

EQUIPPING THE FUTURE: THE ROLE OF FUNDRAISING IN HISTORIC HOSPITAL SCANNER APPEALS

Research using the Craigmyle Fundraising
Consultants papers in the UK Philanthropy
archive at the University of Kent

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About Craigmyle Fundraising Consultants

The research for this report is based largely on the archives of Craigmyle Fundraising Consultants, which were placed in the UK Philanthropy Archives at the University of Kent in August 2022. This article is also supported by interviews carried out with Craigmyle consultants who worked on various projects in the 1980s and 1990s at a critical time when sophisticated medical machinery was first made available to hospitals.

For some 65 years, Craigmyle, thought to be the longest-established fundraising consultancy company in the UK, has worked to support fundraising activities among more than 2,000 clients across many sectors. These include cathedrals, churches, hospitals, hospices, museums, heritage projects, schools, arts and conservation organisations as well as international development. Its work is estimated to have raised more than half a billion pounds.

The original company was founded in September 1959 by two friends who met at the University of Oxford in the 1940s. They were Donald Shaw (3rd Baron Craigmyle, 1923-2004), a wealthy Roman Catholic convert and philanthropist, and educationalist Michael Hooker (1923–2004), who was “an early pioneer in the art of fundraising”. They were anxious to encourage good fundraising practices within the charity sector.¹

Acknowledgements

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About the author

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¹ The Independent. Obituary: *Michael Hooker, Early Pioneer of Professional Charity Fund-raising*. Available at <https://www.independent.co.uk/news/obituaries/michael-hooker-38091.html>. [Accessed 30/10/2024].
Burden, J. (2019). *Craigmyle: The First 60 Years* (unpublished). <https://www.craigmyle.org.uk/what-we-do/our-history/>. [Accessed 30/10/2024]

Executive Summary

There is a proud history of philanthropic giving to hospitals in this country, dating back centuries. There is also a significant narrative about the impact of fundraising by communities for their local hospitals, both before and after the founding of the National Health Service (NHS) in 1948. Much has been written about how philanthropists and charities have played an important role in establishing hospitals and medical facilities as well as historically sponsoring hospital beds.

There have been decades of community fundraising events, such as flag days, bazaars, tin shaking drives, and more recently, sponsored runs, bake sales and challenge events. Public figures and celebrities have used their influence to raise awareness of medical needs that can be met through private donations. This proud tradition of giving reveals the deep love and appreciation of the population for our healthcare system. Nevertheless, there is one significant part of this giving story that has been overlooked, undervalued and neglected: the impact of running major fundraising appeals to purchase modern equipment for hospitals. This response has enabled crucial improvements to health provision, to patient experience, to early diagnosis, to improving waiting lists and to the treatment of major illnesses and diseases.

The research presented in this paper begins by sketching out the backdrop to the health scene before and after 1948 and describes the arrival of scanners, both CT (Computed Tomography) and MRI (Magnetic Resonance Imaging), from the 1980s and the push by hospitals to fundraise for them. See *Table 1* for the definition of scanners. Using the archived papers of Craigmyle Fundraising Consultants, this paper makes a contribution to understanding the timeline of giving to equipment appeals and reveals the work undertaken by Craigmyle to support the medical profession. The research also touches on the current picture of hospital charities fundraising for equipment and ends by noting the Government's plans for future funding of diagnostic equipment.

In the 1980s, Craigmyle Fundraising Consultants began supporting the hospital sector at a critical time when many hospitals were without the expertise to fundraise for substantial sums. Craigmyle's support enabled not only the purchase of equipment but also the passing on of fundraising expertise. This research examines the appeal literature that Craigmyle produced along with its 'asking' approaches and draws conclusions of what this work means today for the charity sector.

This paper also delves into how NHS charities took on the fundraising mantle and how running major equipment campaigns have evolved over decades. It reflects that close collaboration between fundraisers, hospital clinicians/managers and central government is vital to ensure that the patient experience does not suffer. Overarching all the above is the importance of saving fundraising archives without which the evidence and philanthropic narrative would be lost.

Images from the archives: Please note that archival images used in this article can be found in full size in the appendix on page 24.

Table 1: Definition of scanners

Types:	Function:
CT	Computed Tomography (CT), sometimes called CAT scan, uses special X-ray equipment to obtain image data from different angles around the body, then uses computer processing of the information to show a cross-section of body tissues.
MRI	Magnetic Resonance Imaging (MRI) is a method of producing extremely detailed pictures of body tissues and organs without the need for X-rays. The electromagnetic energy that is released when exposing a patient to radio waves in a strong magnetic field is measured and analysed by a computer, which forms two- or three-dimensional images that may be viewed on a TV monitor.
DSA	Digital Subtraction Angiography (DSA) is a diagnostic imaging technique that uses a computerised X-ray machine and a special dye to view the inside of blood vessels. A DSA scanner uses a fluoroscopic technique to capture continuous images of the inside of blood vessels, including arteries, veins, and heart chambers. * See <i>Mayday Hospital DSA Scanner Appeal, Croydon, south London - below</i> .

Sources: *NHS England: Diagnostic Imaging Dataset Annual Statistical Release 2021/22*.

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/12/Annual-Statistical-Release-2021-22>.

Introduction

If you have had a scan in a hospital in the last four decades, the chances are that the machine was paid for, at least in part, by donations from your local community. We tend to take scanners for granted today (along with the historical work of fundraisers in this area, which is the focus of this paper) but when they first became available in the 1980s, there was a surge of fundraising activity to ensure patients benefited from the very latest in diagnostic technology. One company, which was at the forefront of the fundraising activity, and which supported many hospital departments with appeals over a 20-year period, was Craigmyle Fundraising Consultants. Through research in the Craigmyle archives, which are held within the UK Philanthropy archive at the University of Kent, its contribution to galvanising health fundraising is explored at a time when few hospitals had fundraising departments or linked charities.

The importance of these machines cannot be underestimated. We rely heavily on CT and MRI scanners for diagnosis of issues from cancer, blood clots, diabetes, strokes and internal injuries. In 2023 alone, some 7.1 million CT scans were performed along with 4.1 million MRS scans, while in 2022, 218,190 children under the age of 14 had CT and MRI scans. Nevertheless, there are considerable waiting lists with (as of June 2024), 17% of patients waiting more than six weeks for diagnosis, equivalent to 82,642 people.²

The transformation of diagnostic testing began over half a century ago, when British biomedical engineer Godfrey Hounsfield stood before colleagues of the British Institute of Radiology and described a new machine he had been working on. This machine created unprecedented images of the brain which X-ray technology had been unable to capture. His 1972 speech was a pivotal moment in making public his invention of the CT scanner. It was also a significant development in kickstarting an industry in advanced hospital equipment that would transform diagnosis, treatment and “save countless lives”.³

Hounsfield’s work opened the flood gates for other innovations. By the early 1980s, the MRI scanner, enabling the first full body scan, was also on the market, thanks in part to research by English physicist, Sir Peter Mansfield. The field of high-tech diagnostic medicine had dawned, and a medical revolution was underway. For fundraisers, their support for healthcare in the UK was about to undergo a seismic transformation as hospitals rushed to buy these scanners. When the NHS was founded in 1948 the new institutionalised arrangements for funding healthcare in Britain included a restriction on fundraising other than for the purpose of enhancing patient and staff welfare. In practice this meant that in the early years of the NHS the voluntary contribution was mostly expressed through volunteering of time rather than the giving of money because core hospital costs (buildings, equipment and staffing) had become centrally funded through taxation. However, the first generation of diagnostic machines came with a hefty price tag, along with ancillary costs, and this new expense was challenging to an already stretched tax-funded service.

Furthermore, the cost of acquiring scanners was just the first step because, once purchased, these machines brought additional expenses, such as running costs, maintenance, and eventual replacement as well as staff time and training. They also required a suitable location, and, in some cases, new buildings had to be constructed. Local health boards might have had the budgets to stretch to the ancillary expenses, but acquiring the machines would require launching large capital equipment appeals never seen before. Furthermore, these appeals would need to galvanise multiple layers of local communities; from the ultra-wealthy to the less well off. The array of scanners found in hospitals today is testament to the response of fundraisers and communities. However, the downside was each machine came with a finite life span. Within 10 years or so, many required replacing and that was a challenge too far in some regions. According to the *Labour Party Manifesto 2024, Our Plan to Change Britain*, today there are still areas struggling to replace old machinery and much outdated equipment remains within our health service.⁴

2 NHS England, *Diagnostic Imaging Dataset Annual Statistical Release 2022/23*. Available at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2023/11/Annual-Statistical-Release-2022-23-PDF-1.3MB-1.pdf>, p.2. [Accessed 25/09/2024].

NHS England, *Diagnostic Imaging Dataset Annual Statistical Release 2021/22*. Available at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/12/Annual-Statistical-Release-2021-22-PDF-1.3-MB.pdf>, p.7. [Accessed 25/09/2024].

The Royal College of Radiologists, *Diagnostics and Cancer Waiting Times Data for June 2024*. Available at <https://www.rcr.ac.uk/news-policy/latest-updates/diagnostic-and-cancer-waiting-times-data-for-june-2024>. [Accessed 25/09/2024].

3 The Independent. Obituary: *Sir Godfrey Hounsfield, Nobel Prize-Winning Inventor of the CT scanner which revolutionised medical imaging*. Available at <https://www.independent.co.uk/news/obituaries/sir-godfrey-hounsfield-550312.html>. [Accessed 25/09/2024].

4 Labour Party Press Release, Labour’s ‘*Fit For The Future Fund*’ to Arm NHS With New Scanners and AI, October 6, 2023. Available at <https://labour.org.uk/updates/press-releases/labours-fit-for-the-future-fund-to-arm-nhs-with-new-scanners-and-ai/>. [Accessed 25/09/2024].

Labour Party Manifesto 2024: *Our Plan to Change Britain*, June 13, 2024. Available at <https://labour.org.uk/updates/stories/labour-manifesto-2024>. [Accessed 25/09/2024].

Rewinding four decades to when these machines were new and at the cutting edge of health technology, Craigmyle played an important role that the millions of people subsequently having scans each year were unlikely to be aware of. This paper tells its story and its contribution to the health of the nation as well as exemplifying the role that philanthropy and fundraising play in time-limited contributions to advance general wellbeing. In his history of the firm, Craigmyle consultant Joel Burden suggested that “the story of Craigmyle is the story of post-war fundraising in Britain”. To comprehend Craigmyle’s role as well as to understand linked legislative changes affecting healthcare in the 20th century, it is necessary to set the scene by briefly mapping out the history of hospital fundraising.⁵ See *Table 2* below for a timeline of the NHS and scanner fundraising.

Before-1948: Although hospitals existed prior to 1700, such as St Bartholomew’s and St Thomas’s in London, it was during the 18th century when there was a major expansion, a boom known as the voluntary hospital movement. The growth continued into the 19th century, so that by 1860, there were more than 200 voluntary hospitals across Britain. The hospitals were independent and relied on fundraising and private funding. They were overseen by voluntary lay governors and run by medical staff often working in unpaid, honorary roles.⁶

Today we are more familiar with hospitals being primarily funded by central government through general taxation and national insurance contributions, but historically voluntary hospitals survived due to a “rich culture” of localised hospital fundraising. On occasions, difficult economic and political conditions hastened the need for income diversity to keep them going. Donations expanded to include patient payments, investments, subscriptions, and contributory schemes. For example, hospital subscribers paid a regular sum to a hospital in exchange for access to their medical services.⁷

Naturally, there had been fundraising appeals over many decades before the NHS came along. These involved adapting buildings for hospital use or raising money to sponsor hospital beds. For example, in London, the 1851 appeal for the foundation of a hospital for sick children, led to the creation of the (now-named) Great Ormond Street Hospital, opening with ten beds. The appeal was supported by Dr Charles West, physician at the Universal Dispensary for Children in Waterloo Road, along with author Charles Dickens. Also in the capital, the Prince Edward’s Hospital Fund for London began in 1897 and was established to fundraise for and financially contribute to the voluntary hospitals of London.⁸

Appeals to provide medical care for children were not unusual. During the 1860s, for example, two in ten babies did not live to see their first birthday and only four were likely to survive to reach age five. Squalor, disease and malnutrition were widespread, and it was against this backdrop that the people of Birmingham, led by physician Thomas Heslop, launched a plea for donations to create the Birmingham and Midlands Free Hospital for Sick Children. Within five days enough money had been raised to get the venture off the ground after local people, manufacturers and tradesman of the city dipped deep into their pockets to subscribe to the project.⁹

After-1948: The Second World War and its blizzard of military and civilian casualties, with patients often needing long-term care, brutally highlighted major shortcomings in Britain’s healthcare system and a dire need for investment. Civil servant and economist Sir William Beveridge, on examining the crisis, highlighted “want, disease, ignorance, squalor and idleness” as barriers to improving the nation’s health in his 1942 report, *Social Insurance and Allied Services*, and proposed creating a free national health service. Subsequently, when Clement Attlee’s Labour Party came to power, the Government passed the 1946 National Health Service Act, despite opposition from the British Medical Association (BMA), local authorities, the voluntary bodies, which were running hospitals, and many Conservative MPs, including Winston Churchill, who felt the cost would be prohibitive.

5 Burden, J. (2019) *Craigmyle: The First 60 Years* (Unpublished). <https://www.craigmyle.org.uk/what-we-do/our-history/>. [Accessed 30/10/2024]

6 Voluntary Hospitals Database, *The Voluntary Hospitals in History*. Available at <https://hospitalsdatabase.ishtm.ac.uk/the-voluntary-hospitals-in-history>. [Accessed 25/09/2024].

7 Gosling, G. Campbell (2017). *Payment and Philanthropy in British Healthcare, 1918-48*, Manchester: Manchester University Press. People’s History of the NHS, *Fundraising and the Coming of the NHS*. Available at <https://peopleshistorynhs.org/encyclopaedia/fundraising-and-the-coming-of-the-nhs/>. [Accessed 30/10/2024].

Border Crossings: Charity and Voluntarism in Britain’s Mixed Economy of Health Care Since 1948, *Timeline of Fundraising and the NHS*. Available at <https://more.bham.ac.uk/border-crossings/timeline-2/>. [Accessed 30/10/2024].

Our History, *The Birth of the National Health Service: A Revolutionary Moment in British History*. Available at <https://www.ourhistory.org.uk/the-birth-of-the-national-health-service-a-revolutionary-moment-in-british-history/>. [Accessed 25/09/2024].

8 Border Crossings: Charity and Voluntarism in Britain’s Mixed Economy of Health Care Since 1948, 1851: *Appeal for Foundation of Hospital for Sick Children*. Available at <https://more.bham.ac.uk/border-crossings/2023/01/20/1851/>. [Accessed 30/10/2024].

9 Birmingham Children’s Hospital Charity. Available at <https://www.bch.org.uk/charity-history-and-archive-at-Birmingham-Library>. [Accessed 25/09/2024].

