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A SHORT HISTORY

OF

ALDEBURGH COTTAGE HOSPITAL

1919 - 1980

BY BRIGADIER E.M. RANSFORD, C.B.E.



ALDEBURGH COTTAGE HOSPITAL

and

"THE QUALITY OF CARE"

(From the "Consumer" level viewpoint)

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(From the "Consumer" level viewpoint)

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I 1919-1926 Aldeburgh Nursing Association & Cottage Hospital.

The story begins in a now dilapidated note book labelled "Aldeburgh Nursing Association" with the longhand minutes of a meeting of the "Maternity & Child Welfare" Committee at 5 pm, June 20th 1919 with the Mayor in the Chair (Appendix A).

The status and functions of this Committee are rather difficult to sort out through the subsequent minutes, as it sometimes sat as a "Nursing Association" Committee and sometimes as a "Maternity & Child Welfare" Committee, and sometimes divided itself into a "sub-committee" and a "Ladies Committee" with on occasion the recruitment of Ladies "who knew about nursing" (sic).

It was later made clear that the main Committee was a sub-committee of the County Council and had "nothing to do with the Town Council".

At the outset there appears to have been no District Nurse or midwife, but there was a small "Lying-in-Home" at 62 High Street where Dr. Somers (M.O.H.) had a surgery. The Committee minutes record an active campaign by Dr. Somers to direct the interest and cooperation of the (various) committees towards organising nursing and midwifery and towards taking over 62 High Street, seemingly without disturbing his surgery, as a Maternity Hospital & Welfare Centre, financed partly by grants (County), partly by small graded fees from patients and partly by voluntary efforts and contributions.

In 1921 No. 62 High Street, after much discussion and inspection, was purchased with a cottage opposite for £1,600 by means of a loan from the Bank and in due course became known as "Aldeburgh Cottage Hospital" - with a radius of eight miles.

The arguments and queries regarding equipment and responsibilities proceeded. The Medical Association were asked "exactly what a Cottage Hospital should contain" (the answer is not recorded!) and a certain monitory tendency in the Committee appears in a decision (after reference on similar questions to Southwold and Felixstowe) to refuse admission to a woman for her confinement "as evidence was given that this would mean the illegitimate child of a married woman".

To a request that the doctors should be represented on the Committee (presumably the Ladies Committee) the reply was that "it would be better if the doctors formed themselves into an advisory committee".

In due course two nurses became appointed (one to live in) and one of them also a midwife at a salary of £160 a year. The Nurses in charge became known as Matron in 1926.

Fees fixed by the Ladies Committee were:

£5.5.0. for private ward (and upwards))	} residents.
£2.2.0. with others in ward	
£1.1.0. poor people	

A minimum gift of £3.0.0. from outsiders.

The doctors (in 1926) reported that it would be much better for surgical cases to be sent to Ipswich where there were surgeons and X-rays. But for serious accidents or cases too bad to be sent to Ipswich, the Cottage Hospital would be most useful and they would arrange for a surgeon to come.

There were discussions regarding more frequent openings of the Infant Welfare centre than fortnightly - but the M.O.H. wished to be present himself and was only engaged (and paid) for fortnightly visits.

The Maternity & Child Welfare service does not appear to have been very successful with local doctors. The District Nurse reported in 1926 that the mothers invariably said "What is there for us to come for? We do not want to see the doctors and we don't always want our babies weighed"!

It was suggested that a room should be available for toddlers to play in - and for mothers to talk!

The main Committee decided that "practical matters" concerning the running of the centre should be "left to the Ladies"!!

These various committee minutes starting from both ends of the book - the sub-committees the other way up - as compared with the main Committee - meet in the middle with no more space available. The final minute on 31st December 1926 of the main Committee records thanks to the organisers of (rather appropriately!) a "guessing competition" which brought £3 to the hospital funds!

Unfortunately no further similar records in documentary form for this period seem to have survived. Perhaps it may be assumed that they were destroyed with the hospital in 1942.

