Twentieth Century British History, 2023, page 1–24 https://doi.org/10.1093/tcbh/hwac043

Agnes Arnold-Forster* *London School of Hygiene and Tropical Medicine, UK*

Ordinary People and the 1979 Royal Commission on the NHS

Abstract

In June 1979, the Royal Commission on the National Health Service published its report. Chaired by Sir Alec Merrison, the Commission covered England, Scotland, Wales and Northern Ireland. In 1976, the Royal Commission published and broadcast calls, asking the public to put forward their views on the NHS. In response, they received around 2,460 written evidence submissions, held fifty-eight oral evidence sessions, and met with about 2,800 individuals. In soliciting evidence, the Commission called on people to comment on their experience of the health service, submit that experience as evidence, and contribute suggestions for the NHS's improvement. These submissions of evidence, mostly in the form of letters written to Merrison, are rich and revealing sources. While NHS staff, trade unionists, and professional organizations were invited to contribute their perspectives, patients and other non-clinical members of the British public also penned letters. In this article, I use the evidence submitted by self-proclaimed 'ordinary' people to contribute to emerging discussions about post-war British citizenship, and its intimate or quotidian relationship to the welfare state. I use these submissions as evidence for popular anxieties in the 1970s, and to explore the various ways that British citizens experienced and engaged with the NHS; investigate how they felt about its services; and consider the affective and political function of complaint.

* Agnes.Arnold-Forster@lshtm.ac.uk

The research and writing of this article was funded by the University of Bristol's Elizabeth Blackwell Institute Wellcome Trust ISSF funding. I am grateful Dr Victoria Bates, Dr Michael Brown, and Professor Martin Gorsky for their support; to the IHR's Britain at Home and Abroad Seminar for helping me to workshop an early iteration of this article; and to Dr Anna Maguire and Dr Hannah Elizabeth for reading and commenting on drafts.

© The Author(s) [2023]. Published by Oxford University Press.
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

Introduction

In June 1979, the Royal Commission on the National Health Service published its report. Chaired by Sir Alec Merrison, the Commission covered England, Scotland, Wales and Northern Ireland. Merrison was first an experimental physicist before becoming Vice-Chancellor of the University of Bristol. He combined his Vice-Chancellorship with other public responsibilities, including serving on government committees. According to Merrison the Commission was, 'appointed at a time when there was widespread concern about the NHS', following the first major reorganization of the service in 1973 and 1974, 'which few had greeted as an unqualified success'.[1] The NHS Reorganization Act (1973) replaced the traditional tripartite structure of the service—which had separated primary care, secondary care, and local health services—with a single unitary system.[2] Under the reforms, regional, area, and district authorities replaced regional hospital boards, taking over public health and other services from local authorities in the process.[3] Despite its lukewarm reputation, reorganization remains a key event in the history and historiography of the NHS.[4] However, much less attention has been paid to the subsequent Commission and to the evidence that was used to substantiate its recommendations. In his weighty tome on the first fifty years of the service, Geoffrey Rivett devoted a couple of pages to the Commission but made no reference to the underpinning evidence, focusing instead on the published report.[5]

In soliciting evidence, the Commission called on people to comment on their experience of the health service, submit that experience as evidence, and contribute suggestions for the NHS's improvement. These submissions of evidence, mostly in the form of letters written to Merrison, are rich and revealing sources. While most of the correspondence was penned by NHS staff, trade unionists, and the professional organizations who were invited to contribute their perspectives, patients and other non-clinical members of the British public also wrote letters.[6] These authors adopted, leveraged, and recalibrated 'ordinariness' as a political identity

[1] Alec Merrison, *Royal Commission on the National Health Service: Report* (London, 1979), 1.

[2] National Health Service Reorganisation Act (London, 1973).

[3] Philip Begley and Sally Sheard, 'McKinsey and the "Tripartite Monster": The Role of Management Consultants in the 1974 NHS Reorganisation', *Medical History*, 63 (2019), 390–410, 392.

[4] Charles Webster, *The Health Services Since the War, Volume II. Government and Healthcare: The National Health Service 1958–79* (London, 1996); Geoffrey Rivett, *From Cradle to Grave: Fifty Years of the NHS* (London, 1998); Rudolf Klein, *The New Politics of the NHS: From Creation to Reinvention* (London, 2013).

[5] Rivett, *From Cradle to Grave*, 349–50.

[6] The numerous letters to the Commission from NHS staff members reveal much about how healthcare professionals were experiencing their jobs and reimagining the function of the service, as well as their place within it, in the 1970s. However, this is beyond the scope of this particular article.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

and in this article, I use the evidence submitted by these self-proclaimed 'ordinary' people to contribute to emerging discussions about post-war British citizenship, and its intimate or quotidian relationship to the welfare state. I use these submissions as evidence for popular anxieties in the 1970s, and to explore the various ways that British citizens experienced and engaged with the NHS; investigate how they felt about its services; and consider the affective and political function of complaint.[7]

In doing so, I continue the work of Mathew Thomson, Roberta Bivins, Jennifer Crane, Jack Saunders, and Andrew Seaton, and their analyses of the health service's cultural dynamics.[8] Their work attends to the relationship between changing NHS policy and the social and political history of twentieth-century Britain. This article makes similar contributions and focuses on the history of the NHS in the 1970s. As Rivett argues, this was a decade that 'had started well' but 'ended in disarray'.[9] The *British Medical Journal* lamented in 1977, 'Any future historian looking at the National Health Service is likely to see the 1970s as the decade of the decline of the hospital service'.[10]

Post-war Britain witnessed profound socio-economic and cultural changes. Following what Rivett calls the 'age of optimism'[11] immediately after the end of the Second World War, the long 1970s has been represented as a dismal decade characterized by a crumbling social democracy and the slow fracture of the welfare state.[12] Rodney Lowe describes the mid-1970s as a time of 'crisis' marked by high unemployment, industrial action, and a global recession.[13] Or, as Guy Ortolano evocatively puts it, 'When it comes to 1970s Britain ... narratives of sequence and origins depict a shallow, supine, and ultimately moribund social democracy'.[14] While this broad characterization of the 1970s has been robustly critiqued

[7] While the letters are publicly available in the National Archive, I have replaced the names of writers with pseudonyms throughout.

[8] Roberta Bivins, *Contagious Communities: Medicine, Migration, and the NHS in Post War Britain* (Oxford, 2015); Jennifer Crane, '"Save our NHS": Activism, Information-based Expertise and the "New Times" of the 1980s', *Contemporary British History*, 33 (2019), 52–74; Mathew Thomson, 'Representation of the NHS in the Arts and Popular Culture', in Jennifer Crane and Jane Hand (eds), *Posters, Protests, and Prescriptions: Cultural Histories of the National Health Service in Britain* (Manchester, 2022); Jack Saunders, 'Emotions, Social Practices and the Changing Composition of Class, Race and Gender in the National Health Service, 1970–79: 'Lively Discussion Ensued'', *History Workshop Journal*, 88 (2019), 204-228; Andrew Seaton, 'Against the "Sacred Cow": NHS Opposition and the Fellowship for Freedom in Medicine, 1948–72', *Twentieth Century British History*, 26 (2015), 424–49.

[9] Rivett, *From Cradle to Grave*, 279.

[10] 'Appeasement 1977 Style', *British Medical Journal*, 2 (1977), 1619.

[11] Rivett, *From Cradle to Grave*, 279.

[12] Lawrence Black, Hugh Pemberton and Pat Thane (eds), *Reassessing 1970s Britain* (Manchester, 2013).

