultimately affecting what happens at the point where staff and clients meet. In a paper⁽¹⁾ prepared for a DHSS Research Liaison Group Seminar, one of us argued that (in the case of mental handicap services) these factors include:

- (i) Agency policies for the development of services and the philosophy and values on which these are based.
- (ii) The political backing for these policies and the expression of this backing in the resources made available.
- (iii) The nature of leadership for services within local agencies and the extent to which such leadership produces clear goals for service provision.
- (iv) The 'vertical' organisation of service agencies with particular reference to the links established between policy-making and implementation.

- (v) The collaboration arrangements among different local agencies and professions, and the extent to which these promote integration rather than fragmentation in service delivery.
- (vi) The management and monitoring systems through which service objectives, client needs and resources are related and good practices maintained.
- (vii) The implicit culture of the organisation (expressed in shared attitudes and recurrent group dynamics) with particular reference to the distribution of responsibility, initiative and awareness among staff.
- (viii) The related sense of openness and responsiveness in the relationship between the organisation and informal contributions to services.
- (ix) The ecology of provision (for example, the size, design and community integration of residential services) with its implications for staff behaviour and client learning opportunities.
- (x) The staffing and training arrangements through which the human resources of the service are recruited, developed and deployed.

In pursuing its 'development agency' role in relation to services for each of the four client groups, the Team aims therefore to deploy the personal and material resources of the Fund in a similarly multi-faceted range of activities. To illustrate our approach, Tables I, II, III and IV list some of the main elements in the Team's work during 1982. For each client group the Tables identify:

- key issues and problems involved in the provision of services, which constitute themes for much of the Team's programme;
- analytic and developmental work undertaken to clarify policies, identify innovations and produce educational materials;
- topics for conferences and workshops at the Centre;
- assistance given in the field to local groups engaged in promoting improvements in services;
- related research and service development projects financed by the Fund's main committees;
- other promotional organisations with which the Team collaborates;
- recent Fund publications.

TABLE I

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SERVICES FOR PEOPLE WITH MENTAL HANDICAP

Key Themes	Policies, planning and implementation of community-based services.	Residential and short-term care.	Support for families.
Development Work	'An Ordinary Life' Working Group - further materials. Support to Independent Development Council.	Support group for staff developing short term care.	Study group on bereavement. Portage schemes support group.
Conferences/ Workshops	Policies for London's mental handicap services ⁽¹⁸⁾ . Bringing Children Out of Hospital ⁽¹²⁾ . People with Special Needs ⁽¹⁾ . Training for New Services ⁽²⁰⁾ . Monitoring & Evaluation ⁽³⁾ .	STC study days ⁽¹⁵⁾ . Advocacy ⁽⁴⁾ .	Bereavement ⁽⁸⁾
Fieldwork	Support to local groups in AOL Network.	Support to voluntary initiatives to develop residential services.	
Funded Projects	Review of Regional strategies ⁽¹⁾ . Local Training Team ⁽²⁾ .	STC for children ⁽³⁾ . Southwark residential scheme ⁽⁴⁾ .	West London family support centre ⁽⁵⁾ . Project Independence ⁽⁶⁾ . Advocacy Training ⁽⁷⁾ .
Link Organisations	Advocacy Alliance, Association of Professions for the Mentally Handicapped, Centre on Environment for the Handicapped, Community and Mental Handicap Educational and Research Association, Independent Development Council for People with Mental Handicap, Rowntree Memorial Trust, Royal Mencap, Spastics Society.		
Publications	An Ordinary Life (revised) ⁽²⁾ . People First ⁽³⁾ . Better Services for the Mentally Handicapped ⁽⁴⁾ . De-institutionalisation ⁽⁵⁾ .		Portage ⁽⁶⁾ . Bereavement ⁽⁷⁾ . People with Special Needs ⁽⁸⁾ .

SERVICES FOR PEOPLE WITH PHYSICAL DISABILITY

Key Themes	Options for the provision of housing and care.	Improving residential care.	Services for handicapped young adults.
Development Work	Discussions with consumer organisations and visits to sample of disabled units. Identification of professional and consumer information needs.		
Conferences/ Workshops	Reviewing disabled people in residential care ⁽¹¹⁾ . Residential care Consortium.	Snowdon Project Information Group.	Counselling Needs ⁽¹⁷⁾ .
Fieldwork	Discussions on Family Support Services.	Cheshire Foundation homes and staff training.	Portsmouth school-leavers' project.
Funded Projects	Home aids for discharged disabled patients ⁽⁸⁾	Arts in residential care ⁽⁹⁾	Coordination of services for handicapped school-leavers ⁽¹⁰⁾
Link Organisations	Carers Association, Centre on Environment for the Handicapped, Cheshire Foundation, Greater London Association for the Disabled, Royal Association for Disability and Rehabilitation, Spastics Society, Spinal Injuries Association.		
Publications	Reviewing Disabled People in Residential Care ⁽⁹⁾ .		Handicapped students: further education and higher education ⁽¹⁰⁾ .

TABLE III

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MENTAL HEALTH SERVICES

Key Themes	Components of district change psychiatric service	Managing institutional requirements	Staff training
Development Work	Information for policy-making in London	Issues in the run-down of large hospitals	Training and education study group
Conferences/ Workshops	Policies for London DHAs* (*forthcoming) Support for people with long-term disabilities ⁽¹⁰⁾	Management development in the psychiatric services*	Initiatives in mental health training* Voluntary/ Professional Collaboration ⁽¹⁴⁾
Fieldwork	Strategies for managing the transition to local services. Explorations with DHSS, NETRHA, Victoria DHA, Westminster MIND.		Inpatient access to financial benefits
Funded Projects	Prevention and Community Resources in East London ⁽¹¹⁾ . Prevention and Mental Health (Review) ⁽¹²⁾ . Hackney case Register ⁽¹³⁾ . South London Day Centre ⁽¹⁴⁾ .	Policies on Secure Provision ⁽¹⁵⁾ . Legal Advice Service ⁽¹⁶⁾ . Minimum Support Groups in Epilepsy centres ⁽¹⁷⁾ .	Volunteers in Long Term Care ⁽¹⁸⁾ .
Link Organisations	Good Practices in Mental Health, National Association for Mental Health.		
Publications	Developing Services based on large institutions ⁽¹¹⁾⁽¹²⁾ . Housing, social work and psychiatry ⁽¹³⁾ .		Voluntary/ Professional Collaboration ⁽¹⁴⁾ . Volunteers in Psychiatric Aftercare ⁽¹⁵⁾ .

TABLE IV

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SERVICES FOR ELDERLY PEOPLE

Key Themes	Policies for local services and the development of residential care.	People with mental infirmity and their supporters	Staff training and collaboration.
Development Work	Training requirements for head of NHS Nursing Homes. Training for auxiliary staff.	Training resources register for staff working with mental infirmity in old age.	
Conferences/ Workshops	Policies for London DHAs ⁽⁹⁾ . Innovations in Residential Provision ⁽²¹⁾ . Standards in Private and Voluntary Homes ⁽⁶⁾ . Community Care ⁽¹³⁾ .		
Fieldwork	Exhibition on the needs of old people in the inner city.	Assistance to West Lambeth neighbourhood dementia project. Day hospital study days.	
Funded Projects	Educational resources for residential care ⁽¹⁹⁾ . Facilitating change ⁽²⁰⁾ . Geriatric rehabilitation review ⁽²¹⁾ .	Collaboration in Community Care ⁽²²⁾ . Assessment for Residential Care ⁽²³⁾ .	
Link Organisations	Age Concern Greater London, Centre on Environment for the Handicapped, London Voluntary Services Council, National Association for Mental Health, National Institute of Social Workers.		
Publications	Private and Voluntary Residential Care ⁽¹⁶⁾ .	Training Resources Guide ⁽¹⁷⁾ .	

Appendices I, II and III provide further details respectively on Publications, Conferences and Workshops, and Funded Projects.

Key themes in 1982

As anticipated in last year's review, the retirement of Win Arnett-Rayson after many years' service to the Fund and the recent appointment of a new project officer, Tom McAusland, has led to significant change in the balance of the Team's work between client groups. Increasing emphasis is now being given to issues in the development of community mental health services, while our modest efforts in relation to services for elderly people have to be particularly selective.

Nevertheless, many initiatives have relevance for all the priority care groups and looking across the four Tables, it is possible to identify five themes which have been important to our whole programme.

Fundamental here is the attention devoted to the analysis of current policies with a view to identifying how local services can best realise the aims (as in Rehabilitation International's 'Charter for the 80s') of reducing the handicapping effects of disability and ensuring the fullest possible integration of people with disabilities into community life. In the field of mental handicap, for example, the Team's promotion of services consistent with the philosophy of 'An Ordinary Life'⁽²⁾ has continued, with further examination of how community-based services can meet the needs of people with severe and multiple handicaps;⁽⁸⁾ we have assisted the Independent Development Council for People with Mental Handicap in producing their recent guidance to field authorities on 'Elements of a Comprehensive Local Service to People with Mental Handicap';⁽¹⁸⁾ a conference was organised for members of Health and Local Authorities to look at the implications of these proposals for London's services; the Project Committee has sponsored a critical study of current RHA strategies for mental handicap services; and the Centre has published several further papers including a comprehensive review of recent literature on community care.⁽³⁾ In the field of mental health, work is underway on clarifying the components of a comprehensive district psychiatric service and among recent projects are two studies (one national, one local) on strategies for prevention and a major review of policies and practice in the provision of psychiatric services under conditions of security. Related work on services for disabled and elderly people has focused on policies for residential services, including attention to the options available for combining housing and care, and an examination of the implications of growth in the private and voluntary sector of provision.⁽¹⁶⁾

A second linking theme in the Team's programme has been more direct work with staff, consumers and voluntary organisations designed to improve aspects of residential and short-term care. In relation to units for people with physical disabilities, one concern has been with how the review of individual residents can best be carried out. In relation to services for elderly people, another concern has been with the maintenance of standards

in private and voluntary homes. Current projects of relevance to this general theme include work on change in a small geriatric hospital, the role of arts in long term care, and a review of approaches to rehabilitation of elderly people. In relation to mental handicap services, work continues on utilising the results of the major study of short term residential care⁽¹⁹⁾ reported last year.

A third key theme is the development of training strategies and resources particularly directed at 'front line' providers of services. In mental handicap, field workers from the 'An Ordinary Life' network have come together at the Centre to examine in detail the design of the local training strategies necessary to implement new patterns of service.⁽²⁰⁾ On another front, Team members have produced a guide to training resources for staff working with elderly people suffering from some mental infirmity.⁽¹⁷⁾ A current initiative seeks to identify and share innovations in mental health training. And we are maintaining contact with two projects originally financed by the Fund: one concerned with developing educational resources for residential care staff; the other providing local training events for field authorities interested in the implications of the 'normalisation' principle for long term care.

