

During these war years, convalescence accommodation was very restricted and there were long waiting lists. The Committee did all it could to make alternative arrangements. In appreciation of BHSF's war efforts, the Ministry of Health accommodated many convalescence patients in their auxiliary hospitals in order to relieve the situation.

At the helm of BHSF through this period was Henry Crisp. He had served as Organiser from 1928 until his appointment as Assistant Secretary in 1937 and Joint Secretary in 1942. He became Secretary in 1946 until his retirement in 1964.



VE Day

BIRMINGHAM ACCIDENT HOSPITAL

In 1941 the Queen's Hospital changed its name and function to become the Birmingham Accident Hospital with a very ambitious scheme to specialise in the treatment of accident victims and their subsequent recovery. Very often the victims of accidents were afterwards unable to follow their normal occupations so a rehabilitation centre was incorporated to re-equip them to earn a living. This work greatly appealed to BHSF which made a donation of £1,000 towards equipping the rehabilitation centre.



The foundation stone from The Queen's Hospital extension

Birmingham Accident Hospital eventually closed in 1993 with its functions being transferred to Selly Oak Hospital. The



The unveiling of the re-sited foundation stone by the Lord Mayor of Birmingham, David Roy and Sir David Ferris in 1995

commemorative foundation stone was removed and was reinstalled at the BHSF offices where it was unveiled by the Lord Mayor, David Roy and BHSF Chairman, Sir David Perris on 13 September 1995. Behind it was placed a time capsule containing a number of items of current and historic interest, including newspapers of the day and also those reporting the laying of the foundation stone in 1871 and the official opening of the Queen's Hospital extension in 1873.

THE NATIONAL HEALTH SERVICE

It took a long time to get back to normal after the war. There were staff shortages at convalescent homes and this limited the number of admissions for a time. Food rationing continued and administration costs had increased astronomically. Over all this hung the uncertainty about the future because the National Health Service was due to take over responsibility for the running of hospitals. The Minister of Health felt that convalescent homes should be classed as hospitals. The BHSF view was that the homes had been provided by the generosity of Birmingham people and by much hard work and they ought to remain separate.

To clarify the position, a conference was called in 1946 of the 15 Birmingham MPs but only four were able to attend along with six BHSF delegates including the Vice-Chairman, Albert Simmons, and the Secretary, Henry Crisp. Mr Simmons presented the BHSF case and emphasised that the convalescent homes could continue to be maintained by voluntary effort. He also made reference to the sterling work performed through the convalescent homes during the war. After a further meeting later that year, it was agreed that the BHSF convalescent homes were not transferable under the terms of the National Health Act and BHSF was free to continue its own convalescence service. However, Highfield Hospital at Droitwich was taken over by the NHS.

In July 1948 the Birmingham Hospitals Contributory Scheme ceased operations and presented a £10,000 contribution to BHSF to meet capital expenditure. Its remaining funds were used to inaugurate the Birmingham Amenities and Welfare Trust to assist hospital patients, the sick and the aged in the City. BHSF was represented on the Trust which continued until the end of 2001 when its affairs were merged with the W E Dunn Trust.

From 1873 to July 1948, £7m had been collected and given to the voluntary hospitals which were now taken over by the Ministry of Health. The Ambulance Service, so liberally supported by BHSF, passed to the Local Health Authorities and the provision of surgical aids was also taken over by the National Health Service.

THE POST-NHS CONVALESCENCE SERVICE

The NHS relieved BHSF of its original function, the raising of funds for local hospitals. However, the National Health Act made local authorities responsible for providing convalescence which was not available under the NHS. The BHSF convalescence service was provided at a contribution rate of 1d per week and there were eight homes in July 1948. The Birmingham Health Committee sought the support of BHSF in satisfying its own convalescence obligations by means of an arrangement to accept non contributors who met medical requirements at an agreed charge rate.

Many employers readily agreed to continue their support for the BHSF convalescence activities. By December 1949 the employees of 3,619 firms were covered, with 420,130 contributors and a further 4,027 individual contributors who registered direct. Many employers added 25% to the employees' contributions and the total collected for the year amounted to £111,866.

Additional accommodation was needed but the cost of building would have been prohibitive and there would have been a considerable delay in obtaining a building licence. It was therefore decided to purchase Montrosa, a private hotel in Weston, a town which medical opinion favoured as being particularly suitable for the relief of chest complaints. Also, being close to Kewstoke, fresh garden produce could be supplied from there and existing business contacts could usefully serve both premises. Montrosa opened as a convalescent home for 40 male patients in 1951 bringing the total to nine freehold properties which could accommodate 510 patients.

This was the heyday of the convalescence service, which was then accommodating over 7,000 people per year. However, it soon became apparent that there would be a decline in convalescence demand. Advances in medicine brought about speedier recuperation. Pre-natal care and follow-up treatment, plus better foods were having a marked effect on the incidence of children's ailments. Also social advances which were unconnected with the field of medicine and health brought about improved working conditions, reduced hours, more mechanisation of heavy work and increased holidays with pay. All these helped the general improvement and well-being of the nation and a reduced demand for convalescence services.