[13] Rodney Lowe, *The Welfare State in Britain Since 1945* (2nd edn, London, 1999), 1–3.

[14] Guy Ortolano, *Thatcher's Progress: From Social Democracy to Market Liberalism through an English New Town* (Cambridge, 2019), 20.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

by some modern British historians, the historiography of the NHS has yet to make the same corrective.[15]

Indeed, the submissions of evidence analysed here problematize that characterization. While the letters are full of grumbles, grievances, and anxieties about the health service and the state, these are, by and large, *constructive* complaints and criticisms. They were designed to improve the NHS for the future, not undermine its fundamental value or utility. This can be seen not just in the tone and content of the complaints, but in the abstract and ideologically-driven definitions of the health service offered by writers, and their efforts to make plain their emotional and political commitment to the NHS. For this reason, the 1970s can be seen not as a nadir in the relationship between British people and the welfare state, but instead as a period in which an alternative connection is being negotiated. As cultural historians of healthcare have shown, the now-familiar popular relationship with the NHS only emerged over time.[16] The letters sent in by 'ordinary' people suggest that that relationship was already being reconfigured in the 1970s. In all the submissions, letter-writers grumbled about individuals and specific institutions, but they also expressed their own ideas about what the NHS was, or ought to be, and debated its boundaries.

However, while we can see the submissions as evidence of constructive engagement with the NHS, a closer look at the precise subjects of the complaints reveals something crucial about developing popular commitment to the health service in 1970s Britain. The NHS they were devoted to was a caveated one—a service that catered to, and provided for, white, middle-class Britain. Indeed, I argue that the letter writers inscribed their so-called 'ordinariness' with certain classed, gendered, and raced attributes, and in doing so demonstrated that segments of the white British middle class sought to appropriate the language of the 'ordinary' to make political interventions into the ongoing project of the welfare state. These efforts were also implicated in the development of the NHS as an 'object of fantasy', one invested with substantial emotion.[17] While the correspondents' racialized and classed projections of the NHS might have contradicted the theoretical claims of equality, comprehensiveness, and universalism enmeshed into the NHS of 1948, the submissions highlight

[15] Emily Robinson et al., 'Telling Stories about Post-war Britain: Popular Individualism and the "Crisis" of the 1970s', *Twentieth Century British History*, 28 (2017), 268–304.

[16] Crane, '"Save our NHS": Activism, Information-based Expertise and the "New Times" of the 1980s', 52–74.

[17] As Shona Hunter has suggested, the symbolic and material relations of the NHS have long been bound-up with Empire, and fantasies of who belongs in/deserves to benefit from it have frequently been racialized. Shona Hunter, 'The Role of Multicultural Fantasies in the Enactment of the State: The English NHS as an Affective Formation', in E. Jupp, J. Pykett and F. Smith (eds), *Emotional States: Sites and Spaces of Affective Governance* (London, 2016), 161–76.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

how certain forms of exclusion remained central to the welfare state and to citizens attempts to renegotiate its meanings into the 1970s.

In what follows, I will begin by outlining the submissions—how they were solicited and who wrote them—before attending to the ideologies of the NHS contained within the letters and the Royal Commission's published report. In the second half of the article, I will outline three specific anxieties, or subjects of complaint, that predominate in the sources: privacy, payment, and the race and ethnicity of healthcare staff. These were concerns not just about the NHS, but about 1970s Britain more broadly, and they suggested that while people were invested in the health service, this was an idealized health service that was supposed to serve some citizens and not others.

The Submissions

In 1976, the Royal Commission published calls in broadsheet newspapers—*The Times* and *The Sunday Observer*—and broadcasted them on television, asking the public to put forward their views on the NHS. Although the rationality for choosing those particular publications was not articulated, the two newspapers shared an educated, middle-class audience that differed politically. *The Times* had a more right-wing readership, whereas *The Observer's* audience was more left-wing. In response to these calls, they received around 2,460 written evidence submission, held fifty-eight oral evidence sessions, and met with about 2800 individuals.[18] They received missives from professional organizations, trade unions, clinical institutions, healthcare workers, patients, and members of the interested public. Letters were written from both men and women, from across the four nations of the British Isles, and from both rural and urban addresses. While diverse, many of the people who submitted evidence insisted on their ordinariness. In a press conference given on the 4th of May 1976, Merrison said that while invitations had been sent to 800 organizations to submit evidence, 'getting in touch with ordinary people, which was just as important, was not easy'.[19] Just a few days later, Mr Marcus-Stirling began his submission with, 'I see from a report in the Times that . . . your Chairman appealed to ordinary people to submit evidence to your committee. As I come into that category, may I take advantage of the invitation'.[20] Evidently, this terminology—'ordinary'—chimed with the self-image of some of *The Times*' readers. As Claire Langhamer has argued, ordinariness in post-war Britain held deep political

[18] Merrison, *Royal Commission*, 1.
[19] 'Evidence Sought on NHS', *The Times*, (7 May 1976), 12.
[20] Letter from Mr Marcus-Stirling, 17 May 1976, TNA/BS6/36.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

significance and was frequently called upon to perform political work.[21] In addition, she suggests that ordinariness became a form of 'expertise'—the ordinary person was simultaneously 'non-expert' and 'most expert'.[22]

We can see this configuration of ordinariness in the submissions of evidence when correspondents frequently operationalized their 'ordinary' identities. Mr G. D. Ambrose wrote, 'I am writing in response to an article in "The Times" on Friday 7th . . . My views have no political basis and are based on our experience, and on what I believe to be an honest approach to life'. He wanted to, 'put forward the views of a patient of modest means', and had reasonable expectations about his views' potential influence: 'I do not expect my letter to make a great impact'. However, he believed that, 'the patient is an important person, it is one facet in the complicated overall picture'.[23] Sometimes this notion of ordinariness as expertise was made explicit. Miss Alannah Burrows-Mitchell wrote in to say, 'After all the person who knows best how he feels is the person who's ill'.[24]

Comments or perspectives of this kind were the product of a range of different threads of thought that were woven through 1970s Britain—including the elaboration of feminist thinking about women's bodily autonomy and dynamic objectivity;[25] the kind of pragmatic and political utility of 'common sense' and practical experience to which Langhamer alludes;[26] the development of new 'popular individualism';[27] a broader crisis of confidence in the quality of healthcare as evidenced by the scepticism of Archie Cochrane and Ivan Illich;[28] and what Alex Mold calls the 'repositioning of the patient as an actor in his or her own right within British health care policy and practice'.[29] As Miss Burrows-Mitchell asked in her letter to Merrison, 'Will the Royal Commission on the National

21 Claire Langhamer, '"Who the Hell are Ordinary People?": Ordinariness as a Category of Historical Analysis', *Transactions of the Royal Historical Society*, 28 (2018), 175–95.

22 Langhamer, 'Who the Hell are Ordinary People?'.

23 Letter from Mr G. D. Ambrose, 9 May 1976, TNA/BS6/48.

24 Letter from Miss Alannah Burrows-Mitchell, 16 May 1976, TNA/BS6/24.

25 Writing in the 1980s, but building on a decade of feminist thought about medicine, science, and healthcare, philosopher Evelyn Fox Keller called for feminists to replace 'static objectivity' with what she called 'dynamic objectivity'. In Keller's words, this dynamic objectivity was 'not unlike empathy, a form of knowledge of other persons that draws explicitly on the commonality of *feelings* and *experience* [. . .] to enrich one's understanding of another in his or her own right', Evelyn Fox Keller, *Reflections on Gender and Science* (New Haven, CT, 1985), 117.

