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F. Jane Walmsley, A. J. Waring, Steven Warlow, P. J. Warnock, Sarah E. Watkins, G. H. V. Watson, Joanna Webb, R. T. Webb, Louise H. Weir, Ruth Wells, Teresa M. Wells, Alison Wheeler, Marie A. Wheldon, D. K. Williams, R. F. Williams, J. F. Wilson, R. G. Wilson, C. M. V. Wright, M. T. Wyndham.

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MEDICAL NEWS

King Edward's Hospital Fund for London

JOHN HORDER

Past President

The Editor suggested that I should write about King Edward's Hospital Fund for London because its objects and achievements are known to only a limited number of people. I now spend part of my time working as a Fellow in the King's Fund College and the King's Fund Centre.

HEALTH services are complicated. Their study inevitably involves abstract thinking and the use of terms that are unfamiliar to most clinicians (although no further removed from common English than the language which clinicians themselves use). These reasons make it difficult to sum up the work of the King's Fund briefly, clearly and memorably.

The King's Fund College

The King's Fund College is at Palace Court, Bayswater Road, across Hyde Park from our own College. It is concerned with the study and teaching of management in health services. It offers residential courses, often in a sequence of modules, lasting anything from two days to a month. Those who come are chiefly administrators or managers working in the National Health Service, but doctors and nurses are almost as frequent visitors. Since general practitioners serve on management committees of various sorts and increasingly seek to understand and improve the management of their own practices, the College is now catering increasingly for them. As an example, the next course to take place is for organizers of vocational training—practice and health service organization are clearly important subjects about which trainers and trainees need help to learn.



The King's Fund College.

The Fellows of the College come from a variety of backgrounds, with a core whose training was in business schools. My own involvement symbolizes a growing concern in the Fund for

primary care, but it does not lead me to think that I was myself an expert manager. Fortunately the principle of the College is that very adult and responsible students mainly teach each other.

The King's Fund Centre

The King's Fund Centre is in Camden Town. Its users are predominantly those who work in the front line of medical care, rather than those who organize or manage. It is concerned with the study of health services and their organization, but not with the more technical aspects of patient care. It also differs from the King's Fund College in offering day events rather than residential courses. Like the College, it has a special role in bringing together people from different professional backgrounds to discuss shared problems. It has a valuable information service, which includes a library on subjects relating to the organization of health services.

The King's Fund Grants

The third main function of the Fund is grant giving. In 1982, £1,103,664 was given through the Fund's many committees. London services received the largest share, but not the whole.

Some of the grant giving committees are of particular interest to general practitioners. The 'London Programme' has special interest in London primary care and allocated more than £540,000 between 1979 and 1983. Amongst its grants were:

- a large one to establish a Practice Premises Resource Centre for Inner London at the Medical Architecture Research Unit (MARU) of the Polytechnic of North London;
- a grant to evaluate a two-year trial of a general practitioner community hospital in London;
- a grant to support and generate community initiatives in health issues in London;

—a grant to make a survey about the extent to which patients use accident and emergency departments instead of their general practitioners' services in inner cities.

Another committee has financed the Royal College of Physicians' Medical Services Study Group which is developing work in the assessment of the quality of medical care. Another committee makes very small grants for small projects.

Publishing

The fourth main function of the Fund is to publish books and project papers.

Summary

Perhaps this statement from Robert Maxwell, the Fund's present Secretary, will serve to summarize what I shall try to say about some of the constituent parts of a generous, idealistic, efficient and very English institution:

—Helping to develop people's capacity to manage health services and institutions.

—Influencing policy and practice in health and social services.

—Assisting the hospitals and health services of Greater London in practical, down-to-earth ways.

Holidays for disabled people

The Director of the Winged Fellowship Trust, Lt Col Michael Rixon, sends this brief report to indicate to general practitioners what is available for their handicapped patients:

The Winged Fellowship Trust was founded 21 years ago by Mrs Joan Brander to provide short stay holidays

for very severely disabled people for whom alternative facilities in the main did not exist. Since 1963 the Trust has grown and now provides holidays for about 2,000 very severely handicapped guests at three purpose built centres in Surrey, Essex and Nottingham.

