

Friern Barnet & District Local History Society

INTERVIEW BETWEEN DAVID BERGUER AND GEOFF SMITH ON 5 JANUARY 2011 AT 46 RALEIGH DRIVE, N20 0UU

GS I was born in July 1947 and started in the Health Service in Harlow in 1965. At that point I was working in the finance department as I was going to be an accountant but I got more interested in the general management side of hospitals and health care so I embarked on professional exams and pursued a career which took me to Islington and then subsequently to Haringey in the early 90s. During the time I was at Islington, Islington Health Authority, as it then was, took management responsibility for Friern which had up to then had its own Hospital Management Committee. This was part of the NHS reorganisations in the mid 1970's. Part of bringing it into general health care administration at a local level was so that the psychiatric services weren't seen as something to "one side", because up until that time all of the big mental health hospitals, Claybury is another example, were, almost like the M25, in a ring around London.

DB That was a deliberate policy presumably.

GS Yes, it was. It was almost literally 'out of sight, out of mind' and there were, even in the post-war years people who had been admitted there, like the woman who had had a child when she was 15, or someone who had stolen a bottle of milk, who had become completely institutionalised and there was a move to close these large mental health hospitals, which was the right thing to do. There was criticism that what was called Care in the Community didn't always work and the services at places like Friern were quite good, but there was a lot of unmet need in the community anyway and 'reprovision' from the long stay mental hospitals was never going to meet that in full.

DB Do you mean that people who should have been in Friern or any of the other hospitals but weren't admitted because there wasn't room for them?

GS No, it wasn't so much that. What had happened was that a lot of the patients had become completely institutionalised and you couldn't move them on. What the closure programme, or Re-provision Programme in the 1970s, was all about was preventing those cohorts of patients for the future. And that has been achieved but there are new problems now in mental health services, particularly drugs and alcohol related. For example, if you went to an acute psychiatric ward now you would find a very different clientele than perhaps 30 years ago, so what the Care in the Community programme has done is to avoid having all those long stay patients who really had no normal life at all. At the time I was at Friern there was a patient there who was a postman who had been given a lot of support and he used to go out to work but come back to the hospital at night. And there were other patients like that who were homeless, so without the hospital they had nothing else. When I went to Friern there was one school of thought that places like Friern would be developed themselves into more modern psychiatric facilities

and there was a plan called Friern 2000 which was about developing the Friern site with more modern facilities and services.

DB About knocking down the existing building?

GS The proposal was that the new part of Friern called Halliwick Hospital would be developed so that it would be a lot smaller. When I was there in 1981 and 1982 there were still about 800 beds.

DB In the main hospital?

GS In the main hospital and Halliwick. The idea was to have about 400-500 beds, so there was going to be a lot less. It was going to be more modern purpose-built facilities, focussed on the Halliwick part of the site. I remember there was a Consultant Psychiatrist there at the time who was very keen on this concept. One of the things that struck me was they used to talk about the word asylum – a patient needed asylum for a short period of time and although there is something of a stigma attached to the word, that was its true context. The programme across the country had been that long stay, large institutions were being closed and there were different ways of re-providing the service, with a lot more community-based psychiatry. Now you don't have to be admitted to a psychiatric hospital or to go to an out patients clinic in a psychiatric hospital to have mental health care. Although there is still a stigma attached to it, there's no doubt about it, things have improved a lot in recent years.

DB What actually drove the Care in the Community, was it the fact that the old asylums were failing in some way or was it the fact that places like Friern would have had to have been updated?

GS I think it was an amalgamation of things, but certainly the cost of maintaining the Friern buildings was becoming astronomical. There was a huge backlog of maintenance and I remember an architect from the Regional Health Authority coming down and saying that the cost of upgrading a ward was going to be huge and it would take 18 months to do it and I remembered from reading the history books that it only took 18 months to build the hospital in the first place. So that's progress for you! And it was at the time when the Health Service really needed to look at what it was spending its money on and review its priorities and couldn't really afford to keep upgrading old buildings. The main driving force though was the modernising of psychiatric services; unless you re-provided those services and took them away from places like Friern you were always going to perpetuate something that shouldn't really have taken us into the latter part of the 20th century.

DB And I suppose that the actual treatment, particularly by drugs, had changed and were the wards locked?