Another linking theme across the priority groups is that of the support needs of the family and other carers who themselves support people with handicaps in the community. The Centre played a modest role in the creation of the national 'Carers Association' and subsequently the role of relative support groups in relation to dependent elderly people has been one foci of a London project on collaboration in community care. Other projects are examining the way services are coordinated around the needs of handicapped school-leavers and contributing to the costs of a family support centre for children with various handicaps. Another Team initiative is exploring the support needs of people with mental handicaps and their carers in periods of bereavement.⁽⁷⁾

A fifth theme of growing importance in the Team's work is that of how people in long term care can have their rights as citizens protected. The Fund is financing training programmes for volunteers willing to act as advocates for people in long stay hospitals; supporting the development of legal advice services in a psychiatric hospital; and exploring the access of inpatients to information and advice on social security benefits. Centre staff are also helping professional and other organisations examine the implications of a study of how well hospital staff take up complaints on behalf of patients.⁽²¹⁾

Priorities for 1983

Many of these themes of course require sustained attention if real progress is to be made where it matters - that is, in the direct experience of service users - and accordingly there is considerable continuity in aspects of the Team's work from year to year. At the same time we are actively pursuing nine proposals designed to develop and strengthen the Fund's contribution in this area;

- (i) In relation to services for people with mental handicap, the main new thrust will be to extend previous initiatives on residential services into a detailed examination of the implications of the 'An Ordinary Life' philosophy for day care and work opportunities. Further work is also envisaged on the ways Individual Programme Plans can improve the planning and delivery of 'client-centred' services.
- (ii) In relation to services for people with physical disabilities, we are joining with the Centre on Environment for the Handicapped in a project to develop an information bank on schemes in which housing and care have been successfully combined to support disabled people living in the community.
- (iii) In the field of mental health, continuing work on clarifying the components of community-based psychiatric services will be complemented by new efforts to assist field authorities in designing the strategies and implementation arrangements necessary to manage the transition away from services based on large and distant institutions.
- (iv) On a more modest scale, work on services for elderly people is likely to focus on developing methods for the individual assessment of mentally frail old people and the management of individually tailored 'packages of care' based on these assessments.

More generally, the Team is seeking to play a full part in current efforts to strengthen the Fund's total contribution on important issues through a more strategically-guided and coordinated approach. Specifically:

- (v) We are increasingly involved in stimulating and assessing project applications on services for the priority groups addressed to all the Fund's grant-giving committees, with the aspiration of fostering a much closer relationship between policy-oriented work and the Fund's role in project sponsorship.
- (vi) We are also keen to establish a working partnership with the growing Faculty at the King's Fund College not least to enhance the capacity of the Fund to offer consultancy to field Authorities on problems in which management development and service design issues are intertwined.
- (vii) In collaboration with our colleagues supporting the London Project Executive Committee programme, we aim to give greater priority in our own work to the development of community care in London, particularly through direct involvement with local policy-makers and service-innovators.

- (viii) We are exploring ways in which better use can be made of the shared interests but complementary activities of the Team and the Centre on Environment for the Handicapped, focussing initially (as noted above) on joint work to provide more systematic information on community care schemes.
- (ix) More speculatively, if the programmatic approach (embracing both developmental activities and project sponsorship) to work with particular client groups is to be strengthened in 1983, we hope that at some stage it may be possible to appoint a team-member with specific responsibilities in relation to services for elderly people.

We shall welcome comment and advice on these proposals.

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

January 1983

PUBLICATIONS

1. **Establishing client-centred mental handicap services: A case study and commentary on multi-faceted strategies for achieving change.** (David Towell) KFC 82/36.
2. **An ordinary life - comprehensive locally-based residential services for mentally handicapped people.** KF Project Paper No. 24. Reprinted June 1982.
3. **People First - developing services in the community for people with mental handicap.** (Linda Ward) KF Project Paper No. 37. October 1982.
4. **Better services for the mentally handicapped? Lessons from the Sheffield Evaluation Studies.** (Alastair Heron) KF Project Paper No. 34. August 1982.
5. **Bringing it all back home - getting mentally handicapped people out of hospital.** (Alison Wertheimer) KF Discussion Paper. June 1982. KFC 82/127.
6. **The Portage Model of Home Learning Services.** (Roger Blunden) KF Discussion Paper. KFC 82/75. April 1982.
7. **Bereavement and mentally handicapped people.** (Maureen Oswin) KFC 81/234. November 1981.
8. **Mentally handicapped people with special needs.** (Melinda Firth & Hugh Firth) KF Discussion Paper. KFC 82/145. August 1982.
9. **Reviewing disabled people in residential care - what do we mean?** KFC 82/160. June 1982.
10. **Admissions policy for the handicapped student in further education and Admissions policies in higher education.** KFC 82/220. October 1982.
11. **Developing better services for the mentally ill.** (David Towell) in Barrett, S and Fudge, C (eds) **Policy and Action.** Methuen. 1981.
12. **Psychiatric provision drawing on large institutions: organising and managing to develop better services.** KF Centre paper 1978.
13. **Housing management, social work and mental illness.** (Chris Heginbotham) KFC 82/132.
14. **Professionals and volunteers: partners or rivals?** (ed. Pat Gordon) KF Centre paper 1982.
15. **Just like a friend - befriending discharged psychiatric patients.** (Pat Gay & Jill Pitkeathley) KF Project Paper No. 32. October 1982.
16. **Private and voluntary residential homes for elderly people.** KFC 81/66. June 1981.

17. **A guide to training resources for staff working with 'confused' elderly people.** (Joan Rush and Tom McAusland) KFC 83/5.
18. **Elements of a comprehensive local service for people with mental handicap.** Independent Development Council for People with Mental Handicap, October 1982.
19. **Issues and principles in the development of short term residential care for mentally handicapped children.** (Maureen Oswin) KFC 81/41. February 1981.
20. **An Ordinary Life: issues and strategies for staff training for community mental handicap services.** (Ann Shearer) (to be published mid-1983).
21. **Conscientious objectors at work.** (Virginia Beardshaw) Public Interest Research Centre, 1982.

CONFERENCES AND WORKSHOPS AT THE CENTRE

1.	'An Ordinary Life' working group	18 & 19 Feb
2.	Professional support for staff working in private and voluntary residential homes for the elderly	2 Mar
3.	Planning local mental handicap services: services philosophy, planning methods, implementation and monitoring. A two-day workshop for planning teams	10 & 11 Mar
4.	Advocacy with long term residents (with Advocacy Alliance)	19 Mar
5.	Reviewing disabled people in residential care - what do we mean?	23 Mar
6.	Professional support for staff working in private and voluntary residential homes for the elderly	23 & 26 Apr
7.	How should we strive to keep alive? A discussion on the quality of life for the elderly person of today	5 May
8.	Bereavement and mentally handicapped people	12 May
9.	Issues for London DHAs: policies for the elderly	13 May
10.	Models of community support for people with long term psychiatric disabilities	18 May
11.	Reviewing disabled people in residential care - what do we mean?	25 May
12.	Regional responses to bringing mentally handicapped children out of hospital	9 June
13.	DHSS policy study: community care	7 July
14.	Voluntary and professional collaboration in the field of mental health (jointly with IHF, Volunteer Centre and MIND)	21-23 July
15.	Short term care working group	23 Sept
16.	Bereavement and mentally handicapped people	24 Sept
17.	Do disabled people need counselling?	11 Oct
18.	Issues for London DHAs: community mental handicap services	14 Oct
19.	Short term care working group	28 Oct

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| 20. | Progress in the 'an ordinary life' initiative: staff training workshop | 4 & 5 Nov |
| 21. | Long term care for elderly people - a shared responsibility | 26 Nov |
| 22. | Short term care working group | 16 Dec |

PROJECTS SPONSORED BY FUND COMMITTEES

1.	Regional planning for the development of services to mentally handicapped people	PRO82/41(c)
2.	Establishment of a CMHERA training team Community and Mental Handicap Education and Research Association	PRO 80/21
3.	Short term care for mentally handicapped children - dissemination phase	PRO 80/54
4.	Furniture and equipment for flats for mentally handicapped people	AUX 2877
5.	KIDS - establishment of family support centre for families with mentally handicapped children	AUX 2868
6.	Project Independence - purchase of house for 'teaching for living' programmes for mentally handicapped children	AUX 2816
7.	Training programme for mentally handicapped people Advocacy Alliance	PRO 81/59
8.	Aids and adaptations for discharged disabled patients	PRO 81/20
9.	Visual arts intervention and long term care Bristol Polytechnic	R&D 89/14(iii)
10.	Physically handicapped school-leavers in the community	PRO 80/74
11.	Development of a model preventive psychiatry service	PRO 82/4(a)
12.	Prevention in mental health (MIND)	PRO 81/52
13.	Community Psychiatry Research Unit, Hackney Hospital - to establish a permanent psychiatric case register	HOS 1700
14.	Thamesmead Day Centre - community support for psychiatrically disabled people	AUX 2873
15.	A review of secure provision for mentally ill and mentally handicapped people in England & Wales	PRO 82/49
16.	An advice and legal representation service Springfield Hospital, Wandsworth, London	PRO 80/43
17.	Minimum support groups in epilepsy centres	PRO 82/35

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| 18. | The contribution of community service volunteers to patients in long stay hospitals | PRO 82/14 |
| 19. | The residential care task - development of educational and training resources | PRO 81/22 |
| 20. | Facilitating change in geriatric hospital care | PRO 80/75 |
| 21. | A study of geriatric rehabilitation and long term care | PRO 82/47 |
| 22. | Frail elderly - Collaboration in community care | LPE 81/15 |
| 23. | Evaluation of elderly client assessment procedures | LPE 81/50 |

EDUCATION AND TRAINING

'Theory is good; but it doesn't prevent things from existing'

Charcot.

Education and training initiatives for nurses and other professions complementary to medicine have been supported by the Centre for five years. In reviewing the developments of the work that has been done during this time, we are conscious of the difficulty we have had in making attempts to evaluate the way knowledge, experience and energy can best be utilised, and yet there is a real appreciation that these are the skills necessary for professionals faced with a society undergoing constant rapid change.

To be able to sustain a position of 'not knowing' and yet encourage 'a pleasure in learning' is one of the challenges and paradoxes which characterise the work in this area.

It is subsequently difficult to identify substantive knowledge or indeed policy issues which may be clearly labelled, yet it is important to recognise areas which, whilst being less than clear, indicate the possibility for important growth points.

Mindful of these thoughts, we still consider that there is merit in describing the work under the three broad areas previous outlined - particularly as this emphasises the continuity which is a hallmark of growth and the service we aim to give.

The broad areas of approach are:

- 1 helping professional groups develop concerns and values from their own problems.
- 2 exposing people to a wider range of problems which require a greater and more diversified exercise of professional judgement and skills.
- 3 professional development.

Helping professional groups develop concerns and values from their own proposals.

1. David Lloyd, Education Officer for Postgraduate Development for the Remedial Professions moved from the Centre to the Education Development Unit for the Remedial Professions, Albert Dock Hospital, Alnwick Road, London in March 1982. We have continued

links with EDURP and are hoping to help with the evaluation of some work which is being developed by the Course Development Team for an advanced course in the Care of the Elderly. The team have in mind a model of the therapist. In this model, competence comes, not just from a sound theoretical knowledge of the scientific and other studies informing the therapists' professional work, but rather from an integration of understanding and practice; especially from the attitudes which the therapist brings to his/her involvement with patients/clients.

