relate it to the hospitals and to other branches of the service as a whole. There will be certain variations of these proposals for Scotland, to suit the differing circumstances there.

The new service will be free to all apart from possible charges where certain appliances are provided. (The payment of disability benefits during sickness—and related questions as to the adjustment of benefit during periods of free maintenance in hospital—are matters which belong to the Government's proposals on social insurance, to be published in a later Paper.) The costs of the new health service will be borne partly from central funds, partly from local rates and partly from the contributions of the public under any scheme of social insurance which may be brought into operation.

III.

THE GENERAL ADMINISTRATIVE STRUCTURE OF THE SERVICE.

If people are to have a right to look to a public service for all their medical needs, it must be somebody's duty to see that they do not look in vain. The right to the service involves the corresponding duty to see that the service is provided. Some organisation has to carry that duty, and as the service is to be publicly provided this involves responsible public authority in some form.

CENTRAL AND LOCAL RESPONSIBILITY.

With the exception of medical benefit under the National Health Insurance scheme the public health services of this country have from the outset been administered by some form of local government organisation. In the case of medical benefit the administrative body—the Insurance Committee—though operating over a local area, the county or county borough, is not answerable to a local electorate but consists in the main of persons representing Approved Societies which are non-territorial units. Apart from this exception, in a long series of Public Health Acts and similar measures Parliament has placed the prime responsibility for providing the health services—hospitals, institutions, clinics, domiciliary visiting, and others—on local, rather than central, authority. This system recognises that, in intimate and personal services of this kind, local factors such as distribution of population, transport facilities, the nature of local employment and vocation (and generally local tradition and habit) have a profound influence on detailed planning.

The absorption of the existing services into a comprehensive service does not materially alter this situation. To uproot the present system and to put into the hands of some central authority the direct administration of the new service, transferring to it every institution and every piece of present organisation, would run counter to the whole historical development of the health services; and from a practical point of view a step of this kind would certainly not contribute to the successful and early introduction of the new service. Changes, some of a drastic kind, in the present organisation of local areas and administrative bodies will be necessary. For reasons discussed later the organisation of the services of general practitioners will call for a higher degree of central control than other parts of the service. But there is no case for departing generally from the principle of local responsibility, coupled with enough central direction to obtain a coherent and consistent national service.

CENTRAL ORGANISATION.

Central responsibility must rest with a Minister of the Crown, answerable directly to Parliament and through Parliament to the people. The suggestion has been made that, while this principle should be accepted, there is a case for replacing the normal departmental machinery by some specially constituted corporation or similar body (perhaps largely made up of members of the medical profession) which would, under the general auspices of a Minister, direct and supervise the service. The exact relation of this proposed body to its Minister has never been defined, and it is here that the crux lies. If in matters both of principle and detail decision normally rested in the last resort with the Minister, the body would in effect be a new department of Government—no less than (say) the National Health Insurance Commission, which was later replaced by the Ministry of Health, or the present Board of Control or Prison Commission. If, on the other hand, certain decisions were removed from the jurisdiction of the Minister (and consequently from direct Parliamentary control) there would be need to define with the utmost precision what those decisions were. Clearly they could not include major questions of finance. Nor could any local government authorities responsible for local planning or administration reasonably be asked to submit to being over-ruled by a body not answerable to Parliament.

Nevertheless, the Government recognise that the provision of a health service involves technical issues of the highest importance and that in its administration, both centrally and locally, there is room for special devices to secure that the guidance of the expert is available and does not go unheeded. Otherwise the quality of the service is bound to suffer. They also recognise that, in a service which will affect the professional life of almost every doctor, there is need within the administrative structure for some largely professional body which can concern itself with the professional welfare of doctors who take part in the service. The proposals which follow are designed to meet this situation.

Central responsibility of the Minister.

There will be direct responsibility to Parliament, therefore, resting on the Minister of Health and the Secretary of State for Scotland, respectively.

A Central Health Services Council.

At the side of the Minister, but independent of him, there will be created a special professional and expert body. It might be called the Central Health Services Council, and it will be a statutory body.

