

CO-ORDINATION OF HOSPITAL SERVICES

STATEMENT

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

MARCH, 1943

CO-ORDINATION OF HOSPITAL SERVICES

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Joint Secretaries :

MR. A. G. L. IVES and CAPT. J. E. STONE

10 OLD JEWRY, E.C.2.

March, 1943.

CO-ORDINATION OF HOSPITAL SERVICES

Statement on General Principles

I. INTRODUCTORY

II. AREA COUNCILS AND MEDICAL COMMITTEES

III. CENTRAL HOSPITAL BOARD

I. Introductory

1. King Edward's Hospital Fund for London and the Voluntary Hospitals Committee for London have given attention to some of the questions which would arise in connection with the creation of a comprehensive hospital service involving a partnership between local authorities and voluntary hospitals envisaged by the Minister of Health. Following the statement by the Minister in the House of Commons on October 9, 1941, a Joint Committee of the King's Fund and the Voluntary Hospitals Committee was established, to which these questions might be referred. The Joint Committee were given plenary powers by the King's Fund and the Voluntary Hospitals Committee to act (in consultation where necessary with other voluntary bodies concerned) in all matters arising out of the Minister's statement, and arrangements were made to co-opt a representative of Middlesex. Representatives of the voluntary hospitals in the Counties of Essex, Hertfordshire, East and West Kent, Surrey and Sussex have also attended meetings since January, 1943.

2. The Joint Committee appointed a Medical Sub-committee, comprising all its medical members, under the Chairmanship of Sir Hugh Lett. The Medical Sub-committee have followed with great interest the deliberations of the Medical Planning Commission established by the British Medical

Association with the co-operation of the Royal Colleges, and have prepared an Interim Report on the preliminary findings of the Commission.

Section II of this Statement was originally drafted by Viscount Dawson of Penn as an introduction to the Interim Report.

Section III contains material drawn from the Report.

3. It has become increasingly apparent to the Joint Committee that it would be premature to examine in any detail the form which the hospital service of the future should take until the general principles which should govern that service have been determined.

II. Area Councils and Medical Committees

4. It can be taken as generally agreed that the present haphazard distribution of hospitals throughout the country must be so re-ordered as to bring health and hospital services within the reach of all categories of the population, the word "haphazard" being here used in no derogatory sense.

5. Again, the sciences on which it is based have given to the art of medicine a steadily widening range and have made a planned fabric more necessary for its practice. Thus it is that increased institutional provision, whether it is in the form of Clinics, Health Centres or Hospitals, has for long been recognised as essential if the best means for furthering health and curing illness is to be available.

6. Broadly, it may be stated with confidence that the quality of both preventive and curative medicine in this country is good. These two branches have for historical reasons developed along detached lines and this detachment has been a disadvantage to each of them and to the public. An essential, then, of any plan for medical services is that these two branches shall be brought together. This close co-operation of doctors would ensure that representatives of the best medical talent in areas would have responsible contact (in an advisory capacity) with the Medical Officers of Health and the latter on their part would be on the staffs of leading hospitals within their areas.

On the other hand, the building and furthering of health, especially the personal health services, as well as the curing of illness, would come within the compass of both hospital and general practice.

7. The acceptance of the foregoing implies a pattern of health and hospital services of varying grades for areas which have still to be agreed. The area should be large enough to comprehend a complete health service.

The pattern of hospital services will include both local authority hospitals and voluntary hospitals. There should be a key hospital at the top of each area and wherever possible that hospital should be a teaching hospital attached to a University.

The areas should not be too small—the term “region” is in some ways more suitable and has until recently been used in discussion of the subject, but less so recently because it might be held to imply acceptance of the regional machinery established for war-time emergency. It may be at first that areas will be smaller than most thoughtful people would wish because of the importance of not disturbing unduly existing local government organisation.

8. The relationship envisaged between the voluntary hospitals and the local authorities may best be expressed by the word “partnership,” which has been aptly used by the Minister of Health. It would be a partnership between the major local authorities and the voluntary hospital committees or a body representing them like King Edward's Hospital Fund for London. It is widely held that this partnership should find expression in a joint council of some kind for the area.

9. Before going further, however, it is necessary to refer to a fundamental difference between the voluntary hospitals and the statutory or local authority hospitals.

A voluntary hospital is managed by a committee of laymen (which may or may not include medical men), and side by side with it there is a medical committee with power to initiate and advise on medical policy. It is the practice that the administrative committee refers for advice to the medical committee in professional matters, and this arrangement embodies a vocational body which can take the initiative in matters which concern the progress of medicine and the art of healing.

In the majority of the local authority hospitals, on the other hand, the doctors staffing the institution have no such status and are technically under the medical superintendent on all matters professional as well as administrative. The medical superintendent reports through the Medical Officer of Health to the local authority, which in practice means reporting to the health committee of the local authority, the majority of members of which, though amateurs, become responsible for settling many important questions outside their ken. There is no interposing vocational body as in the case of the voluntary hospitals, and the difference is fundamental.

10. If we pass to consider the larger problem of a scheme of health and hospital services in an appropriate area in which there are both voluntary and local authority hospitals, it must be a fundamental principle that there should be a representative body to advise the administrative authorities. Such representative body would contain both medical and lay members chosen for their knowledge and experience and would include representatives

of local authorities, hospital and health services, Medical Officers of Health, teachers and the University. It would embody the "partnership" between the local authorities and the voluntary hospitals visualized by the Minister of Health.