2. Writers' workshops continue to be requested and in June 1982 the Centre organised one which was attended by both the professions complementary to medicine and the medical profession. This was highly successful and a further one for nurses is being planned for 1983.

One outcome has been a decision by the Trent RHA to use the writers' workshop package produced in 1981, and to organise workshops locally. Such packages have been requested and have gone as far afield as the World Health Organisation, South Africa and the United States.

3. The project to examine the role of the ward sister and to identify the needs for training ward sisters continues to develop. Last year an interim report from the research team at Chelsea College was received which pointed to the possibility of making significant proposals to generalise the scheme within the National Health Service.

We are pleased to note that in October 1982, Mr. Kenneth Clarke, Minister for Health announced in Parliament that the Government was prepared to provide £150,000 over the next three years to support the evaluation of three experimental schemes to improve and develop ways in which the most able and experienced nurses can be encouraged to achieve their maximum potential whilst still remaining in clinical practice. The aim is to develop a programme to prepare newly qualified entrants to the profession for their personal responsibility for maintaining and improving standards of nursing care and to establish them on a planned professional career path. The person who will be responsible for the development of the work is Judith Lathlean, the Research Officer at Chelsea College who is responsible for the evaluation of the Fund's project.

Publications: The course guidelines, curriculum, assessment and evaluation methods of the programme were published as a project paper in September 1982. (King's Fund Project Paper Series No.36.) The interest in this paper both nationally and internationally is encouraging.

The team responsible for the work of the project have also published a 'popular' edition of the work to-date: The Ward Sister, Role and Preparation, which was edited by Hazel Allen and published by Bailliere Tindall. Details of how the plans evolved together with insights as to the value of the ideas, the achievements, the constraints, the concerns, and further developments which might be of benefit, are clearly defined.

In December 1982 a further conference was organised to continue the dissemination of the ideas and outcomes of the project and once again we were speaking to a capacity audience.

Considerable interest continues both within and without the NHS. Plans have been made to assist the Private Sector with preparing ward sisters. This will be done on a contractual basis.

It was hoped that 'The Role of the Ward Sister' - an annotated bibliography undertaken for the Department of Health and Social Security - would have been published in 1982 by the Fund. This is nearly completed and will be published in 1983.

The peer group of researchers who in their own studies have worked on a variety of aspects of the ward sister's role, have continued to meet together quarterly, exchanging their findings and identifying common threads and concerns. In July 1982 they shared the information at a colloquium at the Centre. It is noteworthy that despite the fact that participants were required to come as a triad - ward sister, tutor, nursing officer - there was a capacity audience and so great was the request for a further colloquium that in November, 170 participants were given the opportunity, the Centre arranging for closed circuit television to accommodate the numbers. This was the first time CCTV had been used and it proved to be both economical in use of time and space and also very well received by the colloquium members. In 1983 it is planned to hold workshops on the subject of ward sister role definition, responsibility, authority and support.

4. Arranging conferences which have been requested by professionals, such as the Association of Integrated Degree Courses in Nursing continued in 1982 with the theme Expectations of Graduates in Nursing Care.

A follow up conference on Nurse to Nurse Reporting was held in March 1982. This request has been followed by a revision of the King's Fund publication Project Paper No.21, due to be published early in 1983.

In April 1982 a conference on the Management of the Nursing Process for senior nurse managers and tutors was planned to assist the management up-dating of this fast moving area. Regrettably, few top senior managers attended. A report of this conference is available.

In October 1982 a Back Pain conference for nurse managers, tutors and physiotherapists to raise awareness and suggest possible answers.

Conferences which have been or are being arranged by request in 1983 are:

Occupational Health Services
Smoking and Nurses
The work of the United Kingdom Central Council
A conference to be arranged with the Royal College of Nursing for nurse managers from EEC countries.

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

1. The project related to the evaluation of an experimental continuing education programme for remedial therapists and nurses at Exeter has been extended. This is proving to be a satisfactory model and a colloquium has been arranged to report on the evaluation in March 1983. A publication is planned for later in the year.
2. Mrs L Orme, a member of the continuing education peer group followed through some of the ideas from the 1980 conference and has produced a study entitled 'Identification of Training Needs of Sisters and Charge Nurses in the Bury St Edmunds Health District'.

A peer group of senior nurse managers - the Thwaites Peer Group - has re-formed and been meeting since October 1982. The aims are:

- a. identifying substantive policy issues and attempting to assess the components underlying apparently successful innovation and change.
- b. noting and recording such changes from both inside and outside the group and enabling informal reaction to such developments.
- c. providing an opportunity for integrating information from various sources.

- d. providing a corpus of knowledge through the process of peer interaction.

It is hoped that by identifying certain substantive issues, ideas may be generated which will benefit the service as a whole.

Through the initiative of Dr Senga Bond an explorative meeting of peers in dual tutor/ward sister appointments took place in December. It is hoped that further meetings might help identify the way these roles are developing in the UK.

Miss Ida Bromley, previous chairman of the Chartered Society of Physiotherapy Council has been given a grant to examine quality care measurements in Canada and the USA. It is hoped that on return, shared knowledge amongst peers might help to initiate a form of measurement for standards of care in physiotherapy.

- 3. Association with the United States of America continued in 1982 with a conference on Problem Solving and Critical Analysis combined with an examination by a British observer of philosophy and nursing. This is to be followed by workshops on philosophy and curriculum building in 1983.

Professional development

- 1. Plans continue to develop for setting up a Nursing Policies Study Unit, a joint venture between the King's Fund and a university, to facilitate the examination of policy issues which affect the nursing profession on neutral ground and with impartiality. The Management Committee financed a six-month survey which was conducted by Dr Rosemary White from July to December 1982. The advisory group which met to receive the feasibility study in November, submitted its report to the Management Committee in December 1982 and recommended funding the Unit and establishing it at a selected university. A grant of £32,500 a year was made for five years. Currently negotiations are being made with the university concerned and further funds are being sought. Consideration is being given to the likely areas which may be suggested for early study when the Unit is set up.
- 2. Specific education programmes were arranged in 1982 for visitors from Sweden and Japan. In 1983 a two-week course is being arranged for a group from North Carolina. This group, led by Elinor Leonard, have offered reciprocal educational opportunities to the health authorities they visit.

3. Hazel Allen continues to assist with workshops on curriculum development in nursing schools and colleges. A visit to Leeds is planned in 1983.

We are pleased to report that following the 1980 Curriculum Evaluation Study Days at the Centre, Sefton Area School of Nursing has developed a paper on Evaluation of a training scheme - an interim report on the first year of student nurse training. It is hoped this might be worked up to a formal project by the author.

Christine Davies will be visiting Garnett College in 1983 to discuss with nurses, physiotherapists, occupational therapists and remedial gymnasts the work of the Centre and the role of the Fund in relation to their work.

Hazel Allen
January 1983

HEALTH SERVICE PLANNING

This year's review follows the pattern established in 1981 and distinguishes between activities designed to promote general development of health service policy and planning and those which have been part of the London programme.

Although this report distinguishes these two areas of activity, they are, of course, mutually supportive. Some of the problems of providing health care in London are unique but there are many issues which have general relevance, particularly those which relate to the provision of health care in inner cities.

A good example is primary health care. During 1982, the London programme gradually intensified its concentration upon the specific problems of Primary Care in London but Primary Care has also been considered as a national strategic issue. Similarly, there have been discussions of a wide range of policy issues relating to the provision of care or particular services. Some of these have been directed to a national audience, some towards London. This process of mutual reinforcement of key themes of health service development was characteristic of the year's work. Indeed, the degree of collaborative work with colleagues within the Centre, across the Fund as a whole, and with other individuals and organisations outside the Fund, has been a notable feature of recent developments.

General developments in health service policy and planning

Most of the activities which took place during the year can be broadly divided into two categories:

1. Those directed towards the development of service planning concepts and methodology and
2. Those directed towards issues of health service policy and practice.

Although both categories were represented in the year's programme, the turbulence in the NHS caused by restructuring indicated a concentration upon those issues which were of more strategic importance to the new District Health Authorities. There was therefore a greater emphasis upon the second category of activity. The strategy was to provide a forum for the discussion and dissemination of matters of broad national policy which provide a framework for planning at local level.

National policy studies

The publication, by the DHSS in late 1981, of three policy studies entitled "The respective roles of the general acute and geriatric sectors in care of the elderly hospital patient"⁽¹⁾; "Community care"⁽²⁾ and "The acute hospital sector"⁽³⁾ provided the stimulus for debate during the year.

The studies used national data to trace the pattern of service development in these fields and raised key questions about the future provision of services, given the probable impact of economic and demographic pressures over the next decade. The studies therefore posed questions of strategic importance to which planners of local services must provide their own answers.

In view of the significance of these documents, three study days were organised at the Centre in June and September; reports on all three were published^(11, 12 and 13). There were also activities relating to more specific aspects of planning, particularly manpower, finance, the use of computers and the development of certain services.

Manpower and planning

1982 was a year in which "accountability" within the NHS rivalled restructuring and industrial action as subjects for discussion. In a labour intensive area like the NHS it is natural that scrutiny will be given to the extent and deployment of manpower when comparisons are being made about the efficiency and effectiveness of individual authorities. The remit of the Manpower Costs Control Group, to which Ann Foster was co-opted, was to devise a system for managerial control over staff at all levels of the NHS. This work was absorbed into the Korner review of NHS information.

As a result of work with this Group, an information note will be produced in 1983 outlining sources of guidance on the various staff groups within the NHS.

Medical manpower was the subject of a conference held at the Centre in May which discussed the Report of the Social Services Committee of the House of Commons on Medical Education.⁽⁴⁾ Speakers at the conference included the Minister of State for Health, Mr Kenneth Clarke and the Chairman of the Social Services Committee, Mrs Renee Short. This conference⁽⁹⁾ represented the culmination of several years of Fund involvement in this field and further work is being considered.

General review of manpower issues and methods was conducted during a Manpower Planning Course (c820) organised by David Hands at the King's Fund College in June. A similar course (c837) is planned for 1983.

Finance and planning

The major development in this area in 1982 was the series of workshops on option (or investment) appraisal mounted by the Fund with two research economists Ron Akehurst and Martin Buxton. These were partly financed by the DHSS who recognised that some training would be needed for NHS staff who would be implementing the procedures outlined in circular HN(81)30(5). The workshops were so successful that a second series is being held at a northern venue - the Manchester Business School. The Fund continues, however, to have a coordinating role.

Two further general finance and planning courses were held at the King's Fund College in February and July (c807 and c823) and a one day seminar entitled Financial Information for Planning in District Health Authorities, which was closely linked with these courses, was held at the Centre in April. A report is available.⁽⁸⁾

The use of computers in planning

The climate of uncertainty which prevails in the NHS means that for planning to be credible, planners must produce plans which are sufficiently robust to cope with almost any contingencies which may arise. This makes planning a complex exercise which can however be greatly facilitated by the use of techniques such as computer simulation or modelling. Several people known to the planning team at the Centre had expressed concern that no information existed about the extent of developments in this field; the reduction in the price of computer hardware, which makes the technology accessible to all districts, may also result in a duplication of effort.