Its function will be to express the expert view on any general technical aspect of the service. There cannot be dual responsibility for the service and so it will be consultative and advisory, and not executive. It will be entitled to advise, not only on matters referred to it by the Minister, but on any matters within its province on which it feels it right to express its expert opinion, and the Minister—quite apart from any other publication of the Council's views and proceedings which he may from time to time make—will be required to submit to Parliament annually a report on the Council's work during the year. The Minister, in addition to the regular and general consultation which he will obviously want to maintain with such a body, will refer to it in draft form any general regulations which he proposes to make in the new service on subjects within its expert field.

The constitution of such a body, given statutory recognition as the mouthpiece of expert opinion in the central administration, will obviously need to be considered carefully and in detail with the professional and other organisations concerned. At this stage only the general kind of constitution which might suit its purpose and function can be suggested.

It will, it is assumed, be primarily medical in its make-up, because the main technical aspects of the health service in all its branches will be

medical. But it will not be wholly medical; it will need to be able to provide an expert view on many questions—e.g. of hospital administration, nursing, midwifery, dentistry, pharmacy and auxiliary services—which will involve other experts than the physician or surgeon. Yet, to be effective, it must not be too large and unwieldy; nor could much of its varied work be regularly done by the single full Council. The Council itself might consist of about thirty or forty members, representing the main medical organisations (specialist and general), the voluntary and municipal hospitals (with both medical and other representation), medical teaching and professions like dentistry, pharmacy, nursing and midwifery. For any of its special purposes the Council could establish small groups or sub-committees, on each of which it would be possible to introduce additional experts in the particular subject referred—the Council itself, however, retaining an ultimate single responsibility for all views or advice expressed in its name.

The members will be appointed by the Minister in consultation with the professional and other organisations concerned, and the Council will select its own chairman and regulate its own procedure. The Minister will be prepared to provide a secretariat, and the expenses of the Council will be met from public funds.

Central Medical Board.

There will also be set up, for certain specific purposes, a Central Medical Board. This will be in a different category from the Central Health Services Council, inasmuch as it will perform executive functions in the day-to-day working of the general practitioner service, rather than voice opinion on general matters of medical policy.

It is mentioned here only to complete the picture of the central organisation. Its duties and its constitution will need to be referred to in chapter V, when the participation of doctors in the service and the terms and conditions of that participation are considered.

LOCAL ORGANISATION.

Local organisation is inevitably more complex. The new service has to include hospitals and institutional services for the sick in general, for mental cases, for infectious diseases and tuberculosis, for maternity and for every general and special hospital subject. It has to include the many kinds of service usually provided in local clinics, a family doctor service and many ancillary services—nursing, health visiting, midwifery and others. It ranges from the one extreme of highly specialised services, requiring relatively few centres for the country as a whole, to the other extreme of services involving a large number of local clinics and arrangements for care in the individual home.

Suggestions have been made for a completely new kind of local or " regional " authority—sometimes proposed as a vocational or technical body (like the special kind of central organisation already mentioned). In so far as those suggestions would conflict with the principle of public responsiblity, they need not be considered here. Both the principles applied to central organisation—that of democratic responsibility and that of full professional guidance—must be equally applied to local organisation.

Service to be based on local goverment.

The present local government system amply embodies the former of these principles—that of democratic responsibility—and the existing local authorities are already responsible for many kinds of personal health service which will need to be incorporated in the new and wider service in future. It is certainly no part of the Government's intention to supersede and to waste these good

existing resources, or needlessly to interfere with the well-tested machinery of local government as it is already known; nor would the record and experience of the existing local authorities in the personal health services justify such a course. On the contrary the Government propose to take as the basis of the local administration of the new service the county and county borough councils. But there are some requirements of the new service which the county and county borough councils cannot fulfil if they continue to act separately, each for its independent area; and changes will be necessary. In particular, for the future hospital service, it will be essential to obtain larger local areas than at present, both for planning and administration. The special needs of this service can be considered first.

Need for larger administrative areas for the hospital service.

Broadly speaking the hospital services, so far as they are publicly provided now, are in the hands of the county and county borough councils, with the exception of isolation hospitals for infectious disease in the counties. The size of counties and county boroughs varies enormously—ranging (without counting London) from Rutland and Canterbury, with populations of some 18,000 and 26,000 respectively, to Middlesex and Birmingham with populations of over 2,000,000 and 1,000,000.

