VOICES FROM THE NHS
A PEOPLE’S HISTORY

DARRYL CUNNINGHAM
THE NHS WAS BORN 5 JULY 1948. ON THAT DAY, DOCTORS, NURSES, PHARMACISTS, OPTICIANS, DENTISTS AND HOSPITALS CAME TOGETHER FOR THE FIRST TIME TO PROVIDE COMPREHENSIVE HEALTH SERVICES FOR ALL ACROSS THE FOUR NATIONS OF THE UK.


HERE HE MET THE NHS’S FIRST PATIENT, 13-YEAR-OLD SYLVIA DIGGORY, WHO HAD ACUTE NEPHRITIS, A LIFE-THREATENING LIVER CONDITION.

YEARS LATER IN AN INTERVIEW, SYLVIA RECALLED HOW BEVAN HAD ASKED HER IF SHE UNDERSTOOD THE SIGNIFICANCE OF THE OCCASION? IT WAS, HE TOLD HER, A MILESTONE IN HISTORY AND THE MOST CIVILISED STEP THE COUNTRY HAD EVER TAKEN.

YOUNG SYLVIA HAD EAVESDROPPED ON ADULTS’ CONVERSATIONS AND SO KNEW THAT A GREAT CHANGE WAS COMING. IT SEEMED TO HER THAT MOST PEOPLE COULD HARDLY BELIEVE WHAT WAS HAPPENING.
THE FIRST BABY TO BE BORN IN THE NHS WAS ANEIRA THOMAS. ON MONDAY 5 JULY 1948. SHE WAS NAMED BY HER MOTHER AFTER THE ARCHITECT OF THE HEALTH SERVICE.

ANEIRA BECAME KNOWN AS NYE. WHEN SHE WAS A CHILD, HER MOTHER WOULD INTRODUCE ANEIRA TO OTHERS WITH THE WORDS, ‘THIS IS NYE, MY NATIONAL HEALTH BABY.’

SHE WAS THE YOUNGEST OF SEVEN CHILDREN AND THE FIRST IN THE FAMILY TO BE BORN AT HOME. THE BIRTH DIDN’T COST HER PARENTS A PENNY. WHEN HER SIBLINGS HAD BEEN BORN, HER PARENTS HAD TO PAY A MIDWIFE ONE SHILLING AND SIXPENCE TO COME AND DELIVER THE BABY.

ANEIRA BELIEVED THAT NOT HAVING TO PAY FOR THE STAY IN HOSPITAL AND THE ATTENDANCE OF THE DOCTOR WOULD HAVE BEEN A BIG RELIEF TO HER MOTHER. AS WAGES WERE LOW AND MONEY WAS TIGHT IN THEIR HOUSEHOLD.

ANEIRA THOMAS’S FAMILY LIVED IN A SOUTH WALES MINING COMMUNITY. TOO POOR TO AFFORD GOOD HEALTH CARE BEFORE THE CREATION OF THE NHS. IT WAS ANEIRA’S VIEW THAT THE NHS WAS SET UP TO MAINTAIN LIFE. SHE NEVER KNEW ANY OF HER GRANDPARENTS BECAUSE THEY DIED BETWEEN THE AGES OF 30 AND 50. BUT HER MOTHER LIVED UNTIL SHE WAS 95, WHICH SHE PUT DOWN TO THE NHS.
However the treatment of expectant mothers in the early days of the NHS was not always perfect.

One critic was the mother and author Sarah Campion (a pseudonym for the author Mary Rose Coulton), who had her first baby in 1949, just a year after the formation of the NHS.

Campion’s book *National Baby*, published in 1950, is a first-hand account of pregnancy and birth under the new NHS. It is written as a diary, and follows Campion’s experience of antenatal clinics, birth, hospital life, and postnatal services.

Much of Campion’s account is critical of the NHS. She observed how medical professionals were deemed to know what was best for the patient, and the mother was seen as comparatively inferior and ignorant.

National Baby shows that this view was widespread amongst doctors-and nurses in the late 1940s.

