

Shaping Identity: The National Health Service and Britishness after World War II

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## Abstract:

This thesis pulls argues that the creation of the NHS inadvertently created an institution that is fundamental to current British national identity. The thesis uses theories of nationalism, drawing from Gellner, Anderson, and Marshall, to underpin the idea of good governance. This thesis argues that the NHS was a result of this good governance following World War II. While nationalism can be xenophobic, it can also result in good governance, but it must be monitored and kept in check. Furthermore, the NHS exemplifies the core values of the UK, in a way that previous national institutions – the Church, the monarchy, and the Empire – could not due to the societal makeup of the country. The NHS was created for all citizens, regardless of class, and the democratic nature of the institution embodies the ideals at the heart of the nation. The institution pushed the UK to become faithful to its founding ideals of fraternity, community, democracy, and it allowed Britons to have another world-renowned institution. Throughout its Labour inception, to Thatcher, and then to Cameron’s time, the NHS has wed itself to British national identity. Moreover, the NHS’s creation coincided with one of the last great eras the UK clings to – World War II – therefore, the NHS continually pulls from that the achievements of that period and connects itself to the national pride after victory.

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## **Introduction**

The United Kingdom (UK) as Bill Bryson wrote possesses “certain idiosyncratic notions” that combine to make up the characteristics of British national identity (Bryson 1995, p. 1). Britons draw from centuries of rich history which date back to Roman times. The values that helped King Alfred unite the Anglos and the Saxons in the 800’s continue to influence the current British national identity (Black 2018). The foundational beliefs of fraternity, citizen rights, and democracy which sustained the UK through centuries of upheaval and conflict were exemplified through various national institutions. Firstly, the monarchy united the people under one leader and one family since the country’s genesis. Secondly, religion provided the monarch the right to rule over Britons and it ensured a degree of order and calm in the nation. The Catholic Church initially contributed to the monarchy’s right to rule, then the Anglican Church took over that role following King Henry VIII’s reign (Scarbrick 1968). The monarchy and religion kept a symbiotic relationship which provided both institutions with legitimacy. Furthermore, the relationship presented Britons with national institutions they could unite around.

While the relationship between the monarchy and religion sustained British national identity for centuries, British colonial pursuits during the 1500s morphed into the British Empire which became an additional method through which Britons could express their national identity. The Empire presented the British with mass recognition, power, and money on the world stage. The UK became a legitimate contender in the geopolitical fight occurring in continental Europe because the Empire grew and expanded rapidly. Therefore, the UK now possessed three

impressive national identifiers that Britons could find pride in as well as rally around in times of conflict. The monarchy, religion, and Empire continued to unite the UK into the 20th century.

During the 20th century, the world faced two world wars that dramatically changed the geopolitical landscape as well as the values of European countries. World War I and World War II decimated populations and exposed horrors about humanity that the world has had to contend with ever since. Moreover, the wars brought the British Empire to end and transitioned it to a much less powerful Commonwealth of Nations. Following World War II, the UK was a country in need of inspiration. The British lost their most-prized endeavor, the Empire, and while the Allies had won the war, the atrocities witnessed and lives lost throughout the war left the British, and the world, contemplating how to safeguard against those events happening again. The end of the Empire and the fight to protect the dignity of human life re-emphasized the need for governments to protect their citizens. The responsibilities placed upon governments changed because citizens recognized the sacrifices they had made throughout both World Wars, and they demanded the government aid their recovery process. The UK responded to this shift by creating an institution that would provide healthcare to all citizens: the National Health Service (NHS).

While proposals for an NHS-type institution date back to the beginning of the 20th century, the end of World War II provided the right timing for political leaders to market socialized healthcare to the British public. Political leaders benefitted from the post-war good governance feelings as well as the enthusiasm behind the idea of governments helping citizens. Therefore, leaders capitalized upon this and created the NHS. The NHS was created to deliver medical services to citizens “free at the point of delivery” (Webster 2002). All citizens would have equal access to the NHS regardless of religious affiliation or class. As previously

mentioned, the monarchy, religion, and Empire helped to unite Britain; however, there were limitations. The changing demographic landscape regarding class and religion as well as the breakup of the Empire left the UK lacking an institution that all citizens could relate to. I argue that the creation of the NHS incidentally provided the UK with an institution that could carry the UK through the end of the 20th century and into the 21st century. I hypothesize that because the NHS is founded upon the ideals of community, fraternity, and democracy (values which are at the heart of the British nation), the institution was able to become a part of British national identity.

However, the fight to keep the NHS funded and true to its mission was not without its challenges. For more than 70 years the NHS has been a source of political turmoil for the UK. From the onset, there were struggles to keep the NHS budget large enough to make the institution profitable (Webster 2002). Then, leading into the 1980s, there were signs of the worse trouble to come as calls for a scaled-back government and conservative budgets became popular on both sides of the Atlantic (Grimes 1987). With Margaret Thatcher's election to the premiership, the NHS was placed in the political spotlight as fears regarding NHS defunding, which were stoked by the Labour party, began to make top headlines (Grimes 1987).

During this time, the British public realized that the NHS could not be taken for granted, and the pushback against decreased budgets for the NHS ensured that the institution would survive past Thatcher. After politicians and the general public recognized the importance of the NHS to the nation, the NHS served as a means to communicate British national pride. The era after Thatcher is marked by an array of changing schemes from the Labour party in efforts to make the NHS run in the best, most efficient manner. On the other side, Conservatives attempted

to take ownership of the NHS by rewriting the narrative around its creation (Gudex et al. 1990). My research question seeks to reveal how and why the NHS became such a prominent fixture in modern British national identity.

Throughout the 1990s and into the 2000s, the NHS's position of power in British politics was solidified in that it became a prominent symbol of British national identity. The institution's importance to British national identity would only continue. In the 2010s, rumblings of a legitimate referendum on the UK's European Union membership kept getting louder and louder. The discontent the British felt with the EU became overwhelming enough for Prime Minister David Cameron to call a vote on whether the UK should remain or leave the bloc (Bhambra 2017). The 2016 Brexit vote shocked the world because it allowed one of the strongest European countries to exit from the EU. The campaign largely based itself on how much more money could be funneled into the NHS if the UK stopped paying for membership into the EU (Iacobucci 2018). For example, Boris Johnson and Nigel Farage stood behind a campaign bus that declared that "we [Britian] sends the EU £350 million, let's fund our NHS instead" (Iacobucci 2018). The Leave campaign capitalized upon the relationship between the British public and the NHS by using the NHS as a tool to convince voters that the UK was better off without the EU. Following the vote, the battle over the NHS continues as the institution is repeatedly used as a political tool to gain votes (Hayton 2018).

This thesis argues that the creation of the NHS inadvertently created an institution that is fundamental to current British national identity. The NHS exemplifies the core values of the UK, in a way that previous national institutions – the Church, the monarchy, and the Empire – could not due to the societal makeup of the country. The NHS was created for all citizens, regardless of



class, and the democratic nature of the institution embodies the ideals at the heart of the nation. The institution pushed the UK to become faithful to its founding ideals of fraternity, community, democracy, and it allowed Britons to have another world-renowned institution. Furthermore, the NHS's creation coincided with one of the last great eras the UK clings to – World War II – therefore, the NHS continually pulls from that the achievements of that period and connects itself to the national pride after victory.

Chapter 1 consists of a literature review of national identity, English national identity, and British national identity. In the analysis, it argues that religion and the monarchy were fundamental to creating unity and order in early Britain. However, because of the imperial origins of the nation-state and national identity, British national identity and identity are also grounded in the history of the British Empire. The history of English and British national identity as it relates to symbols for unity is discussed to show the process by which the NHS became a part of British national identity. The changing symbols for British national identity are discussed as the NHS's early postwar developments reveal the interconnectedness of the British nation and the NHS.

In Chapter 1, I define nationalism as unfinished and constantly progressing. While nationalism can bring about good governance (and in that way promote unity among citizens), it can also trigger a very different set of reactions. Nationalism can provoke fascist motives in governments. One famous example is of Hitler's rise to power during the inter-war period in Germany. These two types of nationalism are at odds with each other. The threat of nationalism turning xenophobic and exclusionary is real and the line between the two is often blurred. However, as Anderson describes, nationalism can still be a state-strengthening force that brings a

nation together. Therefore, in this thesis, I use the term nationalism to refer to a unifying and progressive force.

Chapter 2 focuses on Prime Minister Thatcher's rise to power and the Conservatism movement which aimed to reduce fiscal budgets. During Thatcher's time, most government-owned industries were under threat because Thatcher aimed to privatize these industries to reduce the government's budget and limit government interference in the businesses. Overall, she was mostly successful, however, she could not privatize the NHS. The success of the NHS as well as the political attention on the institution ensured its survival. Furthermore, the reaction from the public when they heard of changes to the NHS made the institution virtually untouchable to Thatcher. Additionally, this chapter continues to address the change in British national identity as the relevancy of former national symbols diminished in an era characterized by social, political, and cultural progression. The NHS's growing prominence as an intrinsically British institution is shown through the degrees to which both political parties respected its sanctity. As the NHS wedged itself further into British national identity, the criticism and expectations placed upon the institution changed.

Chapter 3 focuses on the post-Thatcher era and how the threat of defunding to the NHS pushed the public to realize the value the institution provides to the nation. The expansion of the NHS in the national imagination is analyzed to reveal that the NHS is currently a critical part of British national identity. The various methods in which Britons display their affection for the NHS are interpreted. For example, the 2012 London Olympics and the Brexit vote are analyzed as evidence of the prominent position the NHS holds in British national identity. A small comparative analysis of other prominent healthcare systems is given to emphasize that while the

NHS is a phenomenal healthcare system, there are other competitors across the world. However, the difference is that these countries with reputable healthcare systems, such as Sweden and Germany, do not rely on their healthcare systems to nurture national pride. The UK is an outlier for including the NHS in its national identity. Furthermore, the relationship between British national identity and the NHS is unique because the latter is fundamental to the former.

Finally, the conclusion of the thesis summarizes the findings of the study and offers some speculative thoughts based on these findings regarding what comes next for the post- Brexit UK, the NHS, and how the Covid-19 pandemic is likely to add to British devotion and appreciation of the NHS because of the invaluable work of first responders and healthcare professionals.

Overall, this thesis exposes the complexities of the NHS and the relationship the British have had with their nationalized healthcare since 1948. The different institutions the British have utilized to create and maintain their national identity are a part of a long process that builds up to the creation of the NHS. The ideals and values that founded pre-medieval England were continued throughout those institutions and were fully realized by the NHS because it created equal access to all citizens. While the NHS was not created to become a critical component of British national identity, the socioeconomic changes that occurred in the 20th century paved the way for the change in national identity to occur. In creating the NHS, the Labour government inadvertently established an institution that could inspire Britons during post-war recovery, throughout the 20th century, and into the 21st century.

Dating back to King Alfred in the 800s AD, British national identity is built upon many years of history (Reynolds 2020). The inspiration of such a long history continues to bring pride and contribute to the UK's idea of nationhood. The changes World War II brought upon the UK

helped to bring about the creation of the NHS, but the values that are fundamental to the institution have always been a part of British national identity. While the future is uncertain, I believe the inspiration of these memories will continue to underline the NHS's survival for the foreseeable future. Furthermore, I believe the NHS will keep the long-held beliefs of British national identity alive by continually re-enforcing its founding values.

## **Chapter One**

### **Theories of National Identity and British National Identity**

#### **Introduction**

Throughout the United Kingdom's (UK) long history, a mixture of national institutions emerged for the British to rally around. The legacies of the British Empire, the Anglican Church, as well as the continuity of the Monarchy through Queen Elizabeth II, gave the British a sense of national pride and unity (O'Toole 2018). However, a new institution came into fruition during World War II that has since eclipsed the previous institutions. The National Health Service (NHS) has become an exemplifier of British national identity since 1948, and this governmental institution seems to bring the British the most national pride. For example, in the summer of 2012, when the London Olympics and Diamond Jubilee gave the UK a season of national celebrations, 74% of Britons still ranked the NHS as the national symbol that made them most proud to be British, over the monarchy or national sport (Maryon-Davis 2013). Evidently, the British place a high value on the healthcare system. The peculiarity of a socialized medical institution outshining the time-honored national symbols prompts an investigation into how and why the change in British affection occurred.

This chapter examines the history behind British national identity, the importance of the British Empire for nationhood, and why the creation and development of the NHS from the

1920's to the 1970s is relevant to modern British national identity. Empire was the glue that held the UK together. The "great imperial family" was integral to the creation of British nationhood because the Empire provided legitimacy, supremacy, and community for the UK (Brandreth 2006, p. 179). After the empire's demise following World War II, the ties between each nation of the UK grew fragile as the feelings of goodwill and comradery diminished (Kumar 2003). As Churchill put it, the country faced a "hard road we have to travel" to recover and heal after the Second World War (Brandreth 2006, p. 194). However, the creation of a socialized healthcare system would end up remedying two problems – 1) providing necessary medical care and 2) supplying Britain with a new national symbol to support. This chapter argues that the creation of the NHS inadvertently produced a similar type of national pride and fellowship that the Empire brought to the UK. While public pride and affection were not immediately granted to the NHS, a study of traditional British national identity, including an examination that underlies the importance of Empire, helps to show how the NHS became embedded in British national identity.

Understanding the traditional ways British national identity and pride were shown, as well as the institutions and entities that Britons rallied around, is key to explaining the ways in which British national identity has adapted yet remained committed to the founding principles of the UK.

While the NHS has dominated British identity since the 1940s, the history of English and British national identity has been overwhelmingly influenced by imperialism and the need to assert British dominance and independence from European powers (Kumar 2003). The processes through which the NHS became an instrumental and unifying national symbol seem to rely upon

the relationship between English and British national identities, as well as the strength and power of the British Empire. Moreover, two other important components of British national identity -- the monarchy and the Anglican Church -- provided the Empire with legitimacy which in turn united the British Isles (Black 2018). The Empire was apparently the ultimate manifestation of national identity for the UK. However, after the empire's collapse, there was something of a void in national identity. Curiously, I believe the NHS filled that gap and became a unifying symbol because Britons felt emotionally attached to the institution. The NHS provided war-weary soldiers medical care and promoted health among all citizens, therefore, it was an institution which all Britons could celebrate and champion (Sheard 2011). Furthermore, the NHS exemplified the goodness that comes from inclusive national identity (Hensmans and Bommell 2020, p. 379). Its development and history help to show the true values and beliefs behind British national identity as well as to reveal how British national identity modernized in the 20th century.

### **Nationalism**

Although nationalism in the West is often associated with a xenophobic, intense devotion to one's country, it is not inherently toxic. For example, Hensmans and Bommell (2020) illustrate how "the history of the NHS epitomizes how populist aspirations that carry great emotional fervor -- 'give us the greater equality promised during WWII' -- can be used to overcome vested elite interests and launch an organizational experiment with unique human and organizational development ambitions" (p. 379). In this instance, British nationalism likely became a force that promoted a necessary good for the entire population. The general feeling of goodwill and pride Britons felt in their government following a victorious war pushed the

government to create a successful socialized institution. The association between the World War II era and the NHS presumably linked British national identity with the NHS for future generations.

Ernest Gellner defines nationalism as both a sentiment and a movement. He writes “nationalist *sentiment* is the feeling of anger aroused by the violation of the principle, or the feeling of satisfaction aroused by its fulfillment. A nationalist *movement* is one actuated by a sentiment of this kind” (Gellner 1983, p. 1). In this way, nationalism can invoke two competing emotions -- either pride or anger dependent upon actions by the government. He argues that a form of cultural homogeneity is necessary for national identity, but he pushes back against the idea “that national identity imposes homogeneity” (Gellner 1983, p. 39). Instead, he argues “a homogeneity imposed by objective, inescapable imperative eventually appears on the surface in the form of national identity” (Gellner 1983, p. 39). Agreeing with Gellner’s analysis, Calhoun adds that ethnic homogeneity, based on similar physical appearances, is not necessary for national identity; rather a cultural homogeneity, based on shared values and custom, is the fuel for national identity (Calhoun 1993).

