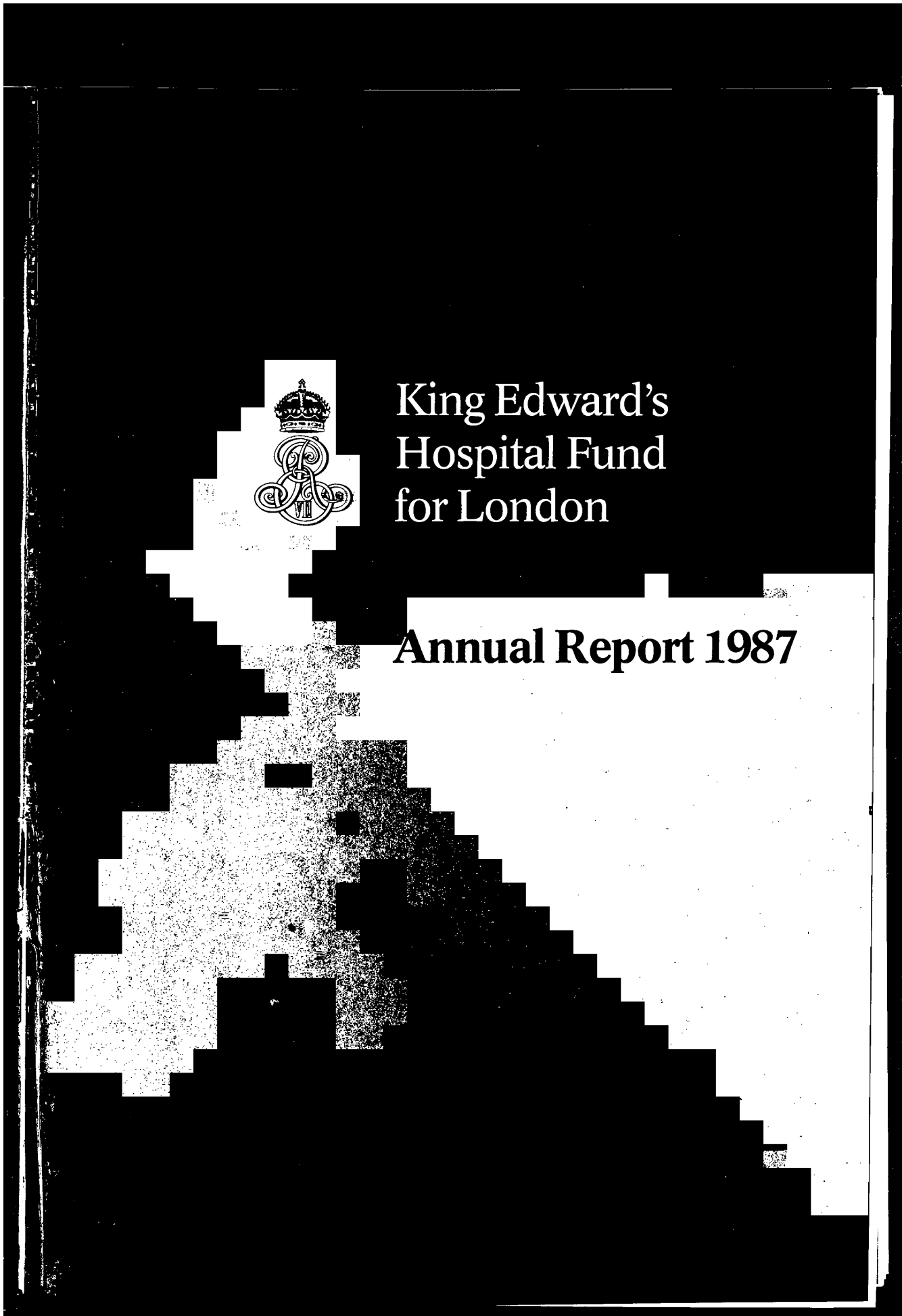

King Edward's Hospital Fund for London

Annual Report 1987

The King's Fund: its origins and history

'... the support benefit or extension of the hospitals of London or some or any of them (whether for the general or any specific purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects.'

These words from the 1907 Act of Incorporation have been the guide to the Fund's practice for more than three-quarters of a century.

King Edward's Hospital Fund for London was founded in 1897 and was one of a number of ventures begun that year to commemorate Queen Victoria's Diamond Jubilee. It was very much the Prince of Wales's idea. There were many people who thought that he should not pursue it because it was too ambitious to succeed. Nevertheless his letter to the people of London inviting support for a permanent fund to help the London hospitals, met an immediate response from indivduals and from commerce and industry. A capital sum was built up and the interest from it forms a permanent endowment. The Fund took its name when the Prince succeeded to the throne. In 1907 it became an independent charity incorporated by Act of Parliament.

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it supports research and development in all aspects of health care and management, except clinical; publishes books and reports, some stemming from work supported by the Fund; provides education for management in health care at its College; and facilities for research and discussion at its Centre.

Grant making ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the London Programme, for which, to date, some £1,065,000 has been made available. Another new venture concerns the assessment and promotion of quality in health care.

The **King's Fund Centre for Health Services Development**, which dates from 1963, is in purpose-built premises in Camden Town. Its aim is to support innovations in the NHS and related organisations, to learn from them, and to encourage the use of good new ideas and practices. The Centre also provides conference facilities and a library service for those interested in health care.

The **King's Fund College** was established in 1968 when the separate staff colleges set up by the Fund after the second world war were merged. It aims to raise management standards in the health care field through seminars, courses and field-based consultancy.

The **King's Fund Institute** was established at the beginning of 1986. The Institute is located at the King's Fund Centre in Camden. The primary aim of the Institute is to contribute to improving the quality of public debate about health policy through the production of impartial analyses.

King Edward's Hospital Fund for London

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Contents

Report 1987

This was the Fund's 90th year, and the report will appear shortly before the 40th anniversary of the National Health Service. It should therefore be a time for celebration. It is also a period of unusual turbulence in health policy in the United Kingdom, with a sharp public debate about the funding of the NHS and the role of private finance. What will emerge from the government's current ministerial review is for the moment something of a mystery. The Fund is seeking to contribute to the discussion, particularly through the King's Fund Institute, and at the same time to help staff in the NHS and the voluntary sector continue to give a service without losing heart. This is particularly difficult in London – a subject to which we return later in this report, as one of the key issues selected for discussion this year. Before that, however, we review briefly the Fund's principal activities, concentrating on 1987 but also, when this seems appropriate, referring to earlier and later events.

King's Fund Centre

Nineteen eighty-seven was a year of change for the Centre. Barbara Stocking took up the post of Director and Professor Anthony Clare became Chairman of the Centre Committee in January. During the year there were a number of staff changes and this allowed for the reshaping of some project areas, as well as the establishment of new ones. There are now six project areas, described below. The Centre Committee acts as an advisory body to the Director, but also has some funds, £170,000 in 1987, for grant giving. During the year the Committee decided to relate grants more closely to the work of the main projects. Priority themes will be agreed each year, so that grants can be used to encourage experimentation by supporting new or existing ventures in selected fields. In 1938 these themes will be services for black and ethnic minority users and the reshaping of acute services.

Acute Services

A new project area was established in 1987 for the development of acute services. The main issues are:

1 the organisation and style of service delivery;

2 clinical effectiveness;

3 better integration of acute services with other parts of the NHS and with other organisations;

4 relating acute services more closely to need.

This project was set up because it is clear that significant changes are taking place in the acute sector, and while individuals may be involved in particular issues (such as day care development, shorter lengths of stay, waiting list initiatives), there is little understanding of the picture as a whole. A series of workshops is planned for 1988 aimed at stimulating debate about the development of acute services. In addition we hope to work in a number of districts which are prepared to assess and reshape their acute services.

Within the acute services project, the Consensus Development Conference programme continues to generate considerable interest. In April a conference considered 'The Role of Asylum in Society'. This was the first attempt at using this particular type of conference for a public policy issue rather than a medical procedure or technology. The conference was successful, but it is clearly more difficult to produce a precise consensus statement when tackling broad social issues such as this. In December a conference was held on 'Screening for Fetal and Genetic Abnormality'. Media interest included a 'File on Four' radio programme about the conference and the issues raised. Two more conferences are planned for 1988. The first in June on 'Treatment of Stroke' and the second in December on 'Intensive Care Units'.

Quality Assurance

As more workers in the NHS become explicitly concerned with the various aspects of quality of care, we receive an increasing number of requests for advice and for links with others undertaking similar initiatives. The Quality Assurance Abstracts continue to meet a need but more 'user-friendly' information is also required. We therefore plan to launch a QA newsletter in 1988. An information exchange has also been established to put people in direct touch with each other.

The need for exchange of information is not confined to individuals. A number of organisations are promoting aspects of quality assurance among their constituencies and members. Different agencies may not know what others are doing. The Centre was therefore approached to establish a national forum on quality assurance, and the first meeting will be held in April 1988. Initially organisations with established QA initiatives will be invited, but the group is likely to expand as the forum develops.

Progress was made during the year on the development of 'Guidelines for Good Practice in Acute Hospitals' and it is planned that some of the first workshops reviewing guidelines for particular departments will take place in 1988. Interest in audit continues to rise, especially in the medical profession. In the autumn a conference on 'Setting Standards in Clinical Services' was oversubscribed so that a repeat conference is planned in 1988.

The Fund was also involved (jointly with the Nuffield

Provincial Hospitals Trust) in the launch of the *Confidential Enquiry into Perioperative Deaths* in December, a very important pilot study by the Associations of Anaesthetists and Surgeons. This is now to be followed by a national study, backed by the Department of Health and Social Security, but carried out independently by the same team as the pilot study. The initiative has already received a very positive response from the Royal College of Surgeons. The QA project is planning a series of activities in medical audit in 1988.

People have begun to discuss the appropriateness of accreditation activities in the UK. A small working group was formed at the end of 1987 to consider some of the systems overseas and their possible application in the UK.

Education and Training

This year has been one preparing for transition, involving the phasing out of the Education and Training section to make way for the Nursing Developments programme in February 1988.