26 Langhamer, 'Who the Hell are Ordinary People?'.

27 Robinson et al., 'Telling Stories about Post-war Britain'.

28 Archibald Cochrane, *Effectiveness and Efficiency: Random Reflections on Health Service* (The Nuffield Provincial Hospitals Trust, 1972) and Ivan Illich, *Medical Nemesis: The Expropriation of Health* (London, 1974).

29 Alex Mold, 'Repositioning the Patient: Patient Organizations, Consumerism, and Autonomy in Britain during the 1960s and 1970s', *Bulletin of the History of Medicine*, 87 (2013), 225–49, 248.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

Health Service make medicine more patient-centered?'[30] However, while writers often leveraged their patient experiences, they also articulated their expertise as specifically grounded in their supposed ordinariness.

Their expertise was also affective and letter-writers used emotionally charged language in their 'common-sense' appraisals of the welfare state's problems. Merrison approved of the affective quality of their submissions. In his report, he wrote,

> The giving and receiving of health care is necessarily a sensitive and emotional subject. It would be expecting too much from both patients and the providers of health care that they should be able to distance themselves from the subject, nor would it be desirable.[31]

He recognized the 'emotional overtones' of the relationships between doctors, nurses, and patients, and argued that not only would it be impossible for the submissions of evidence to offer 'objective' accounts of their experiences, or provide a detached assessment of the health service, but that to do so would compromise the usefulness of their evidence.[32] He wanted to hear about people's feelings—and thought that emotions could help him more accurately appraise both the failings and achievements of the NHS. Thus, Merrison articulated the value of emotional expertise in the reform and reconstitution of the NHS, demonstrating the extension of the importance of emotional expertise into the realm of policymaking. Such arguments have been elaborated by Jennifer Crane and Hannah Elizabeth, Gareth Millward and Alex Mold, but this example offers even further scope for emotions as generative of social and political change.[33]

Many of the submissions drew on the authors' identity as an ordinary person with 'common sense' perspectives on the world. However, that does not mean that they were homogenous. As Merrison commented in his report, 'In the evidence submitted to us we found a complete spectrum of descriptions of the present state of the NHS, ranging from "the envy of the world" to its being "on the point of collapse"'.[34] While ordinary people offered differing perspectives on the health service, in general they painted a more positive picture than the one found in the submissions from healthcare professionals. As Merrison pointed out, 'If patients give too rosy a picture of the state of the NHS, health workers paint one that is too gloomy'.[35] Mr J. W. Harrison wrote to the commission on the

[30] Letter from Miss Alannah Burrows-Mitchell, 16 May 1976, TNA/BS6/24.
[31] Merrison, *Royal Commission*, 13.
[32] Merrison, *Royal Commission*, 13.
[33] Jennifer Crane, *Child Protection in England, 1960-2000: Expertise, Experience, and Emotion* (London, 2018); and Hannah J. Elizabeth, Gareth Millward and Alex Mold, '"Injections-While-You-Dance": Press Advertisement and Poster Promotion of the Polio Vaccine to British Publics, 1956–1962', *Cultural and Social History*, 16 (2019), 315–36.
[34] Merrison, *Royal Commission*, 13.
[35] Merrison, *Royal Commission*, 27.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

21 May 1976 and quoted the *Times'* request for 'ordinary people's' views. He described his positive experiences with NHS staff, 'I have met only one rude doctor, which perhaps proves they are better tempered than most of us. No rude or inefficient nurses, but then, we all knew they were angels, didn't we?'[36] Several writers also approved of the improvements to the NHS they claimed to have had witnessed. Mrs Harlow submitted evidence after reading an article in the *Sunday Observer*: 'It has been a constant pleasure to me over the last few years to realise how the prospect for children in hospital has changed out of all recognition over the last 20 years.'[37]

After all the evidence had been gathered, Merrison produced a report. At the beginning, he devoted some space to defining the terms of the National Health Service. Merrison noted an, 'absence of detailed and publicly declared principles and objectives for the NHS', which reflected, he argued, 'the continuing political debate about the service'. Politicians and the public might have agreed on the desirability of a national health service in 'broadly its present form', but there the consensus ended. Merrison lamented this absence of 'principles', and critiqued the prominence of, 'policies which change according to the priorities of the government of the day', instead. In his report, therefore, he set out some of these 'principles' and outlined the various things that he and his colleagues thought the NHS ought to do. The Commission believed that the health service should: 'encourage and assist individuals to remain healthy'; 'provide equality of entitlement to health services'; 'provide a broad range of services of a high standard'; 'provide equality of access to these services'; 'provide a service free at the time of use'; 'satisfy the reasonable expectations of its users'; 'remain a national service responsible to local needs'.[38]

This is a proactive vision of the NHS—a health service rather than a sickness service. These principles demonstrate a commitment to equality, but also quality. The NHS, according to this vision, should provide what the public need and want, but only if those needs and wants are 'reasonable'. It is also a set of principles that reflect the social and political complexity of the decade. In some ways, they offered a restatement of the values and vibrancy of social democracy: equality, access, and adequate state-funding. In others, they hold traces of an emerging neoliberalism with their focus on individuals as agents in their own disease-prevention and health maintenance. However, there are also aspects of that impetus that were fundamental to the ideals of the early NHS, its architects, and even its predecessors. The utopian health movements of the 1930s, and the early welfare state itself, emphasized the importance of healthy living

[36] Letter from Mr J. W. Harrison, 21s May 1976, TNA/BS6/61.
[37] Letter from Mrs Harlow, 21 May 1976, TNA/BS6/17.
[38] Merrison, *Royal Commission on the National Health Service: Report*, 9.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

through nutrition, education, exercise, and public health measures like vaccines, and both believed that the state should acquire a degree of responsibility for these services.[39]

However, here I want to focus on Merrison's claim that there was an absence of 'principles' circulating in public and professional discourse prior to the publication of his report. In contrast to such claims, the submissions of evidence from 'ordinary people' contain plenty of principles and indicate the development of an 'NHS' in abstract. Their letters were about the health service writ large, beyond their individual experiences of what it had to offer. Before they launched into their specific critiques, authors often began with a general statement about the NHS and the values they believed it embodied. Mr Wilson opened his submission with, 'I wholeheartedly support the concept on which the Service is based'.[40]

Indeed, many of the complaints were framed in terms of NHS or welfare state ideals. Criticisms were levied at specific problems that, as they saw it, prevented the health service from achieving its lofty ambitions. Miss Ana M. Tanner wrote, 'On what basis does a society assign priorities for the National Health Service? Whose values are expressed in the allocation of a nation's energy and resources to improve the quality of life for all its citizens?'[41] People were preoccupied with the idea that the NHS ought to reflect the character of the nation. In some cases, that character was taken to be peculiarly Christian and thus the NHS ought to be motivated by care and consideration for humankind. Mr G. D. Ambrose argued, 'If we live in a compassionate Christian country, who can honestly argue that the present system is the best possible with the expertise and resources we have?'[42] People were also keen to insist on the value of equality under the welfare state: 'Let's hope your commission brings more fairness for more people!'[43] One writer expressed concern that in its current state the NHS seemed to be 'unequal in impact', with the 'higher social groups benefitting more than the lower'. They made recourse to the foundational principles of the welfare state in their argument: 'Given that the NHS is one of the foundations of the Welfare State, and that the latter was surely not designed to help the better off members of society to a greater degree than the less privileged, the results, if correct, seem disturbing.'[44]

Criticisms also referred to the service's terminology and its implications. Miss M. M. Humber complained that, 'The service is really not