Therefore, Gellner defines national identity “as the striving to make culture and polity congruent, to endow a culture with its own political roof, and not more than one roof at that” (Gellner 1983, p. 43). There must be *cultural* cohesion to foster national identity. Contrary to Bidwai’s (2002) view of national identity as “toxic, aggressive, [and] exclusive,” in Gellner’s definition, national identity is not inherently bad (p. 1). If there is a collective culture that includes all citizens, national identity is a force for pride and love in one’s country. National pride is an important component of nation-building, and it helps in times of war to have a unified



people collectively working as a group. For example, although there were resentments about English dominance in the UK, “in Scotland and Wales the patriotic sense of Britishness generated by that conflict was reinvigorated by the Second World War. Scots and Welsh shared in the national narrative about Britain’s ‘finest hour’” (Reynolds 2020, p. 152). A strong national identity can have benefits, especially when it can promote comradeship and solidarity amongst the entire population.

Furthermore, national identity helps in times of peace to ensure a country stays consistent with its founding values. British values relate to civic national identity, a national identity based on rule of law, acting as a guiding barometer for the country (Aughey 2010). For example, British civic national identity stems from the legacy of the Magna Carta, the merits of a representative government, and the foundation of a constitutional monarchy (Lackland et al., 2016). Another component of national identity is the presence of national institutions which embody the ideals and values of a nation. David Goodhart writes that ““a more practical sense of citizenship arises from an intersection of interests, institutions, and ideas”” (Asari et al., 2008, p. 24). Asari et al., build on this idea by asserting “there are political institutions and values that might be taken as principles common to the nation” (2008, p. 7). For example, “a British monarchy and Parliament, a British navy and army, [and] a British empire ... arou[s] deep feeling of loyalty” from the public because these institutions reinforce the ideas behind the British nation (Asari et al., 2008, p. 9). These components together make for a British national consciousness.

As the national narrative is retold repeatedly through politicians, the media, and popular culture, those stories create a sense of identity and unity between citizens, and it can foster good

governance because the nation is working together. In the UK, this manifested itself with the creation of the NHS because “fresh solidarity and altruism associated with war ... contributed subsequently to a spurious impression that such an obviously desirable objective as an efficient health service represented a readily achievable objective” (Webster 2002, p. 8). Following the victory over Nazi Germany, the NHS set out to embody the British values of equality, democracy, and fraternity which instilled a renewed sense of public hope and confidence in the future of the institution.

However, national identity is not a destination or result, but rather is a process that adapts to reflect societal changes and advancements. Hobsbawm argues “national identification and what it is believed to imply, can change and shift in time, even in the course of quite short periods” (Hobsbawm 2012, p. 11). Reynolds (2020) relates this to nation-building in Britain, and he emphasizes this point using Patrick Wright’s quote:

In various ways, therefore, heritage is in danger of becoming a substitute for history in public awareness of Britain’s past. ‘The nation’, observed historian Patrick Wright, ‘is not seen as a heterogeneous society that makes its own history as it moves forward, however chaotically, into the future. Instead, it is portrayed as an *already achieved* and timeless historical entity which demands only appropriate reverence and protection in the present.’ In other words, history is understood as content not process: a proud inheritance to be cherished and preserved, rather than an ongoing project of making and remaking. (p. 55).

Reynolds finds fault with this rigid interpretation. Instead, he urges for an open-ended, ongoing study of the process of national identity and history, as well as cautioning against those

who “are sure what Britain is, or should be” (Reynolds 2020, p. 55). He argues against a fixed idea of nationhood because that can lead to a different type of national identity, such as fascism (Reynolds 2020).

Understanding that national identity is an ongoing process that follows a meandering path is vital for the progression of the country as it must adapt to changing circumstances in domestic politics. National identity is never fully formed because society is constantly progressing and changing. Therefore, national identity is in a constant state of change. Adding to Reynolds's assessment, West (2020) defines national identity as “the understanding that political systems are best shared among a group with enough of a commonality that good government can flourish.” Furthermore, he argues “progressive politics and national identity are mostly certainly compatible, as long as the latter is micro-dosed” (West 2020). Some national identity is good and necessary; however, it can be fatal if displayed exceedingly. Therefore, it is essential for a country to recognize that national identity is also about evolving and adapting the country’s foundational values to keep up with the progressiveness of society. Additionally, countries need to understand that national identity is not meant to be a permanent destination, rather it is an ongoing process (Spencer & Wollman 2002). Thus, national identity is both a sentiment and movement that is grounded in a common understanding amongst a group of people who 1) have cultural similarities, such as language, customs, values, 2) are unified under one government, and 3) recognize the changing characteristics of national identity that make it an evolving, inclusive process (Gellner 1983; Anderson 1982).

In sum, good national identity is all the components that make a country united. National identity creates an “us,” which strengthens the bonds that tie a country together (Weisband &

Thomas 2015). Furthermore, national identity alters itself to conform to changing standards of inclusion and exclusion as society continues to progress every year. National identity is the glue that makes citizens feel a part of something bigger than they are individually, and it inspires pride, joy, and optimism in a country. It is the ideas, values, and institutions that continually reinforce the nation (Asari et al., 2008). However, these characteristics are only true if national identity progresses along with society, and if it avoids remaining stagnant. The understanding of national identity as a continual progression, rather than a fixed location is essential for maintaining a national identity that inspires good governance.

### **The Crown, the Church, and the Empire**

For most of the UK's modern history, British national identity relied upon the monarchy, the Anglican Church, and especially upon the Empire. The symbiotic relationship among the three symbols gave mutual legitimacy to each institution. The monarchy relied upon the Church to maintain the divine right of royalty, and the Church wielded substantial influence over the monarchy in the process (Burgess 1992). Both the Church and the monarchy sustained the Empire by preserving the Christianizing mission of the institution as well as establishing authority over colonized peoples (Murphy 2013). Each of these national symbols contributed to the making and progressing of a united British national identity, one that firmly linked together the four nations of the UK and the colonies. Until the end of World War II, the Church, the monarchy, and the Empire played domineering roles in British national identity.

In the UK, national identity, and citizenship are connected because of the various national identities that are all governed by one, British government (McCrone & Kiely 2000). The different national identifications among the English, Scottish, Welsh, and Northern Irish are

united by the encompassing British identity and government. While national identity grew in the UK, the ideas surrounding citizenship and socialism molded to fit the values of British national identity. Hans Kohn (1940) writes that the “liberal character of [British] national identity determined also the peculiar development of [British] socialism in the nineteenth century, so different from the character of the socialist movements on the European continent” (p. 93). As a result, UK “socialism carried the deep impress of the Independentism of the seventeenth century (Kohn 1940, p. 93).

For T.H. Marshall, the evolution of British citizenship is broken into three parts with “civil rights in the eighteenth [century], political in the nineteenth, social in the twentieth” (Marshall 1950). His work fits in with Gellner’s and Anderson’s definitions by detailing how British national identity and citizenship brought benefits and necessary rights to individuals. Additionally, the progression of social rights expanded the responsibilities of the government. For example, the government had to provide “the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society” (Marshall 1950). In postwar Britain, this responsibility manifested itself in the creation of the welfare state, specifically the NHS (Bartholomew 2004). The emerging modern British national identity expanded to encompass the new roles individuals, acting as citizens, placed upon the government.

However, before the making of the British Empire and long before the NHS, the monarchy and Protestant Church were the initial seeds for British national identity. The British monarchy is one of the oldest in the world, with the first kings going back to the 900’s. The longevity of the monarchy provided stability and a sense of greatness to Britain (Yorke 1997).

The “magic” of royalty as Walter Bagehot put it, gave the country a sense of identity (Brandreth 2006, p. 222). Moreover, the establishment of an independent Parliament and a constitutional monarchy made the British unique among European countries. The 1707 Union of the Crowns legitimately placed the Welsh, Scottish, Irish, and English under one crown, effectively creating the United Kingdom. Each person was subject to the Crown and committed their loyalty to the monarch. Importantly, after Henry VIII established the Church of England, the Crown and the Church became firmly embedded because the monarch would now act as Head of the Church as well as Head of State. The two institutions worked together to provide reciprocal authority and legitimacy (Kumar 2003). The relationship between the two ensured mutual survival.

Furthermore, in the 19th century, the Crown and the Church maintained the necessity of colonial pursuits. While an exact date for the creation of the British Empire is indeterminate, historians generally use the 17th century as the beginning of the Empire (Kumar 2003). As other continental powers, Belgium, France, and Spain invaded Africa, Asia, and South America and colonized people and land, the British knew they needed to do the same to compete in the global economy (Moore et al., 2003; Dorn 1940). The British Empire was the dominant power in the 19th century because of its control over most of Africa as well as the Indian subcontinent (Low 1998). The Berlin Conference, in which European powers met and divided Africa among themselves, was a crucial step for the UK superseding other European powers (Low 1998). The Empire also meant that the UK could influence control over populations and land, thus creating an institution that Britons could pride themselves on. Hardt and Negri write that Empire “not only manages a territory and a population but also creates the very world it inhabits” (Hardt and Negri 2000, p. xi-xii). By creating the world it inhabited, the British created a narrative of

excellence and power despite rivaling European powers. Because there was no “tragic past” from which national identity could be formed, nor was there any proclivity to create a “national consciousness,” the UK relied on the empire as a means to create successful ...nationalistic fervor” (Boulter 2020, p. 48).

However, the Empire was only successful with the Crown and Church behind it. It needed the authority of the Crown and the appearance of being a moralizing, Christian mission to establish control over colonized people (Black 2018). As the Empire grew, the three institutions worked congruently to strengthen British national identity, as well as to provide the UK with impressive national symbols. Essentially, the Empire was the largest jewel in the British Crown but was dependent upon the Crown and the Church for support.



Figure 1.1: England's "Octopus" hands attempting to grow its power by controlling as many colonies as possible. Most notably, Australia, regions of Africa, and India. (Granger, 1882).

### **English National identity and Creating a British National identity**

The relationship between British national identity and the Empire possesses certain peculiarities. As Kumar describes it, “the enigma of English national identity – the puzzling fact

that the English do not think they have a national identity, the confusions of English/British, the current difficulties in trying to define or redefine Englishness and English national identity – can best be approached by considering it as the national identity of an imperial state” (Kumar 2003, p. 34). Imperial national identity relies on the convergent creation of national identity and imperialism. In Britain, the success and influence of the British empire were instrumental in solidifying British nationhood and pride (Wellings 2002). Black’s analysis of British national identity continues to underline the importance of the Empire for the nation. He writes that the empire “was a major part of a narrative of success and an exceptionalism that were closely related to economic strength” (Black 2018, p. 102). Furthering this idea, Bhambra writes “Britain explicitly refused to consider itself as a nation and maintained the empire and the Commonwealth as its key political imaginaries when thinking about what it meant to be British” (Bhambra 2016). The entire concept of the British nation is tied to the Empire as well as the greater understanding of what the imperial community brought to the UK. Adding to the importance of the empire for Britain, Reynolds writes “in reality, the UK has been made by empire, Europe and the world - as much as the other way around” (Reynolds 2020, p. 7). His detailed history of Britain reveals that “what Churchill called ‘our island home’ could only survive because of its vast imperial supply chain” (Reynolds 2020, p. 85). The resources, political power, and human labor the empire provided sustained Britain throughout the 18th and 19th centuries.

Despite popular belief that Britain was ruled with English interests at the forefront, Black suggests that the “development of Britishness did not ... prevent the coincidence yet still vigorous sense of local, provincial, and national identities” (Black 2018, p. 85). Throughout



British history, Scotland, Wales, and Ireland retained their traditional identities, therefore, the United Kingdom is an amalgamation of separate identities uniting under one, shared government. In this, British national identity grew because “the idea of British (in practice England) as an ‘elect nation’ and a second Israel, chosen by God, contributed to contemporary exceptionalism and also to a sense of historical distinctiveness” (Black 2018, p. 91). National pride grew with the Empire, both of which Black writes “were expressions of Englishness” (Black 2018, p. 102). Through various examples of popular media and culture, Black emphasizes the associations of nationhood with the British Empire. The tendency to read “Britain as England was commonplace ... for many commentators, Englishness and Britishness were as if coincident” (Black 2018, p. 115).

While the empire was beneficial for England, Reynolds emphasizes “the still frequent use in England of ‘English’ as a synonym for ‘British’ hints at the underlying English sense of ownership of the UK ... that is not surprising given the population imbalance between England and the rest, and the dominant position of London within the whole polity and economy” (Reynolds 2020, p. 112). However, “it glides over the fact that, although England’s empire-building made the Union, it never created a unitary UK state or fostered a strong and coherent sense of British identity” (Reynolds 2020, p. 112). However, Kumar and Black argue against Reynolds’ analysis and instead claim that Britain was able to create a semblance of national identity (Kumar 2003, p. 149). Kumar believes there are struggles over understanding British national identity because “it is the ... insistence that we have one overriding national identity that is the anomaly, not the acceptance of multiple identities” (Kumar 2003, p. 149). Therefore, he demonstrates how Britain could and did create national identity. Kumar (2003) writes:

The ritual and ceremony that attend monarchy and parliament ... the fervor that can be aroused in national wars – British, not English, ‘Your *Britain*, fight for it now’, in the slogan of a famous series of Second World War posters; the glory – and profit – that can come from military and imperial pursuits; the sense of a civilizing, Christianizing mission – all these indicate the potential for a powerful British identity that was fully capable of matching and at times surpassing other identities (p. 147).

The people of Scotland, Wales, and Ireland retained their different national cultures to some degree, but they did so within a larger British national identity (McCrone & Kiely 2000). Religious differences became mechanisms for Scotland and Ireland to maintain their culture, with both countries remaining predominantly Catholic and in opposition to Protestant England and Wales (Kumar 2003, p. 157). Despite the differing practices of Christianity, there remained a sense of unity between the four countries. As illustrated through World War I and II propaganda, Scotland, Ireland (in some respects), and Wales fought together with the English as a truly “united kingdom.” And the unifying thread among these four countries was the British Empire. Imperialism provided Britain with a sense of nationhood and belonging on the world stage.

Furthermore, the British Empire’s successes remained crucial in creating and maintaining a united sense of purpose for the islands. However, the challenge of how to maintain unity came to the forefront following the end of the British Empire. Asari et al., (2008) write:

England once defined itself almost entirely through its association with the “noble causes” of Empire and Great Britain. Once those noble causes began first to decline in political salience and then lose their aura of nobility, the reverse came to be true, and Britishness was left with only the relatively weak signifiers of Englishness to draw upon.

Britishness, once the proud mark of the in-group, rich with symbolic content, has now been reduced to an empty signifier, which as such has now become a mark of an outsider (p. 12).

With the gradual weakening of the monarchy, the Church, and the Empire through democratization, urbanization, and modernization trends, the idea of the British identity faded into the background. Along with the changing dynamics of international relations as the balance of power shifted from a UK-centric sphere of influence to a US-centric one, Britain faced its own set of national identity crises (Kumar 2003). As the Russian monarchy and the French empire fell, the British sensed that their traditional manifestations of national identity would grow obsolete further in the 20th century. While tensions over identity were present throughout British history, the end of the empire following World War II strengthened these challenges and fractured the union. Additionally, Irish independence and the creation of Northern Ireland, the sectarian violence between the two, and fear of Scottish independence brought their own set of challenges to the unity of the nation throughout the 20th century (Kenny 2016).

Furthermore, the end of the Empire brought about the transition from individuals being seen as “‘subjects’ of the Crown” into Marshall’s formal citizens, with all the rights pertaining to their citizenship, challenged how national identity would be articulated (McCrone & Kiely 2020 p. 26; Marshall 1950). In order to include freed former colonies into the newly created British Commonwealth of Nations, national identity had to be based on citizenship, rather than on swearing allegiance to the Crown (McCrone & Kiely 2020). No longer would that power be placed in the hands of the monarch, instead rights would come from citizenship through the government. This gradual process changed the responsibilities placed upon the government

(Marshall 1950). The British needed a new national symbol to rally around that would exemplify the advancing responsibilities of the government. The NHS stepped in to fill that void by helping the heroes of the war and proving an exceptional healthcare system among Western countries. Therefore, the NHS's creation solved a two-part problem: the need for universal healthcare and the need for a unifying institution. The processes through which the NHS became increasingly influential begin with its early creation before World War II. The war was crucial for tying the NHS to British national identity. If the war had not happened, perhaps the NHS still would have been created, but the institution would likely have not survived to the modern day. The NHS needed the attachment to the last great era of Britain before it could stand on its own.