However the services continued to be improved under the stimulus of local initiative and with increasing awareness of problems and needs.

Many of the problems of these early times are a sort of prologue to the present, and, indeed, some are still with us in some degree at the present day. Moreover some of the groundwork and voluntary support are still making positive contribution to the service of the hospital. Two examples may be quoted. The first is the Lewer Trust, consisting originally of the freehold of four cottages, Nos. 264, 266, 268 and 270 High Street, which was set up by his family in

memory of David Lewer who was killed in 1914 in World War I. A second example is the money in the old Nursing Association Fund, which was many years later paid over to the Hospital Amenity Fund "for the benefit of the Nursing Staff".

On the considered advice of the House Committee after the National Health Service came into being the Lewer Cottages were sold after reference to the Charity Commissioners for a total of some £9,000 which was invested and provided a useful income to accumulate in the Amenity Fund for subsidising worthwhile projects approved by the National Health Service. The Lewer Fund being a Trust escaped being merged into public funds in 1948 and still does so.

II. 1942 Air Raid destruction of Hospital - Re-establishment on new (present) site.

On December 15th 1942 German Air Raiders dropped bombs on Aldeburgh. The hospital at 62 High Street was struck and destroyed. In the disaster there were two patients (soldiers from neighbouring camps) killed and injuries among other patients and staff. Extemporised resources were organised with the aid of the St. John's Ambulance Brigade under the direction of the only doctor left in the town (Dr. Nora Acheson, whose husband Dr. Robin was away serving in the R.A.M.C.) and the chief of the A.R.P. (Colonel Franklin).

As described by Dr. Nora, the house on the present site happened to be empty, although already requisitioned by the military, and was commandeered to replace the hospital.

The house was dirty and derelict, wires loose and no gas, but 30 hours after the bomb, at 6 pm. patients from the First Aid Post were installed. Beds, linen, furniture and utensils were salvaged from the old hospital and acquired from various voluntary sources.

This private house accommodation was progressively adapted as a hospital but no longer as a maternity hospital, and became Aldeburgh Cottage Hospital, with the semi-detached house opposite ("The Hollies") also acquired later for accommodation for nurses and other staff.

III. 1948 National Health Service

The setting up of the National Health Service resulted in the co-ordination of the separately financed General Practitioner Service, the Welfare Service (under the County Councils) and the Hospital Service.

The Aldeburgh Cottage Hospital became absorbed as a small unit of the Ipswich Group of some 18 hospitals in the Hospital Service. A House Committee comprising medical and nursing members, and appointed lay members from the Aldeburgh, Leiston and Saxmundham district, was formed in an advisory capacity to the Hospital Management Committee at Ipswich, of which the Aldeburgh

Chairman was a member. The Secretary was provided by the Management Committee and in due course the House Committee grew into an effective and invaluable influence in communicating local needs and those of the "indivisible" patient to the divided sources of authority - in particular to the Ipswich Hospital Management Committee.

After the War, and the introduction of the National Health Service, the development of the Hospital Service took some years to become integrated and to gain momentum. Medical, nursing and administrative staff, accustomed to serve voluntary authority and self-set standards of "Quality of Care" had to become trained and accustomed to regulations and standards in a National Service. There were, and have been gains and losses in the process.

So far as the Aldeburgh Hospital itself was concerned, little development occurred involving capital expenditure during the early years of the National Health Service beyond the addition of a mortuary at the north side of the main building and the equipment of a modest casualty department.

The policy of the Hospital Service tended generally, and in the Ipswich Group particularly, towards extensive development of the central general hospitals, and towards very limited support, and probable ultimate closure, in regard to the General Practitioner or, as they came to be called, the "peripheral" hospitals.