It was expected that money from taxes would provide healthcare “from the cradle to the grave” and the service would be free at the point of use. As the NHS launched on July 5, 1948, almost every voluntary hospital, Poor Law infirmary or local authority-run isolation hospital came under the auspices of the Ministry of Health with Aneurin Bevan at its helm. Bevan made clear to new regional hospital boards that it would be “improper” to appeal for monetary donations but stressed that a “lively local interest” could be maintained by volunteering or asking for donations of time. Such dramatic change meant that “decades of tin shaking, running bazaars, creating fundraising advertisements [...] would be coming to an end”. The shape of hospital fundraising was altering ‘substantially’.¹⁰

In line with Bevan’s vision, the British Hospitals Association outlined in 1948 the future role of health fundraising, limiting it to donations in support of staff and patient welfare, contributions towards medical research, and volunteering on committees. Hospitals could receive donations from external supporters, but they no longer relied on contributions to fund mainstream services.

Moving forward to the present day, the situation has changed somewhat from Bevan’s vision with hospital fundraising described as “alive and well” following the liberalisation of hospital charity’s legal frameworks. The volume of permissible fundraising for the NHS grew hugely after the introduction of the 1982 Health Services Act, which removed the prohibition on proactive charitable fundraising for the NHS. There were also regulatory changes introduced by the Charities Acts of 1992 and 1993, which enabled the creation of separate NHS charitable organisations¹¹. Today charities working directly with the NHS fall into two different categories: the ‘Friends of’ organisations, which have a long history of volunteering and fundraising for hospitals with many having links to pre-NHS voluntary hospitals, and the

more recent NHS charities, which have blossomed and expanded over the last 30 to 40 years. NHS charities now finance major capital projects and medical research as well as contributions to NHS staff and patient welfare. Fundraising appeals are commonplace, although the hectic period of running scanner appeals has passed.¹²

There are also charitable partner organisations, which have played and are still playing, significant roles in healthcare provision. For example, St John Ambulance and the British Red Cross, ran a reserve group of trained and qualified volunteers who were prepared to help in the event of conflict during the Cold War decades from the 1940s to the 1990s. Also, cancer charity Macmillan began funding specialist cancer nurses enabling them to have greater impact and improve outcomes for people with cancer from the 1970s and the British Heart Foundation has pioneered advances in treatment, such as heart transplants, pacemakers and portable defibrillators.¹³

One crucial aspect, however, was encouraged by Attlee’s Government and remains a significant constant today: people volunteering to support the health service. A blog on the NHS website celebrating its 75th birthday in 2023, details how “Every day throughout the history of the NHS, individuals have given the precious gifts of time, kindness and compassion to improve patient and staff experience”. With more than 300 different volunteering roles available, there is scope for a significant input which goes far beyond fundraising. One highlight was the response to the COVID-19 pandemic, where many thousands stepped forward to help in a multitude of ways, such as assisting in the delivery of vaccines. Following the pandemic, the NHS Volunteering Taskforce produced a report with recommendations, envisioning how the future of NHS volunteering might look. At its heart was community and voluntary action.¹⁴

10 People’s History of the NHS, *Fundraising and the Coming of the NHS*. Available at <https://peopleshistorynhs.org/encyclopaedia/fundraising-and-the-coming-of-the-nhs/>.

Border Crossings: Charity and Voluntarism in Britain’s Mixed Economy of Health Care Since 1948, 1948: *Establishment of the NHS*. Available at <https://more.bham.ac.uk/border-crossings/2023/02/18/194>. [Accessed 30/10/2024].

11 Mohan, J. (2014), Charitable Fundraising and the NHS: Policy and Practice since 1948. *History and Policy*. <https://www.historyandpolicy.org/consultations/consultations/jimmy-savile-investigations>. [Accessed 30/10/2024].

12 Border Crossings: Charity and Voluntarism in Britain’s Mixed Economy of Health Care Since 1948, 1948: *Establishment of the NHS*. Available at <https://more.bham.ac.uk/border-crossings/2023/02/18/194>. [Accessed 30/10/2024].

Gorsky, M. and Arnold-Forster, A. (2024) *Witness Seminar: NHS Hospital Charity Fundraising Since the 1980s*. Other. London School of Hygiene & Tropical Medicine, London. DOI: <https://doi.org/10.17037/PUBS.04672402> (Unpublished).

Abnett, H., Bowles, J. and Mohan, J. (2023), ‘The Role of Charitable Funding in the Provision of Public Services: The Case of the English and Welsh National Health Service’, *Policy & Politics* 51 (2), 362-384.

13 NHS England, Blog - *Rooted in the Community – the NHS and the Enduring Power of Giving, Volunteering and Charity*, Emma Easton, July 3, 2023. Available at <https://www.england.nhs.uk/blog/rooted-in-the-community-the-nhs-and-the-enduring-power-of-giving-volunteering-and-charity/>. [Accessed 25/09/2024].

14 NHS England, Blog - *Rooted in the Community – the NHS and the Enduring Power of Giving, Volunteering and Charity*, Emma Easton, July 3, 2023. Available at <https://www.england.nhs.uk/blog/rooted-in-the-community-the-nhs-and-the-enduring-power-of-giving-volunteering-and-charity/>. [Accessed 25/09/2024].

NHS England, *NHS Volunteering Taskforce – Report and Recommendations*, June 12, 2023. Available at <https://www.england.nhs.uk/long-read/nhs-volunteering-taskforce-report-and-recommendations>. [Accessed 25/09/2024].

Bevan was aware of the huge financial challenge ahead and was concerned about the potential cost of running the NHS. He was said to have remarked to colleagues, “I shudder to think of the ceaseless cascade of medicine which is pouring down British throats and they’re not even bringing the bottles back.” Whatever his aspirations, the financial realities meant substantial adjustments to his vision of a tax-funded free service. The NHS can certainly no longer be said to be completely free. Prescription charges had been introduced by 1952 and subsequently, eye tests and dental treatment began to incur charges. There are considerable waiting lists (with some people opting for private healthcare) and some costly medicines remain beyond the financial reach of the NHS and its patients.¹⁵

An ageing population only adds to the difficulties. The NHS and its needs were a political hot potato 75 years ago and remain so today with central government and health boards struggling to fund it adequately. Crucially, taking up some slack is the charity sector, particularly in ensuring that the patient experience benefits from the latest machinery. In the light of this ongoing situation where costs outstrip supply, whether funded by donations or tax, from the 1980s some hospitals turned to fundraising consultants for help raising the funds for equipment, including scanners.

Table 2: Scanner Fundraising and the NHS Timeline

Dates:	Events:
Pre-1948	The creation of hundreds of voluntary hospitals throughout the UK in the 18 th and 19 th centuries. A period of fundraising by local communities.
Early 1940s	Economist Sir William Beveridge’s 1942 report, <i>Social Insurance and Allied Services</i> , proposes a national health service. Labour Party - under Clement Atlee - wins 1945 election and promises major health changes.
1948	Aneurin Bevan, Health Minister, announces the creation of the National Health Service for England, Scotland and Wales. Hospital costs became centrally funded and healthcare free at the point of access.
1970s	English biomedical engineer Sir Godfrey Hounsfield designs the Computed Tomography scanner (CT). English physicist Sir Peter Mansfield’s research at the University of Nottingham led to the creation of Magnetic Resonance Imaging (MRI).
Late 1970s-early 1980s	CT and MRI scanners become commercially available for purchase to UK hospitals.
1980s-late 1990s	Craigmyle Fundraising Consultants support campaigns to buy CT and MRI scanners.
1980s	Patrick Jenkin, Conservative Secretary of State for Health and Social Services, liberalises hospital charity’s legal framework, permitting the return of charitable appeals.
1990s	More regulatory changes led to establishment of many NHS charities.
2020s	Fundraising led by NHS charities continues fundraising for new medical equipment as well as for health research.
2023-2024	Labour Party’s manifesto announces <i>Fit for the Future Fund</i> to help hospitals replace old scanners.

Sources: <https://www.nuffieldtrust.org.uk/features/nhs-reform-timeline>
<https://more.bham.ac.uk/border-crossings/border-crossings/publications/>

15 Fraser, D. (2002). *The Evolution of the British Welfare State*, 4th ed, London: Palgrave Macmillan, p.283.

Methodology

Archives are collections of documents that have been created or gathered by one person or institution and selected for long-term preservation. They are unique in providing a window into the past, supplying an invaluable resource and offering detailed records and documents. Archives are essential for preserving our heritage and, in this case, for conserving the history of fundraising within the health sector. The examination of charity records can help to uncover so much of its history, including past successes and failures, trends and insights, motivations for campaigns and recording the building of donor relationships. They also give an historical insight into how fundraising has evolved, enabling direct comparisons between past and present practices or as Spanish-American philosopher and novelist George Santayana commented in 1905, 'Those who do not remember the past are doomed to repeat it'.¹⁶

For the purposes of this paper, documents linked to Craigmyle hospital equipment campaigns were examined. These included all literature related to direct mailings, such as leaflets, brochures, appeal letters as well as end-of-appeal impact reports. It explored any linked newspaper stories and communications between the consultants and their clients. Subsequently, comparisons between the leaflets, brochures and appeal letters were made to draw out approaches. This involved looking at key factors, such as:

- The different fundraising strategies used to see what was effective.
- How the literature endeavoured to motivate and inspire possible donors through techniques, including use of emotive language and personal pleas.
- Identifying methods that might have led to successful campaigns, such as using storytelling or engaging the local press.
- Examining discussions of barriers and challenges to the fundraising.

The archival research was followed by holding several detailed interviews with three Craigmyle consultants (most semi-retired) involved in the campaigns, enabling them to expand about the work undertaken. This provided a human context to the appeals and fleshed out details within the literature.

16 Ovenden, R. (2020). *Burning the Books, A History of Knowledge Under Attack*, London: John Murray.

Section One:

The Context and Content

An overview of Craigmyle's work Craigmyle Fundraising Consultants began to work in the hospital and welfare sector in the 1980s and 1990s. The firm had existed for more than 20 years and had considerable experience of raising money for capital appeals in various sectors. For example, in 1963, it began a £1m foundation campaign for the University of Essex, at a time when there was major expansion and investment in higher education. The appeal raised £1.34m and was followed by others for universities in Lancaster and Stirling. By 1966, Salisbury Cathedral became its first cathedral client. More followed, including a £1.5 million campaign to restore the south transept of York Minister following a devastating fire in 1984. Craigmyle also ran appeals in the education and independent schools' sector. A major bursaries campaign at Manchester Grammar School in 1997 – offsetting the withdrawal of the Government Funded Assisted Places Scheme – saw £10m raised, a record for a school sector client.

The work of Craigmyle has sometimes ebbed and flowed, being affected positively or negatively by political or charity sector changes and necessitating a need to be flexible and adaptable. The 1994 introduction of the National Lottery Fund elevated heritage fundraising and saw the firm supporting many National Lottery-funded projects. However, by the 1990s, there was a trend for organisations, such as universities, to move away from using external support and to set up their own fundraising departments. Independent schools followed this example in the 2000s.

Craigmyle became involved in the health sector from the 1970s and ran 30 campaigns for Macmillan Cancer Relief, one of its biggest health clients, during the major expansion in the hospice movement in the UK, raising more than £15 million. Another key client in this period (from the 1970s to the early 1990s) was private healthcare provider, Nuffield Hospitals, for whom they ran 23 appeals and raised almost £12 million. They later supported major hospital appeals for scanners, both CT and MRI, as these new machines arrived on the market.

Table 3 shows some of the scanner appeals that Craigmyle was involved in from the 1980s until the late 1990s. Although approaches differ slightly from appeal to appeal, most Craigmyle campaigns sought to fund the breadth of capital costs, including maintenance and running costs, rather than simply the price of the machine itself. Costs for CT scanners in the 1980s ranged, depending on the model and accessories, from more than £500,000 to £1m and around £100,000 to run a year. MRI scanners came in at a slightly higher expenditure.

Table 3: Main Craigmyle scanner campaigns

Name of appeal	Appeal target	Appeal leadership and dates
The Wessex CT Body Scanner Appeal , (Southampton, Hampshire)	£1.5m	Patrons: Lord Lieutenant of Dorset, Col Sir Joseph Weld, Lord Lieutenant of Hampshire, the Earl of Malmesbury, Lord Lieutenant of the Isle of Wight, Sir John Nicholson. Ran from: 1981-1982
Mount Vernon Hospital CT Scanner Appeal , (Northwood, north/west London)	£1.25m	Vice-Chairman of the Appeal: Radiologist Dr Paul Strickland Ran from: 1983-1984
Derby Scanner CT Appeal	£600,000	Appeal President: The Duke of Devonshire Chair of Appeal: Consultant surgeon, David Thomas Ran from: 1984
Mayday Hospital DSA Scanner Appeal (Croydon, south London) (Appeal for a Digital Subtraction Angiography Scanner)	£236,800	Patrons: Lord Lieutenant of Dorset, Col Sir Joseph Weld, Lord Lieutenant of Hampshire, the Earl of Malmesbury, Lord Lieutenant of the Isle of Wight, Sir John Nicholson. Ran from: 1981-1982
South Warwickshire Hospital CT Scanner Appeal (West Midlands)	£750,000	Supporter Actor Ben Kingsley Ran from: 1980s
Princess Alexandra Hospital CT Scanner Appeal (Harlow, Essex)	£600,000	President: General Sir George Cooper Chair of Appeal: Dr Ruth Warren Ran from: 1986- 1987
Worcester Royal Infirmary CT Scanner Appeal (West Midlands)	£750,000	Appeal Chairman: Dr David Tibbutt Ran from: 1986-1987
Oldchurch Hospital CT Body Scanner Appeal (Romford, Essex)	£100,000	Supporter: Boxer Frank Bruno Ran from: 1987-1990
Harrogate CT Scanner Appeal (North Yorkshire)	£600,000	Appeal Chairman: Dr Stewart Ran from: 1988-1990
South East Kent CT Scanner Appeal (Ashford, Kent)	£600,000	President: Countess Mountbatten of Burma Appeal Chairman: Conrad Blakely Supporter: Actor Peter Barkworth Ran from: 1989 -1991
Staffordshire CT Scanner Appeal (West Midlands)	£350,000	Supporter: Coronation Street actress, Sue Nicholls Ran from: 1990-1991
Hannah the CT Scanner Appeal (Scarborough, North Yorkshire)	£450,000	President: Lord Lieutenant of North Yorkshire, Sir Marcus Worsley Appeal Chair: Lady Derwent Ran from: 1992-1993
The Friends of the George Eliot CT Scanner Appeal (Nuneaton, Warwickshire)	£365,000	Appeal President: Sir William Dugdale Appeal Chairman: Keith Jones Ran from: 1994-1995
See More MRI Scanner Appeal (Lincoln)	£1.3m	Appeal President: Lord Lieutenant of Lincolnshire, Sir Henry Nevile Chair of Appeal: Ruth Parker Ran from: 1996
The George Thomas MRI Scanner Appeal (East Glamorgan, Wales)	£850,000	Appeal President: Entrepreneur and banker, Sir Julian Hodge Chair of Appeal: Ian Kelsall Ran from: 1998

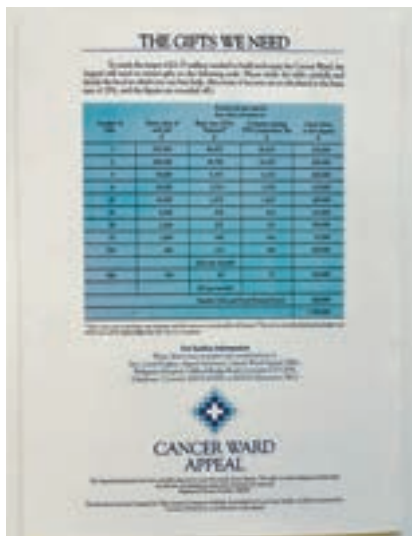


image A



image B



image C

One of Craigmyle's first hospital appeals was to fund the purchase of a CT scanner at Mount Vernon Hospital in North London, having been commissioned by Consultant Radiotherapist, Dr Paul Strickland. Work started in March 1982 and hit its target of £1.25 million. The campaign eventually raised more than £2.3 million, allowing a second scanner to be bought and a specialist centre to be created housing the scanners. In a history of Craigmyle Fundraising Consultants, which was written by Joel Burden, the company's "pioneering use" of direct mail is mentioned as a factor in this success. The volume explains that "fundraising using direct mail techniques proved to be both effective and cost-efficient".¹⁷

How the money was raised

The preparation stage A crucial first stage in the appeal process was detailed planning. Interviewees stressed the need to prepare well, which involved using Craigmyle's distinctive fundraising approach, 'Case, Need, Constituency and Leadership'. Under each of these headings, a series of questions were posed initially to hospital staff to ensure the project was necessary, viable and the financial goal achievable.