Montrosa Convalescent Home

The first casualty of the decline was St Ann's Orchard. There were fewer patients by 1955, but the wages bill and maintenance costs spiralled upwards. St Ann's Orchard became a financial burden which BHSF could not afford to carry and, with regret, it closed in 1955. Staff and equipment were dispersed and the property was sold in 1957 to the Regional Hospital Board.

By the early 1960s the downward trend was confirmed, and there were many fewer applications. Another factor was higher wages, but on the other hand there were also many who admitted that they could not afford even free convalescence because of their financial commitments especially having been absent from work through illness. Some people became "choosy" and did not want the large, airy dormitories, which to them appeared institutional, and they wanted to be near the sea. BHSF did everything possible to meet these changing demands. Wherever it could be managed, the large rooms were divided into smaller cubicles to take one, two or three beds. Wash basins were installed in bedrooms. At Llandudno, where Tyn-y-Coed, High Pastures and Marle Hall were some distance from the sea, weekly coach trips were arranged to take patients to Llandudno and Conway and no effort was spared to modernise the homes and improve the facilities but disappointingly the decline in the number of applications continued.

In 1964 BHSF became re-affiliated to the British Hospitals Contributory Schemes Association and it learned from other schemes that the steady decline in convalescence demand was nationwide. Other schemes were reporting the closure of their homes.

BHSF appealed to Delegates to make convalescence work better known, but it was to no avail. The Hugh Sumner Home was disposed of, and as one would expect, Mr Sumner was most kind in agreeing, with regret, that the home which he had so

generously established and where over 10,000 children had gained untold benefit, had become surplus to requirements. It was sold in 1965 but with the Executive Council pledging to perpetuate the name of John Hugh Sumner in some future development. The Uplands Home became redundant and was sold in 1966 ending the convalescence service for children which had begun with Bryn Marle in 1896. The few children who applied for convalescence were accommodated in privately-run homes until even those closed down.

The Llandudno homes which, apart from St Tudno, were some distance from the sea became less appealing. On the other hand Kewstoke and Montrosa had greater appeal, perhaps because they were closer to the sea and probably too because Weston was easier to reach from Birmingham.



Sandpiper Convalescent Home

In August 1966, after 72 years, Marle Hall became a white elephant and was only being fully used for a few weeks in the summer. Following its closure, it remained unsold until it was finally disposed of in 1969. Tyn-y-Coed was another sad story. It was rarely more than half full even at peak periods. Apart from all other considerations, Tyn-y-Coed had great sentimental value and BHSF were loath to face the implications of the downward trend. It was closed for a time while the patients' lounge was completely redesigned and refurnished on modern lines and carpeted. A new matron was appointed but, within a few weeks of

re-opening, there was no-one wanting to go there. An unexpected enquiry was received from a commercial concern who were interested in acquiring the property for their staff and laboratory accommodation and after much heart-searching by the Executive Council, Tyn-y-Coed was sold in 1970. Throughout all its happy and useful 77 years, Tyn-y-Coed had accommodated 130,000 patients. Much of the equipment and stock and some of the nursing and domestic staff transferred to Weston. The neighbouring Tyn-y-Coed Farm was let on a tenancy agreement and the houses provided by BHSF for former employees were sold.

A search for a suitable site on the south coast on which to build a new convalescent home was unsuccessful and eventually BHSF purchased an uncompleted building, originally intended as an hotel, at Weston. This had already been named Sandpiper and it was decided to retain the title. Many alterations were necessary to meet the BHSF requirements and this caused delay and additional expense. Sandpiper was opened on 11 May 1968 by the Mayor of Weston, Councillor C D Curtis, who at the same time unveiled a plaque commemorating the generosity of Mr J Hugh Sumner to whom the library was dedicated. Sandpiper had accommodation for 35 patients, mostly in twin-bedded rooms with en-suite facilities.

Shortly afterwards Severn Croft, a neighbouring property also facing the promenade, was purchased rather than extend Sandpiper as had been proposed at one stage. This enabled three small homes – St Tudno and High Pastures in North Wales and Montrosa in the Knightstone area of Weston – to be closed in the autumn of 1971 with the furnishings and equipment transferring to the new premises. St Tudno was bought by a couple from Solihull who still run it as a small but fine hotel. The staff of Montrosa and the nursing staff from High Pastures were transferred to Sandpiper and Severn Croft. Severn Croft was extensively improved and was opened by the Lord Mayor of Birmingham, Alderman F T D

Hall, on 10 June 1972, dedicated to Miss Henrietta and Miss Sarah Stokes, the sisters of Alfred Stokes, in whose memory Tyn-y-Coed had been provided. It was thought fitting that this last home should perpetuate the names of those who had so willingly founded the first home.