It would be theoretically possible to put upon the council of each county and county borough the duty to provide, or to arrange with other agencies for, the whole range of hospital services. This would impose responsibility for the services on authorities many of which lack the size and resources and administrative organisation to plan and conduct and pay for the service. What is more important, it would leave untouched the demarcation between town and country which is reflected in the system of administrative counties and county boroughs, but which has no meaning in relation to hospital services. The towns largely serve the country in the matter of hospitals. If for purposes of hospital administration they are kept apart by continuing the separate county and county borough basis, the result will be a complicated criss-cross pattern of " customer " arrangements, since in most areas (particularly those of counties) it will be out of the question to secure the whole range of service—or even the bulk of it—inside the area boundary. These " customer " arrangements will in turn involve complicated administrative arrangements and a mass of financial adjustments between different areas. Alternatively, if the provision of a complete service within each area were attempted, the resulting system would run counter to the whole conception of an ordered pattern of hospital accommodation and could only lead to wasteful competition in hospital building.

The need for larger areas has long been recognised by local authorities in many branches of hospital administration. The many combinations already in existence make this clear; indeed, the very existence of these combinations would in itself give rise to administrative difficulties if it were decided that the new hospital service as a whole was to be in the hands only of the individual county and county borough councils in future.

The essential needs of a reorganised hospital service, based on a new public duty to provide it in all its branches, are these—

(*a*) The organising area needs to cover a population and financial resources sufficient for an adequate service to be secured on an efficient and economical basis.

(*b*) The area needs to be normally of a kind where town and country requirements can be regarded as blended parts of a single problem, and catered for accordingly.

(*c*) The area needs to be so defined as to allow of most of the varied hospital and specialist services being organised within its boundaries (leaving for inter-area arrangement only a few specialised services).

In the majority of the areas of existing authorities none of the three conditions would be met.

It is therefore necessary to decide what the form of authority for these larger hospital areas should be. On this, various alternatives are examined in Appendix C to this Paper. The course most convenient—and indeed, in the Government's view, the only course possible at the present time—will be to create the larger area authorities by combining for this purpose the existing county and county borough councils, in joint boards operating over areas to be settled by the Minister after consultation with local interests at the outset of the scheme. There will be some exceptional cases (the county of London is the most obvious) where no combination is necessary at all; in such cases an existing authority will fulfil both its own functions and those of the new form of authority—but this will be unusual. Where the new form of joint authority is referred to in the rest of this Paper it should be taken as including any individual council which, in such exceptional circumstances may be acting in the two capacities.

While both planning and administration will usually need to be based on larger areas, this does not mean that a standard-sized area need be, or can be, prescribed for the hospital services. Local conditions—distribution of population, natural trends to various main centres of treatment, geography, transport and accessibility—must determine the size and shape of the optimum area. Sometimes simple combination of a county with the county boroughs within its boundary (i.e. the geographical county as a unit) will be sufficient; sometimes the linking of two or three small counties will be needed, sometimes other variations.

Special mention should be made of the isolation hospitals for infectious diseases, because in the counties these hospitals are with few exceptions owned and administered by the minor authorities and not by the county councils, and therefore a decision to transfer them to the new joint authority will not only remove them from their present owners (as with the hospitals of the counties and county boroughs) but will prevent their present owners from retaining even the part interest in them which membership of the new joint authority will afford in the case of the counties and county boroughs. (It is, of course, not practicable to give direct representation on the joint authority to these minor authorities, without at once duplicating the representation of all local government electors who happen to live in a county and not in a county borough.) The case for this absolute transfer of the isolation hospitals has nothing to do with the past record of the minor authorities, nor is it in any way a reflection upon the quality of the work which they have hitherto done. The whole trend of medical opinion has for some time been in favour of treating these hospitals, not primarily as places for the reception of patients to prevent the spread of infection, but as hospitals where severe and complicated cases of infectious disease can receive expert treatment and nursing. The small isolation hospital of the past century is not only uneconomic in days of rapid transport but cannot reasonably be expected to keep abreast of modern methods. One result of the new outlook will be the development, in addition to the larger isolation hospital serving the densely populated area, of accommodation for infectious diseases in blocks forming part of the general hospitals. These considerations all indicate that the infectious disease hospitals must in future form part of the general hospital system.

It may be, as time goes on, that for certain specialised hospital functions there is room for the development of a few particular centres which would serve national rather than local needs. In this field there may be a case for direct provision or arrangement by the Government centrally. But such provision or arrangement would be special and exceptional and need not be considered here as part of the normal organisation of the new service.

