

CO-ORDINATION OF HOSPITAL
SERVICES

Joint Committee of King Edward's
Hospital Fund for London and the
Voluntary Hospitals Committee
for London

INTERIM REPORT
of the Medical Sub-Committee

JULY, 1943

CO-ORDINATION OF HOSPITAL SERVICES

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** Members of Medical Sub-committee*

10 OLD JEWRY, E.C.2.

July, 1943.

CO-ORDINATION OF HOSPITAL SERVICES

Interim Report of Medical Sub-committee

Introduction

The Medical Sub-committee was appointed by the Joint Committee at their meeting held on February 3, 1942, in accordance with the following Minute :—

“(25) *Medical Sub-committee.* The Committee proceeded to discuss questions which it was felt were bound to arise as the Survey proceeded, including the relationship of Teaching and Special Hospitals and matters affecting the desirability of encouraging amalgamations among Voluntary Hospitals. It was felt that in order to make progress it was desirable that an attempt should be made to draw up a preliminary scheme for the co-ordination of treatment in the proposed London area. It was resolved that the medical members of the Committee be appointed a Sub-committee under the Chairmanship of Sir Hugh Lett for this purpose, and it was further resolved that Lord Dawson be invited to serve as a co-opted member.”

The Sub-committee have submitted to the Joint Committee a report dealing with the main outline of the structure of the hospital services. Since the report was made, the Minister has commenced discussions with representatives appointed by the King's Fund, the British Hospitals Association and the Nuffield Trust. The report has served as the basis of recommendations made to the Minister on behalf of the voluntary hospitals by the representatives of the Fund and the Association.

In the course of its deliberations throughout 1942 and during the early part of 1943 the Sub-committee prepared a number of recommendations of a more detailed character, concerned in the main with the functions and methods of staffing the Teaching Hospitals and the Special Hospitals. These recommendations have been submitted to the Joint Committee and are here printed in the hope that they may be helpful to those who are considering these problems.

Objective and Area

1. **The Objective** is the adequate provision of the best possible medical treatment for the people in a given area.

2. **The Area** envisaged is the County of London, including the County Boroughs of East and West Ham, and the Home Counties—Essex, Hertfordshire, Kent, Middlesex and Surrey—and probably also East and West Sussex and South Buckinghamshire.

The Teaching Hospitals

3. In formulating the plan of medical services to be provided in the London area, it is necessary in the first place to consider the subject from the point of view of the facilities that could be provided by voluntary agencies ; and in the second place to consider their co-ordination, always bearing in mind that the ultimate aim is the linking up of these services with those provided by the County and Municipal Authorities.

4. The Teaching Hospitals should be centres of medical learning, medical practice and research. As such they would not only be available for service within a given area, but they would extend their influence throughout the area.

5. A Teaching Hospital or unit would need to contain not less than 750 but preferably 1,000 beds. This would involve the grouping together of some Teaching Hospitals, but it is not contemplated that they would lose their identity thereby.

The Teaching Hospitals would retain their autonomy and would continue to be closely linked with the University of London. In order to secure co-ordination with Local Authorities, the latter should have appropriate representation on the Governing Bodies.

6. **Method of Appointing Staff.** The appointment of senior staff in Teaching Hospitals should be governed by the following principles.

It is desirable that all appointments should be advertised, and all applications examined in the first place by a special Selection Committee constituted *ad hoc* for each appointment to be made. In order to widen the field from which candidates for appointment are selected, the principle of the external expert should be applied, and it is suggested that the Selection Committee might comprise six members of the staff—including the Chairman of the Medical Council and the Dean of the Medical School—and two external experts, who might well be nominated by the University.

The Selection Committee would make recommendations to the Medical Staff, who would themselves recommend to the Governing Body of the hospital. The recommendation of the Medical Staff to the Governing Body would, in

many cases, best be made by a deputation of the Medical Staff. At each stage machinery should be provided for joint conference in the event of a difference of opinion.

7. The Sub-committee feels that if the standard of hospital service is to be raised throughout the country it will be necessary to envisage a larger whole-time paid staff and a considerable extension of part-time paid work in all categories of hospitals. The Medical Staffs attached to the Teaching Hospitals may need to be expanded in order that their members may serve other Voluntary Hospitals in a consultative capacity.

8. It is important to secure an extension of University influence to the General and Special Hospitals, both voluntary and municipal.

The Staff of Teaching Hospitals

9. **Professors.** The relation of the professors to the part-time consultant staff has been discussed at some length. When professors were first appointed it was agreed that they should work in parallel with the part-time consultants and that they should be of equal status, but at the present time there is a growing tendency to make the consultant subordinate to the professor. Although the part-time staff has different functions, it possesses something equally important and valuable and it is necessary that the parallel system should be preserved.

It has been suggested that one of the professors should be the head of the board of clinical studies, because if grants were forthcoming from the Government it would be necessary to have someone with whom the Government could confer. However, the machinery for such consultation exists already in the Dean of the Medical School and this should be maintained.

