K.F. 14/29.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

RELATIONS BETWEEN VOLUNTARY HOSPITALS AND MUNICIPAL HOSPITALS

UNDER THE

LOCAL GOVERNMENT BILL.

MEMORANDUM

PREPARED BY THE

VOLUNTARY HOSPITALS (LOCAL GOVERNMENT BILL) COMMITTEE OF THE KING'S FUND.

MARCH, 1929.

LONDON:
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APPOINTMENT OF SPECIAL COMMITTEE.

I hereby appoint the following persons to be members of the General Council, members of Committees, and Officers, respectively, of King Edward's Hospital Fund for London for the year One thousand nine hundred and twenty-nine.

* * * * *

To be members of the Voluntary Hospitals (Local Government Bill) Committee:

RT. HON. J. H. WHITLEY, *Chairman.*
VISCOUNT KNUTSFORD.
HON. SIR ARTHUR STANLEY.
SIR JOHN ROSE BRADFORD, P.R.C.P.
SIR BERKELEY MOYNIHAN, BT., P.R.C.S.
RT. HON. HUGH P. MACMILLAN, K.C.
SIR HERBERT B. COHEN, BT.
SIR EDWARD PENTON.
SIR COOPER PERRY.
MR. V. WARREN LOW.

of whom three shall be a quorum.

EDWARD P.,
President.

January, 1929.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

RELATIONS BETWEEN VOLUNTARY HOSPITALS AND MUNICIPAL HOSPITALS UNDER THE LOCAL GOVERNMENT BILL.*

INTRODUCTION.

1.—This memorandum has been prepared by the special Voluntary Hospitals (Local Government Bill) Committee of King Edward's Hospital Fund for London, appointed—

(*a*) to consider what steps should be taken to secure that during the consideration of the Local Government Bill by Parliament every endeavour should be made to maintain the existence of the voluntary hospitals as an essential part of the hospital system after the transfer of the Poor Law infirmaries† ;

(*b*) to consider what subsequent steps should be taken with the same object in relation to schemes which will come into operation after the passing of the Bill.

2.—The Special Committee are responsible for the views expressed in the memorandum. But they had the advantage of discussing the draft with representatives of the British Hospitals Association before it was finally settled.

Schemes to be prepared under the Bill.

3.—The memorandum discusses some general principles which the Special Committee consider should be adopted, in so far as they are appropriate to local circumstances, in the preparation and subsequent administration of the schemes which, in accordance with Clause 4 of the Bill, every County Council and County Borough Council will have to draw up and submit for the approval of the Minister of Health within six months after the commencement of the Act.

Ministry of Health Circulars.

4.—The Special Committee propose to submit a statement of these principles to the Minister of Health for his consideration when preparing circulars to the local authorities explaining their powers and duties under the Act.

General Principles of Co-operation.

5.—As explained in a circular letter addressed to the Voluntary Hospitals of the Country in January, 1929, the Special Committee approach the subject from the following point of view :—

(*a*) That it is essential that, after the transfer of the Poor Law infirmaries to the County Authorities, there should be the maximum of efficient service for the sick and suffering ;

(*b*) That, for this purpose, it is most important that there should be co-operation, and not competition or over-lapping, between the rate-supported hospitals and the voluntary hospitals, both for the sake of the efficiency of the rate-supported hospitals and for the sake of the maintenance of the voluntary hospitals, which are, in this country, an essential factor in the efficiency of the hospital service generally ;

(*c*) That, in order to secure these ends, there should be, both during the preparation of schemes by the county authorities and subsequently during the administration of the schemes, provision for continuous consultation between those responsible for the two kinds of hospital, with due safeguards for the maintenance of the independence of the voluntary hospitals ;

(*d*) That this would be facilitated if the appropriate committees of the County Councils and County Borough Councils had amongst their members some persons experienced in the work of voluntary hospitals.

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* In this memorandum the term " municipal hospital " is used to cover hospitals established or maintained by County Councils or County Borough Councils.