As will be seen, when the hospital services are fully considered in chapter IV, the function of the new joint authorities will be to secure a complete hospital and consultant service of all kinds for each of the new and larger areas—partly by their own direct provision and partly by arrangement with voluntary hospitals, and all on the basis of an area hospital plan which they will formulate in consultation with the hospitals and others concerned, and which will require the Minister's final settlement and approval. The existing powers and duties of the present local authorities in regard to hospital services—including tuberculosis, infectious diseases and mental health—will pass to the joint authorities, together with the existing hospitals and other institutions concerned.

The place of the joint authority outside the hospital service.

Outside the hospital and consultant services—that is, in the kinds of service appropriately given in local clinics and similar premises, or by domiciliary visiting (like midwifery or home-nursing)—the case for centralising all administration in the one authority over the larger area is not the same, and it is the Government's view that there should be as little upsetting of the existing organisation for these services as is compatible with achieving a unified health service for all. It will not be enough, however, simply to leave all these separate services exactly as they are now. What is essential is that, although still locally conducted with all the advantages of local knowledge and enthusiasm, they should be regarded in future as the related parts of a wider whole and should fit in with all the other branches of a comprehensive service in their planning and their distribution. For this purpose it must be the single responsibility of some authority to plan the whole, although not necessarily to provide the parts, and the obvious authority to do this—from the point of view both of its area of operation and of its constitution—will be the new joint authority.

The new joint authority will therefore be charged to examine the general needs of the area from the point of view of the health service as a whole—not only in the hospital services for which it will itself be responsible but also in these more local services. It will have the duty of producing, in consultation with the local authorities and others concerned, an area arrangement or plan for a related service of all kinds—and this will need the approval of the Minister. But, within the general framework of the approved plan, the provision and administration of most of the local services—including some new kinds of service—will normally rest with the individual county and county borough councils, and the joint authority will be concerned only to watch that the general area arrangement proves to be the right one when put into actual operation, that in fact it works out as intended, and that any subsequent additions to it, or amendments of it, which seems to be required are put in hand and submitted to the Minister.

There are, however, some forms of local clinic service which—although provided in separate premises so as to make their facilities more accessible—are in essence out-patient activities of the hospital and consultant services; of which, in fact, the essential feature needs to be treatment and advice at the consultant and specialist level, provided by the same consultants and specialists as serve the hospitals or sanatoria and are based on them. Obvious examples are the tuberculosis dispensaries, mental clinics and cancer diagnostic centres. This kind of service must usually be the responsibility of the same authority as is responsible for the hospitals and consultants over the larger area—the "outpost" service going with the parent service of which it ought to be part. They differ in this respect from the other local services which belong more to the general practitioner sphere—the maternity and child welfare clinics,

school medical services, clinics for general dental or ophthalmic treatment and advice, arrangements for midwifery or home nursing or health visiting, and similar activities. These certainly need to be linked with the consultants and the hospitals for difficult cases (as the area plan will provide), but they do not have to be directly administered with the hospitals, and the counties and county boroughs are normally appropriate areas for their operation.

One case requires special mention. The Local Government Act of 1929 initiated the policy of securing that local child welfare and education responsibilities should be brought closer together, and that the local education authority in each area should as often as possible be the welfare authority. In the view of the Government the time has come to carry that policy to its full conclusion. The destination of the present welfare functions (now exercised partly by county and county borough councils, partly by other local authorities within the counties) will therefore depend upon the decisions taken by Parliament upon the educational functions of these various authorities under the current Education Bill. When the relationship between the county and county borough councils and the minor authorities in regard to education has been settled, something on broadly similar lines can be adopted as the arrangement between these authorities in regard to child welfare. This does not mean, however, that this service will be excluded from the general area planning of the health services by the new joint authority. It affects only the local operation of the service.

In dealing with the clinic and other local services generally it will not be wise to prescribe an absolutely hard-and-fast rule to be applied in all circumstances. It may be that in a particular county or county borough of exceptionally small area or resources a case for transferring local functions to the larger joint authority will be overwhelming, in the interests of an efficient service. In another area, for some particular local reason, even some of the dispensary or out-patient functions just described as belonging properly to the hospital and consultant sphere may be found more suitable for discharge by an individual county or county borough. A rigid and universal rule about the allocation of the various services would preclude a good common-sense arrangement on which all were agreed in a particular case. For reasonable flexibility, the detailed allocation of services will be left to be finally settled as best suits each case, but observing the general demarcation described in the absence of any exceptional reason to do otherwise.

