CABINET.

NATIONAL HEALTH SERVICE BILL.

MEMORANDUM BY THE MINISTER OF HEALTH.

I submit (appended to this Paper) my draft National Health Service Bill. The proposals contained in it were given general approval by the Cabinet on the 20th December, 1945 (C.M. (45) 65th Conclusions, Minute 3). Heads of the Bill itself were approved by the Cabinet on the 8th January last (C.M. (46) 3rd Conclusions, Minute 1).

2. I ask to be authorised to introduce the Bill into the House of Commons during the present month. If my colleagues approve the Bill I also ask—in order to save time—to be allowed to make any amendments of a minor or drafting nature which may be found desirable to give final form to the Bill after it has been approved and before its introduction. Concurrently with its introduction, I propose to issue a short White Paper explaining the new service in outline, as was done in the case of the National Insurance Bill.

Results of Discussions of Proposals.

3. During the past two months the Secretary of State for Scotland and I have had a series of discussions with representatives of those whose experience appeared likely to be of the greatest value in framing the Bill. The proposals have been explained to them in confidence, and they have been asked for their considered views as experts, not as delegates entitled to commit their principals.

4. In general the reactions have not been unfavourable. The local authorities are divided in their views. The London County Council accepts the proposals subject to minor points on which I think they can be met; the County Councils' Association has expressed some opposition, and the Association of Municipal Corporations also, and there will inevitably be some unfavourable comment from the representatives of minor authorities which are to lose their functions to the county councils. But in general I do not anticipate strong opposition from local authorities, particularly in view of the lead given by the L.C.C.

5. The representatives of the medical profession have felt unable to go very far in expressing opinions except on comparatively minor issues, owing to the restricted nature of their mandate from their principals. There will certainly be vocal opposition when the Bill is published, but I am satisfied that the most responsible members and leaders of the profession are broadly reassured that the proposals in it represent a reasonable and fair solution of the problems involved.

6. The voluntary hospital representatives are hostile, and will do all they can to organise opposition. Even here, however, the more responsible and experienced leaders of the movement realise and accept the fact that the principles embodied in the proposals are reasonable.

7. The discussions with other interested parties have not revealed anything more than minor points of difference. There may be some opposition from sight-testing opticians to the proposals for gradually replacing the present eye services by specialist eye clinics based on the hospital service. I hope, however, that if
arrangements can be made for existing opticians (but not newcomers) to be engaged part-time as refractionists in the clinics—a matter which is left open by the Bill itself, and will be settled later—we may secure their co-operation and support.

8. From the political point of view, Government supporters may fasten on two points for criticism—the proposals for providing private pay-beds for private treatment (Clause 5), and the method of remuneration of doctors. On the first point Clause 5 carries out the proposal already approved by the Cabinet—it is indeed essential if we are to attract some of the best specialists into the service from the outset—but with one important modification, namely, it is made clear that the provision of private accommodation will be dependent on my being satisfied that it is justifiable to provide it, in each case having regard to the needs of the ordinary public service; and also that the use of that accommodation for private purposes may at any time be overridden if it is needed urgently for a non-paying patient under the public service. This should go far to meet any criticism. On the second point, the Bill does not itself determine the method of remunerating general practitioners, but leaves it to the general regulations regarding their terms of service. The same procedure was adopted in the old National Health Insurance law. I am sure it is right, with a view to future developments and changes in method which may become desirable and which would require legislation unless they could be covered by regulations. The question of method of payment will be one of the main things raised in the debates on the Bill, no doubt; but the absence of any express provision settling it in the Bill itself will not in any way impede the freedom of members to raise it—and therefore should not be a matter for criticism.

Synopsis of Clauses.

9. Clauses 1 and 46 and the Eighth Schedule put upon the Minister the general duty to establish a comprehensive health service and transfer to him the mental health functions of the Board of Control (except quasi-judicial functions designed to safeguard the liberty of the subject, which will continue to be exercised by the Board).

10. Clause 2 and the First Schedule provide for an expert Central Health Services Council to advise the Minister and empower the Minister also to appoint standing advisory sub-committees on different aspects of the service.

11. Clauses 3 to 13 and the Second and Third Schedules deal with the hospital and specialist services. The duty to provide hospitals (which includes special and mental hospitals, clinics operated in connexion with hospitals, &c.) and the services of specialists is laid upon the Minister. Existing voluntary and local authority hospitals, together with rights and liabilities attached to them, are transferred to the Minister. The transfer covers the property and assets of the voluntary hospitals as well as their premises, but does not include independent funds such as the King Edward's Hospital Fund in London (see also paragraph 23 (a) below). Regional Hospital Boards are set up which will be the employers of all hospital staff (except in teaching hospitals) and will administer the service as a whole on behalf of the Minister and in accordance with his regulations, the day-to-day administration of individual hospitals or groups of hospitals devolving upon local Hospital Management Committees to the extent prescribed (Clause 10).

12. Clauses 14 to 16 empower the Minister to provide two further direct services—bacteriological laboratories and blood transfusion—and to conduct and assist research.

13. Clauses 17 to 28, 48 and 49 and the Fourth Schedule deal with the services to be provided by the local health authorities. These are the county and county borough councils, with the usual provision for joint boards in case this should be needed in a few exceptional cases. Clause 19 requires the local authorities to provide and maintain the new health centres, at which the family practitioner services (paragraph 14 below) as well as the local authority health centres will be provided. The authorities are also charged with the duty to provide the following services—maternity and child welfare (the latter to be delegated, where appropriate, in the same way as the school health service), child life protection, midwifery, health visiting, home nursing, vaccination and immunisation, ambulances and the non-hospital aspects of the mental health services. They are also empowered to provide domestic help in households where it is required on health grounds, and to make supplementary arrangements (other than cash payments) for the care and after-care of the sick.
14. Clauses 29 to 44 establish the family practitioner services—general practitioners and dentists, the supply of drugs, &c., and provide for a temporary supplementary eye service on the general lines of the present service until the intended service of specialist ophthalmic clinics is fully developed. New Executive Councils (half professional and half "consumer") are set up for each local health authority's area to administer these services, the details of which are to be governed by regulations. A special central committee is provided for, to control the distribution of medical practices within the service (Clause 32 and the Sixth Schedule). Sale and purchase of the practices of doctors participating in the service is prohibited, with compensation for existing practitioners (Clauses 33 to 35).

15. Clause 45 empowers the Minister to arrange refresher courses for doctors and dentists on a voluntary basis.

16. Clauses 46 to 49 and the Eighth and Ninth Schedules contain the necessary provisions for transferring the mental health functions of the Board of Control to the Minister and for adjusting the present law to fit the new distribution of mental health duties as between the Regional Hospital Boards and the local authorities.

17. Clauses 50 to 53 provide for the financing from the Exchequer of the hospital and other services provided directly by the Minister and of the family practitioner services, and for a weighted 50 per cent. Exchequer grant in respect of the services provided by local health authorities.

18. Clause 54 gives the Minister default powers over the various bodies administering the different services.

19. Clause 55 gives the Minister and, subject to his confirmation, the local health authorities power to buy land compulsorily for purposes of the new service.

20. The remaining Clauses contain miscellaneous administrative provisions, repeals, &c., the most important being a new power to the Minister to provide, by regulations, for superannuation schemes for the various employees of the different bodies functioning under the Bill (Clause 58) and also to deal by regulations with the transfer of officers and property and the compensation of whole-time officers (Clauses 59 and 60).

Form of the Bill

21. The Bill may be criticised on the ground that too much is left to be dealt with in regulations. This is inevitable in a Bill of this kind, as it is also in the National Insurance Bill. There is, incidentally, ample precedent for it in the old National Health Insurance Acts, so far as medical benefit was concerned. In the present case the amount left to regulations can be defended on the grounds:

(a) of the desirability of giving as much elasticity as possible to the service and allowing adjustments of detail with gathering experience, without the need for amending legislation;

(b) of the fact that many of the detailed arrangements will require discussion with the professions and others concerned before they can be fairly settled;

(c) of the sheer need to save Parliamentary time this session.

Provision is made for affirmative resolutions in the case of regulations governing the superannuation, transfer and compensation of officers, which will impose charges on the Exchequer.

22. The Bill also inevitably appears to give the wrong relative prominence to some of the different parts of the service; e.g., it has to deal expressly with the temporary supplementary eye service, while the real main ophthalmic service is covered by the general clauses on hospital and specialist services and so requires no express mention. This sort of apparent false perspective can be corrected by the covering White Paper.

Some Special Points on the Bill

23. Generally, the proposals in the Bill cover familiar ground, already considered by my colleagues, and they need not be reviewed again in this paper. There are, however, some particular points to which I ought to draw attention:

(a) Existing funds of voluntary hospitals.—Special provision is made, as previously contemplated, for any hospitals designated by the Minister as teaching
The hospitals. They will not be administered by the Regional Boards and Management Committees, but each will have its own special Board of Governors constituted under the Bill (Clauses 9 and 11 and the Third Schedule). Ownership of the hospital premises and equipment will vest in the Minister, but all the present endowments and other funds of existing teaching hospitals will automatically become the property of the new Boards of Governors and thus remain attached to the hospitals to which they attach now. There is some pressure that I should adopt the same course with all the funds of all voluntary hospitals; but it is quite clear that to try to earmark them in any special way within the new administrative machinery of the Regional Boards would be impracticable, and I have not accepted the suggestion beyond the provision in Clause 6 requiring me to secure as far as possible that the objects to which the funds were devoted in the past are not prejudiced.

I have inserted in Clause 7 a provision to protect the Government against the loss of hospital property through any transfers made by hospitals before the appointed day in an attempt to evade the Act.

(b) Vaccination and immunisation will not form part of the ordinary duties of a general practitioner under his terms of service, but the local health authority is required by Clause 24 to make arrangements for this service and therefore to pay fees to the doctors who provide it. I regret the necessity for the latter part of this provision, but I am satisfied that without it vaccination—which is no longer to be compulsory—and diphtheria immunisation will not be carried out to the extent we desire. In order to get a satisfactorily high proportion of the population vaccinated and immunised it is necessary not only to direct propaganda at the patient, but to give the general practitioner some incentive to take the initiative.

(c) Sale and purchase of medical practices. (Clauses 33 to 35.)—The sale and purchase of the practice of any doctor participating in the service (but not of purely private practices) will be prohibited. Any doctor who before an appointed day gets his name on to an Executive Council's list—i.e., is accepted as a participant in the future service—will be entitled to compensation for the full value of his practice determined, in accordance with regulations, as a proportion of the estimated global value of all medical practices on the date in question. I am at the moment—with the help and advice of the Government Actuary—trying to agree with the profession's representatives what that global sum should properly be, and I therefore hope that the figure inserted in Clause 34 will be an agreed one. I should like authority to insert in the Bill, before its introduction, whatever figure may be agreed between the Chancellor of the Exchequer and myself in the light of the above discussions with the profession. I think that, as the figure for Great Britain is likely to be in the neighbourhood of £66 million, the figure to go in the Bill will be the proportion of that total appropriate to England and Wales. The apportionment of the sum will be later determined, in consultation with the profession itself. The relevant regulations will provide for the amount of compensation payable to each individual, and lay down that it shall normally be credited to the doctor and paid only on his death or retirement from the public service. There will, however, be provision for payment or part payment at the outset of the scheme in the case of doctors with any considerable outstanding loans to repay in respect of the past purchase by them of practices. Compensation will need to be paid at the outset also in the case of doctors who die or retire from practice between the passing of the Act and the appointed day and whose practices have not been sold before that date. In other cases, until the compensation becomes payable, the doctor will receive annually interest at the rate of 2½ per cent. on the sum standing to his credit.

Clause 33 prohibits the sale of practices where compensation has been paid as well as of future practices, and contains elaborate provisions designed as far as possible to prevent evasion by fraudulent transactions, e.g., by the sale of a doctor's house at a fancy price.

(d) Dismissal of general practitioners and others. (Clause 40 and the Seventh Schedule)—Under the present law a doctor, dentist or chemist participating in the national health insurance service can be excluded, permanently or temporarily, from that service on the decision of the Minister. In future, however, when the whole population will be covered by the public service, to exclude a man from the service may, in effect, be to deprive him of his whole livelihood. I have come to the conclusion, therefore, that the decision should be exercised, not by the
Minister, but by an independent tribunal containing a representative of the particular profession concerned, with a right of appeal to the Minister against the tribunal's decision. The Bill provides for such a tribunal, composed of a lawyer, a layman and a member of whatever profession is concerned in each case.

(c) Finance.—The new service will be financed jointly by the Exchequer and the rates and from contributions under the National Insurance Scheme. The Exchequer will bear:

(i) the whole cost of the hospital and specialist services (Clause 52);
(ii) the whole cost of the "family practitioner" services (Clause 52); and
(iii) half the cost (a weighted 50 per cent. grant) of the local health authority services.

Offset against the total cost will be some £32 million in respect of England and Wales transferred to the Exchequer from the National Insurance Fund, together with any income derived from the transferred assets of voluntary hospitals. The effect of (i) on the block grant payable to local authorities is at present under consideration with the Treasury, but does not affect the financial provisions to be included in this Bill.

(f) Appointed days.—A great deal of preliminary work will require to be done before the new service can be provided. It will, however, be necessary to bring the service as a whole into operation not later than the full national insurance system; and, in addition, different parts of the Bill will need to come into operation at different times. The necessary power for this is given by Clauses 70 and 71, the different days being appointed by Order in Council.

A. B.

Ministry of Health, S.W. 1,
1st March, 1946.
ARRANGEMENT OF CLAUSES.

PART I.
CENTRAL ADMINISTRATION.

Clause.
1. Duty of Minister.
2. Central Health Services Council and Standing Advisory Committees.

PART II.
HOSPITAL AND SPECIALIST SERVICES.

3. Provision of hospital and specialist services.
4. Accommodation available on part payment.
5. Accommodation for private patients.

Transfer of hospitals to the Minister.
6. Transfer of hospitals to the Minister.
7. Definition of “hospital” etc. for purposes of transfer.
8. Power to acquire hospital equipment.

Local administration of hospital and specialist services.
9. Regional Hospital Boards, Hospital Management Committees, and Boards of Governors of teaching hospitals.
10. Functions of Regional Hospital Boards and Hospital Management Committees.
11. Functions of Boards of Governors of teaching hospitals.
12. Conditions of service and appointment of officers.

Ancillary services provided by the Minister.
15. Bacteriological service.

PART III.
HEALTH SERVICES PROVIDED BY LOCAL HEALTH AUTHORITIES.

17. Local health authorities.
18. Proposals for provision of services by local health authority.
20. Care of mothers and young children.
22. Health visiting.
Clause.
24. Vaccination and immunisation.
25. Ambulance services.
27. Care and after-care of sickness or injury.
28. Appointed day for the purposes of Part III.

PART IV.
GENERAL MEDICAL AND DENTAL SERVICES, PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

Administration.
29. Executive Councils.
30. Local representative committees.

General Medical Services.
31. Arrangements for general medical services.
32. Distribution of medical practitioners providing services.
33. Prohibition of sale of medical practices.
34. Compensation for loss of right to sell a medical practice.
35. Provisions as to practitioners dying or retiring before appointed day.

Pharmaceutical Services, General Dental Services and Supplementary Ophthalmic Services.
36. Arrangements for pharmaceutical services.
37. Provisions with respect to persons authorised to provide pharmaceutical services.
38. Arrangements for general dental services.
39. Supplementary ophthalmic services.

General Provisions.
40. Disqualification of practitioners.
41. Powers of Minister where services are inadequate.
42. Recovery of charges in respect of certain appliances and dental treatment.
43. Arrangements for use of health centres by practitioners.
44. Decision of disputes.
45. Provision of courses for medical and dental practitioners.

PART V.
MENTAL TREATMENT AND MENTAL DEFICIENCY.
46. Transfer to Minister of certain functions of Board of Control.
48. Proposals for the carrying out of duties by local health authorities under Mental Deficiency Acts.
49. Duty of local health authority to convey persons of unsound mind and mental defectives.
PART VI.

GENERAL.

Financial Provisions.

Clause.

50. Expenses and receipts of the Minister.

51. Grants to local health authorities.

52. Payments to Regional Hospital Boards, Boards of Governors and Executive Councils.

53. Accounts of councils of county boroughs.

Administrative provisions.

54. Default powers of Minister.

55. Purchase of land.

56. Interpretation of "provide".

57. Qualifications, remunerations, conditions of service and superannuation of officers.

58. Superannuation of officers.

59. Transfer and compensation of officers.

60. Consequential provisions on transfer of functions.

61. Inquiries.

62. Miscellaneous administrative matters.

63. Regulations.

64. Revocation and variation of orders.

Consequential Repeal and Amendments of Enactments.


67. Repeal and amendment of other enactments.

68. Modification of certain provisions of Road Traffic Acts.

69. Orders for amendment or adaptation of local and private Acts.

Supplementary Provisions.

