

# RES MEDICA

Journal of the Royal Medical Society



## National Health Service – Some Achievements

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### Abstract

The National Health Service has now been in existence for over fifteen years, and is firmly established as one of the features of Twentieth Century Britain. There are many criticisms of it and many defects and deficiencies; one has only to read the newspapers—particularly the correspondence columns — to have them pointed out. However, it is good to look at the service's successes and achievements, not in any sense of complacency, but rather in the spirit of Sir Winston Churchill's famous minute, written in 1942, on the possibility of establishing artificial harbours on the Invasion Beaches of Europe:— "Let me have the best solution worked out. Don't argue the matter; the difficulties will argue for themselves."

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ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)

*Res Medica* is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

*Res Medica*, Spring 1964, 4(2): 10-12

doi: [10.2218/resmedica.v4i2.418](https://doi.org/10.2218/resmedica.v4i2.418)

# National Health Service— Some Achievements

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The National Health Service has now been in existence for over fifteen years, and is firmly established as one of the features of Twentieth Century Britain. There are many criticisms of it and many defects and deficiencies; one has only to read the newspapers—particularly the correspondence columns — to have them pointed out. However, it is good to look at the service's successes and achievements, not in any sense of complacency, but rather in the spirit of Sir Winston Churchill's famous minute, written in 1942, on the possibility of establishing artificial harbours on the Invasion Beaches of Europe:—

“Let me have the best solution worked out. Don't argue the matter; the difficulties will argue for themselves.”

The National Health Service consists of its three branches — the Hospital Service, the Environmental Services for which the City, Borough and County Councils are responsible, and the General Practitioner service. If it is the achievements of the Hospital Service which are discussed, it is because the writer's experience has been in this field. All three branches have their own and equally important contribution to make.

To understand the achievements and difficulties of the Hospital Service, the background against which it was initiated and developed must be appreciated. The present century is a time of change, two features of which are of particular relevance:—

- (a) The development of a social conscience, with the acceptance by all that the State has a responsibility for providing help for its less fortunate citizens, culminating in the concept of the Welfare State with its health service, education, unemployment benefit, insurance benefit and the like. As far as the sick person is concerned, the concept of Welfare State means that everyone should have the treatment necessitated by their condition, irrespective of means, and that illness should not impose an undue financial burden on any family.
- (b) Since Lister first introduced antiseptic methods into surgery a hundred years ago, the advance in the scope of medical science has been both dramatic and revolutionary, and advances and discoveries have been most striking in the last twenty-five years. Diseases are now becoming amenable to investigation and treatment where, not so long ago, they were closed books. Medicine has made great use of the advances in the basic sciences and technology. The various methods now in use call for different skills, but the common factor of all is the technical complexity of modern investigation and treatment, calling inter alia for highly trained and experienced staff, and highly specialised and expensive equipment.

The increasing complexity of medical treatment has inevitably resulted in its becoming very costly. The Annual Hospital Service Budget for the United Kingdom is now of the order of £648 millions (for Scotland alone £74 millions). No body but the State could face such expenditure.

It is perhaps not always realised what the cost to patients in hospital would be if they had to meet it themselves—e.g., in a general hospital the average cost per patient per week is £20; in a teaching hospital this rises as high as £33. The cost of treating a patient in highly specialised units is even more.

There may be nostalgia for the days of the voluntary hospital and the voluntary system in general, but there would seem to be no real alternative to the provision of the Hospital Service as a State responsibility. Acceptance by the State of the responsibility for services started by voluntary effort is not, of course, a new thing, and has happened before; even the Army and Navy were at one time provided by private enterprise! In view of the scale of this "take-over" operation, one achievement is that the National Health Service has worked.

The transfer of hospitals to the ownership in England of the Minister of Health and in Scotland of the Secretary of State was a revolutionary change, in some ways comparable in magnitude to the changes following the Dissolution of the Monasteries in the time of Henry VIII. One achievement is that this revolutionary change has been of evolution rather than revolution. The Hospital Service demonstrates the British genius for compromise. Many of the features of the old system are retained. In particular, although the hospitals now form a part of the National Health Service, the concept of voluntary service has not been lost. Voluntary hospitals were traditionally administered by Boards of public-spirited citizens serving without payment, as also did members of Local Authorities. It is perhaps not sufficiently realised that members of Regional Boards and Boards of Management serve without payment, and in an article such as this on the achievement of the Hospital Service, mention must be made of those men and women, all of them busy, who continue to contribute so much of their time and varied experience to this humanitarian work.

Another striking feature of the Hospital Service is that the continuance of the interest taken by people in different areas in their hospital has been maintained, and this is

demonstrated by legacies being left, and donations made, to the hospital. It should be noted that the State, when taking over the hospitals with all their liabilities, did not take over the sometimes very large sums of money held as Endowment Funds. In Scotland a special Commission reviewed and redistributed these funds. Part was allocated to the different hospital groups, with re-allocation between those groups to enable all to benefit. This provides an annual income which can be expended as thought fit in the general interest of the patients, thus enabling amenities and comforts to be provided—the "extras" which contribute so much to the welfare of patients. The other part of these funds is administered by a body called The Scottish Hospital Endowments Research Trust and provides for the encouragement of research. In this way the intentions of the donors are honoured.