Case: What do you want to do? Is it a worthwhile project? Does it have meaningful and well costed deliverable objectives? Does the business model stand up? Can the appeal be persuasive?

Need: Is there a demonstrable need for such an appeal? Can money be found instead from reserves or other means? Is the project financially transparent?

Constituency: Who is likely to support this in the geographical area? What categories of supporters might be attracted to the appeal? How likely are they to give?

Leadership: Can the appeal have effective and inspirational leadership drawn from the local community? Can the appeal attract sufficient quality patrons and presidents? How many significant people are there who would give their name to the project? Can an internal campaign board or committee be created to oversee the work? Can voluntary leaders be recruited to help with the appeal workload?

Solid internal organisation was essential. In each appeal, the following would be put in place.

- An NHS staff member based at the hospital seeking to purchase a scanner would be recruited to co-ordinate the appeal, liaising closely with the Craigmyle consultant.
- A committee would be created to help organise the campaign. This would include the main figureheads of the community who could help spread the word, such as mayors, lord lieutenants, etc.
- High profile patrons or presidents would be asked to be the face of the appeal. These might include well known politicians, celebrities or people from the business world.
- Discussions would take place to draw up a list of known potential major donors in the area and how best they should be contacted. A personal connection would be preferred rather than a cold approach.

Craigmyle followed a private (internal) and public (external) approach to campaigns. The initial, private push was to approach major donors for large sums to get the work well underway. The aim of the private phase was to raise as much money as possible before going public in order to convey a positive impression of a campaign on track for success.

A schedule of gifts was often created to help fundraisers plan and envisage the number and size of donations required to reach the appeal target. This involved determining the amount needed to be raised, dividing the total into different amounts of giving and calculating how many donors would be needed at each level. Potential philanthropists could therefore be identified for each point on the schedule. Although not from a scanner appeal, *image A* shows a schedule of gifts plea for a Craigmyle cancer ward appeal in Coventry.

17 Burden, J. (2019). *Craigmyle: The First 60 Years* (Unpublished). <https://www.craigmyle.org.uk/what-we-do/our-history/>. [Accessed 30/10/2024]



image D

Parallel with the major donor work were approaches to philanthropic trusts and foundations and corporates. Once sufficient funds had been raised in the private phase, the public side of the appeal turned to asking the wider community – including those less well off – to give them the opportunity of donating and potentially, having the thrill of completing the fundraising target. A major factor driving success in the public phase was the creation of literature to bang the drum for the campaign, which is the focus of the next section.

The publications Each appeal involved creating brochures, appeal letters and leaflets. Direct mail was a major tool in getting the message contained in these communications out to the public. Interestingly, these publications within the Craigmyle archive have similar characteristics.

Brochures and leaflets:

Each brochure gave full details about the use of scanners. Scanners were a new technology, and it was important to describe the advantages of using them. They outlined what a scanner did, why the area needed one, who would benefit and how much they would cost. *Image B* shows an example from the Kent scanner appeal where a Q and A format was used to convey information. Some publicity came with an appeal slogan and *Table 4* below outlines some of the examples.

Table 4 Examples of appeal headings

'Help Us Spot Cancer Early' – Support the Oldchurch Hospital Scanner Appeal'.
'Help give Derby its own scanner'.
'Early diagnosis saves lives'
'Help us in our fight against cancer and deep-seated diseases'
'Our local community needs a body scanner – please help'
'CT scanners save lives - please help'

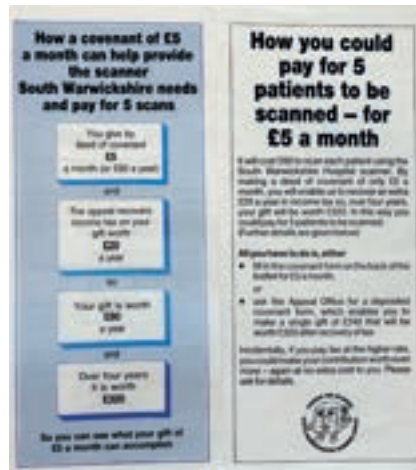


image E

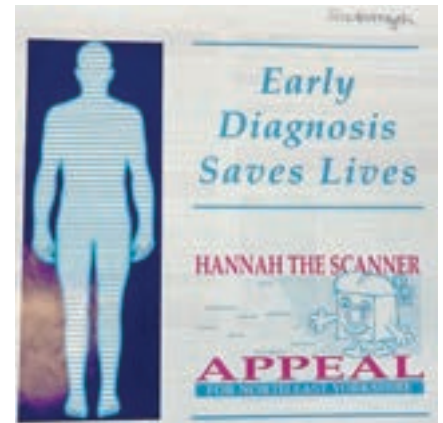


image F

All communications and publicity materials had input or an appeal from the Chairman of the appeal or high-profile patron/s. The appeal organisation would also be listed to include President, Vice-President, Governors, Appeal Committee members, etc. This could be a time-consuming task as shown from *image C* from the Derby Scanner Appeal where a considerable number of dignitaries are mentioned.

The literature outlined how each potential donor (addressed directly in materials as *you*), could give, as well as how donors could benefit – the foregrounding of donors' concerns and stake in the outcome helped to make the appeals more personal and intimate. A simple but effective example is shown in *image D*, from the Kent appeal, where the public are told how they can potentially benefit from their own donation.

There were explanations about using a Deed of Covenant for longer term giving of up to 4 years. This was a formal agreement between a donor and fundraisers where the giver commits to regular donations over an agreed period. It was a popular method of fundraising before the introduction of Gift Aid in the UK in 1990. Deed of Covenant donations were eligible for tax relief with charities able to reclaim basic-rate tax from HMRC, so increasing the value of the donation. The signed commitment was legally binding, and the donor was able to make regular payments, enabling fundraisers to count on the future income stream. An example can be seen in *image E* from the South Warwickshire Scanner Appeal where the brochure outlines the benefits.

Maps of the region were included to demonstrate to potential givers that this included *their* neighbourhood. Maps were included in each brochure, including one from the Hannah the Scanner Appeal, Scarborough, shown in *image F*. The maps tended to be simple in design but conveyed at a glance if you lived in the catchment area.

There were appeals to local firms for help and some leaflets were designed purely for the corporate market. An example of this can be seen from the Wessex Body Scanner Appeal, Southampton where firms are told of the urgency to give as their staff and customers lived in the only health region in England and Wales that didn't - at that time - have an onsite machine. See *images G and H*.

Appeal letters:

The letters were packed with information about the appeal and the benefits of the scanner. Each letter reinforced the appeal slogan at the top of the page. They were often presented as if they were written by the figurehead of the appeal, along with an image of them. The letters used a handwritten signature to sign off, along with a PS asking for a Deed of Covenant for a suggested sum of money over a number of years. Recipients were asked to pass on the letter if they had already given. See *images I and J* from the Lincoln appeal. *Image K* shows an example of a direct mail envelope.

Details were given of the geographical area that the scanner would cover and why their area needed one. For example, the South East Kent Scanner Appeal, suggested, 'With the Euro Tunnel and the M20 motorway in this area, we need scanning equipment to assess quickly the injuries caused by road accidents'. See *images L and M*.

The number of people who might use the scanner annually was noted, along with how many people geographically the new scanner would cover. The financial target was identified along with explanations as to what the money would cover, i.e. just the machine and installation or also some running costs on top. Some of the appeal headings are above.

Beyond Craigmyle: Great Ormond Street Hospital's Wishing Well Appeal

Craigmyle was not alone in carrying out such work and there were other major health appeals in the UK. Perhaps the best known is Great Ormond Street Hospital's 1987 Wishing Well Appeal which aimed to raise money for a major redevelopment of the hospital, as authorities had been told there was no statutory funding available. It had a potentially huge supporter base with 9,000 inpatients and 60,000 outpatients treated each year.

The appeal was led by Director, Marion Allford. She oversaw the creation of a team of professional and volunteer fundraisers and came with a successful track record in driving multi-million-pound appeals. The work, supported by the then Prince and Princess of Wales, raised £54m, some £12m more than its target and encouraged donors to give to "help Great Ormond Street get better".

In her book 'Charity Appeals, The Complete Guide to Success', Allford describes the appeal as a "one-off" or what might be seen as time limited as it differed distinctly in its organisation and management from more general, ongoing campaigns. This is very much in the mould of scanner appeals. Allford also outlines the methods used by GOSH, such as preparation, the private appeal and the public appeal, which really chimes with Craigmyle's approaches.¹⁸

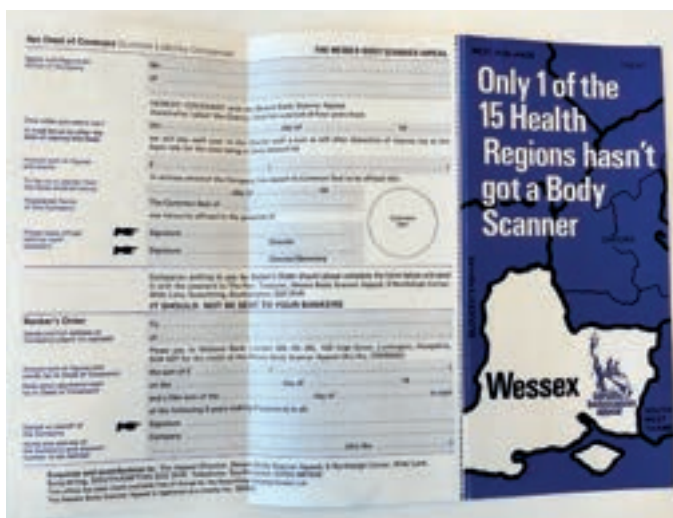


image G

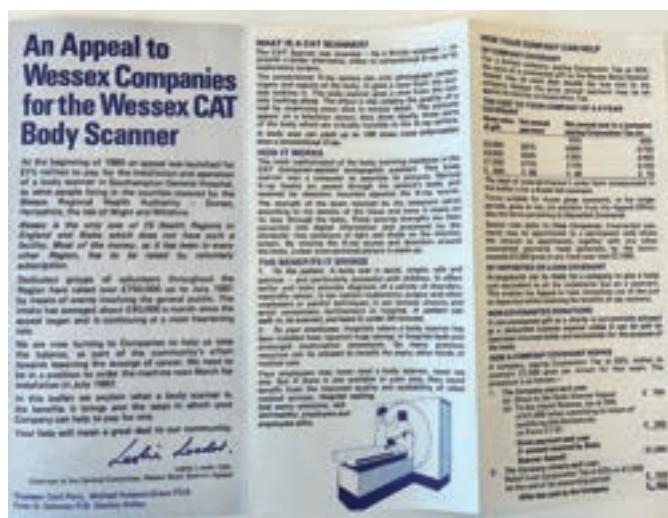


image H

18 Allford, M. (1992). *Charity Appeals: The Complete Guide to Success*, London: J M Dent and Sons in association with the Institute of Fundraising, pp.4-5. SOFII, *The Wishing Well Appeal for Great Ormond Street Children's Hospital*, Oct 28, 2010. Available at <https://sofii.org/case-study/the-wishing-well-appeal-for-great-ormond-street-childrens-hospital>. [Accessed 25/09/2024].



image K



image I



image J

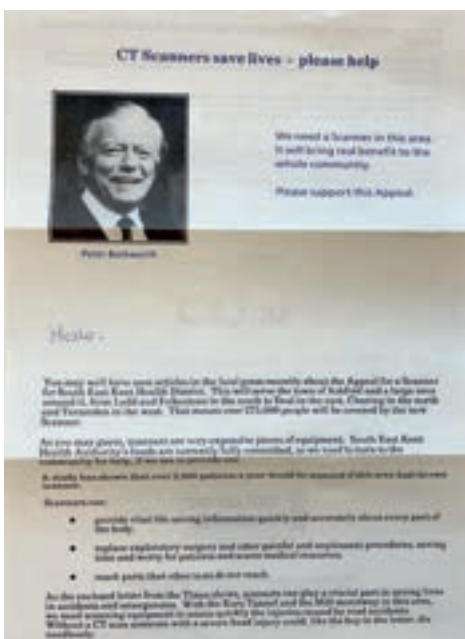


image L

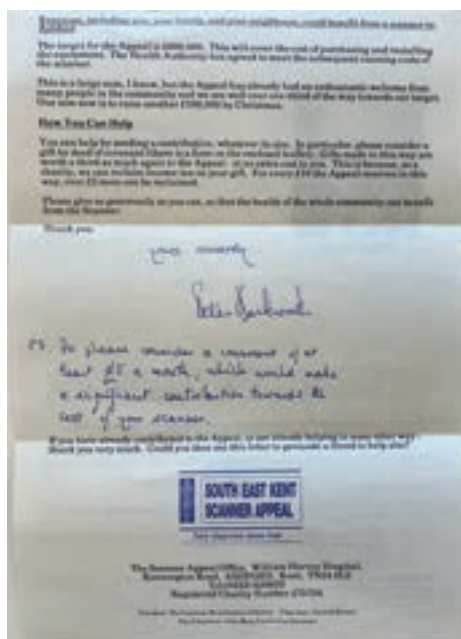


image M

Section Two:

The Findings

Examining the Craigmyle archive reveals noteworthy findings around the nature of major appeal fundraising and comments made by the interviewees support these findings.

Finding 1: Fundraising is a product of its time and place

Fundraising takes place within an external environment. Raising money for medical equipment was not a self-contained act within a particular hospital but involved reaching out to every layer of its surrounding community to make the case and to generate sufficient enthusiasm to reach the appeal target. It required strategic engagement with that target audience as well as understanding of the broader social, political and cultural elements affecting that environment.