The question of some flexibility in the tenure of a professor's appointment has also been considered. It might sometimes happen that, by the wish of the professor himself, or in the interests of the hospital, he should not retain his post until he reached the age-limit. There should be an opportunity for a professor to relinquish his appointment and be transferred to the part-time staff.

On the question of private practice opinions are divided, but it is suggested that full-time professors should, in certain cases, be allowed to do private practice, provided it is carried on in the hospital and its private block. In this event, they should receive a lower salary than those professors who give their whole time to the hospital.

Readers. Readers might be appointed either on a full-time or a part-time basis. Part-time service should be paid for on a basis of not less than three or four days a week and on the understanding that calls could be made on their services at other times as required by circumstances.

Assistant Physicians and Surgeons. It would be desirable that on appointment physicians and surgeons should serve for, say, seven years before reaching full status.

Heads of Departments. In the case of certain special departments the Director or Assistant Director might work on a full-time basis.

10. Appointment of Representative of Public Health Services to Visiting Staff. The Public Health Services should be integrated with the work of the hospital by the appointment to the Staff of a representative of the Public Health Services, who should be a full member of the Staff and responsible for lectures on his subject. In some cases this might be the local Medical Officer of Health of the Borough Council, but the requirement should be so framed as to permit of the appointment of members of the Staff of the County Authority.

11. Special Departments. Outside the provision for general medicine, surgery, and obstetrics and gynaecology, all well-recognised special departments should be represented in each Teaching Hospital unit. The larger special departments might consist of an out-patient section and 32 beds; other special departments would be limited to a smaller number. There should be a separate department for the treatment of chronic sick, within or immediately attached to each Teaching Hospital.

The special departments envisaged are ophthalmology; ear, nose and throat; orthopaedics and fractures; paediatrics; dermatology; genito-urinary; neurology and neuro-surgery; psychiatry; thoracic medicine and surgery; irradiation; plastic surgery; dental; chronic sickness; a small number of unallotted units for special clinical research; and a research institute.

The Special Hospitals

12. The functions of the Special Hospitals have been carefully considered. There is a real need for hospitals of this kind; they not only promote research and further medical knowledge, but they offer valuable nursing experience and also provide facilities for medical post-graduate teaching which may not be available in the Teaching Hospitals.

In general, each Special Hospital unit should have not less than 100 beds. Some of those with less than 100 beds could be brought up to the required size by amalgamation or perhaps by enlargement.

13. In April, 1942, the Joint Committee invited the various groups of Special Hospitals to consider and report upon the part they desired to play in the future co-ordination of hospital services. Definite schemes have been submitted by the London Maternity Services Joint Committee, the Chest and Children's groups, and reports or memoranda by the groups of Children's

(Long Period), Heart, Incurables, Women, Ophthalmic, Cancer, Fever, Genito-Urinary, Nervous Diseases, and Throat, Nose and Ear. The Committee is now engaged on a detailed examination of the foregoing material.

Teaching Hospitals and Special Hospitals

14. With regard to the relationship between Teaching and Special Hospitals, it was envisaged that there would be close relationship between these hospitals, and in some instances the Special Hospitals might be training grounds for staff appointments in the special departments of Teaching Hospitals; the foregoing would embrace Municipal Hospitals so desiring and equipped.

15. The posts of Clinical Assistants in Special Hospitals should continue to be open to those working in the special departments of Teaching Hospitals, as well as to post-graduates from other sources.

General Hospitals

16. It will be noticed that the recommendations do not deal, except by implication, with the problems of the General (as distinct from the Teaching and Special) Hospitals. The Committee is now engaged in preparing a report dealing with the General Hospitals.

Primary Hospitals

17. The Sub-committee has given careful consideration to the functions of the small general hospitals usually known as "cottage hospitals," and containing up to 50 or 60 beds. These hospitals serve a most useful purpose in that they provide the general practitioner with beds in which his cases—especially medical cases—may receive proper nursing care. This is their proper function and it is submitted that they should be classified as a category separate from the general hospitals; and the term "Primary Hospitals" is suggested.

18. The Sub-committee make the following recommendations :—

- (a) that consultants should be appointed to these hospitals with supervisory responsibility ;
- (b) that these consultants should pay regular visits—at least once a week—instead of attending only when asked to do so ;
- (c) that on these visits the consultants should see patients in the wards and those sent by doctors for an opinion ;
- (d) that such consultants should receive payment for their visits ;

(e) that the hospitals to which a consultant is attached should be in the same area ;

(f) that, in respect of patients in private wards, the general practitioners should still be able to call in a consultant who is not attached to the hospital.

19. For any hospital with 50 or more beds there should be a resident medical officer.

Freedom of Choice of Consultant

20. It is very desirable that under any scheme of co-ordination patients shall be at liberty to seek consultation and treatment at any centre, and not be restricted to the region in which they happen to live. Many interesting and important cases reach the voluntary hospitals through consultants who send cases referred to them into their own hospitals—this is of special importance for Teaching Hospitals, as otherwise they would tend to be restricted to routine cases.

21. It is desirable that, in post-war rebuilding schemes, hospitals should provide suites of consulting rooms in or close to the hospital : this would save time in travelling and the hospitals would certainly benefit.