This policy was most strongly resisted by the House Committee and by its Chairman on the Ipswich Management Committee on the grounds of poor communications and local need. The factor of communications has, except in respect of the increase in private cars, improved little over the years. The railway to Saxmundham has since disappeared, and a visit to Ipswich (25 miles) for consultation or X-ray, or to visit a patient, still takes a minimum of seven hours for a return journey by public transport from door to door, as it did before the National Health Service was introduced.

The Aldeburgh Hospital (15 beds) was not an established hospital, built as a hospital, with ancillary services such as (rather archaic!) X-ray, Physiotherapy, as was the case with other General Practitioner hospitals (e.g. Patrick Stead and Southwold) when the group came to be formed under the National Health Service, and was at a disadvantage at the beginning of the new era. The Chairman of the House Committee (Lady Eddis) had a difficult enough task in supporting even existing standards and services within the uncertain policies of the newly formed Hospital Management Committee at Ipswich, which itself lacked adequate trained and experienced staff to cope with the coordination and service of 18 hospitals dispersed over an area of some 50 x 30 miles. There was little to attract active and professionally interested nursing and ancillary staff with the necessary standards of qualifications and responsibility for an isolated unit not yet well integrated into a National Service. At this time the Matron, Miss Renwick S.R.N., had to meet virtually continuous responsibility being accommodated in a bed-sitting room in the hospital. The only other S.R.N., Miss Simmet, lived out until she succeeded

Miss Renwick. In both cases their health eventually broke down and they retired in their turn in 1962 and 1968.

This then was the position which a newly constituted House Committee was faced with. As the newly elected Chairman in 1956 I trust I may be excused from mentioning in this chronicle that the prospect filled me with foreboding thankfully relieved by the continuous support of a strong and active House Committee of both lay and professional members, some of whom are still so engaged in the interests of the hospital - when this is written in 1980 (see Appendix B).

From this stage onwards the fortunes and services of the Aldeburgh Hospital become necessarily governed, subject to the influence of local initiative, by the National Health Service policies and machine - notably in the first instance the Hospital Management Committee at Ipswich.

IV. 1948-1960 (circa) House Committee - Meeting the problems at Consumer level.

The next phase did not commence at any particular time but was entered as the House Committee came to understand the problems - what was needed and what was practicable - and as the Hospital Management Committee became an effective agent of National Health Service policies. In the latter sense cash limitations were beyond relief by voluntary contribution, and priority favoured centralisation to create some system of control.

It may help towards understanding to note a personal experience.

As a new member of the Hospital Management Committee I visited all the hospitals of the group in order to see what the problems were. In itself this series of visits presented certain difficulties since no map or guide book of any kind was available to show where they were! Some were always referred to by a name - usually associated with a founder! At one of the larger hospitals a senior member of the medical staff was being most helpful, and I happened to mention that I was very disturbed by the need for modernisation, and indeed by the dilapidation, of many of the hospitals I had visited. I have always remembered his reply - "Well! I have been here in Suffolk for many years and when I came here I remember saying to my chief much the same as you are saying to me now! And he said to me "My Boy! Let me tell you! When you come to Suffolk there is one thing you have got to learn! - If you pump out the cess pits, the wells run dry"!

As a matter of fact there is some sound sense in that advice! Since too much zealous uncovering of scandals often results in the wells of good will going dry!

However the House Committee applied itself unremittingly to a number of problems of which the following are examples.

The wards were of course all upstairs and nothing at this stage could be done to alleviate that. But there was no proper sluice for slops and bedpans, only a "slop hopper" in a small

cupboard which stank! So we wrote direct to the Medical Officer of Health and asked him to inspect. He did so and reported the condition as a danger to health! We also wrote direct to the Fire Officer as there was no fire escape and there were 15 beds upstairs in small wards connected only by a narrow passageway. The previous inspection some years ago had reported bedrooms "not too high for patients to jump"!

Both these actions were successful. An appropriate sluice was installed after alterations upstairs involving the loss of a lavatory, and a fire escape and connecting doors between wards were also provided. This was not a perfect solution but with the improved precautions as they came to be adopted was certainly a welcome safety factor.