† It should be noted that the terms " infirmary " and " hospital " are often used differently in different parts of the country. In London many of the institutions formerly called Poor Law Infirmaries are now called Hospitals. In many parts of the country the voluntary hospitals are known as infirmaries.

IMPORTANCE OF VOLUNTARY ELEMENT IN HOSPITAL SERVICE.

6.—It will be noticed that the Special Committee hold that co-operation is necessary for the efficiency of the municipal hospitals as well as for the maintenance of the voluntary hospitals. The Management Committee of the King's Fund have already stated, in a report to the General Council in December last, that—

> " It will be the concern of all those who value the voluntary hospital system to see that, in the changes that result from this transfer, the hospital service of the community does not lose those special features which, in this country, are contributed by the voluntary hospitals, and which depend on the maintenance at those hospitals of voluntary management and voluntary finance."

7.—This principle the Special Committee regard as being essential to the full efficiency of both branches of the hospital service. They desire that the municipal hospitals should be brought to a high standard of efficiency and usefulness. But if this is done in such a way as to lead, directly or indirectly, to the disappearance of the voluntary element in the hospital service, this would mean, in their belief, the disappearance of something which is essential to the maintenance of that standard ; and in the end there would not be the maximum of efficient service for the sick and suffering.

Special features of the Voluntary System.

8.—The special features of the voluntary hospitals which depend on the maintenance at these hospitals of voluntary management and voluntary finance may be summarised as follows.

9.—The voluntary hospital originated in the spontaneous desire of individuals to assist personally in the provision of medical treatment for the sick poor. Its basis is free service on the part of subscribers, members of committees of management, and medical men All through the gradual, and as yet incomplete, development of the great organisation of public health services of which it forms a vital part, the voluntary hospital has retained the special spirit and character which results from this origin. The medical student is trained in this atmosphere, and it is part of the tradition of the medical profession in all its branches. The nurse also is trained in the same spirit.

10.—The development of the hospital from merely personal charity into a great community service has been accompanied by the growth of new sources of income, including mass contributions, house to house or workshop collections, and direct payments by patients according to their means. The cost of providing expensive buildings or equipment to meet new needs is frequently met by a vigorous local effort or by large gifts from wealthy donors. All these forms of support, evidence of the widespread interest and confidence in the hospitals, represent a voluntary co-operative effort by all classes to supply a service from which all receive, directly or indirectly, benefit in their time of need.

11.—The voluntary element produces an atmosphere which, in this country at all events, is particularly favourable to hospital service. It allows, even in large institutions, the freest possible scope for the personal factor in the work of doctors, nurses and administrators, on which the well-being of the patients largely depends. It permits of a freedom and elasticity in the development of new methods at each separate hospital, which is difficult to secure in any centrally organised service controlled by an official hierarchy, however efficient and public spirited It affords the medical men, including the leaders of the profession whose services elsewhere command a remuneration proportionate to their long training and great skill, the maximum of freedom to use all their faculties, aided by the resources of the hospital, for the advancement of medical science. The lay management is in the hands of individuals, often of high capacity in their ordinary spheres, who have voluntarily undertaken it because they are personally interested in it, and who are becoming more and more representative of all classes. The work of the hospital is the sole business of the governing body, and is not merely one out of the numerous functions of a public authority, whose members may have been elected on quite different grounds. The subscribers, and all the members of the community who co-operate in the numerous ways already mentioned in the support of the hospital, are encouraged to take a personal interest in the welfare of the patients ; and the hospital on its side is helped by the unofficial nature of its organisation and of its relations with all those with whom it has dealings, to keep in direct personal touch with the world outside. This helps to make the voluntary hospital peculiarly sensitive to public opinion ; and this sensitiveness,

which is very valuable in connection with the treatment of the sick, is increased by the fact that both patients and contributors are now drawn from much wider sections of society than they were in the past.