During 1987 there was a steady interest in Quality Circles from a range of employees involved in health care. Christine Davies was involved in speaking to groups, and in QC workshops in many parts of the United Kingdom. We anticipate being able to increase this activity in 1988 under the Quality Assurance project. Also on the 'quality' theme, a publication was launched, *Physiotherapy Services: A Basis for Development of Standards*, the working group concerned having met regularly at the Centre.

Work was completed on the accident/incident form for patients and visitors with guidelines for its use. Sir Cecil Clothier chaired the press launch, thus completing the work he helped to start as the Ombudsman for the Health Service two years ago. The form has been well received.

Workshops on Project 2000 and its implementation were arranged by the UKCC for all directors of nurse education. John Murrell of Homerton College, Cambridge, assisted with ideas on the possibilities which educational change offers.

Tutorials for the ward sister trainees have continued at Guy's Hospital and several districts have sought advice on starting programmes. The researchers' group, all of whom had undertaken studies related to the role of the ward sister, completed a five-year programme of conferences and workshops aimed at closing the gap between research and action on this important topic. The work culminated in a publication in January 1988.

Continuing education studies in nursing have been examined and disseminated at the Centre, including work with external researchers. The importance of continuing education has been emphasised by setting up a peer group to examine issues and initiatives. The identification of liaison points with external organisations in relation to staff development, resource management initiatives, and the evaluation of performance in the continued professional development of nursing staff, have been this group's initial priorities. It is also preparing a conference for September 1988, with the subsequent publication of papers.

Work with Peter Hingley and Phil Harris on stress among nurses continues, and we hope that a stress indicator package for nurses will become available during 1988.

The Centre helps to disseminate the work of the Nursing Policy Studies Centre at Warwick University, which is establishing itself as in important influence in its field.

Informal Caring Support Programme

The Informal Caring Support Unit was set up to improve information and education for carers and for professionals working with them. Carers and their representative organisations have participated in the programme. The National Informal Caring Forum, comprising voluntary organisations for carers of elderly or disabled people, continued to meet and to provide valuable advice and guidance. Local carer forums set up in different parts of the country also played a vital role, feeding many ideas into the programme. During 1987 consultations in the field were expanded to address the specific concerns of carers in black and ethnic minority communities, with an advisory group meeting regularly to consider the relevance of particular projects to these carers.

The first of a series of information and training materials were commissioned and published during the year. These included:

Caring at Home by Nancy Kohner: a handbook providing general information and advice for carers, produced in cooperation with the National Extension College.

Taking a Break by Maggie Jee: a guide for carers on types of relief care available in various parts of the country.

Shared Concern: a videotape and booklet to help doctors and other health care workers break the news to parents of babies born with a disability; produced in cooperation with SOPHIE (Society of Parents Helping in Education).

Carers: a video-assisted workshop for primary health care professionals supporting carers of elderly and disabled people; produced in cooperation with ESCATA.

The newsletter, *Carelink*, was launched in Spring 1987. It provides information and ideas on ways of improving support for carers. It is produced three times a year and is free on request.

Five more publications will become available in 1988 as commissioned projects are completed. These will assist carers who wish to develop support groups; enlarge our understanding of the needs of carers in ethnic minority communities; and provide guidance on the development of the community services required by carers.

Finally, a number of seminars or study days were organised, including one on respite care.

Long Term and Community Care Team

Through its programme of conferences, workshops, publications and development activities, the team has continued to work for better services for people with long-term disabilities. The network of those concerned with service delivery has expanded and includes contact with a wide range of voluntary organisations. The team is also increasing its efforts to involve consumers of services in all aspects of its work. The appointment of a new Project Director (Roger Blunden), to take up his post in 1988, gives the team an opportunity to review and further to develop its own strategy.

Learning Difficulties

The 'An Ordinary Life' initiative has been extended. As a result of a working group, a project paper, *Facing the Challenge: An Ordinary Life for People with Learning Difficulties and Challenging Behaviour*, was launched in November, followed by two conferences.

Another working group is looking at ways of ensuring that people with learning difficulties make friends and develop ordinary links with their local communities. The resulting project paper, *Ties and Connections*, will be available in the summer.

The team's involvement in self-advocacy has continued to expand throughout the year, including:

acting as a national information and advice resource for staff, consumers and their families;

encouraging a UK-wide network of people involved in this work;

writing training materials for self-advocates.

Two workshops concerned with developing self-advocacy skills were held at the Centre during the year and a report of these will be available in mid-1988. It is hoped this will encourage other people to hold similar events in other parts of the country. Training days and workshops more generally based on the principles and practice of self-advocacy have also been held outside London during the year and these will continue in 1988.

The Centre gives meeting space and administrative support to the self-advocacy organisation, People First, with a team member acting as its voluntary adviser. A grant application to set up a separate office with a permanent full-time adviser is now being considered by funding organisations and it is hoped that People First may be able to have its own office by the second half of 1988. Meanwhile, the task of building networks with others involved in self-advocacy continues, through membership, a newsletter, open days, workshops and many telephone contacts. People First is also being supported from the Centre in its preparations for the Second International People First Conference, which is to be held in London in September 1988.

Physical Disability

One focus during 1986/7 has been on the training needs of professionals who work with disabled people. The team has supported the Disability Awareness Training and Education Project, set up by a group of professionals, themselves all disabled, to improve the standard of training on disability within the NHS.

A second theme was the Living Options project, which is identifying areas of good practice in the planning and operation of comprehensive and flexible services for physically disabled people. The Royal College of Physicians' report, *Physical Disability 1986 and Beyond*, has listed a range of issues concerning NHS service provision, and feedback from the Living Options project underlines the need for a wider discussion with all those involved in providing services for this group.

During 1988 the project officer for physical disability, together with the Living Options project worker and a member of the King's Fund Institute, will develop a range of initiatives aimed at clarifying the key issues for service planners and providers.

Mental Health

Nineteen eighty-seven represented the culmination of work on housing and support services for people discharged from long-stay psychiatric hospitals in the form of a conference and publication, *Changing Futures*. This project paper was written jointly with people from MIND and Good Practices in Mental Health, and illustrates the continued collaboration between the three agencies on service development for people with long-term mental health problems.

The longstanding work on training for transition to community-based services continued, with emphasis on the design of a district strategy for training linked to service development. The team's emphasis on a multidisciplinary, multi-agency approach to training continues, with exploration of how service users can become more meaningfully involved in this process. A conference and forthcoming publication are planned.

Collaboration for Change describes how service users might be part of the planning process, and how the statutory agencies can facilitate advocacy. The wider issues of collaboration between agencies has been a continuing focus. A conference and publication, *Issues in the Registration of Private Nursing and Residential Homes*, looked at collaboration between the private sector and registration officers, and identified areas of good practice in this field.

Future Development

The team has accumulated a wide experience of the development of services for people with long-term disabilities. We plan to explore some of the issues in common between different client groups as a basis for our future programme. A document describing the team's strategy and priorities is being produced in 1988.

The London Programme

The London Project Executive Committee has continued to advise and steer the Centre's work on primary health care at a time of national policy upheaval. Recent policy documents, including the White Paper on primary care, *Promoting Better Health*, and Sir Roy Griffiths's report, *Community Care: An Agenda for Action*, propose radical changes in the way primary and community care is organised. The staff who work on the London Programme, and have become known as the Primary Health Care Group, are well placed to play an active role in helping people work through and monitor the changes which are likely to come about over the next few years.

The Committee's main interest continues to focus on London, on primary health care in its broadest sense and its relationship to hospital services, particularly in the inner city. It has at its disposal two kinds of resources: funds to allocate as grants and staff time for development work, analysis and dissemination. The work is partly supported by a DHSS grant which comes to an end in 1988.

One way of trying to improve primary care in the inner city is by developing small scale (patch or locality) management of services. Experiments are underway in three London districts, each taking different paths towards decen-

tralising its services. As well as supporting and evaluating these experiments, the PHC Group has established a national role as a source of information and ideas about locality management, through the newsletter *Patching-In*, and the first national conference on decentralising health services was held at the Centre in June 1987. Neighbourhood nursing teams, as proposed in the Cumberlege review, fit in well with ideas of locality management, and the PHC Group has been able to respond to the enormous demand from London districts in the last year for help in developing their community nursing services. Field work has been undertaken in nine districts, and workshops and training sessions throughout the year have been oversubscribed.

The other main area of development work supported by the LPEC is collaboration between family practitioner committees and health authorities. In addition to these experimental projects, the PHC Group continues to support a network of nurse managers, FPC administrators and community unit managers, through workshops, field work, information exchange, and written material on such subjects as the health needs of homeless families, the potential of the FPC data base, the management of AIDS patients in the community, and quality assurance in district nursing. Among the group's recent publications are *Primary Health Care on the Agenda?*, *The Management Response to Childhood Accidents*, *Cumberlege in Action*, *Coordinating Change in Child Health Services*, and *Decentralising Community Health Services*.

The Centre Library and Conference Facilities

The retirement of Keith Morton in February 1987 marked the end of an era for the library. Having been appointed research librarian in 1965, he was initially responsible for establishing and developing the library at the (then) Hospital Centre. His role changed considerably over the years and, although he retained a strong interest in the library, his post as associate director gave him a much wider remit in the Centre. Since his 'retirement' Keith Morton has conducted a survey on the use of audiovisual material throughout the North East Thames Regional Health Authority on behalf of the Graves Medical Audiovisual Library. He is also keeping up his links with the library by helping at the Centre on Saturdays when the library is open.

During 1987 the workload of the library staff continued to expand; in addition to increases in the volume of routine work, the number of postal and telephone enquiries averaged 170 a week. Although many of these enquiries are answered swiftly, there is a growing number of complex enquiries. More personal visitors came to the library during the year and the number of organised group visits reached 52. Saturday opening proved as popular as ever and at the end of the year we were looking forward to our ten thousandth Saturday user.

That the Centre conference facilities are widely appreciated by users was proved this year by a survey of conference organisers and individual participants. There is always room for improvement, however, and a number of changes were made in 1987. Catering arrangements were improved, including increased seating for lunch. As a result of the user survey and a comparison with our competitors, it is planned to introduce a new pricing structure in 1988, allowing people to choose more precisely the services they want. It should also be possible for people to buy King's Fund publications more easily from the new and very popular bookshop.