The medical staff advised that a most pressing need for the local treatment of patients particularly in view of the number of elderly, was physiotherapy which was not then available nearer than Ipswich. The matter was pursued actively and systematically, verbally and in writing on the Hospital Management Committee and in due course, having discovered a willing and well qualified Physio Therapist (Mrs B. Parsons) available locally for two or three sessions a week, a small Physiotherapy department was organised and equipped in a spare ground floor room at the "Hollies" opposite the hospital.

A further improvisation in the interest of hygiene was the conversion of a brick built outhouse, with the addition of electric heating for drying racks, for the storage of fouled linen after rinsing before collection by the local laundry. Before this was available the fouled linen was carried through the kitchen, rinsed in the scullery, and dried in the boiler room!

At about this time the nursing staff was greatly strengthened by the arrival of two S.R.Ns (Mrs Reade and Mrs Pugh) and as morale improved with the evidence of active development, other local part time fully trained nursing staff appeared.

When the vacancy occurred in 1968, Mrs Reade was appointed Matron.

Another major factor in building up morale, and so the Quality of Care, came when the League of Friends, with the encouragement of the House Committee and the medical staff, became a branch of the National League of Friends. From then onwards the "Friends" have been a very interested and active agent in fund raising and many other ways in developing the service of the Hospital to the community. Without this help improvement would have been very much restricted if achieved at all.

V. 1960 (circa) to 1974 - Progressive development and improvisation under local initiative - Abolition of House Committees

Although the period of improvisation was by no means over, if indeed it ever can be over in a constantly developing service, a new phase began "in the sixties" which lasted until the re-organisation of the National Health Service in 1974. On the

one hand local initiative and finance brought about certain relatively important improvements, and on the other hand central policies resulted in all House Committees being abolished! In the latter case, active and persistent advocacy on the Hospital Management Committee of the interests of the General Practitioner (or peripheral!) hospitals was partially successful in achieving the setting up of a special sub-committee of the Hospital Management Committee for the Patrick Stead (Halesworth), Southwold and Aldeburgh Hospitals. The Chairman of Aldeburgh having retired from the Hospital Management Committee, was co-opted as Vice Chairman of this sub-committee with the Chairman (Mr J. Rodwell) of Patrick Stead (now a member of the Hospital Management Committee)... This was a happy, though only temporary and somewhat restricted compromise which linked the fortunes of the three General Practitioner hospitals in cooperation which was fruitful - and to which from Aldeburgh came the cheerful contribution of the principle and motto "Illegitimus non carborundum"!

It was during this phase that the "Salmon Report" appeared on the subject of reorganisation of the Nursing Service.

This report introduced a graded service from 1 to 10 in a chain of responsibilities. Misunderstanding resulted in many cases since there was a tendency for the grades up through the new administrative posts to be regarded as a chain of authority (or command!) rather than a chain of service. Moreover the post of Matron was generally and regretably dropped.

In respect to our own circumstances at Aldeburgh the effects were minimal. Relations with the newly appointed higher levels of nursing officers, after some initial misunderstandings, became very good indeed and Mrs Reade remained as Matron - an appointment, not a rank, which we retained.

The following are examples of more important projects initiated by the House Committee, financially aided locally, and in some cases completed during this phase:-

(a) Purchase and conversion of "Hillcrest" for a Physiotherapy Department, with a residential flat over for Matron or other member of the nursing staff.

Private correspondence had already elicited agreement on "first refusal" for the Hospital from the owner in Rhodesia who had inherited the property. In the event marked competition developed which was ultimately resolved after a personal appeal on behalf of the House Committee through the local Member of Parliament (Sir Harwood Harrison) to the Minister (Mr Kenneth Robinson) by a "consortium" of four members of the House Committee who subscribed to a loan of £5,000 and were aided by a generous gift of £1,000 from a grateful patient. The Ministry of the National Health Service refused to go beyond the District Valuers figure of £5,000 even with the subsidy of £1,000 so the property was eventually bought by the "consortium" for £6,000 and sold to the National Health Service for £5,000!