Consequently, British national identity is made up of its long history, the different identities amongst the English, Welsh, Scottish, and Irish, and the union between the Crown, the Church, and the Empire. British national identity encompasses the merits of a constitutional monarchy and the advancements of democracy. However, the post-World War II world changed how Britons expressed pride in their country. Rather than relying on the Crown and the Church to unite the country, the British began to find their pride in the NHS. The peculiarities of a socialized institution coming to represent a once imperial country are representative of the contradictions and changing nature of British national identity.

### **The National Health Service**

After the 1940s, the bonds that tied the British nation together were weakened. The UK needed another symbol to rally around as it faced the end of its empire, a long post-war recovery, and a changing world. As society progressed to become more inclusive and the necessity of

medical care for soldiers who returned home increased, the trend towards government welfare accelerated. Moreover, the nature of British national identity was morphing into a new national identity that modernized with the times while still maintaining the fundamental tenets of traditional British national identity. Therefore, the previous initiatives for socialized medicine returned with new emphasis. As Kohn put it, “on the road to this universalism based upon liberty and reason, the [British] people were to be the leader and teacher” (Kohn 1940, p. 81). The Labour government in charge wanted to fill that gap by creating the NHS. The erratic history of the NHS – its initial creation, the different leadership styles of each prime minister, and the public’s growing affection for it – reveals how the institution became a key component of modern British national identity. The following section details the pre-war history of the NHS, the actual establishment of the institution, and the various changes public and governmental pressure placed on it until 1980.

The NHS was the result of a long-fought battle to ensure access to healthcare was guaranteed to all British citizens by the government. The push toward socialized medicine in the UK began in 1911 with the creation of “a very limited national health insurance act that covered workers (but not dependents) for primary care, pharmaceutical drugs, and cash benefits during sickness and disability” (Light 2003). A 1920 report stated that some English were still living in “Dickinson squalor” and “lacked access to health service of even a decent minimum standard, let alone the advantage of the new form[s] of treatment made possible by advances in medical science” (Webster 2002, p. 4). In order to address these shortcomings, local government associations and officials from the ministry of health began working on adequate proposals. For example, the Dawson report of 1937 wanted to create a unified hospital system because “the

chief editor ... regretted that there existed two rival hospital systems, the public sector and the voluntary hospitals, 'duplicating and even conflicting, without machinery in existence for coordinating their activities'" (Webster 2002, p. 5). In pursuit of a more equitable and cohesive response to public health crises, like the Croydon typhoid outbreak of 1937, legislators began to induce Parliament to create an institution such as the NHS.

In 1942, the Beveridge Report promoted the idea that the NHS was vital to England's post-war recovery by detailing the necessary aid for soldiers returning from World War II. The report explained that local hospitals would become overwhelmed by the various services these men and women would require. Moreover, the war accelerated the need for a stronger healthcare system, and proposals from the 1943 coalition government "aimed to assemble all publicly funded health services under some forty bodies constituted from single local authorities or combinations of them" (Webster 2002, p. 9). According to Marshall, Beveridge wanted the program to be implemented in a way that "was most conducive to the welfare of all" (Marshall 1965, p. 266).

Rather than having a need-based system, the NHS would provide services to all citizens regardless of status. Marshall writes that Beveridge's intended plan ensured that the NHS was a "mutual benefit arrangement of a special kind, which to some extent favours the weaker at the expense of the stronger, and the rights it confers are not rights rooted in the nature of man as a human being, but rights created by the community itself and attached to the status of its citizenship" (Marshall 1965, p. 267). By making access to the NHS dependent upon British citizenship, Beveridge ensured that the institution, if successful, would be one in which the British could derive ownership and pride. The exclusionary nature of the NHS, rooted in shared

citizenship, helps to reveal how the NHS became intrinsic to British national identity. The NHS is exclusionary because it is only for British citizens, therefore, it is an institution that only the British can find national pride in. Unlike other multi-national institutions, the NHS is solidly British.

However, “general medical practitioners insisted on continuing the separate administration of their service and retention of their status as independent contractors” (Webster 2002, p. 10). While the NHS is often claimed as a Labour institution, the Conservative minister of health, Henry Willink, released his own White Paper on the NHS which “promised [general medical practitioners] continuity of their existing arrangements for employment” and allowed general practitioners to continue “the established custom of the sale and purchase of goodwill” (Webster 2002, p. 11). Willink’s proposal was not fully implemented; nevertheless, his arguments played key roles in the eventual NHS.

The various proposals and subsequent negotiations alienated Labour and local governments, as “the bureaucrats were divided among themselves [over local government] ... which exposed them to bitter attack, especially from the British Medical Association [(BMA)]” (Webster 2002, p. 12). There were multiple rounds of negotiations between the Ministry of Health and local governments over control of hospitals, funding, and supply lines. However, the most important impetus for creating the NHS came from the destruction the Battle of Britain caused. For example, “during World War II, more than 2 million homes in Britain were damaged or destroyed by the Luftwaffe. More than 100 000 people were killed. An Emergency Medical Service was formed that took charge of all medical services in the nation and created a coordinated hospital service, national and regional services for laboratory work and blood

transfusions, and national services for surgery, neurology, psychiatry, and rehabilitation” (Light 2003). The success of the Emergency Medical Service proved to the UK government how valuable a permanent healthcare system could be the public (Webster 2002). Essentially, “the Luftwaffe achieved in months what had defeated politicians and planners for at least two decades” (Webster 2002, p. 8).

As the government began to understand how difficult post-War recovery would be, the newly elected Labour government began to take seriously the previous proposals for a socialized healthcare system. After amending various proposals, the national government decided upon the White Paper of 1944 which “represent[ed] both a political compromise between partners of the Coalition Government, and a practical compromise in the sense of an attempt to respond to the objections of a powerful interest group [the BMA]” (Powell 1994, p. 334). For the English, “nationalization permitted escape from the limitations of local government divisions and made possible the full integration of all types of hospitals” (Webster 2002, p. 18). Eventually, the NHS was officially founded in 1948 and began to help the public (Webster 2002).

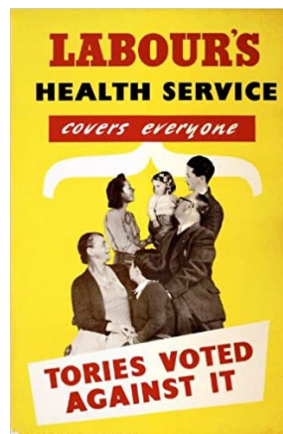


Figure 1.2: NHS propaganda from the 1940's which depicts Labour as the party of the NHS (Hanley 1946)



The NHS provided multiple advancements in order to improve medical care for Britons. For example, patients were allowed the freedom to change doctors (among one of the most popular achievements of the NHS), they were relieved from direct charges, they gained free access to formerly expensive services, and they benefitted from the efficient uniformity of the NHS, rather than having to see different doctors in multiple locations (Webster 2002, pp. 24-29). Additionally, the NHS provided vital vaccinations to people still struggling with preventable viruses (Webster 2002, p. 48). However, there were severe inequalities that persisted in medical care access. Regions closer to London tended to have better hospitals and more services, whereas regions in the north of England had fewer resources. In 1952, southwest England maintained a 26% advantage of medical care over the Midlands (Webster 2002, p. 58-59). This north-south divide remains prominent in England today (Webster 2002, p. 59). Moreover, the NHS continued to face opposition from the Conservative party over fears about the NHS's longevity given its expenses. Those concerns were abated by the 1956 Guillebaud Report which praised hospital systems for spending public funds wisely (Guillebaud et al., 1956).

Entering the 1960's, the NHS still had to contend with the "heavy legacy of unsettled problems, without realistic prospects of attracting a substantial influx of additional resources and lacking clear guidelines for the future direction" (Webster 2002, p. 65). By 1964, Labour was firmly back in power, however, healthcare was a low priority for politicians as the economy was still performing worse than other big countries, like the U.S. and France (Maier 1977). For the NHS, "identification as a national institution was a mixed blessing, inviting indifference and neglect as much as veneration" (Webster 2002, p. 67). When national politics did choose to focus on the NHS, it was often met with vague promises of improvement by Labour politicians,

whereas the Conservatives “continued to advocate measures to encourage the extension of private health care and the adoption of compulsory insurance as the basis for funding the health service” (Webster 2002, p. 69). Oddly, one area the left and the right both agreed upon was “their skepticism about the medical establishment” (Webster 2002, p. 69). While this cohesion helped to reinvigorate support, it was not enough “to eliminate party political differences or indeed other sources of tension” regarding the NHS (Webster 2002, p. 69). Moreover, the UK spent the least amount on health compared to other Western countries (Webster 2002, p. 70). For example, the U.K. spent about 4.0% of its GDP on the NHS, whereas the U.S. and Canada spent closer to 8.0% of their respective GDPs (OECD 2012).

Therefore, in order to respond to and fix these “unsettled problems,” the NHS underwent an almost complete overhaul in 1974. Throughout the 1960s, the NHS came under fire from the Treasury Department about resource management and budgetary concerns. In response, the Department of Health and Social Care (the new name for the ministry of health) established “the Central Policy Review Staff (CPRS), a programme-analysis and review system, and general encouragement of programme budgeting” to ensure that business-style management was implemented into the NHS (Webster 2002, p. 79). Additionally, the Department created Regional Health Authorities (RHAs) and Area Health Authorities (AHAs) to include voices from around the country, and to provide their analyses of how to make the NHS more efficient. Overall, there was a consensus to redistribute resources from hospitals and put more into elderly care, childcare, and primary care (Webster 2002, p. 83). More importantly, the RHAs and AHAs called for resource management across the regions. Revenue targets at different locations were made with goals set for 1981, as areas outside of London pushed for more resources. The reports

helped to illuminate the disparities across regions. For example, Newcastle/ Northern area was - 7% off its target goal in 1975, whereas NW London was 21% ahead of its target goal (Webster 2002, p. 86).

Following the resource management, the NHS began a reorganization process that attempted to create a “much simpler system of administration ... with a relatively small number of single-tier authorities” (Webster 2002, p. 88-89). The battle between local governments against the NHS continued to expose the hierarchical issues within the NHS. The Porritt Report, which based many of its arguments on the Dawson Report, argued for the continued need for nationalized healthcare. It argued that the NHS “ensured a substantial degree of professional influence in the health-service administration” and it cited the discrepancies in “local taxes as well as the lack of uniformity in the standards of local-authority services” as evidence for the necessity of the NHS (Webster 2002, p. 88).

### **The NHS and British national identity**

The changes slowly started to help patient care and built national confidence in the institution. Hospital productivity increased, and the recognizable differences to the NHS began to reach the public (Webster 2002, p. 112). These improvements directly impacted citizens, and the British began to respect and admire the NHS. The institution slowly wove itself into the national fabric as more British benefited from advances in medical care. The effects that good governance brought following World War II gave the English the beginnings of a nationalized healthcare that became an outlier among Western countries (Webster 2002; Hensmans and Bommell 2020). Moreover, the NHS provided unity and comradery to the British. The differences between the NHS and the other national institutions – the monarchy, the Anglican Church, the empire –

remained that this institution included every citizen. All citizens benefitted from the NHS regardless of class, religion, or race. The widespread availability of healthcare services and the relative freedom in choosing a doctor which a nationalized healthcare system could provide to the public almost ensured the affection the British would feel for the NHS.

Following the war, a surge of pride and satisfaction in the Allied victory over Nazi Germany extended itself to the British government and national leaders, such as Winston Churchill and King George VI, who fought the good fight while “keeping calm and carrying on” (Lewis 2017). The victory in Europe dramatically boosted morale in the country while fostering an era of good governance because Britons trusted the government and believed it to emulate the best ideas of the UK. While the UK was on the winning side, there was still widespread rationing, economic hardship, and the difficult task of healing an exhausted country following five long years of war. The country’s resources were depleted and those who were suffering needed help from the government in order to fully recover from the devastation World War II brought to the UK. Moreover, the values so integral to British national identity – equality, fairness, the dignity of people – which were in stark contrast to the ideas behind Nazi Germany, were promoted as a means to return to some sense of normalcy in the country (Brown 2007). Given the atrocities the world had just witnessed during the Holocaust, the country drew more and more from the strength and timelessness of those British values.

After the 1945 general election that put Labour in power, the values that the British held so close to their nationhood would morph into an institution that embodied all the values which sustained the country throughout the war. The NHS was the personification of the beliefs behind British national identity. The NHS epitomizes British national identity because its purpose is

predicated on the dignity of all citizens and the right to have equal and fair access to healthcare. One of the fundamental pillars of the NHS remains that the service is provided to citizens “free at the point of delivery” (Burki 2018). Any citizen, regardless of any other identifiers, could go to a doctor, receive a service, and not have to pay for it. This underlies the most basic British value that the government can help people by providing reliable access to healthcare.

### **Conclusion**

Overall, the British pull their national identities from the shared histories of the Anglican Church, the monarchy, and the Empire. The relationship between the three institutions helped to sustain the nation throughout centuries of war and conflict. Moreover, the central themes of constitutional rights and fraternity, which were present in these three institutions, became fundamental to British national identity. These characteristics were continually drawn upon during World War II, and following victory in the war, they helped to inspire the country to create another institution that would exemplify those national values. The NHS’s creation came at a crucial time for British national identity. As the Church and monarchy waned in influence, and the Empire ended, the NHS helped to unite the country with an institution that all citizens could take part in.

The NHS became an institution that truly encompassed the tenets of British national identity because of the *equality of access* it gave to all citizens and the brotherhood that came from supporting one’s fellow citizens. Furthermore, the NHS became popular amongst Britons because it provided a vital service to a war-torn nation. As a result of the NHS caring for returning soldiers and their families, the institution enmeshed itself with Britain’s “finest hour,” and therefore the institution’s attractiveness to the public began to rise. However, with the NHS’s

newfound appreciation, there were “changing expectations and increasing burdens” placed upon it (Webster 2002, p. 117). The honeymoon between the NHS and the public was altered after Margaret Thatcher was elected in 1979. As Conservatives regained control of Parliament, Prime Minister Thatcher began to implement her ideological reworking of the government. Her intentions of scaling back the scope of the government placed the NHS in a precarious position. The institution’s expenses and efficiencies were again invoked in conversations that centered on whether England was headed in the right direction. Concerns over rising costs of the NHS and England’s place in the global world order put an increasingly intense spotlight on the NHS.

## Chapter Two

### The Thatcher Reforms and Saving the NHS

#### Introduction

In his memoir, Prime Minister Tony Blair reflected on his time with Margaret Thatcher , and he noted that she correctly interpreted the national mood by “recognising that as people became more prosperous, they wanted the freedom to spend their money as they chose; and they didn’t want a big state getting in the way of that liberation” (Blair 2020, p. 317). This rare compliment given by the Labour leader to one of the most influential Conservative leaders is surprising because of their widely differing views on the nature of the government. When Thatcher entered 10 Downing Street on a campaign proclaiming “there is no alternative” to her government-wide ideological reworking, she enacted policy changes in order to sharply decrease the public spending to be in line with her Conservative ideals (Schaffer 2016). At the time, public industries were “widely seen as inefficient but the difficulties of reforming them were regarded by most politicians as too great and outside the realm of practical politics” (Gamble 2013, p. 155). Throughout Britain, campaign ads ran with the slogan “help Margaret Thatcher make Britain really great again” (Goodman 2003, p. 239). A politician ready and eager to take on this challenge was sure to inspire confidence in the British government.

