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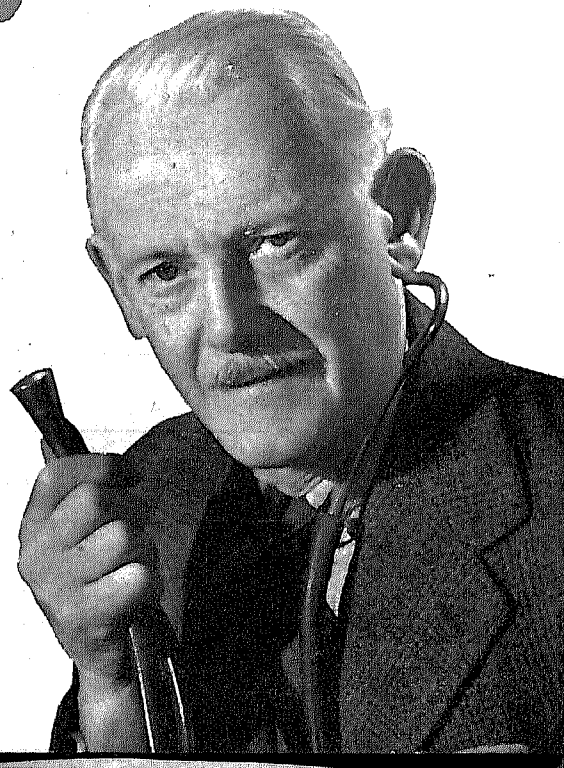
YOUR HEALTH *Service*

HOW IT WILL WORK IN SCOTLAND



YOUR HEALTH SERVICE

How It Will Work in Scotland

This booklet tells you in simple language all about the new Scottish Health Service

All your questions are answered in a Quiz at the end of the book

Foreword

THE following pages explain in simple language how the new Scottish Health Service will work, and how the ordinary man and his family can take full advantage of what it has to offer. They tell you of the many new facilities available to you; for example, they describe the extension of the family doctor service to women and children, how to get your eyes tested, your teeth looked after, and how the deaf may secure new appliances to help them.

The new Act has placed a complete health service at your disposal. You ought, to know all about it, for you and your family may have to use it. The pages which follow will tell you all you have to know—its organisation, how to get the help of specialists, how to "sign on" with a doctor, what new hospital treatment is available, what your local authority can provide, and so on.

In our democratic way of life great services such as this work only if ordinary people understand them. That is why I have caused this booklet to be written.

Arthur Woodburn

Chapter One

What the Service Offers

EVERY man, woman and child in Scotland comes within the new National Health Service, and is able to get, without medical fees, whatever help, care and attention are needed for health. There is no question of having to pay insurance contributions to qualify. The Service is available to every one from 5th July 1948 onwards.

Here in more detail is what the Service offers: —

A family doctor for every member of the home, young and old.

Medicine, drugs and medical aids on a doctor's prescription.

Dental services, including dentures. (As there may not be enough dentists to give everybody a full service at the start, there will be a priority service for expectant and nursing mothers, young children and children at school,)

Full treatment in general and specialist hospitals either as an in-patient or an out-patient. If you need a surgical operation or a "second opinion," you will get it, and the specialist or consultant will visit you at home if that is necessary,

Special Services

A comprehensive maternity service for the mother and child. An expectant mother can have her baby at home or in hospital, and can get medical advice and care both before and after her baby is born. A mother who wishes to have her baby at home can be looked after there by her own doctor and by her midwife.

There will be health visitors to give advice in the home where young children are to Fe looked after, or where there is sickness in the family.

A home nursing service will help where people need to be nursed in their own homes, although the number of nurses available at the start may not be sufficient to meet all needs.

You can have your eyes tested. If you need spectacles, you get these free and will have a choice of style.

If you are deaf you can have your hearing tested, and, if it will help you, you can have the new type of hearing aid provided and fitted free.

Vaccinations against smallpox and diphtheria will be available for every one.

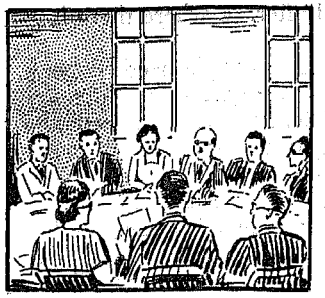
After-care following illness is important, and the Service will attempt to provide a careful follow-up treatment in cases where previously patients were often left to fend for themselves.

Ambulance services will be available as needed.

Generally speaking, all parts of the Service are free of charge to the patient. The cost is met mainly from taxes, but partly also by a limited payment out of National Insurance funds, and to a small extent by local rates. The only exceptions, where the patient may have to pay, are as follows. Anyone wanting some specially expensive form of dental treatment, denture or spectacles which he does not need on health grounds, will have to pay the extra cost as compared with what the Service would normally provide. There will also be charges for domestic helps, meals in day nurseries, and some extras such as beds and bedding, supplied under the Service, but these particular charges can be waived if the patient cannot afford them.

Hospital patients whose condition makes it necessary for them to be put in beds in single rooms or small wards will not pay anything extra for that. Beds not needed for this purpose at any particular time can be given to other patients who wish to pay the extra cost for the extra privacy.