Example: Each campaign had to be sensitive to its catchment area and population. The archives show that organisers discussed the locations which were the most prosperous via the electoral register and those postcode areas received the first batch of direct mail postings. For the Scarborough appeal, notes between Craigmyle and the client shows that there were areas of 'a higher-than-average population of well-off older residents. A good target market for this type of appeal.'

"Fundraising is the conversion of goodwill within a community into money"

"Everyone we approached in the community just got it. People understood the need for these machines. They knew it was in everyone's interest to support campaigns"

Finding 2: Fundraising is personal

Within such appeals, there is an awareness that anyone in society might need to be scanned, including family, friends and the donor themselves (addressed directly as you) for maximum engagement. Hence, the appeal must be framed using personal language and via personal approaches to convey that direct involvement in the need. Extensive research confirms that people fundraise for, and give to, causes that are important to them because it has touched – or could touch – their lives. Successful fundraisers share relatable stories and experiences to make a clear connection between the campaign and the life story of those receiving the 'ask'. In making campaigns personal, this creates empathy and supports fundraising.

Example: There are examples of celebrities rallying to their local appeal after being approached, such as boxer Frank Bruno in Romford, actor Ben Kingsley in South Warwickshire and Coronation Street actress, Sue Nicholls in Staffordshire. Heavyweight boxing champion Frank Bruno was pictured supporting the Oldchurch Scanner appeal in the *Romford Recorder* (20/11/1987). Under the heading "Boxing clever", Bruno can be seen on a ladder next to a huge appeal thermometer, which he is adjusting to show the appeal had successfully hit £900,000. He also presented a cheque for £3,150 from Upminster Round Table. See image N.

"We used to put the word 'you' in the materials as potentially anyone might need to use a scanner. There is power in using the word 'you' "

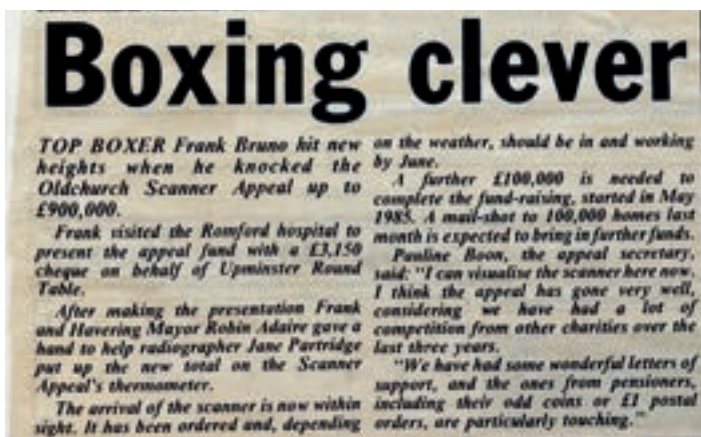


image N



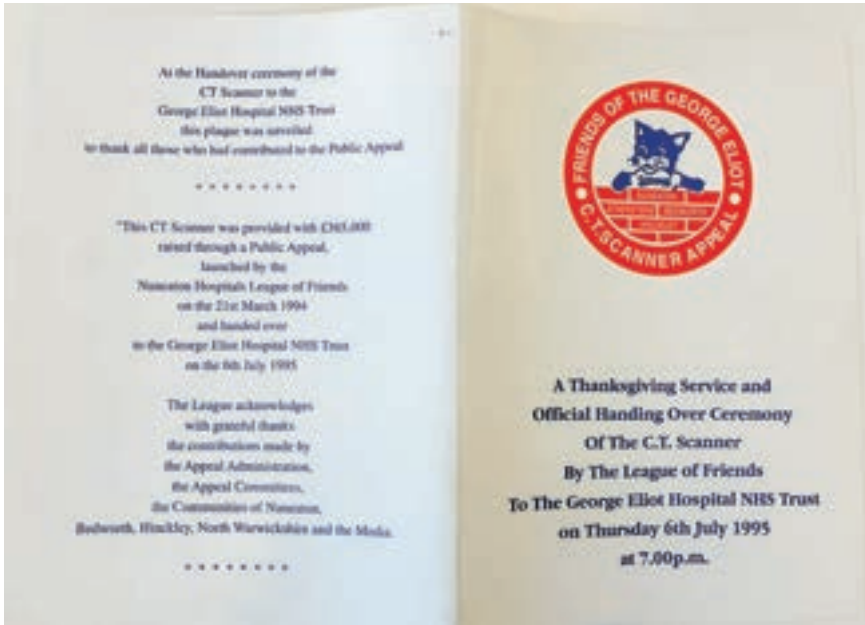


image 0

Finding 3: Fundraising consultancy includes sharing best practice with clients

As Craigmyle consultants collaborated and supported hospital clients, they also passed on fundraising lessons, strategies and experiences. These were taken on board internally at many of the hospitals and enabled staff to run subsequent campaigns on their own.

Finding 4: Fundraising requires valuing everyone's contribution

Getting large donations at the beginning of an appeal is important, but the smaller contributions later are often what is most valued. Craigmyle consultants stress the importance of bringing in substantial sums within the private appeal and following that up with the public ask. When a community sees that the target is nearly raised, it gives impetus to finish it off.

Example: The Mayday Scanner Appeal in Croydon had been ticking along slowly for three years before Craigmyle was asked to reactivate the campaign in late 1984. The end of project report from January 1986 explains that the appeal had gone beyond its remaining target of £236,800, helped by three direct mail approaches, which raised more than £70,000. The three mailings, totalling 108,060 appeal letters and leaflets, were sent out to the community and were full of text and images explaining why the region needed the equipment. Interestingly, the Craigmyle report also provided recommendations to the hospital's appeals office about winding up the appeal and future fundraising approaches.

Example: An end of appeal celebration event was a good way for the population to celebrate the campaign target as is shown by this invitation to the thanksgiving and handing over ceremony, which concluded the Nuneaton appeal. See *image 0*.

“Most places did not have their own fundraising function. Some did but had never run a major campaign before. We became their mentors. Hospitals would dip toes into the water by getting a consultancy in and then on the back of that, they would set up a hospital fundraising department”

“I still get Christmas cards from clients from many years ago, saying thank you for all you did to support us”

“All parts of the community tended to play an important part in helping us to reach the financial target”

“It was wonderful how everyone – from different backgrounds- got involved and wanted to help”

Finding 5: Community leaders and celebrities are helpful for fundraising campaigns

Leveraging the influence of key figures in any community can have a significant impact on fundraising success. The ability of well-respected and trusted leaders, as well as popular local celebrities, to influence and mobilise support should not be underestimated. They can increase engagement, enhance visibility and spread the word among their broader networks.

Example: The 1998 appeal in East Glamorgan was publicly launched as the George Thomas Scanner Appeal in memory of the former MP and House of Commons Speaker, who had died the previous year. Thomas had strong Welsh roots, having been born in Port Talbot, and after leaving the Commons, he was elevated to become Viscount Tonypandy of Rhondda. Also, Gandhi actor Ben Kingsley stepped up to be the public face of the South Warwickshire scanner appeal and made a personal appeal in a direct mail letter. See images P and Q.

“Sir Julian Hodge [banker and entrepreneur], a lifelong friend of George Thomas, supported the East Glamorgan appeal and brought in a double your money challenge gift, where he matched each pound raised for some months during the campaign. That also got publicity”



image P



image Q

Finding 6: Fundraising is enhanced by publicity

Every appeal needs a helping hand and at the time of Craigmyle's work, local press coverage made a big difference. Appeal staff and newspapers worked hand in hand to raise the profile of the fundraising campaign and help achieve the target. Such collaboration can increase awareness and reach a broader audience. The press often ran a series of positive stories about the appeal to inspire people to get involved. Publicity can highlight and raise visibility for community fundraising activities. Times have moved on and today appeals use very different publicity methods, such as social media, including TikTok.

Example: There is an interesting example from the Kent appeal where publicity was both negative and positive. See *images R and S*. The William Harvey Hospital's scanner appeal caused controversy when some supporters objected to consultants being brought in to support the appeal when health bosses "were battling to control overspending". It was front page news in The Kent Express stating, "Disgust at scan fund pay-out". However, an editorial Opinion article in the same newspaper had a different take and called for the public to support the campaign, under the heading "Scanner row must not harm appeal" (15/11/1990).

"The local press was often very helpful in highlighting and supporting our scanner appeals. Indeed, the local press can still be really useful"

"We invited the local paper, and they were very supportive. It became a big thing and every time we got a cheque in, campaigners were pictured"



image R



image S

Finding 7: No two fundraising appeals are the same

It is not possible to predict with certainty the ultimate success of a major appeal. One large donation from a major donor could transform the ask. Or a slow start might signal patience will be required. Sometimes Craigmyle was called in to support an appeal that had stalled. Other times, they came in at the beginning and were able to shape the work until the target was reached. On every occasion, the consultants stressed the need to keep to the basics and to revise strategies regularly.

Example: The archives show that although many of the leaflets, brochures and appeal letters were similar in terms of text and images, appeals were shaped to suit the catchment area. For example, the Kent appeal urges the need for a scanner due to changes in the region, i.e. the building of Euro Tunnel and the greater use of the M20. *Image 7* shows a leaflet moulded to the needs of the Oldchurch Hospital appeal, Romford. This leaflet explains to readers that the hospital treats more than 15,000 inpatients yearly with almost 250,000 patients attending outpatients. It outlines that the hospital also has a large neurological department – “one of the leading centres in the country” - and there is huge demand for a scanner.

“I always think a good fundraiser is someone who when they meet a brick wall finds ways around it. There’s no such thing as the smooth-running, perfect appeal. There are always issues. If you are struggling, you go back to basics. It’s not whizzbang new ideas. It’s about revising the basics”

“We offered the collective and historic experience of Craigmyle appeals and what had worked. There was a very clear methodology about the stages that you needed to go through to maximise the income. It was a tried and tested methodology”



image 7

Section Three:

The era of the modern NHS charity

This paper has shown that fundraising appeals for major hospital equipment have been routine and successful features of late 20th century British life, although the role of fundraisers in this process is understated or even overlooked. The trend may have started with CT and MRI scanners, but as the volume of available high-tech equipment has grown, so has the variety and scope of fundraising appeals. There are more than 230 NHS hospital charities, with departments specialising in major donors, trusts and foundations, community, corporate and legacy giving, and each has contributed to raising the money needed to purchase and maintain sophisticated machinery for its linked hospital. Of course, these appeals have been assisted by the creation of social media, the ability to fundraise online as well as to utilise hospital charity websites to drive campaigns.

In addition to the appeals run by Craigmyle discussed above, this section notes some other contemporary appeals, revealing the extensive equipment 'must haves' that fundraisers were faced with, along with the occasional innovative methods they have used to bring in money.

The Queen Elizabeth Hospital Birmingham was the first hospital in the UK to introduce both Cyberknife and TomoTherapy machines. A £6.5m 2012 appeal by its University Hospitals Birmingham Charity aimed to provide a centre of excellence for cancer care. The charity's annual report ending March 2021 states that the Cyberknife has since treated more than 2,000 patients. It uses high doses of radiation to sub-millimetre accuracy to track tumours, often considered inoperable. The TomoTherapy HD treatment system is a combined radiotherapy treatment machine and CT imaging system. It enables daily imaging prior to treatment to ensure that the patient is positioned accurately before delivering intensity modulated radiotherapy (IMRT).

Besides benefiting from legacy giving, part of the fundraising campaign involved selling a 1788 painting by Sir Joshua Reynolds of the co-founder of the city's general hospital, Dr John Ash, to the Birmingham Museum and Art Gallery. The painting had been in the ownership of the hospital since it was first commissioned but had been on loan to the museum since 1994. The total cost of the painting was £875,000 and was bought with the help of a £100,000 grant from the Art Fund and £675,000 from the Heritage Lottery Fund.

Since around 2014, the University Hospitals Birmingham Charity has raised more than £10m for equipment, facilities, research and patient welfare, over and above what the NHS contributes. Its CEO, Mike Hammond, commented, "NHS charities can provide those added extras that the NHS can't fund. In this case, that means cutting edge medical equipment that you might normally only see in places like the United States. As well as helping patients in Birmingham, we're also able to build the evidence to demonstrate to the NHS that CyberKnife is better than traditional radiotherapy, with the hope that the NHS will be able to fund additional machines across the rest of the country."¹⁹

There have been advances in technology in every area of care that have required appeals for equipment. The examples below – which are not Craigmyle-run appeals – show the range and scope of fundraisers' efforts across NHS charities. *Please note: These examples may not include the full cost of the equipment and ancillary costs – as some monies may well have been provided by local health boards or legacies or general donations given to hospitals, or from money brought in by hospital charity community fundraising activities.*

- Benefactors at King's College Hospital, London helped develop an advanced paediatric research and treatment centre to help children faced with liver disease. More than £1.25m was raised for the Alex Mowat Paediatric Research Laboratories within the Institute of Liver Studies. Its charity's Transform Liver Care (TLC) appeal enabled them to buy a FibroScan imaging machine, used to improve clinical outcomes for young patients, who would previously have had to undergo an uncomfortable liver biopsy.²⁰
- The Imperial Hospital Charity, which supports five hospitals, including Hammersmith Hospital in London, launched an ECMO appeal. Extracorporeal membrane oxygenation (ECMO) is one of the most advanced forms of emergency life-support, helping people whose lungs and heart are malfunctioning. Almost £300,000 was raised and three machines were purchased by 2024.²¹
- Fundraisers at Manchester's The Christie hospital helped create a state-of-the-art research room in its new proton beam therapy centre. Part of the package was to pay for specialist equipment, including a robotic arm and specialist microscope. Proton therapy is a radiation treatment that precisely delivers a beam of protons to disrupt and destroy tumour cells, enabling doctors to better target radiation to the size and shape of the tumour.²²

19 University Hospitals Birmingham Charity. Available at <https://hospitalcharity.org/appeals/>. [Accessed 25/09/2024].

20 King's College Hospital Charity, *Changing Lives, Pioneering Care Impact Report 2019-2020*. Available at <https://supportkings.org.uk/sites/default/files/uploads/docuemnt/KCHC%20Annual%20Report%202019-20.pdf>. [Accessed 25/09/2024].

21 Imperial Health Charity, *Support Our Hammersmith Hospital ICU Appeal and Help Us Heal a Broken Heart*. Oct 14, 2024. Available at <https://www.imperial-charity.org.uk/news-and-stories/news/support-our-hammersmith-hospital-icu-appeal-and-help-us-heal-a-broken-heart>. [Accessed 25/09/2024].

22 The Christie Charity, *Proton Research Equipment Appeals*. Available at <https://www.christie.nhs.uk/the-christie-charity/why-we-need-your-help/what-we-are-fundraising-for/proton-research-equipment-appeal>. [Accessed 25/09/2024].

- In 2022, the Great Ormond Street Hospital Charity's *Vital Equipment Appeal* raised more than £100,000 for two new echocardiograms to detect and treat heart problems in babies, young people and adults.²³
- Sometimes hospital charities are sponsoring smaller pieces of equipment that don't require major appeals, such as syringe drivers, specialist mattresses and beds, incubators, defibrillators, ventilators, etc.