[39] Pyrs Gruffudd, '"Science and the Stuff of Life": Modernist Health Centres in 1930s London', *Journal of Historical Geography*, 27 (2001), 402–3.
[40] Letter from Mr Wilson, 9 May 1976, TNA/BS6/55.
[41] Letter from Miss Ana M. Tanner, 18 May 1976, TNA/BS6/22.
[42] Letter from Mr G. D. Ambrose, 9 May 1976, TNA/BS6/48.
[43] Letter from Miss M. M. Humber, 15 May 1976, TNA/BS6/41.
[44] Letter from J. Leonardo, 22 June 1976, TNA/BS6/212.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

national nor very healthy'.[45] Along the same lines, Mr Mitchison was not alone in lamenting the lack of attention paid to illness prevention and the maintenance of good health, relative to the service's focus on treating acute maladies. Again, he did so by using the language of the NHS: 'I do hope that you will give some consideration to these views in the hope that the service will become truly a "Health" Service and not a Sickness Service as it now is.'[46] Finally, some writers framed their complaints in terms of rights, and particularly the right to health. Mr J. Marloe asked the commission to consider the primary function of the NHS and reach a consensus about the ideals that should underpin the service. He did not think that the commission should 'attempt to produce definitions of "health" or "disease" or any of the other vague terms involved', but he did think that they should attempt to decide whether,

> . . . A health service is principally a means of increasing productivity in a time of decreasing working population, whether health care is a right to which everyone is unconditionally entitled, or even whether health is a problem best dealt with by environmental measures – a health service rather than an ill-health service.[47]

Together, these various letters demonstrate a degree of popular debate about what the NHS was and ought to be. These questions were considered alongside other discussions about the efficacy and success of individual policies, practitioners, and places. There was a vibrancy to both these discourses; evidence that the NHS existed as a kind of intangible repository of ideals and ideologies in the 1970s, not just as series of discrete services. Historian Jennifer Crane argues that while the NHS had been popular since its inception, the emotional commitment that the British public now invest in the health service was by no means automatic or inevitable in 1948.[48] That commitment had to develop and belief had to be cultivated. Crane dates activism to defend the NHS, 'as a whole, as a national institution',[49] to the 1980s, but the submissions of evidence to the Royal Commission suggests that by 1976, the relationship between British people and the health service had already altered.

The NHS that emerges from the submissions of evidence is no failed experiment in social democracy. It is a service that inspired deep emotion and commitment, and provoked principled debate over its design, provisions, and promises. However, that does not mean it was flawless, or

[45] Letter from Miss M. M. Humber, 15 May 1976, TNA/BS6/41.
[46] Letter from Mr Mitchison, 31 May 1976/TNA/BS6/42.
[47] Letter from Mr J. Marloe, 30 May 1976, TNA/BS6/78.
[48] Crane, '"Save Our NHS": Activism, Information-Based Expertise and the "New Times" of the 1980s', 52–74.
[49] Crane, '"Save Our NHS": Activism, Information-Based Expertise and the "New Times" of the 1980s', 66.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

undeserving of criticism. Many of the letters described instances of harm or neglect at the hands of the health service. These complaints need to be taken at face value. Popular narratives of the NHS—both past and present—tend to emphasize positive patient experiences to the detriment of negative ones. The criticisms contained within the submissions of evidence tended to coalesce around three key themes: privacy, payments, and the ethnicity of NHS staff. While the presence of these complaints suggest a dynamic and productive relationship between British people and the welfare state, as will become apparent the content also indicates that the NHS the authors desired or idealized was one with strict limits and parameters.

Privacy

Large, nightingale wards had long been the norm in NHS hospitals and their predecessors. Nightingale wards are a type of hospital ward that consist of one large room with multiple beds, instead of subdivisions or cubicles for individual patient occupancy. In these cavernous spaces, patients were treated side by side with few opportunities for confidentiality or discretion. However, broad social and cultural shifts in the mid-century made this kind of communal and public care-giving less and less desirable. As Alex Mold has shown, ideas about patient rights, privacy, and autonomy were new to the 1960s and in 1974, the Patients Rights Bill was read in Parliament. The bill was intended to, 'establish the rights of patients to privacy when receiving hospital treatment under the National Health Service'.[50] Thus, privacy on the ward was a recurring theme in the submissions of evidence—one that was also frequently coupled with insistence that the writer held a degree of common sense and came from humble means. Sixty-seven-year-old widow Alexandra Hatton, who had practised medicine briefly in the early 1940s, wrote,

> I have never wanted to take any unfair advantage – such as "queue jumping" – over other people. But I have paid contributions for many years to BUPA for the sole purpose of having a private room. Please do not get the impression that I am an introverted hermit type – far from it – I lead a very full social life. But long periods of quiet solitude are very necessary to me – especially when ill![51]

Mrs M. Dobson-Baring made a similar complaint, 'The thought of undergoing painful and perhaps embarrassing treatments in a large public ward (even if a curtain is drawn) ... is to many people, including

[50] Mold, 'Repositioning the Patient', 245; "Bill: Rights of Patients, April 10, 1974. Presented by Joyce Butler in the House of Commons; "Rights of Patients Bill," House of Commons Debates 872(1974): cc456–cc457.

[51] Letter from Dr Alexandra Hatton, 17 May 1976, TNA/BS6/40.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

myself, much more horrifying than that of the operation itself'. She further justified the universality of her views by bringing in the experience of her daughter, 'Some hospitals now have mixed wards which are even more off-putting. My daughter, a very modern and sociable young woman says that if she found herself in one she would walk out! Hospitals which have these should always allow patients the option of a one-sex ward'.[52]

Mrs James defended the interests of 'ordinary members of the public' in her submission of evidence: 'Many of these people, especially when they are ill, seek privacy and strive to save for it.'[53] These people were not greedy, or entitled, they did not want to 'jump queues' or 'deprive others of beds ... speedy, or special treatment', but they did need a private room. They were a 'sensitive minority', driven, 'chiefly for reasons of privacy', to retain private medical insurance, despite 'ever-rising subs'.[54] Her comments demonstrate the persistence of the very old medical and social trope that equates 'sensitivity' with cultural refinement and asserts the need for privacy as an indicator of whiteness and rarefied social class. Mrs James was deploying these tropes to argue for an alternative system. Rather than demanding access to private medical treatment, shorter waiting times, or better quality care, she just wanted this 'sensitive minority' to be able to pay for a private room in an NHS hospital. As Victoria Bates has shown, the 1970s witnessed an uptick in concerns about, and efforts to regulate, hospital noise.[55] Mrs James' letter reflects these anxieties, 'Friends who have been in hospital complain that the constant noise and chatting makes rest almost impossible—but this may be unavoidable in public wards'.[56] She insisted that her demands were nothing to do with snobbery, 'The wish of a minority for privacy (it has nothing to do with so-called "class") would not deny or interfere with the needs of the majority'.