Campion described how doctors refused to give mothers information about their own bodies. For instance, at the antenatal clinic Campion was told scoldingly by a nurse... don’t touch that file. But it’s my file.
HOWEVER CAMPION ULTIMATELY URGED MOTHERS TO USE THE FACILITIES OFFERED BY THE NHS, DESPITE THE LACK OF PERSONAL SERVICE. SHE UNDERSTOOD THAT THIS MAY BE A SACRIFICE WORTH PAYING FOR A BIRTH WITH EXPERTS, FREE AT THE POINT OF USE.

ONE AREA WHERE THE NHS WAS HUGELY SUCCESSFUL WAS IN THE CARE OF PREMATURE BABIES. THE LAUNCH OF THE NHS COINCIDED WITH AN INCREASED COMMITMENT TO PROVIDING SYSTEMATIC NEONATAL CARE.

AT THE BEGINNING OF THE TWENTIETH CENTURY INFANT MORTALITY REMAINED HIGH AND THE LIKELIHOOD OF A PRETERM BABY SURVIVING INFANCY WAS LOW.

BUT AFTER THE SECOND WORLD WAR THERE WAS AN INCREASE IN THE TYPES OF ANTENATAL AND NEONATAL MEDICAL TECHNOLOGIES AVAILABLE TO MIDLWIVES AND OBSTETRICIANS FOR THE SAFE DELIVERY AND CARE OF PREMATURE BABIES.

SPECIAL BABY CARE UNITS WERE CREATED, WITH EARLY UNITS AT BRISTOL, MANCHESTER AND BIRMINGHAM. THE NEW, EXPANDING NHS MADE SUCH UNITS AVAILABLE TO MOST.

HOWEVER, WHILE BIRTH IN THE NHS HAS IMPROVED, EVEN TODAY NOT ALL MOTHERS AND BABIES SURVIVE. RECENT RESEARCH* ALSO SHOWS THAT FOR BLACK, ASIAN AND MIXED HERITAGE WOMEN AND THOSE WITH PRE-EXISTING CONDITIONS, SOME OF THE PROBLEMS CAMPION DESCRIBED PERSIST.

*SEE INSIDE BACK PAGE FOR REFERENCE.
WHAT WAS THE EXPERIENCE OF CHILDREN IN THE EARLY NHS? HERE ARE THE WORDS OF NICOLA KINGSTON WHO WAS FIVE WHEN SHE HAD AN OPERATION TO HAVE HER TONSILS AND ADENOMS OUT AT THE WESTMINSTER CHILDREN’S HOSPITAL, LONDON.

I KNEW I HAD TO BE BRAVE AND HAVE THIS OPERATION, BUT I DID CRY WHEN MY MUMMY AND DADDY LEFT ME THERE AND I HAD TO SPEND THE NIGHT IN A BIG WARD WITH OTHER CHILDREN.

MY MOST VIVID MEMORY THOUGH WAS WAKING UP FROM THE OPERATION, AND MY THROAT WAS SO SORE AND STILL NO MUMMY OR DADDY, BUT THERE WAS A VASE OF A SWAN, FULL OF FLOWERS.

I HAVE ALWAYS REMEMBERED HOW THAT SWAN SHOWED ME MY DAD LOVED ME EVEN THOUGH PARENTS WERE ONLY ALLOWED TO VISIT FOR TWO HOURS IN THE AFTERNOONS.

I THINK THINGS CHANGED AFTER THAT WHEN RESEARCH SHOWED THAT CHILDREN SEPARATED FROM THEIR PARENTS AND RECOVERED MUCH SLOWER. I STILL REMEMBER THAT SWAN VASE.

I WAS NOT ALLOWED OUT OF BED FOR ANYTHING, NOT ALLOWED TO SIT UP EVEN TO EAT, EVERYTHING DONE ON MY SIDE.

NOT ALL CHILDREN HOSPITALISED IN THE EARLY NHS HAVE HAPPY MEMORIES. HERE’S AN ANONYMOUS CONTRIBUTOR TO THE PEOPLE’S HISTORY OF THE NHS WEBSITE, WHO WAS ADMITTED TO BOW ARROW CHILDREN’S HOSPITAL, DARTFORD, WITH TUBERCULOSIS IN 1956.

