Middle Articles

Edgbaston Nursing Home: A Development in Private Practice

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New clinics, out-patient departments, day hospitals, health centres, and other developments within the National Health Service are usually given prominence in the medical press. The opening of a private nursing-home is, however, usually treated as a small news item, yet the social and medical implications of such an event are no less and perhaps even greater. After the introduction of the National Health Service there was, certainly in Birmingham and probably elsewhere, a general reduction in the number of surgical nursing-homes and it required the inauguration of the Nuffield Nursing Homes Trust (N.N.H.T.), a charity sponsored by the British United Provident Association (B.U.P.A.), to reverse the trend. New nursing-homes at Woking, Exeter, Shrewsbury, and now Birmingham, have been opened, while others are in the building and planning stage. The Trust has also contributed substantially to a number of older homes to help to bring them up to date and improve their standards.

Social medicine has tended to ignore private arrangements for treatment, mainly because it has been more concerned with bed numbers, a standard it frequently decries, and not with bed turnover and items of service. In doing so it not only underestimates the contribution of these homes but ignores the large potential for such development, as well as the interesting experiments and innovations which have already taken place.

General Description

The most recent home to be opened by the Trust is the Edgbaston Nursing Home in Birmingham, which occupies a charming 2½-acre site in Somerset Road leased from the Calthorpe Estate. It is a four-story building and consists of:

Ground Floor.—Kitchen, stores, dining-rooms, reception and administrative areas; clinical laboratory, two *x*-ray theatres with ancillary service, and six consulting-rooms.

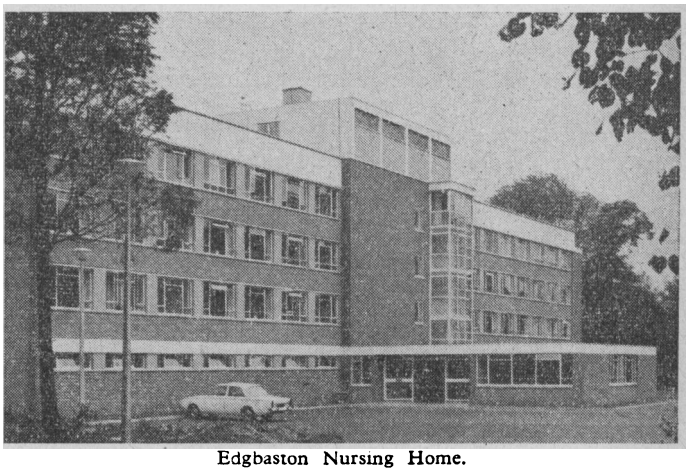
First Floor.—23 patients' suites, all with bathroom and W.C. *en suite*, equipped with telephone, radio, and television, as well as an "inter-com." with the nursing station. One suite is large enough for two adults, or can be converted into a small nursery for tonsillectomy cases and the like.

Second Floor.—Identical with the first floor.

Third Floor.—Twin-operating theatres with anaesthetic rooms, recovery bay, surgeons' and nurses' changing rooms, and all ancillary services; nursing and domestic accommodation. Senior nursing staff have self-contained flats; junior staff have suites identical to those described above for the patients.

All floors are linked by twin lifts, which are designed for beds as well as passengers. A special lift carries food from the main kitchen to the ward kitchens, as well as to the kitchen for the nursing staff. The twin lifts face a side entrance, which is used for ambulances, so that stretcher cases do not interfere with the normal reception area for visitors, staff, and patients attending the out-patient facilities and consulting-rooms. The lifts are concealed from view; only the staircase is apparent to visitors in the reception hall. Economical use of the lifts is thus assured.

The nursing-home and its equipment cost £325,000, including the lease of the land. Of this sum £100,000 was donated by the Nuffield Nursing Homes Trust, the rest being contributed by industry, private individuals, and the medical profession. The target (£325,000) was reached on the day the nursing-home opened. Since then money has continued to come in and the appeal is now £7,000 ahead of the target. A new development fund has been created for excess contributions.



Edgbaston Nursing Home.

Design of Building and its Cost

The building is attractive, functional, and well finished, with an extensive car park for 50 cars. It provides a standard of comfort and privacy for patients which was not previously available in Birmingham. The overall cost is regarded by many as extremely good value and is very much less than a similar structure would cost under present Ministry procedure with its inevitable delays. The idea was born four years ago. A year later the first plans were drawn up and the building is now fully operational.

For economic building it is essential that the planners and those responsible for raising funds should constitute the same committee. This ensures the ruthless pruning of plans in the first instance, for everybody realizes that extravagance is dangerous. The committee had the services of experienced business men who understood building costs and could discuss informedly with the architect the advantages of steel as against reinforced concrete and knew whom to approach for the

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lowest tender for a number of services. The medical members, while ensuring a high standard of professional accommodation, were immediately converted to any suggestion that would reduce costs without sacrificing efficiency. The seemingly impossible task of raising the money and getting the building completed on time became an attainable goal. As the appeal progressed and the building developed one could not help comparing the working of free enterprise with the delays that N.H.S. projects have to encounter before they reach the Minister, and may even then be axed, pruned, or further delayed.