This, in broad general terms, explains what the new Health Service has to offer you. The aim is to place the greatest skill in the land within the immediate reach of every family which needs it, In return it asks understanding and knowledge. The chapters which follow will tell you how it works and what you should do to make full use of the many benefits it has to offer.



Chapter Two

How the Service Works

THE Secretary of State for Scotland is responsible in Parliament for the National Health Service in Scotland. The Department through which he acts is the Department of Health for Scotland.

There will be a Scottish Health Services Council to advise on the general administration of the Service. This Council will include experts in all departments of medicine, dentists, local authority and hospital administrators, nurses, midwives and chemists.

The Service is organised in three main divisions—

1. General practice—doctors, dentists, chemists, opticians.
2. Hospital and specialist services of all kinds, including mental hospitals.
3. Local authority services.

And this is how they will act:

1. *Executive Councils*

The Executive Councils will pay doctors, dentists, chemists and opticians for their services to patients. There are twenty-five of these Executive Councils in Scotland, one for each of the four cities, the other twenty-one each covering one or more counties. They supersede the Insurance Committees which have dealt with the National Health Insurance Service.

Each council has a chairman and twenty-four other members, twelve of whom are professional—seven doctors, three dentists and two chemists. The other twelve members are non-professional, eight being appointed by the local authorities

in the council's area, and four appointed by the Secretary of State.

In each of the twenty-five council areas doctors, dentists and chemists themselves form committees which are available for consultation by the Executive Council. Doctors and opticians serve on Ophthalmic Service Committees which act on behalf of the Executive Councils in connection with ophthalmic services.

Another new body is the Scottish Medical Practices Committee, four of whose six members, including the chairman, are doctors. Its job is to see that doctors do not go into the Service in areas where there are already enough, while other areas go short.

Doctors have a big say in how the Service as it affects them is run—through their own local committee (the local Medical Committee), through the medical members of the Executive Council, and through the medical members of the Scottish Medical Practices Committee. And they will find that the Act does not make any difference to their ordinary way of working under National Health Insurance, except when they are going into practice for the first time or are changing to a different practice.

The Scottish Medical Practices Committee may withhold permission from a doctor who proposes to enter the Service in a stated area if there are already a sufficient number of doctors taking part in the Service there. This power to say "No" belongs to the Scottish Medical Practices Committee, and it does not apply to doctors already in practice on 5th July who wish to stay in their present areas. If there is room for extra doctors in the Service in a particular area, but more than the required number seek to enter there, it is the Scottish Medical Practices Committee, after consulting the local Executive Council, and through it the local Medical Committee, which makes the selection. There is a right to appeal against the Committee's decision to the Secretary of State. Normally, of course, doctors will have their wishes met as to where they will practise.

Neither the Scottish Medical Practices Committee nor any other body can direct a doctor to a practice in a particular area. The initiative must always come from the doctor himself. And there is no restriction of any kind in cases where a doctor intends to practise outside the Service altogether.

In the past the successor to the practice of a doctor who has died, retired or gone away has usually been someone who bought the practice from the out-going doctor or his representatives. After 5th July the sale and purchase of practices by doctors taking part in the new Service is forbidden. A doctor's successor, from applicants or others seeking practices, is chosen instead by the Executive Council and the local Medical Committee, the last word resting with the Scottish Medical Practices Committee if a doctor coming into the area from outside is being chosen.

As compensation for losses incurred by doctors who come into the Service on 5th July and are therefore unable to sell their practices, a sum of sixty-six million pounds has been provided for distribution among the doctors concerned in Great Britain.

2. *Regional Hospital Boards*

The second division—hospitals—will be the responsibility of Regional Hospital Boards. Five Boards have been set up in Scotland with headquarters at Edinburgh, Glasgow, Dundee, Aberdeen and Inverness,

Membership of the Regional Hospital Boards varies from eighteen to thirty-three,

In addition to people connected with the universities and voluntary hospitals, and members of local health authorities, the Boards include a substantial proportion of doctors, specialists and general practitioners and nurses. Members have a three-year term of office.

There are about 400 hospitals in Scotland with accommodation for some 60,000 patients. Apart from a few which were provided during the war and have been run by the Department of Health, these hospitals have in the past been managed by local authorities or by voluntary bodies. Of the total 45 per cent. are for general and cottage purposes, 18 per cent. for infectious diseases — including sanatoria — 2 per cent. for maternity, 28 per cent. for mental illness and 7 per cent. far mental deficiency, These figures do not include beds in public assistance institutions. On 5th July they will be transferred to State ownership,

The Regional Boards have the job of working out plans for

the hospital service in thtir regions, settling the kind of work that can best be done in each particular hospital.

But the actual running of hospitals is still to be a local affair. The Regional Boards appoint Boards of Management, each responsible for a particular hospital or a local group of hospital;. These Boards of Management include among their members some of the best-qualified and best-known men and women in the medical and hospital worlds. They will be concerned With seeing that their hospitals are properly equipped, staffed and managed, and with finding means of improving the comfort of patients and staff.