This with certain structural alterations provided excellent premises for a well equipped Physiotherapy department. The flat over was furnished mainly with the money (some £400) transferred from the old Nursing Association fund previously

mentioned, and became available for occupation (on repayment to the National Health Service of course) by a member of the nursing staff.

Needless to say the Hospital Management Committee Ipswich was personally kept fully informed throughout these proceedings. Urgency did not permit normal beaurocratic procedure.

(b) Installation of lift, and additional two-bed ward.

Agreement was reached through the Hospital Management Committee that a lift was necessary with all wards upstairs, but no prospect of capital provision could be foreseen. The matter was referred by the House Committee to the League of Friends who obtained agreement from the Regional Board that a lift costing some £8,500 would be installed if half the cost could be contributed by the Friends "in about 18 months time"! In the event the Friends raised some £4,500 locally towards the cost in some three months! The Regional Board reacted promptly and the project went ahead most successfully. The lift was officially opened on 26th May 1968 at a ceremony arranged by the Hospital Management Committee, by Dr Nora Acheson to whose wartime initiative and continued activities the Quality of Care has owed so much.

(c) Reorganisation and reconstruction of kitchen premises.

This much needed project was financed by the League of Friends to the extent of some £1,400.

(d) Provision of King's Fund mechanically adjustable beds in all wards.

This was financed by the League of Friends (after some arguments with authority over pattern!) by provision of £1,500.

(e) Rear Access and Chapel of Rest.

Work started on obtaining support and agreement with financial aid from the Friends for these projects during this period. Prolonged and difficult negotiations ensued throughout which the House Committee maintained an initiative which however did not see successful completion until late in 1979. The Chapel of Rest was financed by the Friends and the purchase of a plot of land for rear access (for some £7,500) and its development was financed from the Amenity Fund (founded by the David Lewer Trust) with additional aid from the Friends.

N.B. It may be noted that in two of these projects (a) and (e) past history of local aid and goodwill came to the material support of later need.

(f) Action was also initiated, and provisional plans prepared (by the Hospital Management Committee Works Department) for a badly needed extension to the Casualty Department, with ward extension over providing an additional three or four beds. But no progress was achieved on this project before the reorganisation of the National Health Service in 1974. However, funds continued to accumulate in the Amenity Fund "free money", and the Friends promised substantial aid, which in due course enabled the project to be kept alive

VI. 1974 Reorganisation of the National Health Service - Aldeburgh
Advisory Committee set up by District Management Team on local
G.P. request (Dr. John Stevens and Dr. Ian Tait)

In 1974 the National Health Service was reorganised and from the "Cottage", "Community" or "Peripheral" Hospitals' (and the patients'!) point of view the 'galaxy of Boards, Authorities, Councils, teams and Committees seemed even more impenetrable and confusing! There was however, merit of intent in some modification of the principle of "downward division" of authorities and functions in the favour of the indivisible patient. Hospitals no longer constituted a separate service. Administrative surgery however transferred the General Practitioner Hospitals, Patrick Stead (at Halesworth) and Southwold to the Norwich Authority, leaving the Aldeburgh Hospital isolated out on a limb, 25 miles from Ipswich and with communications which had not improved with the years. Possibly this proved of advantage to Patrick Stead and Southwold, but some special provision became necessary in the case of Aldeburgh, which was made somewhat easier by some change in policy towards the smaller General Practitioner hospitals for which the term "Community Hospitals" was eventually coined. This term had no precise definition though an economic standard of some thirty beds was envisaged, which it was not considered necessary to stretch, or reduce, to the seventeen bed level of Aldeburgh with its limited resources, however good the Quality of Care.