However, while Thatcher heard the growing calls for privatization, she miscalculated the degree to which Britons wanted their NHS privatized. Rather, the general public’s growing affection for the NHS made potential changes to the institution unpopular as well as hazardous for politicians to privatize. For example, public support for it “consistently exceeded 90% since ... 1983” (Burki 2018). The necessity of socialized healthcare for the public good, which was

vital for post-war recovery, coupled with the decreasing affection amongst Britons for the British Empire, Anglican Church, and the Monarchy fueled national affection for the NHS. Therefore, the NHS was one of the only industries to remain nationalized during Thatcher's tenure. As the impressiveness of the NHS grew in public perception, the institution slowly weaved itself into the national identity. The UK became an outlier amongst Western countries because it could boast such an effective health service (Schneider et al., 2017).<sup>1</sup>

Socialism is the “public ownership and operation of all the means of production” (Martin 1911). The NHS falls into that socialism category because the British public is in control of their healthcare. Essentially, the NHS was socialism done right, and the uniqueness of that achievement made the British proud. Moreover, this socialized institution's survival throughout Thatcher's tenure reveals the importance of the NHS for modern British national identity. Thatcher's main objective as she entered office was to decrease the national budget and privatize most industries. She was able to privatize multiple industries, including British Petroleum (BP), British Airways, Rolls-Royce, and British Telecom, and face no opposition (Marsh 1991). However, when she attempted to privatize the NHS she faced mass opposition and was unable to fully privatize the institution. The reaction from the public is telling of how important the NHS had become to the British.

This chapter will continue to address the changes in British national identity as the relevancy of former national symbols diminished in an era characterized by social, political, and cultural progression. The privatization pushes and policy reforms under the Thatcher government will guide this portion of the thesis as a heavy emphasis will be placed on the degree to which

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<sup>1</sup> A comparison of the UK's national budget to the US's national budget in regard to healthcare is discussed in Chapter 3.



both political parties avoided publicly calling for the NHS budget to be limited. It will analyze the ways that the NHS changed to meet her government-wide ideological and economic reconfiguration as the economic prosperity of the 1960s faded. Furthermore, it will study Thatcher's "continuous revolution" which instituted a "profound transformation in the culture of the NHS" (Webster 2002, p 145). Finally, this chapter seeks to expose how the NHS became a vital component of modern British national identity. I argue that the significance of the NHS for British national identity, as well as how the public sought to protect the institution, are revealed through Thatcher's inability to privatize the NHS.

### **Thatcher enters Downing Street**

Before the 1979 election, "Labour was committed ... to increasing public expenditure," but following their loss, the NHS came under threat as new Conservative leadership came into power. While Labour tried to protect the NHS, their "policy options were constrained by mechanical deference to traditional policies," whereas Thatcher's "new brand of conservatism ... was not bound by such restraints" (Webster 2002, p. 141). While major nationalized industries such as gas, cable and wireless, and automobile companies came under private ownership, the Thatcher administration could never fully privatize the NHS because of its popularity and importance to British national identity (Webster 2002).

MAJOR BRITISH PRIVATIZATIONS	
Year	Company or Asset
1979	British Petroleum, government council housing
1981	British Aerospace, Cable & Wireless, British Sugar Corporation
1982	Britoil, National Freight Corporation, Amersham International (radioactive materials)
1983	Associated British Ports (seaports), British Shipbuilders, British Transport Hotels
1984	British Telecom, Jaguar, Enterprise Oil, Sealink Ferries
1986	British Gas, National Bus Company
1987	British Airways, British Airports Authority, Rolls Royce, Rover (trucks), Royal Ordnance (military products), Royal Dockyards
1988	British Steel, Rover (automobiles), National Express (intercity busing)
1989	The 10 regional water agencies, Short Brothers (aircraft)
1990	National grid and the 12 regional electricity distribution firms, Girobank
1991	National Power, PowerGen, Scottish Power, Scottish Hydro, Forth Ports (seaports)
1992	Trust seaports, motorway service stops, British Technology Group
1993	Northern Ireland electricity
1994	British Rail, British Coal, London bus services
1996	British Energy (nuclear generation), AEA Technology (nuclear research)
2001	National Air Traffic Services (NATS)
2003	Qinetiq (defense technology)
2006	British Nuclear Fuel
2009	UKAEA Limited (environmental management)
2011	The Tote (retail betting shops)
2013	Royal Mail
2015	Eurostar rail service

NOTES: A portion of British Petroleum had been sold in 1977 as part of a deal with the International Monetary Fund. The Thatcher government sold the rest of the shares beginning in 1979. Also, Britain has sold its 40 percent stake in Eurostar, but the rest of the firm is held by the French state-owned rail firm.

**Table 2.1: List of all the UK industries privatized since 1979 (Edwards 2016).**

While the structural adjustment suggested by Thatcher worked for major utilities and heavy industries, it would not work for the NHS. According to Paul Streeten, the effectiveness of structural adjustment hinges on “the impact of adjustment on the poor, not on relative income distribution. If some groups benefit without anybody being hurt, this should be no cause for complaint, although in fact conflict over the division of benefits can be as serious as conflicts over gains and losses” (Streeten 1987, p. 1475). If the government took away the NHS, the most vulnerable populations of British society would not be able to afford adequate healthcare (Weinick et al., 2005). Furthermore, Thatcher’s Chancellor of the Exchequer, Nigel Lawson, “stated that ‘no industry should remain under state ownership unless there is a positive and overwhelming case for it doing so’” (Rhodes et al., 2014, p. 2). The positive case for the NHS

was its high approval ratings as well as its efficiency (Appleby & Roberts 2013). The efficacy of the NHS saved it from privatization.

% saying institution is well run	1983	1986	1987	1994	2009	2012	Change 1983–2012
The police	77	74	66	68	62	65	-12
BBC	72	70	67	62	49	63	-9
NHS	52	36	35	33	54	54	+2
Trade unions	29	27	27	47	35	33	+5
The press	53	48	39	47	39	27	-26
Banks	90	92	91	63	19	19	-72
<i>Weighted base</i>	1610	1315	1181	986	1022	950	
<i>Unweighted base</i>	1650	1321	1212	970	1017	956	

**Table 2.2: Opinion polling on effectiveness of British institutions. The NHS gained a +2 bump from 1983 – 2012 (Ewbank et al.2018).**

As discussed in chapter 1, the socioeconomic changes happening in the post-war world made it difficult for Britons to feel as connected to the Empire, Church, or Monarchy (Kumar 2002). The public reaction to a hint of NHS privatization only served to further imbed the NHS into British national identity. As the British realized that their right to free healthcare could be taken away, there began a campaign to protect the NHS from defunding (Klein 1985; Crane 2019). For example, political victories could be largely tied to whether politicians supported funding for the NHS. In the 1983 general election, Thatcher had to publicly proclaim that “the [NHS] is safe with [Conservatives]” in order to win (Webster 2002, p. 147). Indeed, most politicians “seem[ed] duty bound not to be seen as attacking the NHS” because of how popular the institution had become among the electorate (Klein 1985). However, the growing prominence of the NHS for British national identity did not dissuade Thatcher from attempting to privatize it.

During Thatcher's years in office, the NHS underwent repeated policy initiatives and moved increasingly into the political spotlight as the institution etched itself further into the national fabric (Burki 2018). The overall result was a "continuous revolution" that instituted a "profound transformation in the culture of the NHS" (Webster 2002, p. 147). As a result, the culture inside the NHS changed. The culture change inside the NHS is significant because it affected the level of service provided to Britons. Due to the decreased budget, the NHS could not provide as many services which helped to endear the institution to the public. The public noticed this change, and they began to look for someone to blame. As prime minister, Thatcher was the first person the public turned to for answers. As a result, Conservative leadership quickly realized "that public tolerance would not extend to sudden radical alterations" to the NHS (Webster 2002). Instead, Thatcher aimed to discreetly privatize the NHS while simultaneously avoiding the public appearance of privatizing it. Rather than clear, concise press statements which the electorate could understand, Thatcher buried her intended changes to the NHS in governmental papers (Webster 2002). Additionally, Thatcher would give speeches praising the NHS while continually attempting to privatize the institution (Ranade and Haywood 1989). When pressed with their NHS policies, Conservatives emphasized "efficiency and a belief in good management as a solution to service problems," while continually promoting the idea that the NHS would remain funded by the government (Illife 1985; Thatcher 1982).

### **Conservative Attempts to Privatize the NHS**

The first of Conservative policies for the NHS was the Patients First proposal which centered on internal authority and hierarchy within the NHS. For example, the running of the NHS was "to be shifted back towards professional interests and away from both lay influence

and planning initiatives” (Illife 1985, p. 63). According to Illife, these reforms were “truly conservative, for they promised the continuation of past traditions of the restoration of old ways” (Illife 1985, p. 63). Moreover, he argues they had “the potential for inflicting damage to the basic structure of the NHS” (Illife 1985, p. 66). In line with the Conservative party’s intended changes for the NHS, Patients First “expressed several aspects of conservatism: the limitations of supposedly dynamic market forces; the tradition of the power-centres within medicine; and the possibility of combining both into a flexible programme of retrogressive change” (Illife 1985, p. 65).

Importantly, the reforms claimed to promote a “simpler planning system,” which follows the Conservative argument for less government interference, however, to most of the electorate this seemed more “like a euphemism for less planning” (Illife 1985, p. 65). And, while this pronouncement was marketed as a way to bring the true democratic spirit to the NHS because correspondence would occur at all levels, Illife asserts that “there was no such increase [in correspondence], and therefore no real expansion of democracy” (Illife 1985, p. 65).

For Britons, the threat of losing their right to healthcare, given to them by the citizenship, was enough to cause a profound emotional reaction which reveals how the NHS became important to British national identity (Marshall 1950). The right to healthcare was given to the British under their government, but also under the World Health Organization (WHO) and the United Nations (UN) (World Health Organization 2017). For example, the WHO Constitution ratified in 1946 explicitly states “Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality” (World Health Organization 2017). By taking away the NHS, Thatcher would be seen as taking away Britons' right to affordable healthcare, which became tied to their citizenship as socialized

healthcare systems became more popular. As a result, Thatcher could be seen as limiting aspects of British citizenship which would introduce larger issues for the prime minister. In this way, the tying together of health as a human right, provided by the government, connected citizenship to healthcare as it had never been before. Therefore, the British protested Thatcher's privatization efforts once they realized the effects that would have their access to the NHS. For example, 54% of the public was dissatisfied with how Thatcher ran the government, and 18% of the population "people considered privatization the worst thing that Thatcher's government had done" (*Privatising* 2016). Once the British realized that the benefits the NHS gave could be taken away, they decided the NHS was vital to their national identity.

Essentially, the NHS was deemed to undergo "a reversion to a more ideologically determined approach to health policy" (Webster 2002, p. 146). While Labour is typically seen as the party for the NHS because it was their post-war government that created the institution, Conservatives attempted to rewrite that narrative by putting out manifestos which "were backed by frequent affirmations of commitment to the NHS in ministerial and prime-ministerial statements" (Webster 2002, p. 147). For example, Thatcher would publicly emphasize "her government's commitment to the NHS" (Thatcher 1982).

However, confidential Conservative manifestos revealed that the party's true plans for the NHS included private healthcare and an increase in patient charges which would effectively limit "the NHS for the majority of the population" (Webster 2002). Moreover, unhappy officials within the administration quietly pushed back against the Conservative agenda with "frequent and obviously well-informed leaks" that revealed the enormous changes to the NHS. These rumors continued to circulate and as a result "there was a constant state of public apprehension

concerning the future of the health service” (Webster 2002). The public apprehension and reaction to any changes Thatcher’s might place on the NHS are revealing of how important the institution had become to the British. For example, the privatization of other institutions, such as British Petroleum, British Airways, or British Telecom, was met without a significant public response (Norris 1990). But the mention of changes to the NHS was enough to produce an emotional reaction out of the British public. For example, Thatcher had to publicly declare that she was committed to the NHS in order to keep Conservatives in the majority. At a time when Conservatism was reaching popular heights on both sides of the Atlantic, public support of the NHS remained at 70% despite the Britons (Hayes 2013; Klein 1985). Because of the leaks, which were a result of disapproving employees, the public demanded more clarity on the Thatcher government’s intended changes (Lister 1988).

This trend of private conversations and public fear continued, and Thatcher was forced to set the record straight. In the 1983 general election, Thatcher had to put to rest “rumors of a ‘secret Tory manifesto’” and she promised to “not institute hotel charges for hospital patients, charges for attending the general practitioner, or reduce the extent of exemptions from health-service charges” (Webster 2002, p. 148). Thatcher was motivated to distract the public from possible healthcare changes because she felt that “the reform of the NHS was too sensitive a topic to expose to the electorate” (Webster 2002, p. 148). As distractions, Thatcher highlighted the economic upturn of the 1980s as well as spotlighting the recent Falklands win, which brought about a burst in British pride (Clarke et al., 1986). The public suspicion of Tory leadership and the general uneasiness about the NHS’s future help to reveal that the NHS had become something special to the British public.

With public apprehension still pressing down on Thatcher, her administration needed to find a solution to balance adequately funding the NHS with “its determination to achieve absolute reductions in public expenditure and income tax” (Webster 2002, p. 148). One of the Thatcher administration’s promises to the English was to “maintain spending levels and continue advancement of the health service” (Webster 2002, p. 148). However, 51% of the public wanted an increase in spending levels for the NHS to be “suitably adapted to meet the challenges of the future” (Webster 2002, p. 148; Judge et al., 1992). Moreover, news reports from local hospitals and doctors revealed: “that resources were insufficient to meet the basic requirements of the service” (Webster 2002, p. 149). As a “highly labour-intensive service,” the NHS relied upon adequate funding and up-to-date technology to recruit and retain employees, especially competitive surgeons (Bloor and Maynard 1993, p. 9). When Thatcher set out to reduce the NHS’s budget, the British Medical Associations (BMAs) set out to ensure there was no meaningful drop in funding. Rather than a drop, the total cost of the NHS increased by 50.4% in the 1980s (Bloor and Maynard 1993, p. 5). The coordinated efforts of the BMAs, coupled with public support of the NHS, allowed the institution to remain generally intact during Thatcher’s years in office.

Other factors which help to inform the sustained popularity of the NHS are the changing budgets of government institutions. For example, social security and education lost financial allocations in order to ensure the NHS’s survival. Education had traditionally always beat out health since World War II. Education “peaked at 5.8% 1975-76 before declining for the rest of the decade and much of the 1980s” (Bolton 2020). At the same time, the NHS began taking up 7% of the GDP, and its share has only increased since the 1980s (Stoye and Zaranko 2019). This



change in funding stems from the political importance of the NHS as well as how Britons came to depend upon the institution (Peterson 1980, p. 277).

As the NHS slowly became “an integral part of the British psyche,” the institution also came under increasing politicization and polarization, which significantly impeded the right’s aims of privatization (Sheard 2011, 440). While the NHS budget grew throughout this time, the economic circumstances of the 1980’s still affected it. For example, “owing to the government’s failure to meet its over-optimistic targets concerning holding down costs and increasing efficiency, and its inability to provide additional resources to meet the shortfall, the scope and quality of the service were inevitably adversely affected” (Webster 2002, p. 152). The precariousness of the NHS’s situation as well as electoral consequences “forced the Conservatives to search ... for means of extracting greater volumes of output from the limited available resources” (Webster 2002, p. 153). Because the “level of public expenditure devoted to the [NHS] is largely a political decision”, the NHS became firmly a part of the political conversation, as well the national conversation (Bloor and Maynard 1993, p. 7). The necessity of the services the NHS provided, and the growing popularity of the institution, increased the size of the NHS within the national imagination.

### **British National Identity and the NHS**

As the political importance of the NHS increased for political parties, the emotional importance of the institution for Britons increased in the same way. Due to the NHS’s creation after World War II, Britons began to associate the NHS with the war recovery effort (Bivins 2020). During a time when the UK’s relative dominance on the world stage diminished due to the ongoing Cold War, harkening back to a time of British dominance became a method through

which the British could express national pride. By association, the NHS profited from that nostalgia because it came to be seen as an institution that aided, protected, and treated the brave soldiers returning from World War II (Ashplant et al., 2000). Through that connection, funding for the NHS became a hot-button topic which produced emotional reactions out of the electorate (Mold 2011). Throughout this time, the degree to which the public began to cling to the NHS, as well as how political parties began to use it as a rallying point further pushed the NHS into the national spotlight. For example, 65% of Britons supported higher taxes in order to fully fund the NHS (Ewbank et al., 2018). The amount of public attention dedicated to the NHS helps to reveal how the NHS became “an institution infused with almost sacred popular emotionality” (Hensmans and Bommel 2020, p. 377). Moreover, it shows how the NHS gradually became a part of the “national myth” or “[national] religion” as the importance of the institution for British national identity grew (Seddon 2013, p. 23).