During the year the Centre became more fully computerised. There are now word processing facilities throughout, and new systems are being introduced for stock control, financial recording, and so on. In addition, there is a desktop publishing facility and it is expected that reports from the Institute and Centre will increasingly be produced internally using that route.

King's Fund College

For the College, 1987 was a year characterised by continued growth in workload, consolidation in areas of existing strength and diversification into a number of new areas.

Although Faculty and staff numbers at the College have been effectively stable since 1985, 1987 marked the seventh consecutive year in which classroom activity levels have increased. Nearly 2000 NHS managers and other staff took part in one or more of the College's classroom activities last year: this represents nearly a fourfold increase on the numbers visiting the College just five years ago. Particularly significant has been the increase in the number of clinical staff – especially doctors – taking part in College programmes. Another notable trend is the increase in managers from other public sector organisations which work closely with the NHS – for example, directors of social services.

Activity levels in the field also increased in volume in 1987 with College Faculty active in more than 40 NHS districts and an increasing number of workshops and seminars taking place in field-based settings. A noteworthy development in the field has been the introduction of a consulting service – jointly with the King's Fund Institute – to complement the College's field-based management development activities. The introduction of this service meant that College Faculty were engaged in a number of new and challenging projects during 1987, including studies focused on the application of RAWP–like formulae in sparsely populated rural districts, and a study of the likely impact of falling revenue levels on the health services of Inner London.

The College also consolidated its position in a number of more traditional areas in 1987. During the year, the College completed a unique treble in becoming the only institution to tender successfully with the National Health Service Training Authority for all three of the **General Management Training Schemes**. At the same time, the **General Management Development Programme** was expanded and in addition to regional, district and unit general managers, the programme now includes learning sets of functional managers. Together, these developments mean that the College maintains its position as one of the foremost centres contributing to the development of general management within the NHS.

Perhaps the most significant development in 1987 however, was diversification into a number of new areas. In this respect, the College expanded its work with the royal colleges and for the first time offered a programme in collaboration with the Royal College of Physicians. The programme, entitled **Getting the Most out of Management**, was in response to the Royal College's own interest in de-

veloping a management education programme for consultants. The aim was to attract clinicians who would not normally attend a management programme. A second important development was the major expansion of work with family practitioner committees. Following the successful completion of an investigation into the education and training needs of FPCs under the direction of June Huntington (Director of Educational Programmes), the College proposed a strategy for meeting FPC management development needs. Drawing on this study, the National Health Service Training Authority launched its strategy document, *Meeting the Challenge*, and has invited the College to play a major role in consequent educational programmes and field development work. During the year, the College also ran the first national **Top Manager Development Programme for FPC Administrators**. A further three programmes will be run beginning in 1988. These are designed, in the light of the College's own study findings and the content of the White Paper *Promoting Better Health*, to produce a cadre of top managers who can move with reasonable confidence into the current vacuum in primary health care management.

A third area in which the College has become increasingly active is that of public sector management. During 1987, Greg Parston (Director of Field Development Programmes) received a W K Kellogg Foundation Faculty Fellowship which enabled him to visit a number of centres in Europe and North America engaged in new initiatives intended to develop and promote good management practice in public sector organisations. As a result of this work and the resulting report, the College will be undertaking three new initiatives in this area in 1988. These will include the first **General Management Policy Sets** aimed at exploring the role of public sector managers in the formulation and implementation of policy; the **Public Sector Management Programme** which the College will be undertaking in association with the School for Advanced Urban Studies in Bristol; and a series of 24-hour workshops to enable a small permanent core of selected top public sector managers to explore common issues of managing in different public sector organisations. Among other things, this series of activities emphasises the value of the learning set as a method of management development. The College's pioneering work in this field was recognised in 1987 by the European Healthcare Management Association in presenting to the King's Fund College the inaugural Baxter Travenol World Trade Award.

In 1987 there was an expansion of the College's programme of work on community services coordinated by David Towell (Fellow in Health Policy and Development) and supported by the Joseph Rowntree Memorial Trust and the Mental Health Foundation. This work is intended to assist the NHS, local authorities and voluntary agencies in managing large-scale changes now being planned in services for people with learning disabilities. The work is consistent with the philosophy developed by the Fund in 'An Ordinary Life' over the last decade. An important element has been the College's support to strategic authorities – including the South Western Regional Health Authority, the Welsh Office and the Australian State of Victoria – all of whom are engaged in trying to establish the frameworks required to implement successfully radical changes in community-based provision.

In addition to these new activities, 1987 was also marked by major changes in College Faculty and recruitment policies. Six new members joined the College Faculty during 1987 including appointments from the private sector, the BBC, the Open University, local government, and the health service. For the first time, the College also seconded practising NHS managers onto the full-time Faculty, which has led (among other things) to the appointment of the first full-time medically qualified College Fellow. As noted last year, the purpose of recruiting such a strong and diverse Faculty is to enable the College to sustain a broad portfolio of work, not only in terms of topics, but also in the methods and approaches used in management development.

The College also broke new ground during the year by appointing for the first time a group of practising senior NHS managers as part-time members of the Faculty. These NHS Resource Fellows, as they are known, are retained partly to foster the College's own internal development by enabling full-time Fellows to work regularly as colleagues with senior managers, and partly to incorporate directly into programme design and field work the experience and knowledge of senior NHS managers and practitioners.

As highlighted in last year's Annual Report this policy of investing in internal development is obviously not an end in itself. The College seeks continually to generate new and useful ideas about health services management development, as well as to serve as a resource for the NHS. In this respect, the College has a duty to ensure that new ideas are shared, tested and (when appropriate) applied, in the interests of better patient care.

King's Fund Institute

The Institute's mission is to contribute to improving the quality of debate about health policy issues and to enlarge policy imagination in these areas. We do not assume that there is a simple relationship between analysis and policy change. But the cornerstone of the Institute's work is the conviction that health policy analysis, sponsored by a genuinely independent foundation, can make a significant contribution to the climate of informed opinion and that this in turn can help to change the direction of policy.

During 1987 the Institute set itself two sets of priorities. First, to undertake work which would produce early outputs in the form of publications, conferences and other activities. Second, to extend and consolidate its contacts with a wide range of individuals and organisations, including the media, in the belief that its impact on health policy would be that much greater by collaborating with others wherever possible. Some of the principal activities undertaken by the Institute during the year are set out below.

NHS Finance

Debate about health policy in 1987 was dominated by controversy concerning the adequacy of spending on the NHS and proposals for alternative sources of funding. The Institute sought to contribute in two ways: by analysing trends in health expenditure; and by reviewing future policy options.

Analysing Expenditure

The delivery of health care in Britain is dominated by public sector finance. In 1987, the NHS accounted for approximately 90 per cent of total expenditure on health. Given this dependency on public expenditure, decisions about its level and rate of growth occupy a central place in health policy debates. The Institute sought to inform this debate by: monitoring levels of *volume* expenditure at a time when the public expenditure planning process takes place solely in *cash* terms; analysing the growth in demand that can be expected to arise from demographic trends, medical advance, and service developments; contributing towards discussions aimed at improving methods of output measurement currently used at the national level; and clarifying the policy options about exactly how much *should* be spent on the NHS. A report entitled, *Public Expenditure and the NHS: Trends and Prospects*, was published in May. Subsequently, at the beginning of 1988, the Institute was invited to present written and oral evidence to the Social Services Committee of the House of Commons which is investigating issues relating to 'Resourcing the National Health Service'.

Future Options

When it was established in 1948, the NHS set out to provide a comprehensive range of health services, free at the point of use to all in need. Today this remains a fundamental feature of most people's conception of the NHS. Indeed it continues to command widespread and deeply-rooted support, and there is little public call for fundamental change. However, at the same time, serious concerns are being voiced about the adequacy of public expenditure in meeting these aims. Many commentators argue that consumer expectations of health care are growing at a rate that is unlikely to be matched by plausible increases in public expenditure. If this is the case, increasing levels of excess demand will need to be rationed by lengthening waiting lists. But rationing by queues and waiting times is likely to become progressively more unacceptable to a population enjoying increased affluence and consumer choice in other areas of their lives. Moreover, the persistence of tight budget constraints and the stresses of excess demand can be expected to erode the morale of health service workers.

In these circumstances, the Institute decided to investigate (a) whether there are effective ways of financing the NHS which might increase the availability of resources and (b) whether, regardless of the source of finance, there is scope for increasing the efficient use of resources. A working party was established in the summer of 1987 – consisting of members of the Institute, NHS managers, representatives of the private sector and independent experts – and a report, *Health Finance: Assessing the Options*, was published in March 1988.

Community Medicine

The Griffiths-inspired restructuring of managerial arrangements in the NHS left many community physicians feeling confused and uncertain about their public health responsibilities. Partly as a result of this identity crisis the government established, in January 1986, a committee of inquiry into public health and community medicine, under the chairmanship of the Chief Medical Officer, Sir Donald Acheson. A few months later the Institute was invited to assist the Committee in its work, and in July 1986 it conducted a survey of community physicians in English health authorities. A detailed report was submitted to the Acheson Committee in April 1987 and a revised version, *Community Physicians and Community Medicine*, was published in January 1988.

Community Care

A key task for the Institute during the first part of the year was the preparation of a submission to Sir Roy Griffiths's review of community care. From the start, the Institute was in close touch with Sir Roy and his officials and was invited to submit a report based on the collective knowledge and experience of the King's Fund in the area of priority services and community care. A particular feature (and strength) of the way in which the memorandum was assembled was the Institute's role in bringing together the scattered initiatives on community care being pursued in both the Centre for Health Services Development and the College. A revised version of the memorandum, *Promoting Innovation in Community Care*, was published in October.

Variations in the Use of Health Services

The Institute has taken a particular interest in geographical and clinical variations in the provision and use of health services. An increasing volume of evidence suggests that a key factor in explaining variations is the practice style of clinicians. This is because of the uncertainty which often exists concerning indications for treatment, and the discretion this gives clinicians in determining whom to treat and how. Chris Ham attended an international conference on this theme in Copenhagen in November 1986 and thereby established links with a network of people involved in research on variations. Subsequently, a review of the literature was prepared, and this was discussed at a multidisciplinary conference organised by the Institute in June 1987. Speakers at the conference included Professor Wennberg of Dartmouth Medical School, the world's foremost researcher on health care variations. A report based on the conference will be published in May 1988.