GS Yes, drug regimes have changed dramatically in the last 20 years or so. There were some locked wards. There were two categories of patients that needed to be so protected – one group we called the 'wanderers', often elderly confused, who would just wander out of the wards and the others who were under a Section of the Mental Health Act and who needed to be detained (by law) and we had a duty

of care towards them. I do remember one funny incident where we had this new device of putting locks on the inside on the wards where one handle went up and one handle went down and the patients worked out how to work it but some of the staff couldn't! We used to have patients who wandered off; part of the old orchard at the back, part of which had been developed by Fairview for housing, and patients often got out and got into that area. In all my 30 odd years in the Health Service the time when I felt most powerful was in relation to a missing patient. We had very good relationships with Golders Green police who had a responsibility for our area as far as mental health was concerned and they were always happy to help if we had any problems with patients. The Chief Inspector there came to see me on more than one occasion and he said that if ever a patient went missing in the grounds they could get a helicopter to fly over and do a search, which they did do on a couple of occasions. On one occasion we had a visit from the Regional Health Authority – and I couldn't have stage managed this better if I had wanted to – and while I was in the meeting with them one of the senior nurses came in and said there was a missing patient so I picked up the telephone in front of these people from the regional offices and I got on to my police mate and said "Can you get the helicopter out?" and within five minutes it was there. I never felt so powerful! The patients under the Mental Health Act had to be detained and we had a duty of care towards them, but the wards were open in the main and it was up to the nursing staff in particular to make sure that patients were where they should be.

DB Were there any padded cells?

GS There were when I first joined but during the short time I was there we did take the padded cells out of use. They were hardly ever used but there was one occasion when I was there when someone was put into a padded cell, but there was a protocol involved of course.

DB What happened to the severely disturbed patients when Care in the Community came in?

GS Severely disturbed patients were generally re-located to the new inpatient units which were part of the re-provision programme. However, for many patients, there were a lot of schemes in the re-provision programme including housing schemes which had supported housing and I was involved in instigating some of these as part of the planning system. The scheme covered North Camden, South Islington and West Haringey – a big catchment area. Friern didn't actually cover Barnet because when the Health Service came into being in relation to the legislation there had to be formal catchment areas.

DB So where did Barnet come under?

GS Barnet came primarily under Napsbury Hospital and there were also services developed at Barnet Hospital as well. The re-provision schemes were based on those localities so there was a development at Hampstead for the North Camden part for example, in Islington, at the Whittington Hospital, and within the community. I was more involved with the community based schemes and they were excellent and most are still operational to this today. Part of the thing was that it was a home for life for the individual patient who moved into these new

schemes and those principles have been upheld over the years. Several Housing Associations were involved – for example, we did an excellent scheme with a Housing Association called Circle 33 at an old hospital site in Liverpool Road in Islington. It was round a courtyard and in the four corners there was the accommodation for people who had been transferred from Friern.

DB Were there wardens on site?

GS Yes. Within the Housing Association there was care.

DB Did you have non- mental patients in that area as well?

GS Yes, that was very much part of the whole thing – integration. When it was looked at initially it was wondered if these people would survive outside. Obviously some couldn't and they weren't transferred but lots could. One of the most satisfying involved a scheme somewhere in Hornsey Road. One patient I got to know really well was about fifty and had been at Friern since his teens or twenties and he was really apprehensive about moving in and he was one of six patients who were hand picked. They had had a lot of help from the nurses and therapists before they went in and there was follow up help afterwards. He said that he was not really sure that he could live on his own; I visited him about two months after and he said "I never thought I could live a normal life." And it was things like that that made it really worthwhile. My take on all of this was that the re-provision schemes were really excellent and Friern was one of the first to be involved in a re-provision programme. There was money available because the Government and the Regional Health Authority at the time both wanted it to work. In subsequent years there hasn't been quite the same amount of money available because there are still some quite big psychiatric hospitals around, Goodmayes Hospital for example, with a mixture of new and old buildings although it is about a third of its original size.

DB So while you were there, there was talk of winding it down?

GS Yes, while I was there they were actually on the cusp of, was there going to be a new modern Friern or was there going to be better services in the community? There would still have been a case for having something on that site, but I think that the line taken was probably the right one. The other thing was that all the land was sold commercially for housing development and the same thing happened to the other large hospitals as well, and the money went into the capital development. There was a TV programme about ten years ago where they were interviewing people who now live on the Friern site, and they also managed to find about three or four former patients, and the people who live there now said that the reason they liked it so much was because they were their own little community cut off from the rest within the walls, which was exactly the *raison d'être* of the asylum! During the time I was there we were very much trying to integrate Friern with the rest of the community!