This can be achieved in the following way. The new joint authority, in preparing its arrangement or plan for the whole health service of its area and submitting it to the Minister, will include proposals as to the exact allocation of responsibility for providing the various local services covered—i.e., proposals as to which services should be provided by the county and county borough councils severally and which in combination through the joint authority itself. In all cases the hospital and consultant services will be required to be the joint authority's responsibility; in all cases the child welfare service will be required to lie with the same authorities as carry responsibility for education under the new Education Bill; in between these two fixed points the allocation of clinic and other local services can vary to suit exceptional needs, but with the normal rule as stated above—those services which belong essentially to the consultant sphere, like tuberculosis dispensaries, going to the joint authority, while those which do not will rest with the several counties and county boroughs making up that joint authority. The decision, as in other proposals of the area plan, will rest finally with the Minister in each case.

Special considerations will apply to the "family doctor" or general practitioner branch of the new service, which is reviewed in detail in chapter V. The organisation there suggested will be one which is largely

central and national and only partly local. Those main aspects of the service which affect the individual practitioner—including the terms of his participation in the service, the protection of his professional interests and the general personal relationship of the doctor to the new public service—will be governed by central arrangements applicable to the country as a whole. On the other hand it is not proposed that there shall be any question of excluding this branch of the health service from the concern of the new joint authorities to plan, with the Minister, for the requirements of their areas, and the locally planned arrangement of the new service will in each case have regard to resources and needs in the sphere of general practice as well as in hospital and other facilities.

Apart from these local functions in the general practitioner service, there will also be the provision and maintenance of special Health Centres for the grouped medical practice of some of the doctors in the new service, in areas where it is decided to try this form of practice. This, as a function not belonging to the hospital and consultant sphere, will be appropriate to the individual county and county borough councils.

General.

An important task, therefore, of the new joint authorities will be to unify and to co-ordinate the service. They will be the instrument through which, with the Minister, a rational and effective plan for all branches of the health service in their respective areas is secured. It will be their responsibility to see that their proposals provide for all that the inhabitants of their areas will require, to submit the proposals to the Minister as an area plan for final settlement, and subsequently to keep the plan up to date as requirements develop and to bring before the Minister any necessary changes if the plan is found not to be working out in the manner designed. They will not themselves provide and operate all the services for which the approved area plan provides; nor is there any need for them to do so. They will usually administer themselves only those branches of the service which demand direct administration over the larger area as a whole, and not those which can suitably be administered (when once a unified plan is settled) on a more localised basis. In short, the existing major local authorities will combine to secure, with the Minister, a unified general plan of the whole service for their grouped areas; they will then combine to carry out those parts of this plan which demand a single administration over all their areas together; but they will be charged individually to carry out those parts which can be separately and locally administered.

Professional guidance in local organisation.

In order to secure good professional guidance in the local administration of the new service a special local professional organisation will be established to advise and guide and, if necessary, to initiate new suggestions.

Local Health Services Councils.

The need to ensure technical guidance—by creating special professional and expert bodies for the purpose—offers scope for innovation in local government method and justifies it. What is wanted is that there should be, in each area, some new provision for the organised expression of the views of the expert and for ensuring that the local administration can get the fullest advantage from it. The simplest way will be to apply to local administration the kind of consultative machinery suggested for central administration; i.e. to have in each case a local expert technical body, which might be known as the Local Health Services Council.

The purpose of these bodies will be to provide locally the same kind of medium for expressing the expert point of view on technical aspects of the service as has been proposed at the centre. The appropriate area for each will be the larger areas of the new joint authorities already discussed. Their functions will be not only to advise on matters referred to them by the joint authorities or other local authorities in the area, but also to initiate advice on any matters within their expert province on which they think it right to do so and, if they wish, to submit their views and advice not only to the joint authority or other local authorities concerned with the matters in question, but to the Minister. Apart from its ordinary consultation, the joint authority will be required to consult them on the area plan for the local health service which it submits to the Minister, and on subsequent material alterations or additions to that plan.

The constitution and membership of these bodies will call for detailed consideration later. Provided that all the professional interests are fairly represented, there is no reason why the pattern should be precisely uniform throughout the country and the most convenient course will probably be to provide for the matter by way of local schemes approved by the Minister.