A meeting of academics, NHS practitioners and others held at the Centre in May agreed that an attempt should be made to increase the flow of information about computer modelling techniques applicable to NHS planning so that ideas could be shared. Ann Foster is therefore coordinating the compilation of an information note about existing applications which will help to put people who are interested in contact with others.

The development of particular services

a. Services for elderly people

Services for elderly people received considerable attention in 1982. One of the policy studies mentioned above dealt with the provision of acute services for elderly people; in May, Ann Foster, Jane Hughes and colleagues from the long-term care team organised a conference about particular problems associated with providing services for elderly people in London.⁽¹⁰⁾

Towards the end of the year Ann also collaborated with Dr Muir Gray in the organisation of workshops on the theme of long-stay residential care for elderly people. The first was held in November 1982 and a second is to be held in January 1983. It is intended to follow up these two events with a series of small special interest seminars involving health and social services staff who will pool their experience and expertise to consider, for example, the development of performance indicators in this area, the compatibility of various measures of dependency, and the provision of health service support to local authority facilities.

b. Primary health care

Most development work in this area has taken place under the London Programme but there have been some important national and international developments.

In June, David Hands was invited by the World Health Organisation to participate in a working group on the development of Primary Health Care in the urban areas of Europe. He was rapporteur for the group and the report should be published by WHO in 1983. The meeting was one of a series of activities which will culminate in a major WHO conference on Primary Health Care in Europe in 1983. Following the general theme of primary care development in Europe, a conference was organised at the Centre in December to pursue the issue of Strategic Planning of Primary Health Care in the United Kingdom.

General developments in service planning

As well as these more specific subject areas, there have been more general developments on the planning front. David Hands ran two more general health service planning courses (c811 and c835) at the King's Fund College in March and October and collaborated throughout the year with the other management education centres on the development of planning education for the NHS. Ann Foster attended meetings of a sub-group of the education centres which has been developing case studies for use on planning courses. She will also be producing, early in 1983, an annotated bibliography on health service planning and related issues which will provide a useful list of relevant literature.

Some other developments are worth noting. The Fund's project committee gave a grant (PRO 82/37) to the Voluntary Organisations Liaison Council for the Under Fives (VOLCUF) to undertake some development work on the implications of the Black report⁽⁶⁾ and a Centre conference is planned for May 1983.

The Fund also produced two publications which are of importance to service development: Mark McCarthy's **Epidemiology and Policies for Health Planning** and a joint project paper (number 29) with the Volunteer Centre, **Mobilising Voluntary Resources**. The latter will be discussed at a Centre conference in March.

Planning of Health Service facilities

Reflecting the current emphasis on service as opposed to capital planning, the Centre contributed little in this area in 1982. However, a seminar on "Commissioning Hospital Buildings" was held in March and discussions are proceeding with the DHSS and others about further training events. There will be a seminar at the Centre in May which will be linked with a course at the NHS Training and Studies Centre, Harrogate, in June.

Other activities

a. Outside educational activities

As members of the Fund's staff, members of the planning team are frequently requested to contribute to educational activities conducted elsewhere. For example, contributions were made to two unit management courses in the South West Thames region, two seminars for district nursing officers at Harrogate, the Masters Degree Course in Public and Social Administration at Brunel University, the International Hospital Federation Course for overseas administrators held at the Centre in the summer, and the Royal College of Nursing Advisory Panel for Continuing Education for all Nurses Working in the Community.

b. International links

The Fund has developed strong links with the Nordic School of Public Health in Gothenburg which resulted in 1982, as in previous years, with a week's visit to England by members of the course. The national administrative trainees board at the College also benefited from this close relationship since they were invited to Sweden for a study tour accompanied by David Hands and Bill Fraser, in May.

Looking forward

Some commitments for 1983 have already been indicated. Specific areas of work initiated in 1982 which will be developed further in 1983 include the investment appraisal workshops, primary health care and provision of long-stay provision for elderly people. There will also be further planning courses at the College, although perhaps of a different kind.

There are also specific policy issues which are planned as a basis for conferences early in 1983. The first of these will be antenatal services - the subject of a conference to be held in February which has been stimulated by the work of the Maternity Services Advisory Committee.⁽⁷⁾

During the coming year it will also be necessary to pick up some further work on planning concepts and methodology, particularly perhaps, those arising from the review of NHS information and performance review.

David Hands
January 1983

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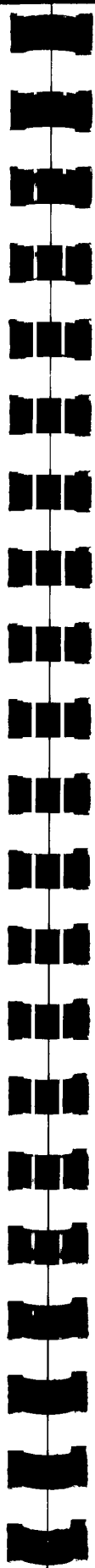
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THE LONDON PROGRAMME

The Fund's London Programme was launched in 1979 to emphasise and develop activities designed to promote the improvement of health care in London. The programme is guided by the London Project Executive Committee (LPEC) under the chairmanship of Professor Brian Abel-Smith. Its broad aim is to identify, encourage and disseminate good practice in inner city areas through a coordinated programme of research and development activities.

The priorities identified early in the London Programme continued to inform much of the work undertaken in 1982, although with some changes of emphasis since last year.⁽¹⁾ Primary care services in the capital and their relationship with hospital services remain the central theme of the programme's work. At its five meetings during the year, the LPEC gave considerable attention to how improvements in primary care services might be brought about and the particular contribution the Fund might make to promoting change. In addition to more intensive work on primary care, there was an expansion in the scope of London Programme activities during the year and further concentration on development work. The range of projects, conferences, seminars and related development work reflects the variety of current concerns about health services in the capital. Considerable time was spent exploring a major new field, health care for minority ethnic groups in London.

Another important new departure this year involved working with London DHA members. Following restructuring of the NHS in April, a series of conferences Issues for London DHAs was launched to make a contribution to informed debate about policy issues the DHAs would, sooner or later, have to tackle. It is planned to continue this series in 1983 and that the London Programme, in all its priority areas, will concentrate on giving further assistance to DHA members and officers.

The activities undertaken as part of the London Programme in 1982 are described here under four headings which were the main areas of interest and development during the year. The projects referred to in the text are listed in the Appendix.

a) Primary health care in inner London

The findings of the Acheson Report⁽²⁾ and its recommendations continued to provide an impetus for a large proportion of London Programme work. The slow response to the report by Ministers was disappointing but, throughout the year, discussions took place with the DHSS and others on how the Fund might best use its resources to promote changes in primary care services in the capital.

One way is by direct grants for specific projects, and the LPEC has supported a number of projects concerned with the organisation of primary care. Two projects funded in the early days of the London Programme have recently produced useful results. In March, the final report of the study of **Accident and Emergency services** in six London hospitals became available (LPE 80/22).⁽³⁾ Towards the end of 1982 the project to develop **primary health care in Thamesmead** (LPE 81/7d) was completed. The findings and ideas from this project will be discussed by members of teams from eight inner London practices at a multidisciplinary workshop to be held at the Centre in January 1983.

In May, a start was made by the Medical Architecture Research Unit on a project to demonstrate what can be achieved by upgrading, renovating and converting existing **general practice premises** in the inner city (LPE 81/46). A number of GPs have been advised by the project, but the difficulties of providing practical assistance to improve premises are formidable.

Dr Salkind's pioneering work on **computing in general practice** received further support this year (LPE 82/19). The addition grant will enable a trial of graphic input methods to be mounted.

The LPEC also supported a project backed by the British Medical Association which is likely to have substantial importance for the future development of primary care services in central London. The **identification of underprivileged areas study** (LPE 82/21) is being undertaken at St Mary's Hospital Medical School and the London School of Economics under the direction of Dr Brian Jarman. 1981 Census data is being analysed to discover which parts of the country should be classified as 'underprivileged' on the basis of social factors thought by GPs to influence the need for primary care services. It is hoped that once the results are established and accepted, primary care services in these localities will be given priority.

Other activities were undertaken by the project officers during the year to establish a clearer strategy and base for effective London Programme work on primary care. Pat Gordon met a wide range of people from inner London health districts to talk about primary health care and to ascertain their reactions to the Acheson Report. These discussions formed the basis for plans for the future.

In the next year it is likely that the LPEC will concentrate its resources on projects to encourage practical improvements and experimentation in primary care, rather than on research projects with longer-term pay off. "Growth points" for primary care in the inner city are being actively sought, where there is interest in establishing a critical mass of motivated people with ideas and energy to generate change. In particular, it is hoped to discover what can be achieved by a primary care 'development agent' or facilitator. That is, someone who would work locally in collaboration with primary care workers, DMT, FPC and community groups to stimulate improvements in services. These ideas are under discussion with districts and it is hoped to eventually establish at least one such scheme in the inner city segment of each of the four Thames Regions.

Another strand of the strategy is to work more closely with community unit management teams. The possibility of organising seminars and working groups to help managers tackle the common problems they face in planning and providing community services in inner London is under discussion with colleagues at the College.

To complement these activities it will also be important to involve DHA and FPC members in debates about the future of primary care services in the capital. A central issue in 1983 is likely to be new, independent status of Family Practitioner Committees and their relationships with DHAs, especially in planning primary care services. It is hoped that the Centre will organise more events for FPCs in future, especially for FPC members.

b) Community care

One of the major challenges facing London DHAs is to establish, in accordance with national policy and guidance, local services in the community for the 'priority groups' - elderly, mentally ill and mentally handicapped people. At the same time as 'rationalising' acute services, the new DHAs must devise plans for moving towards 'community care'. This is a particularly difficult task in districts where until very recently little or no community provision had been made for some of these groups.

During the year, a beginning was made, in collaboration with the Long Term and Community Care Team, to address some of the special problems of changing patterns of services in inner London. A series of conferences was designed to encourage London DHA members to discuss national policies and the implications for services in London. The aim of '**Issues for London DHAs**' was to consider how services might be improved for particular care groups. The first conference on May 13th focused on **policies for the elderly**.⁽⁴⁾ This was followed by **policies for child health**⁽⁵⁾ in September and **community mental handicap services** in October.

The series proved very popular and each conference attracted a high proportion of DHA members. It is planned to continue this topical series in 1983 and '**district psychiatric services**' will be held on 3rd March. Background work for this conference is already well underway and it is hoped that this will be the basis on which members of the Long Term and Community Care Team can build a more intensive programme of activities on psychiatric services in London. Issues to be considered at future conferences are likely to include maternity services and women's health. In the coming year there are plans for continued collaboration with the Long Term and Community Care Team on issues of policy development for the priority groups in London.

c) Ethnic minorities and health care

This area of concern, new to the London Programme but not to the Fund, was given considerable attention in 1982. Early in the year, the London

Project Executive Committee provided financial support for the Greek Cypriot Women's Health Group in Haringey (LPE 82/21). The aim of this project is to reach women in the Greek Cypriot community and offer them the opportunity to talk about their health and health care in their own language. It is also hoped to develop appropriate health education materials in Greek.