A successful appeal to the District Management Team by the local medical staff, (Dr. John Stevens and Dr. Ian Tait) resulted in an Aldeburgh Advisory Committee being set up to maintain under review the health services affecting Aldeburgh Cottage Hospital and to maintain close links with the League of Friends and the local community through local organisations.

This Committee in its original form (perhaps somewhat overloaded!) was to be a pilot scheme, subject to review after one year, and was composed of members with a wide representation of the hospital staff and the community (see Appendix C).

The Chairman of the old House Committee (Brigadier E.M. Ransford) was co-opted and elected Chairman with Mr D.E.T. Argent (also co-opted) as Vice Chairman.

With intermediate visits by members, and meetings as necessary of the medical staff and an Executive Committee, it was eventually found that, when members were kept well informed between meetings, quarterly meetings of little more than an hour enabled a concensus of opinion, and advice to be formulated, on the more important problems including current and future planning and financial provision.

After a year when the position was reviewed it was decided by the District Administrator (Mr D.H. Dufty) that the Committee should continue. There is no doubt that as a channel of communication for local initiative and goodwill and as a "finger on the pulse" it has done much to further the cause and interests of the Hospital. Without it communication upwards from the community would not have such an effective channel.

In the period leading up to the present time (1980) much has been done to coax and pilot plans already laid onwards

towards accomplishment. After prolonged negotiations, with the aid of the League of Friends, the plot of land affording rear access was purchased for some £7,500 and the Chapel of Rest was completed at a cost to the Friends of some £8,500.

Development and landscaping of the new land into a garden currently has been carried out by the Area Works Department under the direction of their Horticultural Adviser at a cost of some £4,000 to the Aldeburgh Amenity Fund.

In the field of Social Services a start has been made by providing lunch (on repayment) and a rest room at the "Hollies" for a limited number (approximately 6) of elderly people on special recommendation by their doctors.

It should also be recorded here that an independent group (headed by Dr. John Stevens) organised an appeal for funds and purchased two adjoining plots of land (at a cost of some £15,000) which came on the market at the same time as the plot purchased for the Hospital, to provide a space for extensions on a large scale. A 30 bed ward for long stay patients was envisaged if and when such a project should be approved by the National Health Service. The possibility however seems remote, though it is much needed, since such capital projects, even if welcomed, bring with them annual running costs which present resources cannot meet.

A further project on which progress seems on the way concerns the Casualty Department. The need is urgent. There is at present only one bed and no waiting area except the main hall. The number of casualties requiring urgent treatment, sometimes before transfer to Ipswich, is continually increasing. A revised plan is now in preparation to provide improvements costing some £40,000 (estimated). Of this £18,500 is to be provided from the Amenity Fund and the remainder, some £22,000 is being contributed by the League of Friends.

The new plan has necessarily had to sacrifice, it is hoped only temporarily, the ward extension for four additional beds over the new Casualty Department. The capital cost might well have been met from local contribution but additional nursing staff to provide for the care of four patients for three shifts a day, seven days a week, was estimated to mean an additional annual commitment of some £7,000. In present circumstances this could not attract the necessary priority.

It is hoped that 1980 will see completion of this new Casualty Department and with that it would seem appropriate to end another phase in the development of the service the Hospital can give.

VIII. 1980 So far - So good?

At the present stage there are certain outstanding matters which occasion much distress and on which no apparent progress has yet been made.

The first concerns the care of "long stay" patients, for whom the nearest refuge is at Blythburgh - a well equipped

and well managed hospital (a converted workhouse) but remote, outside the area of the community and with very poor communications.

The second concerns the provision of X-ray facilities for cases not requiring the full range of staff and equipment at the central Department at Ipswich. A mobile X-ray unit on call has been suggested from the Advisory Committee, and this suggestion has also been advanced from Halesworth in the Norwich Area, but so far there has been no constructive response. It is not anticipated that there would be any great difficulty in meeting the actual capital cost by voluntary subscription.