12.—The voluntary hospital is also free from any limitation on the area from which patients may be drawn. While this freedom is particularly important in the case of teaching hospitals and special hospitals, it has often proved to be a great advantage to all voluntary hospitals that the service need not be affected in the slightest degree by any local government boundaries.

13.—As a result of all these causes, the voluntary hospitals have acquired a tradition and a prestige which, when combined with the free scope which they offer to initiative, have attracted to their service men of conspicuous ability, both medical and lay. They have thus become pioneers in the education of doctors and nurses, and have developed into centres of advanced consultative and research work.

14.—These are the special features which in this country have been contributed by the voluntary hospitals to the hospital service of the community and which have influenced every branch of that service. It has been in the voluntary hospitals that the highest standard of medical and surgical work has been developed, and it has been with the standard of the voluntary hospitals before them, and with the aid of medical men trained in the atmosphere and spirit of those hospitals, that the recent improvements in many of the Poor Law infirmaries have taken place. An efficient and adequate hospital service can be created, not by converting the voluntary hospitals into official institutions, but by developing municipal hospitals in co-operation with, and under the influence of, a vigorous voluntary hospital system.

Scale and financial importance of the Voluntary System.

15.—From the point of view of finance and of accommodation, the contribution of the voluntary hospitals is also of great importance.

16.—Thus, in London alone, the income of the voluntary hospitals in 1927 was about £3,250,000, of which £1,600,000 came from voluntary gifts and legacies; and there was in addition £1,100,000 in gifts to building, equipment and endowment, making £2,700,000 in all. There are 140 hospitals on the books of the King's Fund within 11 miles of St. Paul's. These include 12 general hospitals with medical schools, 18 other general hospitals containing 100 or more beds, 74 general and cottage hospitals with from 30 to 99 beds, 10 general and cottage hospitals with less than 30 beds and 76 special hospitals. The number of beds in these has increased from 13,750 in 1923 to 15,150 in 1927, and the number of out-patients from about 1,500,000 to 1,700,000.

17.—For the extra-Metropolitan hospitals, income in 1927 was over £7,000,000, of which £4,700,000 came from voluntary gifts and free legacies, and there was in addition £1,500,000 in gifts to building, equipment and endowment, making £6,229,000 in all. There are 790 hospitals in Great Britain in addition to those in the area of the King's Fund, as follows:—20 hospitals with medical schools, 104 other general hospitals containing 100 or more beds, 170 general and cottage hospitals with from 30 to 99 beds, 365 general and cottage hospitals with less than 30 beds, and 131 special hospitals. The number of beds in the provincial voluntary hospitals has increased from 44,400 in 1923 to 48,700 in 1927, and the number of out-patients from about 2,300,000 to over 2,900,000.

18.—Taking Great Britain as a whole it will be seen that the number of hospitals is 930 with about 64,000 beds. The total of voluntary gifts is approximately £9,000,000, including receipts from hundreds of thousands of contributors through weekly workshop collections. Of this £9,000,000, over £6,000,000 is for annual maintenance alone and more than £2,000,000 for capital purposes. But the destruction of the voluntary hospitals would represent the loss of far more than this: these millions would not be the only charge on public funds, because of the great amount of voluntary work, both lay and medical, which accompanies them.

19.—If the voluntary hospital disappeared, even as the indirect and unintended result of changes in the hospital system, there would thus be a very serious loss, both medical and financial, to the community. As Lord Cave's Committee said in their Report:—

> "If the voluntary system falls to the ground, hospitals must be provided by the public, and the expense of so providing them would be enormous. But the money loss to the State would be a small matter compared with the injury which would be done to the welfare of the sick, for whom the hospitals are provided, the training of the medical profession, and the progress of medical research."

A CO-ORDINATED HOSPITAL SYSTEM.

20.—The following suggestions are accordingly drawn up with a view to the establishment and maintenance of a hospital service of which both the municipal hospital and the voluntary hospital shall be essential parts, and shall be recognised as such by the public, both as ratepayers providing that part of the service which is best provided out of the rates, and as voluntary contributors providing through the voluntary hospitals those special features which depend on the maintenance of voluntary management and voluntary finance.