During the year Jane Hughes undertook a survey of local initiatives concerned with ethnic minorities' health, in order to piece together what was being done to meet the needs of minority ethnic communities in London. A large number of small, very local and often isolated projects were found, which represented a variety of interests and issues. Most of the projects were outside the NHS and had sprung up in response to needs that were not being adequately met. Details of all the projects were collated into an information note '**Ethnic minorities and health care in London**',⁽⁶⁾ which is intended as a source document for people working in this field. It has also been circulated within the NHS in the hope of bringing local projects into closer contact with health professionals and stimulating interest in new initiatives.

This information gathering was developed further by bringing together at the Centre a group of people knowledgeable about minority ethnic groups and the NHS. They were asked to advise how the Fund, through the London Programme, might make a contribution to improving health care for people from minority ethnic groups. The meeting was productive in a number of ways. It emphasised the political sensitivity of many of the issues and how little progress had been made by the NHS in this area. Contacts were established with people working outside the health service, especially in local authorities, who had fresh ideas about how an 'ethnic dimension' could successfully be introduced into the NHS.

As a result of this meeting a major role has been identified for the London Programme. Using the Fund's resources to fill gaps in statutory services by funding specific short-term projects was felt to be unsatisfactory. The Fund is, however, well-placed to help health authorities explore the 'ethnic dimension' in health care and examine how mainstream services can be adapted to better meet minority ethnic needs. Ideas put forward at the meeting have been taken up with health authorities and are currently being developed with a view to establishing several experimental projects in 1983.

As well as encouraging debate about current service provision there is also a need to consider the NHS as a major employer of people from ethnic minority groups. A conference for officers and members of London DHAs on this topic and equal opportunities policies is being planned jointly with the Polytechnic of the South Bank. Aspects of service provision and 'positive action' for ethnic minority groups will be the focus of another conference later in the year.

d) **Community development and health**

1982 saw a continuing growth in the number of local health projects in London and inputs from these projects into a widening range of health issues. Community health initiatives are making an important contribution to increasing public awareness about health and health care and many projects have found new ways of encouraging people to 'have a say' about how local services are run. The Fund took an early interest in the "community development and health" movement (see, for example, Health and Community Work : Some New Approaches)⁽⁷⁾ and the LPEC has helped its progress, mainly by providing grants to particular projects.

The Stockwell Health Project (LPE 80/6b) is an example of a successful neighbourhood health project in the inner city. The report 'Stockwell Health Project after two years'⁽⁸⁾ illustrates how the project has grown and diversified from its initial focus on community participation in planning a health centre to involvement in activities such as improving antenatal services, organising a 'health day' and compiling a community profile. Financial support from the LPEC for this project ended in 1982, but it is continuing, funded by Lambeth Inner City Partnership. The LPEC helped to establish a similar project, Bethnal Green Community Health Network (LPE 82/33) at Oxford House in Tower Hamlets. The emphasis of this project is on working constructively with health professionals and voluntary organisations to build a 'health network' that will encourage a better response to local health needs.

Information, advice and support for local projects like those in Stockwell and Bethnal Green is given by the London Community Health Resource at the London Voluntary Service Council (LPE 80/20). The Resource assists a growing network of projects by producing 'London Community Work Service Health News' and by organising courses and seminars for project workers. This work is described more fully in the 'Report of the First Year'.⁽⁹⁾

Within the NHS there still seems to be some misunderstanding and scepticism about the role and importance of community health projects. How the Fund might help with this and the associated issues of how best to document the activities and assess the achievements of local health initiatives are being explored with the London Community Health Resource.

Looking Forward

In addition to laying the foundation for some new areas of work, in 1982 much thought was given to methods of working and increasing the impact of London Programme initiatives. Two 'principles' seem to be particularly important and have informed plans for future work. The first point is that the limited resources available to the London Programme, including both grants and development activities undertaken by the officers, should be used in a more concentrated and focused way. Hence, the proposals outlined here for future activities associated with the London Programme's

central theme, improving primary health care services in the inner city, emphasise practical help for planners, providers and the professionals providing primary care to encourage change and experimentation. Secondly, London Programme initiatives should be better integrated with the work of other teams at the Centre and the faculty at the College. To this end, more effort in the future will be given to devising collaborative ventures associated with the aims of the programme.

Although more emphasis has been placed this year on building a coherent 'strategy' for some aspects of London Programme work, it is also recognised that a responsiveness to new ideas and approaches must be retained. This is important if the programme is to continue to evolve in directions that are relevant to London's current needs and problems.

The London Programme is also moving into a phase where more projects supported by the LPEC are coming to completion. There will increasingly be a role in helping to disseminate their results and also in taking some of this work on to the next stage. It is likely that completed projects will generate both publications and activities such as seminars and workshops at the Centre.

Jane Hughes
Pat Gordon

January 1983

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8. BOULD, Pat. **Stockwell Health Project after two years.** Lady Margaret Hall Settlement, London, 1982.
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THE LONDON PROGRAMME

Projects receiving support in 1982			£
LPE80/6(b)	Stockwell Community Health Project	Lady Margaret Hall Settlement	10,500
LPE80/20	London Community Health Resource Development	London Voluntary Service Council	31,000
LPE80/21	Comparative Study of the Need for Health Care	Department of Geography, Queen Mary College/North East Thames RHA	16,081
LPE80/23	Brecknock Community and Mental Health Project	Tavistock Institute/MIND	10,000
LPE81/7(d)	Development of Primary Health Care Teams	Dr D Craig, Thamesmead	5,041
LPE81/15	Frail Elderly - Collaboration in Community Care	Voluntary and statutory agencies in Tower Hamlets	20,000
LPE81/16	Subregional Resource Allocation in the NHS	University of Warwick/South West Thames RHA	20,000
LPE81/33	Part-funding of Information Officer	COPE	7,800
LPE81/45	Evaluation of a Two Year Trial of a GP Community Hospital in an Inner City District	Kensington, Chelsea & Westminster AHA(T), North West District	30,000
LPE81/46	General Practice Premises	Medical Architecture Research Unit, North London Polytechnic	34,000
LPE81/50	An Evaluation of Elderly Client Assessment Procedures	Department of Applied Social Studies, North London Polytechnic	6,810
LPE82/19	Graphic input methods in in general practice	Dr M Salkind, Hackney	7,980
LPE82/21	Identification of under-privileged areas	Dr Brian Jarman/London School of Economics	30,000
LPE82/22	Haringey Greek Cypriot Women's Health Group	Cypriot Community Centre, Haringey	6,450
LPE82/33	Bethnal Green Community Health Network	Oxford House, Bethnal Green	12,500

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SECTION 2

OTHER ORGANISATIONS



INTERNATIONAL HOSPITAL FEDERATION

President Mr J Alexander McMahon (USA)
Director-General Mr Miles Hardie

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

- publishes **WORLD HOSPITALS**, a quarterly journal which is issued free to members. It is printed in English with supplements in French and Spanish, and contains authoritative articles and reports on various aspects of international developments in the planning and operation of hospitals and health services. Particular attention is paid to reporting on IHF congresses, study tours and other activities.
- organise international **CONGRESSES** and regional conferences and seminars at which representatives of all branches of health services can meet their colleagues from other countries and discuss common problems. Amongst the IHF activities in 1982 were: A seminar - "Professionals and volunteers: partners or rivals?" - held in July, sponsored in collaboration with WHO, WFMH, MIND, King's Fund Centre and Volunteer Centre, and attended by 46 people from 14 countries; the sixth annual workshop on health care planning in urban areas, held in Dublin in September and attended by 43 representatives from 11 European cities; the 10th IHF Regional Conference, held in Buenos Aires, Argentina, and attended by 300 representatives from 12 countries, mainly in Latin America.
- arranges **STUDY TOURS** and special study visits to give members first-hand knowledge of health service work in different countries. The major event in 1982 was the IHF's 17th biennial study tour. This was held in England (for the first time) and was attended by 160 people from 33 countries. The 12-day itinerary was based in London, Stratford and York and 26 hospitals and health institutions were involved. In addition, three more special study visits were organised in 1982, the first was in USA in April, looking at problems and progress in health care in big cities (New York and Detroit) with 35 people from 18 countries; the second studied the coordination of hospitals and PHC services in Hungary (Budapest and Zalaegerzeg) with 37 people from 16 countries; and the third was about computerised hospital information systems in France (Lyon, Toulon and Marseilles), with 41 people from 14 countries.
- maintains an **INFORMATION SERVICE** for members on hospital and health service matters anywhere in the world, and offers advice and assistance to members over personal study tours and other matters. In the field of information, the IHF works in very close collaboration with the King's Fund Centre.

- sponsors an annual 10-week **COURSE**, which is organised jointly with the King's Fund Centre, for senior hospital and health service administrators from overseas. Over 500 people from over 85 countries have attended this course since it started in 1961. In 1982 there were 29 members on the course, from 20 countries.
- sponsors **PROJECTS** and study groups on different aspects of hospital and health services. Amongst current and recent projects have been ones concerned with health care in big cities; health auxiliaries; health care planning in urban areas; good practices in mental health; hospitals and primary health care.
- sponsors **FELLOWSHIPS**, usually financed from charitable sources. During 1982, 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.

IHF EVENTS

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

1982

Date	Event	Place
24 Apr - 5 May	16th Special Study Visit - Focus on an area health care system	North Carolina USA
21 - 24 Jun	*International invitational symposium - Patient information systems, quality assurance, accreditation/licensure (jointly with Joint Commission on Accreditation of Hospitals, and Commission on Professional and Hospital Activities, and supported by W K Kellogg Foundation of USA)	Geneva SWITZERLAND
26 Jun - 1 Jul	23rd International Hospital Congress	Lausanne SWITZERLAND
14 Jul - 29 Sep	23rd Annual course for senior hospital and health service managers from overseas	London ENGLAND
29 Aug - 8 Sep	17th Special Study Visit - Integrated hospital and health care	FINLAND
8 - 26 Oct	18th Special Study Visit - Hospital and health care in the People's Republic of China	CHINA
14 - 18 Nov	*7th Workshop on health care planning in urban areas	Lisbon PORTUGAL
Date to be fixed	*8th Workshop on health care planning in urban areas	Barcelona SPAIN

1984

22 - 29 Apr	12th IHF Regional Conference	Seoul KOREA
13 - 25 May	18th IHF Study Tour	PORTUGAL
Jul - Sep	24th Annual course for senior hospital and health service managers from overseas	London ENGLAND
9 - 20 Sep	Special Study Visit - Planning a district health service	ENGLAND
8 - 12 Oct	13th IHF Regional Conference	Nairobi KENYA

1985

26 - 31 May	24th International Hospital Congress	San Juan PUERTO RICO
2 - 9 Jun	Special Study Visit - Hospital and community care	COSTA RICA

1986

Date to be fixed	19th IHF Study Tour	CANADA
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* Small meetings, by invitation

COURSE FOR SENIOR HOSPITAL AND HEALTH SERVICE MANAGERS FROM OVERSEAS

Origins

For some years, hospital and health service managers from countries overseas have come to Britain for further experience or training, and it is clear that the demand for such training is increasing and is likely to continue doing so as health services are developed in these overseas countries. To help meet this growing demand, a special course has been sponsored by the International Hospital Federation in each of the 22 years 1961/1982, specifically for men and women holding senior positions in hospital and health services of their own countries.