Direct professional representation on local authorities.

It is sometimes suggested that the best method of linking the expert point of view with the direct administration of the service would be to include in the local administrative authorities themselves, and in their committees, a proportion of professional members appointed for the purpose by the appropriate professional organisations, with or without voting powers. Arguments can be adduced both for and against a system of this kind, but on balance the Government feel that the risk of impairing the principle of public responsibility—that effective decisions on policy must lie entirely with elected representatives answerable to the people for the decisions that they take—outweighs any advantages likely to accrue.

IV.

HOSPITAL AND CONSULTANT SERVICES.

The term " hospital services " is used in this Paper to include all forms of institutional care of every kind of sickness and injury. It comprises the whole range of general and special hospitals, including infectious disease hospitals, sanatoria for tuberculosis, accommodation for maternity cases and for the chronic sick, and for rehabilitation; and it comprises also the usual ancillary hospital services for pathological examinations, X-ray, electro-therapy, ambulances and other purposes. Out-patient no less than in-patient treatment is included. It will be the aim to restore the out-patient work of the hospitals as much as possible to its proper field of specialist and consultant care, when the existence of a general " family doctor " for all has been secured.

The mental hospitals and mental deficiency institutions have also to be included in the scope of the hospital and consultant part of the new service, under the care of the new joint authorities. They will present many problems of their own, calling for some degree of special organisation to fit them. The present general review does not attempt to deal with this special subject, and the discussion which follows is directed mainly to the more general range of hospital and consultant services—although much of it can obviously be applied to the mental health services as well.

The present hospital services are described in Appendix A. They present two main problems. The first is to bring together over suitable areas the

activities of the various separate and independent hospitals, to ensure that all the different kinds of special and general hospital treatment are so linked that the individual can get the best of each. The second is to enable the two quite different hospital systems (the voluntary hospitals and the municipal hospitals) to join forces in future in a single service.

The proposed joint authority, operating over a large area, has been described. It will be that authority's responsibility, with the Minister, to see that a full hospital service of all kinds is available for people in its area. But the authority neither will, nor will need to, provide the whole service itself.

The part of the voluntary hospital.

The conception of a public authority discharging its duty by contracting with others for the provision of services has long been familiar. As early as 1875 local authorities were enabled both to provide hospitals themselves and to enter into agreements with other hospitals for the reception of people from their district. Later legislation followed similar lines; in recent Acts dealing with special services (e.g., the Midwives Act, 1936, the Cancer Act, 1939) the use of voluntary agencies has been clearly contemplated. There are already large numbers of agreements under which existing local authorities arrange for accommodation in hospitals, sanatoria, dispensaries, or clinics, sometimes belonging to other local authorities and sometimes to voluntary agencies.

The facts of the existing accommodation in voluntary and municipal hospitals (given in Appendix A) make it clear that without the collaboration of the voluntary hospitals it would be many years before the new joint authorities could build up a system adequate for the needs of the whole population; so that, from that point of view alone, the co-operation of the voluntary hospitals is a necessity. But the matter cannot be regarded from that point of view alone. The voluntary hospital movement not only represents the oldest established hospital system of the country, but it attracts the active personal interest and support of a large number of people who believe in it as a social organisation and who wish to see it maintained side by side with the hospitals which are directly provided out of public funds. It is not merely that the best of the voluntary hospitals have, in a degree so far unsurpassed, developed specialist and general hospital resources which they will be able at once to make available, while most of the rest of the voluntary hospitals have experience and an existing organisation which it will be obviously sensible to enlist. It is certainly not the wish of the Government to destroy or to diminish a system which is so well rooted in the good will of its supporters.

Yet the acceptance by the community of responsibility for a service for all might affect fundamentally the position of the voluntary hospitals. A new universal public hospital service might have the gradual effect of undermining the foundations on which the voluntary hospitals are based. If this is not to happen, a way has to be found of combining the general responsibility of the new joint authority for the service with the continued participation in that service of the voluntary movement as such; a way, in fact, of securing a whole service under one ultimate public responsibility without destroying the independence and traditions to which the voluntary hospitals attach value. The Government believe that this can be done, and in settling the details arising out of the following proposals they will welcome the help and the suggestions of the voluntary hospital representatives in securing it.

Preparation of local area plan.

The joint authority's first task will be to assess in detail the hospital needs of its area and the hospital resources available to its area.