The Queen Elizabeth Hospital Birmingham, the UK's largest solid organ transplantation centre, also benefited from a 2018 appeal for a £265,000 Heart-in-a-Box, which has the potential to double the number of hearts available for transplant. Significantly, Heart Research UK, a national charity funding medical research into the prevention, treatment and cure of heart disease, gave £132,500 towards the appeal and the rest of the money was raised by the hospital charity's staff and supporters. The highly transportable machine allows a donor heart to keep beating outside the body. Its advantage is that hearts can be kept for longer and in better condition, than in the traditional method of putting them in ice.²⁴

In a modern-day scanner appeal context, Evelina's London Children's Hospital now possesses a rocket-shaped mock MRI simulator, which helps to take the fear out of having scans for young people. They became the first UK hospital to install one in March 2018 and only the 16th hospital globally. The prospect of lying still in a confined space for up to an hour and a half can be a terrifying prospect for many youngsters. The Playful MRI Simulator was purchased by the friends and family of Lord Stanley Fink, President of Evelina London, as a special donation to mark his 60th birthday. The mock scanner is designed for children under 10 years old. Hospital staff say that within just a month, 19 youngsters were helped to undergo a proper scan without an anaesthetic as the mock machine had prepared them so well for it, saving both time, expense and anxiety. While using the mock rocket, children can watch films as they lie inside the machine and motion sensors register any movement during the practice.²⁵

Clinicians and fundraisers must be alert to the latest equipment developments. The most recent scanner news hit the headlines in September 2024 when researchers at University College London (UCL) announced they had developed a hand-held scanner which can generate detailed 3D photoacoustic images in seconds. After trials, it is hoped the machine could be transformative in the diagnosis of diseases such as cancer, diabetes and arthritis. It uses laser light and ultrasound waves to create images, using a technique called Photoacoustic Tomography (PAT).²⁶

However, just because hospital staff may want a particular piece of equipment doesn't necessarily mean that a fundraising appeal will automatically be launched or be successful. Tim Diggle, Charities and Partnerships Manager at Northamptonshire Healthcare in Kettering and who has been involved in running equipment appeals at various hospitals in England, stressed that today collaboration between fundraisers and clinicians helps to thrash out priorities and work out what is really required.

"Sometimes charities push back. They may ask what difference is the equipment going to make and how does it enhance the service? We must sometimes challenge clinical staff. Fundraisers can look across the sector. Clinicians, specialising in particular areas, don't."

This latter point relates to some health boards creating bigger regional hubs for modern equipment rather than smaller centres of excellence. There is also a growing volume of work by NHS fundraisers to support preventative health projects. Diggle outlined how he was involved in a £80,000 appeal to buy items, such as stress balls, weighted blankets, lavender infusers, sensory rooms and relaxing gardens for those developing mental health issues. This work also has links with external bodies within the justice and prison services and its aim is to treat issues before they become major health concerns. Diggle explained, "The NHS needs to get out of crisis mode and deal with its massive patient treatment backlog. It needs to look at illness prevention and how fundraisers can help. We need to keep people out of hospitals. Any equipment appeal must look at the bigger picture and have a strong business case before fundraisers start work."

23 Great Ormond Street Hospital, *GOSH Charity Launches Appeal to Raise More Than £100k for Two Echo Machines*, May 17, 2022. Available at <https://www.gosh.org/media-centre/gosh-charity-launches-vital-equipment-appeal-to-raise-more-than-100k-for-two-new-echo-machines/>. [Accessed 25/09/2024].

24 Heart Research UK, *The UK Must Confront Heart Disease*. Available at <https://heartresearch.org.uk/about-us/>. [Accessed 25/09/2024].
University Hospitals Birmingham Charity, Annual report 2020. Available at <https://www.uhb.nhs.uk/about/reports/annual-report/>. [Accessed 25/09/2024].

25 Evelina London Children's Charity. Available at <https://evelinacharity.org.uk/>. [Accessed 25/09/2024].

Guy's and St Thomas's NHS Foundation Trust, *UK's First Rocket MRI Simulator Lands at Evelina London*, Mar 22, 2018. Available at <https://www.evelinalondon.nhs.uk/about-us/news-events/2018-news/20180322-rocket-mri-lands-at-evelina-london.aspx>. [Accessed 25/09/2024].

26 Medical Press, *New Hand-Held Scanner Generates 3D Images in Seconds to Facilitate Early Diagnosis*, Sept 30, 2024. Available at <https://medicalxpress.com/news/2024-09-held-scanner-generates-3d-images.html#>. [Accessed 25/09/2024].

Section Four:

Looking ahead

Of the £13.9 billion raised by fundraising in 2023, *CAF's UK Giving Report 2024*, estimates that some 5% (£723m) went towards hospitals and hospices. Crucially, our personal experiences (32%) and that of our family and friends (28%) are influences on whether we give or not. The report claims that this is a trend that has stayed steady for several years, but the ongoing conundrum is that despite such solid support, diagnostic need overwhelms money available.²⁷

With the growing expense of new equipment and the increasing variety of machines on hospitals' wish lists, it is highly questionable whether NHS charities can keep pace with such fundraising demands. It is a dilemma as diagnostic testing is a centrepiece of clinical decision-making with more than one billion tests annually in the UK and demand rising year on year, particularly for colonoscopies and MRI scans. A King's Fund report on diagnostics highlights historical "underinvestment" as the volume of "inadequate and existing equipment is often outdated and in need of replacement", such as CT, MRI and X-ray machines.²⁸

Nevertheless, the arrival of the Labour government in July 2024 saw a major change in central government's thinking about new hospital equipment. One of its medical pledges was to double the number of hospital scanners through its £171m a year *Fit for the Future Fund*, so saving lives and reducing waiting lists. The goal is for NHS trusts to purchase scanners with inbuilt AI diagnostic tools. The commitment will be paid for by abolishing the non-dom tax status, which allows people who live and work in Britain to pay their taxes overseas. Hospitals not in need of new scanners can use the money to pay for other equipment or upgrade IT systems to improve productivity.²⁹

The money appears to be available not a moment too soon. Despite fundraising efforts, the King's Fund estimates that the NHS lags behind the likes of Japan, New Zealand, the US and Greece in terms of number of scanners per person. It states that "although there is no objectively 'ideal' number of scanners, the UK has fewer CT and MRI scanners than any of the comparator countries, which could be a reason – alongside shortages of imaging staff – why diagnostic testing waits in the UK are so high." See *images U and V*. Indeed, the BMA estimates that the UK has only 10 CT scanners per 1 million people, fewer than any EU nation.³⁰

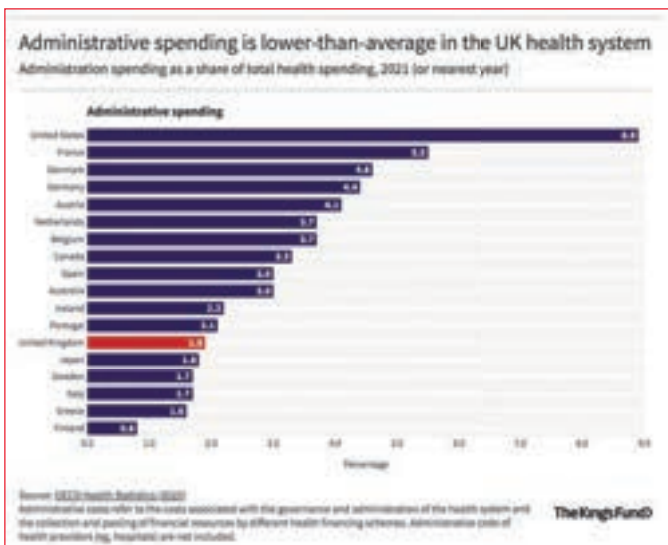


image U

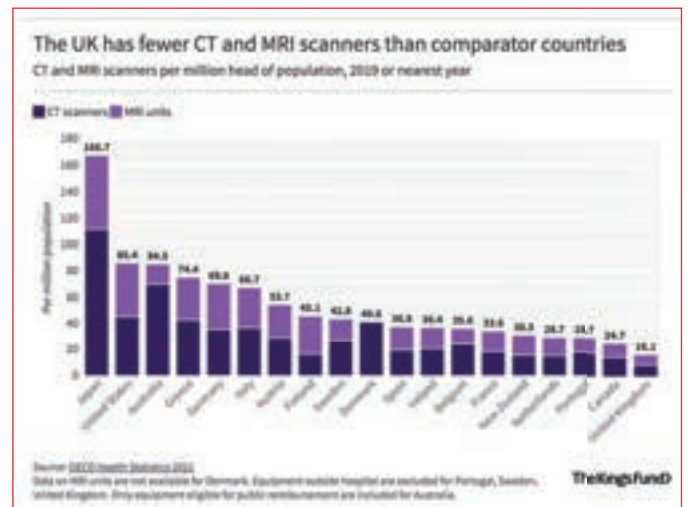


image V

27 UK Giving, *Mapping Generosity Across the Country*, March 2024 on Available at https://www.cafonline.org/docs/default-source/uk-giving-reports/uk_giving_report_2024.pdf pp.6-16. [Accessed 25/09/2024].

28 The King's Fund, *Why Do Diagnostics Matter? Maximising the Potential of Diagnostics Services*, Oct 13, 2022. Available at <https://www.kingsfund.org.uk/insight-and-analysis/reports/why-do-diagnostics-matter>. [Accessed 25/09/2024].

29 Labour Party Manifesto, *Build an NHS Fit for the Future*. Available at <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>. [Accessed 25/09/2024].

30 The King's Fund, *Comparing the NHS to the Health Care Systems of Other Countries: Five Charts*, June 26, 2023. Available at <https://www.kingsfund.org.uk/insight-and-analysis/blogs/comparing-nhs-to-health-care-systems-other-countries>. [Accessed 25/09/2024].

BMS, *NHS Diagnostics Data Analysis*, Oct 4, 2024. Available at <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-diagnostics-data-analysis>. [Accessed 25/09/2024].

NHS England, *Monthly Diagnostic Waiting Times and Activity*. Available at <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/>. [Accessed 25/09/2024].

Equally concerning are figures (as of October 2023) showing that there are 1.6 million people waiting for scans (not just CT or MRI). 158,000 have been waiting more than 13 weeks of which 100,000 need the tests to detect cancer. Information from NHS Trusts show 48% are using scanners past their recommended life.³¹

Prior to the 2024 election in welcoming the *Fit for the Future Fund*, Matthew Taylor, Chief Executive of the NHS Confederation, commented, “The NHS has been crying out for extra capital investment to repair its crumbling estate and replace equipment for years, so Labour’s plans to provide a five-year ringfenced capital budget for diagnostic equipment should they come to power will be music to the ears of health leaders.”

Dr Katharine Halliday, President of the Royal College of Radiologists, also welcomed the fund, commenting, “Patients deserve access to the best medical imaging equipment, but a lack of investment has meant that while some trusts are working with the latest kit, many are falling behind. This, along with poor supporting technology such as outdated IT systems, is jeopardising patient care. We welcome this promised investment in newer, faster equipment and supporting technology, which will help reduce the variation we see across the country. Together with plans to build the diagnostic workforce, this will give more patients the best chance of a swift diagnosis.”³²

Only time will tell whether the new fund makes an impact on patient care (as of October 2024 the Government is still assessing the mechanics of the abolition of non-dom status), or whether hospital charity fundraisers will continue to play an important role in raising money for scanners.

31 Labour Party Press Release, *Labour’s ‘Fit For The Future Fund’ to arm NHS with new scanners and AI*, October 6, 2023. Available at <https://labour.org.uk/updates/press-releases/labours-fit-for-the-future-fund-to-arm-nhs-with-new-scanners-and-ai/>. [Accessed 25/09/2024].

32 NHS Confederation, *NHS Confederation Responds to Labour’s Proposal for a ‘Fit for the Future Fund’ for the NHS*, Oct 7, 2023. Available at <https://www.nhsconfed.org/news/nhs-confederation-responds-labours-proposal-fit-future-fund-nhs>. [Accessed 25/09/2024].

The Royal College of Radiologists, *RCR response to Labour’s ‘Fit For The Future Fund’*, Oct 9, 2023. Available at <https://www.rcr.ac.uk/news-policy/latest-updates/rcr-response-to-labour-s-fit-for-the-future-fund/>. [Accessed 25/09/2024].

Conclusion

This research highlights the mostly unknown achievements of fundraisers in supporting major health appeals. It tracks particularly the evolution of fundraising campaigns to purchase hospital equipment and the role of Craigmyle Fundraising Consultants in that regard.

It is evident that without the archiving of Craigmyle records in the University of Kent special collection, it would not have been possible to follow as effectively the history of scanner appeal fundraising. This legacy reveals their strategies and approaches at a pivotal time through the 1980s and 1990s. Their papers are a wake-up call to other organisations within the charity sector today of how vital it is to ensure that archives are preserved and made available for others to research. The supporting, in-depth interviews with Craigmyle consultants added detail, humour and nuance and they underline the importance of getting human voices to expand on the relevance of such documents.

Most striking, from looking at the historic timeline to the present day, is how our hospital experience has been – and continues to be – significantly shaped by fundraising. This is an area that needs greater public awareness and for the necessary recognition to be given to charities and their supporters. So many transformative machines which can effectively diagnose and treat patients with the most challenging conditions, would not be available without the contribution of highly motivated fundraisers as well as generous donors and the support of consultants, key hospital staff and volunteers.

Jayne Lacny



Appendix

image A

THE GIFTS WE NEED

To reach the target of £1.75 million needed to build and equip the Cancer Ward, the Appeal will need to attract gifts on the following scale. Please study the table carefully and decide the level at which you can best help. (Recovery of income tax is calculated at the basic rate of 25%, and the figures are rounded off.)

Number of Gifts	Gross value of each gift £	Actual cost per year by four-year covenant to:		Gross Value to the Appeal £
		Basic rate (25%) Taxpayer* £	Company paying 35% Corporation Tax £	
1	250,000	46,875	40,625	250,000
2	100,000	18,750	16,250	200,000
4	50,000	9,375	8,125	200,000
6	20,000	3,750	3,250	120,000
10	10,000	1,875	1,625	100,000
25	5,000	938	813	125,000
50	2,000	375	325	100,000
75	1,000	188	163	75,000
250	640	120	104	160,000
		(£10 per month)		
500	320	60	52	160,000
		(£5 per month)		
Smaller Gifts and Fund Raising Events				260,000
				1,750,000

*This is the cost to the basic-rate taxpayer and the amount covered by all donors. The cost to an individual paying higher rate (40%) tax will be slightly less than the cost to a company.

For further information

Please direct your enquiries and contributions to:
Mrs. Carol Hughes, Appeal Secretary, Cancer Ward Appeal Office,
Walsgrave Hospital, Clifford Bridge Road, Coventry CV2 2DX.
Telephone: Coventry (0203) 602002 or 602020 (Extension 7402).



CANCER WARD APPEAL

The Appeal programme has been carefully planned to meet the needs of the charity. The right to make changes in these plans should new circumstances arise must, however, be reserved.
Registered Charity Number 700503.

This Brochure has been designed by The Creative Company, Solihull. Artwork by Drury Lane Studios, Solihull and printed by Coventry Printers as a contribution to the appeal.

image B

Q Who needs a CT scanner?

