70 years of the NHS – from cradle to grave?

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The National Health Service was 70 years old on 4 July this year. As Jonathan Goddard describes it was, and still is, a pioneering venture in national health services around the globe. In this article he provides a potted history from early beginnings to the present day, including how urology developed as a specialty alongside the new NHS.

The National Health Service (NHS) of the United Kingdom provides healthcare free at the point of delivery to all. This concept in almost any other country of the world would be an anathema to most. It is not means tested; it is not just for the very poor, it is for all. One is not required to pay for healthcare and then apply to claim that expense back from the state directly or through an insurance company or scheme; it is free to all at the point of demand. Where did this concept come from and how did this unique situation come to pass? The answer is not found 70 years ago in 1945 - one must look further back.

The role of the church
In medieval times the sick poor were helped by the church. Religious houses and orders took care of the sick poor as part of their Christian duty. Also, to some extent, the knowledge of medicine was held in the monastery libraries. The wealthy paid for personal physicians to treat them in their homes. The rest - the tradesmen and artisans - had to pay for what medical care they could afford.

In the first half of the sixteenth century, the situation suddenly changed. In 1531 the king, Henry VIII, declared himself head of the Church of England and split it from the Catholic Church. The Dissolution of the Monasteries followed; religious houses were closed and sold, leaving a void in healthcare for the very poor. This responsibility was previously held by the church; the church was now controlled by the state. A few religious hospitals remained, St Bartholomew’s for example, although its name was changed to reflect its secular state. In 1546 Henry VIII granted the hospital to the Corporation of the City of London as the ‘House of the Poore in West Smithfield in the suburbs of the City of London of Henry VIII’s Foundation’ - Londoners still called it Barts!

During the Tudor period, a number of laws concerning the care of the poor were passed, culminating in the Elizabethan Poor Law Act of 1601. These compelled each parish (the area served by a church) to raise money to care for the ‘impotent poor’; that is, the lame, sick and elderly. As a result, some provision for healthcare for the sick poor came from the ‘local government’ of the parishes. Beggars were not tolerated, but later the able bodied who could not find employment were put to work in a ‘house of industry’ or workhouse. Some hospitals developed from the workhouses to care for their sick inhabitants.

New hospitals began to emerge in the late eighteenth century in response to the growing town populations prompted by the Industrial Revolution. These were known as voluntary hospitals because doctors volunteered to work in them for free. Although doctors made money from private patients, a position at one of the big voluntary hospitals gave kudos and the likelihood of attracting more private work. The voluntary hospitals were for those working people who were ill and could get a ticket of entry from their employer if they were deemed worthy and deserving; no ticket – no entry.

In 1911 the chancellor of the exchequer, David Lloyd George, introduced a national insurance
system. Working people paid a small proportion of their wage as a tax in return for healthcare, and were assigned a GP chosen from a panel. I have certainly treated elderly patients who still referred to their GP as their ‘panel doctor’, and some may recall that the old-style GP notes were known as Lloyd George notes. This provision, however, did not cover sick children, sick housewives or the sick retired and elderly.

The National Health Service
Against the background of this minimal state-supported health system of workhouse hospital for the poor and national insurance system for workers, a great upheaval suddenly changed everything: the Second World War. Large-scale civilian casualties required the state to act and care for them, and the centralised Emergency Hospital Service was created. Returning wounded soldiers who had fought for their country felt an entitlement to be cared for. At the same time, new medical technologies were appearing, including drugs such as penicillin, which were unaffordable for most but clearly could and should benefit the whole population.

The wartime coalition government commissioned a social insurance report from the economist William Beveridge (1879–1963). The 1942 Beveridge Report concluded, among many things, that to pay for social care (including healthcare) a flat-rate universal contribution should be exchanged for a flat-rate universal benefit; not means-tested with the same benefits for all.

It was the task of Aneurin Bevan (1897–1960) (Figure 1) health minister in the post-war Labour government, to establish the National Health Service against considerable opposition. The wealthy were opposed to more tax and could not see why they should pay for the sick poor; the doctors were opposed as they did not want to lose income from their wealthy patients. Bevan’s approach to the wealthy was a moral one: it is no one’s fault that they fall ill, and a civilised nation cannot stand and watch anyone suffer. To the doctors he took a more practical approach: he would match their old wage if they joined the NHS.

The NHS was officially launched on 5 July 1948 (Figure 2). Bevan symbolically opened the first NHS hospital, Park Hospital, Trafford, in Manchester. The first patient was 13-year-old Sylvia Beckingham, who was suffering from acute nephritis.