Objectives

The objectives of the 1983 course will be to increase the participants' knowledge and understanding of:

- i) the nature of management, including the process of decision-making, the setting of objectives and priorities for the development of health services, and the management of change,
- ii) the principles of planning health services, including country health programming, and their application at local level,
- iii) management services, including techniques for the collection, analysis, assessment and use of epidemiological and other information for planning and management; medical records systems; operational research,
- iv) the organisation and management of 'hotel' and supply and support services in the delivery of health services,
- v) personnel management, including manpower planning, with particular emphasis upon management development, and the formulation of management training programmes.
- vi) methods of assessing the efficiency and effectiveness of hospitals and health services, and of identifying organisational problems.

In addition to these core subjects, the programme for 1982 has been changed to reflect new needs and pressures which are emerging overseas, particularly with the development of the World Health Organisation's (WHO) Strategies for Health for All by the year 2000 and the role of the hospital in promoting, supporting and providing primary health care. Health authorities continue to assist by providing valuable practical training and experience in the system of 'attachments' for course members.

Progress

By the end of the 22nd course, some 500 senior health personnel from over 85 countries had attended. A 23rd course has been arranged for 1983, starting on 14 July and finishing on 29 September 1983. Residential accommodation will again be provided for the whole of the ten weeks at Astor College, which is owned and managed by Middlesex Hospital Medical School. The course will continue to be conducted by the International Hospital Federation at the King's Fund Centre in collaboration with the British Council, the Department of Health and Social Security, Regional and District Health Authorities, King Edward's Hospital Fund for London, the Health Services Management Centre of the University of Birmingham and other university departments with relevant expertise.

Evaluation

For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are vacancies. There are no formal examinations at the end of the course, but from systematic assessments made during and after the course, it certainly appears that members find the course valuable to them and modifications to the course are made in the light of suggestions for improvement offered by the members, and by the course organiser and tutors.

Future

It is hoped that this course will continue, with the help and support of the King's Fund, University of Birmingham, British Council, the Ministry of Overseas Development, World Health Organisation, and hospital and health service authorities and other organisations.

Miles Hardie
December 1982

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

CEH is concerned with the environmental needs of all handicapped people: the physically disabled, the mentally handicapped, the mentally ill, the elderly, the blind and the deaf. Our principal focus is on the built environment and the contribution of good design, but we hold no brief for architectural determinism and are aware that good environments are the result of a complex interaction between client, designer and user, subject also to the policies and controls exercised at national and local level.

We are thus multi-focused in terms of the handicapped people whose needs we seek to serve, and multidisciplinary in terms of the professionals whose policy, design and management decisions we seek to influence. An important partner in the debate, and one whose voice has been until recently too little heard, is the handicapped consumer - the "real user" of buildings and services. We have actively encouraged consumer involvement in our publications and seminars programmes in 1982.

Seminars

Our series on house adaptations for disabled people using improvement grants has occupied principal place in the programme, two seminars being held here at the Centre, one in Birmingham and another in Manchester. The additional resources made available for home improvement grants, the increased levels of grant for which disabled people are eligible and the continuing potential of the improvement grant system for substantially improving the housing conditions of disabled people have encouraged us to regionalise the series, with several advantages. First, we can assist those more distant local authorities who incur heavy travel costs in sending participants to London, and second, the programme for each event can be designed to incorporate local examples of good practice, thus contributing to knowledge about how the system operates throughout the country and enabling a wide variety of authorities to review their working methods against the procedures and practice evolved by others.

Other seminars held in the course of the year were:

Access to Churches

Day Care for Handicapped and Elderly People: Pointers for the Future
Gardens, Grounds and the Countryside (Cheltenham)

A Review of Residential Accommodation for Physically Handicapped People
Fire Safety in Residential Accommodation

Housing Projects for Mentally Handicapped People (Birmingham)

Considerable effort in 1982 has been addressed to the development of our seminar programme. Growth in this area has been made possible by our location within the Centre and access to the Centre's efficient and reliable seminar machinery. We hope that we have made some return by way of bringing an additional 500 people to the Centre and by contributing to its revenue from this source.

Publications

The major achievement of the year has been the co-publication, with the Fund, of "Living Independently". The book, by Ann Shearer, looks at the lives of nine severely disabled people who have established homes of their own in the community, and at the implications of these experiences for housing and care services, and their costs. The research and writing were supported by a grant from the European Community and the publication and promotional costs have been borne by the Fund.

"Living Independently" challenges policy makers, architects and people working in the statutory and voluntary services to look again at their assumptions about what is possible for people with very severe disabilities and we believe that it will have an impact on these assumptions. It is also CEH's first real 'book', and about this we are unashamedly and naively excited. The publishing partnership has also enabled us to draw on, and to learn from, the professional skills of Victor Morrison and Barbara Regis, and this has also been rewarding.

Partnership

We have always seen our role within the Centre as that of a specialist agency which supports the Centre's broader concerns, and this is borne out by the close cooperation that has always existed between our respective library and information staff and which we seek to develop through enhanced collaboration, notably with the Long Term Care and Community Team. Between CEH and the Team there is both commonality of concern and idiosyncrasy of emphasis - an excellent recipe for partnership.

In 1983 we seek through a joint project to develop an information bank on housing and care schemes for physically handicapped people. We are aware that there is both innovation and a desire to innovate in this field, and for those seeking to develop community care there is a need for reliable information on what is already being done. In this exercise the intelligence network will be largely established by the Team, which will also be responsible for information gathering; CEH will be the principal disseminating agency.

If this first project proves useful, the model may be invoked for other services and other client groups. Implicit in this exercise is a recognition that there are gains in effectiveness in a conscious rationalisation and harmonisation where appropriate of workloads and strategies.

There are similar advantages in collaboration on seminar programmes, where there is mutual concern and specificity of interest.

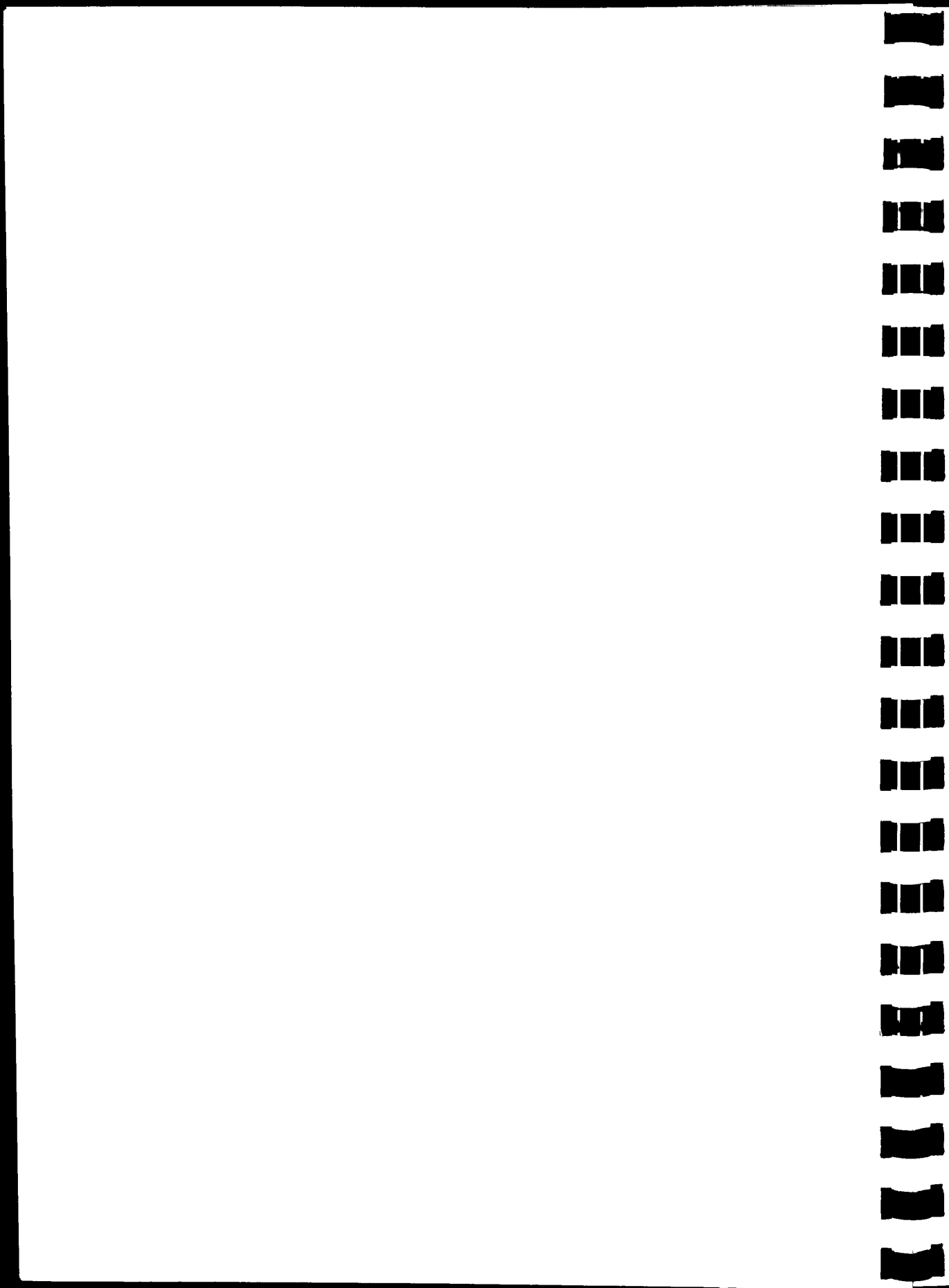
Without the support of the King's Fund Centre it is difficult to envisage the viability of CEH, and I end this brief review of a rewarding year, as is customary, with our wholehearted thanks.