70. Interpretation.

71. Short title, commencement, and extent.

SCHEDULES:

First Schedule.—Central Council and Advisory Committees.

Second Schedule.—Acquisition of Hospital Property other than Land.

Third Schedule.—Regional Hospital Boards, Hospital Management Committees and Boards of Governors of Teaching Hospitals.
Fourth Schedule.—Provisions as to Local Health Authorities.

Fifth Schedule.—Executive Councils.

Sixth Schedule.—Medical Practices Committee.

Seventh Schedule.—Constitution of Tribunal.

Eighth Schedule.—Enactment relating to functions transferred from Board of Control to Minister.

Ninth Schedule.—Repeals and amendments relating to persons of unsound mind and mental defectives.

Eleventh Schedule.—Repeals and Amendments.
Draft of a Bill

To

Provide for the establishment of a comprehensive health service for England and Wales.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

PART I.

Central Administration.

1.—(1) It shall be the duty of the Minister of Health (hereafter in this Act referred to as "the Minister") to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness, and for that purpose to provide or secure the effective provision of services in accordance with the following provisions of this Act.

(2) The services so provided shall be free of charge, except where any provision of this Act expressly provides for the making and recovery of charges.

2.—(1) There shall be constituted in accordance with the First Schedule to this Act a council, to be called the Central Health Services Council and hereafter in this Act referred to as "the Central Council", and it shall be the duty of the Central Council to advise the Minister upon such general matters relating to the services provided under this Act as they think fit and upon any questions referred to them by him relating to those services.
A.D. 1946.

**Part I.**

(2) The Minister may, after consultation with the Central Council, by order vary the constitution of that Council.

(3) The Minister may, after consultation with the Central Council, by order constitute standing advisory committees for the purpose of advising him and the Central Council on such of the services provided under this Act as may be specified in the order, and any committee constituted under this subsection shall consist partly of members of the Central Council appointed by the Minister after consultation with that Council as being persons of experience in those services and partly of persons, whether members of the Central Council or not, appointed by the Minister after consultation with such representative organisations as the Minister may recognise for the purpose.

(4) The Central Council shall make an annual report to the Minister on their proceedings and on the proceedings of any standing advisory committee constituted under this section, and the Minister shall lay that report before Parliament with such comments (if any) as he thinks fit:

Provided that, if the Minister is satisfied that it would be contrary to the public interest to lay any such report, or a part of any such report, before Parliament, he may refrain from laying that report or part.

(5) The supplementary provisions contained in the First Schedule to this Act shall have effect in relation to the Central Council and any standing advisory committee constituted under this section.

**Part II.**

**Hospital and Specialist Services.**

3.—(1) As from the appointed day, it shall be the duty of the Minister to provide throughout England and Wales, to such extent as he considers necessary to meet all reasonable requirements, accommodation and services of the following descriptions, that is to say:

(a) hospital accommodation;

(b) medical, nursing, pharmaceutical and other services required at or for the purposes of hospitals;
(c) the services of specialists, whether at a hospital, a health centre provided under Part II of this Act or a clinic or, if necessary on medical grounds, at the home of the patient;

and any accommodation and services provided under this section are in this Act referred to as "hospital and specialist services".

(2) Regulations may provide for the recovery by the Minister of such charges as may be prescribed—
(a) in respect of the supply, as part of the hospital and specialist services, of any medical appliance which is, at the request of the person supplied, of a quality superior to the prescribed standard; or
(b) in respect of the replacement or repair of any such appliance, if that replacement or repair is necessitated by lack of care on the part of the person supplied.

(3) Regulations may provide for the payment, by the Minister in such cases as may be prescribed, of travelling expenses (including the travelling expenses of a companion) incurred by persons for the purpose of availing themselves of hospital and specialist services.

4. Where there is provided, in any hospital, as part of the hospital and specialist services, accommodation in single or small wards, the Minister may make any such accommodation, which is not for the time being required by any patient on medical grounds, available for patients who do not require such accommodation on medical grounds but who undertake, or in respect of whom an undertaking is given, to pay for the accommodation such charges, designed to cover part of the cost thereof, as may be prescribed, and the Minister may recover those charges.

5.—(1) If the Minister, having regard to his duty to provide hospital and specialists services, is satisfied that it is reasonable so to do, he may allow specialists serving on the staff of any hospital vested in him to make arrangements for the treatment of their private patients at the hospital, and may set aside special accommodation in the hospital for such patients who undertake, or in respect of whom undertaking is given, to pay for the accommodation such charges as may be prescribed, and may recover those charges:

Provided that nothing in this section shall prevent accommodation so set aside from being made available for any patient who urgently requires that accommodation on medical grounds and for whom suitable accommodation is not otherwise available.
A.D. 1946.

Part II.
—cont.

(2) The charges prescribed under the last foregoing subsection shall be charges designed to cover the whole cost of providing the accommodation and services for the patient except his treatment by the specialist, including an appropriate amount in respect of overhead expenses.

(3) Regulations may prescribe the maximum fees to be recovered by specialists in respect of the treatment of their private patients under this section.

Transfer of hospitals to the Minister.

6.—(1) Subject to the provisions of this section, there shall on the appointed day, be transferred to and vest in the Minister by virtue of this Act every hospital which immediately before the appointed day was not carried on for profit and was not vested in a local or public authority, including all property, rights and liabilities held by the governing body of the hospital, or to which that body was subject, immediately before the appointed day, being property, rights and liabilities held or incurred solely for the purposes of the hospital:

Provided that—

(a) this subsection shall not be taken as applying to any property, rights or liabilities held or incurred solely for the purposes of a medical or dental school associated with the hospital;

(b) if the hospital has been designated by the Minister under this Part of this Act as a teaching hospital or is one of a group of hospitals so designated, this subsection shall apply only to premises used for the purposes of the hospital, and furniture, equipment and other movable property used in or in connection with those premises, and rights and liabilities relating to those premises and that property.

(2) Subject to the provisions of this section there shall also, on the appointed day, be transferred to and vest in the Minister by virtue of this Act every hospital vested in a local authority immediately before the appointed day, including all property, rights and liabilities held by the local authority, or to which that authority was subject, immediately before the appointed day, being property, rights and liabilities held or incurred solely for the purposes of the hospital.

(3) If it appears to the Minister that the transfer to him of any such hospital as aforesaid will not be necessary for the purpose of providing hospital and specialist services, he may, at any time before the appointed day, serve a notice to that effect on the governing body of the hospital or, as the case
may be, on the local authority in whom the hospital is vested, and thereupon the foregoing provisions of this section shall not apply to that hospital:

Provided that if the governing body or local authority, within such period (not being less than twenty-eight days from the service of the notice) as may be specified in the notice, serve a notice on the Minister stating that they wish the hospital to be transferred to the Minister, the foregoing provisions of this section shall apply to the hospital.

(4) Any such property, rights and liabilities as are referred to in proviso (a) to subsection (1) of this section shall, on the appointed day, be transferred by virtue of this Act—

(a) in the case of a general medical school of the University of London or any school in the faculty of medicine of that University which is recognised for dentistry only, to the governing body of that school; and

(b) in any other case, to the governing body of the university of which the school is a part;

and shall vest in the said governing body by virtue of this Act.

(5) On the appointed day any such property, rights and liabilities as, by virtue of proviso (b) to subsection (1) of this section, are not transferred to the Minister shall by virtue of this Act be transferred to and vest in the Board of Governors constituted under the following provisions of this Part of this Act for the hospital concerned.

(6) Any dispute arising under the foregoing provisions of this section as to whether any property, rights or liabilities will be or have been transferred or as to the authority to whom they will be or have been transferred shall be determined by arbitration.

(7) Regulations may provide for the apportionment of property, rights and liabilities held or incurred partly for the purposes of a hospital which has been or will be transferred under this section and partly for other purposes (including the purposes of a medical or dental school associated with the hospital), and of property held on trust where the beneficial interest of the hospital is a limited interest, or for the disposal of any such property and for the apportionment of the proceeds, and for the transfer to the Minister or any such Board of Governors as aforesaid and the other parties concerned, of the appropriate shares of any such property (or the proceeds thereof), rights or liabilities; and for the determination by arbitration, in default of agreement, of any question arising with respect to the matters aforesaid.
A.D. 1946.

PART II.
—cont.

(8) All property transferred to the Minister under this section shall vest in him free of any trust existing immediately before the transfer took effect, and the Minister may, notwithstanding any provision in any local or private Act of Parliament or charter defining or limiting the objects of any hospital transferred to him by virtue of this Act, use any such property for the purpose of any of his functions under this Act, and may dispose of that property:

Provided that the Minister shall so far as practicable secure that the objects for which any such property was used immediately before the transfer took effect are not prejudiced by the provisions of this section.

(9) All property transferred under this section to the Board of Governors of any hospital or group of hospitals designated as a teaching hospital shall vest in the Board free of any trust existing immediately before the transfer took effect, and shall be held by the Board on trust for the purposes of the hospital generally, and the Board may use that property in any manner which the Board considers expedient for the purpose of any of their functions under this Part of this Act, notwithstanding any provision in any local or private Act of Parliament or charter defining or limiting the objects of the hospital concerned or the objects for which the property may be used; or may dispose of the property and hold the proceeds on trust for the purposes of the hospital generally and may notwithstanding any such provision as aforesaid, use those proceeds in any such manner as aforesaid, but the Board shall have regard so far as practicable to the manner in which and the objects for which any such property was used immediately before the appointed day.

(10) Regulations may make such provision supplementary to or consequential on the foregoing provisions of this section as appears to the Minister to be necessary or expedient and in particular, but without prejudice to the generality of this subsection, regulations may provide—

(a) for the severance of leases and the apportionment of rent payable in respect thereof;
(b) for the apportionment of any periodical sums payable in respect of any transferred rights or liabilities;
(c) for the amendment of contracts and other documents relating to any transferred property, rights or liabilities;
(d) for enabling pending proceedings relating to any transferred property, rights or liabilities to be carried on; and
(e) for the determination of disputes arising as to any of the matters aforesaid.
7.—(1) For the purposes of the last foregoing section the expression “hospital” includes, in addition to the premises specified in section seventy of this Act, any clinic, dispensary or out-patient department not maintained in connection with such premises as aforesaid at which treatment by or under the direction of medical or dental practitioners is provided not being—

(a) a clinic or out-patient department maintained by a local education authority or maintained by any other local authority for the care of expectant and nursing mothers and young children; or

(b) a clinic, out-patient department or dispensary where medical advice or treatment is ordinarily given by general medical practitioners and not by specialists:

Provided that the said expression shall not include any premises forming part of or ancillary to any institution or undertaking of which the main purpose is not therapeutic.

(2) Where any part of a hospital not carried on for profit is used for providing accommodation for paying patients and a profit is thereby earned which is available for the benefit of the hospital, the said part shall not be deemed for the purposes of the last foregoing section to be carried on for profit.

(3) Where any property or right was, at any time between the day of March, nineteen hundred and forty-six, and the appointed day, held or used by such a person and for such a purpose as would result, but for anything done after the said date, in the transfer of the property or right to the Minister under the last foregoing section, and that property or right ceases to be so held or used before the appointed day, it shall nevertheless be treated for the purpose of that section as if it had continued to be so held or used until the appointed day, unless it is proved by the person whose interest in that property or right would be transferred to the Minister under that section, that the fact that it was so held or used immediately before the appointed day was due to something done or occurring in the ordinary course of business, and was in no way connected with the provisions of the last foregoing section.

8.—(1) Where, in the exercise of powers conferred on him by Part VI of this Act, the Minister acquires any hospital (within the meaning of the last foregoing section), whether or not carried on for profit, he may also acquire, either by agreement or compulsorily in accordance with the provisions of that Part or otherwise, such furniture, equipment, and works as may be necessary for the carrying on of the hospital acquired.
A.D. 1946.

PART II.
—cont.

of the Second Schedule to this Act any furniture, equipment or other movable property used in or in connection with the hospital premises, and the provisions of the said Schedule relating to compensation and certain other matters shall apply.

(2) Any dispute arising as to whether the Minister is entitled to acquire property under the last foregoing subsection shall, in default of agreement, be determined by arbitration.

Local administration of hospital and specialist services.

9.—(1) The Minister shall by order constitute, in accordance with Part I of the Third Schedule to this Act, boards, to be called Regional Hospital Boards, for such areas as he may determine, for the purpose of exercising functions in relation to the administration of hospital and specialist services in their area; and the Minister shall secure, so far as practicable, that each area is such that the provision of the said services in the area can conveniently be associated with a university having a school of medicine.

(2) Every Regional Hospital Board shall, within such period as the Minister may by direction specify, submit to the Minister a scheme for the appointment by them of committees, to be called Hospital Management Committees, for the purpose of exercising functions in relation to the administration of individual hospitals or groups of hospitals, other than teaching hospitals, in the area of the Board.

(3) The Minister may approve, with or without modifications, which may include additions or exceptions, any scheme submitted to him by a Regional Hospital Board under the last foregoing subsection, and it shall be the duty of the Board to give effect to the scheme as approved by the Minister.

(4) A Regional Hospital Board may at any time, and if directed by the Minister shall within such period as may be specified in the direction, submit a new scheme providing for the modification of the scheme in force under this section, and the last foregoing subsection shall apply to any such new scheme.

(5) A Hospital Management Committee shall be constituted in accordance with Part II of the Third Schedule to this Act.

(6) If a Regional Hospital Board fail to submit any scheme which they are required to submit within a period specified by direction of the Minister, the Minister may himself prepare a scheme and it shall have effect as if it had been submitted and approved under the foregoing provisions of this section.
(7) The Minister may, after consultation with the university concerned, designate as a teaching hospital any hospital or group of hospitals which appear to him to provide for any university facilities for undergraduate or post-graduate clinical teaching, and the Minister shall, in the case of any hospital or group so designated, by order constitute, in accordance with Part III of the Third Schedule to this Act, a Board of Governors for the purpose of exercising functions in relation to the administration of that hospital or group.

(8) Where the Minister designates a hospital or group of hospitals as a teaching hospital after the appointed day, the order constituting the Board of Governors for that hospital or group may make provision for the transfer to the Board of such property, rights and liabilities held or incurred for the purposes of the hospital or, as the case may be, of any hospital in the group as may be specified in the order, and for any supplementary or consequential matters for which it appears to the Minister to be necessary or expedient to provide, including any of the matters for which regulations made under subsection (10) of section six of this Act may provide.

(9) The supplementary provisions contained in Part IV of the Third Schedule to this Act shall have effect in relation to the various bodies constituted under this section.

10.—(1) Subject to the exercise of functions by Hospital Management Committees in accordance with the next following subsection, it shall be the duty of a Regional Hospital Board, in accordance with regulations and such directions as may be given by the Minister, generally to administer on behalf of the Minister the hospital and specialist services provided in their area, and in particular—

(a) to appoint officers required to be employed at or for the purposes of any hospital other than a teaching hospital;

(b) to maintain any premises forming part of or used in connection with any such hospital;

(c) to acquire on behalf of the Minister and to maintain stores, equipment and movable property required for the purposes of any such hospital;

(d) to recover on behalf of the Minister any charges recoverable by him in respect of services provided at or in connection with any such hospital;

(2) The Hospital Management Committee of any hospital or group of hospitals shall exercise on behalf of the Minister, subject to and in accordance with regulations and any directions of the Minister or the Regional Hospital Board, such functions relating to the control and management of that hospital or group of hospitals as may be prescribed.
11. It shall be the duty of the Board of Governors of every teaching hospital, in accordance with regulations and such directions as may be given by the Minister, generally to manage and control the hospital on behalf of the Minister, and in particular—

(a) to appoint officers required to be employed at or for the purposes of the hospital;

(b) to maintain any premises forming part of or used in connection with the hospital;

(c) to acquire on behalf of the Minister and to maintain stores, equipment and other movable property required for the purposes of the hospital.

12.—(1) All officers employed for the purposes of any hospital vested in the Minister other than a teaching hospital shall be officers of the Regional Hospital Board for the area in which the hospital is situated, and all officers employed for the purposes of a teaching hospital shall be officers of the Board of Governors of that hospital, and the remuneration and conditions of service of all such officers shall, subject to regulations, be determined by the Regional Hospital Board or the Board of Governors, as the case may be.

(2) Regulations may make provision with respect to the appointment of such classes of the medical officers employed on the staff of any such hospitals as aforesaid as may be specified in the regulations, and such regulations shall, without prejudice to the generality of the foregoing provision, provide—

(a) for the advertisement by the Regional Hospital Board or Board of Governors, as the case may be, of any vacancy in any office so specified;

(b) for the constitution by the Regional Hospital Board or Board of Governors, as the case may be on the occasion of each such vacancy, of an advisory appointments committee consisting—

(i) in the case of a hospital other than a teaching hospital, of persons nominated by the Regional Hospital Board and the Hospital Management Committee of the hospital affected, respectively;

(ii) in the case of a teaching hospital, of persons nominated by the Board of Governors and the university with which the hospital is associated, respectively;

(c) for the selection by the appointments committee from the applicants of the persons considered by them to be suitable for the appointment, and for the making
of the appointment, from the persons so selected, by the Regional Hospital Board or Board of Governors, as the case may be;

(d) for the payment by the Regional Hospital Board or Board of Governors, as the case may be, of the reasonable expenses of any appointments committee constituted as aforesaid.