Urology and the NHS
The political discussions regarding a new state-run health service that were going on in Whitehall as war raged around Europe had a surprising side-effect: the birth of the British Association of Urological Surgeons (BAUS).

Ronald Ogier Ward (1886–1971) (Figure 3), a respected surgeon well known for his organisational abilities, was asked to join discussions on the formation of the new health service. Ward was serving in the Royal Army Medical Corps as a brigadier and was in command of the army surgical service in East Africa. He had already organised the escape of his hospital unit from occupied France after the retreat of Dunkirk, and been awarded an OBE for gallantry (this he added to his Military Cross and Distinguished Service Order won for bravery in the First World War.) Although Ward was a general surgeon, his main interest was in urology, he was a consultant at St Peter’s urology hospital in London and had been president of the Urology Section of the Royal Society of Medicine (RSM) in 1935. The new health service was to cover all medical care, GPs, dentists and referrals for specialist care in hospitals.

As discussions regarding specialist referrals took place, Ogier Ward realised there was not a body to represent the specialty of urology. One reason for this was that urology was still commonly regarded as a branch of general surgery, even though there were many surgeons who practiced urology almost exclusively. The Urology Section of the RSM was an academic body and not a political one able to represent and support urology as a specialty. A national society was required and Ogier Ward gathered together a group of interested surgeons for a meeting at Sir Eric Riches’ house in December 1944. The idea crystallised and BAUS was formed in March 1945 with the remit to represent urology, in particular to those responsible for the development of the new medical services of the country. Ronald Ogier Ward was the first president.

Almost immediately BAUS sub-committees were formed to address the manpower and training needs of urology in the approaching NHS. By April 1946 a document was submitted to the Ministry of Health. This Survey of British Urology highlighted that urology was highly developed and expensive, that
specially trained nursing was necessary, and that a large number of patients would need urological care.

It recommended that in the new health service large hospitals should contain dedicated urological departments, while smaller hospitals should include surgeons competent to give immediate treatment to urgent urology cases and to decide which patients should be transferred to the fully equipped and staffed urological department. It was also recommended that these urological departments were to have their own beds.

Interestingly, this BAUS survey anticipated the later NHS hub and spoke model two years before the NHS had even been formed, with a suggestion of potential university centres, area group hospitals, area hospitals and sub-area hospitals, each with differing amounts of urological expertise.

70 years on
I am sure it will have not gone unnoticed that the comments or ‘warnings’ of BAUS in 1946 could easily come from a hospital committee meeting or a newspaper of 2018. Urology (indeed all modern medicine) is expensive. If you expect a specialist service it will have specialist needs, including trained nurses and dedicated beds. There are many patients who need urology, particularly in an aging population.

In 1951 the financial pressure of the NHS led to the introduction of charges for glasses, dental care (which cost £1) and prescriptions (which cost one shilling). Aneurin Bevan resigned, seeing this as the beginning of the destruction of his ‘free at the point of need’ health service.

The 1960s saw an expansion and improvement of the old hospital buildings. Financial help allowed more GPs to work in health centres with practice nurses and receptionists, and linked to the district nursing teams. Postgraduate medical education improved, again driven by financial incentive. The cost of these improvements, however, was escalating.

On 1 April 1991 (a date that has led to much future comment) the Conservative Thatcher government introduced the internal market to the NHS. Health authorities (purchasers) who were previously running the hospitals (now providers) began buying their services. In 2003 the Labour government under Tony Blair introduced treatment targets, for example the requirement to treat all A&E patients within four hours.

In 1948, at its launch, the budget for the NHS was £437 million (the equivalent of about £15 billion today). The 2016 budget of the NHS was £116.4 billion. In order to treat everyone, free at the point of delivery, to the most up-to-date standards of modern medicine, this cost will continue to rise. As a nation, we should worry for the future of our NHS (and actually should have done for nearly 70 years).

However, to some extent, this national financial pressure may have led to (or forced) some world-leading innovations by the NHS; shortened length of stay, for example, but in particular centralisation of specialist care. Urology has been a pioneer in this, not just in the recent times of robotic prostatectomies and penile cancer centres, but since the foundation of BAUS and before the NHS even began.

The National Health Service was 70 years old on 4 July 2018. It was, and still is, a pioneering venture in national health provision. Some claim it is now outdated and unaffordable and its financial constraints impact on the provision of care compared to other countries health systems. However, it also ranks as one of the safest, efficient and equitable health systems in the world.

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