

THE INTER-WAR YEARS

It was recognised that there would be much advantage to be gained if the voluntary hospitals co-operated in their policy and procedures and BHSF instigated the formation of a Hospitals Council. A conference was held at which the Lord Mayor presided and in 1919 the Council was established with representatives from the hospitals, Birmingham University and the City Council and later members of the Hospital Officers' Association. BHSF Chairman, Alderman Sir David Brooks, was appointed Chairman and the BHSF Honorary Secretary, Mr W S Aston, became Honorary Secretary to the Council.

Following the Great War attention was given to the seriously overcrowded voluntary hospitals. Normally, patients who were admitted to Dudley Road and Selly Oak Hospitals were assessed according to their financial means and required to pay a maintenance charge. BHSF came to the assistance of its contributors and in 1924, arranged that all BHSF cases would be covered by the payment of £500 per year by BHSF. This payment was doubled in 1926 and later changed to a payment per patient, irrespective of the length of stay. Over a period of 12 years, the cost of in-patient treatment for BHSF contributors rose from £500 to nearly £30,000.

The need for enlarged and improved hospital facilities was most urgent. In 1925 both the General Hospital and the Queen's Hospital contemplated extensions but the BHSF Committee proposed that instead of building further within the smoke, grime and noise of the City Centre, attention should be focused on open land in the suburbs. The idea received so much support that a special committee was appointed and this resulted in a scheme to build a Hospitals Centre incorporating a general hospital, special hospital and a

medical school in Selly Oak and this is now the Queen Elizabeth Hospital. The 150 acre site was generously donated by Cadbury Brothers.

The increased cost of running the voluntary hospitals put pressure on established procedures. Some hospitals demanded registration fees and maintenance charges and "extra tickets" because the value of basic tickets fell below the cost of treatment being given. At first these affected non-contributors but gradually the procedure affected BHSF contributors too. As a result, in the workplaces these registration fees, extra tickets, maintenance charges and so on were being paid out of the collections made for BHSF for distribution amongst all the hospitals. In some factories more than half the funds were being used in this way.

In December 1924 the Delegates proposed the abolition of the ticket system, believing that the hospitals would soon make good any loss of income suffered at the outset and also that this would save much working time by patients who often had to travel far, sometimes with difficulty, in their search for the necessary hospital tickets.

While the implications of this proposal were being evaluated, it also seemed to BHSF that some means needed to be established so that money collected for BHSF should not be drawn upon for other purposes, and a conference was called by the Hospitals Council. One of the resulting suggestions was that the various agencies collecting on behalf of the hospitals should be amalgamated along the lines of the contributory schemes which were then being formed in some other towns. BHSF made it clear, however, that it was not prepared to consider being absorbed into any new

movement nor amalgamate with other collecting agencies such as the various hospital leagues, hospital guilds and so on. Nonetheless, BHSF was prepared to cooperate in establishing new procedures which would assist hospitals generally provided that it could retain its separate identity. The Hospitals Council tried to formulate a scheme, but there were great complications and conflicting interests and it took several years before an agreed arrangement was produced. The main points of this contributory scheme were that the BHSF practices which had been so successful in factories and industrial establishments should be extended to offices, shops, domestic servants, district leagues and local committees.

The BHSF Delegates met early in 1927 and as it was found that BHSF's interests had been fully protected and it could lend assistance by the extension of its own proven methods, it was in the common interests to do so. A further meeting was held later in that year when all points raised were cleared up satisfactorily and the proposed constitution was approved with BHSF acting as the industrial section of the Contributory Scheme. It also provided for the abolition of hospital tickets and in return the hospitals were to be paid as much as possible towards the cost of treating contributory patients. Further, BHSF would continue to have representation on the governing bodies of the hospitals, the standard contribution of 2d per week should be payable by all contributors without exception, and employers should be invited to contribute 25% of the annual collection raised by their workpeople for the Contributory Scheme.

Here was an entirely new scheme and a very encouraging start was made with most of the leading firms in the City joining in the first year. Individual hospitals agreed to cease making any appeals to workers direct. The collection for 1927, the last year prior to joining the

Contributory Scheme, amounted to £66,797. In 1928, the first year of the new scheme, it was £140,943.