I WAS NOT ALLOWED OUT OF BED FOR ANYTHING, NOT ALLOWED TO SIT UP EVEN TO EAT, EVERYTHING DONE ON MY SIDE.
IF MY MEMORY SERVES ME RIGHT, I WAS IN HOSPITAL FOR BETWEEN 9 TO 10 MONTHS WITH 3 MONTHS RECUPERATION AT HOME BEFORE BEING ALLOWED BACK TO SCHOOL.

I WASN’T ALLOWED TO JOIN IN THE SCHOOL LESSONS ON THE WARD FOR AGES. HOW I CRAVED THE CARDBOARD BOX THE OTHER CHILDREN HAD FULL OF PENCILS, RUBBER AND RULER.

IT WAS A WONDERFUL DAY WHEN HER BOX ARRIVED. SHE STILL HAD TO WORK ON HER SIDE, BUT SHE WAS SO PLEASED THERE WAS MORE TO DO OTHER THAN LISTEN TO THE RADIO ON HEADPHONES OR READ BOOKS.

CHRISTMAS CAME AND NO VISITORS WERE ALLOWED ON CHRISTMAS DAY. THE WARD WAS DECORATED WITH GARLANDS AND BALLOONS.

MY MUM TOLD ME TO STAY AWAKE ON CHRISTMAS EVE AS THE NURSES WOULD TURN THEIR CLOAKS INSIDE OUT TO SHOW THE RED LINING AND COME TO EACH BED TO SING CAROLS.

WELL, I DID TRY, BUT I SLEPT THROUGH IT ALL.
I realise how neat and tidy and barren the wards were for children in those days and visiting was the bare minimum.

It is so much better for parents being able to spend as much time as they like with their sick children these days.

I had my own childhood NHS experience. In December 1963, at the age of three, I was admitted to the Morton Banks Hospital in Keighley, Yorkshire, with scarlet fever.

I was placed in a room with only one other child: a baby in a cot. No visitors were allowed in this room.

I could only see my father and grandmother as they waved at me through a window in the door. My mother was giving birth to my younger brother in another hospital, so I didn’t see her at all.

When Christmas came, a masked Father Christmas brought toys, that included a red tricycle.

Darryl Cunningham
Was I traumatised by this experience? I don’t recall feeling ill apart from a bad headache. Nor do I remember being distressed by the separation from my family. All the staff were kind to me.

Yet my grandmother told me years later that I was quite changed after my stay in hospital. I was a boisterous child before, but afterwards, quiet and withdrawn.

Certainly, I was a shy child who suffered much anxiety, but whether this was caused by my hospital stay, I can’t say. I may well have developed those traits anyway.

Up until the late 1940s, it was thought undesirable for children to be visited regularly by their parents in hospital. The institution’s desire for order and cleanliness overrode emotional needs.

Many hospitals permitted only monthly visits and some none at all. In the 1950s there began to be concern over leaving young children in hospital away from their parents and the threat of ‘separation anxiety.’

Slowly, campaigners drove forward changes making it easier for parents, although it wasn’t until the 1970s that unrestricted visiting became standard policy in NHS hospitals.
WHAT WAS THE EXPERIENCE OF WORKING IN THE NHS LIKE? AN ANONYMOUS COMMENTATOR WROTE...

MY MOTHER WAS A MIDWIFE AND SPENT CHRISTMASES IN LODGINGS AND ON HER OWN WHEN SHE CAME OVER FROM IRELAND TO TRAIN AS A NURSE IN LONDON.

SO WHEN SHE HAD A FAMILY AND WENT BACK TO WORKING NIGHTS WHEN WE WERE YOUNG SHE WAS ALWAYS AWARE OF NURSES WHO WERE FAR FROM HOME AT CHRISTMAS.

THIS MEANT WE REGULARLY HAD NURSES FROM IRELAND, JAMAICA, NIGERIA OR THE PHILIPPINES FOR CHRISTMAS DINNER.

SO I GREW UP WITH THIS SENSE OF NURSING BEING SOMETHING OF A COMMUNITY AND QUITE INTERNATIONAL.

GILLIAN SINGLETON REMEMBERS WHAT NURSING WAS LIKE IN THE 1970s.

IN APRIL 1974, I APPLIED TO LEEDS GENERAL INIRMARY AND WAS ACCEPTED FOR NURSE TRAINING IN THE FOLLOWING NOVEMBER.