13.—(1) If any general medical school of the University of London or any school in the faculty of medicine of that university which is recognised for dentistry only is not incorporated at the passing of this Act, the governing body of the school shall, within a period of six months from the passing of this Act, prepare and submit to the governing body of the said University a scheme, to take effect on the appointed day, for constituting a new governing body of the school and conferring powers and imposing duties on that body and for the future management and control of the school, and any such scheme shall make provision for including among the members of the new governing body persons representing the University, the teaching staff of the school, and the Board of Governors of the teaching hospital with which the school is associated, respectively.

(2) Any such scheme shall, on its being approved by the governing body of the University of London, have effect notwithstanding anything in any Act of Parliament, charter, or other document affecting the constitution of the school, and the new governing body shall take office on the appointed day.

(3) Any such scheme may be amended by a new scheme prepared by the governing body of any such school and submitted to and approved by the governing body of the University of London, and any such amending scheme shall have the like effect as the original scheme.

(4) Notwithstanding anything in any Act of Parliament, charter or other document affecting their constitution, it shall be lawful for the governing body of Saint Bartholomew's Hospital Medical College to admit women medical students and the London School of Medicine for Women to admit men students to that school.

Ancillary services provided by the Minister.

14.—(1) Without prejudice to the general powers and duties conferred or imposed on the Minister under the Ministry of Health Act, 1919, the Minister may conduct, or assist by grants or otherwise any person to conduct, research into any matters relating to the prevention, diagnosis or treatment of illness or mental defectiveness.
The Board of Governors of a teaching hospital shall have power to conduct research into any of the matters aforesaid.

**Bacteriological service.**

The Minister may provide a bacteriological service, which may include the provision of laboratories, for the control of the spread of infectious diseases, and the Minister may allow persons to make use of services provided at such laboratories on such terms as the Minister thinks fit.

**Blood transfusion service.**

The Minister may make arrangements—

(a) for obtaining a supply of human blood; 
(b) for making that supply available for the purpose of carrying out blood transfusions; and
(c) for preparing and supplying for therapeutic purposes products made from human blood.

**PART III.**

**HEALTH SERVICES PROVIDED BY LOCAL HEALTH AUTHORITIES.**

Subject to the provisions of this section, the local authority for the purposes of this Part of this Act, who shall be called the "local health authority", shall for each county be the council of the county and for each county borough be the council of the county borough.

Where it appears to the Minister to be expedient in the interests of the efficiency of the services provided under this Part of this Act that a joint board should be established for the areas of two or more local health authorities for the purpose of performing all or any of the functions of those authorities, the Minister may by order constitute a joint board consisting of members appointed by those authorities and provide for the exercise by the board, in lieu of the authorities, of such of the said functions as may be specified in the order, and for the application, with such adaptations as may be so specified, of any enactments relating to those functions.

Provided that the Minister shall not make such an order except after a local inquiry, unless all the authorities for the areas concerned have consented to the making of the order.

The provisions of Part I of the Fourth Schedule to this Act shall apply to joint boards constituted under this section, and to orders constituting such joint boards.

The provisions of Part II of the Fourth Schedule to this Act shall have effect with respect to health committees of local health authorities other than joint boards.
18.—(1) Every local health authority shall, within such period as the Minister may by direction specify, submit to the Minister proposals for carrying out their duties under the next following seven sections of this Act.

(2) Not later than the day on which the proposals are submitted to the Minister, the local health authority shall serve a copy thereof—

(a) on every voluntary organisation which to the knowledge of the local health authority provides in the area of the authority services of the kind dealt with in the proposals, and

(b) on the Executive Council, as constituted under Part IV of this Act, and the Regional Hospital Board for the area which consists of or comprises the area of the local health authority;

and any such voluntary organisation or the Executive Council or the Regional Hospital Board may within two months of the service on them of a copy of the proposals make recommendations to the Minister for modifying the proposals.

(3) The Minister may approve the proposals with or without modifications (which may include additions and exceptions), and it shall be the duty of the local health authority to carry out their duties under the next following seven sections of this Act in accordance with the proposals submitted and approved for their area under this section, subject to any modifications made by subsequent proposals so submitted and approved.

(4) A local health authority may at any time, and if directed by the Minister shall within the period specified in the direction, submit new proposals providing for the modification of the existing proposals, and the last two foregoing subsections shall apply to any such new proposals.

(5) If any local health authority fail to submit any proposals which they are required to submit within a period specified by direction of the Minister, the Minister may himself prepare proposals, and shall serve a copy thereof on the bodies mentioned in subsection (2) of this section and give an opportunity to those bodies to make recommendations to him for modifying the proposals, and may thereupon by order direct that the proposals shall have effect, with or without modifications (which may include additions and exceptions), and they shall have effect as if they had been submitted and approved under the foregoing provisions of this section.
19.—(1) It shall be the duty of every local health authority, to provide and maintain to the satisfaction of the Minister premises, which shall be called "health centres", at which facilities shall be available for all or any of the following purposes:

(a) for the provision of general medical services under Part IV of this Act by medical practitioners;
(b) for the provision of general dental services under Part IV of this Act by dental practitioners;
(c) for the provision of pharmaceutical services under Part IV of this Act by registered pharmacists;
(d) for the provision or organisation of any of the services which the local health authority are required or empowered to provide under this Part of this Act; or
(e) for the exercise of the powers conferred on the local health authority by section one hundred and seventy-nine of the Public Health Act, 1936, or section two hundred and ninety-eight of the Public Health (London) Act, 1936, for the publication of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures or cinematograph films in which such questions are dealt with.

(2) A local health authority shall to the satisfaction of the Minister, provide staff for any health centre provided by them:

Provided that a local health authority shall not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of this Act.

(3) A local health authority may provide residential accommodation at a health centre for officers employed on the staff of that centre.

20.—(1) It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.

(2) The local health authority may, with the approval of the Minister, recover from persons availing themselves of the services provided under this section such charges (if any) in respect of any food provided as the authority considers reasonable, having regard to the means of those persons.
(3) The local health authority shall be the welfare authority for the purposes of Part VII of the Public Health Act, 1936, and the local authority for the purposes of Part XIII of the Public Health (London) Act, 1936.

(4) Regulations may provide, in the case of areas where, under Part III of the First Schedule to the Education Act, 1944, schemes of divisional administration relating to the functions of local education authorities with respect to school health services are in force, for the making, variation and revocation of corresponding schemes of divisional administration relating to the functions of local health authorities under subsection (1) of this section with respect to the care of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority, and the functions of such authorities under subsection (3) of this section.

21.—(1) The local health authority shall be the local supervising authority for the purposes of the Midwives Acts, 1902 to 1936, and accordingly in section eight of the Midwives Act, 1902, for the words "council of a county or county borough" there shall be substituted the words "local health authority".

(2) It shall be the duty of every local health authority to secure, whether by making arrangements with voluntary organisations for the employment by those organisations of certified midwives or by themselves employing such midwives, that the number of certified midwives so employed who are available in the authority's area for attendance on women in their homes as midwives, or as maternity nurses during childbirth and from time to time thereafter during a period not less than the lying-in period, is adequate for the needs of the area.

In this subsection the expression "lying-in period" means the period defined as the lying-in period by any rule for the tim. being in force under section three of the Midwives Act, 1902.

(3) Subsection (1) of section nine of the Midwives Act, 1936 (which enables the Minister to prescribe conditions subject to which fees are to be payable by the local health authority to medical practitioners called in by midwives) shall have effect as if at the end of the subsection there were added the words "including conditions as to the qualifications of such medical practitioners".

22. It shall be the duty of every local health authority to make provision in their area, whether by making arrangements with voluntary organisations for the employment by those organisations of health visitors or by themselves employ-
PART III.
—cont.

Home nursing.

23. It shall be the duty of every local health authority to make provision in their area, whether by making arrangements with voluntary organisations for the employment by those organisations of nurses or by themselves employing nurses, for securing the attendance of nurses on persons who require nursing in their own homes.

Vaccination and immunisation.

24.—(1) Every local health authority shall make arrangements with medical practitioners for the vaccination of persons in the area of the authority against smallpox, and the immunisation of such persons against diphtheria.

(2) Any local health authority may, and if directed by the Minister shall, make similar arrangements for vaccination or immunisation against any other disease.

(3) In making arrangements under this section a local health authority shall give every medical practitioner providing general medical services in their area under Part IV of this Act an opportunity to provide services under this section.

(4) The Minister may, either directly or by entering into arrangements with such persons as he thinks fit, supply free of charge to local health authorities and medical practitioners providing services under this section, vaccines, sera or other preparations for vaccinating or immunising persons against any disease.

(5) The Vaccination Acts, 1867 to 1907, shall cease to have effect.

Ambulance services.

25.—(1) It shall be the duty of every local health authority to make provision for securing that ambulances and other means of transport are available for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area or from places outside their area to places in their area.

(2) A local health authority may carry out their duty under this section either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefor or by making arrangements with voluntary organisations or other bodies or persons for the provision by them of such ambulances, transport and staff.
26.—(1) A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child under five years of age.

(2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the domestic help so provided such charges (if any) as the authority considers reasonable, having regard to the means of those persons.

27.—(1) A local health authority may make such arrangements as the Minister may approve for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons, but no such arrangements shall provide for the payment of money to such persons.

(2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the services provided under this section such charges (if any) as the authority considers reasonable, having regard to the means of those persons.

(3) A local health authority may, with the approval of the Minister, contribute to any voluntary organisation formed for any such purpose as aforesaid.

28. This Part of this Act, except section eighteen, shall come into force on the appointed day.

PART IV.

GENERAL MEDICAL AND DENTAL SERVICES, PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

Administration.

29.—(1) There shall be constituted in accordance with the provisions of the Fifth Schedule to this Act for the area of every local health authority, a council, to be called the Executive Council, for the purpose of exercising functions under this Part of this Act in relation to the general medical services, general dental services, pharmaceutical services and supplementary ophthalmic services provided under the said Part, and the supplementary provisions contained in the said Schedule shall apply to every such Council.

(2) Where it appears to the Minister, either before or after Executive Councils have been constituted under the last foregoing subsection, to be expedient in the interests of the
efficiency of the services provided under this Part of this Act that a single Executive Council should be constituted for the area of two or more local health authorities, he may by order provide for the constitution thereof, and the Fifth Schedule to this Act shall apply subject to the modification that the members of the Council to be appointed by the local health authorities shall be appointed by the several authorities concerned in such proportions as the order may provide.

Any such order may be revoked by a subsequent order of the Minister and thereupon, subject to any new order made under this subsection, separate Executive Councils shall be constituted under this section for the areas of the local health authorities concerned.

(3) Any order made under the last foregoing subsection may contain such supplementary and incidental provisions as appear to the Minister to be necessary or expedient, including provision for the transfer of officers or their compensation by the Minister and the transfer of property, rights and liabilities.

(4) Where it appears to the Minister that owing to the special circumstances of the area for which an Executive Council has been or is to be constituted under this section it is desirable to vary the constitution of that Council, he may by order provide for such variation:

Provided that before making any such order with respect to a Council already constituted, he shall consult with that Council, and in making any order under this subsection he shall have regard to the desirability of maintaining, so far as practicable, the same numerical proportion as between the members appointed by the several authorities and bodies mentioned in the Fifth Schedule to this Act.

(5) Where it appears to the Minister to be expedient in the interests of the efficiency of the services provided under this Part of this Act that a joint committee should be established for the areas of two or more Executive Councils for the purpose of exercising some but not all of the functions of the Executive Council, the Minister may by order constitute such a joint committee and provide for the exercise by that committee of such of the said functions as may be specified in the order and for the payment of the expenses of the committee by the constituent councils, and for the application, with such modifications as may be so specified, to that committee of any provisions of this Act relating to those functions, and the order may contain such supplementary and incidental provisions as appear to the Minister to be necessary or expedient, including provision for the transfer of officers and
their compensation by the Minister and the transfer of property, rights and liabilities, and for any of the matters for which, in relation to an Executive Council, regulations made under the Fifth Schedule to this Act may provide.

30.—(1) Where the Minister is satisfied that a loan committee formed for the area of any Executive Council is representative—
   
   (a) of the medical practitioners of that area, or
   
   (b) of the persons providing pharmaceutical services in that area, or
   
   (c) of the dental practitioners of that area,

the Minister may recognise that committee and any committee so recognised shall be called the Medical Practitioner Committee, the Pharmaceutical Committee or the Dental Practitioner Committee, as the case may be, for the area concerned.

(2) The Executive Council shall in exercising their functions under this Part of this Act consult with the said Committees on such occasions and to such extent as may be prescribed, and the said Committees shall exercise such other functions as may be prescribed.

General Medical Services.

31.—(1) It shall be the duty of every Executive Council in accordance with regulations, to make as respects their area arrangements with medical practitioners for the provision by them as from the appointed day, whether at a health centre or otherwise, free of charge to the patient, of personal medical services for all persons in the area who wish to take advantage of the arrangements, and the services provided in accordance with the arrangements are in this Act referred to as "general medical services."

(2) Regulations may make provision for defining the personal medical services to be provided and for securing that the arrangements will be such that all persons availing themselves of those services will receive adequate personal care and attendance, and the regulations shall include provision—

   (a) for the preparation and publication of lists of medical practitioners who have undertaken to provide general medical services;

   (b) for conferring a right on any person to choose, in accordance with the prescribed procedure, the medical practitioner by whom he is to be attended, subject to the consent of the practitioner so chosen and to any prescribed limit on the number of patients to be accepted by any practitioner;
PART IV.
—cont.

Distribution of medical practitioners providing services.

Distribution of medical practitioners whose names are on the lists of any persons who have indicated a wish to obtain general medical services but who have not made any choice of medical practitioner or have been refused by the practitioner chosen;

(d) for the issue to patients or the personal representatives free of charge by medical practitioners providing such services as aforesaid of certificates reasonably required by them under or for the purposes of any enactment.

(3) Regulations made under this section may provide that the right of choice of a medical practitioner shall, in the case of such persons as may be specified in the regulations, be exercised on their behalf by other persons so specified.

32.—(1) Subject to the provisions of this Part of this Act relating to the disqualification of practitioners, every medical practitioner who wishes to provide general medical services shall, at any time before the appointed day, be entitled, on making an application in the prescribed manner to the Executive Council for any area in which he is practising, to be included in the list of medical practitioners undertaking to provide general medical services for persons in that area.

(2) With a view to securing that the number of medical practitioners undertaking to provide general medical services in the areas of different Executive Councils or in different parts of those areas is adequate, the Minister shall constitute a committee, to be called the Medical Practices Committee, for the purpose of considering and determining applications—

(a) made before the appointed day by a medical practitioner for inclusion in the list of an Executive Council in whose area he is not practising; and

(b) made on or after the appointed day for inclusion in any such list kept by an Executive Council for any area;

and any medical practitioner who makes such an application in the prescribed manner which the said Committee grants shall, subject to the provisions of this Part of this Act relating to the disqualification of practitioners, be entitled to be included in the list.

(3) The said Committee may refuse any such application on the ground that the number of medical practitioners undertaking to provide general medical services in the area or part of an area concerned is already adequate, and, if in the opinion of the Committee additional practitioners are required for any area or part but the number of applicants exceeds
the number of vacancies, the Committee shall select the persons whose applications are to be granted and shall refuse the other applications.

(4) Except as provided by the last foregoing subsection, the Medical Practices Committee shall not refuse any such application, but the Committee may grant an application subject to conditions excluding practice in such part or parts of the area of the Executive Council as the Committee may specify.

(5) The Medical Practices Committee shall be constituted in accordance with the Sixth Schedule to this Act and the provisions of that Schedule shall apply to that Committee.

(6) A medical practitioner who has made such an application as aforesaid which has been refused or has been granted subject to the said conditions, may appeal to the Minister, and the Minister may, on any such appeal, direct the said Committee to grant the application either unconditionally or subject to such conditions as the Minister may specify.

(7) Regulations shall be made—

(a) requiring Executive Councils to make reports, at such times and in such manner as may be prescribed, to the Medical Practices Committee as to the number of medical practitioners required to meet the reasonable needs of their area and the different parts thereof and as to the occurrence of any vacancies on the lists of medical practitioners kept by them under this Part of this Act and as to the need for filling such vacancies, and as to any applications made by medical practitioners to be included in such lists;

(b) prescribing the procedure for the determination of applications by the Medical Practices Committee, and requiring applicants to be informed of the decisions of the Committee;

(c) prescribing the procedure for making and determining appeals to the Minister under this section and, in particular, for securing that such an appeal shall not be decided against the appellant without affording him an opportunity of appearing before and being heard by a person appointed by the Minister for the purpose.

