

In respect of the services covered by out-patient benefits there are payable from the Social Security Fund to any Board affording out-patient treatment, and to the State Departments which administer Queen Mary Hospital and Rotorua Sanatorium, amounts based on the expenditure incurred in affording services. Out-patient services which are the subject of benefits are entirely free of cost to the individual.

There is no provision for payment of hospital benefits in respect of out-patient services afforded at licensed private hospitals.

#### *Medical Benefits.*

*Scope of Benefits.*—Medical benefits, which, pursuant to the Social Security (Medical Benefits) Regulations 1941, were introduced on the 1st March, 1941, are defined as all proper and necessary services of medical practitioners, except—

- (a) Medical services afforded in relation to maternity benefits.
- (b) The administration by medical practitioners of anaesthetics in any case where a medical practitioner by whom an anaesthetic is administered acts in assistance of or in collaboration with any other medical practitioner or registered dentist.
- (c) Medical services that involve the application of special skill and experience of a degree or kind that general medical practitioners as a class cannot be reasonably expected to possess.

*General Arrangements.*—In broad outline the medical-benefits scheme provides for medical practitioners to enter into agreements with patients to afford them medical services as defined in return for payment from the Social Security Fund on a *per capita* basis.

In detail the scheme provides for the uplifting by persons entitled to benefits of forms of application and agreement which are available at any post-office or District Health Office throughout the country. The form of application is completed by the person desiring benefits and presented to the doctor of his choice. If the doctor is willing to afford medical benefits to the applicant he signs the form of agreement embodied in the card and forwards it to the Medical Officer of Health for the district in which the patient resides. On receipt of the card the Medical Officer of Health issues to the person concerned a medical-benefits card which constitutes evidence of the person's right to medical benefits from the doctor named in the card.

*Remuneration of Doctors.*—The issue of medical-benefit cards is recorded by the Medical Officer of Health, who causes to be prepared at regular intervals each month a statement of additions to and deletions from the patients list of each doctor. These statements are forwarded to the doctor concerned and are intended to serve as his record of patients. The statement for the period ended 15th of each month is the basis of payment to the doctor by way of capitation fees, which are at the rate of 15s. per patient per annum. In addition to the annual capitation fee, the doctor is entitled to payment of mileage fees in respect of certain patients not resident in the borough in which he resides or has his main surgery.

In respect of patients whose residence is more than three miles distant from the residence or surgery (whichever is the nearer) of the nearest general medical practitioner, the doctor is entitled to receive mileage fees from the Fund at the rate of 2s. per mile (counted one way) per annum, with a maximum of seventeen chargeable miles, except in special circumstances. Such travelling distance as is not the subject of payment from the Fund may be the subject of payment by the patient directly to the doctor. Provision is made for variation of mileage rates where the Department is satisfied that the nature of the route of travelling results in the travelling being unusually expensive or unusually time-consuming.

*Termination of Agreement in respect of Medical Benefits.*—In any case where a patient desires to change his doctor, the transfer becomes effective immediately if both doctors agree to the transfer. If, however, the doctor affording benefits does not consent to the transfer, the transfer does not become operative until the expiration of the month following the month during which notice of the proposed transfer is received by the Medical Officer of Health.

The foregoing provisions apply where the patient resides in the area of practice of both doctors. If the patient removes to a locality not visited by the doctor on whose list his name appears, he may transfer immediately on obtaining the acceptance of a doctor in the new locality. The transfer of patients to the lists of doctors who resume civilian practice in their old district after being absent on military service is made specially easy.

A doctor may terminate his agreement in respect of a particular patient by giving due notice to the Medical Officer of Health, who is obliged to inform the patient accordingly. The patient's name is removed from the doctor's list of patients as from the date of his acceptance as a patient by another doctor or on the expiration of the month following the month during which the original doctor's notice is received by the Medical Officer of Health. Provision is made in the regulations to safeguard the position of a person who is in need of treatment. Accordingly, it is the duty of a doctor who gives notice of his desire to terminate an agreement in respect of a person who is in need of treatment to inform the Medical Officer of Health of this fact. In such a case the patient's name is not removed from the doctor's list until he has been accepted by another practitioner or until the expiration of the month following the month in which the medical practitioner advises the Medical Officer of Health that the patient is no longer under treatment or in immediate need of treatment.

Provision is contained in the regulations enabling a doctor to withdraw from the scheme by giving three months' notice. Shorter notice may be accepted at the discretion of the Minister. Shorter notice may properly be given by a doctor if material alterations are made in the general arrangements for the provision of benefits.