

## STATEMENT OF PRINCIPLES

The White Paper states that in settling the details of the National Health Service the Government will welcome the help and suggestions of the voluntary hospitals in securing a whole service under one ultimate public responsibility without destroying the independence and traditions to which the voluntary hospitals attach value.

The King's Fund has given much thought to the subject and considers that the following principles should be maintained.

### CENTRAL HOSPITALS BOARD

1. A Central Hospitals Board should be established with statutory powers. The amount of work which will have to be done at the centre in connection with the hospital and consultant services will be very great, and the technical and expert knowledge required very important.

2. The Central Hospitals Board must be consulted on all important proposals affecting the hospital service before they receive approval.

3. Full and thorough consideration will have to be given to its size, composition and functions if it is not to suffer the fate of the Consultative Councils set up when the Ministry of Health was established in 1919. It must be related, on the one hand, to the regional machinery and, on the other, to the inspectorate. The reports of the inspectorate should certainly be referred to the Board, and some of the inspectors\* should be members of the Board. It should be recognised that those who accept appointment to the Board, whether paid or unpaid, must be prepared to make the work of the Board the primary call upon their time and energy, and must possess among themselves direct personal knowledge of the problems upon which they are called to offer advice. Appointment to the Board should be for a limited period; and the Board should include medical men and laymen with experience both types of hospital service. The Board would need to be a strong body with appropriate Sub-committees dealing with such matters as finance, planning and administration.

4. The means whereby the work of the Central Hospitals Board would be correlated with the other health functions assigned by the White Paper to the Central Health Services will, of course, require detailed consideration.

It was suggested in the course of discussion that the term "inspector" is likely to lead to a wrong notion of what is intended, and the term "visitor" or "commissioner" would be preferable. It is to be hoped that the Minister will adopt this suggestion.

ENQUIRY  
DESK

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EDWARD'S HOSPITAL FUND FOR LONDON  
DIVISION OF HOSPITAL FACILITIES

3 Edward's Hospital Fund for London  
Date received .....

No. .... NATIONAL HEALTH SERVICE

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## HOSPITAL AREAS

5. It has been suggested that for the purpose of hospital services the country should be divided up into some 35 or 40 areas each under a joint authority ; these areas would be independent, and any co-ordination of their work would lie with a central body in London. This would be most unsatisfactory : the standard of work would vary greatly, for notwithstanding visits from inspectors the efficiency in any one area would depend ultimately on the knowledge, ability and enthusiasm of those responsible for the local services. It is essential for the most effective development of the hospital service that areas should be linked together in appropriate groups as indicated in the next section.

## REGIONS

6. The country should be divided up into approximately 12 or 14 large regions, and each region should contain a number of areas according to the size of the population. It is very important that wherever possible the region should be based upon a University centre, in order to spread the influence of the University Teaching Hospitals throughout the country. If the standard of the hospital service of the country is to be raised, it is vital that backward hospitals, both voluntary and local authority, should be brought into close and regular contact with the leading centres of medical knowledge which are to be found in the University cities. Some form of regional organisation affords the only effective means of establishing and maintaining such contact.

7. For each region there should be a Regional Hospitals Council and attached to it there should be a Medical Advisory Committee. The Regional Council should be equally representative of the voluntary hospitals and the local authorities. There must be genuine consultation between representatives of the voluntary hospitals and local authorities, and for this purpose they must meet as a common body. Past experience has proved conclusively that the suggestions for consultation proposed in the White Paper have no practical value.

8. The Regional Council would need to co-ordinate the planning of the services of the various areas within the region in the light of the needs of the region as a whole. The regional organisation must also be fully integrated with the central machinery : the reports of the inspectorate must be referred to it : and the distribution of central funds for hospital services must, to a large extent, depend upon its recommendations. Only in this way will there be a real prospect of overhauling the deficiencies of the present hospital system and of establishing a new era of co-operative effort for the common good.

## LOCAL ORGANISATION

9. Within the region there may be several large cities and other populous areas, and it is important that in each such area there should be machinery for affording the interested parties both voluntary and local authority an opportunity of participating in the planning and

development of the hospital services. With this object there should be established in those areas Local Hospitals Councils again comprising representatives of the voluntary hospitals, and of the local authorities concerned. The Regional Councils should consult the Local Hospitals Councils so far as it affects their respective areas, and the final draft should be sent to them before it is forwarded to the Minister.

10. It is fundamental to the whole conception of partnership upon which the proposals of the Government are based that the responsibility for the planning of the service should be entrusted at each stage to a body upon which all hospitals are properly represented. Upon the decision of these bodies and not of the local authorities alone must rest, in the first instance, the inclusion or otherwise of particular hospitals within the scheme.

### LONDON

11. In the case of London, the regional arrangements must cover part or the whole of the area of the Home Counties, however this area may be ultimately defined. It may be that special arrangements will be called for as regards the regional machinery.

12. Although the size of the area of the authorities remains to be determined, the White Paper contains a hint that it will be necessary to have regard to administrative convenience, and implies that the area of the London County Council will constitute a single authority. The experience of the King's Fund in the Metropolitan Police District proves unmistakably that such an arrangement would only perpetuate one of the primary sources of the maldistribution of hospital facilities in the metropolitan area. In so far as there is a lack of adequate hospital services in the London area, it is to be found on the periphery of London where new populations have sprung up within recent decades—where it has proved difficult for voluntary provision to keep pace with the growth of population, and where the local authority has equally failed to meet the situation. If ever there was a case for co-ordinated planning, it is over this wide area that transcends the County boundaries.

### EXCHEQUER PAYMENT

13. The level of expenditure upon the hospital services increases year by year. So far the voluntary hospitals have been able to meet this increasing expenditure through patients' payments and the contributory schemes which are their most elastic source of revenue. They were increasing appreciably before the war and it was confidently anticipated that they would increase at a still greater pace after the war. The Exchequer should accept the responsibility of providing a direct payment related in some way to the requirements of the hospital service: and there should be machinery to ensure that the total amount of the payment can be varied from time to time to meet changes in the level of hospital expenditure.

14. The appropriate method would be to follow broadly the analogy of the University Grants Committee, and to lay down in advance for a 3- or 5-year period the total annual

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