Healthy Public Policy

In April 1987 the Health Education Council was reconstituted as the Health Education Authority (HEA) and incorporated within the health service. In order to inform members of the new Authority about key issues in British health policy, and to suggest areas on which the Authority should concentrate its attention, the Institute prepared a short briefing paper, *Healthy Public Policy: A Role for the HEA*.

The main message of the paper is that the HEA must give health promotion greater prominence nationally by becoming an active advocate for the public health. A central task for the new Authority should be to press for a national health promotion policy based on the World Health Organization's 'Health for All' principles.

Health Promotion and Elderly People

This initiative, aimed at producing a document in response to a call to Member States by a WHO Advisory Group for national reports and recommendations regarding health

promotion and ageing, is a collaborative venture between the Institute, the Unit for Epidemiology of Ageing at the London School of Hygiene and Tropical Medicine, and the Age Concern Institute of Gerontology at King's College, University of London. A group of experts was convened to consider how best to respond to WHO's call. A preliminary statement was produced, which was discussed at a conference in October at the King's Fund Centre. A final report was published in the spring of 1988, which will serve as a model document of the kind called for by WHO, and should provide a practical guide to policy-makers, service managers and providers, about what needs to be done.

Other Activities

In addition to discrete projects within the Institute, individual members of staff are engaged in other tasks which significantly contribute to its ability to analyse and disseminate information about health policy issues. First, individuals regularly participate in conferences and meetings in this country and abroad. Second, the Institute has forged links with the main health correspondents, resulting in useful coverage for the Institute's publications and activities. Members of the Institute have also made a number of contributions to television and radio programmes. Finally, they contribute in numerous ways to the activities of agencies responsible for planning and delivering health services. Involvement in such activities helps to ensure that the Institute's work is grounded in the practical realities of life in the National Health Service.

Publishing

Twenty-four new publications appeared in 1987, four more than in 1986. There was a significant increase in revenue helped considerably by the opening of a bookshop at the King's Fund Centre.

Titles ranged from Robin Dowie's unique work of reference, *Postgraduate Medical Education and Training: the System in England and Wales*, published at £35.00, to a 16 page reprint of the first of the Gloucester Lectures, given by Edith Körner and entitled *Critical Choices*, at £1.75.

Among the subjects dealt with were the care of people with physical and mental handicap; the administration of community care; health education; caring for elderly people; planning health services; general management in the NHS; and the planning of local services for people with AIDS.

DRGs and Health Care was one of the first books about diagnostic related groups published outside the USA. *Medicine in Contemporary Society* was the second volume of King's College Studies in medical law and ethics; a third will be published in 1988.

In Dreams Begins Responsibility, a tribute to Tom Evans, Director of the King's Fund College from 1981 until 1985, contained contributions from people who shared his thinking about the meaning of management. A similar volume, *Recalling the Medical Officer of Health*, honoured Sidney Chave whose work at the London School of Hygiene and Tropical Medicine closely involved him in the development of the public health, particularly the role played by the MOH.

The Fund's Publishing Office has moved again, and is now at 14 Palace Court, London W2 4HT. Please apply to this address for our book lists.

Grantmaking

Approximately half the Fund's total expenditure is used for external grantmaking, partly in response to unsolicited applications from a very wide range of statutory and voluntary agencies, and partly through a more proactive stimulation of proposals in specific fields. In either case, the Fund must be satisfied that the health care of Londoners will benefit, though not necessarily Londoners alone. The other half of the Fund's expenditure is mainly on supporting the institutions and services reviewed above – all of which also earn part of their income from other sources. Despite the great importance that the Management Committee attaches to all these activities, it believes the maintenance of the Fund's external grantmaking is a top priority, and has made this commitment clear to the committees concerned. To them all – faced with massive external calls for help in these difficult times – the restatement of the Management Committee's intent has been a major reassurance.

The main **Grants Committee** has the largest of the ear-marked allocations and in 1987 this amounted to £800,000. It has the task of trying to improve the management and delivery of health care, within and outside the NHS, in and for Greater London. In 1987, applications received totalled approximately £13 million.

Broadly speaking, the Grants Committee works in two ways: by direct response to unsolicited applications from any source, and by advertising relatively large, ear-marked sums, such as the Major Grant, for specific purposes.

The number of unsolicited applications has increased rapidly in recent times and the Committee's five or six meetings each year have been very busy. The Fund generally, and our applicants, owe a considerable debt of gratitude to Sir John Batten, the Committee's Chairman, and the other members detailed on page 27. It is difficult to decide why the number of applications has grown so much, although the financial pressure on the NHS in London is probably one reason. Many very disadvantaged groups – the old, the multiply handicapped, the single parents, the long-term mentally ill – can benefit from innovations in care, or from advocacy, of the many types considered by the Grants Committee. But the number of applications has grown too large for the Committee to be able to consider all bids fully. Small grant applications, that is below £10,000, are now usually decided by the officers and the Chairman between meetings; from 1988 more applications will be rejected by the officers, although their decisions will be reported to the Grants Committee and can be reversed there, if members so decide. Often rejections are because the applications fall on the social services side of that fuzzy boundary with health care, even though we appreciate that many activities, such as improving housing, or education, or establishing social support groups, may also bring substantial health care benefits.

One further event of note was the Grants Committee's award of its Major Grant for 1987 for which 40 applications were received. The grant was finally made to help establish the Intractable Pain Unit at St Thomas' Hospital. This new unit will take patients from the Greater London area who

are suffering from severe pain that has proved intractable to previous treatment. It will operate as a behavioural pain management unit. Although some rather similar units exist in the USA, where up to 80 per cent of patients gain worthwhile improvement in function, this will be the first of its type in southern England. The Committee looks forward to the ultimate evaluation of the project with great interest.

The Grants Committee has an Evaluation Group which has met several times during the year. Apart from its general concerns, which are to improve the Committee's procedures and to encourage more and better evaluation of supported projects, the Group encouraged one particular innovation in 1987. This was a conference mounted jointly with the King's Fund Institute, to review progress in three projects to see whether common lessons emerged. The common thread in this case was improving the coordinated provision of care to physically damaged clients, but at one remove from the level of direct, professional care. The Grants Committee had received, and sometimes supported, many applications for case managers, coordinators, support group managers, advocates and so on, and these bids had been for many client groups: the elderly, the mentally ill, people with learning disabilities, and the physically handicapped. It seemed time to review the general problem: that the most vulnerable clients still often seem to fall between the different services provided, or to be unaware of what can be done to help them. Three innovations supported by the Committee were presented at the conference: the Camden Case Manager Project; the Head Injuries Project at St Bartholomew's Hospital; and the Adult Disability Team for Westminster, Kensington and Chelsea.

David Hunter of the Institute produced a background paper and edited the subsequent conference report, *Bridging the Gap*, which is available from the Bookshop at the Centre, price £7.55.

After the Grants Committee, the second largest grantmaking allocation is to the **Management Committee** itself. Unlike the more specialised committees, the Management Committee can consider any application that falls within the Fund's terms of reference, so that in part its role is residual: to pick up applications that do not fit elsewhere. In addition, major policy initiatives are frequently decided at this level. The list of grants on pages 19–21 shows in detail how the 1987 allocation was spent, including (for example) continued support for Action for Victims of Medical Accidents (£50,000), Art in Hospitals (£21,000), Consensus Development Conferences (£57,700), Educational Bursaries and Travelling Fellowships (£25,000 for each purpose), the Nursing Policy Studies Centre at the University of Warwick (£49,000), and a fellowship in research methodology under the aegis of the Research Council for Complementary Medicine (£20,000). New initiatives included joint sponsorship of the Primary Health Care Development Fund (£100,000, matched by similar allocations from Nuffield Provincial Hospitals Trust and the Department of Health), research into the role of the nurse practitioner (£20,000), the establishment of an academic unit for psychiatric nursing at the Institute of Psychiatry (£27,000) and support for a proposed Institute of Nursing at Oxford (£20,000).

The other principal grant allocations are to the **Centre Committee**, the **Education Committee** (in conjunction with the work of the King's Fund College), the **London Primary Health Care Programme** and the **Quality Assurance Project**. These monies are used in conjunction with the relevant departmental initiatives already reviewed above. A leaflet on the Fund's grantmaking is available on request to head office and the officers of the principal grantmaking committees will also advise applicants, verbally and in writing.

Selected Issues

We select five major issues for discussion this year, relating what the Fund is doing to the broader national context.

Dilemmas in Nursing

The profession of nursing, dominated for so long by the stereotype of silent, long-suffering angels, has become headline news. Few people can now fail to be aware of the enormous difficulties faced by nursing, midwifery and health visiting – difficulties which the National Health Service can no longer afford to ignore. Low pay is simply the most publicised factor in a cluster of interrelated issues which have led to the current crisis. Not only is there a serious shortage of applicants, it is increasingly hard to retain qualified nurses, or to persuade them to return after a career break.

The wave of protest by nurses at the grass-roots highlights their concern for their own professional future. While improving pay lies in the government's hands, other short-term measures are vital to staunch the haemorrhage of staff and attract good recruits. The King's Fund Centre has contributed to the search for a more positive approach to 'nursepower' solutions by organising two conferences in conjunction with the DHSS, aiming to develop local initiatives and share good practice. An important feature of the situation, because it provides clues to action, is the extreme local variation between – and also within – institutions. Some have a much better record of recruitment and retention than others. Morale varies accordingly.

There is also, however, an urgent need for longer-term work to tackle the roots of the problems, which are the consequence of many years of neglect. The Centre's new Nursing Developments Project is a direct response to that need, and aims to assist in the transformation of the profession's overwhelmingly rigid, hierarchical and conservative structures and ideologies. These must be replaced by a more supportive, open culture in which flexible, creative and confident practitioners can work towards meeting society's future nursing requirements.

The restoration of clinical practice to its rightful place as the keystone of nursing, midwifery and health visiting is the focus of the project's activities. National pay scales have at last begun to ensure that those who remain in clinical posts are not paid less than colleagues in management and education, but that is only part of the story. Career pathways must be evolved which practitioners can follow to develop their own skills and experience, in order to provide a higher standard of care, and more job satisfaction. Management, education and research provide the matrix within which the nurse should define her or his role according to local needs, obtain proper preparation for it, receive ongoing support

and development, and liaise closely with other disciplines.