The depression which hit this country and many others caused financial difficulties for the voluntary hospitals and in 1931 there was a danger of wards having to be closed. The appeal for the Hospitals Centre and the new convalescent home at Kewstoke were necessarily deferred. There was an overriding need to increase the contribution rate from 2d to 3d per week but because of the trade depression, many doubts were expressed about the likely success of such an appeal. However, BHSF believed that if contributors could respond then they most certainly would. A carefully reasoned appeal – "the case for the extra penny" – set out in detail:

- the overwhelming need of the voluntary hospitals for more money to meet current expenditure;
- the promised support to the new Hospitals Centre;
- the much-needed support for the new convalescent home at Kewstoke which had previously been deferred in favour of the Hospitals Centre.

It was agreed that from 1932 until 1936 the extra penny should go to the voluntary hospitals but at the discretion of the Committee of the Contributory Scheme, some could be paid as a donation to the Hospital Centre and from 1936 10% of this extra money was to be paid to BHSF for convalescent home purposes.

The income for 1932 showed a substantial increase but not the full 50% that could be expected following the raising of the contribution rate. The shortfall was due entirely to the depression in trade and short time working in many factories. However, in 1933 the full 50% increase was shown and both the hospitals and the

City recognised and expressed admiration for the devotion shown by BHSF and the bold and resolute way in which the workers had so successfully responded to the appeal.

THE BRITISH HOSPITALS CONTRIBUTORY SCHEMES ASSOCIATION

The Government had set up the Voluntary Hospitals Committee in 1921 and they took certain financial and other steps to aid the voluntary hospitals. Nonetheless, the hospitals continued to look to organisations like BHSF for their solid support. In 1930 the management committee of the Birmingham Hospitals Contributory Scheme, containing 10 BHSF representatives, took the initiative to call a conference to inaugurate a national body at which the problems of individual schemes could be addressed. Some 49 delegates, representing 19 schemes attended and a National Association was established. A Committee was formed with the Association holding its first annual conference at Rugby in 1931. This Association is the predecessor of the British Health Care Association which is the trade body representing the interests of a number of not-for-profit health cash plan providers including BHSF.

THE SECOND WORLD WAR

In 1939 as the clouds of war gathered, the BHSF convalescent homes were equipped and prepared for emergencies. All except St Tudno were inspected by Ministry of Health officials and listed as suitable for emergency hospitals. A proportion of beds was reserved by the Ministry for the use of the military and civilian population and BHSF was reimbursed for these reservations and for any special work undertaken.

Marle Hall was the first of the homes to be utilised in the war effort when 30 children from a Manchester sanatorium were cared for until they could return to their own city. Later, sick soldiers from training camps in the area were nursed back to health. When in 1944 Marle Hall reached the 50th anniversary of its opening as a convalescent home for women, it was being occupied by men owing to the requisitioning of Tyn-y-Coed.

The war time role of Tyn-y-Coed was of necessity cloaked in silence, because for some time it housed hundreds of workers engaged upon the construction of the famous Mulberry Harbours which contributed so much to the successful invasion of occupied Europe on D Day and thereafter. Some units were made and launched at Morfa on the Conway Estuary about two miles from Tyn-y-Coed and work proceeded around the clock. The men worked under guard in shifts and were conveyed to and fro in buses. The matron, Miss C L Kenwick, supervised the running of Tyn-y-Coed to provide a 24 hour buffet service and all else that was needed for the men's welfare and well being. The Minister's recognition by letter at the close of this period came as a welcome reward for the endeavours of BHSF and the staff at Tyn-y-Coed.



A Mulberry Harbour

The Hugh Sumner Home at Malvern became an auxiliary unit for Birmingham Children's Hospital. On the other side of the road, St Ann's Orchard Home

accommodated the nurses. This arrangement greatly assisted the Children's Hospital and after a while an isolation block for 20 beds was erected. Many of the patients, when fit enough, were taken to The Uplands Home at Blackwell to complete their recovery. These services continued until the end of 1943 by which time 2,550 youngsters had received attention. The Hugh Sumner Home then accommodated women patients who could no longer be sent to Marle Hall as it was required again for war use, this time for the care of wounded members of the forces.