Members of both Boards are unpaid. They serve because of personal qualities which include knowledge of, and readiness to devote themselves to, local interests, and willingness to give voluntary service.

In their work of organising the hospitals service on a regional basis, Regional Hospital Boards have to take into consideration the location of specialist service in their areas, and to decide the most suitable centres for these different services.

Ambulance services also come within the scope of Regional Boards, as well as the Blood Transfusion Service. In both of these activities the Boards will co-operate with existing organisations, such as the St. Andrew's and Red Cross Scottish Ambulance Service, and the Scottish National Blood Transfusion Association.

3. *Local Health Authorities*

Local Health Authorities are not new bodies, They axe the county councils (which for this purpose cover the small burghs) and the town councils of the large burghs. They will have important functions, and will be responsible for a wide range of services under the Act—maternity and child welfare, midwifery, health visiting, home nursing, vaccination and immunisation, prevention of illness, care and after-care, domestic health, care of mental defectives, and prevention of infectious diseases.

A fuller description of how all this works is given in Chapter 5.

Chapter Three

Your Family Doctor

EVERY doctor learns early in his career the tragic effects of poverty. Men—and more particularly women and children—who might have been saved months of misery if they had come to him at an earlier stage of their illness, have held back because of the fear of the expense. As a result, busy doctors are eventually overworked, and hospitals are filled by patients who ought never to have entered their wards, Considered even as a matter of finance, the nation loses millions of pounds on ill-health and inefficiency in this way.

The new Health Service aims to put an end to all this.

Every man, woman and child in Scotland will be entitled to free advice and treatment from a family doctor. Every one can choose his or her own doctor—the one they have now if they like.

A family need not all have the same doctor, but the parents choose for their children under sixteen.

The choice of doctor depends on the doctor agreeing and being able to take you on his list of patients. If one doctor cannot accept you, you should ask another. If you wish you can ask to be put into touch with a doctor by the new Executive Council set up in your district.

Patient-Doctor Relationship

When you have chosen and been accepted by a doctor your relations with him will remain as they are now—*confidential and personal.* You will visit his surgery or he will visit you at home as necessary; the only difference is that the doctor will

no longer need to charge fees and send out accounts to his patients. He will be paid—as he is now in the case of his insured patients—out of public funds. He can concentrate on his art of healing, being assured of his income.

You should choose your own doctor *now.* Get an application form at any Post Office, at a Public Library, or at the office of the new local Executive Council, or from the doctor you choose. Fill in the form at once—one form for each member of your family—and give it to the doctor.

If you are already on a doctor's list under the National Health Insurance scheme, and he is taking part in the new Service, you need do nothing at all—unless you want to change to another doctor.

Later your Executive Council will send a "medical card" to every bne who has been accepted by a doctor. *If you need a doctor when away from your own district, you should apply for free advice and treatment to any doctor who is taking part in the National Health Service.*

No one is obliged to go to a doctor for treatment under the Service. He can make his own arrangements for a family doctor privately, without losing his right to specialist and hospital treatment under the Service. Doctors taking part in the Service are allowed to accept private patients, These patients, however, must not be on the doctors' lists as public patients.

If you wish further information about the family doctor arrangements ask at the office of the local Executive Council.

Medicine and Medical Aids

Your doctor will give you a prescription for any medicine he thinks you need. You can get this free from any chemist who takes part in the scheme. In country districts the doctor himself may dispense your medicine. Again this will cost you nothing.

The same is true of all necessary appliances. You can get some of them from hospitals; some your doctor can prescribe for you. If appliances are not properly looked after or have to be replaced as a result of carelessness, a charge will be made. If you wish more expensive appliances than those normally supplied, you will have to pay the extra cost.

Your Dental Service

Every dentist can take part in the National Health Service, and provide dental services free of charge to as many patients as he accepts.

But there may not be enough dentists to give full service to everybody this way. So there will also be special priority services organised by local authorities for expectant and nursing mothers, ,young children and children at school. You can get details about the priority services from your local authority offices or local welfare centre.

After 5th July you can go to any dentist who is taking part in the scheme. You can see a list of dentists at the Post Office. You can call by appointment on the dentist of your choice when you need him. You do not need to get an application form.

Normally the dentist can start your treatment at once, and will be paid from public funds. In some cases, however, your dentist will first send a note of the treatment proposed to a new professional organisation —the Scottish Dental Estimates Board.

Care of Your Eyes

You can get your eyes tested without charge by a specially qualified doctor or optician taking part in the scheme, You can get details from your family doctor.

If you need spectacles they will be provided free, You will be able to make a choice from several kinds of spectacles of different design.

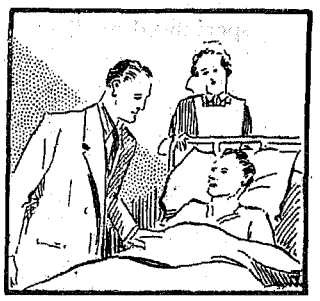
Deafness

A new type of hearing aid will be available. If you are deaf your doctor will tell you where you can go to have your hearing tested, and if the new aid will help you, to have it fitted.

The supply of aids will be limited at first, and it may be some time before arrangements can be made for every one.