Due to the growing popular attachment to the NHS as well as the importance of it for electoral points, Thatcher’s main objective became about downplaying “economy and cost containment” in order to make the appearance of delivering the finest NHS to the public (Webster 2002, p. 153). However, behind closed doors, Thatcher’s goals for reduced government spending continually made the NHS a target. In order to solve the issue of funding, Conservatives began to look back at past, ultimately rejected, proposals for the NHS. The UK was falling behind “Western partners in its reliance on general taxation as the main source of funding for the NHS,” and reforms centered on insurance were openly discussed within the administration. One proposal was to create an insurance-based NHS, however, this proposal would have likely become more expensive for the government as well as heavily bureaucratize

the NHS (Webster 2002, p. 153). Moreover, the insurance-based system “represented a risky and potentially highly unpopular venture, which was likely to produce a two-tier system of health care without generating substantial savings in public expenditure” (Webster 2002, p. 153). Furthermore, the “emphasis on local determination by relevant services of local needs” became outdated as national economic problems from the 1970s persisted (Illife 1985, p. 66). Therefore, Thatcher had no viable public pathway to privatizing the NHS, but her government continually pushed towards gaining some form of private insurance.

Throughout her administration, Thatcher was heavily involved in policy proposals, and she worked incredibly hard to decrease the NHS’s budget. When she needed counsel, Thatcher would frequently communicate with a small group of Conservative business leaders, which gave “a degree of power ...that [was]itself exceptional” (Webster 2002, p. 153). Her reliance on big business for advice often kept Thatcher’s mind on the creation of a private market. Behind the scenes, Thatcher and Conservatives began to incrementally change healthcare by “introduc[ing] minor incentives to assist the development of private health insurance” (Webster 2002, p. 155). For example, Thatcher’s government “introduced a scheme of tax concessions ... on employer-paid medical insurance premiums for people earning less than £8,500 per year” which in turn increased the number of citizens enrolling in private insurance (Norris 1990). These minor incentives were helped by rumors about a bloated NHS which “spread alarm and buil[t] up disenchantment concerning the current state of the health service” (Webster 2002, p. 155).

Ultimately, the tax concessions coupled with an effective Conservative campaign garnered Thatcher a modicum of public support for privatization. However, Norris (1990) notes that Thatcher’s victory with private healthcare was never as big as she hoped because the

incentives only increased private healthcare spending to 9% and “the overall scale of the private sector in relation to the [NHS] remains relatively small.” Despite the attempted privatization efforts, Thatcher was never able to fully privatize the NHS because its political importance ensured she could never get too close without the public reacting by voting her out. Furthermore, her peers within Parliament began to openly question her intentions towards the NHS as well as implementing checks against her intended changes (Webster 2002).

As a result, the House of Commons Social Services Committee began to closely monitor Thatcher’s proposed policy changes as well as critically examine the standards and efficiency of these changes. The 1984 Griffiths Report came out of this oversight, and “suggestions for simplification and standardization of basic data requirements and improved management information” provided methods for funding the NHS (Webster 2002, p. 165). The author of the report, Roy Griffiths, naturally “shot into public prominence, became a major actor in health policy-making and a close adviser to Mrs Thatcher” because of the increasingly intense spotlight on the NHS (Webster 2002, p. 167). This report suggested that there should be “major commercial re-orientation to the handling of the NHS estate” as well as an “increase in [the] number of administrative and clerical staff” (Illife 1985, p. 66; Bloor and Maynard 1993, p. 11). For the public, the waiting lists for doctor’s appointments that came out of the report improved the efficiency and effectiveness of the NHS (Gudex et al., 1990). This report effectively established the need to continually fund the NHS.

Nonetheless, Conservatives continually “regarded privatization as the greatest potential source of efficiency savings” (Webster 2002, p. 165). Privatization would “cut back domestic and ancillary staff, the numbers of whom had become swollen to about 24,000 in the early

1980s” which was thrice the number of employees the NHS had in the 1940s (Webster 2002, p. 165). Along with Thatcher, Michael Forsyth MP led the charge in privatization by promoting the “large scale of savings attainable from contracting out support services” (Webster 2002, p. 166). While the Department of Health remained dissuaded by this claim, Conservatives began to incentivize privatization by “obstruct[ing] capital schemes relating to support services” (Webster 2002, p. 166).

Additionally, Thatcher began seeking out other options for privatization. One such avenue was to “identify surplus land and property, and devise incentives for health authorities to dispose of their surpluses,” which would eventually allow for “a system of notional rents for NHS property” (Webster 2002, p. 166). Another route was to “strengthen centralized arrangements for purchasing supplies, with the expectation of substantial gains from economics of scale” (Webster 2002, p. 167). However, one option which seemed most likely to advance the privatization attempt was to create a “greater standardization and reference to value for money criteria,” which was often “associated with the introduction of pilot schemes for contracting out NHS” management (Webster 2002, p. 167). Ultimately, input from general practitioners believed that privatization would lead to the development of inequitable health care “with the North having a different, predominantly public and relatively impoverished service compared with the South” (Illife 1985, p. 71).

### **Pushback against privatization**

In response to all these calls for a scaled-back NHS, the public began to feel like the NHS needed the public’s protection. For example, the London Health Emergency (LHE), founded in 1983, developed a campaign against Conservative attempts for privatization and promoted the

continued national need for the NHS. LHE “provided consultancy work, regular media comment and, by 1985, had 225 affiliates, including national, regional and local branches of trade unions” (Crane 2019, p. 57). According to the LHE, the Thatcher administration developed a “confrontational rhetoric” towards the NHS in order to present the NHS as inefficient and make privatization more appealing to the electorate. Through media and public campaigns, LHE helped to bring the fight over the NHS to the forefront, and they were successful in convincing Labour leaders and activists that Thatcher’s reforms were “fundamental threat[s] to the ‘basic idea of the NHS’” (Crane 2019, p. 58). The differences in NHS expenditure among the different sectors helped LHE to make a more compelling argument because “the relative restriction on hospital budgets contribut[ed] greatly to the public perception of a parsimoniously funded health service” (Bloor and Maynard 1993, p. 5). Moreover, the LHE “construct[ed] a national movement to defend the whole NHS” by framing “the NHS as precious and yet under threat; as culturally valuable yet politically vulnerable; and as a symbol of ‘British values’” (Crane 2019, 53:58). Additionally, the LHE strategically began a campaign to have the British take individual ownership over the NHS. For example, the organization “pictured placards compelling people to ‘Save *Your* Health Service’” (Crane 2019, p. 59). By emphasizing the Britishness and uniqueness of the NHS, the LHE further pushed the NHS into the public spotlight. The heightened press coverage and activism, a result of Thatcher’s privatization attempts, elevated the discussion and national interest in the NHS. For example, citizen groups, such as the LHE, began to massively campaign to keep the NHS nationalized.

Alongside the LHE’s activism, the Griffiths reforms continued to impact the funding and management of the NHS as the goal of reaching “the effective use and management of

manpower” continued (Webster 2002, p. 170). However, the press attention and public concern over where these management and manpower changes might lead the NHS to continually put pressure on Griffiths and his team for more clarity on what changes were going to occur to the NHS. In order to appease health sectors, Griffiths started including “doctors and nurses in using financial and other management information to achieve more effective use of resources Webster 2002, p. 170). Nevertheless, the report’s recommendation of “hiving off the NHS to an independent corporation” was “rejected at every health-service reorganization” (Webster 2002, p. 171).

Various governmental departments began to take over leadership of the reforms – for example, the Health Service Supervisory Board, the NHS Management Board, the Ministry of Health – that only confused the process of reforming the NHS more (Webster 2002, p. 172). In the end, the Griffiths reforms “was accordingly not a stable arrangement ... within the health service it continued to be treated with suspicion” (Webster 2002, p. 174). As the press attention and public criticism mounted over Thatcher’s intended reforms, public approval of the NHS maintained its levels at 70% and up (Judge et al., 1992). Furthermore, the role of the NHS grew in the national imagination as it became a major talking point for hopeful politicians as the 1987 general election neared (Lister 1988).

Throughout the 1987 general election season, Thatcher and her team would downplay any overhauls to the integrity of the NHS (Webster 2002, p. 182). On the contrary, the Conservatives used the election year to create a waiting time fund which “was intended to tackle bottlenecks and make faster progress” (Bloor and Maynard 1993, p. 37). This fund was advantageous for Thatcher because it would help dismiss some Labour propaganda arguing that

“Britain [would] win with Labour” (Bevir 2009). Despite its mismanagement, the public wanted to fix the structures, rather than completely switch to a private healthcare system. Public opinion polls revealed that 46% of the public responded “very satisfied” with nationalized healthcare and 76% of the public viewed the NHS positively (Judge et al., 1992). The general public’s growing admiration and affection for the NHS forced Conservatives to table any immediate changes to the NHS. Instead, the Conservative platform focused on the “reform of education, housing, and local government” (Webster 2002, p. 183). The party ultimately decided that “their suggestions for [NHS] change[s] were likely to be contentious and unpopular,” and rather than risk a lost election, they would wait to announce these reforms until after the election (Webster 2002, p. 183). However, regardless of the electorate’s attitudes towards the NHS, Conservatives never gave up their privatization efforts. Despite Thatcher’s win in the 1987 general election being attributed to the softening of her NHS privatization efforts, following her win, she reignited NHS funding cuts (Rivett 2019).

This pattern of attempted silent reforms, increased press coverage, and public discontent remained throughout Thatcher’s administration from 1979 to 1990. Again, Conservatives had to contend with management criticism, and they attempted to find adequate resources for the NHS while still decreasing government spending overall (Rivett 2019). In this, the public’s campaigns and responses to the Thatcher administration limited the severity of funding cuts to the NHS because the NHS remained such an important political tool (Peterson 1980). Following the Griffiths reforms, Thatcher was left to either provide “additional resources, or [institute] a further and more radical overhaul of the service” (Webster 2002, p. 182). Sensing the public’s growing



frustrations with this system of policy reforms and uncompleted implementation, Thatcher agreed to a live interview with the popular show, *Panorama* (Webster 2002, p. 183).

This decision was unconventional for Thatcher, and it revealed how the debate over the NHS had become contentious and overly publicized in the public's mind (Beatie 1989). Thatcher's team advised the Prime Minister "to conduct the argument of her review in public in order to prove how flimsy was the case for the existing form of health service" (Webster 2002, p. 186). In the end, Thatcher promised "to hold a high-level inquiry into the NHS" during the interview, which abated some of the public's fears. However, the small team, with Thatcher as head, would be "designed to allow examination of the problems of the NHS in conditions of strict secrecy" (Webster 2002, p. 186).

In line with previous "leaks," the public became aware of continued funding issues with the NHS. For example, the press learned that "extension of direct charges or increasing the NHS Contribution" were debated but ultimately vetoed because they were "limited in their scope for well-known political and practical reasons" (Webster 2002, p. 186). Another solution "such as voluntary insurance" was unlikely to come to fruition (Webster 2002, p. 186). Throughout these "confidential" meetings, Thatcher "continued to advocate extending tax concessions to encourage private insurance" (Webster 2002, p. 187). Although the Treasury opposed this solution, Thatcher brought in an American systems analyst in order to validate her argument.

The American Professor, Alain Enthoven, became the lead architect of the proposals. His contribution to the team centered on the "development of an 'internal market' in the NHS" (Webster 2002, p. 188). Though initially "rejected by the NHS Management Board," "a parallel, more radical, and rigorously defined proposal for an internal market" was proposed to Thatcher

who instantly liked the idea (Webster 2002, p. 188). Due to the unceasing calls for limited government spending by the Conservatives, the proposal for the internal market became “attractive to the government’s advisers, who were being pressed hard to come up with management and structural reforms capable of yielding big efficiency gains” (Webster 2002, p. 188). The internal market was a method for creating privatized healthcare under the umbrella of the NHS (Grimes 1987). According to Webster (2002),

“the radicals ... had therefore hit upon a device that was capable of unscrambling the entire structure of the health-service bureaucracy and reducing the NHS to a disaggregated market containing a diversity of purchasers and providers, whose competitive transactions would generate economics in public expenditure, without detracting from the financial rewards of the successful entrepreneurs” (p. 189)

In order to spin the internal market to the public, Thatcher’s ministers “devoted their main energies to promoting the internal market, under the banner of ‘separating the running of hospitals from their financing’” (Webster 2002, p. 189). Most changes to the NHS stemmed from the 1989 *Working for Patients* White Paper. The new white paper claimed to put the “patients first,” as Thatcher wrote in the foreword (Thatcher 1982). The new reforms offered in the White Paper provided “the ‘most far-reaching reform of the National Health Service in its forty-year history’” (Webster 2002, p. 190). The paper “was an odd amalgam of the cautious, the evolutionary, the radical, and the ambiguous,” which encompassed the previous decade-long reforms presented by Thatcher’s administration (Webster 2002, p. 190).

Among the new reforms listed were medical audits, “mutually beneficial cooperation between the public and private sectors,” and a “more patient-centered Family Practitioner

service” (Roberts 1989, p. 35). Of particular interest to the public, the White Paper “argues that the new arrangements will give patients more leverage through their capacity to put pressure on their GPs to seek better care” (Barr et al., 1989, p. 124). While Barr et al., argue that Working for Patients does not explicitly argue for privatization, they believe “there are several disturbing features which conflict with the stated goal of improving the efficiency of the service” (Barr et al., 1989, p. 117). First, the “proposal to give tax relief on medical insurance premiums for people over 60 years” will likely cost the NHS more in the long run (Barr et al., 1989, p. 118). For example, Barr et al., use the U.S.’s creation of Medicare which was introduced because of “inadequate cover by private insurance of the elderly” (Barr et al., 1989, p. 119). The authors also argue that private insurance buyers are typically “healthy and well off,” therefore, the “NHS will tend to be left with the less healthy” and less well-off classes (Barr et al., 1989, p. 119).

Second, Barr et al., doubt the “Government’s resolve to hold the opted-out [private] hospitals to the same cash constraints as the rest of the service” (Barr et al., 1989, p. 121). Furthermore, they perceive that “high-prestige, high-status institutions will be able to exert extra leverage on central government” (Barr et al., 1989, p. 121). In order to counteract this, the government was thought to need to closely monitor “the costs, budget limits, and balance of resources between specialism of opted-out hospitals” (Barr et al., 1989, p. 122). Finally, Barr et al., believe the government “has underestimated the costs of introducing account, billing and information systems” (Barr et al., 1989, p. 123). Again, they reference the U.S. healthcare system as evidence that oversight was “expensive even in the long run” (Barr et al., 1989, p. 123).

However, while Barr et al., believe the White Paper did not endorse privatization, the paper does endorse the view that Thatcher and her Conservative peers “welcome the growth of

the Private Health Sector, which now includes 5.34m people enrolled within private health insurance schemes, 60 percent of acute hospital beds, and the majority of nursing home provision” (Roberts 1989, p. 36). Additionally, the White Paper did bring the “the ‘market’ ... much more into the Health Service with internal markets, and full management information to be made available on the true costs” of the NHS (Roberts 1989, p. 39). Furthermore, the White Paper firmly planted the division between public and private insurance in the political realm (Roberts 1989, p. 38). The commentary over the NHS increased as Labour and Conservative fought for political, as well as emotional, control over the NHS. On the right, Conservative commentators complained that “there has been created in postwar Britain, a consensus on collectivism, based on false premises and promoted by mistaken, albeit well-being opinion leaders” (Roberts 1989, p. 38; Sullivan 1986). On the left, “Labour opposed each of Conservatives’ privatizations ... and for a time courted with the idea of returning a number of privatized businesses to public ownership under a future Labour administration” (Parker 2013, p. 344).