THERE WERE ABOUT 50 STUDENT NURSES IN MY SET AND WE STARTED OUR TRAINING IN THE SCHOOL OF NURSING WHERE WE SPENT SIX WEEKS STUDYING ANATOMY AND PHYSIOLOGY, AN INTRODUCTION TO SOME DISEASE PROCESSES, EMERGENCY PROCEDURES...
...AND THE PRACTICAL SKILLS THAT WOULD BECOME SO FAMILIAR TO US (BED BATHING, MOBILITY ASSISTANCE, AND FEEDING).

AFTER THE SIX-WEEK INTRODUCTORY PERIOD WE WERE PLACED ON THE WARDS AND EXPOSED TO SOME TYRANNICAL WARD SISTERS AND MATRONS.

THE LEARNING CURVE WAS STEEP DURING OUR FIRST THREE MONTHS ON THE WARDS. WE DISCOVERED THAT IT WAS DIFFICULT TO BED BATH FIVE PATIENTS EVERY MORNING BEFORE LUNCH EXACTLY HOW THEY HAD ADVOCATED IN SCHOOL...

...THAT THE EMERGENCY PROCEDURE WAS ALL VERY WELL IF EVERYONE COULD REMAIN CALM AND THAT ‘LAST OFFICES’ (THE LAYING OUT OF A DEAD PERSON) WAS AN EXTREMELY PAINFUL EXPERIENCE THE FIRST TIME WE HAD TO DO IT.

WE WERE BARELY INTO OUR SECOND YEAR BEFORE WE WERE PUT IN CHARGE OF THE WARDS ON NIGHT DUTY, MANAGING ACUTELY ILL PATIENTS AND LIVING IN FEAR OF OUR NIGHT SISTERS.

BY THE TIME WE WERE IN OUR THIRD YEAR WE WERE BEING TRAINED TO GIVE DRUGS AND WOULD BE EXPECTED TO OVERSEE JUNIOR NURSES WHILST STILL LEARNING NEW SKILLS OURSELVES. ‘SEE ONE, DO ONE, TEACH ONE’ WAS HOW WE ALL LEARNED.
Not all student nurses had a positive experience. In 1963, Maggs latter flew from Hong Kong where she had been living, and headed to the UK and the Royal Free Hospital School of Nursing.

In Hong Kong she’d had an Amah (girl or woman employed by a family to clean, look after children, and perform other domestic tasks) and so couldn’t iron or make a bed.

The six weeks training was hard work, with strange rules: don’t wear your hospital crested scarf, especially near men. Because nurses were regarded as easy sexual conquests.

She was constantly aware of the lowly status of student nurses. When consultants came into the ward, students had to hide in the sluice.

One time she had lipstick on and was told by sister to...

Scrub your painted face. Where do you think you are, a May Ball?

Men’s surgical wards were a hive of sexual innuendo from the patients, too. Eventually, feeling totally bemused, frightened of the responsibility, and thoroughly fed up, she handed in her resignation.

Goodbye!
Fortunately for the NHS, between 1948 and 1973 thousands of people arrived in the UK from the Commonwealth. They were known as the ‘Windrush’ generation, derived from the ‘HMT Empire Windrush’ ship, which brought one of the first large groups of Caribbean people to the UK. Many of these people took up jobs in the NHS.

Veriline Vasell made the journey from Jamaica.

I answered the call for nurses by the United Kingdom and flew to England in the early 1960s.

I was employed as an auxiliary nurse at the Royal Hospital Wolverhampton before spending 25 years at New Cross Hospital and finally Penn Hospital.

I worked on the geriatric ward. This ward was exclusively for the elderly.

I was shocked to find elderly ‘white’ people existing in sometimes a state of degradation, right here in the ‘mother land’, it never occurred to me that white people could live like this.
EVERY NOW AND AGAIN, YOU’D ENCOUNTER A PATIENT WHO DID NOT WANT TO BE TREATED BY A ‘BLACK’ NURSE AND WOULD SCREAM OUT LOUD IF YOU CAME NEAR.

GET YOUR HANDS OFF ME.

SOME PATIENTS COULD BE REALLY UNKIND WITH THEIR WORDS AND ACTIONS BUT I LEARNT EVENTUALLY TO SHRUG IT OFF. FORTUNATELY THIS Was NOT THE NORM.