Examples of Co-ordination in Practice

21.—Co-ordination already exists to some extent in its two respects, the performance of different functions by the voluntary hospitals and the public authorities, and co-operation between the two.

22.—The voluntary hospital was in most cases originally established as the general hospital of the district, and has retained that position; while the public authorities have for one reason or another taken over the responsibility for particular sections of hospital work. The Poor Law Guardians, for example, had the duty of providing medical treatment as one of the needs of those unable to maintain themselves. The origin and history of the two classes of institution has had the effect of producing in practice some degree of differentiation of function and consequent classification, based partly on differences in medical needs and partly on differences in social and financial status. There has been a tendency for the Poor Law infirmary to treat the chronic cases, including those who require little but nursing and the minimum of active medical treatment, and for the voluntary hospital to deal with the more acute cases and those requiring highly skilled medical or surgical treatment for comparatively short periods. For similar reasons, there has been a tendency for the Poor Law infirmary to treat the class of patients who are unable, or barely able, to provide their own maintenance when in health, and for the voluntary hospital, while open to the poorest, to treat also those who are normally self-supporting except when requiring hospital treatment. With the growth of new and expensive medical treatments, whole new sections of the population have come within the scope of the voluntary hospital as thus described. Some of these new sections are treated in the ordinary wards, where they contribute to their maintenance though not to their treatment. Others are treated in pay beds, where they pay charges for maintenance and often fees in respect of treatment as well. At the same time, the pressure on hospital accommodation and perhaps other causes have caused Poor Law Guardians to provide beds for sections of the population above the original infirmary class, and forms of treatment approximating to many of those provided in voluntary hospitals.

23.—In the meantime, other public authorities have been made responsible for the treatment of other classes of the community, such as school children, or of certain kinds of case, e.g., infectious diseases, venereal disease, tuberculosis, maternity.

24.—Co-operation, in so far as it exists, has taken various forms. Sometimes the public authority has established separate hospital accommodation of its own, and the voluntary hospital, has been relieved of a great part of the responsibility for the particular kind of work. Sometimes the public authority has arranged for the voluntary hospital to do the work and has made grants for the work done, thus relieving the voluntary hospital only of financial responsibility. Sometimes the voluntary hospital still performs, in relation to the separate hospital provision made by the local authorities, the same kind of consultative functions which it performs in relation to the general practitioner treatment provided with the aid of public funds under the National Insurance system, and does both without any public financial assistance. Sometimes there is a definite arrangement between a voluntary hospital and a Poor Law infirmary, whereby the infirmary uses the special departments of the hospital, the hospital acts as a consultative department for the infirmary, and the students of the hospital assist at the infirmary. There are cases where beds at an infirmary have been placed by agreement at the disposal of a voluntary hospital.

25.—In London it has long been the settled policy of the County Council to make use of the facilities available at the voluntary hospitals in preference to providing separate accommodation on its own account. At the present time it pays the voluntary hospitals £83,000 a year in respect of venereal diseases, £33,900 for tuberculosis, and £12,000 for the treatment of school children, apart from work of the same kind which the hospitals do on their own account. The following are the amounts received by provincial voluntary hospitals for the same categories of services rendered:—venereal disease, £106,847; tuberculosis, £33,898; treatment of school children, £23,271

26.—Generally speaking, however, co-ordination is only partially achieved. The separation between the Poor Law Authorities and the municipal public health organisation has been a difficulty affecting the official services. As regards the voluntary hospital service it is a delicate problem to work out effective methods of co-ordination in its two aspects, differentiation and co-operation, between the various types of voluntary and rate-aided services, without endangering that independence and elasticity which is one of the most cherished, because one of the most valuable, features of the voluntary system, and that scope for initiative and responsibility which is such an attraction to capable voluntary administrators.

SUGGESTED PRINCIPLES OF CO-ORDINATION.