Mrs James' claim supports Emily Robinson, Camilla Schofield, Florence Sutcliff-Braithwaite, and Natalie Thomlinson's suggestion that the post-war period saw an increasingly prevalent rejection of class snobbery as outdated and illegitimate. Correspondents leveraged their ordinariness to evade accusations of classism. However, complaints about noise were in fact frequently tied up with assumptions about gender, race, and indeed class—with women and people of colour (both other patients and nurses) more often the target of criticism.[57] Mrs James' insistence that her grievance was nothing to do with 'class' was slightly

[52] Letter from Mrs M. Dobson-Baring, 4 June 1976, TNA/BS6/63.
[53] Letter from Mrs James, 17 June 1976, TNA/BS6/225.
[54] Letter from Mrs James, 17 June 1976, TNA/BS6/225.
[55] Victoria Bates, *Making Noise in the Modern Hospital* (Cambridge, 2021).
[56] Letter from Mrs James, 17 June 1976, TNA/BS6/225.
[57] Bates, *Making Noise in the Modern Hospital.*

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

undermined by one of her concluding statements: 'So if we can no longer afford the rising costs of private insurance schemes . . . back we go to the noisy general wards to "recover" in the Day-Rooms disturbed by continuous ITV (what would the reaction be if we asked for BBC2?)'[58] The submissions of evidence that commented on privacy, therefore, reflect another facet of 1970s social and political culture (also recognized by Robinson *et al*): the growth of a more assertive and confident middle-class identity, even if the terminology shifted. Indeed, 'ordinariness' was often used as a politically acceptable replacement for the letter-writers' felt loss of class cachet.

Pay Beds

This identity was also invoked in submissions of evidence that dealt with an overlapping issue: payments for health services. This had been a fraught issue since the NHS was first proposed.[59] Debates over prescriptions had raged in the press as early as the late 1940s and in 1951, the Labour Minister of Health Hugh Gaitskell introduced payment for dentures and spectacles. The following year, Winston Churchill's Conservative government introduced charges for medications. The idea that healthcare was completely free under the NHS was, therefore, already complicated. But, many of the letters contained complaints about a much more recent debate: Labour's Secretary of State for Health and Social Services Barbara Castle's attempts to abolish the 'pay beds' that allowed consultants to do private work in NHS hospitals.[60] Under Harold Wilson (Prime Minister from 1964 to 1970), the Labour government had reduced the number of private beds in the health service. While in opposition in 1973, they pledged to phase out pay beds entirely. These plans faced stiff resistance, culminating in hospital consultants suspending all 'goodwill activities' between January and April of 1975. The industrial action was called off when Castle relented and allowed part-time consultants to continue private practice. The submissions of evidence tended to oppose Castle's plans, and much like the discussions of privacy, this opposition involved authors insisting on their ordinary or modest socio-economic backgrounds. Articulating a nuanced notion of social class and its relationship to labour (and indeed Labour), Kevin A. Mathieson wrote in to say, 'A further issue is that of pay beds, it seems absolute lunacy that these should be phased out . . . Incidentally, I am a

[58] Letter from Mrs James, 17 June 1976, TNA/BS6/225.

[59] J. Eversley, 'The History of NHS Charges'. *Contemporary British History*, 15 (2010), 53–75.

[60] This permutation of the debate might have been recent, but as Clifford Williamson has shown, pay beds had been a source of conflict and tensions since the health service's very inception. Clifford Williamson, 'The Quiet Time? Pay-beds and Private Practice in the National Health Service: 1948–1970', *Social History of Medicine*, 28, (2015), 576–95.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

member of the Labour Party and my views are shared by many of its followers, although we do not get a hearing'.[61]

Mrs James also ventured, 'to comment on the "pay-bed" situation'. She said that she saw no 'real benefits that "releasing" the few private rooms in NHS hospitals will bring to ordinary members of the public'. She saw herself as an 'ordinary' member of the public—part of a, 'less-affluent but thoughtful, dependable, and thrifty minority whose causes are never those aired on the media'.[62] Both Mathieson and Mrs James implied that support for pay beds could be found among people who might not be able to afford to benefit from them. They were both ordinary folk, with widespread and representative views that were not motivated by self-interest but rather by common-sense and pragmatic thinking.[63]

Similar attitudes can be found in submissions from members of the public who called for some partial payment to be extracted from NHS patients for NHS services. Much like those objecting to the eradication of pay beds, these people presented themselves as both ordinary and sensible. Dora Rogers wrote in to say,

> Please may I as an ordinary woman make a suggestion? Would it not be possible for every patient entering hospital to pay say £5 per week, not for medical attention but to contribute to domestic expenses, food, laundry, etc. . . . Even pensioners could manage this, and after all people in hospital are not being catered for at home.[64]

V. K. Osborne wrote in with a similar suggestion, 'I feel some sort of charge should be made for after all if one was home one would have to pay for rent and food which surely should not be too much to ask for a nominal charge'.[65] Like Dora Rogers, Osborne presented their ordinary experiences and valuable expertise: 'It all demonstrates once again that ordinary persons with the necessary experience should be considered to serve on Government Commissions or enquiries when set up, or at least be asked to attend so to state what is really going on'.[66]

This proposal was sometimes referred to as introducing 'hotel charges'. Mr M. R. Frost argued that when, 'any patient is admitted to hospital for however short a period and however impecunious that patient may be', they should be required to, 'contribute towards their keep during the period in hospital'.' Like Dora Rogers and V. K Osborne, Mr Frost

[61] Letter from Kevin A. Mathieson, 7 May 1976, TNA/BS6/12.
[62] Letter from Mrs James, 17 June 1976, TNA/BS6/225.
[63] Gareth Millward's article on 'commonsense' offers a useful example of earlier mobilization of this concept against medico-welfare state governance. Gareth Millward, '"A Matter of Commonsense": The Coventry Poliomyelitis Epidemic 1957 and the British Public', *Contemporary British History*, 31, (2018), 384–406.
[64] Letter from Dora Rogers, 8 February 1976, TNA/BS6/8.
[65] Letter from V. K. Osborne, 27 January 1977, TNA/BS6/4.
[66] Letter from V. K. Osborne, 27 January 1977, TNA/BS6/4.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

demonstrated his limited understanding of the financial resources of Britain's poor.[67] He reasoned that since a patient in hospital, 'does not have to provide food, heating and lighting amongst other things in their own home', they could afford the £3 or £4 sum they would otherwise have paid towards rent and sustenance and contribute instead to the, 'improvement of the service' and for the 'benefit of patients generally'.[68] This distinction between healthcare, which ought to be free, and the 'other aspects' of hospital life, which should come with a cost, suggests that while letter-writers believed the state should take responsibility for some of people's happiness and well-being, that had to be balanced against personal responsibility. They also thought that the distribution of resources ought to be evenhanded.

NHS physician Dr Westhead went one step further. He suggested that a 'full charge' be made at the time of a consultation with a general practitioner. The charge should then be reimbursed, 'perhaps 100%', soon afterwards. He believed that if a full charge were made at the time of consultation, the number of 'trivial complaints' brought to GPs would fall and give people a clearer idea of the 'value of money in terms of work'.[69] The authors of the submissions in general, however, were reluctant to suggest that the state should charge for medical interventions or treatment. This implies that while some patients thought that certain elements of the NHS should be bought and sold, they had subscribed the basic principal that the service ought to be free at the point of use. Or at least for those who needed it to be. Of course, 'need' is a subjective category. Lengthier stays in hospital were required by some people and not others, and it is possible that letter-writers calling for the introduction of 'hotel charges' were also expressing concern about malingering and delineating certain limits to the state's generosity. Indeed, while people might have been using the commission to claim the NHS as theirs, for 'ordinary people', they were also using it as a space to restrict who and what it should be for. This could be by rejecting scroungers or malingerers, who might exploit what was available; or it could be about insisting that public healthcare retained some of the features of 'private' medicine, including privacy.

Race and Ethnicity of NHS Staff

Since the foundation of the NHS, doctors and nurses trained in the colonies and Commonwealth have emigrated to Britain and played a crucial

[67] In 1970 the average wage for a male manual worker over the age of 21 was £48 63s per week. The corresponding figure for female manual workers aged 18 and over was £27 01s. Unemployment in the mid-1970s was also very high. HC Deb 18 April 1975 vol 890 c176W.