Despite efforts to disguise the internal market as “competition” or “benefits of the local delegation,” the overall effect angered the public “because [the British] continued to be deeply attached to the collective nature of the NHS” (Mold 2011). Adding to this anger, the LHE began a “Hands Off Our NHS” campaign to further heighten public alarm (Crane 2019, p. 58). Overall, the implementation of the White Paper was halted, and “the hierarchies of NHS administration were left basically untouched” as a result of “the unplanned nature of the government’s entry into its overhaul of the health service” (Webster 2002, p. 190:193). Adding to Conservatives’ troubles, “Labour mounted a spirited campaign against the government’s plan” with the help of

health-service trade unions (Webster 2002, p. 193). Therefore, many of the intended upheavals did not occur. Though Conservatives were successful in creating an internal market, the implementation and effectiveness of it were largely stemmed by public disapproval.

During Thatcher's time in office, the NHS was in a perilous situation with both sides of the battle, the Labour party and the Conservative party, fighting to either keep the institution majorly controlled by the government or sell off parts to decrease the federal budget. At the center of the fight were citizens who wanted to see the budget decreased by 10%, but not at the cost of the NHS. Thatcher could convince the British that privatization was the right track for almost every other institution, yet she could not convince them that the NHS should be privatized. The British still wanted their healthcare given to them by the government, regardless of the price tag. They wanted the NHS because the institution had become so important to their national identity. If the NHS were not important to British national identity, the Conservatives would not have used appropriated it in their campaign and it would have been privatized easily. Rather, the fight against privatization was about more than keeping a good, efficient institution in the hands of the public. It was about keeping the idea of the British nation in the hands of the public. The NHS was becoming the one entity that the collective nation could unite behind. The idea of the NHS for the British was bigger than the institution itself because the NHS had become a part of the national identity. The idea of the UK without an NHS would not gain British approval, as evidenced by Thatcher's inability to privatize the institution. While a few years earlier, Thatcher might have been able to privatize the NHS, the image the British had in their heads about the NHS and their national identity grew together to the point where the institution could not be touched by politicians.

## **Conclusion**

At the close of the 1980s, the UK spent “almost the lowest percentage of GNP on health care” compared to Western countries and they retained “an overall health record which is ... better than most” (Barr et al., 1989, p. 120). Regardless of Thatcher’s proposed interventions, the NHS remained generally intact. By framing the NHS as “an institution embodying a set of values,” opponents to Thatcher’s cuts made “adherence to those ‘values’ an identity” for the British (Crane 2019, p. 66). Importantly, the NHS “was not always nor instantly prized but rather was ‘learnt’ by the public” (Crane 2019, p. 66). Essentially, the processes through which the NHS became a part of British national identity were not instant, instead, the NHS gradually grew into its prominent position in the UK. The reactions to Thatcher’s changes only served to further embed the NHS in the British national identity. Before Thatcher’s time in office, the British appreciated the NHS, but the threat that privatization posed to it made them firmly believe in its principles and caused them to tie their national identity to it. If Thatcher were to privatize the NHS, it would be at the odds with the core beliefs of community, fraternity, and democracy that were behind the NHS. Furthermore, privatization would have taken the NHS away from the public’s control and the cultural attachments that help to make up modern British national identity would have been weakened.

Overall, the “Conservatives paid a big price by tying their fortunes to the internal market and adopting this as their flagship policy of the NHS” (Webster 2002, p. 205). Due to lack of usage in the private market, and the general content Britons felt in using NHS-provided healthcare, the Conservative policy of creating a privatized system of healthcare seemed out of touch with the mood of the country (Dunleavy 1995). The deepening emotional attachment the

British felt towards the NHS, as well as the “weird relationship” between the NHS and the British public, was only exacerbated during Thatcher’s time in office (Taylor 2013, p. 23). The weirdness of the relationship stems from how much the British adored their healthcare system; no other Western country has as deep a bond to its healthcare, argued one commentator (Taylor 2013). In order to keep Conservatives in power, Thatcher’s successor, John Major, would have to manage the damage that came from creating the internal market. Moreover, as the public finally uncovered Conservatives’ agenda for the NHS, Conservative leadership would have to create a new campaign to instill the public’s confidence. Tony Blair and New Labour’s anti-internal market message, which the “public was instinctively sympathetic” towards, would create electoral issues for the Conservative party heading into the 1990s (Webster 2002, p. 205). This campaign would firmly cement the NHS in British national imaginary because Britons came to realize they needed to regain control of their national identity.

## **Chapter Three**

### **The NHS in the 21st century**

#### **Introduction**

The end of Prime Minister Margaret Thatcher's time in Downing Street in 1990 marked a profound change for the Conservatism movement. Coupled with President Ronald Reagan leaving the White House, the Conservative leanings on both sides of the Atlantic would face challenges in the upcoming years. Despite Thatcher's successor being another Conservative, Prime Minister John Major, the New Labour marketing would place stressors on the traditional methods of Conservative propaganda. These changes were especially relevant for how both parties would market their NHS plans to the British public. As the NHS further wedged itself into British national identity, the electorate demanded that the institution would remain funded and ready to serve the nation. Tony Blair and his New Labour advisors accurately observed that the NHS was becoming bigger than just a national institution, it was becoming a part of British National identity (Shi 2008). The growing affection the British felt for the NHS, as well as their hostility towards the creation of an internal market, would create additional issues for Conservatives during the last years of the 20th century and into the 21st century.

This chapter assesses the role New Labour and Tony Blair had in making the NHS firmly a part of British national identity, as well as how the NHS has since eclipsed other national British institutions which were the traditional manifestation of British pride. The campaign tactics, as well as Conservative responses, are included. The degree to which New Labour was able to become the party of the NHS and therefore "enjoy considerable leads in terms of credibility, competence and trust" is analyzed (Dorey 2009). Examples of the NHS in the British



media and the British national imagination illuminate the general perception of the NHS amongst Britons as well as prove how highly they rank their healthcare in regards to other national institutions. The NHS's status in British society is unlikely to change despite the uncertain future that Brexit has brought to the UK.

### **The election season of 1997**

As Thatcher left Downing Street, public approval over privatized healthcare continued to be negative (Blendon & Donelan 1989). When Major's came into office, public satisfaction with the NHS grew to 87% satisfied, while public disapproval stayed around 7% unsatisfied (Judge & Soloman 1993). However, during his time in office, public disapproval grew to 25% unsatisfied as funding cuts to the NHS enacted during Thatcher's time affected the day-to-day care patients experienced (Blendon & Donelan 1989; Judge & Soloman 1993). As a result of the growing dissatisfaction, Labour used the recent push to emphasize the "views of the 'consumers' of the health services" to their advantage. For example, New Labour politicians campaigned on the idea of the Conservative push for decreased funding for the NHS, as well as the Conservative push for a private market, as being responsible for the growing dissatisfaction with the NHS. 85% of Britons felt the direction Thatcher and Major had taken the NHS was bad for the health and wellbeing of the nation (Blendon & Donelan 1989). Major inherited the legacy of Thatcherism regarding the NHS, and he had to contend with "Labour's accusations of 'backdoor privatization,' along with the 69% of the population viewing Conservatives as promoting a "hidden agenda" (Blendon & Donelan 1989). Moreover, even though "51 percent believe the NHS wastes some resources, most (72 percent) see it as needing considerably more public

money, not another reorganization as proposed by the [Conservative] government” (Blendon & Donelon 1989, p. 56).

In response, New Labour came up with the “Modernising the NHS” platform to win back control of Parliament (Webster 2002). While the NHS was loved, there is always room for improvement, especially when voters are deciding who they will trust with leadership next. Despite the popularity of the NHS, New Labour needed to come up with a campaign that would energize voters and make them want to vote for New Labour. Moreover, at this point, the NHS was a 50-year-old institution that needed to adapt and anticipate how healthcare might change in the 21st century. This policy would allow individual voters to “break free from the uniformity imposed by the Conservatives and allow for diversity within the system, in response to the requirements of local circumstances” (Webster 2002, p. 212). The Modernization scheme was an attempt by New Labour to rid itself of Old Labour policies enacted by pre-Thatcher politicians, as well as bridging the gap between Conservative voters and Labour voters in order to gain support in the upcoming general election (Powell 2000). Inside the Modernization scheme, New Labour began to implement a third way – one which would “combine public and private provision in a new partnership for the new age” (Powell 2000, p. 50). Essentially, New Labour claimed to offer a middle ground between the small government of Conservatives and the large government of Old Labour. With public dissatisfaction at its highest levels of 25%, the British electorate decided to take a chance on New Labour (Blendon & Donelon 1989).

### **Blair, Brown, and New Labour**

The night before the 1997 general election, hopeful New Labour prime minister candidate Tony Blair declared that the British public had “24 hours to save the NHS” from the

Conservatives who wanted to privatize it. Following a campaign season prefaced on the NHS, New Labour easily regained Parliamentary control as the public began to see Conservatives as anti-NHS and New Labour as the correct party to continue running the institution, they created in 1948 (Webster 2002). In the UK, the “deep public affection” Britons towards the NHS provided it with such high levels of “political legitimacy,” that political candidates knew they could inspire voters by using the NHS as a tool (Compton & Hart 2019; Vizard & Obolenskaya 2013). Following this success, “the Conservative party frankly accepted that its inability to project an image of trustworthiness with respect to the health service contributed to the party’s lack of electoral appeal” (Webster 2002, p. 213).

In order to emphasize how New Labour would change the NHS for the better, as well as targeting Conservatives as the enemy, Blair used policy to continue to cement the relationship between the NHS and British national identity. For example, he utilized policy briefs, and “through this action New Labour's unique political identity was affirmed as a departure from previous Conservative and Labour administrations’ policy positions” (Wiggan 2012, p. 386). Blair’s use of the policy was strategic because “policy documents are a useful source for understanding the privileging of particular ideological and policy preferences and how the language and imagery may help to construct society's assumptions, values and beliefs” (Wiggan 2012). In this instance, the policy helps to inform how Blair and New Labour were able to tighten the link socially between the NHS and British national identity because they listened to demands from NHS staff as well as experiences the British had with their healthcare.

Additionally, Blair capitalized upon that affection by promising to improve the NHS through the Modernization scheme. These new NHS policies which would increase NHS staff

voices, decrease patient wait times, and generally get the NHS back to its full potential were welcomed by the British public (Toynbee 2007). The most popular aspect of the Modernization policies was New Labour's plan to dismantle the unpopular internal market in favor of a two-tier system meant to "promote partnerships between trusts and health authorities" (Powell 2000, p. 51).

Following its creation during the Thatcher years, the internal market remained unpopular amongst Britons (Mold 2011). However, the polarization surrounding the system only increased because of activism by the LHE as well as the effective campaigning on the part of New Labour politicians (Kavanaugh 1997). The two-tier system that the New Labour government implemented introduced "structural reform to shift balance of power towards the front-line staff most in touch with the needs of communities and patients" and it created a "system of national standards and a strong accountability framework" to keep the NHS competitive with other countries (Webster 2002, p. 236). This change not only kept the NHS effective, but it was also an important tactic to provide necessary pride in the institution for the British. The British could continue to feel prideful about the NHS on the global stage because it was a competitive health service.

Furthermore, Blair and Gordon Brown, Chancellor of the Exchequer, funneled money and resources into the NHS in order to decrease hospital wait times. Since long wait times were one of the constant complaints about the NHS, and they were generally seen as responsible for patients choosing to use private healthcare, the New Labour government decided to use structural reforms to improve the quality and efficiency of NHS healthcare (Light 2000). Moreover, the

public was “willing to be taxed more to increase NHS spending” because they cared so much about seeing the institution succeed (Appleby & Boyle 2000).

As a result, wait times decreased to an average of 6.6 weeks for NHS patients (Toynbee 2007). The waiting list dropped from “283,866 people [who] had waited 6 months or more for operations” to only 199 patients in 7 years (Toynbee 2007). The improvements to the NHS served to further embed the institution and New Labour together in the public consciousness. Furthermore, Tony Blair firmly linked his new policy agenda with the NHS (Driver and Martell 2002). According to Shi (2008):

By “patriots and populists in the ‘giving age’,” Blair positioned the Labor Party as the “patriotic party” with a strong sense of history and tradition, as a “people’s party” (whose budget was named the “people’s budget”) serving the public good and aimed to inspire a sense of community by appealing to national pride underpinned by the collective values and institutions such as social justice and National Health Service. By “creative Britain,” Blair meant to tap the potential of the British nation as an inherently creative people for the historical inventions initiated in Britain. (p. 103 -104).

Blair’s Chancellor of the Exchequer, Gordon Brown, further emphasized the importance of the NHS for British national identity, as well as the relevance of the NHS for uniting the entire UK (Shi 2008):

On devolution and separateness, Brown clearly stated twice, both linked with the 300th anniversary of the Act of Union creating the UK. In his “We Need a United Kingdom” speech, he warned people of the dangerous drift in anti-Union sentiment today, saying, “For while it is healthy to recognize the distinctiveness of each nation, we will all lose if

politicians play fast and loose with the Union and abandon national purpose to a focus on what divides.” He pointed out that the Union was founded not just on the respect for diversity, but also on institutions that bound the British people together, such as the monarchy, the Parliament, the Armed Forces, the NHS, the BBC, and the National Insurance. Therefore, “it is by showing what binds us together that we will energize the modern British patriotic purpose we should all want to see” (p. 111).

Brown’s speech emphasized the New Labour party line of commitment to the NHS, but it also solidifies his personal belief in the NHS. Moreover, Brown is tying the survival of the NHS with the survival of the UK. He believes that those institutions important to the British are what maintain cultural and national unity. Without these elements, the integrity of the entire UK is threatened because, as Brown noted, those institutions are what the nation was founded upon. Adding to this, Brown underscores that inspiration and patriotism can come from remembering “what binds [the UK] together” (Shi 2008, p. 111) As Brown entered office, he “emphasized the importance of the prevention of illness as well as the treatment of sickness” (Ham 2008). Additionally, Brown “underlined the need to match increased rights for patients with clearer responsibilities. In an adaptation of John F Kennedy’s aphorism, the prime minister argued that patients should ask of the NHS “not just . . . what it can do for you but what, empowered with new advice, support, and information, you can do for yourself and your family” (Ham 2008). Again, there is an effort to emphasize an individual connection to the NHS, as well as a personal responsibility that Britons must take on in order for the NHS to succeed. This is important because dedication to other socialized institutions is not promoted in the same particular manner that the NHS is given.

After Brown's election to the prime minister, the Conservative party issued their rebuttal to New Labour's plans for the NHS (Eaton 2002). Each party "outlined their radically different approaches to the future funding of the NHS," with New Labour hoping to continue with a tax-funded NHS and a Conservative shift in policy which "support[ed] a healthcare system funded through social insurance—where employer and employee pay towards a compulsory health insurance plan" (Eaton 2002). The Conservative proposals were largely similar to initiatives that Thatcher had begun. As the fight over the NHS escalated, the public continually engaged in the debate over NHS funding. With the budget now a hot-button issue, New Labour's push to be seen as the party of the NHS intensified, and the "battle lines" were drawn in regards to which party held emotional and social control over the institution in the eyes of the public (Eaton 2002).

Throughout this period, there was a resurgence for politicians to be seen as for the NHS. (This trend would increasingly become the norm throughout modern British politics). This resulted in spectators realizing that the elevation of the NHS from a health service into a national identifier was likely to remain. For example, Traynor wrote that "the careful phrases that politicians from all parties had been using gives an indication that the status of the service as quasi-religion for the British public is something that no one dares question" (2010). While the NHS had slowly been weaving itself into the British national fabric since its inception, the post-Thatcher era is when the service fully morphed itself into British national identity. This era was critical for the relationship between the NHS and British national identity because the British realized how important the NHS was to the collective good and that prevented Thatcher from being able to privatize the institution.