WOULD YOU LIKE A CUP OF TEA?

WHY, YES. THANK YOU, NURSE.

THE FIRST TIME I SAW SNOW WAS DURING A SHIFT, MY COLLEAGUES AND PATIENTS WERE MOST AMUSED WHEN I INQUIRED AS TO THE LOCATION OF THE COTTON FIELD.

I MISTOOK SNOWFALL FOR COTTON BLOWING ON THE WIND. WHEN THEY TOLD ME IT WAS SNOW, I RAN STRAIGHT OUTSIDE WITHOUT A COAT TO FEEL IT ON MY SKIN.

I WAS ONLY FIVE YEARS OLD AND I REMEMBER THINKING...

OH MY GOD, WHAT’S GOING ON, IT’S REALLY COLD!

BEV MORRIS TELLS HER STORY.

I CAME TO THIS COUNTRY (FROM JAMAICA) ON THE 25TH OF OCTOBER IN 1966, WITH MY MUM, AND JOINED MY DAD HERE - HE CAME HERE IN ’61. I ARRIVED AT HEATHROW AIRPORT.

I REMEMBER THINKING...

OH MY GOD, WHAT’S GOING ON, IT’S REALLY COLD!
BEV’S MOTHER BECAME A MENTAL HEALTH NURSE IN THE NHS, MOVING LATER TO MIDWIFERY, WHERE SHE HAD A LONG CAREER.

I THINK MOST OF US HAD PARENTS WHO WANTED US TO SUCCEED AND I THANK THAT DROVE A LOT OF US TO DO WHAT WE WANTED TO DO.

BEV MOURIS

FOLLOWING HER MOTHER’S FOOTSTEPS, BEV ALSO BECAME A NURSE.

I WORKED IN MIDWIFERY, WORKED IN NEUROLOGY, WORKED IN ELDERLY CARE. I WORKED IN DIFFERENT AREAS AROUND THE HOSPITAL.

I WORKED IN MENTAL HEALTH SERVICES FOR A COUPLE OF YEARS, BECAME AN ASSISTANT MANAGER IN ONE OF THE DEMENTIA WARDS BECAUSE THAT WAS MY PASSION.

AT TIMES THERE WERE OPPORTUNITIES THAT WERE OFFERED TO ‘ENGLISH PEOPLE AND IRISH NURSES’ BUT NOT BLACK NURSES. IT MEANT SHE HAD TO WORK TWICE AS HARD TO BE NOTICED.

DESPITE THIS INSTITUTIONAL BIAS, BEV STILL ACHIEVED MUCH IN HER CAREER. SHE IS CURRENTLY HEAD OF SERVICE FOR CONTINUING HEALTH CARE AT SANDWELL AND WEST BIRMINGHAM CCG (CLINICAL COMMISSIONING GROUP).

OPPORTUNITIES (BUT ONLY IF YOU ARE WHITE)
A KIND WORD BY A GOOD NURSE CAN MAKE ALL THE DIFFERENCE. AS A TEENAGER HOLLY WINTER WAS RUSHED INTO HOSPITAL WITH A MIGRAINE SO SEVERE THAT SHE BEGGED HER DAD TO KILL HER IF THE PAIN DIDN'T STOP.

ALL THE DOCTORS THOUGHT I HAD A BLEED ON MY BRAIN OR THAT I WAS HAVING A STROKE. I WAS ABOUT 17, I THINK, MAYBE 16.

I HAVE THIS WEIRD MEMORY. I FELT LIKE I WAS UNDER THIS HUGE SHEET OF ICE, AND THERE WAS THIS TINY CRACK IN IT THAT I COULD PEEK UP THROUGH AND LISTEN TO DISTANT PEOPLE AND SOUNDS, BUT THEY SEemed MILES AWAY.

EVERYTHING UNDER THE ‘ICE’ WAS SWIRLY AND WEIRD, FOGGY. I COULDN’T SPEAK AT ALL, AND COULDN’T SEE OUT OF ONE EYE, AND THAT WAS PARTIAL AND DISTORTED. I COULDN’T MOVE ANYTHING ON THE LEFT-HAND SIDE OF MY BODY.