27.—The Special Committee do not propose, at this stage at all events, themselves to draw up a complete scheme for a co-ordinated hospital service, but only to discuss some of the questions that are likely to arise in connection with such a service, and the principles on which these questions should be decided. The questions include, e.g., the machinery for continuous consultation between the authorities responsible for the rate-supported and the voluntary hospitals respectively; and the relations between the two in regard to the supply of the hospital needs of the area, to the equipment and staffing of each class of hospital, to the classes of patients to be treated, to the education of medical students, to the training of nurses, and to other matters.

Consultations during the Preparation of Schemes under the Bill.

28.—The Special Committee consider it desirable that, in so far as a scheme prepared under the Bill deals with hospital matters, there should be, during the preparation of the scheme, consultation between the County or County Borough authority and representatives of the voluntary hospitals in the area.

Representation on Public Assistance or other Committees.

29.—They further consider it desirable that every scheme should provide that the Public Assistance Committee, or other committee which is to exercise the powers of the Council in respect of hospital matters, should have amongst its members some persons experienced in the work of voluntary hospitals.

Standing Joint Hospitals Conferences.

30.—Every scheme prepared by a County or County Borough under the Act should provide permanent machinery for continuous consultation between those responsible for the rate-supported and the voluntary hospitals in the County, respectively.

31.—For this purpose the local authority in each area should invite the voluntary hospitals in the area to join in the formation of a permanent body representing both the Public Assistance or other appropriate Committee of the County or County Borough Council and the voluntary hospitals in the County or County Borough area. This might be called the Standing Joint Hospitals Conference.

32.—The functions of this Conference should be advisory, not executive. Co-operation should be secured by agreement between the parties. There would be no limitation of the powers of the Local Authority or interference with the independence of the voluntary hospitals.

33.—The Conference should be composed of an equal number of representatives on the one hand of the voluntary hospitals in the area, and on the other hand of the local authority or local authorities concerned, whatever the number of such local authorities or of voluntary hospitals in the area may be. If subordinate joint bodies are needed for special purposes or for sub-divisions of large areas, the same principle of equal representation should apply. Where the voluntary hospitals are numerous it might be found convenient for the voluntary hospital members to be chosen by bodies on which every hospital was represented, and which might form the means by which the voluntary hospitals for the district could themselves discuss questions of policy. The representatives of the voluntary hospitals on the joint conferences should include medical as well as lay members.

Hospital Needs of the Area.

34.—One of the first duties of the Standing Joint Hospitals Conference should be to consider the existing hospital provision for the area and any urgent needs which are at present unsupplied.

It is in most cases more practicable to make periodical estimates on these lines rather than to attempt to arrive at any ideal calculation of the total hospital needs of an area. Such a calculation would involve a forecast of the developments of all kinds of medical treatment, and of the probable changes in the financial and domestic circumstances of the different classes of the population. The resources available for both kinds of hospital will, as a rule, be fully occupied in meeting the most urgent needs as they successively arise.

35.—It should be noted that provision for the area need not always be the same as provision in the area. The work of many hospitals, particularly teaching hospitals and special hospitals, is not limited to the area of the County or County Borough in which they are situated.

36.—After each estimate of this kind the Standing Joint Hospitals Conference would consider, first, how far the immediate needs could be met by a readjustment of the existing hospital provision of both kinds available for the area, and, second, what additional provision was urgently needed. The immediate needs might be for additional beds for one kind of ailment or another, or for one class of patient or another , or it might be for some special treatments requiring expensive equipment. Expenditure on new buildings might or might not be involved.

37.—If additional provision is needed, the Standing Joint Hospitals Conference would consider whether it could best be provided by the public authority or by the voluntary hospital.

38.—The conclusions of the Standing Joint Hospitals Conference would not be binding on the authorities either of the municipal hospitals or of the voluntary hospitals. But the opinion of the Conference or, if agreement is not reached, the opinions of the constituent parties should be reported to the municipal authority and to the voluntary hospitals concerned before action is taken by either of them, and should also be reported to the Ministry of Health in the event of the municipal authority applying to the Ministry for sanction to a loan for capital expenditure on hospital building, or on equipment for new treatments.