33.—(1) Where the name of any medical practitioner is, on the appointed day or at any time thereafter, entered on any list of medical practitioners undertaking to provide general medical services, it shall be unlawful subsequently to sell the goodwill or any part of the goodwill of the medical practice that medical practitioner:
Provided that, where a medical practitioner, whose name has ceased to be entered on any such list as aforesaid, practises in the area of an Executive Council in whose list his name has never been entered, this subsection shall not render unlawful the sale of the goodwill or any part of the goodwill of his practice in that area.

(2) Any person who sells or buys the goodwill or any part of the goodwill of a medical practice which it is unlawful to sell by virtue of the last foregoing subsection, shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding—

(a) in the case of the seller, the amount or value of the consideration for the sale, and the further amount of [five hundred] pounds; and

(b) in any other case, the amount of [five hundred] pounds;

or to imprisonment for a term not exceeding three months, or to both such fine and such imprisonment.

(3) Where any medical practitioner or the personal representative of any medical practitioner sells or lets premises previously used by that practitioner for the purposes of his practice to another medical practitioner, or in any other way disposes or procures the disposition of the premises, whether by a single transaction or a series of transactions, so as to enable another practitioner to use the premises for the purposes of his practice, and the consideration for the sale, letting or other disposition is substantially in excess of the consideration which might reasonably have been expected if the premises had not previously been used for the purposes of a medical practice, the sale, letting or other disposition of the premises shall be deemed to be a sale by the first-named medical practitioner or his personal representative of the goodwill or part of the goodwill of the practice of that practitioner to that other practitioner.

(4) For the purposes of this section, where a medical practitioner takes into partnership another medical practitioner—

(a) in consideration of the payment of money or for any other valuable consideration other than the performance of services by the last named practitioner as a member of the partnership; or

(b) in consideration of the performance of such services for any period for a remuneration substantially less than those services might reasonably have been expected to be worth;

the agreement shall be deemed to be a sale of the goodwill or part of the goodwill of the practice of the first-named medical practitioner to the second-named medical practitioner.
(5) For the purposes of this section, where any medical practitioner performs services as an assistant to another medical practitioner for a remuneration substantially less than those services might reasonably have been expected to be worth, and subsequently succeeds, whether as the result of a partnership agreement or otherwise, to the practice or any part of the practice of the last-named practitioner, there shall be deemed to have been a sale of the goodwill or part of the goodwill of the said practice by the last-named practitioner to the first-named practitioner, unless it is shown that the said remuneration of the first-named practitioner was not fixed in contemplation of his succeeding to the said practice or any part thereof.

(6) For the purposes of this section, if in pursuance of any partnership agreement any payment is made or other valuable consideration given to a medical practitioner on his retirement, or to the personal representative of a medical practitioner on the death of that practitioner, the transaction shall be deemed to be a sale of the practice of that practitioner by him or his personal representative, as the case may be, to the surviving partners of the firm, and accordingly any provision of any partnership agreement, whether made before or after the passing of this Act, shall, so far as it provides for the making of any such payment or the giving of any such consideration on the retirement or death of a partner, be void.

Provided that nothing in this subsection shall apply to any payment or other valuable consideration made or given to the retiring or deceased partner in respect of the transfer of property of that partner to any of the other partners, if the payment or other consideration does not exceed the fair value of that property.

(7) For the purposes of this section—

(a) if a medical practitioner or the personal representative of a medical practitioner agrees, in consideration of the payment of money or for other valuable consideration, to do or refrain from doing any act, or allow any act to be done, for the purpose of facilitating the succession of another medical practitioner to the practice or any part of the practice of the first-named practitioner, the transaction shall be deemed to be a sale of the goodwill or part of the goodwill of that practice by the first-named practitioner or his personal representative to the other practitioner;

(b) if any medical practitioner, or any person acting on his behalf or by arrangement with him, makes any payment or gives any other consideration to another medical practitioner or the personal representative
of another medical practitioner, or any person acting on his behalf or by arrangement with him, and the first-named medical practitioner succeeds or has succeeded, whether before or after the transaction aforesaid, to the practice or any part of the practice of the other practitioner, the transaction shall be deemed to be a sale of the goodwill or part of the goodwill of the practice of that other practitioner by him or by his personal representative to the first-named practitioner, unless it is shown that the payment or other consideration was not made or given in contemplation or consideration of the succession to the practice or part of the practice aforesaid:

Provided that this subsection shall not apply to anything done in relation to the acquisition of premises for the purposes of a medical practice, or a partnership agreement, or the performance of services as an assistant to a medical practitioner.

34.—(1) Every medical practitioner whose name is entered on the appointed day on any list of medical practitioners undertaking to provide general medical services shall be entitled to be paid by the Minister compensation in accordance with this section in respect of the loss suffered by him by reason that he is or will be unable to sell the goodwill or any part of the goodwill of his practice by virtue of the last foregoing section.

(2) The aggregate amount of the compensation to be paid under this section shall be — million pounds, exclusive of any sums paid by way of interest:

Provided that, if the aggregate number of doctors included on the appointed day in lists of medical practitioners providing general medical services falls short of the prescribed number, the said amount shall be reduced by an amount calculated by multiplying the number by which the said aggregate number falls short as aforesaid by the prescribed amount.

(3) Regulations shall—

(a) prescribe the method of apportioning the said aggregate amount among the persons entitled to compensation;

(b) prescribe the manner in which and the times at which the compensation is to be paid, and secure that, except in such circumstances as may be prescribed, it shall not be paid until the retirement or death of the medical practitioner concerned, which ever first occurs; and
(c) provide for paying interest at two and three-quarter per cent., on the amount of the compensation payable to any medical practitioner, in respect of the period from the appointed day until the time when the compensation is paid;

and before making any regulations under this subsection the Minister shall consult such organisations as may be recognised by him as representing the medical profession.

35. Where the Medical Practices Committee are satisfied, on the application of a medical practitioner or his personal representative that—

(a) the practitioner has retired from practice or died during the period between the passing of this Act and the appointed day; and

(b) the goodwill of his practice has not been sold in whole or in part before the appointed day;

the last two foregoing sections shall apply to that medical practitioner as if his name were entered on the appointed day on a list of medical practitioners undertaking to provide general medical services.

Pharmaceutical Services, General Dental Services and Supplementary Ophthalmic Services.

36.—(1) It shall be the duty of every Executive Council in accordance with regulations to make as respects their area arrangements for the supply, as from the appointed day, of proper and sufficient drugs and medicines and prescribed appliances to all persons in the area who are receiving general medical services, and the services provided in accordance with the arrangements are in this Act referred to as "pharmaceutical services".

(2) Regulations may make provision for securing that arrangements made under this section will be such as to enable any person receiving general medical services to obtain proper and sufficient drugs and medicines and prescribed appliances, if ordered by the medical practitioner by whom that person is attended, from any persons with whom arrangements have been made under this section, and the regulations shall include provision—

(a) for the preparation and publication of lists of persons who have undertaken to provide pharmaceutical services; and

(b) for conferring a right, subject to the provisions of this Part of this Act relating to the disqualification of practitioners, on any person who wishes to be in-
Provisions with respect to persons authorised to provide pharmaceutical services.

37.—(1) Except as may be provided by regulations, no arrangement shall be made by the Executive Council with a medical practitioner under which he is required or agrees to provide pharmaceutical services to any person to whom he is rendering general medical services.

(2) Except as may be provided by regulations, no arrangements for the dispensing of medicines shall be made with persons other than persons who are registered pharmacists or are authorised sellers of poisons within the meaning of the Pharmacy and Poisons Act, 1933, and who undertake that all medicines supplied by them under the arrangements made under this Part of this Act shall be dispensed either by or under the direct supervision of a registered pharmacist or by a person who for three years immediately before the sixteenth day of December, nineteen hundred and eleven, acted as a dispenser to a medical practitioner or a public institution.

(3) Nothing in this Act shall interfere with the rights and privileges conferred by the Apothecaries Act, 1815, upon any person qualified under that Act to act as an assistant to any apothecary in compounding and dispensing medicines.

38.—(1) It shall be the duty of every Executive Council in accordance with regulations to make as respects their area arrangements with dental practitioners under which, as from the appointed day, any person in the area for whom a dental practitioner undertakes in accordance with the arrangements to provide dental treatment and appliances whether at a health centre or otherwise shall receive such treatment, and the services provided in accordance with the arrangements are in this Act referred to as "general dental services".

(2) Regulations may make provision as to the arrangements to be made under the last foregoing subsection, and shall include provision—

(a) for the preparation and publication of lists of dental practitioners who have undertaken to provide general dental services and for conferring a right, subject to the provisions of this Part of this Act relating to the disqualification of practitioners, on any dental practitioner, who wishes to be included in any such list, to be so included;

(b) for conferring a right on any person to choose in accordance with the prescribed procedure the dental
practitioner from whom he is to receive general dental services, subject to the consent of the practitioner so chosen;

(c) for constituting a Board, to be called the Dental Estimates Board, of whom the chairman and a majority of the members shall be dental practitioners, for the purpose of carrying out such duties as may be prescribed with respect to the approval of estimates of dental treatment and appliances;

(d) for providing for such matters in connection with the said Board, including the holding of land, the appointment of officers and the payment of the expenses of the Board, as the Minister considers necessary or expedient.

15 39.—(1) Without prejudice to the duty imposed on the Minister by Part II of this Act to provide hospital and specialist services, which include services in connection with the diagnosis and treatment of disease or defect of the eyes and the supply of optical appliances, it shall be the duty of every Executive Council to make as respects their area, in accordance with regulations, arrangements with medical practitioners and opticians having the prescribed qualifications for the testing of sight by them and for the supply by them of optical appliances, and the services provided in accordance with the arrangements are in this Act referred to as "supplementary ophthalmic services."

(2) The functions of the Executive Council under this section shall, to such extent as may be prescribed, be exercised by a committee to be called the "Ophthalmic Services Committee" constituted for the area of the Council in accordance with regulations so as to include members appointed by the Executive Council and by medical practitioners and opticians providing supplementary ophthalmic services, and the regulations may make provision for such matters in connection with the said Committee, as the Minister considers necessary or expedient.

(3) Regulations may make provision as to the arrangements to be made under this section, and shall include provision—

(a) for the preparation and publication by the Ophthalmic Services Committee of a list of medical practitioners and opticians who have undertaken to provide supplementary ophthalmic services;

(b) for conferring a right, subject to the provisions of this Part of this Act relating to the disqualification of practitioners, on any medical practitioner or optician
Disqualification of practitioners.

40.—(1) There shall be constituted in accordance with the provisions of the Seventh Schedule to this Act, a tribunal, in this Section referred to as "the Tribunal", for the purpose of investigating cases where representations are made to the Tribunal by an Executive Council or any other person that the continued inclusion of any person in any list prepared under this Part of this Act—

(a) of medical practitioners undertaking to provide general medical services;
(b) of persons undertaking to provide pharmaceutical services;
(c) of dental practitioners undertaking to provide general dental services;
(d) of medical practitioners undertaking to provide supplementary ophthalmic services; or
(e) of opticians undertaking to provide supplementary ophthalmic services;

would be prejudicial to the efficiency of the services in question.

(2) The Tribunal, on receiving representations from an Executive Council shall, and in any other case may, investigate the case and, if they are unanimously of opinion that the continued inclusion of the said person in the said list would be prejudicial to the efficiency of the said services, shall give notice to the Executive Council directing them to remove his name from the said list, and in any other case shall give notice to the Executive Council that his name shall continue to be included in the said list.
(3) Where the Tribunal give notice directing the removal of the name of any person from any such list, the said person may appeal to the Minister who may confirm or reverse the decision of the Tribunal.

(4) Where the Tribunal give a notice directing such removal as aforesaid, the Executive Council shall—

(a) if no appeal is brought, at the end of the period for bringing an appeal; or

(b) if an appeal is brought and the decision of the Tribunal is confirmed by the Minister, on receiving notice of the Minister's decision, remove the name of the person affected from the said list, and his name shall also be removed from any corresponding list kept by any other Executive Council under this Part of this Act, and, until such time as the Tribunal directs to the contrary, that person shall be disqualified for inclusion in any such list.

(5) Regulations shall make provision—

(a) for securing that any person who is the subject of an investigation by the Tribunal under this section shall have an opportunity of appearing before and being heard by the Tribunal and, in the case of an appeal, of appearing before and being heard by a person appointed by the Minister;

(b) for conferring on the Tribunal and on any person so appointed by the Minister, powers to summon witnesses and hear evidence on oath, and such other powers as the Minister considers necessary; and

(c) for the publication of the decisions of the Tribunal and the Minister under this section.

(6) Where, before the appointed day—

(a) the name of any person has been removed from any list kept by an insurance committee under the National Health Insurance Act, 1936, or any enactment repealed by that Act, of medical practitioners or of persons supplying drugs, medicines and appliances;

(b) any dental practitioner has been declared under regulations made under the National Health Insurance Act, 1936, or any enactment repealed by that Act, to be permanently unsuitable for service in connection with the provision of dental benefit within the meaning of those regulations;

(c) any optician has been refused recognition by the approved committee for the purpose of the provision
and the name of that person has not been restored to any such list, or the declaration has not been revoked, or, as the case may be, the optician has not been granted such recognition as aforesaid, that person, dental practitioner or optician shall, until such time as the Tribunal directs to the contrary, be disqualified for inclusion in the appropriate list of those referred to in subsection (1) of this section.

Powers of Minister where services are inadequate.

41. If the Minister is satisfied, after such inquiry as he may think fit, as respects any area or part of an area of an Executive Council that the persons included in any list provided under this Part of this Act—

(a) of medical practitioners undertaking to provide general medical services;
(b) of persons undertaking to provide pharmaceutical services; or
(c) of dental practitioners undertaking to provide general dental services,

are not such as to secure the adequate provision of the services in question in that area or part, or that for any other reason any considerable number of persons in any such area or part are not receiving satisfactory services under the arrangements in force under this Part of this Act, [being persons (in the case of dental services) who are seeking necessary dental treatment under those arrangements,] he may authorise the Executive Council to make such other arrangements as he may approve, or may himself make other arrangements, and for the purpose of such other arrangements he may dispense with any of the requirements of regulations made under this Part of this Act.

Recovery of charges in respect of certain appliances and dental treatment.

42.—(1) Regulations may provide for the recovery of such charges as may be prescribed—

(a) in respect of the supply, as part of the general dental services or supplementary ophthalmic services, of any prescribed dental or optical appliance which is, at the request of the person supplied, of a quality superior to the prescribed standard; or
(b) in respect of the replacement or repair of any such appliance, if that replacement or repair is necessitated by lack of care on the part of the person supplied.

(2) Regulations may provide for the recovery of the prescribed charges in respect of such dental treatment, provided as part of general dental services, as may be prescribed.
43. Where a health centre provides facilities for general medical services, general dental services or pharmaceutical services, the centre shall, subject to regulations, be made available for those services in accordance with such arrangements as may be made between the Executive Council and the local health authority providing the centre or, in default of agreement between them, as may be determined by the Minister, and regulations shall provide for the payment by the executive council to the local health authority of such charges as may be prescribed and, in the case of general medical or dental services, for the recovery of those charges by the Executive Council from the medical practitioners or dental practitioners using the centre.

44. Any dispute arising under this part of this Act or any regulation made thereunder between an Executive Council and a person receiving, or claiming that he is entitled to receive, any services under this Part of this Act, or between an Executive Council and a local health authority as to the conduct of a health centre, shall be referred and decided by the Minister or by a person appointed by him in that behalf.

45. For the purpose of affording opportunities for medical and dental practitioners providing general medical services and general dental services to keep themselves informed of the latest developments in medical or dental knowledge, the Minister may enter into arrangements with universities, medical schools and dental schools, and any other persons or bodies for the provision of courses which medical or dental practitioners may attend, and may, with the approval of the Treasury, make payments towards the cost of the provision of such courses and the expenses of practitioners attending such courses.

PART V.
MENTAL TREATMENT AND MENTAL DEFICIENCY.

46.—(1) The functions of the Board of Control under the enactments specified in the Eighth Schedule to this Act being administrative functions relating to—

(a) the licensing of houses, the registration of hospitals and the approval of nursing homes and other places for the reception of persons of unsound mind as private patients;

(b) the certification of houses and the approval of homes for the reception of mental defectives as private patients;

(c) the supervision of the administration by local health authorities of their powers and duties under the Mental Deficiency Acts, 1913 to 1938;

A.D. 1946.

PART IV—cont.
Arrangements for use of health centres by practitioners.
Repeals and amendments of the Lunacy and Mental Treatment Acts, and the Mental Deficiency Acts.

(d) certain other administrative matters arising under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, shall be transferred to the Minister.