A We all do!



CT scanner in operation



Why?

CT saves lives

At present, if you are involved in a road accident and need a scan to diagnose bleeding into the brain you will have to make a life threatening journey elsewhere. It may be too late when you get there, so a CT scanner at your hospital would save your life.

CT helps diagnosis

Many benign illnesses can be diagnosed in a few minutes by a painless CT scan. If your hospital does not have a scanner you have two choices – go elsewhere or have an exploratory operation. Which would you prefer?

CT leads to more effective treatment

CT can demonstrate malignant conditions, such as cancer, at an early stage whilst they can still be successfully treated and cured. Larger tumours can be accurately assessed and treatment monitored to make sure you receive the most effective cure.

Convinced?

What can you do to help? Make a donation. Organise a fund raising event, help the Appeal Committee. All ideas are welcome!

FOR FURTHER DETAILS PLEASE CONTACT:



**The Appeal Secretary,
The Scanner Appeal Office,
William Harvey Hospital,
Kennington Road, Ashford, Kent, TN24 0LZ.
Telephone: (0233) 639833 or (0233) 633331 ext. 369**



image C

Appeal Organisation

President: The Duke of Devonshire, P.C., M.C.

Vice-Presidents:

Col. P. Hilton, M.C., J.P.,
(H.M.'s Lord Lieut. for Derbyshire)
Mrs. Margaret Beckett, M.P.
Major J. W. Chandos-Pole, D.L., J.P.
The Rt. Revd. The Bishop of Derby
Capt. P. J. B. Drury-Lowe
Sir John FitzHerbert, Bt.
Mr. H. Harpur-Crewe
Mr. P. L. Iff, A.C.I.S.
Mr. Greg Knight, M.P.
Cllr. Ron Longdon
The Marquess of Lothian

Governors:

Dr. M. E. L. Cohen, F.F.R.
Mr. J. Collins
Mr. A. Fraser-Moodie, F.R.C.S.
Dr. P. Golding, F.R.C.P.
Dr. D. Jefferson

Appeal Committee:

Mr. David Thomas, F.R.C.S., *Chairman and Governor*
Mr. H. J. Bates, F.C.A., *Joint Hon. Treasurer*
Mr. D. Blount, J.P., A.I.B., *Joint Hon. Treasurer*
Lt. Col. D. McV. Reynolds, M.C., *Appeal Director*
Mr. David Adams
Mr. H. Andison
Mr. R. Boissier
Dr. T. A. Burns
Mrs. D. Dawes
The Ven. The Archdeacon of Derby
Mr. G. Glossop
Mr. T. Ham
Mrs. Alice Hill
Mr. P. Linnell
Mr. L. G. Litchfield

Mr. G. Meynell, M.B.E.
Mr. Ted Moulton
Mr. Phillip Oppenheim, M.P.
Mr. Matthew Parris, M.P.
Mr. G. Pulvertaft, F.R.C.S.
Mr. Peter Rost, M.P.
The Viscount Scarsdale
Dr. Rami N. Seth, F.R.C.S.
Mr. Resby Sitwell
Sir Peter Walker-Okeover, Bt.
Mr. Phillip Whitehead
Cllr. Mrs. Margaret Wood

Mr. L. P. Marples
Dr. P. Wale, F.F.R.
Dr. R. Whitaker, F.F.R.
Dr. R. A. J. Whitelaw, F.F.R.

Mr. M. Merrifield
Mr. P. Prateley
Mr. S. G. Robinson
Dr. D. Slattery
Mrs. K. Stokes
Mr. P. G. F. Tillett
Cllr. Mick Walker
Mr. J. L. Webb
Mr. T. F. Wood
and all Governors

Enquiries and contributions to:
Derby Scanner Appeal Director,
Appeal Office,
Derbyshire Royal Infirmary,
Derby, DE1 2QY
Telephone: Derby (0332) 41111

image D

£600,000 REWARD!



**YOUR DONATION IS NEEDED
FOR A CT BODY SCANNER
AT THE WILLIAM HARVEY HOSPITAL,
ASHFORD**

OUR REWARD WILL BE YOUR REWARD

DONATIONS to: The Appeal Secretary
The Scanner Appeal Office
William Harvey Hospital
Kennington Road
Ashford, Kent TN24 0LZ
Telephone: (0233) 639833

How a covenant of £5 a month can help provide the scanner South Warwickshire needs and pay for 5 scans

You give by
deed of covenant
£5
a month (or £60 a year)

and

The appeal recovers
income tax on your
gift worth
£20
a year

so

Your gift is worth
£80
a year

and

Over four years
it is worth
£320

So you can see what your gift of
£5 a month can accomplish

How you could pay for 5 patients to be scanned – for £5 a month

It will cost £60 to scan each patient using the South Warwickshire Hospital scanner. By making a deed of covenant of only £5 a month, you will enable us to recover an extra £20 a year in income tax so, over four years, your gift will be worth £320. In this way you could pay for 5 patients to be scanned. (Further details are given below)

All you have to do is, either

- fill in the covenant form on the back of the leaflet for £5 a month,
or
- ask the Appeal Office for a deposited covenant form, which enables you to make a single gift of £240 that will be worth £320 after recovery of tax.

Incidentally, if you pay tax at the higher rate, you could make your contribution worth even more – again at no extra cost to you. Please ask for details.

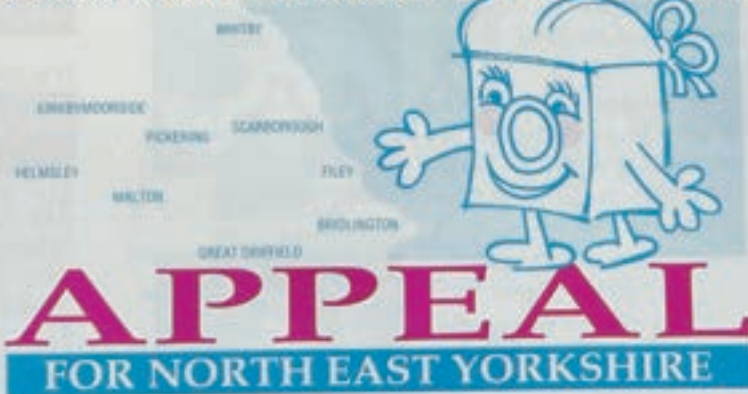


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Scarborough

Early Diagnosis Saves Lives

HANNAH THE SCANNER



A map of North East Yorkshire is shown with several towns labeled: WHITE, ERBSMOORDE, PICKERING, SCARBOROUGH, HELMSLEY, MALTON, FLEY, BRIDLINGTON, and GREAT THIRFIELD. To the right of the map is a cartoon character of a scanner box with a face, arms, and legs, wearing a white lab coat and a white bow on its head. Below the map and character, the word **APPEAL** is written in large, bold, red letters, and below that, the words **FOR NORTH EAST YORKSHIRE** are written in white letters on a blue rectangular background.

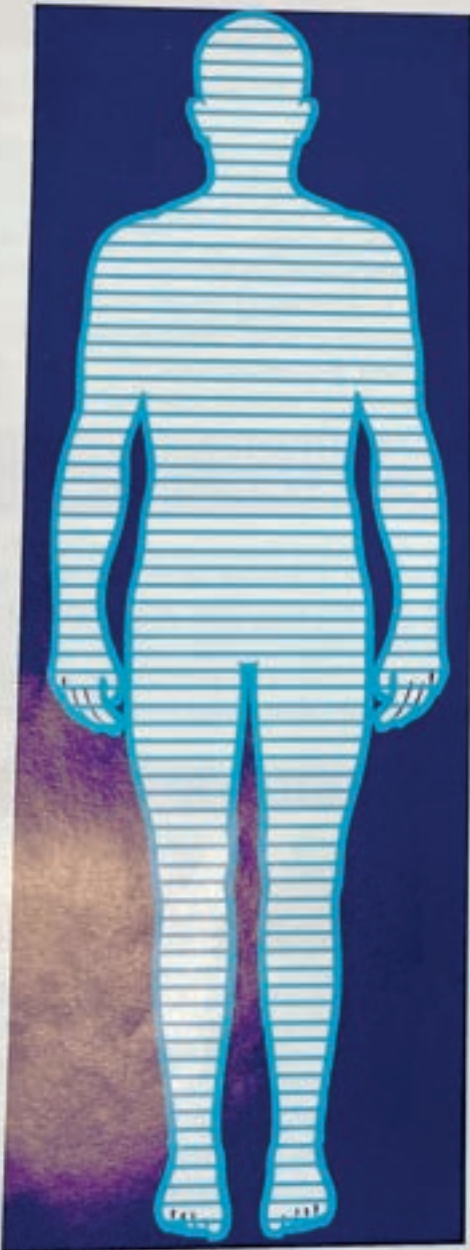


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Net Deed of Covenant (Limited Liability Companies)

Name and Registered Office of Company

Date when payments start
It must be on or after the date of signing this Deed

Annual sum in figures and words

To be on or earlier than the date entered above

Registered Name of the Company

Please state offices held by each signatory

Signature

Signature

Signature

Company

(A/c No.)

THE WESSEX BODY SCANNER APPEAL

We
of

HEREBY COVENANT with the Wessex Body Scanner Appeal (hereinafter called 'the Charity') that for a period of four years from the day of 19

we will pay each year to the Charity such a sum as will after deduction of income tax at the basic rate for the time being in force amount to

£

In witness whereof the Company has caused its Common Seal to be affixed this day of 19

The Common Seal of
was hereunto affixed in the presence of

Common Seal

Director/Secretary

Companies wishing to pay by Banker's Order should please complete the form below and send it with the covenant to The Hon. Treasurer, Wessex Body Scanner Appeal, 5 Northleigh Corner, Wide Lane, Swaythling, Southampton, SO2 2HR

IT SHOULD NOT BE SENT TO YOUR BANKERS

Banker's Order

Name and full address of Company's bank (in full)

Annual sum in figures and words (as in Deed of Covenant)

Date when payments start (as in Deed of Covenant)

Signature

Name and address of the Company and account number to be debited

To
of

Please pay to Midland Bank Limited (40-30-36), 102 High Street, Lymington, Hampshire, SO4 5ZP for the credit of the Wessex Body Scanner Appeal (A/c No. 23035665)

the sum of £
on the day of 19

and a like sum of the day of 19 in each of the following 3 years making 4 payments in all.

Signature

Company

(A/c No.)

Enquiries and contributions to: The Appeal Director, Wessex Body Scanner Appeal, 5 Northleigh Corner, Wide Lane, Swaythling, SOUTHAMPTON SO2 2HR Telephone: Southampton (0703) 581510
This office has been made available free of charge by the Swaythling Housing Society Ltd.
The Wessex Body Scanner Appeal is registered as a charity No. 280563

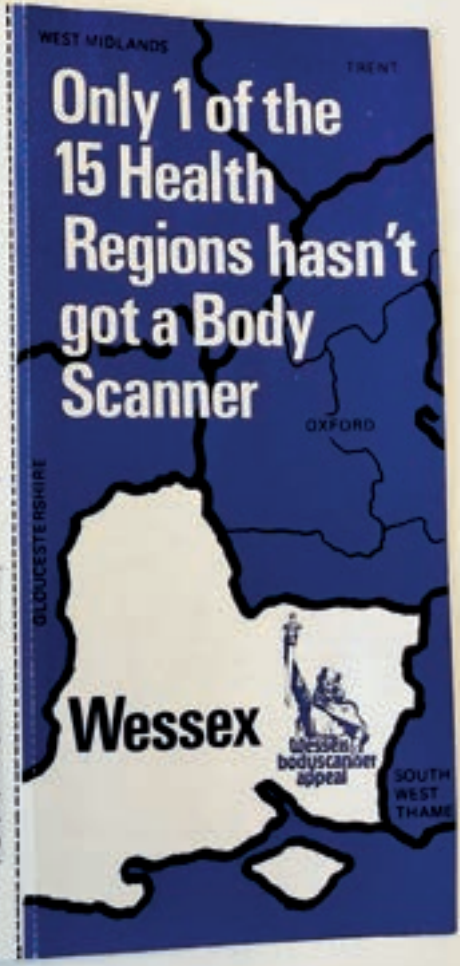


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An Appeal to Wessex Companies for the Wessex CAT Body Scanner

At the beginning of 1980 an appeal was launched for £1½ million to pay for the installation and operation of a body scanner in Southampton General Hospital, to serve people living in the counties covered by the Wessex Regional Health Authority — Dorset, Hampshire, the Isle of Wight and Wiltshire.

Wessex is the only one of 15 Health Regions in England and Wales which does not have such a facility. Most of the money, as it has been in every other Region, has to be raised by voluntary subscription.

Dedicated groups of volunteers throughout the Region have raised over £750,000 up to July 1981 by means of events involving the general public. The intake has averaged about £40,000 a month since the appeal began and is continuing at a most heartening rate.

We are now turning to Companies to help us raise the balance, as part of the community's effort towards lessening the scourge of cancer. We need to be in a position to order the machine next March for installation in July 1982.

In this leaflet we explain what a body scanner is, the benefits it brings and the ways in which your Company can help to pay for one.

Your help will mean a great deal to our community.

Leslie Loader

Leslie Loader CBE,
Chairman of the Central Committee, Wessex Body Scanner Appeal

Trustees: Cecil Paris, Michael Howson-Green FCA
Peter G. Coleman FIB Stanley Kelley

WHAT IS A CAT SCANNER?

The CAT Scanner was invented — by a British scientist — to provide a better alternative, either to conventional X-ray or to exploratory surgery.

The conventional X-ray camera can only photograph certain organs and regions of the body. It gives a view from the outside looking in. The body scanner gives a view from the outside looking along. The effect is like judging the quality of a loaf by examining every slice in minute detail. The pictures appear on a television screen; they show clearly those parts of the body which are virtually invisible to the X-ray camera.

A body scan can yield up to 100 times more information than a conventional X-ray.

HOW IT WORKS

The most sophisticated of the body scanning machines is the CAT (computer-assisted tomographic scanner). This body scanner uses a computer to assemble its pictures. Narrow X-ray beams are passed through the patient's body and received by detectors mounted opposite the X-ray source.

The strength of the beam received by the detectors varies according to the density of the tissue and bone it meets on its way through the body. These varying strengths are then converted into digital information and processed by the computer into variations of light and shade on the monitor screen. By moving the X-ray source and detectors around the body, a clear cross-sectional picture is made up.

THE BENEFITS IT BRINGS

1. To the patient. A body scan is quick, simple, safe and painless — and particularly successful with children. It offers earlier and more accurate diagnosis of a variety of disorders, especially cancer. It can replace exploratory surgery and other unpleasant or painful techniques; it can remove anxiety and avoid unnecessary confinement in hospital. A patient can walk in, be scanned, and leave in under 30 minutes.

2. To your employees. Hospitals where a body scanner has been installed have reported huge savings in hospital beds and prolonged examination procedures. So many precious resources can be released to benefit the many other kinds of medical care.

Your employees may never need a body scanner, never see one. But if there is one available in your area, they could benefit from the improved quality and availability of other medical services. Hospital waiting lists worry everyone, sick and healthy, employees and employers alike.



