MINISTRY OF HEALTH
DEPARTMENT OF HEALTH FOR SCOTLAND

A NATIONAL HEALTH SERVICE

Presented by the Minister of Health and the Secretary of State for Scotland to Parliament by Command of His Majesty
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INTRODUCTORY.

The Government have announced that they intend to establish a comprehensive health service for everybody in this country. They want to ensure that in future every man and woman and child can rely on getting all the advice and treatment and care which they may need in matters of personal health; that what they get shall be the best medical and other facilities available; that their getting these shall not depend on whether they can pay for them, or on any other factor irrelevant to the real need—the real need being to bring the country's full resources to bear upon reducing ill-health and promoting good health in all its citizens.

The idea of a full health and medical service for the whole population is not a completely new one, arising only as part of post-war reconstruction. In the long and continuous process by which this country has been steadily evolving its health services the stage has been reached, in the Government's view, at which the single comprehensive service for all should be regarded as the natural next development. The end of the war will present the opportunity, and plans for post-war reconstruction provide a setting, but the proposal to set up a comprehensive service has to be seen against the past as well as the future and to be recognised as part of a general evolution of improved health services which has been going on in this country for generations. The case for it stands on its own merits, irrespective of the war or of other proposals for post-war reorganisation, although it must form an essential part of any wider proposals for social insurance which may be put into operation. Nor is it a question of a wholly new service, but of one with many roots already well established. The methods of organising it must be closely related to history and to past and present experience.

The decision to establish the new service applies, of course, to Scotland as well as to England and Wales and the present Paper is concerned with both countries. The differing circumstances of Scotland are bound to involve certain differences of method and of organisation, although not of scope or of object. To draw distinctions throughout the Paper in regard to the detailed application of the new proposals in each country would unduly complicate the text. For this reason the principal differences which arise in applying the proposals to Scotland are reviewed all together, in chapter VII. Similarly most of the Paper has, for convenience, to be expressed in terms (e.g. in its references to local authorities) which are not equally appropriate to both countries. Subject to the review of the main differences in chapter VII, these terms should normally be taken as covering whatever is their counterpart in Scotland. Throughout the Paper references to the Minister should normally be construed as references to the Minister of Health in the case of England and Wales and the Secretary of State for Scotland in the case of Scotland.

The purpose of the Paper is to examine the subject generally, to show what is meant by a comprehensive service and how it fits with what has been done in the past or is being done in the present, and so to help people to look at the matter for themselves. The proposals made in the Paper (and summarised at the end) represent what the Government believe to be the best means of bringing the service into effective operation. The Government want these proposals to be freely examined and discussed. They will welcome constructive criticism of them, in the hope that the legislative proposals which they will be submitting to Parliament may follow quickly and may be largely agreed.

I.

THE PRESENT SITUATION.

The record of this country in its health and medical services is a good one. The resistance of people to the wear and tear of four years of a second world war bears testimony to it. Achievements before the war—in lower mortality rates, in the gradual decline of many of the more serious diseases, in safer motherhood and healthier childhood, and generally in the prospect of a longer and healthier life—all substantiate it. There is no question of having to abandon bad services and to start afresh. Reform in this field is not a matter of making good what is bad, but of making better what is good already.

The present system has its origins deep in the history of the country's social services. Broadly, it is the product of the last hundred years, though some of its elements go much farther back. But most of the impetus has been gathered in the last generation or two, and it was left to the present century to develop most of the personal health services as they are now known.

This historical process, and the health services so far emerging from it, must be looked at in some detail if the present situation is to be understood and if new proposals are to take proper account of it. There is, therefore, appended to this Paper (in Appendix A) a general survey of the medical and health services as they exist now, and of the way in which they came into being. Some features of the present services will also be discussed as they arise in later parts of this Paper, when the different branches of medical care —general, specialist, hospital and others—are considered in more detail. The immediate question is how far the present arrangements are inadequate and what are the reasons for altering or adding to them.

The main reason for change is that the Government believe that, at this stage of social development, the care of personal health should be put on a new footing and be made available to everybody as a publicly sponsored service. Just as people are accustomed to look to public organisation for essential facilities like a clean and safe water supply or good highways, accepting these as things which the community combines to provide for the benefit of the individual without distinction of section or group, so they should now be able to look for proper facilities for the care of their personal health to a publicly organised service available to all who want to use it—a service for which all would be paying as taxpayers and ratepayers and contributors to some national scheme of social insurance.