Developments on these lines are already happening all over the UK, and there is plenty of evidence of positive thinking in hospitals and the community. Yet there is a tendency to reinvent the wheel, and an independent body like the Fund plays a useful role in bringing people together and sharing good ideas and practice. Networking is an important strand in the project's work, since nurses have few opportunities to escape from day-to-day pressures and to think clearly in a stimulating environment. Monitoring developments is also vital in order to learn from experience: only through close scrutiny of work in the field can we begin to untangle such knotted questions as how far the advanced clinical role of the nurse is synonymous with specialisation, and whether newly emerging roles like that of the nurse practitioner can hold their own on the professional battlefield.

The clinical base can only be developed if change is also brought about at other levels. The usually unsung achievements of midwives, health visitors and nurses are fragile and ephemeral when they do not receive adequate support, for example if they depend on the charisma of one particular leader or are vulnerable to resource cuts. The project's focus on clinical practice therefore encompasses an understanding of the complex nature of change within a multi-faceted organisation.

A crucial factor here is the management of clinical nursing. The introduction of general management to the NHS was traumatic for the nursing profession in many respects, but at least it pointed up the need to distinguish between managing nurses and managing nursing. That distinction is now being explored under the rubric of facilitating higher standards of care: an emphasis on standard setting is integral to the project's work. We are also considering development programmes for tomorrow's professional leaders, since the aftermath of Griffiths left something of a leadership vacuum – a lack of clear roles, a lack of role models (especially female ones), and no obvious career paths from professional to general management, or from junior to leadership positions.

The reform of basic nursing education has also been much in the news, but regrettably with little discussion of anything but cost. Short-term costs are inevitable for the long-term investment needed to make nursing an attractive career option, and to educate students to give better care. The current hospital-based training fails to prepare people to give good care in the community or work in partnership with patients, sharing their skills and discarding outdated professional models. Some health authorities are dragging their feet on Project 2000, but other districts are forging ahead with imaginative new curricula and links with higher and further education. Again the need is to share ideas and work together – which the project is facilitating through the teachers, who need much support in promoting these major reforms, while preserving what is good in past practice.

The scope and tasks of the Nursing Developments Project are therefore wide-ranging. Concentrating on the separate development of the nursing profession is essential at this point in its history, but other key themes must not be forgotten: the growing emphasis on multidisciplinary collaboration, and on working more closely with patients and their carers. Finally, a great deal of this development work can be summarised as the need for nurses to become more politically mature and astute, in the broadest sense, and we are holding seminars to explore this theme. The nursing profession will not secure the resources it deserves – in people and power – until nurses have the maturity and confidence to argue their case successfully in the rough-and-tumble world of political reality.

NHS Finance, with special reference to London

In December 1987 the Presidents of the Royal Colleges of Physicians, Surgeons, and Obstetricians and Gynaecologists made a joint public statement warning that in their opinion the NHS was in a condition of desperate financial emergency. They called for an immediate overall review of acute hospital services, saying that additional and alternative funding must be found. The funding of the NHS hit the headlines – and for some months stayed there. The Minister of Health, Mr Tony Newton, on 16 December 1987 announced an immediate injection of £75 million to avoid further cutbacks in services and commented that his Department's intelligence had been faulty, in not recognising sooner the full gravity of the situation. The Opposition seized on the issue to put the Government under attack. Although the Prime Minister rejected the idea of a public enquiry, she established a ministerial enquiry, led by herself, against a tight timetable.

So far as London is concerned, two main strands lie behind this dramatic chain of events. One is the mounting crisis that has been apparent in London's hospitals and community health services for several years. The other is the overall financing of the NHS – and indeed of health services in other Western countries – and the great difficulties of containing health care spending while keeping pace with medical advance and changing needs.

To take first the specific London strand, hospital consultants, general managers, community health councils and district chairmen have all been saying for some considerable time just how alarmed they are by the deterioration in staff morale and standards of service. The Fund's own report on the situation, *Planned Health Services for Inner London: Back to Back Planning*, released by the relevant district chairmen in January 1987, pointed to some of the contradictions that had emerged between bed closures, workload increases and financial savings. To make the planned savings in the inner London districts implied further savage cuts in service, enforced idleness for staff and facilities, and rising waiting lists.

London is to some degree a special case, where the NHS financial crisis has taken its most extreme form, through the combined impact of the national policy to reduce interregional funding disparities; London's particular combination of high costs and high deprivation; its relative weakness in primary care and community services for the mentally ill, the handicapped and the elderly; the impending closure of several of the large long-stay hospitals that ring its outer edge; and the concentration in London of some of the most sophisticated centres of acute hospital care in the land. With the benefit of hindsight it is abundantly clear that for the last decade at least (not merely in the lifetime of this Government) national policy for health services in London

– however well-intentioned that policy may have been – has been simplistic and extremely destructive. Radical change was indeed required, to rationalise London's major medical centres, improve primary care and community services, and reform medical and nursing education, but to approach it primarily through crude budget reductions over a relatively short timescale, without any positive incentives to change, was to invite disaster.

The situation in much of the rest of the United Kingdom is not as bad – although cities like Belfast, Birmingham, Glasgow, Liverpool, Manchester and Newcastle clearly share some of the same problems. London's proximity to Parliament thus accentuates the messages of alarm, whereas there are many places in which the National Health Service is in no sense in immediate crisis. Nevertheless the overall financing problem is not an illusion, for it is apparent in virtually every Western country. It cannot be analysed adequately here but its elements include changes in demography and disease patterns; medical advance, constantly increasing the range and sophistication of the services to be financed; the personnel-intensive nature of most health care; and the reliance on public funding. No country has solved this dilemma, nor is any likely to do so in a permanent sense. But the National Health Service has, in common with health systems elsewhere, proved to have weaknesses as well as strengths, which makes it entirely legitimate at this stage to re-examine all the options available for doing better. We therefore welcome the Government's review in principle, so long as it does not delay such immediate palliative measures as adequate funding for pay awards in the current financial year and a rapid review of the short-term problems in several London districts. Since we do not know the line of the Government's thinking, nor what will emerge from its deliberations, we cannot comment, except to emphasise the need to assess any proposals against some quite specific questions, such as whether the proposals will

1 provide more money for health care, since there is strong evidence to suggest that the NHS is seriously underfunded in relation to what we collectively expect from it, and whether the extra money will be spent in ways that produce good value?

2 offer appropriate incentives to institutions and individuals to do their jobs well and penalise those who do not?

3 increase consumer choice, consumer responsiveness and consumer influence?

4 be fair between one group of people and another, protecting the interests of the least well-off?

5 encourage personal and collective responsibility for health?

6 clarify the implicit contract between consumers, providers and funding agencies in terms of what the money spent is expected to buy?

7 concentrate resources (not necessarily in London) when this makes sense, as for national referral, certain types of research, and the development of specialist expertise?

If radical proposals emerge from the Government's review, then they should be examined against criteria such as these. The next step should, if at all possible, be to proceed by way of one or more regional experiments to see how they work out in practice. There are two reasons for pressing the suggestion for experiment, even though there are very few examples of any government proceeding by way of experiment in the NHS. One is that almost certainly any radical steps will involve substantial risks as well as benefits and it is simply stupid to enact national changes under these circumstances without testing them. We should have learned that from the massive NHS reorganisation of 1974 and the Salmon reforms in nursing, and it applies equally to major changes in financing systems. Second, the single most important step to improving the performance of the NHS for the long term is to stimulate people to get into the habit of experimenting and innovating in service delivery. That way each change becomes a stepping stone to further attempts to improve, and the process of evolution through experiment and competition begins.

Health Care for the Homeless in London

Historically, as in biblical times, the homeless have also been poor. Often they are further disadvantaged, being unemployed or in unattractive jobs, or suffering ill health or handicap. Disproportionately they include members of ethnic minorities. Sometimes the homeless have great difficulty in getting health care, even finding it hard to register with a GP. Some who try to register will be unwelcome, because they are disturbed or disturbing; if sleeping rough they may well be dirty and smelly; if living in unsuitable bed-and-breakfast rooms they may be in locations that health care professionals judge to be dangerous or unattractive to visit. Sharing their problems can be stressful and distressing, particularly if their difficulties seem insoluble.

London's homelessness problem is getting worse. In 1982/83 there were 2,000 homeless families, but today the London Housing Unit estimates that the figure is close to 10,000. Several parts of the Fund have recently been considering health care for these homeless families and for the similarly growing number of single vagrants, all too often including people recently discharged from psychiatric hospitals under supposedly enlightened policies.

Liz Winn, of the Centre's Primary Health Care Group, has been gathering information for some time. The exercise was prompted by a concern that families living in appalling conditions are doubly disadvantaged due to their poor access to health care services. The extent of the problem varies widely: for example, estimates suggest that 20 per cent of all London's homeless families in bed-and-breakfast hotels are concentrated in Bayswater – very close to the King's Fund College and to the Fund's head office, so that they are in a literal as well as a moral sense our neighbours.

Despite the resourcing pressures on inner London health authorities there have been a number of responses to the situation and voluntary bodies have also played a significant part. Some health authorities have allocated health visitors to deal specifically with homeless families, but many of those doing this work have described problems resulting from poor communications, or a lack of support from other professionals and even their own managers.

There are also particular difficulties they have to overcome such as having to embark on lengthy investigations, or relying on informal networks, when trying to find homeless families. Even when contact has been established, there may be language difficulties and no known health care records.

A way of overcoming some of these difficulties has been attempted in Bayswater, where there is a Family Care Team including health visitors, a GP, a community physician, social workers and welfare rights officers. In City and Hackney, where 60 per cent of homeless families are from Bangladesh, there is a Health Mobile with a health visitor, a Bengali-speaking health advocate, a female doctor and a clerk. Two London FPCs – Camden and Islington and City and East London – now have salaried GPs especially employed to work with homeless people.