[68] Letter from Mr M. R. Frost, 25 May 1976, TNA/BS6/74.

[69] Letter from Dr Westhead, 9 May 1976, TNA/BS6/55.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

role in the staffing of the welfare state.[70] By 1971, 31 per cent of all doctors were born, and had qualified, overseas.[71] Despite their contributions to the health service, these professionals were subjected to sometimes vitriolic attacks on their perceived ability to speak the English language and held to a higher standard of conduct and performance than their white colleagues.[72] As Camilla Schofield has shown in her study of Enoch Powell and his followers in late 1960s and early 1970s Britain, the welfare state played a key role in anti-immigration sentiment, politics, and action.[73] The welfare state was understood and articulated as a reward for wartime sacrifice. While Britain's non-white colonial forces were fundamental to the nation and empire's military success, this sacrifice was 'whitewashed' by Powell and his supporters, who refused Commonwealth migrant's entitlement to care and welfare. This manifested itself in a 'jealously guarded NHS', with immigration law and the welfare state frequently used in tandem.[74]

As Grace Redhead has argued, the legal exclusion of Commonwealth migrants in the 1960s and 1970s, marked by increasingly restrictive Commonwealth Immigration Acts, depended on discourses of 'welfare parasitism', a fear that such migrants would 'exploit and overrun the welfare state'.[75] In 1961, Duncan Macaulay wrote in the *British Medical Journal* that the 'majority of the postgraduates now staffing the hospitals of the United Kingdom come from India and Pakistan'.[76] He described how most of those doctors returned to their 'own country' after a period of 'training' (his inverted commas) in the UK with,

[70] See Roberta Bivins, *Contagious Communities: Medicine, Migration, and the NHS in Post War Britain* (Oxford, 2015).

[71] Stephanie Snow and Emma Jones, 'Immigration and the National Health Service: Putting History to the Forefront', *History & Policy*, (8 March 2011) https://www.historyandpolicy.org/policy-papers/papers/immigration-and-the-national-health-service-putting-history-to-the-forefron> accessed 21 May 2021.

[72] Writing about the contemporary NHS, Christopher Kyriakides and Satnam Virdee argue that the treatment of 'overseas doctors' in Britain relies on a 'complex interplay between racism and nationalism' that is underpinned by the historical construction of 'welfarism' as what they call a 'moral legitimator of "Britishness"'. Still, British-born 'non-whites' entering the medical profession in the UK have to negotiate the 'saviour/pariah' dichotomy, indicative of 'discriminatory but contradictory processes specific to the operation of the British National Health Service as a normative institution'. Christopher Kyriakides and Satnam Virdee, 'Migrant Labour, Racism and the British National Health Service', *Ethnicity & Health*, 8 (2003), 283–305.

[73] Camilla Schofield, *Enoch Powell and the Making of Postcolonial Britain* (Cambridge, 2013).

[74] Grace Redhead, 'A British Problem Affecting British People': Sickle Cell Anaemia, Medical Activism and Race in the National Health Service, 1975–1993', *Twentieth Century British History*, 32 (2021), 189–211, 192.

[75] Redhead, 'A British Problem Affecting British People'.

[76] Duncan Macaulay, 'Nationalities of Junior Staff', *BMJ*, 2 (1961), 1777–78.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

> . . . a sense of grievance, because to all intents and purposes the doors of teaching hospitals are closed to them when it is a matter of making appointments to the junior staff . . .[77]

Macaulay also noted, 'It is rare even for an Indian to be short-listed for a post in one of these places, whatever his qualifications'.[78] Such discrimination had profound emotional and experiential consequences, as Macaulay also observed, 'It is not difficult to imagine the feelings of an Indian doctor with higher qualifications obtained in Britain when he hears, as they sometimes do, that the first step in compiling a short-list is to exclude all Indians and Pakistanis'.[79]

As Douglas M. Haynes argues, the independence of India and Pakistan in 1947 was accompanied by increased restrictions being placed on their doctors practicing in Britain.[80] Macaulay called this 'snobbery'—an 'ancient British vice'—but he could equally have described it as racism or xenophobia.[81] He described how it flourished, 'remarkably in many of our "better" hospitals'—'teaching hospitals are the worst offenders'—but that there were other hospitals which seemed to, 'pride themselves on never entertaining applications from doctors from these Commonwealth countries'.[82]

According to the self-described Asian doctor, Leslie de Noronha, the British health service was becoming more hostile to foreign practitioners rather than less. In 1961, he wrote an article in the *BMJ* about the 'nostalgia' he felt for the, 'hospitality, cordiality, and what is naturally more important, the training', he had received when he first arrived in the UK in 1953.[83] He described a, 'growing resentment against foreign doctors', which he blamed on the, 'increasing influx of, for example, Indo-Pakistan medicos', and compared it to the 'hate' against Irish doctors in the 'average doctors' mess' in the 1950s.[84] He also suggested that the recent Immigration Bill had, 'confused the issue further', or at least led to some, 'spirited arguments during "elevenses"'.[85] The Immigration Bill, passed as the Commonwealth Immigration Act in 1962, controlled the immigration of Commonwealth citizens (except those who already held British passports). Prospective immigrants now needed to apply for a work voucher, graded according to the applicant's employment prospects. Before the Act was passed, Commonwealth citizens had extensive rights to

[77] Macaulay, 'Nationalities of Junior Staff', 1778.
[78] Macaulay, 'Nationalities of Junior Staff'.
[79] Macaulay, 'Nationalities of Junior Staff'.
[80] Douglas M. Haynes, *Fit to Practice: Empire, Race, Gender, and the Making of the British Medicine, 1850–1980* (Rochester, NY, 2017).
[81] Duncan Macaulay, 'Nationalities of Junior Staff', *BMJ* 2 (1961), 1777–78, 1778.
[82] Macaulay, 'Nationalities of Junior Staff'.
[83] Macaulay, 'Nationalities of Junior Staff'.
[84] Leslie de Noronha, 'Nationalities of Junior Staff', *BMJ* 2 (1961), 1777-1778, 1778.
[85] de Noronha, 'Nationalities of Junior Staff'.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

migrate to the UK. However, in the late 1950s and early 1960s, there was widespread opposition to immigration in Britain from a range of political groups, including the Conservative Monday Club whose MPs were vociferous in their opposition to 'mass' immigration.

By the 1970s, the racial politics of Britain had shifted. As Bill Schwarz has argued, 'Black' and 'white' identities were marshalled by Enoch Powell and others into radical political positions that ran counter to the social democratic project.[86] The decade also saw an expansion of the 'race relations project' or 'industry'. The first Race Relations Act of 1965 initiated a state-led programme of interventions designed to combat discrimination. By the 1970s, there was a plethora of local community relations councils and race relations boards, multicultural education units, and a 'whole new profession of race experts and advisors'.[87] Despite these efforts, doctors and nurses of colour were not only subject to racism and resentment from their colleagues, but from their patients as well.[88] Many of the submissions of evidence contained violent tirades against 'foreigners' or equally damaging, racist and xenophobic complaints, albeit framed in more 'respectable' or 'reasonable' language.