The whole of the Aldeburgh, Leiston, Saxmundham district has of course been party to the voluntary subscriptions, and to the League of Friends, which have done so much to assist in raising the Quality of Care from that which was possible with an empty derelict private house, to the high standard in the Hospital as it is at present - even though resources are still very limited. The new Casualty Department is urgently needed - but more beds, more privacy and less congestion are also badly needed, and are probably of more immediate interest to general practice in the outlying districts than the casualty Department, which is of particular service to the Aldeburgh practice and to all the fluctuating population of visitors.

It needs to be said that although some influence has been lost in attracting crumbs from the central table since the days when the House Committee Chairman was a member of the old Ipswich Hospital Management Committee, the later District Management Team, with its sector administrator (Mr John Sampson), has contributed much to the smoother progress of the Hospital.

Perhaps the art of management, with restricted resources, may be well illustrated by the story of the little girl who found herself at a party without a handkerchief, and afterwards when asked by mother "Whatever did you do?" - she answered "Well, I just had to manage!"

Finally it seems that a stage has been reached at which a new initiative is needed beyond the present range of management and improvisation, and it would seem natural that it should originate locally at the roots where Quality of Care rightly begins.

E.M. Ransford.

May 1980

APPENDIX A.

Aldeburgh Nursing Association Committee

20th June 1919

Alderman	W.F. Thompson	Mayor - Chairman
Alderman	W.H. Hall	Deputy Mayor
Alderman	C.A. Ward	
Councillor	G.W. Barton	
	Mrs Constance	
	Miss Pettit	
	Dr. Stewart	County M.O.H.
	Dr. Somers	M.O.H.

APPENDIX B.

Aldeburgh House Committee

27th September 1965 (Extract)

Brig. E.M. Ransford - Chairman
Mr D.E.T. Argent
Mrs Butcher
Maj. E.A. Lynn-Allen
Mrs M. Vincent Smith

In attendance

Mr John Williams - Group Sec.
Sister Z.G. Reade

Apologies

Dr. Nora Acheson
Mr P.D. Watson
Miss P.M. Simmet - Matron

APPENDIX C.

Aldeburgh Advisory Committee 1974

1.	Matron	Mrs Z.G. Reade	Aldeburgh
2.	General Practitioner	Dr J. Stevens	Aldeburgh
3.	General Practitioner	Dr M.C. Spencer	Leiston
4.	General Practitioner	Dr J.B. Hallam	Saxmundham
5.	Principle Nursing Officer	Miss M.E. Blythe	Ipswich
6.	Nursing Staff	Sister Morling	Aldeburgh
7.	Practice/Attached Nurse	Miss Tomlinson	Saxmundham
8.	Social Services	Miss I.K. Stokes	Suffolk Coastal
9.	Administrator	Mr J.C. Sampson	St. Audry's Hosp.
10.	Engineer	Mr J.O. Warner	Ipswich
11.	League of Friends	Miss M. Slater	Aldeburgh
12.	Local Parishes & Suffolk Coastal District Council	Mrs G.S. Agate	Aldeburgh
		Mr W.H. Smith	Saxmundham
		Mr A.M. Telford	Leiston
		Mr P.C. Fisher	Saxmundham
13.	Minister of Religion	Not filled	
14.	Consultant	Dr F. Webb	Ipswich
15.	Three co-opted members	(1) Brig. E.M. Ransford	CBE Chairman
		(2) Mr D.E.T. Argent	Vice Chairman
		(3) Not yet filled	
16.	Physio Therapist (co-opted as required)	Mrs B. Parsons	

Additions and substitutions later

2.	Dr Ian Tait
3.	Dr D.H. Jobson
5.	Miss M. Jarrett
6.	Sister Pugh
7.	Mrs N. Payne
8.	Mr T. Last
10.	Mrs L.P. Wiggins
11.	Mr D.N. Kyle - Mrs G. Scott
15.	(3) Sir Frank A. Loyd

