

Secretary of State on methods of effecting the closer liaison between the family doctor, the child welfare clinics and the hospital, as forecast by the Orr Report on Infantile Mortality. They will be there to advise all those authorities as needed, and will be able also to send representatives to sit with the larger Regional Hospitals Advisory Councils to assist—with their right of directly expressing their views to the Secretary of State at any time—in making the liaison complete.

In addition, as the new general practitioner service will no longer require the local Insurance Committees which have operated under the National Health Insurance scheme in the past, no doubt such of the functions of these bodies as do not need in future to be centrally undertaken might be usefully entrusted to the Local Medical Services Committee. But these are matters for later consideration.

### VIII.

#### PAYMENT FOR THE SERVICE.

The cost of the comprehensive health service will mainly fall upon central and local public funds. The ways in which it might be shared between the exchequer and the local rates, and other financial aspects of the service generally, are considered in the Financial Memorandum appended (Appendix E).

So far as individual members of the public are concerned, they will be able to obtain medical advice and treatment of every kind entirely without charge except for the cost of certain appliances. They will be paying for medical care in a new way, not by private fee but partly by an insurance contribution under whatever social insurance scheme is in operation and partly by the ordinary process of central and local taxation. The position in regard to disability benefits, for those ill at home and for those in hospital, will be dealt with in the Government's later proposals on social insurance.

Hospitals in the scheme will, as explained, receive from central funds payments which will include their share of the money representing the social insurance contributions of the public, so far as this is attributable to hospital services. This share can be payable on a bed-unit basis, according to the number of beds put into the service by each hospital under each area plan—except that the share of the voluntary hospitals can, if they wish, be pooled and redistributed in the manner earlier mentioned.

The voluntary hospitals will receive in addition fixed service payments from the new joint authority in respect of all services which they render to the scheme. For the rest, they will meet the costs of their participation in the service out of their normal resources, including charitable subscriptions and donations, on which their voluntary status depends. The position of medical teaching will be specially considered.

The joint authorities will receive from central funds the bed-unit payments which include their share of the social insurance contributions attributable to hospital services. Otherwise their expenses in the service—including their service-payments to voluntary hospitals—will be met partly out of rate resources and partly out of central funds. For their rate revenues the joint authorities will depend upon precept upon the counties and county boroughs included in each joint area. The county and county borough councils will receive Exchequer aid towards the cost of meeting these precepts and their own expenses in the service.

### IX.

#### GENERAL SUMMARY.

It may be convenient, at this point, to summarise the proposals of this Paper in outline:—

##### 1. Objects in view.

(1) To ensure that everybody in the country—irrespective of means, age, sex, or occupation—shall have equal opportunity to benefit from the best and most up-to-date medical and allied services available.

(2) To provide, therefore, for all who want it, a comprehensive service covering every branch of medical and allied activity, from the care of minor ailments to major medicine and surgery; to include the care of mental as well as physical health, and all specialist services, e.g. for tuberculosis, cancer, infectious diseases, maternity, fracture and orthopaedic treatment, and others; to include all normal general services, e.g. the family doctor, midwife and nurse, the care of the teeth and of the eyes, the day-to-day care of the child; and to include all necessary drugs and medicines and a wide range of appliances

(3) To divorce the care of health from questions of personal means or other factors irrelevant to it; to provide the service free of charge (apart from certain possible charges in respect of appliances) and to encourage a new attitude to health—the easier obtaining of advice early, the promotion of good health rather than only the treatment of bad.

##### 2. General principles to be observed.

(1) Freedom for people to use or not to use these facilities at their own wish; no compulsion into the new service, either for patient or for doctor; no interference with the making of private arrangements at private cost, if anyone still prefers to do so.

(2) Freedom for people to choose their own medical advisers under the new arrangements as much as they do now; and to continue with their present advisers, if they wish, when the latter take part in the new arrangements.

(3) Freedom for the doctor to pursue his professional methods in his own individual way, and not to be subject to outside clinical interference.

(4) The personal doctor-patient relationship to be preserved, and the whole service founded on the "family doctor" idea.

(5) These principles to be combined with the degree and kind of public organisation needed to see that the service is properly provided—e.g. to ensure better distribution of resources and to give scope to new methods, such as group practice in Health Centres.

##### 3. General method of organising the service.

(1) The maximum use of good existing facilities and experience; no unnecessary uprooting of established services, but the welding together of what is there already, adapting it and adding to it and incorporating it in the larger organisation.

(2) The basis to be the creation of a new public responsibility; to make it in future somebody's clear duty to see that all medical facilities are available to all people; the placing of this duty on an organisation answerable to the public in the democratic way, while enjoying the fullest expert and professional guidance.