In spite of the substantial progress of many years and the many good services built up under public authority and by voluntary and private effort, it is still not true to say that everyone can get all the kinds of medical and hospital service which he or she may require. Whether people can do so still depends too much upon circumstance, upon where they happen to live or work, to what group (e.g. of age, or vocation) they happen to belong, or what happens to be the matter with them. Nor is the care of health yet wholly divorced from ability to pay for it, although great progress has already been made in eliminating the financial barrier to obtaining most of the essential services. There is not yet, in short, a comprehensive cover for health provided for all people alike. That is what it is now the Government's intention to provide.

To take one very important example, the first-line care of health for everyone requires a personal doctor or a family doctor, a general medical practitioner available for consultation on all problems of health and sickness. At present, the National Health Insurance scheme makes this provision for a

large number of people; but it does not give it to the wives and the children and the dependants. For extreme need, the older Poor Law still exists. For some particular groups, there are other facilities. But for something like half the population, the first-line health service of a personal medical adviser depends on what private arrangements any particular person can manage to make.

Even if a person has a regular doctor—and this is not now assured to all—there is no guaranteed link between that doctor and the rest of necessary medical help. The doctor, both in private practice and in National Health Insurance practice, has to rely on his own resources to introduce his patient to the right kinds of special treatment or clinic or hospital—a great responsibility in these days of specialised medicine and surgery—or the patient has to make his own way to whatever local authority or other organisation happens to cater for his particular need.

When a hospital's services are needed, it is far from true that everyone can get all that is required. Here it is not so much a question of people not being eligible to get the services which they need, as a matter of the practical distribution of those services. The hospital and specialist services have grown up without a national or even an area plan. In one area there may be already established a variety of hospitals. Another area, although the need is there, may be sparsely served. One hospital may have a long waiting list and be refusing admission to cases which another hospital not far away could suitably accommodate and treat at once. There is undue pressure in some areas on the hospital out-patient departments—in spite of certain experiments which some of the hospitals have tried (and which should be encouraged) in arranging a system of timed appointments to obviate long waiting. Moreover, even though most people have access to a hospital of some kind, it is not necessarily access to the right hospital. The tendency in the modern development of medicine and surgery is towards specialist centres —for radiotherapy and neurosis, for example—and no one hospital can be equally equipped and developed to suit all needs, or to specialise equally in all subjects.* The time has come when the hospital services have to be thought of, and planned, as a wider whole, and the object has to be that each case should be referred not to one single hospital which happens to be " local " but to whatever hospital concentrates specially on that kind of case and can offer it the most up-to-date technique.

Many services are also rendered by local authorities and others in special clinics and similar organisations, designed for particular groups of the population or for particular kinds of ailment or medical care. These are, for the most part, thoroughly good in themselves, and they are used with advantage by a great many people in a great many districts. But, owing to the way in which they have grown up piecemeal at different stages of history and under different statutory powers, they are usually conducted as quite separate and independent services. There is no sufficient link either between these services themselves or between them and general medical practice and the hospitals.

In short, general medical practice, consultant and specialist opinion, hospital treatment, clinic services for particular purposes, home nursing,

* Fracture treatment is a single example. It is now a highly specialised service, coupled with the modern aim of total rehabilitation and re-employment. A fracture may be mended in a local hospital, and all the associations of habit and local interest may foster recourse to the local hospital in such cases. But the plain fact may be that ten or twenty miles away is a highly developed fracture centre, specialising in total rehabilitation of this kind of case, which the local people ought to be able regularly to use in preference to their " own " hospital. The difference between the facilities which the two hospitals can offer may determine whether or not the patient ultimately makes a full recovery from the effects of his injury.

midwifery and all other branches of health care need to be related to one another and treated as many aspects of the care of one person's health. That means that there has to be somewhere a new responsibility to relate them, if a service for health is to be given in future which will be not only comprehensive and reliable but also easy to obtain.

Last, but not least, personal health still tends to be regarded as something to be treated when at fault, or perhaps to be preserved from getting at fault, but seldom as something to be positively improved and promoted and made full and robust. Much of present custom and habit still centres on the idea that the doctor and the hospital and the clinic are the means of mending ill-health rather than of increasing good health and the sense of well-being. While the health standards of the people have enormously improved, and while there are gratifying reductions in the ravages of preventable disease, the plain fact remains that there are many men and women and children who could be and ought to be enjoying a sense of health and physical well-being which they do not in fact enjoy. There is much sub-normal health still, which need not be, with a corresponding cost in efficiency and personal happiness.