During Brown's time in office, he continued to promote the longevity and effectiveness of the NHS, as Bevan envisioned. For example, he stated that "the NHS is the best insurance system for the long term," signaling the growth and continuation of the NHS despite calls for a scaled-back NHS from the Conservative party (Ham 2008). Underscoring Gordon's statements is the belief that the NHS should remain loyal to the foundational values that created it. These ideas are predicated on the understanding that health care should be provided by the government and offered to its citizens based on need, rather than on the ability to pay for services (Ham 2008). Rather than focusing on ending the internal market, as was Blair's agenda, Brown turned towards prevention of diseases and illnesses and patient choice as a means to limit expenses on the NHS (Traynor 2010). Brown's focus on preventative illnesses relates to British national identity because it draws upon the idea of fraternity and takes the concept one step further. Instead of helping fellow citizens when they are struck with tragedy, Brown wants to push the NHS (and the nation) to help citizens before they reached that point. Essentially, Brown's approach reflects the idea of helping fellow citizens proactively rather than reactively.

As a result, "references to predictive and personalized medicine [were] increasingly ...introduced in NHS related information" (Grosios et al., 2010). Additionally, large portions of the NHS budget began to be pushed towards preventative and therapeutic care than in earlier budgets (Grosios et al., 2010). The emphasis on patient choice stemmed from "the thinking was that if the independent or private sector could provide a service in a more timely, acceptable or efficient way then the NHS could purchase such services for the benefit of its patients" (Traynor 2010). In this way, the NHS would be able to compete with any advancements from the private markets, while remaining committed to equal NHS access for all citizens.



While preventative medicine has traditionally been a part of medical care in the UK, the emphasis on prevention by the Brown administration was an attempt to scale back “unnecessary” expenditures on the NHS. Healthier people need less medical care throughout their life, and as a result, they would be less expensive to care for by the government (Caley & Sidhu 2010). Given his role as Chancellor of the Exchequer under Blair, Brown had a deep commitment to balancing the NHS budget for the institution to remain intact and free to all citizens. For example, there was “zero tolerance in relation to any NHS backsliding into deficit, plus tight financial controls and more talk of securing maximum bang for the NHS buck” (Catton 2007). The rigidity of Brown’s views was two-fold: on the one hand, the UK government could not afford a more expensive NHS, however, on the other, Brown wanted to safeguard the NHS against any future threats by Conservative politicians (Ham 2008).

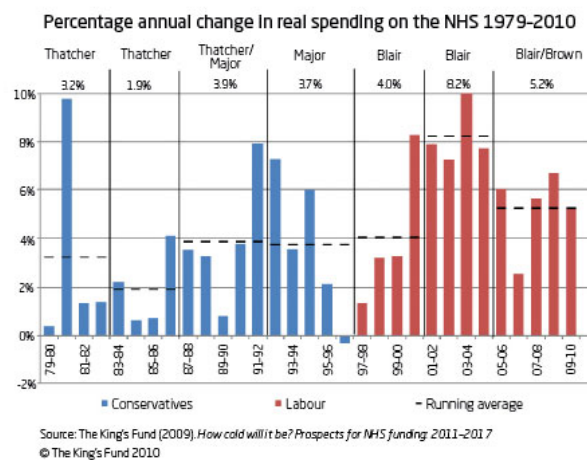


Figure 3.1: This graph shows that Brown kept NHS costs much lower than previous prime ministers.

Given the political climate, Brown understood that the NHS might face defunding further ahead. By placing an “iron fist” over the NHS budget, he was attempting to bring the most

effective and efficient product to consumers at the lowest cost possible (Ham 2008). This mentality was consistent with Brown's views as Chancellor during Blair's premiership. For example, rumors of a rift between Blair and Brown over increases to the NHS's budget came to a head when Brown reportedly "explod[ed] at the prime minister for stealing his budget— [and then] commissioned Derek Wanless to provide the justification for the huge increases in spending that the NHS has seen" (Timmins 2007). As a result, "the UK spent less than almost any other Western country on private health care" (Rivett 2008). Furthermore, Brown kept NHS spending lower than during Thatcher's time in office. Brown maintained average real spending on the NHS under 7%, whereas Thatcher reached 10% (Rivett 2008). The significance of these differences in funding is that Brown and New Labour discovered a way to keep costs lower for the NHS because they knew that it needed to be protected against defunding in the future. While Conservatives were still attempting to privatize the NHS, New Labour kept costs low while still maintaining the same level of service, and thus they saw themselves as being able to undercut Conservative arguments of the NHS as being too expensive.

### **Cameron enters office**

Brown was succeeded by David Cameron, a Conservative MP, who staked his election to the prime minister on improving the economy to facilitate social services, especially the NHS. His campaign platform included "a desire to reform the Party by stating the intention to balance tax cuts with investments in public services" (Ormrod et al., 2007). In a speech more specific to the NHS, he asserted that "the next Conservative government will protect the NHS budget and continue to invest more. Because we know this truth—something Labour will never understand and we will never forget—you can only have a strong NHS if you have a strong economy"

(Kmietowicz 2014). Interestingly, Cameron also chose to focus on social policy as a route to win the election. Cameron “attack[ed] the Blair [and Brown] government's management of the economy in terms of ‘over-taxation’ (and the growing complexity of Britain's tax system) and the regulatory burden apparently endured by businesses, however, Cameron and his closest colleagues sought to compete with Labour by pledging similarly to increase public expenditure, especially on ... the NHS” (Dorey 2009). Cameron and Conservatives learned from their electoral loss to Blair, and they realized that the NHS could be used as a tool to gain public support.

Additionally, Cameron attempted to push back against Labour’s rhetoric of a Conservative push to privatize the NHS. In the same speech, Cameron claimed Labour had spread “complete and utter lies” about Conservative pushes for privatization, and “he promised to continue investing in the health service if his party retained power next May” (Kmietowicz 2014). Throughout the campaign, Cameron emphasized his commitment to the NHS in order to gain more votes from the public. The NHS is again seen as a means to winning an election because the British public placed the service above all other social institutions, as well as increasingly above any previous national institutions. If the institution was merely a desirable service, it would have been privatized long before Cameron’s time, and more of the British public would have started using the internal market.

To reach his desired ends, Cameron proposed to “increase budgets by at least £8 billion a year by 2020 and recruit 5000 new GPs” (David 2015). Additionally, Cameron continued Brown’s initiative of focusing on preventable diseases as a method to stay within budget. For example, Cameron made “the heart of the plan ... [about] reducing preventable diseases – such

as those associated with obesity, smoking, and alcohol (David 2015). However, unlike previous Labour politicians who generally courted votes from the BMA and General Practitioners inside the NHS, Cameron chose to come down hard on the NHS. He put pressure on the NHS to “step up and make some tough decisions [because] delivering quality of care depends on achieving the £22 billion in efficiency savings” (David 2015). Furthermore, Cameron stressed the importance of reorganization and reform of the NHS.

The reorganization manifested itself in the Health and Social Care Act which attempted to prepare the NHS for modernization by streamlining the way the NHS was run. Additionally, the Health and Social Care Act transferred money from primary care trusts (PCTs) into the hands of the general practitioners (GPs), reorganized the management inside the NHS, and created an executive agency called the Department of Health (Glover-Thomas 2013). The Act faced “opposition from the medical profession and beyond” and as a result, “the implementation of the changes, which included the abolition and redeployment of several tiers of NHS management, ... [was] estimated to have cost more than £1.5bn (€1.9bn; \$2.4bn) (Iacobucci 2014). In addition to abolition and redeployment, Cameron’s reforms focused on:

“the idea that commissioning by GPs would improve care and efficiency; the idea that the central government, in the shape of the Department of Health, was too big and dictatorial; the idea that intermediate territorial levels of management such as Strategic Health Authorities were bureaucratic and superfluous; the idea that provider competition produces improved quality and efficiency; the idea that management expertise rather than politics improves health services; and the idea that it would be possible to invent, for all time, a structure for the NHS that would be immune to politics” (Greer et al., 2014).

Additionally, the announced reforms caused former Labour health secretary, Frank Dobson, to remark “if this is not privatization of the NHS, I don’t know what is. It is about putting multinational companies in the driving seat of the NHS” (Peedell 2011). Moreover, the bill acted as “a blueprint for creating an open market in healthcare” (Peedell 2011). New Labour, the NHS, and the British public pushed back against the new bill, but Conservatives responded that the NHS was “no longer immune from the colossal financial pressures brought about by global recession” (Glover-Thomas 2013). As a result, Cameron’s approval ratings dropped because the British wanted to send him a message about future political ramifications should he attempt to privatize the NHS (Reuters 2012). Before the announced reforms, “economic sustainability ... largely [drove] the reform process leading to the Health and Social Care Act” (Glover-Thomas 2013). However, despite the economic hardship, Britons still wanted to fund the NHS, even to the detriment of other social institutions. Therefore, the government decided “to cut spending” elsewhere while “its expenditure on the National Health Service ... still [grew], but at a slower pace than before” (Frayner 2018).

While the ideas from these reforms are not new (they follow the same logic Thatcher and Major tried to use during their premierships), the reaction from the general public was novel. For example, during Thatcher’s and Major’s time, the LHE and the NHS had to express to the public their dissatisfaction and mount wide-reaching campaigns to fully impress upon the British the seriousness of the reforms for free healthcare (Crane 2019). However, as a result of those campaigns and New Labour’s ability to change the narrative around the NHS, the public pushed back against this reorganization without prompting (Collis 2016). One commentator wrote “At a time when the service is facing unprecedented financial constraints and an uncertain future, the

struggle to cope with both the introduction of a dramatic re-organization of management and of stringent competition regulations is a considerable distraction,” and that considerable distraction reflected in Camron’s public approval ratings (Turnberg 2015). Following the announcement of these reforms, the number of people who disapproved of Cameron rose to 43% and the general public began to look towards the next general election in order to oust Cameron (Clark 2011).

Furthermore, employees of the NHS vocalized their discontent. Inside of the reforms and reorganization, only a 1% raise was awarded to NHS staff, while MPs were deemed to have a 10% pay hike in the same budget (Triggle 2014). After the announcements of reorganization, NHS nurses and hospital staff staged a strike because they felt the money promised by Cameron was not flowing into their paychecks (Triggle 2014). Outside of hospitals, NHS staff and their supporters carried pictures depicting Cameron and Conservatives as enemies sent out to defund the NHS, and the NHS staff as underpaid despite their high value (Triggle 2014). As a result of the strike, “a poll of nearly 30,000 people ... showed 95 percent backed” the NHS staff’s demands and 57% of Britons agreed to pay higher taxes if it meant the NHS was better supported (Collis 2016). Additionally, rumors of privatization by the Conservatives continued to increase as more people realized what the new reforms would mean for the NHS. Employees of the NHS and citizens that benefitted from socialized healthcare felt that claims of the “NHS is safe with us” “fail to acknowledge the evidence that privatization is an inevitable consequence of many of the policies contained in the Health and Social Care Bill” (Peedell 2011).

Following the strikes, tensions inside 10 Downing Street increased and senior Conservative politicians “admitted that their controversial reorganization of the NHS in England was the worst mistake they have made since being in government” (Iacobucci 2014). Initially,

“the plans were so contentious that the government announced an unprecedented ‘pause’ in the legislative process to allow further consultation,” however, Conservatives “eventually pushed through a modified version of the bill after dissent from the Liberal Democrats was quelled” (Iacobucci 2014). The bill was modified to include marginally higher wages for NHS staff and nurses (Iacobucci 2014). Labour jumped at the opportunity to paint these reforms as yet another Conservative attempt to meddle with the NHS. These developments led “Andy Burnham, Labour’s shadow health secretary, ... [to say] “David Cameron’s reorganization inflicted chaos on the NHS and has dragged it down. Patients, doctors, and nurses pleaded with the government to stop it—knowing it would cause chaos—but they refused to listen” (Iacobucci 2014).

Additionally, mistrust in Cameron was represented in poor polling numbers. For example, 51% of the public believed that these reforms caused the NHS to waste money, however, overall satisfaction in the NHS remained at 65% (Gershlick 2015; Appleby & Robertson 2015). Despite the financial pressures and previously mentioned strike by NHS nurses and staff during the year, the fact that satisfaction for the NHS still rose reveals “a desire among the public to show support for the health service” (Appleby & Robertson 2015). Conversely, the increase in polarization over the NHS budget only served to solidify the idea that “the National Health Service ‘is the closest thing the English have to a religion’” (Collis 2016).

Cameron’s premiership is largely seen as yet another Conservative attempt to privatize the NHS (Hayton 2018). While the enduring legacy of his tenure will be Brexit and the removal of the UK from the EU, his one-track mind when it came to reducing the budget and the impact that mission had on the NHS will have lasting effects. Additionally, his reduced budget was “largely achieved by a combination of short-term measures such as wage freezes, early retirements and

redundancies that are not sustainable in the long run” (Turnberg 2015). He opened the NHS up to “competition from the private sector” without providing a solid footing that the NHS could stand on (Turnberg 2015). Moreover, his announcement of the referendum vote highlighted the importance of the institution to Britons because politicians were able to use it as a means to win votes either against or for Brexit (Iacobucci 2018).

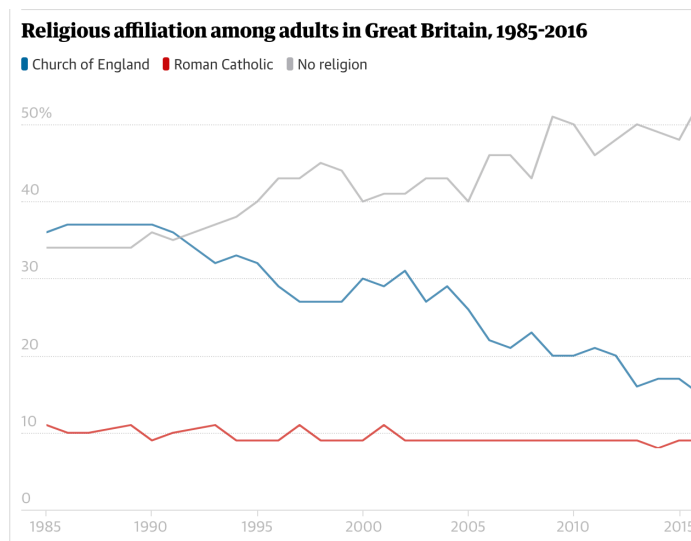
### **Post-Cameron, the NHS, and British national identity**

As a result of Blair, Brown, and New Labour’s campaign, the NHS was 1) accepted as a part of the British nation and 2) competing with the Crown and the Church in popularity. In the late 1990s, for example, only 48% of the British public believed the country would be worse off without the Royal Family (Ipsos Mori 1997). At the same time, approval for the NHS rose to 45% and continues to rise to this day (Hayes 2013). The closeness of those numbers suggests that the NHS is now on a competing level with a thousand-year-old institution. While the damage done to the Monarchy’s public image as a result of the divorces between three of the Queen and Prince Philip’s four children, most notably the Prince and Princess of Wales, increased media scrutiny, and Diana’s tragic death, the fact that the NHS, a healthcare system, could compete with one of the oldest monarchies in the world is telling of the role the NHS plays in British national identity (Brandreth 2006). Since 1066, the British relied upon the monarchy to unite the country and give the nation its identity, but the weakening societal control of the aristocracy allowed for the NHS, an institution grounded in community, fraternity, and democracy, to be on equal footing with the Crown.

As the advancements of science progressed and the role religion played became less prominent, the importance of the Anglican Church for British national identity diminished.



Kettell (2019) writes that “the postwar period was characterized by a progressive secularization of social and cultural life in most Western liberal democratic nations, with declines in all measures of religiosity (including attendance, membership, and beliefs). From 1981 – 2001, the UK was one of the least religious countries, along with Denmark and France, in both frequencies of prayer and religious participation (Norris and Inglehart 2011, p. 85). Furthermore, the rate of those who defined themselves as Anglican decreased, while 50% of the population identified as having no religion (Sherwood 2018). Again, the fact that Britons now feel more connected to the NHS than they do the Church is a major development and a significant change in British national identity.



**Figure 3.3: Decline in Religious Affiliations in the UK. Those who views themselves as Anglican has decreased, while the amount of people who identify with 'no religion' has risen (British 2012).**

### Comparing Britain to Sweden, Germany, and the US

A comparison between the UK’s relationship with the NHS to the relationships other countries have with their major socialized industries is useful because it can help shed light on the uniqueness of British national identity. Sweden and Germany, in particular, have successful

socialized healthcare industries, yet those two countries do not need their industries for national unity in the same way the UK needs the NHS. Likewise, the US has social security, which is a powerful political tool, yet the US does not cling to social security, either. The UK is a particular situation because they place so much emphasis upon their socialized medicine. It is what makes them and revealing how other countries interact with their nationalized industries emphasizes how crucial the NHS is to British national identity.