39.—In considering by which kind of hospital any particular need should be supplied, regard should be had to the suitability of the voluntary hospital system for particular kinds of work, and the importance of maintaining the voluntary hospital as the recognised instrument fo: doing that work and, generally, of ensuring the permanent preservation of the voluntary element in the hospital service.

Equipment and Staffing of the two kinds of Hospital.

40.—The extent to which the equipment and staffing of the voluntary and the municipal hospital should be on the same lines or on different lines, would depend on the decision as to their respective spheres in the hospital work for the area.

41.—The typical voluntary hospital is equipped and staffed in such a way as to be able to supply, where necessary, the highest available standard of consultative and specialised service. The whole of these services need not be maintained at every separate voluntary hospital ; small hospitals may work in association with larger general hospitals, either by means of an arrangement between the institutions or through the medical men on their staffs.

42.—The actual method of staffing usually differs with the size and nature of the institution and of the community which it serves. The whole of the medical and surgical work may, for example, be carried out by, or under the direct supervision of, a staff of consultants, each of whom has charge of a certain number of beds, as in the large teaching and other general and special hospitals in London and many other places. Or, to take another type, the ordinary work may be carried on by general practitioners, the consultants being called in if and when occasion arises. In either case the visiting staff are also in private practice and their institutional work is only a part, though a very important part, of their professional activities.

43.—The resident staff of a voluntary hospital are mostly junior men holding temporary appointments. They come fresh from contact with the most advanced medical and surgical practice in the teaching hospitals : they work under the visiting staff who are themselves in private as well as hospital practice, and they look forward to becoming in their turn physicians and surgeons of wide general experience. At some of the poor law hospitals more or less similar methods have been introduced.

44.—This continual contact between the highly skilled physicians and surgeons on the visiting staff, and the rising young men on the resident staff, is a source of mutual stimulus, and produces a high standard of hospital work. Any change which tended to approximate the arrangements for the medical staffing of voluntary hospitals to those of a whole-time official staff might lead to the loss of one of the causes of the present standard of hospital efficiency.

45.—It is suggested that, where local circumstances permit, the municipal hospital service should be linked up with the voluntary hospital service through the appointment on the staffs of the municipal hospitals of consultants who are experienced in voluntary hospital work, so that the same spirit may influence both. The terms on which such appointments should be accepted would be a question for consideration by the parties concerned. There are already instances of medical men who hold appointments for voluntary hospital work on voluntary hospital conditions, and also appointments for hospital work for public authorities on different conditions.

Classification of Patients.

46.—The question has been raised whether co-operation should involve the classification of patients and the allocation of some classes to the voluntary hospitals and others to the municipal hospitals.

47.—Some indication has already been given of the nature and extent of the classification that more or less informally takes place at present.

48.—The Special Committee consider that great difficulties would arise if any attempt were made to lay down definite rules differentiating classes of patient and allocating them to different kinds of institutions, either according to the nature of the ailment or according to social status. Nor do they consider it desirable that any machinery should be set up for deciding a question which must, in each individual case, be determined partly by the wishes of the patient and partly by the medical men who are responsible for the treatment. In actual practice the destination of patients will depend largely on the equipment and staffing of the different kinds of institution, the number of beds available at each, and the extent to which the principles of differentiation and co-operation have been adopted ; the whole question will thus come inevitably within the purview of the Standing Joint Hospitals Conference in connection with its periodical estimates of hospital needs and hospital accommodation ; and it is hoped that whatever form and degree of classification is found to be desirable will be developed in actual practice.

Relation to Medical Education.

49.—The hospitals with medical schools are staffed and equipped for the practice and teaching of the most advanced forms of diagnosis and treatment. But it is equally important for the student to obtain a wide experience of the ailments of patients who do not require special services and who, if admitted to the teaching hospital in large numbers, would keep out more acute or difficult cases. Already the students of a general teaching hospital obtain part of their training elsewhere : fevers, for example, are studied at a public fever hospital, and sometimes special subjects at a voluntary special hospital ; and sometimes arrangements have been made for the students to assist in the treatment of common or chronic ailments in a Poor Law infirmary under the direction of members of the teaching staff of the hospital.