(2) The officers of the Board of Control, other than Commissioners and inspectors, shall be transferred to the Ministry of Health, and sections twenty-three and twenty-four of the Mental Deficiency Act, 1913 (which provides for the appointment of officers by the Board and as to their qualifications) shall cease to apply to any officers other than inspectors.

(3) The services of such officers, other than inspectors, as the Board of Control may require for the purpose of the exercise of the functions not transferred to the Minister shall be provided by the Minister.

(4) All property held by the Board of Control for the purposes of any institution for defectives established by them under section thirty-five of the Mental Deficiency Act, 1913, shall be transferred to and vest in the Minister by virtue of this Act, and any such institution shall be under the management of the Board of Control and the provisions of this Act relating to Regional Hospital Boards and Hospital Management Committees shall not apply thereto.

(5) An additional medical Commissioner may be appointed to the Board of Control, and accordingly section eleven of the Mental Treatment Act, 1930 (which provides that the Board is to consist of a chairman and not more than four Commissioners of which two shall be medical Commissioners) shall have effect subject to the amendments specified in the Tenth Schedule to this Act.

(6) Section twelve of the Mental Treatment Act, 1930 (which makes provision for the administrative business of the Board) shall cease to have effect.

(7) This section shall come into force on the appointed day.

47.—(1) The Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, and the other enactments specified in the Ninth Schedule to this Act shall have effect as from the appointed day, subject to the repeals and amendments specified in that Schedule, being repeals and amendments required—

(a) in consequence of the provision by the Minister instead of local authorities, of mental hospitals and institutions for defectives;

(b) for the purpose of making it unlawful to detain persons of unsound mind and mental defectives in workhouses;
(c) for the purpose of assimilating the procedure for securing the reception into and discharge from mental hospitals of private patients and other patients, respectively, and

(d) generally for bringing the provisions of the said Acts into conformity with the provisions of this Act.

(2) Nothing in the aforesaid repeals and amendments or in the provisions of this Act shall affect any order, certificate, licence, registration, approval, regulation, or other thing, made, issued, granted or done under any provision of any enactment specified in the Ninth Schedule to this Act, if it was in force immediately before the appointed day and could have been made, issued, granted or done under that provision as amended by this Act or under any corresponding provision of this Act, and any such order, certificate, licence, registration, approval, regulation or other thing, shall be deemed to have been duly made, issued, granted or done under that provision as so amended or under that provision of this Act.

(3) Where immediately before the appointed day any person of unsound mind or mental defective is, by virtue of an order made under the Lunacy and Mental Treatment Acts, 1890 to 1930, or the Mental Deficiency Acts, 1913 to 1938, detained in any premises which are not transferred to the Minister by virtue of this Act, the order shall, for a period of months, continue to be an authority for his detention in those premises, and, while he is so detained, the provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930, or of the Mental Deficiency Acts, 1913 to 1938, as the case may be, shall continue to apply to him as if this Act had not passed, and the said order shall also be an authority for his transfer to and detention in any mental hospital or, as the case may be, institution for defectives, vested in the Minister, being a hospital or institution in the area of the Regional Hospital Board in which the said premises are situated.

(4) Where an institution for defectives which, by virtue of subsection (2) of section ten of the Mental Deficiency Act, 1927, is also used as a special school for the purposes of the Education Act, 1944, the Minister may arrange with the local education authority for the continued use of the premises for the purposes of that school for such period, not exceeding , as the Minister may determine; and so long as the premises are so used, the Minister may recover from the local education authority the expenses incurred by him in respect of the use of those premises for the purposes of the school, and the amount of those expenses shall, in default of agreement, be determined by arbitration.
48.—(1) Every local health authority shall, within such period as the Minister may by direction specify, submits to the Minister proposals for carrying out their duties under the Mental Deficiency Acts, 1913 to 1938, being duties mainly concerned with the ascertainment of defectives in their area, the provision of suitable supervision for such defectives, or, if necessary, the taking of steps to secure that they are sent to institutions or placed under guardianship, and the making of provision for the guardianship of any such defectives.

(2) The Minister may approve the proposals with or without modifications (including additions and exceptions), and they shall come into force on the appointed day.

(3) A local health authority may at any time, and if directed by the Minister, shall within the period specified in the direction, submit new proposals providing for the modification of the existing proposals, and the Minister may approve the new proposals with or without modifications (which may include additions and exceptions).

(4) It shall be the duty of the local health authority to carry out their duties aforesaid in accordance with the proposals submitted and approved under this section, subject to any modifications made by subsequent proposals so submitted and approved.

(5) If any local health authority fail to submit any proposals which they are required to submit within a period specified by direction of the Minister, the Minister may himself prepare proposals and they shall have effect as if they had been submitted and approved under the foregoing provisions of this section.

49.—(1) Where any person of unsound mind is, under any provision of the Lunacy and Mental Treatment Acts, 1890 to 1930, sent to a mental hospital or removed from one mental hospital to another, the conveyance of that person to his destination shall, after the appointed day, be the duty of the local health authority for the area from which the said person is sent or removed.

(2) Where any person is, under any provision of the Mental Deficiency Acts, 1913 to 1938, sent to an institution for defectives or placed under guardianship, or removed from such an institution to another such institution or removed from such an institution for the purpose of being placed under guardianship, the conveyance of that person to his destination shall, after the appointed day, be the duty of the local health authority for the area from which he is sent or removed.
PART VI.

GENERAL.

Financial Provisions.

50.—(1) Any expenses incurred by the Minister in the exercise of his functions under this Act shall be defrayed out of moneys provided by Parliament.

(2) All sums transferred to the Minister by virtue of this Act, or received by the Minister by way of income arising out of, or proceeds from the disposal of, property transferred or acquired by him under this Act, or otherwise received by him in the exercise of functions under this Act shall be paid into the Exchequer.

51.—(1) In respect of the period of twelve months beginning with the appointed day and each subsequent period of twelve months, there shall be paid out of moneys provided by Parliament to every local health authority a grant in respect of the expenditure, estimated in the prescribed manner, incurred by the authority in carrying out their functions under this Act, and the grant shall be payable in accordance with regulations made by the Minister with the approval of the Treasury:

Provided that the total amount of the grant payable to any local health authority in respect of any year shall not exceed three-quarters of the total expenditure aforesaid of that authority, and shall not be less than three-eighths of that expenditure.

(2) Where any functions of two or more local health authorities are being exercised by a joint board, grants shall be paid to the said authorities under the last foregoing subsection in respect of their expenditure in defraying expenses of the board in exercising those functions, as if that expenditure were incurred by them in exercising functions as local health authorities.

(3) For the purposes of section one hundred and four of the Local Government Act, 1929 (which authorises the reduction of grants payable under Part VI of that Act to a council which fails to achieve and maintain an efficient service) grants payable under this section shall be deemed to be payable under the said Part VI.

(4) The council of every county and county borough shall pay to the Minister in respect of the period of twelve months beginning with the appointed day and each subsequent period of twelve months during the third fixed grant period within the meaning of the Local Government Act, 1929, a sum equal
A.D. 1946.

PART VI —cont.

Payments to Regional Hospital Boards, Boards of Governors and Executive Councils.

to the loss on account of the grants mentioned in paragraph 2 of the Second Schedule to the Local Government Act, 1929, discontinued by virtue of section eighty-five of that Act, as determined in accordance with Part II of the Fourth Schedule to that Act, less such part of that loss as is attributable to grants for the welfare of the blind:

Provided that—

(a) where the said loss on account of the said grants has, in the case of any county or county borough, been increased or reduced by an amount certified by the Minister under regulations made under paragraph (b) of subsection (1) of section one hundred and eight of the Local Government Act, 1929, the payment to be made by the council of that county or county borough under this subsection shall be increased or reduced by such part of the amount so certified as is attributable to the said grants other than grants for the welfare of the blind;

(b) in the case of a county or county borough constituted since the thirty-first day of March, nineteen hundred and twenty-nine, the amount to be paid by the council thereof under this section shall be the amount certified by the Minister under the said regulations as the loss of that county or county borough on account of the said grants, less such part of that amount as is attributable to grants for the welfare of the blind:

Provided that, if the said third fixed grant period ends during any such period of twelve months as aforesaid, the payments to be made by councils and county boroughs under this subsection in respect of that period of twelve months shall bear the same proportion to the sums that would be payable in respect of the complete period of twelve months as the part of that period before the end of the third fixed grant period bears to the complete period of twelve months.

52.—(1) There shall be paid out of moneys provided by Parliament to—

(a) every Regional Hospital Board such sums as may be necessary to defray the expenditure of the Board under this Act (including expenditure incurred by a Hospital Management Committee of a hospital or group of hospitals in the area of the Board), being expenditure approved by the Minister in the prescribed manner;

(b) every Board of Governors of a teaching hospital such sums as may be necessary to defray the expenditure
of the Board being expenditure approved as aforesaid.

(2) All expenditure of a hospital management committee approved as aforesaid shall be defrayed by the Regional Hospital Board for the area in which the hospital or group of hospitals in question is situated.

(3) There shall be paid out of moneys provided by Parliament to every Executive Council such sums as the Minister may with the approval of the Treasury determine to have been incurred by the Council for the purpose of discharging their functions under this Act.

(4) Payments made under this section shall be made in accordance with regulations made by the Minister and approved by the Treasury, and shall be made at such times and in such manner as the Treasury may direct, and subject to such conditions as to records, certificates, audit or otherwise as the Minister may with the approval of the Treasury determine.

53.—(1) The council of every county borough shall keep accounts of the sums received and expended by them in the exercise of their functions under this Act, and those accounts shall be made up and audited in like manner as the accounts of a county council and shall be kept separately from their other accounts; and the enactments relating to the audit of accounts by a district auditor and to the matters incidental to such audit and consequential thereon shall have effect in relation to the accounts which the council of a county borough are required to keep under this section as they have effect in relation to the accounts of a county council.

(2) Every Regional Hospital Board, Board of Governors of a teaching hospital, Hospital Management Committee and Executive Council shall keep accounts in the prescribed form and shall, when required, submit those accounts to audit by auditors appointed by the Treasury, and the provisions of the Tenth Schedule to this Act shall have effect with respect to those accounts.

(3) The Minister shall, at such times and in such form as the Treasury may direct, lay before Parliament statements of accounts of such Boards, Committees and Councils as aforesaid.

Administrative provisions.

54.—(1) Where the Minister is of opinion, on complaint or otherwise, that any Regional Hospital Board, Board of Governors of a teaching hospital, Hospital Management Committee, Executive Council Ophthalmic Services Committee or
local health authority, or the Medical Practices Committee or the Dental Estimates Board have failed to do anything which they are required to do by or under this Act, he may after such inquiry as he may think fit make an order declaring them to be in default and directing them, for the purpose of remedying the default, to discharge such of their functions, in such manner and within such time or times, as may be specified in the order.

(2) If the body in default fails to comply with any such direction within the time limited for compliance therewith, to the Minister, in lieu of enforcing the order by mandamus or otherwise, may make an order transferring to himself such of the functions of the body in default as he thinks fit.

(3) Any expenses certified by the Minister to have been incurred by him in discharging functions transferred to him under this section from a local health authority shall on demand be paid to him by that authority and shall be recoverable by him from them as a debt due to the Crown, and the authority or (in the case of a joint board) any constituent local authority thereof shall have the like power of raising the money required as they have of raising money for paying expenses incurred directly by them, and the payment of any such expenses incurred by the Minister as aforesaid shall, to such extent as may be sanctioned by the Minister, be a purpose for which the authority may borrow money in accordance with the statutory provisions relating to borrowing by that authority.

(4) An order made under this section may contain such supplementary and incidental provisions as appear to the Minister to be necessary or expedient, including provision for the transfer to the Minister of property and liabilities of the body in default, and where any such order is varied or revoked by a subsequent order, the revoking order or a subsequent order may make provision for the transfer to the body in default of any property or liabilities acquired or incurred by the Minister in discharging any of the functions transferred to him.

55.—(1) The Minister may acquire, either by agreement or compulsorily by means of an order made by him under this section, any land required by him for the purposes of this Act, and, without prejudice to the generality of this subsection, land may be so acquired for the purpose of providing residential accommodation for persons employed at any hospital vested in the Minister.

(2) A local health authority may be authorised to purchase land compulsorily for the purposes of this Act by means of an order made by the authority and confirmed by the Minister.
(3) Where the Minister proposes to make an order for the compulsory purchase by him of land under this section, he shall prepare a draft thereof, and subsections (2) to (7) of the said section one hundred and sixty-one, sections one hundred and seventy-four and one hundred and seventy-five, and paragraphs (a) and (b) of section one hundred and seventy-nine of the Local Government Act, 1933, shall apply to any such order as if—

(a) for references to the local authority there were substituted references to the Minister;

(b) except where the context otherwise requires, for references to the order and the making of the order there were substituted references to the draft order and the preparation thereof; and

(c) for references to the submission of the order for confirmation and to the confirmation thereof there were substituted references to the making of the order.

56.—(1) Any power or duty of the Minister or a local health authority under this Act to provide buildings or other premises for any purpose shall include a power or, as the case may be, a duty to equip them with such furniture and equipment or vehicles as may be reasonably necessary to enable them to be used for that purpose.

(2) Any such power or duty may be exercised or performed by entering into agreements with any body or person for the use, upon such terms as may be agreed, of any suitable buildings, premises, furniture, equipment or vehicles provided by, or under the control of, that body or person, and, if it appears convenient, for the services of any staff employed in connection therewith.

(3) A local health authority who provide buildings, or other premises, furniture, equipment or vehicles for any of the purposes of this Act may, on such terms (including terms with respect to the services of any staff employed by them) as may be agreed, permit the use thereof by any other local health authority or by any of the bodies constituted under this Act or by any voluntary organisation providing services under Part III of this Act or by a local education authority.

57. Regulations may make provision with respect to the qualifications, remunerations, conditions of service and superannuation of officers employed by a Regional Hospital Board, Board of Governors of a teaching hospital, Executive Council, local health authority or voluntary organisation for the purposes of this Act, and, with the approval of the Treasury, with respect to the remuneration of any such officer, and no officer to whom the regulations apply shall be employed otherwise than in accordance with the regulations.
Regulations may provide—

(a) for the granting out of moneys provided by Parliament of superannuation benefits to, and the recovery of contributions from, officers of such classes as may be prescribed, being officers of Regional Hospital Boards, Boards of Governors of teaching hospitals, Executive Councils or other bodies constituted under this Act, or officers engaged in health services not provided under this Act or by a local health authority;

(b) for extending, with such modifications as may be prescribed, the provisions of the Local Government Superannuation Act, 1937, to such officers as may be prescribed, being officers of local health authorities or of voluntary organisations engaged in the provision of services under Part III of this Act;

(c) for the granting out of moneys provided by Parliament of superannuation benefits to, and the recovery of contributions from, medical practitioners and dental practitioners providing general medical services or general dental services;

(d) for the payment to the Minister by local authorities and other persons of transfer value in respect of officers who, on the coming into force of the regulations, were entitled to superannuation benefits payable by those authorities or persons, and become entitled to superannuation benefits payable under the regulations out of moneys provided by Parliament, and for the payment, on subsequent occasions, of transfer value to or by the Minister in respect of officers transferred to or from employment in respect of which superannuation benefits are payable under the regulations out of moneys provided by Parliament from or to employment in respect of which superannuation benefits are otherwise payable;

(e) for any other matters consequential on the change of employment of any such officers;

(f) for the transfer to the Minister, in cases where transfer value is not payable, of any fund, or any part of a fund, or any policies of insurance, maintained for the purpose of providing superannuation benefits for officers for whom superannuation benefits are payable under or by virtue of the regulations;

(g) for making special provision for special classes of officers, and in particular with respect to the reckoning of back service;
(h) for granting to persons who, immediately before entering any employment in respect of which superannuation benefits are payable under or by virtue of the regulations, were otherwise entitled to similar benefits, an option to retain their existing rights in lieu of their rights to benefits payable as aforesaid;

(i) for the final determination of all questions arising under the regulations by the Minister;

(k) for such provisions supplementary and consequential on the matters aforesaid as appear to the Minister to be necessary, including provisions for adapting, modifying or repealing any Acts of Parliament, whether public general, local or private, so far as appears to the Minister to be necessary in consequence of the regulations.

(2) In this section the expression "superannuation benefits" means annual superannuation allowances, gratuities and periodical payments payable on retirement, death or incapacity, and similar benefits, and the regulations shall secure that the benefits payable under or by virtue of the regulations are substantially similar to those payable under the Local Government Superannuation Act, 1937, to contributory employees within the meaning of that Act, except that the regulations may substitute for a superannuation allowance based upon sixtieths of the officer's annual remuneration a superannuation allowance based upon eightieths of that remuneration together with an appropriate lump sum.