Mrs M. Peplow from Exeter wrote to the commission with a request: 'Please, please stop importing coloured doctors'.[89] She expressed concern for (presumably white) British-born physicians, arguing that for as long as 'this practice' was followed, 'the prestige, love, and worldly rewards of the medical profession is diminished'. She acknowledged the shortage of doctors, but quoted her mother: 'when one door closes, another opens', and claimed that if the government stopped, 'importing coloured doctors', then, 'the indigenous doctors would be better paid, better appreciated, and have better opportunities for advancement if we willy-nilly had to give more thought to their rewards'. Instead, the NHS was relying on an, 'inexhaustible supply of third-rate immigrants'.[90] Mrs Peplow failed to recognize that rather than curtailing the career progression of 'indigenous' healthcare professionals, overseas doctors were paid lower salaries and had fewer opportunities for advancement than their white colleagues born in Britain.

As Haynes argues, concerns about the language competency of non-white healthcare professionals became a proxy for racialized hostilities.[91]

[86] Bill Schwarz, '"The Only White Man in There": The Re-Racialisation of England, 1956-1968', *Race and Class*, 38 (1996), 65–78.

[87] Robinson et al, 'Telling Stories', 38.

[88] Simon Peplow has written about how some of these interventions were ineffectual: Simon Peplow, 'The 'Linchpin for Success'? The Problematic Establishment of the 1965 Race Relations Act and its Conciliation Board', *Contemporary British History* 31 (2017), 430–51.

[89] Letter from Mrs M. Peplow, 29 May 1976, TNA/BS6/20.

[90] Letter from Mrs M. Peplow, 29 May 1976, TNA/BS6/20.

[91] Haynes, *Fit to Practice: Empire, Race, Gender, and the Making of the British Medicine, 1850–1980*, 6, 76.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

Comments on the perceived ability of South Asian doctors to speak English were a common feature of the submissions. In 1976, Mr P. Harris wrote a letter to the commission to complain about the foreign-ness of some of his healthcare providers, 'I am particularly concerned at the quality of the administrative, financial and personnel staff employed with the NHS'. His understanding of 'quality' was informed by his preconceptions,

> I have a specific question concerning the medical competence and, more significantly, ability to speak the English language of foreign-educated doctors ... who escaped the recently imposed set of English tests as they were registered here in the period before the recent crack-down on low grade 'doctors' from abroad.[92]

He referred to two specific doctors in his letter. Despite not being a patient of either, he had serious concerns about their ability to practice and cast aspersions on their medical credentials, 'I know that on a number of occasions patients ... have expressed their difficulty at being able to communicate in English with (1)'. He went on, 'I doubt both his English language and medical competence. Just what does one make of MBBS Bihar? Is it up to English standards? In the case of (2) I would also like your view as to the standard of MB Calcutta'.[93]

Complaints about the language skills of overseas doctors were couched in expression of concern for the working-class or vulnerable patients these healthcare professionals might be encountering in the clinic. Mr Harris argued that it was especially important for doctors to have a good command of the English language if they treated, 'the elderly and chronic sick', and to ensure that they could 'readily communicate with staff'.[94] He wrote that if overseas doctors practiced in an, 'inner urban working class area', then they would encounter, 'patients who are not articulate enough' to navigate the language barrier the doctors' supposed lack of abilities had created.[95] This way of justifying xenophobia does not stand up to scrutiny. Not least because, and as Julian M. Simpson has shown, overseas-trained doctors frequently formed strong, productive bonds with their patient communities.[96] While many of the submissions expressed concern about the English language abilities of overseas doctors and nurses, these criticisms were often tied up with racist stereotypes about the habits and behaviours of foreign healthcare professionals. For example, Mr Harris (referenced above) doubted not just the doctors'

[92] Letter from Mr P. Harris, 21 March 1976, TNA/BS6/10.
[93] Letter from Mr P. Harris, 21 March 1976, TNA/BS6/10.
[94] Letter from Mr P. Harris, 21 March 1976, TNA/BS6/10.
[95] Letter from Mr P. Harris, 21 March 1976, TNA/BS6/10.
[96] Julian M. Simpson, *Migrant Architects of the NHS: South Asian Doctors and the Reinvention of British General Practice (1940s– 1980s)* (Manchester, 2018).

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

language skills, but critiqued their clinical capabilities or 'medical competence' as well. In a parenthetical, he also suggested that one of the 'foreign-educated' doctors was an alcoholic: 'one of whom also has a tendency to drink according to my English partner, now deceased'. Similarly, and in a single sentence, letter-writer John D. Carpenter elided English language skills and cleanliness: 'Far too high proportion of staff (from medical staff to maids) ... do not understand the language or British standards of hygiene'.[97]

Other letter-writers used other strategies to rationalize their concerns. Miss B. Pollard asked a pair of rhetorical questions to indicate that her views were widespread: 'Are our native-raised doctors really emigrating (or thinking about doing so in the future) in larger numbers or not? Do most people like being "seen to" by foreigners or not?' After attending the casualty department of her local hospital, she found herself to be, 'the only white person there (except for the receptionist)'. She felt so 'out of place' that she, 'decided to risk infection of the wound instead—and went home!' As she claimed, however, she was not the only one to respond this way: 'My daughter-in-law said later: "I'd have to be dying before anyone would get me into that hospital"'.[98]

Miss Pollard was not just complaining about overseas healthcare professionals, but writing to the commission to lament multi-ethnic or multicultural Britain. Mrs Bond from Barry in Wales wrote a letter replete with slurs,

> This country have been the world's biggest mugs. We fought two World Wars for a land to live in and die, after a lifetime of hard work, in filth and pain, while crowds of Anglo-Asians P—, every coloured race, can get free Health, free education, that we never had, maternity benefits, we never had, family allowances we never had.[99]

Her submission was full of rage and frustration, complaining about her experience of living with chronic ill-health. The NHS had evidently failed her and she directed her rage towards people of South Asian heritage. Mr Bosh wrote a similarly indignant letter to Merrison complaining about immigrants, 'all receiving benefits from the state (scandalous)'. He implored the commission to take this problem seriously, blending multiple issues into one: 'Come on Royal Commission wake up to the facts, true facts, and get rid of these dodgers under cover of their own doctors who are mostly coloured, I believe white doctors would be better for the Government'.[100] As Roberta Bivins has shown, accusations of foreigners

97 Letter from John D. Carpenter, 29 December 1976, TNA/BS6/222.
98 Letter from Mrs B. Pollard, 17 May 1976, TNA/BS6/50.
99 Letter from Mrs Bond, 8 May 1976, TNA/BS6/49 [Slur redacted by author.]
100 Letter from Mr Bosh, 25 June 1976, TNA/BS6/258.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

'abusing' the NHS began as early as 1948.[101] These correspondents' complaints share an underpinning logic. They attempt to create a narrative of national sacrifice in order to secure the NHS for themselves, and by extension, their children. Those who complained about immigrants using or abusing healthcare services resented them for, as the letter-writers saw it, getting something for nothing.

While the letters do not offer a representative sample of society, the complaints about NHS staff's ethnicity and the languages they spoke demonstrate the quotidian nature of racism in 1970s Britain. Despite the efforts of the race relations project, discrimination against Black and South Asian doctors and nurses remained common. NHS settings, like hospitals, were diverse places. While statistics about the ethnic make-up of the NHS workforce do not exist for the 1970s, as mentioned, we know that many people of colour migrated from Africa, the Caribbean, and South Asia to train and work in the health service and make Britain their home. The GP surgery and the hospital casualty department were, therefore, places in which white British people were likely to encounter people of colour. And, depending on where in the country they lived, they were probably some of the most ethnically diverse places in their communities. Moreover, they were also places where white British people were likely to encounter people of colour in highly skilled professional positions, even if many went to great lengths in their letters to denigrate their expertise.