Highfield Hospital at Droitwich received 46 military wounded in 1940, many of them from Dunkirk. However, this did not interfere with the treatment of the rheumatic cases who were boarded out but continued to have access to the brine baths. Later, Highfield took under its wing patients from the Birmingham Ear and Throat Hospital which was then able to continue its work and perform operations away from the dangers of bombing.

In 1942 another small convalescent home, High Pastures at Deganwy in North Wales, was purchased with accommodation for 24 patients.



High Pastures Convalescent Home, Deganwy



Christmas party for children evacuated from Winford Orthopaedic Hospital 1940

Kewstoke was commandeered by the Ministry of Health for conversion into a first-grade emergency hospital and the building was soon coated in camouflage paint. The control of the hospital remained in the hands of BHSF and very quickly and efficiently, additional beds were put up to provide for 230 patients. An operating theatre and x-ray unit were installed and extra medical and nursing staff were appointed. Some of the nurses were only 18 or 19 years old and away from home for the first time. Early in the war, 40 expectant mothers evacuated from

London were catered for and an independent medical staff and midwives were appointed for this additional work. A boarding house in Weston was reserved to accommodate the mothers until it became necessary to admit them to the hospital. On 30

October 1941, the Rt Hon Ernest Brown, then the Minister of Health, visited Kewstoke and expressed his gratitude to BHSF for placing such wonderful facilities at the disposal of the country.

In June 1942 Kewstoke was slightly damaged in an enemy attack when over 200 incendiary bombs landed on the flat roof and one entered the hospital through a wall. Patients had only just been removed from that ward and taken down to the cellar corridor. Even wounded soldiers helped to move other patients. Wet debris had to be swept from the fire areas and bed linen and pillows which were burning were thrown from the windows. It was due to the courage of the house surgeon, the matron, and the nursing staff that the damage was not much greater. They were still able to attend to air raid casualties from the locality, many coming from the 8th Army

Division which was stationed at the Atlantic Hotel on the seafront. Grateful tribute was paid to the endeavours of the matron, Miss B Hickey, SRN, and her staff.

Some unhappy times which Kewstoke staff experienced include nursing wounded and shell-shocked soldiers arriving back from Dunkirk and the later D Day landings. One of the saddest incidents was the death of a colleague, a lovely young girl from a farm in Devon, who caught TB from a patient.

There were also Americans on the staff – two orderlies, a physician and a surgeon – and they were all very generous with their Lucky Strike cigarettes! For all her strictness, Miss Hickey was respected and compassionate. However, the nurses certainly did not look forward to the preparations for the quarterly visits from BHSF officials and they had to scrub and clean every nook and cranny, with the matron swinging the lights to see if they made any dust rise!



Men's ward, now the convalescent centre lounge

The black-out was always strictly enforced at Kewstoke with the corridors lit by hurricane lamps giving just a low light. One of the staff recorded being on duty and seeing a hospital ship, blazing with light and with a large red cross on the side, steaming up the channel towards Bristol in the summer of 1943 with everything around in total darkness. Others recalled the views from the roof at night, especially

the glow when the steel furnaces across the bay in Wales were opened as these could not be blacked out.



Kewstoke camouflaged

There was a great sense of camaraderie amongst the Kewstoke nurses and many of them married patients. The nurses held reunions for many years after the war, at first in their own homes and then from 1989 at Kewstoke itself. On the 25th reunion, a commemorative cherry tree was planted in the Kewstoke grounds.

It is not practicable to relate all of the valuable work carried out at Kewstoke during these years. Statistics do not fully reflect the never-ending working hours of the staff without whose endeavours little could have been accomplished. However, the scale of the war-time activity merits being recorded:

Military patients	-	1,640
Civilian patients	-	4,680
Operations performed	-	3,469
Out-patients	-	4,224
Maternity cases	-	76

It is little wonder that at the end of the war the Government was reluctant to restore Kewstoke to BHSF and a very delicate situation arose requiring many months of careful handling and the intervention of Birmingham MPs before Kewstoke was de-requisitioned in April 1946. After complete renovation it re-opened its doors to women convalescence patients in August 1947.