Chapter Four

Getting Hospital Treatment



IN whatever part of Scotland he may live, a patient can now be sure of getting expert hospital treatment of the sort he needs, whether he is suffering from a broken finger or [a broken back, from influenza or infantile paralysis.

This does not mean that every hospital will provide all kinds of treatment. Some hospitals will be specially staffed and equipped to deal with particular types of cases, and in this way will make a special contribution to the Regional Boards' plan for the hospital services of the region. This plan makes sure that some hospital or hospitals give every particular form of treatment that may be needed. So far as possible, the patient on his own doctor's advice will be allowed to make his own choice among the hospitals capable of dealing with his condition.

An ambulance service, run closely with the hospitals, will make it easy for a patient to get to hospital, and from one hospital to another if necessary;

Where the Hospitals Are

There are five hospital regions in Scotland,

The core of the regional scheme will be provided by the existing main hospitals in the large towns. They will provide the more highly specialised forms of treatment for patients in the region, In addition, they will carry on general hospital work for patients in the vicinity, as well as receiving victims of accidents and other emergency cases, They will also be used for the training of doctors and nurses, and clinical research will be carried on in them.

District hospitals will be developed to undertake less highly

specialised medical and surgical work, and thus take much of the strain away from the central hospitals.

Country general hospitals with their pleasant rural surroundings are eminently suited for treatment of the longer term cases, such as tuberculous or orthopædic tuberculosis patients, and it is intended to develop them in this way.

Cottage hospitals will play their part in the regional scheme, often as consultative clinics or by providing beds for the general practitioners' cases.

It is part of the duty of Regional Boards to make provision for accommodating chronic sick. Some of these patients do not require hospital treatment, but can be looked after in a home or some other establishment. Thorough examination and diagnosis of patients in this class may, however, show that some of them could be cured, or at least helped, by receiving some form of specialised treatment which the Regional Boards provide, and they can now receive this treatment.

Mental hospitals and mental deficiency institutions are also covered by the new hospital service. Their association with the rest of the hospital service will make it easier, for example, to develop facilities for early treatment of mental conditions, before any question of certification arises, either at mental hospitals or in special units at general hospitals.

Special Treatment

After 5th July every one who needs it will have the same right, free of charge, to any specialist treatment. If there is not enough specialist skill to go round, it will be a case of meeting first the needs that are most urgent. A patient's inability to pay a fee is no longer a handicap.

There is a wide variety of specialties in medicine. Individual hospitals cannot develop all the different forms of specialist treatment. There are not enough specialists, and often there would not be enough work of the particular kind to enable the specialist to keep up his special skill. Then, for their best work, specialists need the help of doctors, nurses and other staff accustomed to working with them. In many cases, too, they require expensive equipment and facilities.

For example, brain surgery in Scotland is at the moment concentrated in two units —one in the east and the other in the west. It is not possible for all hospitals to set up brain surgery

units of their own. The new Health Service will ensure that patients needing this kind of treatment can go to the nearest hospital able to give it.

After 5th July you can have free treatment in hospitals either as an in-patient or as an out-patient. You can have the help of consultants and specialists at hospitals or, if need be, at your awn home. This service covers all surgical operations.

If you need any of these things your family doctor will make the arrangements for you.

In some hospitals there will be a few beds available for private patients of particular specialists. These patients will pay the full cost of the accommodation and services they receive. As a rule they will also make their own arrangements with their specialist. Even then there will normally be a limit to the fee which a specialist may charge to a patient treated under these arrangements,

New Duties of Hospitals

Other duties of the hospital service include research and ambulance, blood transfusion and laboratory services.

The fullest use will be made of the ambulance services set up by the St. Andrew's Ambulance Association and the Scottish Branch of the Red Cross Society. There will also be air ambulance services to cover the remoter parts of Scotland including the islands.

Wartime developments in the technique of blood transfusion will be incorporated in a permanent blood transfusion service. There will be mobile transfusion teams to serve hospitals which have not facilities of their own and for specialists and general practitioners. Collection of blood from volunteer donors, provision of "blood banks" and blood products at hospitals, and the organising of the mobile teams will continue to be carried out by the Scottish National Blood Transfusion Association.

A bacteriological service including laboratories for the control of infectious disease will be an essential part of the hospital service in Scotland. Financial help can be given by the Secretary of State to voluntary or other bodies for research into the cause, prevention, diagnosis or treatment of disease.