DB How did you do that?

GS Various ways. When I was there we had three Open Days in the summer although I can't take credit for starting them. They were opened by a celebrity - one year

we had Maureen Lipman who lived in Muswell Hill. She had been doing some filming in the morning and she arrived and she said: "I didn't realise how big it was" and she asked to borrow the phone - this was, of course, in the days before mobile phones – and she phoned her husband Jack Rosenthal and asked him to come up with the kids. He said: "The kids are playing with the kids next door" and she said "Well, bring them all" and he eventually arrived with about eight children! I remember when I gave the opening speech to introduce Maureen Lipman, she arrived with a terrible migraine and as she had been the star of a TV series called *Agony* I remember saying that not only was she from *Agony*, but that she was actually in agony, and how grateful we were that she had still been able to make it! She actually stayed all afternoon and spent time, and money, at all the stalls! We had side shows, marching bands, tug of wars and we even got the local fire brigade involved but we would also arrange for the visitors to go on a conducted tour, obviously recognising the privacy of the patients. This was to try and dispel some of the myths. One of the things that I did while I was there was to invite in the editors of the local newspapers and, because of the catchment area, you had, for example, the *Islington Gazette* and the *Ham and High*. One of the editors was Dennis Signy who was involved with Tottenham and later with Barnet FC and who was written books on Spurs and we had this lunch and we got a couple of the nurses and consultants to do a little presentation on what the hospital was all about and how we saw the future. It resulted in some quite positive articles in the papers. And also how it helped was when there was a story about a missing patient or a suicide (thankfully a very rare event), despite our attempts to prevent things like that happening, so rather than sensationalise things they understood the hospital and they would have a better take on it. We did a lot with the local press and for a year or two we gave an open invitation to reporters to come in at any time and have a look. We had also knocked four feet off the walls as well. We introduced a staff magazine, *Neurone*, to not only tell the local community what was happening, but also to improve internal communication as well – we didn't want to tell the community things that we hadn't told our own staff. And half of our staff were local people anyway. The article that I wrote was called *Personally Speaking* because as manager of the hospital I wanted to write as a person. The radio station was for patients as well.

DB So that (*knocking 4 feet off the walls*) happened during your time?

GS Just before. It started just before I came but we completed it. Some time after I left Friern I met Suggs, who was in the group *Madness*, and who was doing something in connection with Mental Health Week, and he had attended Friern Barnet Grammar School and he recalled how when the schoolboys were on the top deck of a bus they would try and look over the walls and try and see a "barmy patient". That was the thing - it was a mystery and visitors who had come to visit a relative would often do so with a degree of trepidation.

DB Did the patients wear any kind of uniform?

GS No. In fact one of the things we did during my time was to start a personalised clothing scheme. Some of the patients didn't have any money, although some did and there was a Patients Affairs Department which looked after patients' bank accounts etc and payments that were being paid in to them. Originally there was a communal clothing scheme but the personalised clothing scheme meant people

had their own clothes which went into the hospital's own laundry and came back to them, and that was then developed into a Patients' Boutique scheme. The Boutique was excellent, run by Carol Wright, who had come from the retail clothing industry and she bought in good quality clothing and the staff could also buy them; I bought three or four Mr Harry suits from them! It was just like a shop and the patients would go there on their own or with a carer and they would choose their own clothes.

DB Was this something unique to Friern?