(3) If the Minister and a Secretary of State are satisfied that any Act for the time being in force in Scotland or in Northern Ireland makes provision with respect to the superannuation of officers employed in health services in Scotland or Northern Ireland which is substantially similar to the provision made under this section, they may make regulations with respect to the rights and liabilities of an officer so employed who leaves his employment and enters into employment in respect of which superannuation benefits are payable under or by virtue of regulations made under the last foregoing subsection or into the employment of a local health authority in respect of which superannuation benefits are payable under the Local Government Superannuation Act, 1937, and vice versa.

59. Regulations shall provide—

(a) for the transfer of officers employed immediately before the appointed day solely or mainly at or for the purposes of any hospital transferred to the
Minister by virtue of this Act, to the Regional Board for the area in which the hospital is situated or, in the case of a teaching hospital, to the Board of Governors of that hospital, subject, in the case of medical officers, to such exceptions and conditions as may be prescribed;

(b) for the transfer of officers employed immediately before the appointed day solely or mainly at or for the purposes of a medical or dental school for which a new governing body is constituted under Part I of this Act, to that governing body;

(c) for the transfer of officers employed immediately before the appointed day by the Common Council of the City of London, the council of a metropolitan borough or the council of a county district solely or mainly for the purposes of functions transferred from that council to a local health authority, to that local authority;

(d) for the transfer of officers employed immediately before the appointed day by any such council as aforesaid solely or mainly for the purposes of functions under the Vaccination Acts, 1867 to 1907, to the local health authority whose area comprises the area of that council;

(e) for the transfer of officers employed immediately before the appointed day by the insurance committee for any county or county borough to the Executive Council for the area comprising that county or county borough; and

(f) for the payment of compensation by the Minister or local health authority to any officers employed as aforesaid whose employment was wholetime employment and who suffer loss of employment or diminution of emoluments which is shown to be directly attributable to the passing of this Act.

This section shall apply in relation to a joint insurance committee constituted under section ninety-four of the National Health Insurance Act, 1936, with the modification that the Executive Council to whom any officer is to be transferred shall be determined by the Minister.

60.—(1) Regulations may make provision consequential on or supplementary to the transfer of any functions by virtue of this Act from the Common Council of the City of London, the council of a metropolitan borough or the council of a county district to a local health authority as appear to the Minister to be necessary or expedient, and in particular, but
without prejudice to the generality of this subsection, regulations may provide—

(a) for the transfer to the local health authority of property, rights and liabilities held or incurred for the purposes of the said functions;

(b) for the making of adjustments between the local health authority and the council from whom the functions were transferred in relation to the said property, rights and liabilities, including the making of payments by the said authority or council;

(c) for the amendment of contracts and other documents relating to the said property, rights and liabilities;

(d) for enabling any proceedings pending on the appointed day with respect to any such property, rights or liabilities to be carried on by the local health authority; and

(e) for the determination of disputes relating to the matters aforesaid.

(2) Regulations may also provide—

(a) for the transfer of property, rights and liabilities to an Executive Council from the insurance committee for any county or county borough comprised in the area of the Council, and for the amendment of any contracts or other documents relating thereto;

(b) for enabling any proceedings pending with respect to any such property, rights or liabilities to be carried on by the Executive Council; and

(c) for the determination of disputes relating to the matters aforesaid.

This subsection shall apply in relation to a joint insurance committee constituted under section ninety-four of the National Health Insurance Act, 1936, with the modification that the Executive Council to whom any property, right or liability is to be transferred shall be determined by the Minister.

61. The Minister may cause an inquiry to be held in any case where he deems it advisable to do so in connection with any matter arising under this Act, and subsections (2) to (5) of section two hundred and ninety of the Local Government Act, 1933, shall apply to any inquiry held under this Act.

62. Regulations may make provisions for all or any of the following matters:

(a) for prescribing the forms of notices and other documents, and the manner of service of notices and other documents;
PART VI.
—cont.

Regulations.

63.—(1) No regulations shall be made under sections fifty-eight or fifty-nine of this Act unless a draft of the regulations has been laid before Parliament and has been approved by resolution of each House of Parliament.

(2) All regulations made under this Act shall be laid before Parliament immediately after they are made, and if either House of Parliament, within the period of forty days beginning with the day on which any such regulations are laid before it, resolves that the regulations be annulled, the regulations shall cease to have effect, but without prejudice to anything previously done thereunder or to the making of new regulations.

In reckoning any such period of forty days, no account shall be taken of any time during which Parliament is dissolved or prorogued or during which both Houses are adjourned for more than four days.

Revocation and variation of orders.

64. Any order made by the Minister under this Act, except an order for the variation or revocation of which special provision is made in any of the foregoing provisions of this Act, may be varied or revoked by a subsequent order of the Minister made in like manner and subject to the like conditions as the original order.

Consequential Repeal and Amendment of Enactments.

65.—(1) The repeals and amendments specified in Part I of the Tenth Schedule to this Act shall be made in the Public Health Act, 1936, and the Public Health (London) Act, 1936.

(2) Any joint board constituted under the Public Health Act, 1936, or any enactment repealed by that Act solely for the purpose of exercising functions which cease to be exercisable by virtue of this Act or are transferred to a local health authority or other person or body by this Act, shall cease to exist.
66. The duties of councils of counties and county boroughs to provide by way of poor relief any of the services for which provision is made by this Act shall cease to have effect, and accordingly the Poor Law Act, 1930, shall be repealed to the extent specified in the third column of Part II of the Tenth Schedule to this Act.

67. The other enactments mentioned in Part II of the Eighth Schedule to this Act shall be repealed and amended to the extent specified in the third column of that Part of that Schedule.

68. The provisions of subsection (2) of the Road Traffic Act, 1930 (which, as amended by section thirty-three of the Road and Rail Traffic Act, 1933, provides for the making of payment to hospitals in respect of the treatment of persons killed or injured by motor vehicles) and section sixteen of the Road Traffic Act, 1934 (which provides for the making of payments to hospitals in respect of emergency treatment of persons so killed or injured) shall have effect as if any requirement for the payment of money to a hospital were construed, in the case of a hospital vested in the Minister, as requiring that payment to be made, in the case of a teaching hospital, to the Board of Governors of that hospital and in any other case to the Regional Hospital Board for the area in which the hospital is situated.

69.—(1) Where at the passing of this Act there is in force a local or private Act containing provisions appearing to the Minister either to be inconsistent with any of the provisions of this Act, or to be redundant in consequence of the passing of this Act, the Minister may by order make such alterations, whether by amendment or by repeal, in the local or private Act as appear to him to be necessary for the purpose of bringing its provisions into conformity with the provisions of this Act, or for the purpose of removing redundant provisions, as the case may be.

(2) Any order made under this section shall be laid before Parliament immediately after it is made, and if either House of Parliament, within the period of forty days beginning with the day on which any such order is laid before it, resolves that the order be annulled, the order shall cease to have effect, but without prejudice to anything previously done thereunder or to the making of a new order.

In reckoning any such period of forty days, no account shall be taken of any time during which Parliament is dissolved or prorogued, or during which both Houses are adjourned for more than four days.
A.D. 1946.

Supplementary Provisions.

70.—(1) In this Act, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them—

"appointed day" means such day as His Majesty may by Order-in-Council appoint, and different days may be appointed for the purposes of different provisions of this Act;

"certified midwife" means a person certified under the Midwives Acts, 1902 to 1936;

"dental practitioner" means a person registered in the dentists register under the Dentists Act, 1878 to 1923;

"governing body," in relation to a hospital, includes any person or body of persons holding property on trust for the benefit of that hospital;

"hospital" means any institution for the reception and treatment of persons suffering from any illness (including mental illness) or persons suffering from mental defectiveness, any maternity home, and any premises used for providing treatment during convalescence or for medical rehabilitation, including clinics and out-patient departments maintained in connection with any such premises or home as aforesaid, and "hospital accommodation" shall be construed accordingly;

"illness" includes injury and disability requiring medical treatment or nursing;

"insurance committee" means an insurance committee constituted under the National Health Insurance Act, 1936;

"local authority" means the council of a county or county borough, the Common Council of the City of London, the council of a metropolitan borough and the council of a county district, and also includes—

(a) any joint board constituted under the Public Health Act, 1936, or under the Public Health (London) Act, 1936, or any enactment repealed by those Acts, or any port health authority constituted under those Acts or under any Act passed before those Acts;

(b) any visiting committee, constituted under section seven of the Mental Treatment Act, 1930, any joint visiting committee constituted under section two hundred and fifty-three of the Lunacy Act.
Act, 1890; any joint mental hospital board constituted under any local Act and any joint board or joint committee constituted under section twenty-nine of the Mental Deficiency Act, 1913;

c) the King Edward VII Welsh National Memorial Association;

"local education authority" has the same meaning as in the Education Act, 1944;

"medical" includes surgical;

"medical practitioner" means a registered medical practitioner;

"officer" includes servant;

"patient" includes an expectant or nursing mother and a lying-in woman;

"prescribed" means prescribed by regulations made by the Minister under this Act;

"registered nurse" means a nurse registered in the register of nurses established under the Nurses Registration Act, 1919;

"registered pharmacist" means a pharmacist registered in the register of pharmaceutical chemists or the register of chemists and druggists;

"regulations" means regulations made by the Minister under this Act;

"teaching hospital" means a hospital or group of hospitals designated by the Minister as a teaching hospital under Part II of this Act;

"university" includes a university college;

"voluntary" means not carried on for profit and not provided by a local authority.

(2) References in this Act to the use of any premises or property shall be construed as referring to the normal use of those premises or that property or, in a case where the premises or property are intended to be normally used for any purpose but have not been so used, as referring to that intended use.

(3) Any reference in this Act to any enactment shall be construed as a reference to that enactment as amended by any subsequent enactment including this Act.
A.D. 1946.  
PART VI.  
—cont.  
Short title.  
commence-ment and extent.  

71.—(1) This Act may be cited as the National Health Service Act, 1946.

(2) This Act, except subsection (2) of section fifty-eight, shall not extend to Scotland or to Northern Ireland.

(3) The Minister may by order direct that this Act shall, subject to such exceptions, adaptations and modifications, if any, as may be specified in the order, extend to the Isles of Scilly, but except as so applied this Act shall not extend to the said Isles.

[The Minister may by any such order amend or repeal any provisions contained in the Isles of Scilly Orders, 1927 to 1943.]
FIRST SCHEDULE.

CENTRAL COUNCIL AND ADVISORY COMMITTEES.

Constitution of Central Council.

The number of members of the Central Council shall be forty-one of whom six shall be the persons for the time being holding the offices of the President of the Royal College of Physicians of London, the President of the Royal College of Surgeons of England, the President of the Royal College of Obstetricians and Gynaecologists, the Chairman of the Council of the British Medical Association, the President of the General Medical Council and the President of the Society of Medical Officers of Health, respectively; and of the remaining thirty-five members, who shall be appointed by the Minister,—

(a) fifteen shall be medical practitioners of whom two shall be selected for their knowledge of mental illness and mental defectiveness;
(b) five shall be persons with experience in hospital management;
(c) five shall be persons with experience in local government;
(d) three shall be dental practitioners;
(e) two shall be persons with experience in mental health services;
(f) two shall be registered nurses;
(g) one shall be a certified midwife; and
(h) two shall be registered pharmacists;

and before appointing any of the persons specified in sub-paragraphs (a) to (h), respectively, the Minister shall consult with such organisations as he may recognise as representative of those persons.

Supplementary Provisions.

1. The Minister may make regulations as to the term of office and conditions of retirement of the members of the Central Council and of any standing advisory committee constituted under section three of this Act.

2. The proceedings of the Central Council or of any standing advisory committee shall not be invalidated by any vacancy in the membership of the Council or committee or by any defect in the appointment or qualification of any member thereof.

3. The Minister shall appoint a secretary to the Central Council and to each standing advisory committee, and the Central Council and any standing advisory committee may also appoint a secretary to the Council or the committee, as the case may be, who shall act jointly with the secretary appointed by the Minister.

4. The Central Council may appoint such committees, and any standing advisory committee may appoint such sub-committees, as they think fit, to consider and report upon questions referred to them by the Central Council or standing advisory committee, as the case
may be, and any such committee or sub-committee may include persons who are not members of the Central Council or standing advisory committee, as the case may be.

5. Such expenses incurred by the Central Council or by a standing advisory committee as the Minister may, with the approval of the Treasury, determine shall be defrayed out of moneys provided by Parliament.

6. The Central Council and any standing advisory committee shall elect one of the members of the Council or committee, as the case may be, to be chairman of the Council or committee, and shall have power to regulate their own procedure.

SECOND SCHEDULE

ACQUISITION OF HOSPITAL PROPERTY OTHER THAN LAND.

1. Where under Part II of this Act, in connection with the acquisition of any hospital, the Minister proposes to acquire any property other than land held by the governing body of the hospital for the purposes of the hospital, he may, at any time after the acquisition of the hospital (in the case of acquisition by agreement) or at any time after the service of the notice to treat (in the case of the compulsory acquisition of a hospital), serve a notice on the said governing body specifying the property other than land proposed to be acquired, and specifying the time within which and the manner in which any objection to such acquisition may be made.

2. If any objection is duly made, the Minister shall afford to the said governing body an opportunity of appearing before and being heard by a person appointed by him for the purpose, and after considering any such objection and the report of the person so appointed by him, the Minister shall either withdraw the notice aforesaid or serve upon the governing body a notice confirming that notice.

3. The property with respect to which a notice is served under paragraph 1 of this section and is not withdrawn shall—

   (a) if no objection is duly made to the notice, vest in the Minister at the expiration of the time for making such an objection;

   (b) if such an objection is duly made and the notice is confirmed by a notice served under the last foregoing paragraph, vest in the Minister on the service of the last mentioned notice;

and shall in each case vest free of any mortgage, pledge, lien or similar obligation.

4. Where any property is acquired in accordance with this Schedule, there shall be paid by way of compensation to the governing body of the hospital concerned a sum equal to the price which that body might reasonably have been expected to have obtained upon a sale of the property effected by that body immediately before the acquisition of the property by the Minister, and any dispute as to the amount of such compensation shall be determined by arbitration.
5. Where property in respect of which compensation is payable as aforesaid was, immediately before the acquisition thereof by the Minister, in the possession of the said governing body by virtue of a hire purchase agreement, the owner of the property may, by a notice served on the Minister, make a claim to have apportioned to him such part of the compensation as may be specified in his claim; and in default of agreement between the parties the claim shall be determined by arbitration and the arbitrator may apportion the compensation between the said governing body and the owner in such manner as appears to him to be just.

6. Where any sum by way of compensation is paid in accordance with this Schedule in respect of any property and, at the time when the compensation accrues due, the property is subject to any mortgage, pledge, lien or similar obligation, the sum so paid shall be deemed to be comprised in that mortgage, pledge, lien or other obligation.

THIRD SCHEDULE.

REGIONAL HOSPITAL BOARDS, HOSPITAL MANAGEMENT COMMITTEES AND BOARDS OF GOVERNORS OF TEACHING HOSPITALS.

PART I.

Constitution of Regional Hospital Boards.

A Regional Hospital Board shall consist of a chairman appointed by the Minister and such number of other members so appointed as the Minister thinks fit, and the members shall include—

(a) persons appointed after consultation with the university with which the provision of hospital and specialist services in the area of the Board is to be associated;

(b) persons appointed after consultation with such organisations as the Minister may recognise as representative of the medical profession in the said area or the medical profession generally; and

(c) persons appointed after consultation with the local health authorities in the said area.

At least two of the members of the Board shall be persons with experience in mental health services.

PART II.

Constitution of Hospital Management Committees.

A Hospital Management Committee shall consist of a chairman appointed by the Regional Hospital Board for the area in which the hospital or group of hospitals is situated and such number of other members so appointed as the Board thinks fit, and the members shall include—

(a) persons appointed after consultation with any local health authority whose area comprises the area or any part of the area served by the hospital or group;
3rd Sch. —cont.

(b) persons appointed after consultation with any Executive Council (constituted under Part IV of this Act) whose area comprises the area or any part of the area served by the hospital or group; and

c) persons appointed after consultation with the senior medical and surgical staff employed at the hospital or, as the case may be, at any hospital of the group.

PART III.

Constitution of Boards of Governors of teaching hospitals.

The Board of Governors of a teaching hospital shall consist of a chairman appointed by the Minister and such number of other members so appointed as the Minister thinks fit, and of those members—

(a) not less than one-fifth shall be nominated by the university with which the hospital is associated;

(b) not less than one-fifth shall be nominated by the Regional Hospital Board for the area in which the hospital is situated; and

(c) not less than one-fifth shall be nominated by the medical and surgical teaching staff of the hospital.

PART IV.

Supplementary provisions.

1. Regional Hospital Boards and Boards of Governors of teaching hospitals shall be bodies corporate with perpetual succession and a common seal and with power to hold land without licence in mortmain.

2. The Minister may make regulations—

(a) making further provision with respect to the appointment of the members of the bodies constituted under the foregoing provisions of this Schedule, and providing for their term of office and conditions of retirement;

(b) providing for the payment to such members of such travelling and subsistence allowances as may be prescribed; and

(c) providing for the procedure of those bodies, including the appointment of committees consisting wholly or partly of members of those bodies.