The voluntary sector has of course also been active, sometimes helped by King's Fund grants which, in recent years, have: provided medical facilities in day centres for the homeless; provided a chiropodist to tend the rootless and homeless in Bayswater; contributed to the psychiatric support provided in a night shelter; and supported a Sister at the Manna Centre in Southwark, which provides a large element of primary care to male vagrants and alcoholics.

But none of these very welcome NHS and voluntary developments does more than scratch the surface of the rapidly growing need, particularly concentrated in a few boroughs, for appropriate health care for the homeless that has to be mainly provided by the NHS. In consequence, and to stimulate thinking locally about what should be done, the Management Committee has arranged for the Grants Committee to mount a competition in 1988, for an award of up to £150,000. The money is to be used by or on behalf of a London FPC or health authority to improve the health care afforded to the homeless. One of the criteria for selection will be that the statutory authority concerned is itself making a significant policy and resource commitment, and is not simply seeking a palliative grant to avoid tackling its responsibilities.

For everyone concerned – most of all for the homeless themselves – these problems are heartrending and intractable. But that cannot be an excuse for ignoring them.

Assessing Quality and Outcome

Assessing quality and outcome in health care is notoriously difficult. This is not solely because of the technical problems, formidable though they may be, but also because of ethical and economic considerations. An obvious example of these issues surfaces when one contrasts the types of hospital care provided to the dangerously ill but very old citizens of the USA and the United Kingdom. In the United States, medical and nursing staff will frequently strive to prolong life, no matter how heroic and interventionist their technical care must be. In Britain it is frequently felt more appropriate to let old folk die peacefully, when it appears that their time has come. The latter pattern of care is clearly more economic, provided there is no risk of substantial legal actions being instituted; but that does not necessarily make it right in individual cases, where the ethical issues raised can be daunting. Many health economists argue that these questions can be clarified by comparing the costs and benefits after calculating the expected years of life that may be saved, and measuring the quality of that life. But these 'quality adjusted life year' measures are difficult to calculate with any certainty, and are in any case unacceptable to some, at least as applied to individual cases. If used by the individual clinician, they might strike at the root of the personal and trusting contract between each patient and his or her doctor. Moreover it is undeniable that two patients with an identical prognosis may still choose quite different types of care and that their preferences must be a major determinant of what is right for them.

One way of making some progress in these complex fields is to distinguish between measures of process and measures of outcome. By and large the process measures are easier and they can include medical audit, quality assurance and consumer satisfaction. Provided their limitations are borne in mind, they can provide some pointers to differentiating between good patterns of care and bad.

In relation to medical audit, there are welcome signs that self audit and peer review, as ways of monitoring quality of care, are becoming increasingly acceptable to the health care professions. Such monitoring is not new in that some specialties in some districts have run regular morbidity and mortality meetings for many years; there have also been other experiments with regular reviews of case notes to look at practice more generally, not just at untoward events. Momentum gathered in 1987 with the publication of the results of the *Confidential Enquiry into Perioperative Deaths* (jointly funded by the Nuffield Provincial Hospitals Trust and the King's Fund) by the Associations of Surgeons and Anaesthetists. This initiative covered three regions but is now to be extended nationally. Although the findings showed areas where there is room for improvement, particularly concerning operations done at night, and generally in the level of supervision provided to junior doctors in training, the specialties must be warmly congratulated for taking this step forward. The enquiry found, however, that only 54 per cent of surgeons and 40 per cent of anaesthetists in the three pilot regions held regular reviews of their operating results. What is more, few of those who took part in the study took advantage of the offer to receive detailed feedback on their own cases.

A further commitment to assessing quality has been shown through the establishment of quality assurance committees in several of the medical royal colleges, thus encouraging their own members to become involved in quality assessment activities.

The King's Fund Centre intends to play a greater role in encouraging medical audit in 1988. While the professional bodies must take the lead, there is a role for the Fund in providing practical help to clinicians who are interested in undertaking audit but who may not know where to begin. The Centre will be producing a handbook, holding workshops and undertaking fieldwork.

The Centre also has its own quality assurance team mentioned above, which cooperates with many local initiatives where strong support is evident. Two examples involve the CASPE Research Unit which is based at the Fund and largely supported by DHSS grants. CASPE Research has an active quality assurance project in Brighton. Furthermore,

and partly supported by the Fund's QA Committee, the CASPE team has a project in Bloomsbury Health Authority that is testing the use of index figures as a way to measure at the ward level any changes in levels of patient satisfaction. The King's Fund College has been heavily involved (through courses, peer groups and field projects) in assisting NHS managers who, in the aftermath of the Griffiths report on general management, hold responsibility for the quality assurance or customer relations brief in units and districts.

The Fund also has interests in the much more difficult area of measuring health care outcomes. Discussions are currently taking place, again involving our colleagues in CASPE, about different ways of conceptualising and measuring health care outputs in the shorter term, and also looking at longer term outcomes. Such outcomes are likely to vary between institutions and individual clinicians, at any one given moment in time, but also over time.

Nonetheless, establishing tested methods to provide comparative data would mark an important advance. The potential value of such methods, if they can be developed, probably justifies some of the tentative research ideas now being discussed within several parts of the Fund and also more widely.

Public Sector Management

Many organisations within the UK public sector have experienced traumatic change in recent years. In the last decade particularly, the economic and policy climate within which these organisations have operated, has become increasingly turbulent. In the NHS, this has led to a variety of changes including the privatisation of many support services, wider use of managerial incentives, greater involvement of clinicians in management, partnerships and competition with the private health sector, and a greater emphasis on the measurement and control of performance.

As a result, there has been an increasing recognition of the importance of management within the public sector. And while management within public sector organisations is recognised commonly as being quite different than in the private sector, these differences are as yet very poorly understood. Indeed, perhaps because of our relative lack of understanding, the managerial practices of public sector organisations frequently are regarded as somehow inferior to those in private sector organisations, the latter often being held up as models for public sector managers to emulate.

Clearly, many lessons of good private sector management are relevant to managers in public sector organisations such as the NHS. Yet there are differences in how the public and private sectors operate and in the respective constraints they operate within. One obvious difference is the absence or weakness of market signals – such as profit – that can indicate relative success. But there are other differences as well: the permeability of organisational boundaries between public sector activities; the political limitation on managerial response; and the difficulty in establishing bases for performance accountability – how do we know when public sector management is good management?

The evolution of more effective forms of public sector management practices must, however, overcome a number of obstacles. For example:

- the traditional distinctions between policy-making and administration, in which public sector managers are seen to have little role in determining the missions of their organisations;
- limited and ambiguous means of holding managers accountable for achievement of non-financial performance;
- a lack of incentives to encourage managers to act more entrepreneurially in pursuing the achievement of organisational objectives;
- unclear, overlapping and yet rigid organisational boundaries in which managers frequently are allowed little discretion in negotiating local inter-organisational responsibilities and practices;
- the conflicts between short-term political agendas and long-term structural change which can encourage managers to focus inappropriately on short-term performance as a measure of success;
- the general lack of support for a leadership ethos among public sector managers.

All of these obstacles – but particularly the managerial ones – suggest that a better understanding of public sector management may require something rather different from the classical, behavioural, scientific, or economic models that are prescribed for the private sector. As a result, while there remain very real opportunities to learn from private sector management, there is also a need to study and to develop a better understanding of the special features of public sector management. From the King's Fund College we are pursuing this theme in a variety of ways, such as seminars that cross organisational boundaries in the public sector; policy sets with a broader frame of reference than health services alone; and a research-based approach to defining what constitutes excellence in public sector management.

* * *

The government's review of NHS funding is planned to reach conclusions quickly, which probably means in the second half of 1988. To what extent these conclusions will be offered for public comment and reaction remains to be seen. We hope that they will, because of their potential impact on all aspects of health care in the United Kingdom. While funding is only one of the five key issues discussed above, there are virtually no major aspects of health care that are unaffected by money – particularly if the government's review considers (as it should) not simply how finance is raised but also the level of expenditure, and how money flows through the NHS. There is no good reason why new policies should be ruled out, provided they respect the fundamental objectives of the NHS – to promote the health and health care of all UK citizens, on the basis of need alone. It may well be that radical changes will be proposed. If so, we hope every opportunity will be taken to try them out in practice (for example on a regional basis) before implementing them nationally, and that the way will be opened for a sharp increase in local experiment and innovation, combined with careful attention to standards of care.

Finance

The following pages (16 and 17) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. At 31 December 1987 the total valuation of the Fund's assets was £84.1 million, an increase of £5.4 million over the year, the principal change being the appreciation in properties. After payments referred to below the value of securities at the end of 1987 was modestly less than the figure at the beginning of the year, having risen in broad terms until the autumn and then suffering from the significant downturn in the stockmarkets.

Net income for the year was £3,253,000 (1986 £3,211,000) after profit on realisation of investments had been transferred to General Fund. Income from securities, which includes cash assets, was lower due to expenditure of some £1.5m on the refurbishment of premises in Palace Court recently acquired for use by the King's Fund College and on computer equipment. Income from properties rose and the method of presentation has been altered in respect of premises used by the Fund: the figures for 1986 are restated on a comparable basis.

Net general expenditure of the Fund during the year before Grants was £1,901,000 (1986 £1,849,000). Grants allocated in 1987, including the London Project, were £1,868,000 (1986 £1,606,000), the increase partly reflecting a change in the Fund's accounting policy in line with recommended practice. The overall deficit for the year of £428,000 (1986 £28,000 surplus) was met by transfer from General Fund.

The Treasurer gratefully acknowledges all contributions which have been made to the Fund during the past year. New sources of finance will always be welcome and the Fund is a very suitable object for charitable legacies to support the advancement of health care. Forms for use in connection with donations and payment under deed of covenant will be found enclosed with this report.