These centres are manned by a small trained permanent staff and by voluntary helpers who act as the arms and legs of our guests, the majority of whom are wheelchair bound. There is full nursing cover at every centre and general practitioners are on call.

Our aim is to provide genuine holidays like those that can be enjoyed by able-bodied people—we are not, in short, in the business of providing standard residential facilities found in old persons' homes. For those on holiday with us there is no set routine and outings are arranged every day. There is almost always some form of evening entertainment. There are swimming pools at two of our centres and licensed bars either already operate or will shortly be installed.

Perhaps it is equally important as providing a fortnight's holiday for many severely disabled people that we give, in so doing, the families of those individuals a much needed break and let them take what is perhaps their first worry-free holiday for years.

The Winged Fellowship Trust caters for the most severely disabled, many of whom are incontinent, without speech, blind or in need of feeding; they receive loving care and are given a real holiday; there are very few organizations in this country that are able to provide a similar service.

Further details are available from the Director, 2nd Floor, 64/66 Oxford Street, London W1N 0AL.

Study of measles vaccination methods

Measles, one of the most highly infectious diseases known, is an important cause of weight loss and death among young children in developing countries. Although various stable measles vaccines are now available many children do not respond to them. This is due to the blocking effect of antibodies inherited from their mothers. These can remain active until nine months after the child's birth. It is believed that vaccination by aerosol methods may overcome this difficulty and produce satisfactory immunization responses.

A study will be carried out as part of the Rivers Project in Bangladesh administered by The Save the Children Fund and the Bangladesh Government. Children from a community of 100,000 people will be monitored over two years after an initial vaccination against measles at the age of five months. One of four different methods will be followed. The children will be weighed, their height measured and blood samples taken from serological tests. Regular visits will be made to the children's homes, the first to note their reaction to immunization. Later visits will check their general health, treat illnesses and record any cases of measles infection.

The objective of the study is to discover whether seroconversion (the ability of the child's blood to resist disease after immunization) can be more efficiently achieved by aerosol than by using other vaccination methods.

Request for collaboration in research

The Research Unit of the Royal College of Physicians is supporting a study on the outcome of first seizures, and of the value of various investigations such as electroencephalography in predicting further seizures. Neurologists in a number of cities are collaborating, but the Department of Neurological Sciences at St Bartholomew's Hospital, at which the study is based, would particularly welcome referrals of patients after their first seizure from general practitioners and from other physicians.

The design of a group practice building

The subject of Meyer International's 1984 architectural ideas competition is a building to house a group practice of five general medical practitioners and their associated staff.

The establishment of group prac-



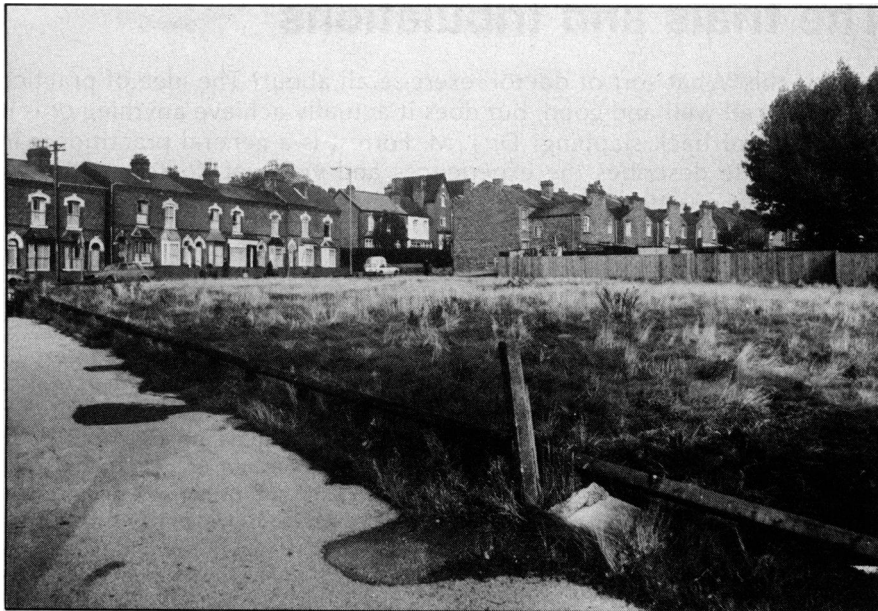
Conversation out-of-doors on a Winged Fellowship holiday.