Attitude of the Doctors

Consultants. These varied initially in their attitude, for the city has been without a private surgical nursing-home for a long time and in some quarters there was apathy and frank disbelief. Yet when the scheme was well advanced a count showed that 90% of consultants in private practice had given tangible support and a large number had been active in promoting its cause. A few were sceptical of the need for a nursing-home in an age of modern medicine. Their attitude was understandable, as they were, if surgeons, involved in highly sophisticated techniques requiring teams of supporters, or, if physicians, dependent on elaborate laboratory tests which a small nursing-home could not provide.

General Practitioners. Financial support was confined to a few but generous exceptions. This was not regarded as a matter for serious criticism by the medical members of the Appeals Committee. General practitioners did in fact give tremendous support in advising the general public (their patients) of the value of the new nursing-home and in encouraging industrialists and others to contribute. The years without bed facilities, private or public, had left many with the feeling that they would rather not assume the personal responsibility of treating patients in a nursing-home. This attitude was intelligible. At the same time it was a matter for regret that so many were disinclined to show a personal interest when offered free and equal access to beds and facilities comparable to those in hospital. Those few who showed an interest were young. They had already taken steps to enlarge their medical responsibilities and were eagerly awaiting the opening of the nursing-home so that they could practise "real medicine."

Registrars. A number of registrars would spontaneously discuss their future and complain of the lack of private bed accommodation in the Birmingham area, particularly outside the teaching hospitals. Full-time contracts did not appeal to them and some talked of emigration; in fact a few did emigrate. The prospect of a new surgical nursing-home where they could admit and treat patients on equal terms with senior colleagues inspired some with hope and they maintained a lively interest in its progress. Those who achieved consultant status during the building phase became immediately identified with the project and contributed handsomely, showing more enthusiasm than some of their senior colleagues.

This attitude was not only encouraging to the Appeals Committee but helped to answer this difficult question: If more doctors worked in the nursing-home, would there not be less time available for the N.H.S.? There was already an answer in that a "maximum part-timer" does the equivalent of a "full-timer" in any case, but there was an even more convincing argument. It meant the difference between nine-elevenths of a doctor's time for the N.H.S. or none at all, for emigration was being seriously considered. The opening of this nursing-home undoubtedly retained the services of some of our specialists and general practitioners too.

Another incentive to remain and practise in this country was the provision of consulting-rooms with full cover (telephone, secretary, and receptionist) at an economic rent and on a sessional basis. The young consultant need no longer contemplate the early purchase of a house in an expensive area or the renting of rooms for longer than he requires. He can now set up in private practice at a first-class address and with all investigation services at a modest expenditure. The speed at which the rooms are being rented has justified their provision.

Nurses and Patients

Nurses. For some considerable time before the opening of the nursing-home there were requests from nurses for information. Salaries and superannuation are identical with Whitley Council scales with the addition of a small bonus scheme after the first year's service. It is too early to generalize on the type of nurse who has elected to work at the nursing-home except to say that the quality is excellent. These nurses have more than average initiative and enjoy the prospect of intimate contact with patients, as well as the freedom from the increasing paper work of the hospital service. The attractive physical conditions of the nursing and the excellent catering arrangements—outside contract with resident chef—have all helped, and there is much comment on the relative freedom to get down to nursing. The individual bathrooms for the patients have practically cut out the bed-pan routine, and the inter-com system has reduced the fruitless coming and going to which they had been previously accustomed. Recruitment has been successful; within two months of opening all beds are staffed.

The total establishment consists of 34 staff, of which 28 are permanent.

Matron
Assistant matron
Relief senior sister
Two senior floor sisters
Four junior floor sisters
Four staff nurses
Two State Enrolled nurses
Two auxiliaries

Operating Theatres:
One senior theatre sister
One junior theatre sister
Four staff nurses

Night Duty Staff:
One night superintendent
One night sister
Four staff nurses
One auxiliary nurse

The matron has the traditional role which used to obtain in small hospitals before they became part of larger organizations, such as groups, regions, and Ministry. She is in fact the local manager of the home on behalf of the Trust, and has complete authority in her dealings not only with nursing and domestic staff but with doctors. It is she who arranges admissions and supervises length of stay and generally maintains a watchful eye on the workings of the whole establishment. She has an assistant matron and a relief sister for administrative duties.

Patients.—These are the general public and not, as some would believe, a select group of rich people who can afford the not inconsiderable costs of bed and treatment. The vast majority are insured through an insurance scheme, individually or in groups, some of a professional nature but most through their places of employ ent. Many are junior executives, and members of their families, whose employers make the full contribution to these benefits.