Some of the biggest hospitals will continue to play an important part in the training of medical students. Responsibility

PICTORIAL PLAN OF THE NEW HEALTH SERVICE

SECRETARY OF STATE FOR SCOTLAND

Department of Health for Scotland

REGIONAL HOSPITAL BOARDS


SPECIALISTS


HOSPITAL SERVICE

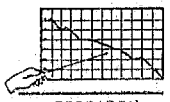

AMBULANCES

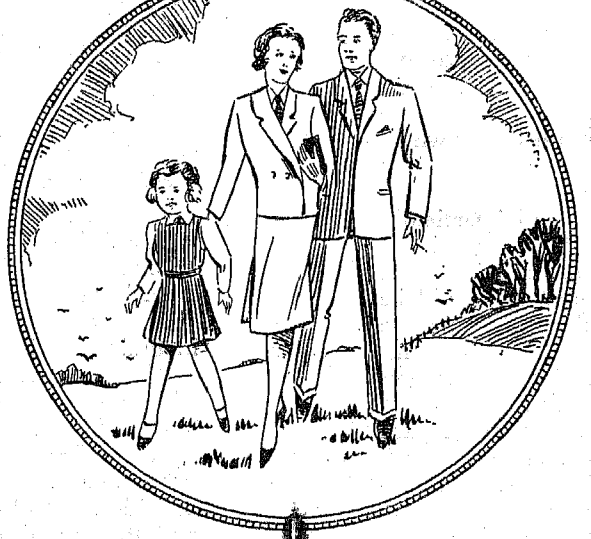

MENTAL CARE


HEARING AIDS


BACTERIOLOGICAL SERVICE


BLOOD TRANSFUSION


RESEARCH



LOCAL HEALTH AUTHORITIES


MATERNITY & CHILD WELFARE


IMMUNISATION


MIDWIFERY


VACCINATION


HEALTH VISITORS


DOMESTIC HELP


HOME NURSING


CARE AND AFTERCARE

EXECUTIVE COUNCILS


DOCTORS


DENTISTS


CHEMISTS


EYE SERVICE

for medical teaching will remain with the universities. The Secretary of State, however, will provide all the necessary facilities in hospitals for clinical teaching purposes.

Hospital Endowments

Endowments held by voluntary hospitals, such as legacies left on trust, are not transferred along with the hospitals to the State. There may be some deductions for liabilities inherited by the State from voluntary hospitals generally, but the bulk of the endowments will go, in the first place, to the new Boards of Management responsible for the hospitals at present holding the particular endowments.

These Boards will be able to use the endowment funds for any purposes connected with their hospitals they may decide, so long as these purposes are in keeping with restrictions in trust deeds or otherwise imposed by donors. They will not be used for ordinary maintenance and treatment, the cost of which falls on the State, but for something extra—such as amenities for patients or staff, or for special research.

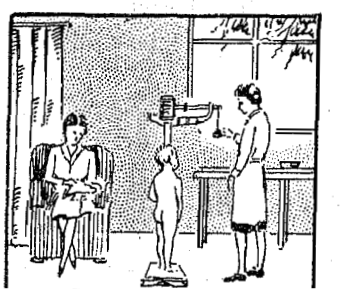
In many cases existing restrictions on the use of particular endowments may be inappropriate in the altered conditions of the new Service. For example, an endowment which could be used only for the upkeep of hospital buildings would be serving no purpose other than relieving the State of some expense. So a special body called the Hospital Endowments Commission is to be set up to review all existing endowments and to make schemes governing their future use.

In framing their schemes the Commission are to have regard to "the spirit of the intention of the founder or donor," and there will be opportunities for interested parties to represent their views to the Commission. Schemes are subject to the Secretary of State's approval, and can be rejected by either House of Parliament.

Boards of Management and Regional Hospital Boards can also accept, and hold on trust, other girts or donations for purposes connected with hospitals. Again these will be used, not to relieve the State of expenditure, but to do something extra. Endowments given after 5th July 1948 (in some cases after 5th November 1946) are not subject to review by the Hospital Endowments Commission.

Chapter Five

Where the Local Authority Comes In



IN the second chapter an attempt was made to indicate the place your town or county council occupies in the new Health Service. It is important to know in some fuller detail the services the authority operates, and how it operates them, so that you will know how to use them.

Although the new Act takes away the important hospital powers which the local authorities formerly possessed, it gives them correspondingly wide powers in other directions.

General medical practice—the family doctor—and general dental services have never been to any extent within the local authority field, So they are not brought in now.

But the maternity and the child welfare services will continue broadly as before. The local, health authority will arrange for the care of expectant and nursing mothers. It will also care for children under five who are not at school and who are therefore not covered by the school health service.

For Mother and Child

Among the facilities local health authorities will provide for mother and child are:—

1. Ante-natal clinics for the care of expectant mothers.
2. Post-natal clinics.
3. Child welfare clinics.
4. Priority dental service for expectant and nursing mothers and young children.

There will be a full midwifery service for the mother who has her baby in her own home. If the mother wishes, the family doctor may supervise before, during and after the confinement, and a midwife will be provided to do her share.

The hospital service will include accommodation, in hospitals and maternity homes, for the mother who does not have her baby at home; and that service will also provide any specialist care needed by a mother at home.

The health visitor is one of the best-known health workers of local authorities. In the past her work has been concerned with the welfare of mothers and babies and also of patients suffering from tuberculosis.

There are not enough health visitors to enable much more ground than this to be covered immediately. As soon as more trained workers can be found for the job, however, the service will gradually be extended to cover advice on the health problems of young children and sick people at home, and on the many health problems in which the health visitor can usefully co-operate with the family doctor.

This co-operation with the family doctor will be a feature of the health visitor service of the future.