11. Besides the area council there would usually be an advisory medical committee representative of the doctors in the area which would also contribute to the medical representation on the area council. The medical profession, like other professions in their spheres, should take a prominent and responsible part in the direction of health and hospital services; only thus can knowledge lead the way, the public be well served and a great profession give effective and contented service.

12. In general it may be stated that as knowledge becomes more specialized advisory bodies culled from those who know are more and more necessary to guide administrative authorities aright. It is a trend because a need of our politico-social evolution. The members of a local authority have been chosen by the electorate for a variety of reasons, and those who sit on the Health and Hospital Committees may be good, bad or indifferent for that particular purpose. Moreover, a skilled vocational body proffering advice should be the means of bringing local authority and voluntary hospital services to a harmonious partnership.

III. Central Hospital Board

13. The Medical Planning Commission submitted in its Interim Report (paragraph 51) that a central authority should be established to be concerned with civilian medical and ancillary health services of the country—either a Government Department in the usual sense or a corporate body formed under Government auspices and responsible through a Minister to Parliament.

14. Whether or not such an arrangement is practicable, the Committee are convinced that it is essential in the interests of the hospital services that a Central Hospital Board should be set up. The establishment of such a Board would secure the vocational principle at the centre, and in the various areas would lay the foundation of that confidence between the local authorities and voluntary hospitals without which the sense of "partnership" envisaged by the Minister may long remain a far-off ideal.

15. They do not suggest that the proposed Board should take over the present administrative responsibilities of the local authorities or of the voluntary hospitals. Its relationship to them should resemble that of the University Grants Committee to the Universities.

16. The reasons which have influenced the Committee are :—

- (i) It is important to secure that medicine should be accorded a freedom from political bias. The long-term importance of this consideration cannot be over-emphasised.
- (ii) Authorities which democracy has created in recent years as the most fruitful expression of its adaptability to new circumstances are characterised by a control which is in the hands of those actively engaged—often in eminent capacities—in the day-to-day conduct and practice of their professional or business work. They are assisted by an administrative staff selected by themselves and chosen for their practical experience of the work concerned.

In the hospital sphere it is of the greatest importance to secure that control of hospital services should rest with persons of appropriate knowledge and experience, namely, medical men who are or have recently been actively engaged in hospital practice, and laymen of wide experience in active hospital management. The authority thus constituted should be supported by an administrative staff of the highest competence and of their own selection.

- (iii) The alternative method, *i.e.*, Ministerial control associated with advisory or consultative committees, has been tried and has not succeeded. The Committee feel that it is important that the history of the efforts made in this direction after the last war should be widely known and its significance appreciated.* It should be recalled that when the Ministry of Health was established in 1919, provision was made for creating several new permanent bodies to give advice that four such Councils were established; that three of the Councils issued Reports in 1920 and 1921, one of which anticipated by twenty years almost all the reforms now put forward by the Medical Planning Commission; but that after the latter year only one of them "did work of any importance," viz., that of National Health Insurance. It is important that this experience should not be lost sight of, and that the same mistake should not be repeated.

17. **The Committee are therefore of opinion** that a Central Hospital Board should be established, composed of medical men and representatives of the lay side of hospital management, and that its functions should include a financial responsibility.

18. Funds made available by the Government for hospital services, both voluntary and municipal, exclusive of grants now made direct to local authorities, should be distributed by this body to the voluntary hospitals direct, and to local authorities in respect of their hospitals, on the advice of Commissioners who would act as sub-committees of this Central Hospital

* An account of these efforts is contained in "Advisory Bodies: A Study of their Uses in Relation to Central Government, 1919-1939," Edited by Mr. R. V. Vernon and Dr. N. Mansergh (Allen & Unwin).

Board. The Commissioners would be accredited to the various regions, obtain information from voluntary hospitals, local authorities and area councils, and finally make their recommendations to the Central Hospital Board, which would be responsible for direct distribution to voluntary hospitals and local authorities. The Commissioners would, like the present Survey Officers, bring an impartial outlook to bear on local problems, which would be reflected in the deliberations of the area councils. There would be many important questions of principle upon which the area councils would look to the Commissioners for advice and help.

19. If the local authorities were to receive block grants from the Government for distribution to the hospitals in their area it would give them great control over the voluntary hospitals and would be likely to lead to friction and suspicion. On the other hand, if the individual hospitals were to receive their grants from a central body direct they would feel that they still had a measure of independence, and smooth working would be facilitated. It would also be a convenient arrangement where several local authorities were included in the same area. Lastly, it would strengthen the position of the central body and obviate the danger of its becoming a name and nothing more.

20. It is all-important that some body such as the proposed Central Hospital Board should take an interest in hospital services throughout the country. There will inevitably be local variations in the efficiency and enthusiasm of the hospital services and their organisations, and those that fall short would be greatly helped by its advice.

21. In making these recommendations the Committee have had in mind the great benefit which the voluntary hospitals within the ambit of the King's Fund have derived from the existence of the Fund. The system of Visitors, inaugurated by the Fund as long ago as 1898, and the various other measures taken by the Fund, have assisted materially to raise the standard of the individual voluntary hospitals in London. The interchange of information and pooling of ideas thus made possible has largely broken down the isolation of the individual unit while leaving to it freedom and initiative. The Committee feel that this experience points the way to the wider application of the principles which they have embodied in their suggestions for a Central Hospital Board.

For the Joint Committee,

DONOUGHMORE,
Chairman.

W. H. GOSCHEN,
Vice-Chairman.

March, 1943.