For the Medical Sub-committee,

HUGH LETT,
Chairman.

APPENDIX

Note on " Health Centres "

The Sub-committee has noted the use of the term " Health Centre " in the Interim Report of the Medical Planning Commission, where a model health centre is described in paragraph 69. The Sub-committee feels that it should be made clear that the use of the term in connection with general practice may tend to obscure the great value for the future of medicine to be found in welfare departments forming an integral part of the Teaching Hospital ; and at its request Dr. Geoffrey Evans prepared the following draft scheme for a Department of Health Education to be run in conjunction with each Teaching Hospital.

DEPARTMENTS OF HEALTH EDUCATION IN TEACHING HOSPITALS

1. It is recommended that a Department of Health Education be located in or at least be run in conjunction with each Teaching Hospital.

2. The type of Department envisaged is one which brings together both curative and health services. Preventive and curative medicine cannot in fact be separated, but in general terms the object of the Department will be to prevent disease and to treat minor forms of disease, especially functional disease. Such a Department was described as a Primary Health Centre in the Interim Report of the Consultative Council on Medical and Allied Services, 1920.

3. The reasons for recommending the establishment of a Department of Health Education in each Teaching Hospital are as follows :—

- (a) The need for close co-ordination of preventive and curative medicine ;
- (b) The educational value of such a Department, both for members of the Staff of the Teaching Hospital and the students ;
- (c) The work to be done in these Departments offers great opportunities for development and research. The traditions and atmosphere of a Teaching Hospital are favourable to both ;
- (d) Voluntary organisations in England have always done pioneer work. When the value of such work is well-established, it often

happens that the State takes it over, or, leaving the work in the hands of the voluntary agency, gives it financial support. Voluntary Hospitals have in the past made their chief appeal to popular support and sympathy by reason of the medical service they have provided for the sick poor. The creation of Departments of Health Education in association with hospitals will be a new development of these hospitals' activities, which will strengthen the appeal they make to the public ;

- (e) Many of the patients who attend a Teaching Hospital for consultation, advice or treatment, will be better cared for in the Department of Health Education than in the Out-patient Departments of the hospital ;
- (f) A proportion of patients attending the Department will require the specialist services of a large hospital in regard to investigation or treatment of some aspect of their case.

Scope of Work to be done in the Department

4. The variety of work done will be considerable. In the first instance it is presumed that a patient will have first attended one of the general or special departments of the Teaching Hospital on account of some symptom, such as headache, insomnia, loss of appetite, constipation, fatigability or debility, and having been examined and found to be organically sound, such a patient may be referred to the Department. There means will be available for repeating the clinical examination and recording basic measurements, such as height, weight, chest expansion, blood pressure, blood count and urine examination. In the future, other basic measurements may be made, either as routine or for special cases. For these purposes the ordinary furniture and professional equipment for making a routine examination of a patient will be required.

Physical examination will take particular note of minor functional and structural defects, such as the condition of the feet and toes, teeth and eyes, stance and posture, the shape of the chest and respiratory movements.

Disabilities, perhaps hardly amounting to abnormalities, in such aspects of physical form and function, will be dealt with partly in the Department, partly in the special departments of the hospital to which the Department is attached.

5. (i) **Physio-therapy** : For this purpose one or more specially trained physio-therapists will be attached to the Department for the treatment of feet, to educate patients in stance and posture, to improve abdominal tone, and to teach breathing exercises. In the future, minimal fixation of joints will be treated by physio-therapists specially trained in the mobilisation of

joints. Attached to this Department should be a bootmaker to fit shoes and boots of approved form. A chiropodist will attend on certain days.

(ii) **Dental Clinic** : A Dental Clinic will be an important part of the activities of a Department of Health Education.

(iii) **Welfare Clinic** : The head of this clinic will be a general physician with more than seven years' experience of either consulting or general practice. This clinic will be educative. Advice will be available on such subjects as food habits, clothing, exercise and rest, living and working conditions. The work done in this clinic will have relation to Educational Authority, as, for instance, in regard to industrial health as envisaged in the Memorandum recently prepared by the London Regional Advisory Council for Juvenile Employment. Part of the work of the clinic will also be to give advice on the subject of birth control. One or more Welfare Officers and Health Visitors will be attached to this clinic.

(iv) **General Medicine** : A minimum of general medicine as ordinarily understood in the past will be practised in the Department of Health Education. Minor Degrees of anæmia may be treated with iron. Simple remedies for constipation, insomnia, and so on, may be prescribed. All intensive medical treatment will be conducted in one of the general or special departments of the Teaching Hospital.

(v) The Department will work in close co-ordination with the ante-natal clinic and infant welfare centre.

6. **Staff** : The Head of the Department will be a consulting physician, chosen on account of a long experience in the practice of medicine.

According to the size of the Department he will require one or more assistants. The main work of the Department will be done by selected general practitioners under the direction of the Head of the Department and his assistants. A secretarial staff as necessary will be essential for the keeping of records and the taking of reports.

A. GEOFFREY EVANS.

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