In the course of the appeal some doubts were expressed by medical colleagues whose support one might have expected; there were never any doubts expressed by laymen. Many were enthusiastic, and postal appeals to individual members of the insurance scheme (B.U.P.A.) brought surprisingly high returns.

Patients' suites were individually endowed, as well as the operating theatres, clinical laboratory, consulting-rooms, and *x*-ray department. Towards the end of the appeal patients' suites ran out. Several more would have been endowed—which augurs well for a second nursing-home.

Cost of Treatment

The charges for full nursing care and suite are 40 to 41 guineas per week, depending on the size of the suite. Six rather large ones can accommodate a secretary and her desk should the patient wish to keep in touch with his business. Cots can be introduced to any suite, and mothers are encouraged to "room-in" with their children, a facility which is not only psychologically sound but is much appreciated. Comments from patients have been enthusiastic, but some of this enthusiasm may be the result of years of deprivation of high standards of privacy. It may take a year or more before helpful though critical comments begin to emerge.

Conclusion

The main lesson to be learned is that people are prepared to pay for and maintain considerable establishments outside the N.H.S., and that local enterprise can do this quickly and cheaply. It is obvious that these units are desired by patients, doctors, and nurses, and that their potential contributions to the nation's health are by no means negligible. Charges can be kept well within existing insurance cover, and therefore beds are available not only to the wealthy few but to a large section of the population. Such units are already providing some relief to an over-extended and underfinanced Health Service, and there would appear to be good reasons for increasing their number and scope. Those responsible for insurance schemes should reconsider their scales, and realize that bed cost is still the big expense and is likely to remain so. A lower scale of insurance which commits the insured to heavy bed charges is undesirable, especially as maximum cover is not particularly expensive.

Doctors will also have to treat this new freedom with respect, and exercise considerable care in the economic use of beds and resources. If they do, they will help to foster a development which gives them an alternative field of work which they should find attractive and stimulating.

These new developments have now reached a stage when they can influence patterns of medical care. Already this new nursing-home has set standards which future homes will have to emulate, and has established a place in advancing the medical services in this country. That consultants and general practitioners can use the home on a basis of equality is a lesson which may well be copied by the National Health Service.

Report of the B.M.A. Working Party on the Medical Examination of Immigrants

In July 1964 the Representative Body passed a resolution recommending that all immigrants to Great Britain should present a satisfactory certificate of health at their port of disembarkation. Early in 1965 the Council of the B.M.A. appointed a working party to assemble all the facts relating to the medical examination of immigrants. The members of the party were Dr. C. Metcalfe-Brown (Chairman), Dr. R. J. Dodds, Dr. H. R. C. Hay, and Dr. D. K. Stevenson. The report was approved by Council on 1 December and published on 2 December. We print below an account of the principal recommendations made.

Present Procedure for Admission to Great Britain

At present there is separate legislation for aliens and for Commonwealth citizens on the subject of medical examination on entry to the United Kingdom. Aliens must normally present themselves at one of the 38 ports of entry approved by the Secretary of State. The immigration officer may refer any alien to a medical inspector. The officer is advised to refer any alien who appears to be mentally or physically abnormal, or not in good health, or bodily dirty; and any alien in regard to whom there is any mention of health as a reason for his visit or who intends to remain in this country for more than six months. Until the 1962 Act, Commonwealth citizens were free to come and go as they pleased; but under the Commonwealth Immigrants Act medical examination was established for immigrants who were the holders of work permits or were coming for settlement in the United Kingdom. Commonwealth immigrants could be referred for medical examination if they were found on interrogation to be possible health risks on the same criteria as those applied to aliens. An exception was made by exempting from examination the wives, or children under 16 years of age, of Commonwealth citizens resident in the United Kingdom or of Commonwealth citizens seeking to enter the United Kingdom. Persons ordinarily resident in the United Kingdom were also exempted.

Conditions of Entry into Other Countries

The working party examined the procedures adopted in countries where medical examination is a condition for entry of immigrants. Particular attention was given to the practice in the United States of America, Canada, Australia, New Zealand, the Netherlands, France, and Switzerland. Some form of pre-entry medical examination is common to all these countries. It has a twofold purpose—the exclusion of disease and the prevention of sick persons and their dependants from becoming a charge on the State. So far as possible medical examination is conducted in the country of origin of the immigrant; it is carried out by medical officers of the immigration service for the country to which the immigrant wishes to travel. Assistance is given where necessary by local doctors.

Significant Diseases

The working party examined the lists of diseases which are a specific bar to entry to various countries abroad in an attempt to decide whether there should be a similar list for the United Kingdom. It was felt that any list of this kind should be kept as brief as would be consistent with safety. Certain conditions could be excluded because of the absence in