Bankers:
Bank of England
Baring Brothers & Co Limited
Midland Bank PLC

Auditors:
Deloitte Haskins & Sells

Solicitors:
Turner Kenneth Brown

Abridged Statement of Assets and Liabilities at 31 December 1987

	Book Value		Valuation	
	1987	1986	1987	1986
	£	£	£	£
Capital Fund				
Investments				
Listed securities	18,522,000	14,796,000	24,161,000	23,237,000
Unlisted securities	379,000	394,000	547,000	563,000
	18,901,000	15,190,000	24,708,000	23,800,000
Net current assets	369,000	1,436,000	369,000	1,436,000
	19,270,000	16,626,000	25,077,000	25,236,000
General Fund				
Investments				
Listed securities	18,006,000	17,605,000	22,374,000	24,651,000
Unlisted securities	208,000	190,000	234,000	198,000
Properties	4,184,000	4,192,000	23,702,000	19,475,000
King's Fund Premises	5,763,000	4,297,000	11,725,000	8,848,000
Equipment	225,000	—	225,000	—
	28,386,000	26,284,000	58,260,000	53,172,000
Net current assets	751,000	285,000	751,000	285,000
	29,137,000	26,569,000	59,011,000	53,457,000
Special Funds				
Investments				
Listed securities	23,000	23,000	18,000	17,000
Net Assets	£48,430,000	£43,218,000	£84,106,000	£78,710,000

Abridged Income and Expenditure Account Year Ended 31 December 1987

	1987			1986		
	£	£	£	£	£	£
Income						
Securities		2,308,000			2,492,000	
Properties		934,000	3,242,000		705,000	3,197,000
Profit on realisation of General Fund Securities		2,837,000			3,783,000	
Less transferred to General Fund		2,837,000	—		3,783,000	—
Donations			11,000			14,000
			£3,253,000			£3,211,000
Expenditure						
Grants allocated		1,868,000			1,606,000	
Less grants lapsed		88,000	1,780,000		272,000	1,334,000
King's Fund Centre		1,070,000			985,000	
Less contribution from DHSS	519,000			368,000		
conference fees, etc	138,000	657,000	413,000	241,000	609,000	376,000
King's Fund College		1,795,000			1,700,000	
Less fees	1,082,000			990,000		
service charges, etc	51,000			34,000		
Education Committee grant	102,000	1,235,000	560,000	130,000	1,154,000	546,000
King's Fund Institute		276,000			178,000	
Less receipts		13,000	263,000		—	178,000
Publications		188,000			66,000	
Less sales		77,000	111,000		37,000	29,000
TOTAL GRANTS AND SERVICES			3,127,000			2,463,000
Other expenses:						
Head Office – Staffing		285,000			316,000	
Other		120,000			170,000	
Professional fees, etc		67,000			83,000	
King's Fund premises						
Maintenance		82,000			98,000	
Depreciation		—	554,000		53,000	720,000
			3,681,000			3,183,000
EXCESS OF INCOME OVER EXPENDITURE OR (EXPENDITURE OVER INCOME) FOR THE YEAR TRANSFERRED TO (FROM) GENERAL FUND			(428,000)			28,000
			£3,253,000			£3,211,000

Contributors in 1987

Her Majesty The Queen
Her Majesty Queen Elizabeth The Queen Mother
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Baring Foundation Ltd

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Andrew McTurk Cook

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K Drobig
Mrs L Duprez

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L Schaeffer
Mrs R M Simon
Sussman Charitable Trust

Turner Kenneth Brown

The Wernher Charitable Trust
Whittington General Practitioners Group

Legacies received in 1987 (£10,188)

Miss L McKerrell
C T Cooper Trust
L E S Wood Trust
The Rt Hon Viscount Wakefield
Sir J R Ellerman Bt Will Trust
A L Lazarus Will Trust
Miss H M Thornton

Grants made in 1987

Management Committee

Responsible on behalf of the General Council for the Fund's general policy and direction. The Committee receives reports from each of the other expenditure committees, and deals with any business that does not fit within their remit. From time to time it initiates major new projects such as the London Programme, the Quality Assurance Project and the establishment of the King's Fund Institute.

	£
Academic Unit in Psychiatric Nursing, Institute of Psychiatry towards the costs of a lecturer in psychiatric nursing practice	27,000
Action for the Victims of Medical Accidents to enable the organisation to consolidate its position (the second and third payments of a three-year grant)	50,000
Art in Hospitals towards the continuation of the scheme for a further year, aimed at introducing contemporary murals and similar works into London hospitals	21,000
ASH towards the purchase of additional computing facilities to expand the information system for on line use by the then Health Education Council and other bodies	3,000
Children's Legal Centre towards the production costs of a handbook on the law as it applies to children and young people with mental illness or mental handicap placed in hospitals or elsewhere	6,462
College of Occupational Therapists towards the costs of the College's Independent Manpower Commission	5,000
Conference on Mental Health Provision to Black and Ethnic Minorities towards the cost of the conference organised by City and Hackney Association for Mental Health and other voluntary groups	3,000
Consensus Development Conferences towards the running costs of a further four national conferences over a period of two years	57,700
Educational bursaries for nurses and others to continue the scheme for a further year	25,000
Ethical Aspects of the Allocation of Resources in the Health Care System (Professor Albert Weale) towards the preparation costs of the report	1,000
General Practice Initiatives towards the sponsorship of the Primary Health Care Development Fund (with the Nuffield Provincial Hospitals Trust and the Department of Health and Social Security)	100,000
Health Care Arts Centre towards the running costs of the new centre	8,000
Health Management Award, Health Services Journal to provide sponsorship for the award scheme	4,000
Dr A Heley to enable him to attend the Third International Conference on AIDS in Washington DC	500
Informal Caring Support Unit towards the running costs of the unit, which was initially funded by the DHSS	18,250
Inner London Study towards the costs of the study into the funding problems of the inner London districts	5,000
Institute of Economic Affairs Health Unit towards the costs of a conference on American health care	2,000
Institute of Health Services Management towards the costs of the Tuition Evaluation Survey assessing users' opinions of IHSM courses	2,785
Institute of Medical Ethics to fund a study of the teaching of ethics in nursing, midwifery and health visiting	12,500
Institute of Nursing, Oxford towards the running costs of this new institute, which reflects Oxford's importance as a centre for the development of clinical nursing practice	20,000

International Seminar for Managers
towards the costs of the 1988 seminar on Managing for Health Result 26,000

King's College London
to extend the fellowship for one year for Mr L Doyal at the Centre of Medical Law and Ethics, where he is involved with developing the teaching of medical ethics in several of London's undergraduate medical schools 2,000

King's Fund Dinner Lecture
towards the costs of hosting an inaugural lecture at the King's Fund College 3,000

Dr Brendan McCormack
towards the costs of undertaking an MSc in clinical psychotherapy 500

MIND
towards the research project and production of a handbook concerned with preventive mental health provision 5,000

MSD Foundation
towards the costs of experimental care of the elderly workshops for GPs 1,252

National Steering Group on Equal Opportunities for Women in the NHS
towards the costs of a study of NHS recruiting and selection policies 1,000

Nurse Practitioner Project
towards the costs of research into the nurse practitioner's contribution to patient care and its implications for future educational programmes 20,000

Nursing Policy Studies Centre, University of Warwick
towards initial funding for the Centre and core research (supplementary grant) 49,000

Policy Journals
towards the costs of a pilot project for a series of booklets, *Service and Activity Profiles*, which will provide information on the current availability of particular services and the NHS and other resources deployed within them 5,000

Publications Panel
for external grants to assist publications by other organisations where publication by the King's Fund would be inappropriate 11,134

Queen Elizabeth's Foundation for the Disabled
towards the costs of a visit to the USA to study the American disability scene 2,000

Research Council for Complementary Medicine
towards the costs of a fellowship in research methodology 20,000

Re-solv
towards the production costs of a video, 'Solvent Abuse – What Parents Should Know' 1,000

Review of Medical School Funding
to fund a feasibility study of the adequacy of current levels of funding 5,000

Dr J Roberts, North Western Regional Health Authority
to enable Dr Roberts to write a report on the World Conference on Smoking and Health in Tokyo 200

Royal Free Hospital School of Medicine
towards the costs of a study into the communication skills of medical students 3,000

Senior Lecturer in Nursing Education, St Bartholomews Hospital
towards the cost of the appointment, which is joint between the hospital and the Institute of Education 1,200

Society for the Study of Medical Ethics and London Medical Group
towards running costs 10,000

Standing Committee on Sexually Abused Children (SCOSAC)
to provide interim funding for this specialist advisory group based in South London 2,520

Travelling Fellowships for Doctors
to continue the scheme for a further year 25,000

Travelling Fellowships for Managers
to continue the scheme for a further year 10,000

University of Michigan: Physician Manpower Policy Conference
towards delegates' expenses for this conference, based at the King's Fund Centre 3,000

University of Southampton – lecturer/ research fellow in management
towards the costs of an experimental appointment in the department of general practice 15,000

Windsor Fellowship
to sponsor a Windsor Fellow to be based at Islington Health Authority 6,000

Women's National Cancer Control Campaign
towards the production costs of a video on breast cancer — 1,000

World Federation for Medical Education
towards the costs and expenses of an expert group meeting on problem-based learning in medical education — 2,500

Dr Helen Zealley, Faculty of Community Medicine
towards the costs of slide sets used to promote 'Health for All' initiatives — 2,500

606,003

Education Committee

Makes grants closely connected with the work of the King's Fund College.

	£
European Association of Programmes in Health Services Studies	3,000
Financial Management Unit	51,000
Nursing Management Unit	51,000
Overseas Travel	
Study tour to North America	30,820
Trainees to North America	8,000
	143,820

Grants Committee

Gives grants that are intended to improve the management and delivery of health care, within and outside the NHS, in and for Greater London.