50.—The Special Committee consider it highly desirable that there should be a working arrangement whereby the teaching hospitals should be linked up with the rate-supported hospitals in their neighbourhood, so that the beds in these institutions may be available for medical education, both undergraduate and post-graduate.

Relation to Training of Nurses.

51.—It was by the voluntary hospitals of England and in the spirit and atmosphere of the voluntary hospitals that the training of nurses was first begun and in which it has developed to a level which provides the best nursing service in the world.

52.—In the training of nurses, as of medical students, there are already instances of interchange of facilities between one voluntary hospital and another, and sometimes between a voluntary hospital and a Poor Law or other public institution. This is done with the object of securing, where it otherwise could not be obtained, the amount and variety of experience required by the General Nursing Council, or some specialised experience desired by individual nurses.

53.—The Special Committee consider that there should be co-ordination between the voluntary hospitals and the municipal hospitals in connection with the training of nurses, so that full use may be made of the available opportunities of gaining wide experience and attaining to a high standard of efficiency

54.—The question of interchangeability of nurses' pensions is an important matter in this connection and will merit early attention.

Other matters.

55.—There are various other matters which might well be considered by the suggested Standing Joint Hospitals Conference. They might consider, for example, the question of the sub-division in some cases of a County area into districts, and of the grouping of hospitals for the purpose of district co-ordination as part of the County scheme. They might consider methods of securing co-ordination and co-operation in actual practice between individual institutions or groups of institutions. In some areas, for example, there might be good reason for establishing local joint bodies for a district, or even for two or more individual institutions; or it might be thought desirable in some cases for two institutions to have mutual representation on their respective committees. In some cases it might be found that co-operation would be secured in practice if some such common element in the lay administration, by one or other of these methods, were combined with a common element in the consultant staffs, and with arrangements for interchange between different institutions in connection with junior resident medical appointments, or with the training of medical students or of nurses. These are questions which would depend on the circumstances of different institutions, different districts and even different counties. They involve the detailed application of the general principles mentioned above and are therefore subjects for discussion by the suggested Standing Joint Hospitals Conference rather than for consideration in this memorandum.

THE PRESENT POSITION.

56.—The Special Committee have learned with pleasure that there is a considerable amount of evidence of a desire on the part both of voluntary hospitals and of the local authorities who will take over the Poor Law infirmaries, for some form of co-ordination and co-operation which will secure the efficiency of both services and avoid competition, overlapping or duplication. They welcome the statements by Ministers in Parliament in favour of consultation and co-operation between the voluntary hospitals and the public authorities, and the provision inserted in the Bill in the House of Lords to secure that this should take place, viz:—

> "The council of every county and county borough shall, when making provision for hospital accommodation in discharge of the functions transferred to them under this part of this Act, consult such committee or other body, if any, as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals providing services in or for the benefit of the county or county borough, as to the accommodation to be provided and as to the purposes for which it is to be used."

57.—The Special Committee consider it important that there should be in each County or County Borough area some kind of organisation capable of nominating voluntary hospital representatives to meet representatives of the local authorities for the purpose of consultation. They are themselves considering the best method of achieving this for London. As regards the rest of the country, they have notified the British Hospitals Association of their opinion, and are glad to hear that the Association are taking the necessary steps. Local organisation of this kind would be of the greatest value, in connection both with such general questions as are discussed in this memorandum, and with the special questions that will arise in different forms in each separate area.

For the Voluntary Hospitals (Local Government Bill) Committee,

J. H. WHITLEY,
Chairman.

KING EDWARD'S HOSPITAL FUND FOR LONDON,
(G.P.O. Box 465A),
7 Walbrook, E.C.4.
March 22nd, 1929.