Sarah Langton-Lockton
January 1983

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SECTION 3

ADMINISTRATIVE SECTION



KING'S FUND CENTRE COMMITTEE

The following are the members of the King's Fund Centre Committee during 1983:-

Professor Ian McColl MS FRCS (Chairman)

Colin Godber Esq MRCP MRCPsych

Norman Halliday Esq MB BS DCH

Professor J C Hayward BSc PhD SRN

M J McCarthy Esq MSc MRCP MFCM

S F Thorpe-Tracey Esq

P C Walker Esq MB BChir MFCM

Miss J M Wheeler BA SRN SCM RNT

February 1983

KING'S FUND PROJECT COMMITTEE

The following are the members of the King's Fund Project Committee during 1983:-

R Himsworth Esq MD FRCP (Chairman)

Professor Brian Abel-Smith MA PhD

A L Bussey Esq MB BS MRCP MFCM AMBIM

Dr Rosemary Crow MA PhD SRN SCM HV

Ms Christine Farrell BA

Ms Shirley Goodwin BSc(Hons) SRN HV

A Henderson Esq

Brian Jarman Esq MRCP MRCP

P M Jefferys Esq MA MB MRCP MRCPsych

D K Nichol Esq MA AHA

H I Wickings Esq PhD

Sir Henry Yellowlees KCB FRCP FFCM

February 1983

THE LONDON PROJECT EXECUTIVE COMMITTEE

The following are the members of the London Project Executive Committee during 1983:-

Professor Brian Abel-Smith MA PhD (Chairman)

Miss Joan Clague SRN SCM

John Dennis Esq BA DSA AHA

Ms Christine Farrell BA

Brian Jarman Esq MRCP MRCGP

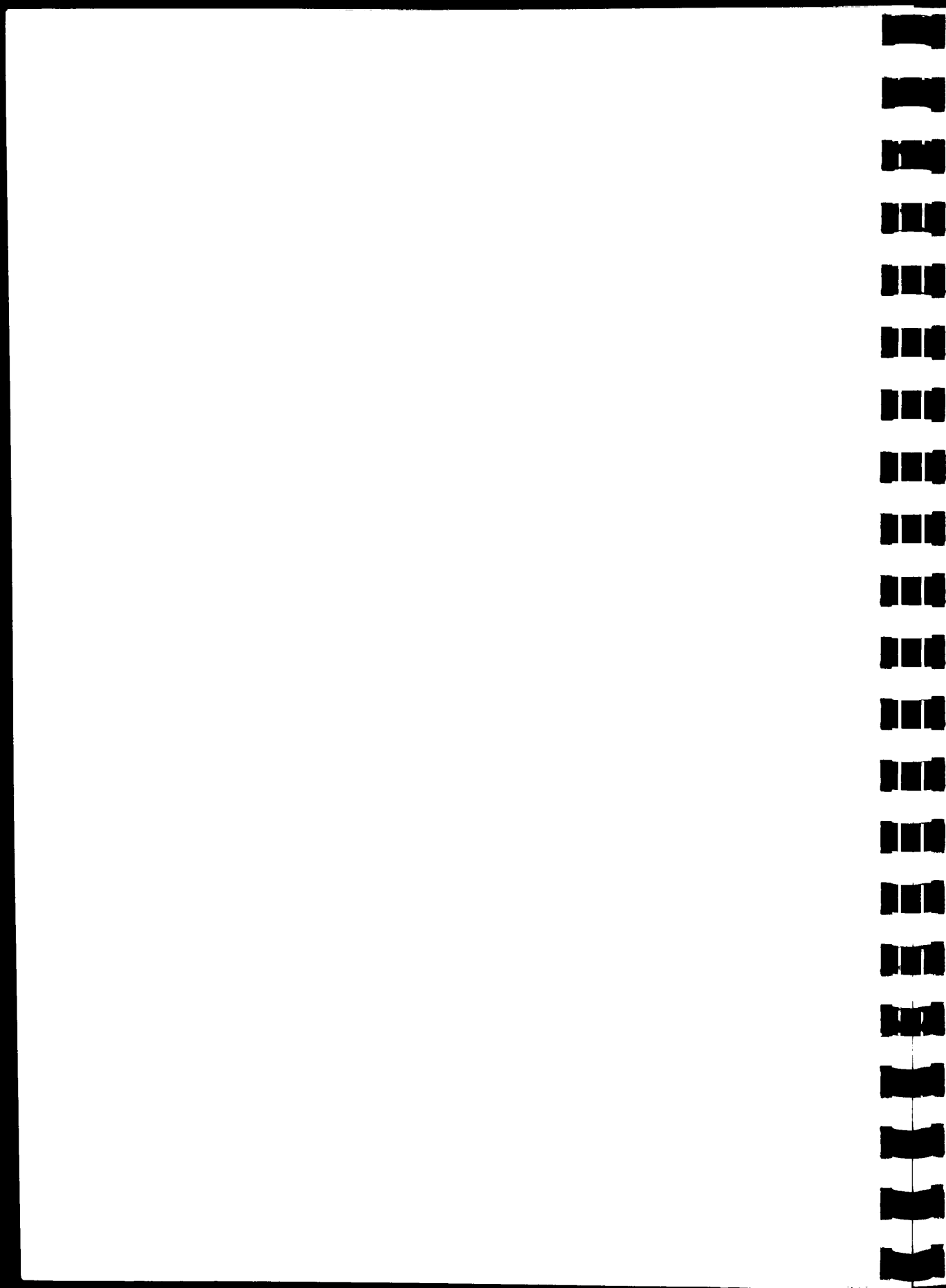
David L Kenny Esq LLB AHA

Professor Ian McColl MS FRCS

Professor David Morrell FRCP FRCGP

Peter Westland Esq

February 1983



STAFF OF THE CENTRE

The following are the staff on the establishment of the King's Fund Centre as at 31 December 1982:

Mr W G Cannon MA FHA	Director
Miss H O Allen BA SRN SCM RNT	Assistant Director
Mr D M Hands MPhil FHA AMBIM	Assistant Director
Mr K Morton BA FHA AMR	Assistant Director
Dr D Towell MA PhD	Assistant Director (Part Time)
Mrs A Anderson	Waitress (Part Time)
Mrs M E Aston	Conference Secretary
Mr R G Bennett	Information Officer
Miss C Butler	Clerk/Typist
Mrs M Chekri BA ALA	Assistant Librarian
Mrs S Cook BA ALA	Assistant Librarian
Mrs R Crawford	Printroom Supervisor
Miss C Davies SRN	Project Officer
Miss N M Davies	Mr Hands' Secretary
Miss M Eldridge	Dr Towell's Secretary
Ms M Elsdon	Secretary, Long Term Care Team
Ms A Foster BA	Project Officer
Miss M French	Occupational Health Adviser (Part Time)
Ms P Gordon	Project Officer (Part Time)
Mrs E Green	Assistant Cook
Miss P C Hannay	Mr Cannon's Secretary
Ms J Hughes MSc	Project Officer
Miss P N Hope	Clerk/Typist
Mrs M Kornitzer	Secretary, Long Term Care Team (Part Time)
Miss C Lever	Project Secretary
Mr H W Lord	Cashier/Accounts Clerk
Mr T McAusland	Project Officer
Mr L McElligot	Caretaker
Mrs M McEwan	Library Assistant (Part Time)
Miss P Mann	Head Cook
Mr C Mills	Porter/Messenger
Ms M O'Donoghue	Receptionist
Miss S Pallot SRN ALA	Assistant Librarian
Mrs J Rush SRN DipSoc	Project Officer
Miss P A Tawn	Miss Allen's Secretary
Mrs A Taylor	Catering Assistant
Mr A J Thorne	House Engineer
Mr F G Topping JP	Administrator
Mrs D M Twitchin	Project Assistant
Mr J Tyson	Kitchen Porter
Miss H Vogwell	Library Assistant
Mr J L Webster	Assistant House Engineer
Mr T Wheeler	Audio Visual Technician
Mrs J M B White BA ALA	Librarian
Miss A F Whittaker	Project Assistant
Miss L N Wood	Catering Officer

OTHER ORGANISATIONS

Centre on Environment for the Handicapped	5 staff
International Hospital Federation	9 staff
KF Publications Department	3 staff
Medical Services Study Group	3 staff

CONFERENCES, MEETINGS AND VISITS - JANUARY/DECEMBER 1982

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 1982, and about the groups of visitors who come to the Centre during this period.

	Working days	No of groups	No of people
1976 (Aug-Dec)	108	159	3,819
1977	253	481	13,075
1978	252	505	14,540
1979	253	498	13,544
1980	254	649	15,381
1981	252	562	14,064
1982	253	514	13,002
	1,625	3,368	87,425

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

	1979	1980	1981	1982
Conferences and meetings organised by the Centre	161	188	228	210
Working parties, committees and projects with which the Centre is directly concerned	50	72	40	31
Groups of nurses, other staff and students visiting the Centre on study days	17	102	39	26
Groups of overseas visitors	14	14	15	8
International Hospital Federation overseas course on 1-day sessions at the Centre	22	25	25	33
Other organisations using the facilities of the Centre for their own purposes	234	248	215	206
	498	649	562	514

Overleaf there is shown a list of groups visiting the Centre during a typical month. Detailed figures have not been recorded for individual visitors but there are about 3,000 in a full year.

CONFERENCES, MEETINGS AND VISITS - JUNE 1981

Date	Time	Organisation	Number
1	10.00	Commissioning Hospital Buildings Seminar	29
	10.00	University College Hospital - Youth Opportunities Induction Scheme	5
	3.00	Counselling for the Disabled	8
2	10.00	Industrial Society	8
	11.30	British Health Care Export Council	20
	5.30	The Management Survey Project	32
3	10.00	Department of Health & Social Security	67
	9.30	Industrial Society	8
	2.00	Elderly in the Inner City Committee Meeting	6
	2.30	King's Fund Project Committee	20
4	10.00	Nurse to Nurse Reporting	102
	11.00	Planning Meeting - AHCIMRO Conference 14 June	10
6	10.00	Institute of Home Help Organisers	16
8	10.00	Wessex RHA - Classification Meeting	6
	11.00	International Hospital Federation	6
	2.00	Planning meeting for study day 23 March	6
9	10.00	Research Institute for Consumer Affairs	104
	2.00	Community Health Projects	9
	10.00	Visitor from Peking	1
10	10.00	Planning Local Mental Handicap Services	34
11	10.00	Planning Local Mental Handicap Services	34
	12.30	Training Ward for Ward Sisters - Tutorial 'introduction to research	9
12	11.00	Service Planning Nurses Group	11
13	10.00	Institute of Home Help Organisers	12
15	10.00	The National Health Service & Ethnic Minorities - DHSS/KFC Seminar on Asian Foods and Diets	86
16	10.00	Discussion day on 'A Good Home' - A consultative document on the registration system for accommodation registered under the Residential Homes Act 1980	60
17	9.30	Review/Preview - Training Ward for Ward Sisters	9
	10.00	APMH Executive Committee Meeting	13
	2.00	Centre on Environment for the Handicapped	13
18	10.30	A Nurse Education Development Project	102
	10.00	Silverlands College JBCNS Course	12
19	10.00	Advocacy with Long Term Residents	46
	10.00	Peer Group - Continuing Education/Staff Development	16
20	10.30	National Association of Teachers of the Mentally Handicapped	20
	1.00	Reach - The Association for Children with Artificial Arms	20
22	2.00	Repatriation of Elderly People	6
	2.30	Long Term Care Team	8
	2.30	Community Aide Programme	5
23	10.00	Reviewing disabled people in residential care - what do we mean?	43
	12.00	Training Ward for Ward Sisters Preceptors/Researchers	7
24	11.00	Centre Development Forum	12
25	10.00	College of Occupational Therapists	95
26	10.00	Health Services Manpower Review	26
27	10.00	Institute of Home Help Organisers	15
29	10.00	Korner Group Seminar - Information in the Eighties	67
	9.45	Centre Quarterly Planning Meeting	18
30	10.00	Centre on Environment for the Handicapped	96
	10.00	Independent Development Council	14
31	10.00	Abbott Laboratories Ltd. - Stoma Care for Nurses	23
	2.00	Caring for the Carers	10

(50 groups - 1405 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1982.