Home Nursing Service

Local health authorities will also see that there is a home nursing service to help where people need to be nursed in their own homes, although the number of nurses available at the start will not be sufficient to meet all needs. In many areas this service will be run for the local authorities by district nursing associations.

If you want any other information about the health visitor or home nursing services ask your doctor or welfare centre.

It will be the duty of local health authorities to see that there are arrangements for free immunisation against diphtheria and vaccination against smallpox. Family doctors will usually do this work.

Since 1941 over one million Scottish children have been immunised under local authorities' schemes. It is estimated that out of 1,243,000 children under fifteen, 765,000 have been immunised. The number of deaths from diphtheria has declined steadily since the immunisation campaign got under way in 1941, and in 1947 the number of deaths was only about one-tenth of the average for the ten-year period 1931-40.

Vaccination of babies will no longer be compulsory by law. This change has been made because the Government believe

that, with increasing public understanding on health matters, compulsion is no longer the right way to go about the question. There is no doubt about the importance of vaccination as an invaluable precaution against smallpox, which under certain circumstances might again become a serious danger to Scotland's health. Every child should, if there is no medical reason to the contrary, be vaccinated in infancy. Under the new Service the family doctor will do this, or parents can if they prefer have their babies vaccinated at special sessions run by local authorities at child welfare clinics or other places.

Some authorities will arrange a domestic help service for homes where it is needed because there are children or old folks, or illness in the home. The local health authority can make appropriate charges for this service.

After-Care of the Sick

The main mental treatment and mental deficiency services will be part of the new hospital and specialist services. Local health authorities, however, will be responsible for the care of mental defectives not in institutions.

A new power given to local health authorities is to make plans for the prevention of illness and the care and after-care of the sick. This can include such things as providing special foods, blankets, extra comforts and special accommodation for invalids and convalescents. Authorities can make grants to voluntary bodies doing work of this kind.

These arrangements need the approval of the Secretary of State and local health authorities may decide to make a charge in certain cases.

If you want fuller details, ask for them at the offices of your local authority or welfare centre.

Chapter Six

About Health Centres

The family doctor of the future will more and more find it an advantage both to his patients and to himself to carry on his work in close co-operation with a few of his colleagues, rather than to rely solely on his own resources as has been usual in the past.

Laboratory facilities and secretarial and nursing assistance can also be provided for use in common by a group of doctors in a way that would be impracticable in the case of a single doctor.

An important aim of the National Health Service is to encourage the development of group practice of this kind by the provision at public expense of premises designed to serve as a base for the operation of teams of doctors practising in town areas.

This does not mean, however, that the patient's relationship with his own doctor, who may be a member of such a group, will be any less personal and confidential.

How the Centre will Work

The premises in which the groups will work are called Health Centres.

They will take the place of the doctor's private consulting room at his own house, but there will be a separate consulting room for each doctor working in a Centre, and a separate waiting-room for each doctor's patients. There will also be facilities for the simpler laboratory tests. For the more elaborate procedures, doctors will be able to call upon the laboratories provided as part of the hospital services. Nursing staff, receptionists, and secretarial help will all be at the disposal of a doctor in a Health Centre. He can thus devote the maximum time to the actual medical work which he alone can do.

The Health Centre doctor will have his contract for taking part in the Service with the Executive Council, in the same way as a doctor working from his own home. The Health Centre doctor will, of course, visit his patients in their own homes when that is needed, just as any other family doctor will do.

A Health Centre will usually include surgeries for dentists taking part in the new Service, and for clinics conducted by local authorities as part of the maternity, child welfare and school health services.

Thus all these activities can be carried on in close co-operation with general medical practice instead of working in isolation in their separate compartments.

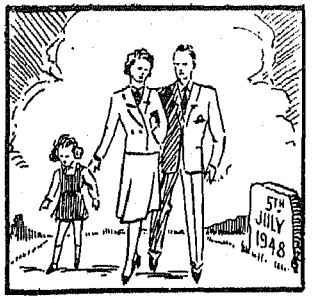
Health Education Facilities

In districts where no hospital is easily accessible, out-patients' clinics and specialist consultations may be provided at Health Centres. At Health Centres, too, there will be valuable opportunities and facilities for health education by display of films, talks, meetings, leaflets and posters.

The responsibility for providing Health Centres in Scotland rests with the Secretary of State, and will be carried out by the Department of Health.

A new service of this kind would in any event have to be developed gradually, important lessons about design and management being learnt from the first few Health Centres built. The impossibility of extensive building work at the present time also rules out a large-scale development of Health Centres in the near future.

The Secretary of State intends, however, as soon as possible to provide two or three experimental Health Centres in different types of areas, so that practical experience may be obtained before the general provision of Health Centres in Scottish towns begins.



Chapter Seven

The Road We Travel

THIS is a bird's-eye view of the new Health Service and what it will do for the ordinary man and his family. This Service is the culmination of many years of effort by men and women who have given their lives in the service of the sick and ailing.

We have travelled a long way since (in the words of an authority) "the public policy was directed rather to protection of the untainted than to the recovery of the sick." Increasingly during the past half-century public policy has advanced in its care for the ordinary man and woman's health and well-being, and for the physical and mental quality of the people.