The health service was, for many 'ordinary' people, a key point of interaction between them and the state. If people had grievances—even if those grievances were not about the NHS itself—then it made sense for them to direct their ire at the health service, especially when invited to do so. The prevalence of racism in these submissions of evidence is an indicator that spaces for complaint in this period offered an avenue for racist sentiment and demonstrated that some people extended their anti-immigration outlook to all aspects of British public life. As discussed in the first section of this article, people used the commission to claim the NHS as theirs—as a service for 'ordinary people'. However, in doing so, they also used it as a space to set limits on who and what the health service should be for. They were keen to deny the service to some, and they wanted to retain certain attributes of 'private' healthcare (including privacy) to suit the polite middle-classes. They also conceptualized people of colour as professionals and patients predisposed to exploiting the system. If the NHS was a 'national' service, then who was entitled to its provisions, and by extension, who was included in its version of 'nationhood'? The degree of vitriol directed to foreigners who used, or 'wasted', NHS

[101] Roberta Bivins, 'Picturing Race in the British National Health Service, 1948-1988', *Twentieth Century British History*, 28 (2017), 83–109, 90.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

services suggests an increasing identification between the health service, white middle-class culture, and British national identity.

Conclusion

The submissions of evidence covered a huge range of subjects. From hearing aids to laundry services, from hospital food to ambulances. As sources, they could be called upon to answer many questions about the attitudes towards, and the functioning of, the welfare state in 1970s Britain. However, in this conclusion I am focusing on *why* these people chose to submit evidence? What made them respond to these published or broadcast calls and what did they hope to gain from the experience? One explanation is that these were people who had specific negative experiences in the NHS and were seeking solutions to their problems or an outlet for distress and frustration. These submissions can, therefore, be read as both an account of clinical or health system error or failure *and* a testament to how few mechanisms of complaint or recourses to retribution were available to an NHS patient in the 1970s.

However, this is only part of the story. In Daisy Payling's article about post-war social surveys, she writes about the function of complaint.[102] She cites John Clarke's observation that complaints require 'going public' and leaving a record. He describes how 'complaints represent a hinterland of anxieties, doubts, and frustrations', or as Payling puts it, 'the public articulation of private grumblings shared by many people'.[103] They are a form of community building and catharsis. Mr Ambrose, for example, finished his letter with, 'If it achieves nothing else, it probably provided good therapy for me in writing it'.[104] We cannot, of course, take these submissions as unproblematically representative of public feeling. The people who wrote in with complaints tended to be people with grievances to air. Those with unequivocally positive experiences of the NHS were probably less likely to take pen to paper. As mentioned, not all the submissions from patients or the public were complaints. Contrasting the ordinariness of patients with the extraordinariness of healthcare professionals, Mr Ambrose insisted, 'I have great respect for doctors, they are a "special case" and deserve every reward, a good career structure and a high salary'.[105] And, the criticism that *was* received was often gentle, or clearly intended to be constructive. As Mrs Portland said, 'I would be prepared to answer questions and submit papers substantiating the facts, providing they will be accepted however unpalatable in the main (since

[102] Daisy Payling, '"The people who write to us are the people who don't like us": Class, Gender and Citizenship in the Survey of Sickness, 1943-1952', *Journal of British Studies*, 59 (2020), 315–42.
[103] Payling, 'The People Who Write to Us are the People Who don't Like Us', 324.
[104] Letter from Mr G. D. Ambrose, 9 May 1976, TNA/BS6/48.
[105] Letter from Mr G. D. Ambrose, 9 May 1976, TNA/BS6/48.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

Reorganization) as being constructive'.[106] The submissions were therefore full of suggestions, recommendations, and bright ideas. One anonymous letter-writer said that they were keen to submit both, 'suggestions and criticisms of the NHS'.[107] Another writer offered 'some ideas on improving the NHS'.[108] Rather than exclusively expressing frustration with a broken system, these submissions are less evidence that faith in the welfare state was starting to fray around the edges, and more a sign of democratic health.

In responding to calls for evidence, the authors of these letters were also demonstrating their commitment to the service's future. As Jennifer Crane, Martin Moore, and Mathew Thomson have shown, the now-familiar popular relationship with the NHS only emerged over time.[109] Crane has described how, 'The NHS was not always nor instantly prized, but rather was "learnt" by the public'.[110] In calling for public involvement, the Royal Commission became part of this process. Regardless of whether it was its intended purpose, by asking for their input, and making people feel as though they were participating in a dialogue, the Commission cultivated popular commitment in the NHS. Most of those who responded to these calls for evidence, the 'ordinary people' who wrote letters to Sir Alec Merrison, were evidently invested in the future of the NHS and committed to its reconstitution and reform. They were optimistic, even as the welfare state was supposed to be in decline.

However, the question remains what these writers were optimistic *about*, and what kind of welfare state they desired or imagined in their letters. While the complaints and critiques of the NHS were constructive, they also demonstrate that many of those who submitted evidence were conscious of the service's limits, or even its scarcity. We can see this in their choice of subjects. Privacy, payments, and the ethnicity of both staff and other patients, all allowed writers to articulate a version of the NHS with strictly delineated boundaries. They indicated a desire for a healthcare system that met a particular set of needs, for a particular set of people. This is also apparent in the self-identification with the category 'ordinary'.

The people writing in evidently thought their experience as 'ordinary', 'non-experts' was useful and important to consider. But it also reveals something about the intimate relationship between British citizens and

[106] Letter from Mrs Portland, 13 May 1976, TNA/BS6/19.
[107] Anonymous letter, TNA/BS6/18.
[108] Letter from Miss Allannah Burrows-Mitchell, 16 May 1976, TNA/BS6/24.
[109] Crane, '"Save Our NHS": Activism, Information-Based Expertise and the "New Times" of the 1980s', 66; Martin D. Moore, 'Waiting for the Doctor: Managing Time and Emotion in the British National Health Service, 1948–80', *Twentieth Century British History*, 33 (2022), 203–29; Thomson, 'Representation of the NHS in the Arts and Popular Culture'.
[110] Crane, '"Save Our NHS": Activism, Information-Based Expertise and the "New Times" of the 1980s', 66.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023

the welfare state. Again, and as Payling has suggested, complaints written by men and women in response to post-war social surveys were an attempt to articulate complex narratives about identity and self-hood, particularly in response to the survey's attempts to aggregate them. We could, perhaps, see these complaints about the NHS as a similar response to the homogenizing and possibly impersonal nature of nationalized healthcare and its bureaucracies.

Moreover, correspondents attempted to use the language of ordinariness in order to intervene into the political project of the NHS. But their efforts had limited success, mainly because the Royal Commission's impact on the subsequent shape of the health service was also restricted. The new Conservative government elected in 1979 had their own agendas, and the changes they implemented were far more consequential than the recommendations Merrison made. Instead, the letter writer's contributed to another ongoing project, that of the continuing reconfiguration of the NHS's meanings.

And finally, the submissions of evidence also reconstituted what it meant to be ordinary in this period. The relationship between the NHS and the 'ordinary' person was a dialectical one. While none of the letter-writers defined what they thought Merrison meant by 'ordinary', in aligning themselves with that category, and outlining a set of concerns about polite sociability, malingering, and ethnic diversity, they inscribed the category with certain classed, gendered, and raced attributes. Complaint was, therefore, not just a way to register critique about, demonstrate commitment to, or define the terms of the NHS, but was also a way to stake a reciprocal claim over a certain cultural and social identity: that of the 'ordinary' person in 1970s Britain.

Downloaded from https://academic.oup.com/tcbh/advance-article/doi/10.1093/tcbh/hwac043/6984683 by Ohio Northern University user on 16 January 2023