BUT THE NURSE WHO HAD BEEN LOOKING AFTER ME, HELD MY HAND AND SAID TO ME... HOLLY, I'M SARAH-JANE AND I'LL BE BACK TOMORROW...

ALL NIGHT TO THE NEXT DAY I REPLAYED HER VOICE IN MY HEAD, ‘I'M SARAH-JANE AND I’LL BE BACK TOMORROW’. THAT’S MY MOST SPECIAL NHS MEMORY. I KNEW ‘SARAH-JANE’ WAS COMING BACK TO LOOK AFTER ME.
EMMA QIAO TELLS HER FATHER’S STORY.
MY FATHER GIUSEPPE GIANCOLA WAS BORN IN SOUTHERN ITALY IN 1921 AND DIED IN ENGLAND IN 2001. HIS FAMILY WERE PEASANT FARMERS AND MY MOTHER (TERESA IACOBUCCHI) WAS FROM THE SAME VILLAGE.

DURING THE SECOND WORLD WAR, EMMA’S FATHER WAS A PRISONER OF WAR IN WALES, HAVING BEEN CAPTURED IN NORTH AFRICA.

AFTER THE WAR HE WORKED AS A MINER IN FRANCE BEFORE RETURNING TO THE UK TO WORK FOR A BRICK MAKING COMPANY IN THE MIDLANDS.

IN 1957 HE WAS KNOCKED OFF HIS BICYCLE BY A CAR RESULTING IN SEVERE FRACTURES TO HIS RIGHT LEG.

HE HAD SEVERAL OPERATIONS TO SAVE THE LEG, SPENDING MONTHS IN ONE OF THE NOTTINGHAM HOSPITALS. HIS RIGHT HAND WAS ATTACHED TO HIS RIGHT THIGH. THIS WAS DONE TO HELP GROW SKIN TISSUE FOR SKIN GRAFTING.

HE MADE A FULL RECOVERY ALBEIT WITH A SMALL LIMP, RETURNED TO WORK, AND STILL RODE A BICYCLE. HE WAS LEFT WITH TERRIBLE SCARS, BUT WAS ALWAYS GRATEFUL FOR ALL THE MEDICAL AND NURSING CARE HE RECEIVED.
I've got a bit of a shaky hand.

My dad spent most of his life in England working in the local factory. Just as he retired he developed Parkinson's disease at 65, and spent many years in and out of hospital.

Emma ultimately became her parents' carer in their later years.

The National Health Service gave them peace of mind. They understood that the taxes they paid made this service available to them. They would never have accepted charity.

Sadly at the end of their lives, the care they needed was difficult to access due to bureaucracy and an attitude that unless you knew what to ask or who to ask, you were on your own.

We encountered many caring, compassionate doctors and wonderful nurses, but also others who should never have been in the caring profession.

What was lacking was someone who actively supported the family as a whole unit. What we needed was someone who knew us as people, not just the next 'family'.

What has made the NHS great are the individuals within the organisation who value its principles and apply them to their role, whether it's the big wigs at the top, or the cheery tea lady.
Contributors also remind us that there is far more to the NHS than nurses or doctors. There are the porters, caterers, housekeepers, paramedics, laundry workers...

...administration, pharmaceutical and scientific staff. All of whom work to provide a service ‘from cradle to grave’.

Here an anonymous biomedical scientist describes a typical working day.

We would start at 9am. There were about 20 staff in the main lab, with maybe 20 more in other parts of clinical chemistry.

Checking, starting up, and calibrating the analytical machines was the main job. Once the machines were running it was a case of starting to load samples from the previous day to process them.

As the day progressed samples would start to come in from the wards and GP surgeries. As samples were completed they needed filing away in racks in a cold room.

At the end of the day most machines were closed by 5pm. Although some of the machines that were processing the bulk of the GP work were kept running until 7pm.
THE BIOCHEMIST DESCRIBED HOW THINGS HAD CHANGED IN THE NHS OVER THE YEARS.

IN 1972 THERE WAS FUN, THERE WAS A COMMUNITY, THERE WAS A SENSE OF BELONGING. IT'S IMPOSSIBLE TO SAY WHEN THIS CHANGED - POSSIBLY IN THE MID-1980s - OR WHY IT CHANGED.