An achievement of the Hospital Service therefore, is that it has demonstrated that there is nothing incompatible between a State service and the continuation of the concept of voluntary service and effort.

Our hospitals have a varied origin. There were the great voluntary hospitals, some of which were founded centuries ago, and general municipal hospitals, usually of Poor Law origin, but transferred to local authorities under the Local Government Act of 1929. There were also hospitals established to carry out the public health functions of local authorities—e.g., infectious diseases and tuberculosis hospitals. Then again there were the mental hospitals, usually under the aegis of Local Authorities, but in some cases under private foundations. To say there was rivalry between these various types of hospital perhaps does not give a true picture. Rivalry in itself is not unhealthy, but the attitude, with of course, many notable exceptions, is better described as a "sheep and goats" attitude. One type of hospital tended rather to ignore the existence of the other, resulting in the duplication of facilities and much waste of effort. It can be claimed as an achievement of the Health Service that hospitals now regard themselves as part of one integrated service with, no doubt, a certain amount of healthy rivalry. It is thus possible to plan the most effective use of facilities, particularly important in view of the high cost of their provision.

The integration of the hospitals into one service has, it can be claimed, developed a much greater feeling of mutual respect between

medical staff in one field of medicine and their colleagues in other fields. In the past, the staff of voluntary hospitals in particular perhaps tended to look on the staff of infectious diseases and tuberculosis hospitals, and of mental hospitals, as different from themselves. No doubt due partly to the wise provision that conditions of service should be the same for staff in all branches of medicine, this attitude is now a thing of the past.

Reference must be made to one possible cause of difficulty which has been avoided. In spite of the fact that the State is responsible for the Hospital Service, including financial responsibility, clinical freedom has been maintained. In certain legal cases, it was decided that a hospital authority is vicariously responsible for the professional acts of medical staff. This means in effect that a hospital authority may be responsible for damages resulting from professional acts of those staff. It is to the credit of the Hospital administration that, although the hospital authorities may have to pay the piper in the way of damages, they have not attempted to call the tune in the way of laying down the treatment which doctors should provide. Of the many criticisms of the Hospital Service, so far as is known, interference with doctors' clinical judgment has never been one of them—in itself quite an achievement.

In 1948, when the National Health Service started, the Hospital Service took over a very mixed bag of hospitals. Some were reasonably modern and provided moderately good accommodation. Others can only be described as Dickensian. Two examples must suffice. In one hospital the nursing staff were accommodated in cubicles at the end of greatly overcrowded and poorly decorated wards; in another large hospital, dealing with acute patients, there was no X-ray plant, patients having to be sent to an X-ray department a number of miles away.

During the early years of the service, most of the money available for building had to be used on a "make do and mend" basis to enable the existing hospitals to continue in use at reasonable standards. The situation has now changed, and hospital authorities are now devoting most of their funds to major schemes involving the provision of entirely new hospitals. The task is a complex one, and those concerned have had to gain their own experience. There is now a very much better

appreciation of such factors as the demands on hospitals and the matching of facilities to be provided.

One success of the Health Service is the quite considerable improvement in the standards of hospital accommodation and equipment—already achieved. And the stage has been set for quite outstanding developments in the design of hospitals—some buildings completed and others being planned.

A hospital is a most complex organisation, and quite apart from the care of patients, has to deal with many of the traditions of a big business organisation. An achievement of the Health Service is the development of team work by the members of many different professions and trades. In the care of patients, the part doctors and nurses play in hospitals is well known. The important role of administrators, accountants, finance officers, engineers, physicists, biochemists, physiotherapists and occupational therapists, electricians and many others is not always appreciated. For example, in one complex operation, the skills of persons with twelve different professional backgrounds were required.

It can be claimed that the National Health Service has some considerable achievements to its credit. Some may say that such achievements are mainly in the abstract realm of "attitudes" and hypothetical "might have beens". Be this as it may, attitudes and similar abstractions have a profound influence on the working of any service. They are very long-lived and in many ways are more difficult to alter or correct than material deficiencies.

In conclusion, reference must be made to the problems which the Health Service has still to tackle. These are (a) shortage of, and the need for improvement in, accommodation and equipment; (b) organisational difficulties to ensure the best use of facilities available. It is obviously wrong for a patient only requiring simple treatment to be treated in a hospital with many and extensive ancillary departments available.

There is one problem which will be always with the Health Service—as it is with any other service—conflicting demands. It never happens that the availability of staffing, equipment, finance, etc., is sufficient to meet the demands on them; the assessment of priorities will remain one of the most difficult problems of the Hospital Service.