Scotland's Role as Pioneer

In the past thirty years Scotland has pioneered in experimenting towards the Service which has now been born. For example, at the turn of the century hundreds of people living in the Western Islands and remote communities of the Highlands were without adequate medical services. These communities could not support doctors, nurses or hospitals if they had to be paid for in the usual way. In 1913 the State stepped in and under an Act of that year the Highlands and Islands Medical Service came into being.

Money was then provided to subsidise doctors working in the Highlands and Islands, who in return agreed to limit their fees, to crofters and other similar patients, to modest limits within their patients' means. Financial help was also given to local authorities to enable them to build houses for doctors in the area, and to subsidise nursing services provided by

District Nursing Associations. Hospitals, too, were assisted to bring their services up to modern standards, and to employ specialists available for consultation by the crofters at limited fees.

"*Advance Chapter*"

A second scheme based on the lines of a State Service developed as a war-time measure which came to stay.

Since 1941 industrial workers in Scotland have benefited from what was described as "an advance chapter of the National Health Service" by the introduction of measures which permitted the emergency medical service, with its hospital and specialist services, to be placed at their disposal for purposes of rehabilitation and convalescence.

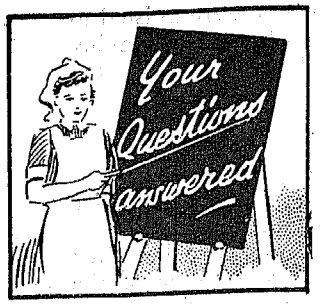
This service began as the Clyde Basin Experiment in Preventive Medicine during the war to reduce the amount of incapacitating sickness among the insured population,. which in 1938 had amounted to an average of 14·08 days per insured person. It quickly proved itself, and after a year's trial, during which it was restricted to young workers, it was established on a more permanent basis and extended to every worker in the whole of industrial Scotland, irrespective of age.

Opportunity for New Standards

A new National Health Service transcends these tentative approaches to complete medical care and attention. It offers Scotland a great opportunity to achieve new standards of physical fitness and general well-being. The Service will improve with experience. It requires only the virtues of patience and understanding.

The Scottish Health Service will work in proportion to the opportunity it is given by every one using it—practitioners and patients alike.

It is in the interests of all to *make* it a success.



Health Service Quiz

Q. How do I choose a doctor?

A. Get an application form at any Post Office, at a public library, or at the office of the new local Executive Council, or from the doctor you choose. Fill it in—one form for each member of your family—and give it to the doctor. If you are already on a doctor's list under the National Health Insurance Scheme you need do nothing if you wish to remain with your present doctor under the new arrangements.

Q. If I want further information on the National Health Service, where do I apply?

A. The office of your Executive Council, your local authority office or welfare centre, or your own doctor.

Q. Can I get preventive preparations free of charge—e.g. cod liver oil, etc.?

A. Preparations which are foods rather than drugs are not normally supplied under the National Health Service; but some articles of this kind may be supplied as part of the maternity, child welfare or care and after-care services.

Q. Will vaccination against smallpox and immunisation against diphtheria be available free, and will they be given by the family doctor?

A. Yes.

Q. Are free ambulance services available?

A. Yes.

Q. If I am going overseas on holiday, do I get the necessary inoculations free of charge?

A. Yes.

Q. Can I get preventive treatment from my doctor free of charge—e.g. inoculations against colds, etc.—if I consider it advantageous?

A. Your doctor will give you such treatment as he thinks appropriate, and as you are willing to accept.

Q. Will doctors continue to be available in their surgeries for aduice, as they were before?

A. Yes.

Q. Has an expectant mother thechoice of where she has her baby, e.g. in her home or in a hospital?

A. Yes, subject to the availability of hospital beds. If demand exceeds available accommodation, both medical considerations and home conditions will be taken into account in arranging admissions.

Q. Can an expectant mother have her baby in, say, her mother's home and be attended by a doctor other than her own, who is taking part in the scheme?

A. Yes.

Q. Are full-time nurses provided for nursing at home, when necessary?

A. There are unlikely to be sufficient nurses available for this purpose for some years to come.

Q. If I have been paying National Health Insurance in the past, how long do I need to wait before receiving benejit under the National Health Service?

A. The National Health Service is available to all, irrespective of insurance record, after 5th July 1948.

Q. Is an Old Age Pensioner who had paid National Health Insurance entitled to the new benefits?

A. See previous answer.

Q. If I have to go to hospital, am I allowed any choice of where I have to go?

A. Yes, among hospitals suitably staffed and equipped to deal with your case, subject to availability of a bed in the hospital you prefer.

Q. Can I make payments to my family doctor even although I am on his list as a public patient?

A. No.

Q. Am I allowed a spare pair of spectacles free of charge under the scheme?

A. No.

Q. Are dentists who do not hold recognised qualifications outwith the scheme?

A. **All** dentists registered in the Dental Register are entitled to take part in the Service.

Q. If I want special dental treatment, say, a gold filling, are there any provisions under the scheme?

A. Any treatment needed for clinical reasons is provided under the Service free of charge, however expensive. If you wish some special kind of treatment although you do not really need it, in some cases you can get it by paying only the extra cost yourself.