It is helpful to compare the NHS to other prominent healthcare systems because it reveals the unique relationship between British national identity and the NHS. No other country places as much importance upon its healthcare as does the UK. Comparatively, no other country reaches these levels of emotional support for their nationalized industries. For example, the world has “praised Sweden's mixture of public-private economy and welfare services as a model for encouraging growth and minimizing class conflict in other industrial societies” since the 1930s (Hancock 1977, p. 111). Furthermore, its system has been regarded as the “triumph of social democracy” (Valocchi 1992). Yet, the Swedish people do not rely on their welfare to sustain their national identity in the way that the British seem to. It is ranked as the second-best healthcare system among Western countries, but approval data on their healthcare does not reach 90% as it does in the UK (commonwealth fund; Elflein 2020). Likewise, the German welfare system is another impressive system, given the quality of its services as well as the wideness of its coverage, even compared to the Swedish model (Wurzel 1996). It is among the top five ranked healthcare systems in the West, and citizen satisfaction reaches above 80% (commonwealth; Zinn et al., 2016).

In the United States, social security is seen as the “third rail of politics” (Beland 2015). Similar to the NHS, US politicians cannot touch social security for fear of receiving a “powerful ‘shock’ from elderly voters and other constituencies” (Beland 2015). Furthermore, US social security and the creation of the NHS both came from the post-World War II hyper-national identity and the feeling of goodwill amongst citizens (van Evera 1994). Additionally, 74% of Americans believe social security should not change in any fundamental way (Parker et al., 2019). However, Americans still do not feel as emotionally connected to their social security in the way Britons feel about their NHS. According to one poll, Americans are prouder of the military, American sporting achievements, and American scientific experiments than they are in the welfare system (Brenan 2019). For example, 89% of Americans felt pride in the US military compared to 37% who were proud of social security and the welfare system (Brenan 2019). The NHS continues to be one of the British institutions which inspires the most pride (Smith 2018).

For the 2012 Olympics, Danny Boyle chose to highlight the development and achievements of the NHS during the opening ceremonies. In the ceremony, “dancing doctors and nurses, Great Ormond Street Hospital, a pulse beat that circled the Olympic Stadium, were prominent features of a ‘Best of British’ sequence” (Abbasi 2012). While this might be confusing to Americans, Germans, or Swedish, the prominence of the NHS when the entire world was watching is another example of how far the NHS has seeped into British national identity. Moreover, the spotlight shows that “the NHS is a peculiarly British institution” and “in a planet dominated by insurance-based health systems, the NHS remains an experiment that fascinates the world and provokes fierce and passionate debate within these shores” (Abbasi 2012). The NHS was featured alongside the Queen, the Beatles, Mr. Bean, and other iconic

British figures because Boyle, and the British public felt that ““one of the core values of our society is that it doesn’t matter who you are, you will get treated the same in terms of health care”” (Stebner 2012).

Furthermore, the British wanted to show the world what their true values were – and they relied on the NHS to convey that message. The NHS exemplified the ideals and core values that make up the British nation, therefore, they gave the institution one of the world’s largest stages. While other prominent British institutions were shown, as mentioned, a massive part of the show was given entirely to the NHS. This impressive display also underlines how the NHS is a part of Britain’s value system. Because the values relate directly to British national identity and the institutions the British choose to represent their national identity, this display is seen as tying the NHS and British national identity together.

While 2012 was four years before the referendum on Brexit, how the NHS would continue to be used to invoke or provoke emotional reactions would continue.

### **Brexit**

Figure 3.4: Boris Johnson's campaign bus supporting Brexit (Morales 2019).

The British love the NHS to such a great extent that they voted to leave the European Union (EU) in 2016 in order to direct more money to the institution. While the campaign promise has yet to be delivered, at the time, the Conservatives and UKIP parties were able to manipulate the pride and affection Britons felt for the NHS and turn the conversation into a dichotomy of either saving the NHS or remaining in the EU. For example, Boris Johnson, leader of the Conservative party, used the slogan “we send the EU £350 million, let’s fund our NHS instead” (Iacobucci 2018). The affection the British people felt towards the NHS grew to such

highs that the public voted to leave the EU despite the benefits of retaining EU membership (Anderson and Reichert 1995).

Brexit highlights the degree to which the British people rely upon the NHS for support as well as for national identity. Despite the detrimental economic and political ramifications of leaving the EU, the island still voted to exit the bloc. The pro-Leave camp smartly used the NHS to their advantage by pinpointing a national institution that is affected by membership in the EU. By pinpointing a specific amount of money as well as a specific cause to energize the country behind, the pro-Leavers were able to make the referendum about loving the NHS, and by extension the UK, or about loving the EU more than one's own country. In a sense, the vote became about patriotism and whether or not the British cared enough about their NHS and their country to leave the EU. By utilizing the NHS as a key feature of their campaign, the pro-Leavers were ensuring that Britons would pay attention to the campaign. Brexit underscores the relationship between the NHS and British national identity because the pro-Leavers were able to convince the general public that the vote would be an existential battle separating the UK as an independent country or a country taking orders from the EU.

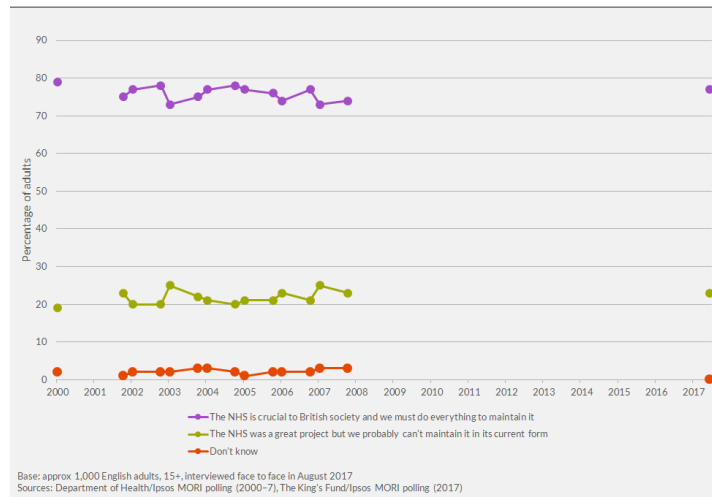


Figure 3.5: Polling revealing British opinions on funding for the NHS (British 2019).

Furthermore, after the official vote, Britons continued to pressure the government to continue funding the NHS. In 2017, an Ipsos MORI poll revealed that 70-80% of Britons believed the NHS to be crucial to maintaining British society (Wellings 2017). In response, the NHS Choir teamed up to create a song about saving the NHS. The chorus says (NHS 2015):

The NHS needs saving  
 And they're not listening  
 But we've got something to say  
 You can save us  
 Don't let them break us  
 We are your doctors  
 Let's keep it that way  
 The NHS should be yours  
 Let's keep it yours  
 Your lives are what we stand for  
 So let's keep it yours

The choir emphasizes the individuality of the NHS to create ownership for Britons over the NHS. The song climbed the charts to be Christmas #1 and garnered over 2 million views on

YouTube. One commentator wrote that “the NHS the best organization with a heart in [the] UK” (NHS 2015). These comments and the popularity of a song about a healthcare system are revealing of the place the NHS holds in the modern British national identity. No other Western country has a song where people sing about loving their healthcare system, much less have that song become a highly ranked tune outpacing traditional Christmas music.

### **Conclusion**

As a result of New Labour politicians emphasizing the importance of the NHS to British national identity, the British public has more or less associated the two ever since. Through Blair and Gordon realizing they could use the NHS as a uniting tool to maintain the union and to gain electoral points, the British public came to firmly accept that the NHS was fundamental to their national identity. The improvements to waiting list times as well as the external validation that came from the NHS becoming a top-ranked healthcare system further reveal the increasing affection the British feel for the NHS. Cameron’s reorganization and reforms to the NHS, and the immediate public reaction are indicative of the NHS becoming an institution that is imperative to modern British national identity. Cameron’s changes also heightened the mistrust the public felt with Conservatives because he attempted to privatize the NHS. After the Britons had learned that the NHS should not be taken for granted, they became even more protective over the institution. The public continued to promote the idea of the NHS as integral to their sense of nationhood. Moreover, the public’s growing discontent with the monarchy following Diana’s death made the NHS an institution in which all Britons could rally around. Additionally, the relative decline of religion in the Western world and the amplified secularism limited the allure of the Anglican Church. As more of the traditional institutions for British pride became

less relevant to 21st-century life, the NHS increasingly became attached to British national identity.

The examples of the Olympics, Brexit, and the NHS Choir reveal some of the deep emotional bond Britons have to the NHS. No more is healthcare something the British do well, it is what makes up the true character of their nation. The NHS has become the essence of their national identity and has been used repeatedly to unify the nation, ever since its inception following World War II. Since its creation, “the National Health Service (NHS) has become an intrinsic feature of the United Kingdom, not only underpinning the nation’s health but exemplifying some of its core values and beliefs that are still widely held today” (Glover-Thomas 2013). The NHS remains an exemplary healthcare system that provides the British with necessary services while also bringing the nation together. Going forward, the strength of the NHS, and by proxy British national identity, will be tested as secessionist movements from Scotland and Northern Ireland threaten the integrity of the UK.



## **Conclusion**

Through 70 years of providing exemplary healthcare to British citizens, the NHS has become an institution that is vital to British national identity. The NHS acts as the living embodiment of the UK's commitment to its people, its ideas, and its future. By choosing to invest in citizens' health at the end of World War II, the UK created an institution that could serve as a key component of British national identity. The socioeconomic changes that made the Anglican Church and the monarchy less important to British national identity, and the end of the Empire, allowed space for the NHS to bring the country together. Furthermore, the comradery that came from supporting other citizens and caring for their healthcare re-instilled the sense of collective unity which the UK was lacking during the economic recovery following World War II.

The NHS profits from the association to the last great era of Britain. Importantly, neither the military nor education receive this type of adoration from the British despite also having ties to the World War II era. As previously mentioned, the NHS is founded on the beliefs of fraternity, community, and democracy. It is because of those national values, which were so important for fighting against Hitler's Germany in World War II, that the association between Britain's victory and the NHS is still relevant today. Moreover, the link between Britain's national beliefs, namely democracy, and the NHS's founding values strengthen the tie between modern day British national identity and the institution.

The sense of fellowship Britons felt for the NHS continued through the end of the 20th century. The NHS helped to keep the country strong throughout the political, social, and economic upheavals of the time. The UK learned that it could ground itself in the NHS as a

nationalistic tool. Additionally, politicians discovered they could manipulate British affection for the NHS in order to secure votes. Entering the 21st century, politicians upset with EU regulations were able to reframe the Brexit vote into a decision between sending money to other countries or funding Britain's beloved NHS instead. Throughout the long Brexit negotiations, the NHS remained a topic of political discussion as Britons wondered whether investments in the NHS would happen.

Then, in March 2020, the UK and the world were forced to stop as the novel virus called COVID-19 brought a pandemic across the globe. During the pandemic, first-responders, nurses, doctors, and NHS staff worked tirelessly to care for those citizens affected by the coronavirus. As a result, the British amplified its support of the NHS by gathering weekly with pots and pans on the streets to cheer on NHS workers (Grewal et al., 2020). A 90-year-old World War II veteran began to take laps around the block with a walker to raise money for the NHS (Treisman 2020). The Duchess of Cambridge began a photo competition that allowed citizens to enter in their most poignant moments of the pandemic so that in the future, people can remember the selflessness and devoted work of NHS staff (Hallemann 2021). The entire country rallied behind healthcare workers as they took care of the sickest of the population and saw first-hand the effects of COVID-19 on patients.

The pandemic helped to expose the inequalities and fractures within society regarding healthcare. The disparities between who was protected from the coronavirus and who was forced to risk their health and their family's health by working an essential job were on display throughout the ongoing pandemic. Most people recognized the commitment healthcare workers make in their careers and the spotlight on supporting them only grew. In the UK, the pandemic

has made the importance of the NHS for British national identity even more visible given the public praise of the NHS. Furthermore, the vital needs that the NHS provides were on display because citizens saw first-hand how adequate healthcare is essential to stopping the spread of the coronavirus. Overall, the level of appreciation for healthcare workers and the NHS grew because the nurses, doctors, and staff were working non-stop and putting their lives at risk for the good of the community.

While the NHS is tied to the World War II era, its popularity will likely not fade even when the World War II population is no longer alive. The NHS has continually kept itself relevant to the changing makeup of British national identity while still staying true to its founding values. At the time of its creation, primarily only white men were in charge. The NHS is helping to prove that Britain is committed to the values of community, fraternity, and democracy by showing how more than just one group of people can lead. Additionally, it is showing how all citizens should have access to healthcare, regardless of their socioeconomic status. Rather than fade from popularity, the NHS and the new generation of Britons are working together to ensure that the values which were fundamental the World War II generation are going to be realized in a meaningful way.

Since Brexit, the NHS has found itself under pressure to maintain its same level of service during political and social turmoil in the UK. It is now up to politicians to ensure that the NHS stays funded in its entirety so that the institution can continue to care for Britons. For the purposes of British national identity, the NHS will likely be relied upon once again to inspire the nation. From the unexpectedness of Brexit and the residual effects of the Covid-19 pandemic, the NHS has only grown in prominence in British national identity. Additionally, throughout the

pandemic, the institution has inspired and protected the current generation, so they now have a similar bond to the NHS that the post-World War II generation had as well.

Going forward, the emphasis on the need for proper healthcare is likely to only grow worldwide. In the UK, the NHS will presumably become even further enmeshed in British national identity because of the heroic work done during the COVID-19 pandemic. The country relied upon the NHS for the solidarity it brought and the vital need it filled. Going forward, it is unlikely that Britons will forget the services of the NHS, and the desire to see the institution continually funded will continue. Moreover, politicians who support a scaled-back NHS are not likely to be popular. Due to the nature of the crisis relating to health, the NHS was there to help those affected by the COVID-19 virus. However, the NHS will probably continue to provide identity and harmony for Britons during the post-Brexit years as well. The fractures inside of the UK that the Brexit vote exposed will need to be resolved to keep the UK united. The NHS will likely be used to bring the nation together once again.

Overall, the NHS has served the nation for decades, and will likely only continue to. The genuine attachment the British feel towards the institution ensure its success. While it was created only to be a healthcare delivery system, the NHS began to be utilized in part to help foster national unity and identity. The NHS was the UK's method to try to maintain fellowship and comradery amongst citizens following World War II, the breakup of the Empire, and the decreasing relevance of the monarchy and Anglican Church. Moreover, it was a way to re-establish what values and ideas are crucial to British national identity. The NHS was created at a crucial time of need in the UK when return soldiers needed aid after the war, and it continues to

be integral to winning the proverbial war against COVID-19. In the same vein, the NHS is likely to play a large role in British recovery in the post-coronavirus world.

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## Appendix A

Verse 1:

If you love the NHS,  
Want your health care at its best,  
Then don't sit quietly,  
Stand up and sing with me,  
Don't forget you have a choice,  
So shout it out and raise your voice,  
Don't let your junior docs,  
Be worked around the clock  
Lives that we save  
The price that we pay  
Long hours turn into days  
Yes we get run down  
But still we stand proud  
So listen when you hear us shout

[CHORUS]

Verse 2:

Every doctor loves the job they do  
And we only want the best for you  
Help us to keep you safe  
Don't take our rights away  
You come to us when you're in pain  
But you and I are just the same  
If the NHS survives  
We can keep saving lives  
To care for you, Is what we do,  
So hear us now we need you too  
We stand as one  
Together we're strong  
They'll listen when they hear our song

[CHORUS REPEAT]

Chorus:

The NHS needs saving  
And they're not listening  
But we've got something to say  
You can save us

Don't let them break us  
We are your doctors  
Let's keep it that way  
The NHS should be yours  
Let's keep it yours  
Your lives are what we stand for  
So let's keep it yours

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