HOW YOUR COMPANY CAN HELP

BY COMPANY COVENANT

For a limited company paying Corporation Tax at 52%, the value of a covenanted gift to the Wessex Body Scanner Appeal may be more than double the true cost to the company because the gross annual payment may be set against its liability to Corporation Tax.

THE COST TO YOUR COMPANY OF A 4-YEAR COVENANT

Gross value of gift	Net annual payment	Net annual cost to a company paying Corporation Tax at:	
		52%	40%
£5,000	£375	£800	£750
£3,000	£225	£360	£450
£1,000	£75	£120	£150
£ 500	£ 38	£ 60	£ 75

The deed of covenant/bearer's order form incorporated in this leaflet is for a 4-year net covenant.

Forms suitable for 4-year gross covenants, or for longer periods, gross or net, are available from the Appeal Office; also the forms pertaining to Deposited Covenants.

Special rules apply to Close Companies. Covenanted payments may be apportioned to a participant only where the amount so apportioned, together with any other covenanted payments made personally by the donor, exceeds £3,000 gross in any fiscal year (net £2,300).

BY DEPOSITED OR LOAN COVENANT

Arrangements can be made for a company to give a lump sum equivalent to all the instalments due on a covenant. This enables the Appeal to have immediate use of the sum so deposited whilst retaining the benefits of tax recovery.

NON-COVENANTED DONATIONS

A non-covenanted gift to a charity is not normally allowed as a deductible business expense unless it can be sold to have been incurred solely and exclusively for the purpose of the trade.

HOW A COMPANY COVENANT WORKS

A company, paying Corporation Tax at 52%, wishes to covenant £1,000 gross per annum for four years. The procedure is as follows:—

- The Company pays each year:

(a) Direct to the Body Scanner Appeal	£ 700
(b) To the Inland Revenue, tax at 32% of £1,000 (when submitting its return of qualifying distributions etc. on Form CT 61)	£ 300
Gross payment each year (= amount received by Body Scanner Appeal)	£1,000
- The Company obtains each year:

Relief from Corporation Tax at 52% on £1,000 (at the end of its accounting period)	£ 520
After-tax cost to the Company	£ 480



image K

image 1



**SEE MORE
MRI SCANNER
APPEAL**



Ruth Parker,
Appeal Chairman

*This area needs a
MRI Scanner*

*Please support
this local appeal*



Dr Ian Rothwell,
Consultant Radiologist

Dear Friend

You may have seen articles in the local papers about our appeal for a permanent MRI Scanner to serve all the people in this area.

Doctors believe that up to 5,000 patients a year, of all ages, will benefit if a MRI Scanner is based at the Lincoln County hospital:

- vital life saving information in accidents and emergencies
- early and accurate diagnosis of many diseases and illnesses, including cancer
- no more long waiting lists and no need to travel long distances for routine investigations.

Every man, woman and child could benefit from a MRI Scanner based at the County Hospital.

The hospital cannot afford the £1.3m to buy this very expensive equipment but once installed it will run and maintain it. This public appeal has been launched by doctors, hospital staff, and volunteers because the area urgently needs a MRI scanner. We have already raised over £300,000 but there is a long road ahead and we desperately need your help to reach our target.

image J

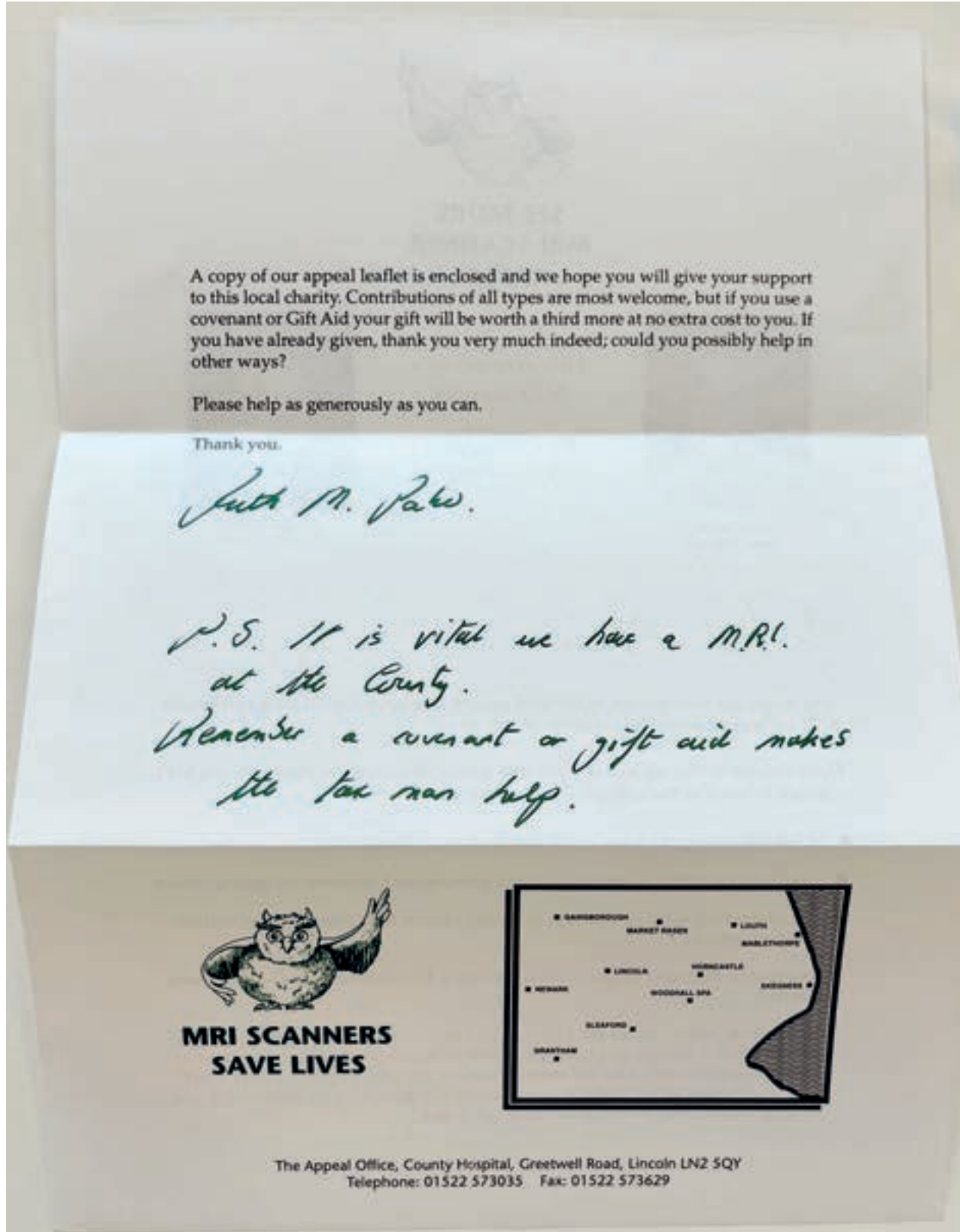


image L

CT Scanners save lives - please help



Peter Barkworth

We need a Scanner in this area.
It will bring real benefit to the
whole community.

Please support this Appeal.

Hello,

You may well have seen articles in the local press recently about the Appeal for a Scanner for South East Kent Health District. This will serve the town of Ashford and a large area around it, from Lydd and Folkestone in the south to Deal in the east, Charing in the north and Tenterden in the west. That means over 275,000 people will be covered by the new Scanner.

As you may guess, scanners are very expensive pieces of equipment. South East Kent Health Authority's funds are currently fully committed, so we need to turn to the community for help, if we are to provide one.

A study has shown that over 2,000 patients a year would be scanned if this area had its own scanner.

Scanners can:

- provide vital life-saving information quickly and accurately about every part of the body.
- replace exploratory surgery and other painful and unpleasant procedures, saving time and worry for patients and scarce medical resources.
- reach parts that other tests do not reach.

As the enclosed letter from the Times shows, scanners can play a crucial part in saving lives in accidents and emergencies. With the Euro Tunnel and the M20 motorway in this area, we need scanning equipment to assess quickly the injuries caused by road accidents. Without a CT scan someone with a severe head injury could, like the boy in the letter, die needlessly.

image M

Everyone, including you, your family, and your neighbours, could benefit from a scanner in Ashford.

The target for the Appeal is £600,000. This will cover the cost of purchasing and installing the equipment. The Health Authority has agreed to meet the subsequent running costs of the scanner.

This is a large sum, I know, but the Appeal has already had an enthusiastic welcome from many people in the community and we are well over one-third of the way towards our target. Our aim now is to raise another £100,000 by Christmas.

How You Can Help

You can help by sending a contribution, whatever its size. In particular, please consider a gift by deed of covenant (there is a form on the enclosed leaflet). Gifts made in this way are worth a third as much again to the Appeal - at no extra cost to you. This is because, as a charity, we can reclaim income tax on your gift. For every £10 the Appeal receives in this way, over £3 more can be reclaimed.

Please give as generously as you can, so that the health of the whole community can benefit from the Scanner.

Thank you.

yours sincerely

Peter Garkworth

P.S. Do please consider a covenant of at least £5 a month, which would make a significant contribution towards the cost of your scanner.

If you have already contributed to the Appeal, or are already helping in some other way - thank you very much. Could you then use this letter to persuade a friend to help also?



Early diagnosis saves lives

The Scanner Appeal Office, William Harvey Hospital,
Kennington Road, ASHFORD, Kent, TN24 0LZ
Tel: (0233) 639833
Registered Charity Number 275734

President: The Countess Mountbatten of Burma Chairman: Conrad Blakey
Vice Chairmen: John Moss, Laurie Cox-Freeman



image N

Boxing clever

TOP BOXER Frank Bruno hit new heights when he knocked the Oldchurch Scanner Appeal up to £900,000.

Frank visited the Romford hospital to present the appeal fund with a £3,150 cheque on behalf of Upminster Round Table.

After making the presentation Frank and Havering Mayor Robin Adaire gave a hand to help radiographer Jane Partridge put up the new total on the Scanner Appeal's thermometer.

The arrival of the scanner is now within sight. It has been ordered and, depending

on the weather, should be in and working by June.

A further £100,000 is needed to complete the fund-raising, started in May 1985. A mail-shot to 100,000 homes last month is expected to bring in further funds.

Pauline Boon, the appeal secretary, said: "I can visualise the scanner here now. I think the appeal has gone very well, considering we have had a lot of competition from other charities over the last three years.

"We have had some wonderful letters of support, and the ones from pensioners, including their odd coins or £1 postal orders, are particularly touching."

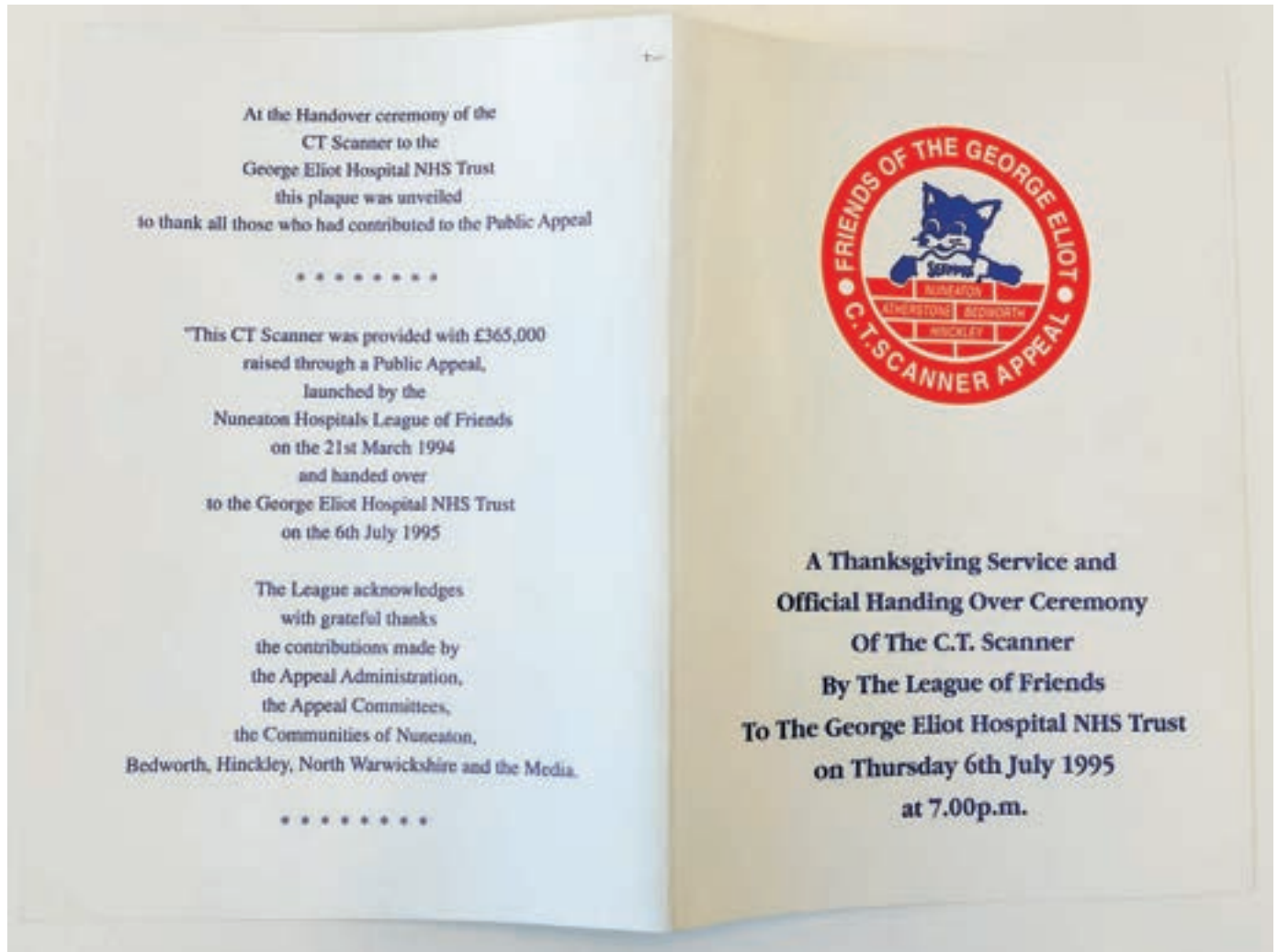


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image P

CT scanners save lives - please help



Ben Kingsley

We need a scanner in this area.
It will bring real benefit to the
whole community.

Please support this appeal.

Dear Friend,

You may well have seen articles in the local press recently about the Appeal for a scanner for South Warwickshire Health District. This will serve everyone in the South Warwickshire Health Authority, which stretches from Shipston on Stour in the south to Southam in the east, Kenilworth in the north and Alcester and Henley in Arden in the west. That means over 230,000 people will be covered by the new scanner.

As you may guess, scanners are very expensive pieces of equipment. South Warwickshire Health Authority's funds are currently fully committed, so we need to turn to the community for help, in order to provide one.

At present only 1,000 patients a year from this area are scanned, in Coventry or on a mobile scanner, often after worrying delays. A study has shown that over 3,500 patients a year would be scanned if this area had its own scanner.