3. The proceedings of any body constituted under the foregoing provisions of this Schedule shall not be invalidated by any vacancy in the membership of the body or by any defect in the appointment or qualification of any member thereof.
PROVISIONS AS TO LOCAL HEALTH AUTHORITIES.

PART I.

Joint Boards.

1. A joint board constituted under section seventeen of this Act shall be a body corporate with perpetual succession and a common seal and power to hold land for the purposes of their functions without licence in mortmain.

2. An order constituting such a joint board—
   (a) may, without prejudice to the provisions of section two hundred and ninety-three of the Local Government Act, 1933, and section one hundred and ninety-six of the London Government Act, 1939, (which authorise the application of the provisions of that Act to joint boards), provide for regulating the appointment and term of office and conditions of retirement of members of the board, for regulating the meetings and proceedings of the board, and for the payment of the expenses of the board by the constituent local health authorities;
   (b) may confer on the board the like powers for the compulsory purchase of land as are exercisable by local health authorities;
   (c) may contain such other provisions (including provision for the transfer and compensation of officers, the transfer of property, rights and liabilities, and the adjustment of accounts and apportionment of liabilities) as appear to the Minister to be expedient for enabling the board to exercise their functions;
   (d) may apply to the board, with any necessary modifications and adaptations, any of the provisions of Part II of this Schedule.

PART II.

Health Committees.

1. Every local health authority shall establish a health committee, and all matters relating to the discharge of the functions of a local health authority shall stand referred to the health committee, and the authority, before exercising any such functions, shall consider a report of the health committee with respect hereto:

Provided that an authority may dispense with such a report if, in their opinion, the matter is urgent or has been sufficiently considered and reported upon by a divisional executive established under section twenty of this Act.

2. A local health authority may authorise the health committee to exercise on their behalf any of their functions under this Act, except the power to borrow money or to levy or issue a precept for a rate.

3. At least a majority of the health committee of a local health authority shall be members of the authority.

4. The health committee of a local health authority may establish such sub-committees as the health committee may determine, and
any sub-committee established under this paragraph shall be constituted in such manner as may be determined by the health committee, and at least a majority of every sub-committee shall be members of the local health authority.

5. The health committee of a local health authority may authorise any sub-committee to exercise on their behalf any functions of the health committee.

FIFTH SCHEDULE.

EXECUTIVE COUNCILS.

Constitution of Executive Councils.

An Executive Council shall consist of a chairman appointed by the Minister and twenty-four other members of whom—

(a) eight members shall be appointed by the local health authority for the area of the Executive Council;

(b) four members shall be appointed by the Minister;

(c) seven members shall be appointed by the Medical Practitioner Committee;

(d) three members shall be appointed by the Dental Practitioner Committee;

(e) two members shall be appointed by the Pharmaceutical Committee.

Supplementary Provisions.

The Minister may make regulations—

(a) with respect to the appointment, term of office and proceedings of an Executive Council, including the appointment of committees, consisting wholly or partly of members of the Council;

(b) with respect to the appointment, remuneration and conditions of service of officers and the provision of offices by any such Council, including the use by the Council, with or without payment, of any offices of a local health authority, but subject to the consent of that authority;

(c) for the payment to members of any such Council of travelling allowances and subsistence allowances at the prescribed rates, if the special circumstances of the area of the Council appear to the Minister to justify such allowances;

(d) for payment by an Executive Council of sums, not exceeding such sums as may be prescribed, as subscriptions to the funds of any association of Executive Councils whose objects are approved by the Minister, and for the payment at the prescribed rates of any expenses reasonably incurred by representatives in attending meetings of any such association.
3. If the Medical Practitioner Committee, the Dental Practitioner Committee or the Pharmaceutical Committee fail within such period as the Minister may determine to appoint any member of the Executive Council whom they are required to appoint, the appointment shall be made by the Minister.

4. The proceedings of an Executive Council shall not be invalidated by any vacancy in the membership of the Council or by any defect in the appointment or qualification of any member thereof.

5. Every Executive Council shall be a body corporate and shall have perpetual succession and a common seal and, subject to the consent of the Minister, power to acquire and hold land for the purposes of this Act without licence in mortmain.

SIXTH SCHEDULE.

MEDICAL PRACTICES COMMITTEE.

1. The Medical Practices Committee shall consist of a chairman, who shall be a medical practitioner, and eight other members of whom six shall be medical practitioners. Of the said six medical practitioners at least five shall be persons actively engaged in medical practice.

2. The chairman and members shall be appointed by the Minister after consultation with such organizations as the Minister may recognise as representative of the medical profession.

3. The Minister may make regulations as to the appointment, term of office and conditions of retirement of the members of the Committee and as to their procedure.

4. The proceedings of the Committee shall not be invalidated by any vacancy in the membership of the Committee or by any defect in the appointment or qualification of any member thereof.

5. Such expenses incurred by the Committee, as the Minister may, with the approval of the Treasury, determine, shall be defrayed out of moneys provided by Parliament, and the Minister may provide such offices, and the services of such officers, as the Committee may require.

SEVENTH SCHEDULE.

CONSTITUTION OF TRIBUNAL.

1. The Tribunal shall consist of a chairman and two other members.

2. The chairman shall be a practising barrister or solicitor appointed by the Minister.

3. One of the other members shall be a person appointed by the Minister after consultation with an association of Executive Councils approved by the Minister for the purpose.
4. The other member (hereinafter referred to as the "practitioner member") shall be one of a panel of six persons appointed by the Minister consisting of a medical practitioner, a dental practitioner, a registered pharmacist, a medical practitioner practising as an oculist, an optician engaged on sight-testing and an optician engaged in dispensing, and the practitioner member shall, for the purpose of the investigation of the case of any person, be such one of the six persons aforesaid as belongs to the same profession as the person whose case is being investigated.

5. If any of the members of the Tribunal is unable to act in any case, the Minister may appoint in his place a deputy possessing similar qualifications.

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EIGHTH SCHEDULE.

Enactments Relating to Functions Transferred from Board of Control to Minister.

The Lunacy Act, 1890.

The whole of Part VIII of the Lunacy Act, 1890, except sections two hundred and twenty-three and two-hundred and twenty-eight.

The Lunacy Act, 1891.

Section twelve.

The Mental Deficiency Act, 1913.

Subsection (1) of section three.
Subsection (2) of section five.
Section twenty-one.
Paragraphs (b), (c), and (f) of subsection (1) of section twenty-five.
Section thirty-six.
Subsection (1) of section forty-nine.
Subsection (1) of section fifty.
Section fifty-eight.

The Mental Treatment Act, 1930.

Subsection (1) and paragraph (c) of subsection (3) of section one.
Paragraph (iii) of subsection (1) and subsection (3) of section five.

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NINTH SCHEDULE

Repeals and Amendments of Enactments Relating to Persons of Unsound Mind and Mental Defectives.

General Adaptation.

In all enactments relating to persons of unsound mind and mental defectives and in any documents issued thereunder references to a mental hospital shall be construed as references to a mental hospital vested in the Minister.
The Criminal Lunatics Act, 1838
The whole Act shall be repealed.

The Poor Law Amendment Act, 1867
Section twenty-three shall be repealed.

The Criminal Lunatics Act, 1884
In subsection (2) of section seven for the words "and he shall be deemed to be a rate-aided person of unsound mind" there shall be substituted the words "and shall be deemed, for the purposes of the Lunacy and Mental Treatments Acts, 1890 to 1946, to be a summary reception order made under section sixteen of the Lunacy Act, 1890".

In section eight, subsections (1) and (2) shall be repealed; in subsection (3) for the words "the union or parish to which a person will for the purpose of this Act be deemed to be prima facie chargeable is in Scotland or Ireland" there shall be substituted the words "the person is ordinarily resident in Scotland or Ireland", and the words "upon his becoming a rate-aided person of unsound mind" shall be omitted.

Paragraphs (2), (3), (4) and (5) of section nine shall be repealed.

In section ten, in subsection (1), the words from "and the costs of maintenance" to the end of the subsection shall be omitted; and subsection (3) shall be repealed.

The Lunacy Act, 1890
Throughout the Act for references to the visitors of a mental hospital and the visiting committee of a mental hospital there shall be substituted respectively references to members of the Hospital Management Committee of a mental hospital and to such a Committee.

In section four the words "a rate-aided person of unsound mind" shall be omitted.

In section eight, in subsection (1), the words "as a private patient" shall be omitted.

Section thirteen shall be repealed.

For section fourteen, there shall be substituted the following section:

"14.—(1) If a duly authorised officer of the local health authority—
(a) has reasonable ground for believing that a person in the area of the authority is a person of unsound mind and a proper person to be sent to a mental hospital; and
(b) is satisfied that there are no relatives or friends who intend and are able to take proceedings by petition for a reception order under the foregoing provisions of this Act;
he shall, within three days, give notice thereof to a justice having jurisdiction in the place where the said person is.

(2) A justice, upon receiving such a notice, shall by order require the officer giving the notice to bring the said person
before him or some other justice having such jurisdiction as afore-
said, at such time within three days of the receipt of the notice
and at such place as may be specified in the order.”

For section fifteen there shall be substituted the following section:

“15.—(i) A duly authorised officer of the local health authority
or any constable who has reasonable ground for believing that
any person wandering at large in the area of the authority is
a person of unsound mind, shall immediately apprehend and take
the said person, or cause him to be apprehended and be taken
before a justice.

(2) Any justice, upon the information upon oath of any
person that a person wandering at large within the limits of his
jurisdiction is of unsound mind, may by order require any
constable or duly authorised officer of the local health authority
for the area where the said person is, to apprehend him and
bring him before the justice making the order, or any justice
having jurisdiction where the said person is.”

In section sixteen the word “rate-aided” shall be omitted; and
for the words “relieving officer, overseer” there shall be substituted
the word “officer”.

In section seventeen the word “rate-aided” where that word first
occurs shall be omitted; and the words “whether a rate-aided person
or not” shall be omitted.

Section eighteen shall be repealed.

For section twenty there shall be substituted the following section:

“20.—(1) If a duly authorised officer of the local health
authority or any constable is satisfied that it is necessary for
the public safety or the welfare of a person alleged to be of
unsound mind with regard to whom it is his duty to take any
proceedings under this Act, that the said person should, before
any such proceedings are taken, be placed under care and
control, the officer or constable may remove the said person
to any hospital or part of a hospital vested in the Minister
(whether a mental hospital or not) which is designated by the
Minister for the purposes of this section, and the person in
charge of the said hospital or part shall receive and detain the
said person therein, but no person shall be detained under this
section for more than three days, and before the expiration of
that time either—

(a) the said person shall be released; or
(b) proceedings shall be taken to obtain a summary recep-
tion order or an order under the next following section
with respect to the said person; or
(c) the medical officer of the hospital shall certify that the
said person is of unsound mind and that it is expedient
for his welfare that he should be detained at the hospital
for a further period before such proceedings are taken.
(2) A certificate given by the medical officer of any such hospital under the foregoing subsection shall not authorise the detention of the person concerned for a period of more than fourteen days from the date of the Order.

5 In section twenty-one, in subsection (1), for the words "in the workhouse of the union" there shall be substituted the words "in any hospital or part of a hospital designated for the purposes of the last foregoing section in the area of the Regional Hospital Board" and for the words "in that workhouse" there shall be substituted the word "therein"; and in subsection (3) the words "in a workhouse" and the words "as to the detention of lunatics in workhouses" shall be omitted.

In section twenty-three, in subsection (1), the word "rate-aided" shall be omitted and for the words "or workhouse" there shall be substituted the words "or a hospital or part of a hospital designated for the purpose of section twenty of this Act"; and in subsection (2) the word "rate-aided" shall be omitted and for the words "relieving officer of the district" there shall be substituted the words "duly authorised officer of the local health authority".

20 Sections twenty-four, twenty-five and twenty-six shall cease to have effect.

For section twenty-seven the following section shall be substituted:

27. Every summary reception order and every reception order made by two or more Commissioners may authorise the reception of the person named in the order in any mental hospital in the area of the Regional Hospital Board in which he is ordinarily resident or in which the place from which he is sent is situated:

Provided that, if any such Board has a subsisting arrangement with another such Board for the reception in any mental hospital in the area of the latter Board of mental patients of the first-mentioned Board, the order may authorise the reception of the said person in that mental hospital.

35 In section thirty-six, for the word "workhouse" there shall be substituted the words "hospital or part of a hospital designated for the purposes of section twenty of this Act".

Subsection (1) of section thirty-seven shall be repealed.

In section thirty-nine, in subsection (1) for the words "reception of a private patient" there shall be substituted the words "reception of a patient under a reception order made on petition"; and in subsections (4), (7) and (8) the word "private" shall be omitted.

In section forty, in subsection (3) the words "or workhouse" shall be omitted; and subsection (5) shall be repealed.

45 In section forty-one, in subsection (1), the words "if written by a private patient" shall be omitted.

In section forty-two, in subsection (1) the words "unless there is no private patient therein", and the word "private", wherever it subsequently occurs in the said section, shall be omitted.
Section fifty-four shall be repealed.

In section fifty-five, in subsection (2) the word "rate-aided" shall be omitted and for the word "charge" there shall be substituted the words "expense of his maintenance"; and subsection (6) shall be repealed.

In section fifty-seven, in subsection (1) the word "rate-aided" shall be omitted, and the words from "the application has been approved" to "and that" shall be omitted; and in subsection (2) for the words "the authority liable for the maintenance of the lunatic" there shall be substituted the words "the Hospital Management Committee", after the word "shall" there shall be inserted the words "if the Committee considers it reasonable so to do", and for the words from "such authority" to "delivered over" there shall be substituted the words "the Committee".

Sections sixty and sixty-one shall be repealed.

In section sixty-three the word "rate-aided" shall be omitted.

For section sixty-four there shall be substituted the following section:

"64. Any two members of the Hospital Management Committee of a mental hospital to which a person of unsound mind could have been sent under section twenty-seven of this Act may order him to be removed to that hospital from any other mental hospital in which he may be detained."

For section sixty-five there shall be substituted the following section:

"65. Any two members of the Hospital Management Committee of a mental hospital may order a person of unsound mind in the hospital to be removed to any other mental hospital to which he could have been sent under section twenty-seven of this Act."

In section sixty-six the word "rate-aided" shall be omitted and for the words from "any relieving officer" to "chargeable" there shall be substituted the words "the local health authority for the area where the mental hospital is situated".

In sections sixty-seven and sixty-nine, the word "rate-aided" shall be omitted.

For section seventy-two, the following section shall be substituted:

"72.—(1) A patient detained in any institution for persons of unsound mind, or under care as a single patient, shall, if he is detained under a reception order made on petition, be discharged on a direction in writing given under his hand—

(a) by the person on whose petition the order was made; or

(b) if that person is dead or incapable by reason of insanity, absence from England or otherwise of signing an order for discharge, by the person who made the last payment on account of the patient, or by the appropriate relative.

(2) A private patient detained as aforesaid, other than a person to whom the last foregoing subsection applies, shall be
discharged on a direction in writing given under his hand by the person who made the last payment on account of the patient or by the appropriate relative.

(3) In any other case a patient detained as aforesaid shall be discharged on a direction in writing given under his hand by the appropriate relative.

(4) If there is no person qualified to direct the discharge of a patient under this section, or no person able or willing to act, the Board of Control may order his discharge.

(5) In this section the expression "appropriate relative" means the husband or wife, or if there is no husband or wife, or the husband or wife is incapable by reason of insanity, absence from England, or otherwise of signing an order for discharge, the father, or if there is no father, or if he is incapable as aforesaid, the mother, or if there is no mother, or she is incapable as aforesaid, then any one of the next of kin."

Section seventy-three shall be repealed.

In section seventy-six, paragraph (b) of subsection (1) shall be omitted.

In section seventy-nine, the word "rate-aided" and the words "shall be no longer chargeable to any union, county or borough, and" shall be omitted.

In section eighty, in subsection (1) the word "rate-aided" shall be omitted, and for the words from "a relieving officer" to the end of the subsection there shall be substituted the words "the local health authority"; and subsection (2) shall be repealed.

Section eighty-one shall be repealed.

In section eighty-three, in subsection (1) the words "in the case of a patient not a rate-aided person" and the words from "and in" to the end of the subsection shall be omitted.

Section one hundred and thirty-two shall be repealed.

Sections one hundred and sixty-nine to one hundred and seventy-six shall be repealed.

In section one hundred and seventy-seven, in subsection (1), for the reference to the Board of Control there shall be substituted a reference to the Minister.

In section one hundred and eighty-seven, in subsection (1) the word "rate-aided", in both places when it occurs, shall be omitted.

Sections one hundred and eighty-nine and one hundred and ninety shall be repealed.