GS I don't know. I am sure it wasn't but I think we were quite pioneering in the way that it was done. That was the scheme that Margaret Thatcher opened and although she was Prime Minister at the time she came in her capacity as the local MP and she knew Friern quite well. There was a wonderful lady called Olive Dyke who ran the WRVS and the League of Friends and Olive had known Margaret Thatcher for years and was instrumental in arranging her visit. On the day she arrived the security men were keen that she went straight through but she stopped and chatted to patients and staff and she really impressed me that day. I may not have agreed with all of her politics but as a 'politician' she was excellent. She went into the big kitchen and there were a couple of staff there that she called by their first names. She came into the boutique area and after she had drawn the cord to open the Boutique the chairman of the Health Authority asked me to take her into a little room at the back where the catering department had prepared tea and cakes. The idea was that she would get a cup of tea and a cake and come out again but she took her tea and perched on a windowsill and said: "I've been on my feet all day. Would you mind if I sat here for a bit?" I had fifteen minutes with her and we chatted and she asked if we had sold the land at the back of the hospital and if we had got a good price for it. Fortunately, I knew exactly how much. I asked her whether she had had a busy day and she said "Oh, yes, I looked at my diary today and saw that I had a meeting with Pierre Trudeau at 11 o'clock, lunch with the Venezuela Foreign Minister at 12 and then Geoff Smith at Friern. To be included in such exalted company was impressive! I remarked that she had a reputation for only having three or four hour's sleep and I told her that I sometimes worked late in the evening and had difficulty switching off and she told me that she had her red boxes which her secretary put them in order – in box 1 was things she had to concentrate on, those in box 2 were things she just needed to skim through, and in box 3 were things she just needed to sign, and so she just used to gradually tail off.

DB You mentioned the price that you got for the land. How much was it?

GS I'm afraid I've forgotten now but it was good. And then she started asking me about my family and I told her I had a son called Mark and she said "So have I", as if I didn't know! She was absolutely excellent that day. The Boutique remained until the time that Friern closed.

DB Did you get a big attendance at the Open Days?

GS About three or four thousand. The other people who opened them were Alfred Marks and Chas and Dave. Chas's brother, whose name is also Dave, worked with me for the Management Services part of the Health Service. Dave Hodges

was Team Leader and reported to me. So I asked Dave if he could get them to come along and this was at the time when they were at the height of their popularity. Those Open Days were really good. I think that either side of the war the hospital had become very insular.

DB Are you aware of the book *Sans Everything*? It made allegations about the treatment of individual patients and it resulted in an enquiry into the way things were run at Friern which was very critical.

GS Yes, the repercussions were still there when I was there. I think that in the 50s and early 60s some of the nurses thought of themselves as prison warders and I was quite shocked when I first went to Friern and saw them with great bunches of keys. There were a lot of things that were developed in latter years like the restraint policy: patients were not manhandled but there were times when they were smashing the place up, so what do you do? But the restraint of that patient has to be done in the proper way. But there was this period of time, perhaps because during the war there were other things to worry about, that they created their own rules and this probably lasted. Hopefully in the last 30 or 40 years there has been a more enlightened attitude but even now there are complaints from relatives about patients in psychiatric care.

DB But you get this about patients in the NHS...

GS There were the younger violent patients and the senile elderly who sat in their chairs all day. They used to call them the back wards at Friern – they were literally at the back of the building and they were for elderly patients who had been there for absolutely years.

But activities on site were developed. The Industrial Therapy unit was one of the best- they did carpentry and they used to sell things to the staff and at Open Days. At Christmastime they used to pack things like Christmas crackers and the money went into the patients' amenity fund, not into the hospital. There was a Regional Sterile Supplies Department on site and the Industrial Therapy unit made up packs of sterile supplies for other NHS units.

DB Did the individual villas have wards in them? And was Halliwick a day centre?

GS No. Halliwick had inpatient services and beds, Cedar, Oak, Ash and Beech were all Inpatient Services, primarily serving the North Camden locality. But there was a day hospital there and a canteen. The Willow shop was the WRVS shop and a staff social club. There was a unit where patients who were moving into the community went – a halfway house. The Orchard Club was the patients' social club.

DB How many doctors were based actually at Friern?

GS In terms of the consultants there were probably about twenty. They may not have been at Friern the whole time but each of the areas, Camden, Islington and Haringey had about four or five consultants and they would have sessions elsewhere like Whittington which had a Psychiatric Unit which opened about 1974. There were also specialist Consultants for services such as Psychotherapy.