Large conferences

EDUCATION AND TRAINING

A nurse education development project
Back pain - awareness and answers
New perspectives in nursing history
Nurse to nurse reporting
Policy priorities in health visiting
Problem solving, critical thinking, philosophy and nursing
The management of the nursing process
The role of the graduate nurse
Training ward for ward sisters
Ward sisters rule OK? How should the ward sister role be developed in the 1980s?
Writers workshop

LONG TERM CARE

'An ordinary life'
Do disabled people need counselling?
Advocacy with long term residents
Bereavement and mentally handicapped children
Community support for people with long term psychiatric disabilities
Discussion day on 'a good home' - a consultative document on the registration system for accommodation registered under the Residential Homes Act 1980
Improving the quality of services for mentally handicapped people
Issues for health and local authorities in London - policies for community based mental handicap services
KFC/BASE - how should we strive to keep alive?
Local progress in bringing mentally handicapped children out of large hospitals
Long stay care for elderly people - a shared responsibility
Planning local mental handicap services
Reviewing disabled people in residential care - what do we mean?
The respective roles of the general acute and geriatric sectors in care of the elderly hospital patient

MANAGEMENT PLANNING AND ORGANISATION

Commissioning hospital buildings
Community Care
Financial information for planning in DHAs
Health Services Information - is this IT?
Issues for London DHAs - policies for child health
Issues for London DHAs - policies for the elderly
Planning for primary health care
The acute hospital sector
The management of units in the restructured NHS
The management survey project

OTHER TOPICS

Medical records - seminar for chairmen of medical records sub-committees
Problems in patient care
Psychologists and NHS workshop
The National Health Service and ethnic minorities - DHSS/KFC seminar on
Asian Food and Diets

CENTRE LUNCH TALKS

Series of four given by Dr Adrian Stokes, adviser to the King's Fund in
Computer Technology

The history of computing and the development of computer technology
The components of a computer and the introduction to hardware and to
microcomputers
Programming languages and an introduction to programming techniques and the
design of computer systems
Current and future developments, including reference to computer networks
and videotex

PRESS CONFERENCES

Progress Design International Ltd.

Small meetings

'An ordinary life'
Back pain - awareness & answers - planning meeting for conference
Bereavement and mentally handicapped people
Bristol arts project
Caring for the carers
Centre development forum
Centre quarterly planning meeting
Child health
Collaboration in community care
Community aide programme
Community health projects
Computer modelling techniques
Computing for small charities
Counselling for the disabled
Debriefing - conference 10 November
Demonstration - word processor
Design guidance for mental handicap services
District health authorities
Editorial board - KF news
Education/introduction of change in curriculum training ward
French administrators - meeting re visit
Health service provision for mentally handicapped
Health & safety committee

Helping relationship - planning meeting for workshop
Helping relationship - organisers and preceptors re future developments
Helping relationship workshop - planning meeting
History of the King's Fund
Improving health care for London's Afro-Caribbean communities
Interpersonal skills
King's Fund Centre committee
King's Fund news quarterly meeting
King's Fund project committee
London project executive committee
Long term care team
Management education centres
Meeting on computer models for planning
Meeting to discuss future publication on 'Planning'
Meeting to discuss proposed visit of French visitors
Mental handicap planning
Mental health development project
Microcomputers - their potential and use by small units of management
NHS nursing homes
Nurse to nurse reporting - revision of handbook
Nursing policy studies unit
Peer Group - dual appointments, continuing education, staff development,
debriefing meeting - conference 1 July, history and the nurse, the role of the
ward sister
Planning group - disability and counselling
Planning meeting - ACHIMRO conference 14 June
Planning meeting - conference 9 December
Planning meeting - nurse to nurse reporting - conference 4 March
Planning meeting for study day 23 March
Primary and secondary care
Primary health care in Islington
Private and voluntary homes for elderly people steering committee
Reconvened Thwaites peer group
Repatriation of elderly people
Research into reorganisation of Banstead & Horton Hospitals
Reviewing people in residential care - what do we mean?
Ripple beds
Short term care for mentally handicapped children
Short term care for mentally handicapped people
The elderly person in the inner city
The future of the London community health resource
Thwaites peer group
Training ward for ward sisters
Training ward for ward sisters - bereavement, counselling,
preceptors/researchers, research, review/preview, tutorial intro to research,
interviews for AML, project reports
Word processor - draft staff routine

Groups of overseas visitors

- Italy
- Japan
- Peking
- Saudi Arabia
- The Nordic Countries

The 1982 course for hospital administrators from overseas (30 members from 20 countries) attended 66 half-day sessions at the Centre.

Groups of nurses, other staff and students

- Art for the elderly course
- Brighton School of Librarianship
- Charing Cross Hospital Medical School library school students
- DHSS librarians
- Edgware General Hospital student midwives
- King's Fund national trainees
- Manchester library school students
- Midwife Teachers Training College, Kingston
- Orpington JBCNS geriatric course
- Polytechnic of North London health education students
- Polytechnic of North London MARU course
- Polytechnic of North London, library school students
- Polytechnic of the South Bank - Aslib social sciences group
- Polytechnic of the South Bank - two year diploma course in hospital administration
- Polytechnic of the South Bank, postgraduate students in health service administration
- RCN overseas nursing administrators
- Royal Institute for Public Health & Hygiene students
- Silverlands College JBCNS course
- St Bartholomew's Hospital student nurses
- Tower Hamlets Health District occupational therapists

Receptions

- Brian Brookes Memorial Fund
- British Health Care Export Council
- Department of Health & Social Security
- Farewell reception for Mrs W M Arnett Rayson, Project Officer
- Institute of Health Service Administrators (NE & NW Thames Regional Councils)
- Medical Journalists Association
- National trainees
- Overseas course
- Paintings in Hospitals
- Training ward for ward sisters

Outside Organisations

ASLIB/DHSS Health Service Information Flow Project
Abbott Laboratories Ltd.
Alcohol Education Centre
Association of Chief Chiropody Officers
Association of Child Psychology and Society
Association of Health Care Information & Medical Records Officers
Association of Health Centre & Practice Administrators
Association of Professions for the Mentally Handicapped
Bliss Classification Association
Bloomsbury District Management Team
British Association of Social Workers - Haemophilia & Related Haemostatic Disorders - Special Interest Group
British Dietetic Association
British Health Care Export Council
British Psychological Society
Brunel University
Centre on Environment for the Handicapped
College of Occupational Therapists
Community Health Council Secretaries
Conference of Postgraduate Dental Deans/Advisers of the Universities of the UK
Department of Health & Social Security
Disablement Income Group
East Anglian RHA
Endometriosis Self Help Group
Foot Health Council
Health Services Manpower Review
Helpers in Caring
Independent Development Council
Industrial Society
Institute of Health Service Administrators
Institute of Home Help Organisers
Institute of Management Services
International Hospital Federation
Investment Appraisal Workshop
Kabi Vitrum Ltd.
King Edward's Hospital Fund for London
King's Fund College
Korner Group
Lewisham School of Nursing Teaching Staff
London Voluntary Service Council
London Youth Advisory Service
Medical Services Study Group
Members of Greater London Family Practitioner Committees
NHS Regional Librarians Group/College of Occupational Therapists
National Association of Teachers of the Mentally Handicapped
National Association of Voluntary Help Organisers
National Federation of Gateway Clubs
Niagara Therapy Ltd.
Northern Regional Health Authority
Nurse Education Interest Group
Nursing Focus
October Club
Operational Research Society

Parents for Children
REACH - The Association for Children with Artificial Arms
Regional Health Authority Librarians
Renal Society
Research Institute for Consumer Affairs
Royal College of Radiologists
School of Advanced Urban Studies, University of Bristol
Service Planning Nurses Group
Social Welfare Commission of the Catholic Bishops Conference
Society of Community Health Council Secretaries
South West Thames RHA
Southwark Development Group
Spinal Injuries Association
The English National Board for Nursing, Midwifery & Health Visiting
The Remedial Therapist
The Royal Association for Disability & Rehabilitation
Transmitton Ltd.
University College Hospital
Volunteer Centre
Wessex Regional Health Authority

COMMITTEES & WORKING PARTIES

London DHAs, Psychiatric services steering group
London Project Executive Committee
Training & Education in mental handicap steering group

RECEPTIONS

Brian Brookes Memorial Fund
British Health Care Export Council
Department of Health & Social Security
Farewell Reception for Mrs W M Arnett Rayson, Project Officer
Institute of Health Service Administrators (NE & NW Thames Regional Councils)
Medical Journalists Association
National Trainees
Overseas Course
Paintings in Hospitals
Press Conferences
Progress Design International Ltd.
Training Ward for Ward Sisters

GROUPS OF NURSES, OTHER STAFF AND STUDENTS

Art for the Elderly course
Brighton School of Librarianship
Charing Cross Hospital Medical School Library School Students
DHSS Librarians
Edgware General Hospital Student Midwives
King's Fund National Trainees
King's Fund National Trainees
Manchester Library School Students
Midwife Teachers Training College, Kingston
Orpington JBCNS Geriatric Course
Polytechnic of North London
Polytechnic of North London Health Education Students
Polytechnic of North London MARU Course
Polytechnic of North London, Library School Students
Polytechnic of the South Bank - Aslib Social Sciences Group
Polytechnic of the South Bank - two year diploma course in hospital administration
Polytechnic of the South Bank, postgraduate students in health service administration
RCN Overseas Nursing Administrators
Royal Institute for Public Health & Hygiene Students
Silverlands College JBCNS Course
Silverlands Education Centre JBCNS Course
St Bartholomew's Hospital Student Nurses
Tower Hamlets Health District Occupational Therapists

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 1982.

Expenditure	£	
Salaries	452,000	
Lecture Fees	10,000	
Wages-household	33,000	
Rents, rates and insurance	143,500	
Heating and lighting	35,000	
Household supplies, repairs and renewals	44,000	
Travel, subsistence and miscellaneous	16,000	
Office and tutorial supplies	9,500	
Telephone and postage	26,000	
Publicity	5,000	
Office furniture	16,000	
Periodicals, books etc.	8,750	
Audio visual/display equipment etc.	6,000	
Catering	25,000	
Publications	10,000	
		<hr/>
		839,750
		<hr/>
Less receipts		
Sale of books and publications	8,000	
Conference fees etc.	70,000	
Rents etc.	300	
Contributions - DHSS	287,000	
RHA	84,675	
		<hr/>
		449,975
		<hr/>
		389,775
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King's Fund



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