tices is increasing and a number of them have been housed in specially designed accommodation. The way a practice works, and the inter-relationship of doctors, staff and patients present complex problems of planning. The ambience of the building can have a positive effect on patients' attitudes to the doctor. The design of a group practice building is therefore both an interesting and a challenging project.

The site selected is in Saltley, Birmingham—a typical inner city area where the establishment of group practices is particularly desirable.

The brief, which is all entrants need to enter the competition, is available from the address below on payment of £5. Closing date for receiving applications for the brief is 24 March 1984. Last day for receiving entries is 20 June 1984.

The assessors are Mr Peter Aldington of Aldington Craig & Collinge, Mr Bill Ungless of Neyland and Ungless and Dr Michael Wilson who is the Chairman of the Practice Premises Sub-Committee of the General Medical Services Committee.



The site for the group practice building to be designed for the Meyer International competition.

The winners will be announced in September. £4,500 is provided as prize money and £2,000 is the first prize.

Enquiries should be addressed to I. J.

Bloxham, Meyer International Architectural Award 1984, P.O. Box 118, Carpenters Road, Stratford, London E15 2DY.

FROM THE FACULTIES—WHAT SORT OF DOCTOR?

North and West London Faculty

Dr Peter Ellis, Honorary Secretary of the North and West London Faculty, reports on a 'What sort of doctor' exercise involving members in the Faculty:

In February 1982, The North and West London Faculty held an introductory meeting on 'What sort of Doctor?' in which Jack Norell outlined some of the principles behind the paper 'What sort of doctor?'. This venture had come from an original remit of assessing the performance of established general practitioners in the setting of their own practices. The evaluation was made using the criteria: accessibility, clinical competence, communication and professional values. This involved, among other efforts, practice visiting, videorecording of consultations and analysis of records and letter writing.

We decided to set up a similar exercise of our own. Small groups were formed from interested local practitioners. Each group then decided how it would perform the task; there was much variation, but we all completed some sort of exercise linked with peer audit and involving some of the work in 'What sort of doctor?'.
The Faculty met again in October

1982 to review what had taken place. The meeting considered the experiences of those doctors who had visited practices using the assessment criteria of 'What sort of doctor?'. Dr David Pendleton, Stuart Fellow, and Dr Jack Norell joined us for the evening discussion. This second meeting was, perhaps, far less congenial than the initial discussion. 'Why did you do the exercise?' 'So what?' 'Who are these fools?' were comments I and others might have heard, though we pretended to have developed a sudden hearing loss at this point! I sensed some envy from those who had not taken part in the exercise, and some unease from those who had.

Some groups felt happier about peer review than others; some felt unhappy about videorecording. We agreed that a similar exercise using our own criteria of good performance and assessment would have been more valuable.

That kind of exercise, however, would have been considerably more

time-consuming and less open to widespread comparison.

After a long interval, the Faculty met again recently on a similar theme. We called the meeting 'What sort of consultation?'. During that evening we watched videorecordings of consultations, and pondered about some of the difficulties of analysis. David Pendleton helped us with discussion of the analysis and provided his scheme for consultation appraisal and assessment. We seemed happier then about videorecording, perhaps because time had passed. Many are now happier about the possibility of videorecording their own consultations. Indeed, the Faculty has purchased its own videorecording equipment which is available to all Faculty members.

However it is of course much easier to talk about the possibility of recording consultations, than to set up the camera in the surgery and actually switch on!

The future will tell us whether these few meetings on the continued theme of 'What sort of doctor?' will have any lasting effect on our Faculty members and their habits. Now however we have a new initiative to work on. The 'Quality of care' exercise has arrived. But is it really a different exercise?