Severn Croft Convalescent Home

Convalescence was now being provided at three properties in Weston – Kewstoke, Severn Croft and Sandpiper. Nonetheless, the downward trend in demand continued resulting in longer periods of winter closure and many months of only partial occupancy. With regret, the decision was taken in 1999 to close Severn Croft and Sandpiper in order to use Kewstoke more fully. In 2001 the site which embraced Severn Croft, Sandpiper and some flats which stood between them was sold to Royal British Legion who also acquired three neighbouring properties with the intention of building a new convalescent home for their members, to replace an existing facility in Weston, which no longer met their standards, and to develop a large number of sheltered-housing units.

THE MOVE INTO HEALTH CASH PLANS

By 1960 it became obvious that with continually - rising costs, the very low rate of contribution, which had not changed since 1948, would need to be reviewed. Indeed, without the constant support of

the employers who added a percentage to the contributions, the convalescence service could not have been maintained at the 1d per week rate, despite the income on the investment reserves. It was reluctantly decided that the contribution rate needed to be increased, and at such a low denomination, anything less than doubling the contribution to 2d per week was impracticable. At the 1963 Annual General Meeting, two proposals were put before Delegates and approved:

- 2d per week would provide access to convalescence, with free travel by luxury coach and a cash grant of £2 to each adult patient. The Council also agreed to provide as much single-room accommodation as possible and to welcome patients recovering from some ailments which had previously precluded admission.
- 6d per week would in addition provide cash grants towards the cost of spectacles, dentures, specialist fees, home help, nursing home and hospital in-patient treatment, and a maternity grant. Hospital in-patient payments would include dependants on a reduced scale. Where an employer could not or would not arrange the 6d deduction rate, but wished to continue deducting for the convalescence service only, contributors would be able to pay the extra 4d per week direct to BHSF.

The extended benefit scheme proved so successful that over the four succeeding years it was possible to improve and extend the benefits without any increase in the contribution rate. However, the time eventually arrived when further enhancement was not possible at the same rate. This coincided with the necessity to plan for the introduction of decimal currency.

Following an opinion poll in 1968, a greatly improved scheme for 1s per week – a sum which would readily convert to 5 new pence per week – was agreed. Also, there

was a promise to retain the convalescence service at 2d per week which on decimalisation in 1971 would become 1p. The proposals were approved at the 1969 AGM and the new rates came into effect in January 1970.

The extended benefits scheme was based upon the sound principle of mutual aid and many employers and employees recognised the advantages. It is interesting to compare the cash benefits which were available in 1972 for 5p per week:

- Hospital and nursing home in-patient:
 - Contributor - £1.20 per day, maximum of £109.20
 - Dependant - £0.70 per day, maximum of £63.70
- Maternity benefit - £5 per birth
- Home help grant - Up to £15 per year
- Specialist fees - Up to £5 per year plus £5 per year for each dependant
- Spectacles or repairs - £4 once in three years
- Dental benefit - £5 once in three years
- Convalescence benefit

The pattern for the future was laid down in this way, and shortly afterwards the Memorandum and Articles of Association were altered to remove the geographical restrictions which had been in place. Originally, benefits could only be claimed by contributors who resided or worked within five miles of Birmingham Town Hall but as the City spread, this radius had been extended to 25 miles. As employers moved, amalgamated and developed their businesses in other parts, the geographical restriction was removed altogether enabling BHSF to operate in all parts of the UK.

BHSF MEDICAL CHARITY AND WELFARE TRUST

With the passing of the Charities Act in 1960, BHSF applied for registration with the Charity Commission and with the Local Authorities in those places where

the various properties were situated. It was established that the Fund was quasi-charitable by reason of its early activities in aid of the voluntary hospitals but it did not qualify for registration. As negotiations continued, and discussions took place with other similar organisations, it became apparent that registration as a charity could involve complete alteration of BHSF's structure and control by the Charity Commission. BHSF did not want to relinquish control of its own affairs and it conducted further investigations to establish its position under the terms of the Charities Act. Counsel's opinion was that BHSF was not a charity but that the sum of £573 3s 3d from the 1892 collection – and referred to on page 21 – could be regarded as a balance of charitable monies. The Charity Commission finally agreed that BHSF had no charitable status and the Executive Council decided that the sum of £573 3s 3d should form the nucleus of a new charity, the BHSF Medical Charity and Welfare Trust, to which further donations would be made by BHSF over the years.

The Executive Council of BHSF would appoint Trustees and the objectives would include financial aid to further medical research, convalescence provision and helping needy cases amongst contributors.

After lengthy discussions, it was proposed that the operations of the convalescent homes should be transferred to the Trust. These proposals, aims and objects were agreed at an extraordinary general meeting of Delegates on 10 October 1972. The Trust operated from 1 January 1973 since when total grants and donations have exceeded £2m. The largest single grant made by the Trustees was in 1980 when £100,000 was made available to the Institute of Occupational Health at Birmingham University, recognising the strong link between BHSF's origins and good health in the workplace, and as a result the first Chair in Occupational Medicine was established at the Institute.