Q. Can I attend a dentist under the scheme and still keep my doctor on a fee-paying basis, and will they co-operate if necessary?

A. A dentist can treat you under the Service although you are getting medical treatment privately. Co-operation between dentist and doctor is a matter for themselves to arrange.

Q. If I keep my doctor on a fee-paying basis, can I get free spectacles when required?

A. Yes.

Q. If I get my spectacles free of charge under the scheme, do I get a choice of style and frames?

A. Yes, within limits, which provide a good and not merely a minimum standard.

Q. Can I get my eyes tested by an optician who is not taking part in the scheme and have the spectacles prepared by another who is?

A. No.

Q. Where do I find a list of dentists taking part in the scheme?

A. **At** Post Offices and Executive Council offices after 5th July.

Q. Where do I find a list of doctors taking part in the scheme?

A. See previous answer.

Q. Have I the right to change from one doctor to another, and, if so, what do I do to change my doctor?

A. You can change your doctor at any time, simply by getting another doctor **to** accept you.

Q. Has a doctor the right to refuse to take a patient if he does not have the maximum number of insured patients?

A. Yes. If you cannot find any doctor willing to accept you, the Executive Council will, if you ask them, allocate a doctor to you.

Q. If my own doctor is unable to treat me in an emergency—when I am on holiday, for example—am I entitled to free treatment from another doctor who is taking part in the National Health Service?

A. Yes,

Q. Is there any limit to the cost of drugs a doctor can prescribe in the Service?

A. It is the doctor's duty to prescribe whatever drugs are needed for his patient's treatment, irrespective of cost.

Q. Does my free medicine include the bottle, or do I have to pay for that as at present?

A. You will not have to pay for bottles or other containers.

Q. When is the free dental service likely to come into effect?

A. It comes into effect on 5th July 1948, although some patients may experience difficulty in finding a dentist able to accept them at once.

Q. Is there a free optical service under the scheme? If so, does it operate immediately on payment of weekly contributions?

A. It operates from 5th July 1948, without any question of paying insurance or other weekly contributions.

Q. What is the position if I want a second doctor's opinion?

A. It is for your family doctor to call in a consultant if he thinks this should be done and you agree.

Q. Do I have to get a prescription from my doctor every time I need medicine from the chemist? I may have had the same complaint before and know the medicine required without having to trouble my doctor?

A. Medicine is supplied only on a doctor's prescription.

Q. Are all hospitals being taken over by the State under the scheme?

A. Yes, with a few individual exceptions.

Q. Do I get specialist treatment, if necessary, free of charge?

A. Yes.

Q. Do I have to pay surgeon's fees, etc., if I have an operation?
A. No.

Q. If I have to go to hospital, can I arrange to have a private room if such is available?
A. Yes, on payment of the extra cost involved—unless you need privacy for medical reasons, in which case you will not pay.

Q. Scotland is divided into five hospital regions. Can each region provide full hospital services or will there be liaison where highly specialised treatment or operations are necessary?
A. For certain purposes—e.g. brain surgery—separale provision will not be made in all regions. But generally the regions will each provide a complete service.

Q. Who will make the arrangements if I have to go into hospital, etc.?
A. Your doctor; but emergency admissions can be arranged direct with a hospital by anybody.

Q. Can I get hospital treatment free even although I continue with my doctor on a fee-tying basis?
A. Yes.

Q. If I continue with my doctor on a fee-tying basis, will I experience any difficulty in getting into a hospital?
A. It will not matter whether you pay your family doctor or go to him under the Service.

Q. Will the State have any control over the training of medical students or will the responsibility remain with the universities?
A. The universities will be responsible for the training of medical students.

Q. Has provision been made for the training of medical students in the larger hospitals?
A. Facilities for clinical teaching will be provided in suitable hospitals.

Q. What provision is made for special treatment—electrical treatment, etc.—prescribed by a doctor?
A. The hospital service will provide any necessary special treatment, on an out-patient basis if appropriate, A family doctor can refer a patient to hospital for this purpose.

Q. Are free artificial limbs provided under the National Health Service?
A. Yes.

Q. Would a married woman not paying contributions be entitled to free hospital treatment, and, if necessary, a free artificial limb, if she were involved in an accident?
A. Yes.

Q. Are private nursing homes outwith the scheme?
A. Yes.

Q. Are osteopaths, masseurs and other such people outwith the National Health Service?
A. Auxiliaries, such as masseurs and chiropodists, who work under the direction of doctors, will be employed in the hospital and specialist services, in some local clinics, and possibly at health centres.

Q. When are the first Health Centres likely to be opened?
A. See Chapter 6.

Q. Will relations between doctor and patient remain unchanged even although the doctor works from a Wealth Centre?
A. Yes.

Q. Will the group of doctors at a Health Centre share out the patients, or will each deal only with the ones on his own list?
A. Each doctor will have his own patients. But if the patient agrees one doctor may deputise for another, or be consulted informally in special cases, just as in an ordinary partnership.

Q. How many doctors are likely to work at one Centre?
A. Probably four to six at an average Centre.

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