Scanners can:

- provide vital life-saving information quickly and accurately about every part of the body
- replace exploratory surgery and other painful and unpleasant procedures, saving time and worry for patients and scarce medical resources
- play a crucial part in saving lives in accidents and emergencies.

Everyone, including you, your family, and your neighbours, could benefit from a scanner in South Warwickshire.

image Q

The target for the appeal is £750,000. This will cover the cost of purchasing, installing and running the CT scanner for two years at South Warwickshire Hospital. The Health Authority has already provided a new room for the scanner and has agreed to take over the running costs after the first two years.

£750,000 is a large sum, I know, but the Appeal has already had an enthusiastic welcome from many people in the community and we are sure that many others will wish to contribute to ensure that South Warwickshire gets the scanner it so urgently needs.

How You Can Help

You can help by sending a contribution, whatever its size. In particular, please consider a gift by deed of covenant (there is a form on the enclosed leaflet). Gifts made in this way are worth a third as much again to the appeal - at no extra cost to you. This is because, as a charity, we can reclaim income tax on your gift. For every £10 the appeal receives in this way, over £3 more can be reclaimed from the tax man.

Please give as generously as you can, so that the health of the whole community can benefit from the scanner.

Thank you

Ben Kingsley.
P.S.

Please consider a deed of covenant;
this will add a third as much again at no
extra cost to you. A covenant of only £5
a month will add £320 to the appeal.
The slip gives further details.

If you have already contributed to the appeal, or are already helping in some other way - thank you very much. Could you then use this letter to persuade a friend to help also?

South Warwickshire Scanner Appeal



SOUTH WARWICKSHIRE HOSPITAL, LAKIN ROAD, WARWICK CV34 5BW, TEL: 0926 403308

Chairman of the Appeal: The Honourable Lady Smith-Ryland

Registered Charity No. 216698

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KENTISH ASHFO
 **EXPRESS**

Group Newspaper

Thursday, November 15, 1990

DISGUST AT SCAN FUND PAY-OUT

A ROW has broken out over the William Harvey Hospital's £600,000 scanner appeal.

Health bosses already battling to control overspending are forking out an estimated £30,000 paying professional fund-raisers to organise the charity effort.

One member of the hospital's League of Friends has now resigned and volunteers at Ashford Hospital are refusing to raise cash for it.

A mail campaign to families all over the district has cost \$15,000 — taken out of the appeal account itself.

But organisers insist that bank interest piling up on the £350,000 already donated covers that figure.

Former hospital fund-raiser Dorothy Darby, of Lympne, said: "I have resigned from the League of Friends because of the money being paid to the professionals. I am disgusted about

by IAN RUMSEY

whole thing."

Sources say Mrs Darby has insisted that £4,000 raised by her for the scanner is given to another hospital cause. She refused to confirm or deny this.

The aim of the appeal is to provide a CT scanner which gives almost instant diagnosis of injuries.

The Kentish Express has also learned that Ashford Hospital's League of Friends scrapped ideas to raise funds for the project because of the money being spent on the salaries.

"It's an excellent project but we didn't think it right to raise money knowing that people are being paid," said committee chairman Julian West.

The men in charge of the appeal are Conrad Blakey, who is also a member of the South East Kent Health Authority, and vice-chairman John Moss — head of the William Harvey League of Friends.

Mr Moss said professionals were

being paid but said the cash is from the local health authority — itself more than £300,000 overspent this year.

SEKMA general manager Derek Russell says the money is coming out of the authority's amenities fund.

Mr West said: "It doesn't matter if the wages are coming out of the appeal fund or from the government — this wasn't made public at the start and it should have been."

Mr Moss said every penny raised by the public goes directly to the fund. He said: "It was decided that in view of the amount required and the urgency to obtain the scanner we should employ professional fund-raisers.

"Their fees are paid for by the government through the health authority.

"We are spending money on the leaflets which will enable us to get more cash and in any case it is being covered by interest. I'm fed up with people complaining. They ought to stop moaning and help instead."

● See pages 3 and 4

Is the cell?

image S



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Help us spot cancer early – support the Oldchurch Hospital Scanner Appeal

Body Scanners cost at least £500,000 – and over £100,000 a year to run. The NHS does not have that kind of money to spare. So, as in every other part of the country, the money must be raised with the help of the public.

Last year alone Oldchurch Hospital cared for 15½ thousand people, as well as nearly 250,000 out-patients or accident and emergency victims. The Hospital has a very busy Neurological department – one of the leading centres in the country in fact – and there is a heavy demand for the services of the X-Ray and Radiotherapy departments. These patients generated well over one million X-Ray pictures alone!

A Body Scanner at the Hospital will bring immense benefits and will be vital in many difficult cases of diagnosis.



What does it cost?

The cost of a Body Scanner and its installation is over £700,000. It needs staff to run it and it is expensive to maintain. These running costs will be over £100,000 a year. Money is needed therefore not only to buy and install the equipment but to meet on-going costs for at least 3 years.

The target is therefore £1,000,000

Please read what a Body Scanner is, the benefits it brings and the ways in which you and the whole community can help pay for one.

What is a Body Scanner?

The CT (Computed Tomography) Scanner – invented by Sir Godfrey Hounsfield, a Nobel prize winner – gives a completely different view from a conventional X-ray.

The usual X-ray picture is a shadow picture looking at the body. The CT Scan gives pictures looking through the body, as if the body were seen as a series of slices and each slice can be examined in detail – like judging a loaf by looking at every slice.

How does it work?

The Body Scanner uses X-ray in conjunction with a computer. The resulting pictures – cross-sections or slices – appear on a television screen; they show clearly those parts of the body which are virtually invisible to the conventional X-ray camera.

A Body Scan can yield up to 100 times more information than a conventional X-ray.

What benefits does it bring?

Deep-seated disease giving only minimal symptoms or indications can be diagnosed, and subsequently effectively treated, very much earlier than by using any other form of diagnosis.

The technique is quick, simple, safe and painless. It can replace exploratory surgery and other unpleasant or painful procedures. For patients, particularly children, anxiety is reduced, as is unnecessary confinement in hospital. A patient can walk in, be scanned and leave in under 30 minutes.

Since it is an out-patient technique, adults have no need to leave their jobs for long periods – a plus for local companies. The savings in hospital beds and other scarce resources released for other kinds of medical care can also be significant.

A Body Scanner at Oldchurch Hospital will bring real benefits to those living or working in the boroughs of Barking, Havering and Redbridge and the district of Brentwood. It will, quite literally, save lives.

How can I help?

By making a contribution, whatever its size: but, because the Appeal is a registered Charity, a covenanted gift will make every £10 you give worth £14.30 to us, at no extra cost to you. So if you pay income tax, please consider a Deed of Covenant – there is a form overleaf.

You give to the Appeal	The Appeal recovers basic rate income tax at 30%	Your gift is worth to the Appeal	Over 4 years
£10 a month	£51.43 a year	£171.43 a year	£685
£ 5 a month	£25.72 a year	£ 85.72 a year	£343
£ 4 a month	£20.58 a year	£ 68.58 a year	£270
£ 3 a month	£15.43 a year	£ 51.43 a year	£206
£ 2 a month	£10.29 a year	£ 34.29 a year	£137

Payment of a lump sum of £340 can also produce a gift of £343 when converted into a deposited covenant. The Appeal Office can provide the forms for this.

Legacies

Please consider a lasting memorial by remembering Oldchurch Hospital in your will.

Community efforts

If you or a group of friends would like to help raise money in the community, the Appeal Office would be pleased to hear from you. The address is given below. They can also advise on the best ways for individuals to make their gift.

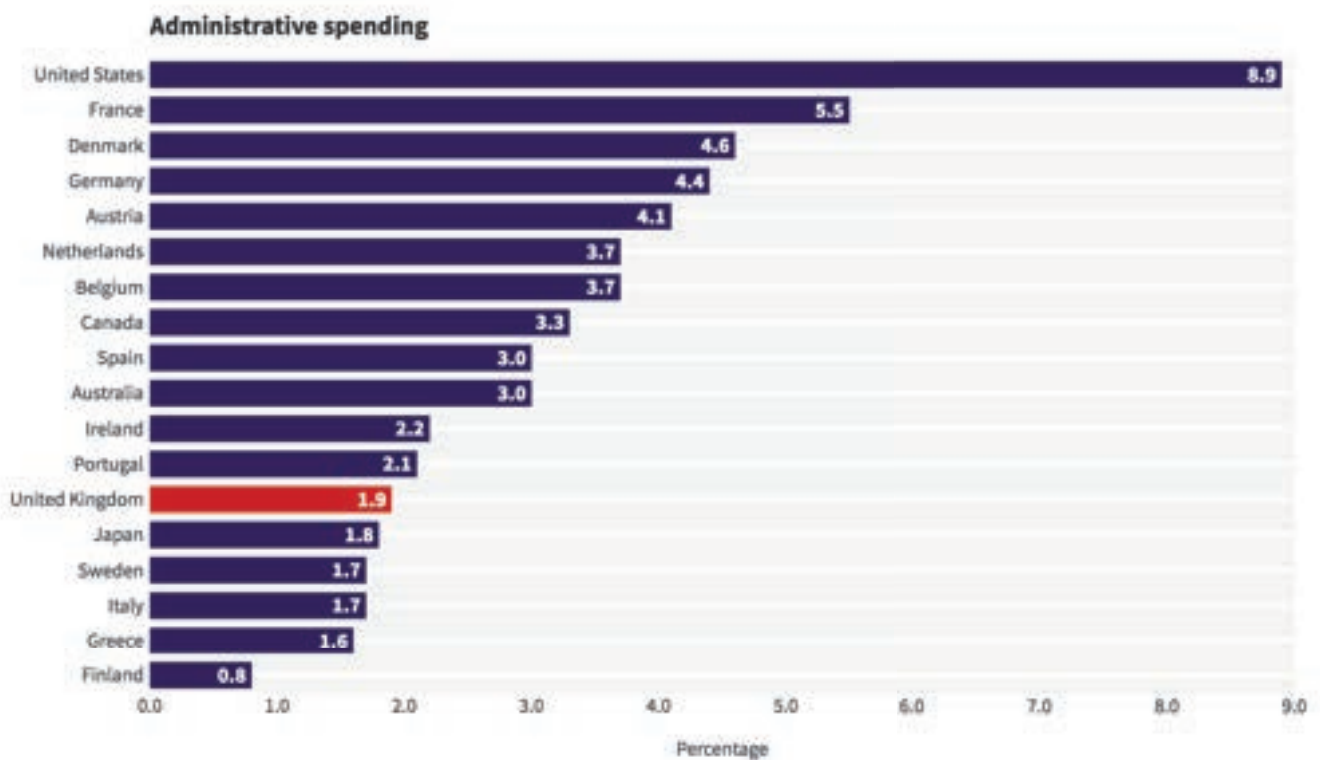
For those not wishing to make a covenant a single gift would be most welcome. Cheques should be crossed and made payable to Oldchurch Hospital Body Scanner Appeal.

Contributions or enquiries to: Body Scanner Appeal, Oldchurch Hospital, FREEPOST, Romford RM7 1BR
Tel: Romford 46090 Ext. 3437

Covenant form overleaf ▶

Administrative spending is lower-than-average in the UK health system

Administration spending as a share of total health spending, 2021 (or nearest year)



Source: [OECD Health Statistics \(2022\)](#)

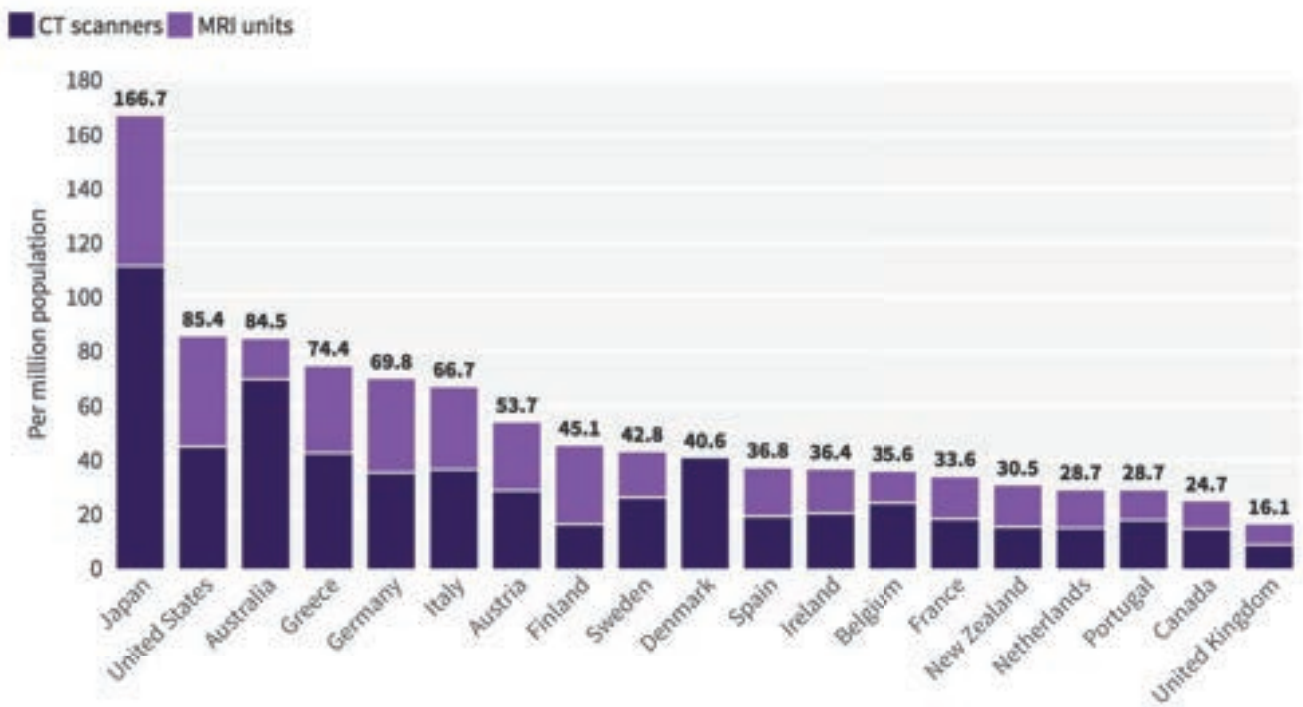
Administrative costs refer to the costs associated with the governance and administration of the health system and the collection and pooling of financial resources by different health financing schemes. Administrative costs of health providers (eg, hospitals) are not included.

TheKingsFund

image U

The UK has fewer CT and MRI scanners than comparator countries

CT and MRI scanners per million head of population, 2019 or nearest year




Source: [OECD Health Statistics 2021](#)

Data on MRI units are not available for Denmark. Equipment outside hospital are excluded for Portugal, Sweden, United Kingdom. Only equipment eligible for public reimbursement are included for Australia.

TheKingsFund

image V



For further information on this project please contact:

Beth Astridge

UK Philanthropy Archive

University of Kent Special Collections & Archives

<https://www.kent.ac.uk/library-it/special-collections/uk-philanthropy-archive>