

DEFINITE RECOMMENDATIONS.

(1) That the forty-five hospital districts at present existing be abolished and that hospital districts numbering, say, eighteen, be established, with base hospitals in the centres of population and district or cottage hospitals throughout the individual areas.

(2) That a Board of Hospitals be established with the following powers :—

- (a) To make, or cause to be made, careful inquiries into the administration and management of every hospital :
- (b) To close any hospital :
- (c) To amalgamate any two or more hospital districts, and limit or extend the activities of any of the Boards :
- (d) To authorize or require the Board of any hospital district, separately or jointly with the Board of any other hospital district, to establish and maintain institutions such as—
 - (i) Consumptive sanatoria :
 - (ii) Convalescent homes :
 - (iii) Old people's homes :
- (e) To cause every hospital to be inspected from time to time :
- (f) To report to the Government, through the Minister, as to the sums required to be provided from the Consolidated Fund to meet the needs of hospitals :
- (g) To determine what hospitals should be subsidized :
- (h) To determine the amount of such subsidies to Boards :
- (i) To attach to the payment of any subsidy such conditions in respect of maintenance, equipment, and management of hospitals as it thinks fit :
- (j) To consider and recommend any amendment of existing legislation or proposals for future legislation which are in its opinion desirable :
- (k) To classify and regulate wages and salaries.

(3) Appointment of general managers for each base hospital and of managers for district hospitals, subject to control by General Manager of Base Hospital.

(4) Appointment of senior medical officers in charge of medical and surgical administration.

(5) Classification of salaries of Hospital Board employees, with a view to standardization of the service.

(6) Fixation of hospital fees to cover full cost of treatment and maintenance during stay in hospital.

(7) Appointment at all base hospitals of special officers to investigate the ability of patients to pay full fees.

(8) Extension of duties of special officer to include the investigation of circumstances of those requiring out-patient treatment, in order that hospital facilities may not be abused to the detriment of private medical practitioners.

(9) Fixation of Government subsidy by Board of Hospitals not to exceed 10s. in the pound from the Consolidated Fund.

(10) Consequential reduction of the statistical branch of the Health Department and of the clerical work of the Boards.

(11) Standardization of supplies to be carried out mainly by the Board of Hospitals and the bulk purchase of all Hospital Board requirements either through the Board of Hospitals or through the metropolitan hospitals.

(12) Reorganization of medical treatment at hospitals, including the formation of proper out-patient clinics at all base hospitals, so that only those who need actual treatment in hospital are admitted as patients.

SUGGESTIONS FOR CONSIDERATION BY BOARD OF HOSPITALS.

(1) That hospitals be staffed by medical practitioners residing in the districts.

(2) That qualifications of medical practitioners desiring appointment as senior or assistant surgeons be clearly defined.

(3) That the status of sisters in charge of hospital wards and other departments be improved.

(4) That the salaries and privileges of probationers be reduced.

131. The field for reform in the administration of hospitals is unlimited as also is the scope for economy, and while the foregoing summary of recommendations and suggestions may not be complete in every detail, it is impossible for us in the time at our disposal to go further into the matter. The duty is one which should be undertaken by the Central Board which we have recommended. We estimate that the savings which might be effected as a result of our recommendations should ultimately reach at least £300,000 per annum to the Consolidated Fund, while the saving to local rates is impossible of calculation. In arriving at the sum of £300,000 we have taken into consideration both the State subsidy for hospital maintenance and for charitable relief.

PERMANENT CHARGES.**MISCELLANEOUS GRANTS AND SUBSIDIES.**

Auctioneers' Act, 1928, Section 42: Amount of fees, less Administrative Expenses payable to Local Authorities, £10,238.

132. Under the law as it at present stands, the amount collected in respect of auctioneers' fees is payable to the local authorities nominated by the auctioneers, and in whose district they must have a place of business, but the administrative expenses incurred by the Crown in the collection of fees is first deducted.