In section one hundred and ninety-one, in subsections (2) and (3) and in paragraph (6) of subsection (7) for references to the Board of Control there shall be substituted references to the Minister.

In section one hundred and ninety-six, in subsection (1) the words "rate-aided patients from other patients, and" shall be omitted.

Sections two hundred and one, two hundred and two and two hundred and three shall be repealed.

In section two hundred and four, in subsection (1) the words "or workhouse" shall be omitted.
In section two hundred and six, in subsection (3) the words from "and the expenses" to the end of the subsection shall be omitted; and subsection (4) shall be repealed.

Throughout Part VIII, except in sections two hundred and twenty-three and two hundred and twenty-eight, for references to the Board of Control there shall be substituted references to the Minister.

In section two hundred and seventeen, in subsection (1) the words from "not being a rate-aided person" to the end of the subsection shall be omitted; and in subsection (2) the words "and two shillings and sixpence" shall be omitted.

Sections two hundred and thirty-eight to two hundred and fifty-seven shall be repealed.

In section two hundred and fifty-eight, in subsection (1), for the words "visiting committee of a mental hospital" there shall be substituted the words "Regional Hospital Board for the area in which any mental hospital is situated" and the words "with the consent of the local authority by whom they are appointed and of the Minister of Health" shall be omitted; in subsection (2) for the word "committee" there shall be substituted the word "Board"; and in subsection (3) for the words "a visiting committee" and "the committee" there shall be substituted the word "Board".

Sections two hundred and fifty-nine, for the words "visiting committee", in both places where they occur, there shall be substituted the words "Regional Hospital Board" the word "rate-aided" shall be omitted.

Sections two hundred and sixty to two hundred and seventy-five shall be repealed.

Section two hundred and seventy-six shall cease to have effect except as respects the appointment and removal of a chaplain or other minister of religion.

Sections two hundred and eighty-three and two hundred and eighty-four shall be repealed.

In section two hundred and eighty-five, in subsection (1), for the words "guardians of the union" there shall be substituted the words "local health authority" and the words from "and also" to the end of the subsection shall be omitted; and subsection (2) shall be repealed.

Sections two hundred and eighty-six to three hundred and fourteen shall be repealed.

In section three hundred and twenty-four, the words "or workhouse" shall be omitted.

In section three hundred and twenty-five, in subsection (1), for paragraph (c) there shall be substituted the following paragraph:

"(c) by the secretary of a Regional Hospital Board for an offence by any person employed by the Board".

In section three hundred and twenty-six, for paragraph (c) there shall be substituted the following paragraph:

"(c) When recovered by the secretary of a Regional Hospital Board, to the treasurer of the Board".
In section three hundred and twenty-nine, after the references to the "Board of Control", in both places where they occur, there shall be inserted references to the Minister and for the word "guardians", in both places where they occur, there shall be substituted the words "a local health authority".

In section three hundred and thirty-eight, in subsection (r) for the words "with the approval of the Lord Chancellor" there shall be substituted the words "with the approval of the Minister and the concurrence of the Lord Chancellor".

In section three hundred and forty-one for the definition of "mental hospital" there shall be substituted the following definition:

"'mental hospital' means a mental hospital vested in the Minister";

and after the said definition there shall be inserted the following definition:

"'the Minister' means the Minister of Health";

and the definitions of "district mental hospital", "rate-aided person", "visiting committee" and "workhouse" shall be omitted, and for the definition of "private patient" there shall be substituted the following definition:

"'private patient' means a patient maintained wholly or partly at the expense of some person other than the Minister".

The Lunacy Act, 1891.

In section two, in subsection (1), for the words "relieving officer, or overseer" there shall be substituted the words "or officer of a local health authority"; and subsection (2) shall be repealed.

Sections three, four, six and eleven are hereby repealed.

In section twelve for the reference to the Board of Control there shall be substituted a reference to the Minister.

Sections thirteen to eighteen shall be repealed.

For section nineteen, the following section shall be substituted:

"19. Where a person of unsound mind can no longer be maintained in a registered hospital or licensed house, the manager of the hospital or house may give notice to the Regional Hospital Board in whose area any mental hospital is situated to which the said person could have been sent by a summary reception order under section twenty-seven of the principal Act, if such an order had been made at the time of the original reception order, and thereupon the Board may by order direct the removal of the said person to any mental hospital situated in the area of the Board or in respect of which an arrangement subsists between that Board and any other Regional Hospital Board for the reception in a mental hospital situated in the area of the latter Board of mental patients of the first-mentioned Board."

Section twenty-two is hereby repealed.
The Mental Deficiency Act, 1913.

Throughout the Act for references to the local authority or a local authority there shall be substituted references to the local health authority and a local health authority, respectively.

In section three, in subsection (1) for the word "Board" there shall be substituted the words "Minister of Health".

In section five, in subsection (2) for the word "Board" there shall be substituted the words "Minister of Health".

In section six, in subsection (3) the words "the managers of which are willing to receive him" shall be omitted.

In section seven, in subsection (2A) after the word "Board" there shall be inserted the words "or the Regional Hospital Board in whose area the institution is situated".

In section nine the words "the managers of which are willing to receive him" shall be omitted.

Sections thirteen and fourteen shall be repealed.

In section fifteen, subsection (3) shall be repealed.

In section sixteen, at the end of subsection (2) there shall be added the words "The reference in this subsection to the managers of the institution for lunatics shall be construed, in the case of a mental hospital, as a reference to the Hospital Management Committee of that hospital".

In section twenty, paragraph (c) shall be repealed.

In section twenty-one for the words "Board of Control hereinafter constituted" there shall be substituted the words "Minister of Health".

In section twenty-three, in subsection (1) the words "by a secretary and" and the words "and other officers and servants", in both places where they occur, shall be omitted; in subsection (2) the word "secretary" and the words "and other officers and servants" shall be omitted; and in subsection (3) the word "secretary" and the words "officers and servants of the Board" shall be omitted.

In section twenty-four, the words "secretary, officer or servant" shall be omitted, and for the words "inspector, secretary or officer" there shall be substituted the words "or inspector".

The functions of the Board of Control under paragraph (b), paragraph (c), so far as it relates to certification and approval, and paragraph (f) of subsection (1) of section twenty-five shall be exercised by the Minister, and paragraph (e) shall be omitted.

Sections twenty-seven, twenty-eight and twenty-nine shall be repealed.

In section thirty, paragraph (c) shall be omitted, in paragraph (ce) the words "or have been sent to certified institutions" shall be omitted, in paragraph (e) the words "maintained in an institution or approved home" and the words "the expenses of maintenance in an institution or approved home" shall be omitted, and in paragraph (f) the words "dying in an institution or" shall be omitted.
Subsection (i) of section thirty-three, and sections thirty-four to thirty-nine shall be repealed.

In section forty-one, in subsection (i), paragraph (a) shall be omitted, and for paragraph (f) there shall be substituted the following paragraph:

"(f) the transfer of patients from one institution to another".

In section forty-two, for the words "managers of" there shall be substituted the words "Hospital Management Committee for".

Section forty-three shall cease to have effect as respects orders sending a person to a certified institution.

In section forty-four, in subsection (2A) the word "certified" shall be omitted; in subsection (3) for the word "council" wherever it occurs, there shall be substituted the words "local health authority"; and subsection (4) shall be repealed.

In section forty-six, in subsection (1) the words "of any certified institution not provided by a local authority, or" and the word "institutions" shall be omitted.

In sections forty-nine and fifty, for the word "Board", wherever it occurs, there shall be substituted the words "Minister of Health".

In section fifty-four, in subsection (1) after the word "authority" there shall be inserted the words "or a Regional Hospital Board".

In section fifty-eight, for the word "Board" there shall be substituted the words "Minister of Health".

In section seventy-one, in subsection (1) for the definitions of "institution" and "institution for defectives" there shall be substituted the following definitions:

"The expressions 'institution' and 'institution for defectives' mean an institution for defectives vested in the Minister of Health";

the definitions of "State institution" and "certified institution" shall be omitted and in the definition of "place of safety" the words "workhouse or" shall be omitted; subsection (2) shall be repealed; and in subsection (3) for the words "a county" there shall be substituted the words "the area of a local health authority".

and for the words "the council of a county" there shall be substituted the words "a local health authority".

The Mental Deficiency Act, 1927.

Sections six and eight and subsection (2) of section ten shall be repealed.

The Mental Treatment Act, 1930

Throughout the Act for references to the local authority or a local authority there shall be substituted references to the local health authority or a local health authority;

In section one for the references to the Board of Control there shall be substituted references to the Minister of Health;

In section two, in subsections (1) and (2) for the words "visiting committee" there shall be substituted the words "Hospital Management Committee";
In section five, in subsection (1) for the words "maintained by a local authority" there shall be substituted the words "vested in the Minister of Health" and for the first reference to the Board of Control there shall be substituted a reference to the Minister of Health; in subsection (3) for the reference to the Board of Control there shall be substituted a reference to the Minister of Health; and in subsections (6), (7) and (9) for the words "visiting committee", wherever they occur, there shall be substituted the words "Hospital Management Committee”, and in subsection (9) for the words "Board of Control”, in both places where they occur, there shall be substituted the words "Minister of Health”;

Sections six to ten shall be repealed;

In section eleven, in subsection (1) for the word "four" there shall be substituted the word "five"; and in subsection (3) after the word "two" there shall be inserted the words "or, if there are five senior commissioners other than the chairman, three”;

Section twelve shall be repealed;

In section seventeen for the words "with respect to a rate-aided person" there shall be substituted the words "other than an order authorising the reception of a person in a licensed house or registered hospital", and proviso (ii) shall be omitted;

Sections eighteen and nineteen shall be repealed;

In section twenty, subsections (1) and (2) shall be repealed;

In section twenty-one, in subsection (1) for the words "maintained by a local authority" there shall be substituted the words "vested in the Minister of Health and designated by him”; and subsection (2) shall be repealed.

ELEVENTH SCHEDULE.

PART I.


The Public Health Act, 1936.

Subsection (3) of section one hundred and forty-three shall have effect as if local health authorities were included among the authorities therein specified.

Where the local health authority is the council of the county or all the functions of a local health authority are being exercised by a joint board, it shall be the duty of the medical officer of health of any local authority (for the purposes of the Public Health Act, 1936) for the part of an area of the local health authority who receives a certificate or notice under section one hundred and forty-four of the said Act to send a copy thereof within twelve hours after its receipt to the local health authority.
Where a copy of any such certificate has been sent to the local health authority under this paragraph, and any fee has been paid for that certificate by the local authority the fee shall be repaid to the authority by the local health authority.

Section one hundred and seventy shall have effect as if local health authorities were included among the authorities therein specified.

Section one hundred and seventy-one shall cease to have effect.

Section one hundred and seventy-two shall have effect as if local health authorities were included among the authorities specified therein, and paragraph (i) of subsection (5) and the words in that subsection "pay the whole and such part, if any, as they think fit of the said cost and " shall be omitted.

Sections one hundred and seventy-three and one hundred and seventy-four shall cease to have effect.

Section one hundred and seventy-five shall have effect as if for the references to councils of counties and county boroughs there were substituted references to local health authorities.

Sections one hundred and seventy-six to one hundred and seventy-eight shall cease to have effect.

Section one hundred and seventy-nine shall have effect as if local health authorities were included among the authorities specified therein.

Sections one hundred and eighty to one hundred and eighty-six shall cease to have effect.

Sections one hundred and eighty-seven to one hundred and ninety-three and section one hundred and ninety-nine shall have effect as if for the references to the council of a county or county borough there were substituted references to the local health authority.

Section one hundred and ninety-four shall cease to have effect.

Section one hundred and ninety-six shall have effect as if local health authorities were included among the authorities therein specified.

Section one hundred and ninety-seven shall cease to have effect.

Section two hundred and three of the Public Health Act, 1936 shall have effect as if for the references therein to a welfare authority there were substituted references to a local health authority, and subsection (4) of the said section shall cease to have effect.

Section two hundred and four shall cease to have effect.

Subsection (1) of section two hundred and nineteen shall have effect as if local health authorities were included among the authorities specified in paragraph (a) thereof and as if after paragraph (c) the following paragraph were inserted:

"(d) which is a voluntary hospital providing hospital and specialist services under the National Health Service Act, 1946."


Section thirteen shall cease to have effect.

In subsection (1) of section two hundred and one the words "at the expense of the sanitary authority for the district in which the said person is found" shall be omitted.
A.D. 1946.  

In subsection (1) of section two hundred and two the words "at the expense of the county council" shall be omitted. 

Sections two hundred and nineteen to two hundred and twenty-three shall cease to have effect.  

In subsection (1) of section two hundred and twenty-four for the words "the county council" there shall be inserted the words "and the local health authority for the area comprising the administrative County of London," and in subsection (2) after the word "place" there shall be added the words "other than a hospital providing hospital and specialists services under the National Health Service Act, 1946." 

Sections two hundred and twenty-five to two hundred and thirty-two shall cease to have effect. 

Section two hundred and thirty-three shall have effect as if for the references to the county council there were substituted references to the local health authority for the area comprising the administrative County of London. 

Sections two hundred and forty and two hundred and forty-nine and sections two hundred and fifty-one to two hundred and fifty-four shall cease to have effect. 

Section two hundred and fifty-five of the Public Health (London) Act, 1936, shall have effect as if for the references therein to the county council there were substituted references to the local health authority for the area comprising the administrative county of London.

PART II.  
OTHER REPEALS.

<table>
<thead>
<tr>
<th>Session and Chapter</th>
<th>Short Title.</th>
<th>Extent of Repeal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 &amp; 31 Vict. c. 84</td>
<td>The Vaccination Act, 1867.</td>
<td>The whole Act.</td>
</tr>
<tr>
<td>34. &amp; 35 Vict. c. 98</td>
<td>The Vaccination Act, 1871.</td>
<td>The whole Act.</td>
</tr>
<tr>
<td>37 &amp; 38 Vict. c. 75</td>
<td>The Vaccination Act, 1874.</td>
<td>The whole Act.</td>
</tr>
<tr>
<td>61 &amp; 62 Vict. c. 49</td>
<td>The Vaccination Act, 1898.</td>
<td>The whole Act.</td>
</tr>
<tr>
<td>7 Edw. 7. c. 31</td>
<td>The Vaccination Act, 1907.</td>
<td>The whole Act.</td>
</tr>
<tr>
<td>8 &amp; 9 Geo. 5. c. 43</td>
<td>The Midwives Act, 1918.</td>
<td>Subsection (4) of section 14.</td>
</tr>
<tr>
<td>19 &amp; 20 Geo. 5. c. 17</td>
<td>The Local Government Act, 1929.</td>
<td>Section 2; subsection (3) of section 5; sections 11, 62, 93, 45 and 101; subsections (2) and (3) of section 102; and paragraph 4 of the Third Schedule.</td>
</tr>
<tr>
<td>Session and Chapter</td>
<td>Short Title</td>
<td>Extent of Repeal</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>20 &amp; 21 Geo. 5. c. 17.</td>
<td>The Poor Law Act, 1930.</td>
<td>Subsection (2) of section 17; in paragraph (a) of section 67 the words &quot;sick or&quot;; in section 80 the words &quot;medical or otherwise&quot;; in subsection (1) of section 123 the words &quot;sick, insane or&quot;; and sections 126 to 131. Paragraph (a) of subsection (1) of section 32; sections 34 to 43; in subsection (1) of section 64 the words &quot;and an Insurance Committee with the approval of the Minister shall&quot;; sections [70], 91 to 100, 117 to 120; and paragraphs 8 to 17 of the Third Schedule. Sections 1, 2, 3 and 4. Sections 1, 2 and 6; and subsections (2) and (3) of section 8. Section 193.</td>
</tr>
<tr>
<td>26 Geo. 5. and 1 Edw. 8. c. 32.</td>
<td>The National Health Insurance Act, 1936.</td>
<td></td>
</tr>
<tr>
<td>26 Geo. 5. and 1 Edw. 8. c. 40. 2 &amp; 3 Geo. 6. c. 13.</td>
<td>The Midwives Act, 1936. The Cancer Act, 1939</td>
<td></td>
</tr>
</tbody>
</table>
DRAFT
OF A
BILL
To provide for the establishment of a comprehensive health service for England and Wales.

CCXV—F. (7).

1st March, 1946.

12—5  (P. 3051)
CABINET

SUPPLY AND TRANSPORT ORGANISATION

Note by the Secretary of the Cabinet

The Prime Minister has directed that circulation of the attached paper (C.P. (46) 87) shall be confined to the Ministers to be invited to the meeting of the Cabinet at which it is discussed, i.e., members of the Cabinet, the Minister of War Transport and the Minister of Food. He asks that Ministers receiving copies of the paper should take special care to safeguard its secrecy.

By the Prime Minister's direction, all copies of the paper will be recovered after the meeting of the Cabinet at which it is considered.

(Signed) E.E. BRIDGES.

Cabinet Office, S.W. 1., 28th February, 1946.