	£
Actors Charitable Trust	
towards the improvement of staff accommodation at Denville Hall, a home for elderly members of theatrical professions	1,500
Arbus Productions	
to produce a video assisted training package to encourage and facilitate the development of advocacy	5,000
Arches Charitable Trust (St Mungo's)	
towards the building of a day centre club house for single homeless men with severe psychological problems	10,000
Association for Spina Bifida and Hydrocephalus	
towards the installation of a lift at ASBAH's main office	10,000
Association to Combat Huntington's Chorea	
towards the publication of a book for children on Huntington's chorea	2,000
Battersea Community Action	
towards a study of consumer and local involvement with the inner city/social services	500
Bloomsbury Health Authority	
to support the first year of an AIDS care support team	25,000
Bow Self Help Alcohol Recovery Project	
towards the extension of alcohol rehabilitation services	5,000
Brent Health Authority	
towards the refurbishment of 'The Evergreens' social area for elderly patients at Shenley Hospital	3,500
British Association of Cancer United Patients (BACUP)	
for a new crisis counselling service and patient-to-patient volunteering programme	5,000
Cardinal Hume Centre	
to equip a small medical room in this day centre for young families under stress	6,000
Care Trust	
towards a care watch scheme for elderly and disabled people in Tower Hamlets	10,000
Case Manager Project	
an interim payment to the project in Camden for people with physical disabilities	5,000
Charing Cross and Westminster Medical School	
for a pilot study into venous ulcer management in the community	10,000
Christchurch Forum	
towards establishing a centre for integrated living in Greenwich	5,000
City and East London Family Practitioner Committee	
towards the costs of two receptionists' training courses	880
towards a training pack of materials/videos for use by other family practitioner committees	620

Community Health Initiatives Research Unit
to enable London delegates to attend the Second National Community Health Action Conference in Salford, September 1987 — 1,000

Community Roots Trust
towards writing and publishing a community roots project for self-help groups — 2,500

Community Psychiatric Action and Support Service (COMPASS)
towards attendance at the 21st Interamerican Congress of Psychology, Cuba, June/July 1987 — 230

Cranmer Place Housing Association
to provide sheltered accommodation and limited nursing care for frail elderly people in north west London — 5,000

Danbury Park Management Centre
towards the costs of a programme 'Care in the Community for People with a Mental Handicap' — 2,000

Design and Manufacture for Disability (DEMAND)
towards establishing a London seating centre for the severely disabled — 10,000

Disabled Living Foundation
to meet the costs of printing and publishing a textbook on dressing for mentally handicapped people — 3,500

Down's Syndrome Association
towards the part-time staffing, updating and production of new information packs of a general and reference library — 15,000

Ducane Housing Association Limited
to help provide additional bed-sitting accommodation for students at the Royal Postgraduate Medical School — 10.000

Family Planning Association
to develop sexuality/personal relationship education in the London area — 4,500

Field Lane Foundation
towards further improvements at The Havens Guild, Finchley, a residential home for the elderly — 4,211

Greenwich Cruse
to meet the salary of a part-time administrator of this bereavement counselling service for six months — 2,012

Guy's Hospital
to fund a project to provide a psychiatric service to the Vietnamese community for a further six months — 12,000

Dr W W Hall
to assist three general practitioners to make a visit to Skovde in Sweden — 250

Haringey Child Guidance Centre
to provide audiovisual facilities — 5,000

Healthline
towards the cost of printing an AIDS leaflet for prisoners — 2,500

Helen House Hospice for Children
to fund a study and evaluation of the hospice — 5,500

House of St Barnabas-in-Soho
towards the construction of a bathroom for disabled residents — 3,000

Institute of Psychiatry
towards evaluating community versus hospital care for serious mental illness — 9,800

Inter City Action on Drugs
to evaluate the Angel Project, a counselling service for people with drug related problems in Islington — 20,000

KIDS (for families with children with special needs)
to ensure the continuation and expansion of a parent support link service — 7,210

King Edward VII's Hospital for Officers
towards building a lecture theatre in the hospital's new premises — 10,000

King's Fund Institute
to enable the preparation of background papers and a report on a King's Fund Conference on the Role of Coordinators — 5,000

King's College Hospital
to evaluate an initiative designed to provide appropriate primary medical care in the accident and emergency department — 45,300

Mr Paul Lewis
for a research project on the uptake of male midwifery training and the career patterns of male midwives — 500

London Borough of Merton
towards the appointment of an employment development worker — 1,033

London Hospital Medical College
towards the conversion of a church into a library 5,000

London Hospital (Whitechapel)
to enable the child psychiatry department to employ a Sylheti outreach liaison worker for one year 15,000

London Lighthouse
towards the appointment of a general manager for this centre providing support for people with AIDS 30,000

Merton and Sutton Health Authority
to evaluate the post of respiratory health worker 22,533

NAHA/King's Fund
towards the preparation of the NAHA/King's Fund response to Len Peach on the joint pay system 262

National Association of Citizen Advice Bureaux
to produce a video for carers and counsellors of people who are HIV positive or who have AIDS 8,500

New Infant Parent Network (NEWPIN)
to support a full-time coordinator for one year 7,000

Northwick Park Hospital
to fund an orthopaedic registrar, for one year, who will care for the feet of diabetic patients on an outpatient basis 9,000

Nurses' Memorial to King Edward VII
towards the replacement of the central heating system at Fonthill House, a home for retired nurses 5,000

Paddington Community Hospital
to fund a community dental hygienist for two years 12,000

Paddington and North Kensington Health Authority
towards a conference 'Health for All in the Inner City' 1,000

Parents Lifeline
towards the continuation of existing activities and the expansion of an educational programme for parents with seriously ill children in hospital 500

Partially Sighted Society
to fund a scheme for low vision aids workshops in London hospitals and training to professionals over three years 18,000

Promis Recovery Centre
to support three patients at this drug and alcohol rehabilitation centre 10,000

Royal Free Hospital
towards the costs of a visitors training seminar at the hospital's Cancerkin Unit 2,800

Royal Home and Hospital, Putney
towards establishing a brain injury unit 10,000

Royal Marsden Hospital
towards a cancer rehabilitation centre 30,000

Royal National Orthopaedic Hospital
towards a trial leisure education programme for spinal injured patients at Stanmore 20,000

South East London Baptist Homes
towards a new wing at The Elms, a residential home for elderly ladies 10,000

Servite Houses
towards the development of the old Battersea General Hospital site into sheltered housing for the active and physically frail elderly and a residential home for the mentally confused 5,000

Social Services Department, Croydon
to help a group of senior staff visit centres for integrated living in America 2,000

SOHO Family Centre
to continue the monitoring of a project, looking into the provision of health care facilities in a new centre, for another two years 2,500

South Poplar Health Centre
towards the funding of a general practice/ patient library and computerised information system 4,312

St Bartholomew's City Life Saver Scheme
towards the cost of employing a resuscitation training officer for the City and Hackney Health District, for one year 6,100

to enable the scheme's manager to visit Seattle to compare and contrast methods and collect information on its advanced cardiac life support courses 1,500

to enable the medical director of the scheme to attend an advanced trauma life support course in Seattle 730

St Thomas' Hospital
towards the setting up of an inpatient behavioural pain management unit for the treatment of severe intractable pain — 250,000

Turning Point
towards the furnishing of Lorne House, a multi-substance abuse project in Hackney — 5,192

United Medical and Dental Schools of Guy's and St Thomas' Hospitals
towards a study into the reasons for failure of uptake of amniocentesis by eligible women (based at Guy's Hospital) — 8,000

University of London
to sponsor non-medical delegates from London attending a 'Caring for AIDS' conference, April 1987 — 1,000

Alison Wertheimer
towards writing a book on the experiences of people bereaved by suicide — 4,725

Westminster Under Fives Working Party
to help produce a second edition of 'Under Fives Welcome in and around Westminster' — 300

800,000

London Project Executive Committee

Makes grants for projects designed to improve the quality of care in London.

	£
Amount not previously allocated (at 31.12.86)	3,657
1987 allocation	100,000
	103,657

Pamela Constantinides
to write a report of the Haringey health care and ethnic minorities project — 1,100

Glyndon Health Project
towards a three-year primary health care project in Greenwich — 20,603

Haringey Health Authority
towards extending the ethnic minorities development worker post for a further year — 12,502

Migrants Resource Centre
towards an Arabic speaking health worker post — 15,000

South East London Consortium
Bridging funding for a health worker post — 4,245

Salaries and other expenses — 29,924

Amount not allocated — 20,283

103,657

Quality Assurance Committee

	£
For assessing and promoting quality in care	50,000

King's Fund Centre Committee

Grants money for the development of new ideas and practices in health services.

Chinese Health Information Centre — £
to improve access to health services for Chinese and South East Asian people living in Greater Manchester — 13,500

City and Hackney Health Authority
to implement the financial information project's computerised ward management system on six wards in St Bartholomew's Hospital — 6,300

Department of Mental Health, University of Bristol
to research and produce a handbook on issues, resources and ethnically sensitive practices in the delivery of health services to Asian and Afro-Caribbean children and adults with learning difficulties — 44,742

East Dorset Health Authority
to study the mix of nursing skills needed for the care of the elderly — 1,000

Intensive Care Society
to evaluate the performance of British intensive care units using the APACHE methodology — 43,678

Nottinghamshire Centre for Integrated Living
to assist in the establishment of a small development team to work with physically disabled people in need of independent housing combined with practical day-to-day support 18,000

Royal Society of Medicine Film and TV Unit
to provide a training package for medical practitioners working with sexually abused children 21,064

Study of Patients of Afro-Caribbean Origin
prior to admission to psychiatric hospital and afterwards 1,000

Survivors Speak Out
towards the cost of a conference 1,000

Susan Scott-Parker and Associates
towards a project to interview key people in major charities and their advertising agencies to ascertain the need for clear guidelines on how to handle the subject of disability 3,960

Wellcome Institute for the History of Medicine
to compile a register of historical hospital records 5,500

Small Grants

Advocacy Alliance	150
Bethnal Green Hospital	200
Centre for the Advancement of Inter-Professional Education	500
Centre for Research in Ethnic Relations, University of Warwick	300
Creative Young People Together (CRYPT)	750
Disability Awareness Project	500
Everyman Theatre Access Appeal	200
Hounslow and Spelthorne Health Authority, Women's Health and Fitness Video	500
Mid Staffordshire Health Authority: to set up an information desk at the district general hospital	200
Mid Staffordshire Phobics Action Group	100
National Association for Education in the Arts	100
National Association for the Welfare of Children in Hospital	742
National Children's Bureau	250
Newcastle-upon-Tyne: initial data analysis of utilisation of community resources for mental handicap	936
Partially Sighted Society	400
Quality of Life Initiative: Physical Handicap	100
Raskolnikoff Theatre	100
Riverside Health Authority – for bereavement training	200
Royal National Institute for the Deaf	540
Stress in general practice – completion of study	825
Surrey County Council Drop In Centre	300
Town House Drop In Centre	200
UK Sports Association for People with Mental Handicap	300
	168,137

TOTAL OF GRANTS MADE IN 1987 **£1,867,960**

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