These are some of the chief deficiencies in the present arrangements which, in the view of the Government, a comprehensive health service should seek to make good.

II.

THE NEXT STAGE:

A COMPREHENSIVE SERVICE FOR ALL.

The idea of moving on to the next stage has been developing for some time. There is much agreement on what the aim should be, if not on the method of achieving it. The general idea of a fuller and better co-ordinated service has been supported in most knowledgeable quarters—professional and lay—by official Commissions and Committees, by interested public or voluntary organisations and persons, in reports, in articles and in books, before the war and during it. Some reference to these is included in Appendix B, where a summary is also given of the preliminary discussions and events which have preceded the issue of this Paper.

The method of approach.

There are two possible ways of approaching the task. One, with all the attraction of simplicity, would be to disregard the past and the present entirely and to invent *ad hoc* a completely new organisation for all health requirements. The other is to use and absorb the experience of the past and the present, building it into the wider service. The Government have adopted the latter method, as more in accord with native preference in this country.

There is a certain danger in making personal health the subject of a national service at all. It is the danger of over-organisation, of letting the machine designed to ensure a better service itself stifle the chances of getting one. Yet medical resources must be better marshalled for the full and equal service of the public, and this must involve organisation—with public responsibility behind it. It is feasible to combine public responsibility and a full service with the essential elements of personal and professional freedom for the patient and the doctor; and that is the starting point of this Paper's proposals. Throughout, the service must be based on the personal relationship of patient and doctor. Organisation is needed to ensure that the service is there, that it is there for all, and that it is a good service; but organisation must be seen as the means, and never for one moment as the end.

Nor should there be any compulsion into the service, either for the patient or for the doctor. The basis must be that the new service will be there for everyone who wants it—and indeed will be so designed that it can be looked upon as the normal method by which people get all the advice and help which they want; but if anyone prefers not to use it, or likes to make private arrangements outside the service, he must be at liberty to do so. Similarly, if any medical practitioner prefers not to take part in the new service and to rely wholly on private work outside it, he also must be at liberty to do so.

The scope of a " comprehensive " service.

The proposed service must be " comprehensive " in two senses—first, that it is available to all people and, second, that it covers all necessary forms of health care. The general aim has been stated at the beginning of this Paper. The service designed to achieve it must cover the whole field of medical advice and attention, at home, in the consulting room, in the hospital or the sanatorium, or wherever else is appropriate—from the personal or family doctor to the specialists and consultants of all kinds, from the care of minor ailments to the care of major diseases and disabilities. It must include ancillary services of nursing, of midwifery and of the other things which ought to go with medical care. It must secure first that everyone can be sure of a general medical adviser to consult as and when the need arises, and then that everyone can get access—beyond the general medical adviser—to more specialised branches of medicine or surgery. This cannot all be perfected at a stroke of the pen, on an appointed day; but nothing less than this must be the object in view, and the framing of the service from the outset must be such as to make it possible.

Temporary exceptions to " comprehensiveness."

For a time some aspects of the new service will be less complete than could be wished. A full dental service for the whole population, for instance, including regular conservative treatment, is unquestionably a proper aim in any whole health service, and must be so regarded. But there are not at present, and will not be for some years, enough dentists in the country to provide it. Until the supply can be increased, attention will have to be concentrated on priority needs. These must include the needs of children and young people and of expectant and nursing mothers. The whole dental problem is a peculiarly difficult one, and a Committee under the chairmanship of Lord Teviot has been set up by the two Health Ministers to consider and report on it.

There may be similar (though perhaps less acute) difficulties in getting a full service in ophthalmology. But these, like the difficulties in dentistry, must be treated rather as practical problems arising in the operation of a new service than as matters of doubt in planning the service's scope and objectives.

Mental health.

The inclusion of the mental services also presents some difficulty, until a full re-statement of the law of lunacy and mental deficiency can be undertaken. Yet, despite the difficulty, the mental health services should be included. The aim must be to reduce the distinctions drawn between mental ill-health and physical ill-health, and to accept the principle declared by the Royal Commission on Mental Disorder that " the treatment of mental disorder should approximate as nearly to the treatment of physical ailments as is consistent with the special safeguards which are indispensable when the liberty of the subject is infringed."