- What was happening was that they were building Psychiatric Units in the grounds of general hospitals and I wouldn't say that it has been 100% successful. Part of the problem was that you could not recreate the big open spaces that the old asylums had. I walked round a brand new unit a few years ago and I thought it felt claustrophobic. You went from space to confinement.
- DB With the old asylums you had patients who had been discharged and they came back for treatment, what happened with Care in the Community?
- GS Part of the development of community psychiatric services was that clinical staff would visit people in their own homes, or there were local clinics, and that has now moved on further. Most people nowadays with mild mental problems are dealt with by GPs.
- DB Are they qualified to deal with this?
- GS Yes, but the GPs also have other services available in their surgeries, such as counselling services. There is an organisation called Rethink, for example, which provides psychology therapy to patients over the telephone as well as face-to-face. Back in the 80s people would be referred immediately by a GP to a consultant psychiatrist who would be based in the psychiatric hospital. Nowadays there is no one place for treatment. Originally if a GP felt that they couldn't help, they would refer patients to a consultant psychiatrist; nowadays there is more than way of dealing with it. It's tailoring the treatment to the patient. The key thing is people getting into the system at the right time and as early as possible, and preventing inappropriate inpatient admissions.
- DB Do you think that if Care in the Community hadn't been introduced it would still have been possible to run places like Friern?
- GS I think there could have been a case for retaining some in-patient services, with other services around, where people could have short term admission, particularly schizophrenics who have acute episodes of mental illness. I think some of the big psychiatric hospitals haven't completely closed – I think Goodmayes Hospital, near Ilford, has such services on site in more modern accommodation. It's next to King George's Hospital on a big NHS site. It's having things centralised but also moving services out.
- DB Isn't there a case for concentrating services into one hospital, like having heart experts all situated at Barts, for example?
- GS I think there is a lot to be said for having local services for mental health, maybe for some very specialised disorders you might need a specialised hospital. The Bethlem & Maudslay for example, which is a mental health teaching hospital, treat very specialised cases.
- DB And if the services are local, the patients can go with their relatives or friends....
- GS At Friern some of the patients were so elderly their spouses were living all over the place and some of them never had any visitors. There were some very sad cases of people just being left by their families.

- DB Should elderly people have been admitted to an asylum?
- GS It's difficult to generalise but there were patients at Friern who should never have been admitted in the first place and there were patients who had been admitted years ago when there weren't the drugs and the treatments that there are now
- DB I was talking more of the time when you were there....
- GS I am sure there were people there then who would not be admitted now. Even at the time that I was there, there were people who never thought they would have a life after Friern. Back then it was accepted by society that once people were in there, they were probably staying there. I think we've got a model now that is so much better and if we had continued with 900 beds we would have just perpetuated things. Having said that, there was an awful lot of good practice, and dedicated staff, at Friern.
- DB What was your actual position at Friern?
- GS I was the Manager. Because we were part of Islington Health Authority and we had sectors, we were called Administrators. My title was Sector Administrator for Friern, but I was in charge on site. We actually tried to go out and talk to local groups for example to try and explain what Friern was all about and I had a very good management team. The Consultant who represented the medical staff on the team was Rosalind Furlong, who only retired about a year ago, and the Director of Nursing was Eddie Cavanaugh, and we as a team would go to various parts of the hospital and, because it was so huge, we made it our priority in the first year to actually visit every part of the hospital and not just the wards but also the support departments. We learned a lot and I think it was appreciated by the staff.

I was sitting in my office one Friday evening and a chap suddenly appeared and said he was a Location Manager and he explained that he was looking for a location for a film on a hospital. He said that he had just been driving by and had spotted the hospital and long driveway and thought it was ideal. The reason I agreed to the film *Britannia Hospital* being made at Friern was that it was about a general hospital, not a psychiatric one. I met the producer, and Lindsay Anderson, the Director, came up for a meeting and I got approval for about two or three weeks filming, but it overran and we had negotiated a fee of so much per day! They wanted something that looked like a private patients' wing and one of the things that we had wanted to do was upgrade the doctors' bedrooms in the main block so they upgraded those free of charge, then they wanted to use the kitchen and my deputy suggested that it needed painting and they did that as well; we got all sorts of things done. And the patients loved it – it was activity on the site for the best part of six weeks. Leonard Rossiter was fantastic and there is so much time when they are not actually filming so they are at a loose end and he visited the Art Therapy Department and saw Mrs Reddy, the Art Therapist, and he judged a patients' art competition which was held once a year. He played the Administrator and I tried to explain to him how I worked. When it got near the end of the filming the producer asked us if we would like to go to the premiere and Sandra (my wife) and I went to a little cinema off Tottenham Court Road on a Sunday morning and some of the cast were there, but it wasn't like the film

premieres you see, with a red carpet and everything! An enjoyable occasion though.

Transcribed by David Berguer
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