SOME HAVE SAID THAT IN THE LABORATORY WORLD THIS WAS DUE TO INCREASING AWARENESS OF SAFETY, OR FINANCIAL SCRUTINY.

IN TRUTH IT WAS PROBABLY JUST SOCIETY CHANGING. PEOPLE NO LONGER LIVED AS CLOSE TO WHERE THEY WORKED AS THEY ONCE DID, AND NO LONGER WANTED TO SOCIALISE AROUND THE WORKPLACE.

ANOTHER BIG CHANGE WAS THAT FAR FEWER STAFF USED PUBLIC TRANSPORT. YOU DIDN'T SPEAK TO THEM ON THEIR WAY TO AND FROM WORK. THEY BEGAN TO GET COCOONED IN THEIR CARS.

STRESS CAUSED BY NHS RESTRUCTURING PUSHED THIS WORKER INTO EARLY RETIREMENT.

THE NHS WAS THE CORE OF MY BEING FROM THE TIME I LEFT SCHOOL UNTIL I RETIRED. WHEN I LEFT WORK I FELT THAT MY CORE HAD BEEN COMPLETELY REMOVED.

I FELT, WHEN I HAD TO RETIRE, THAT THE NHS HAD BETRAYED ME, LET ME DOWN, AND HAD THROWN 39 YEARS OF SERVICE IN MY FACE.
THE NHS IS NOT PERFECT. ATTEMPTS TO FRAGMENT AND PRIVATISE THE NHS HAVE UNDERMINED ITS CORE VALUES. YET, DESPITE THIS, PUBLIC PRIDE AND CONFIDENCE IN THE NHS REMAINS HIGH.

IN 2018, WHEN THE NHS TURNED 70, MORE THAN TWO-THIRDS OF RESPONDENTS IN A YOUGOV POLL SAID THEY CONSIDERED THE ESTABLISHMENT OF THE INSTITUTION TO BE BRITAIN’S GREATEST ACHIEVEMENT.*

POSITIVE VIEWS OF THE NHS AND ITS WORKERS ONLY INCREASED DURING THE 2020 CORONAVIRUS PANDEMIC.

NHS STAFF SHOWED ASTONISHING SELFLESSNESS AND COMMITMENT, DESPITE THE EXHAUSTING HOURS AND THE LIFE-THREATENING RISKS THEY FACED JUST BY GOING TO WORK.

THE PANDEMIC HAS ONLY EMPHASISED HOW ESSENTIAL THE NHS REMAINS TO THE NATION’S HEALTH, AND WHAT IT COULD ACHIEVE WITH MORE EFFECTIVE SUPPORT AND PLANNING.

MAGGIE KEENAN FROM COVENTRY RECEIVED THE WORLD’S FIRST COVID VACCINE OUTSIDE OF A CLINICAL TRIAL, FROM NHS MATRON MAY PARSONS, ONE OF THE MANY MIGRANTS WHO KEPT THE NHS RUNNING THROUGHOUT THE EPIDEMIC.

* SEE INSIDE BACK PAGE FOR REFERENCE.
Since 1948, the NHS has cared for UK residents free at the point of delivery, funded by taxes we all pay: it offers healthcare as a human right, not a commodity. This commitment has been threatened by budget cuts...

BARRIERS TO ACCESSING CARE, AND PRESSURE TO PRIVATISE SOME SERVICES. BUT THE PRINCIPLE THAT NO PERSON SHOULD BE PENALISED FOR FALLING ILL HAS BEEN AT THE HEART OF THE NHS SINCE ITS FOUNDATION, AND THE BRITISH PUBLIC REMAINS COMMITTED TO IT TODAY.

The NHS is the largest employer in the UK, directly employing 1.6 million people – more if we count GPs and other contractors. NHS workers, like NHS patients, are diverse and multicultural.

The NHS has become part of British identity. Over the decades it has grown into a symbol, integral to the way we see ourselves and how we want to see our nation: as compassionate and fair.

None of the people portrayed in this book mentioned money as a motive. Whatever they do, NHS workers often express a strong need to help others and patients usually trust that care is apportioned according to their needs and not their means.

This is because, despite its failings and limitations, people are attracted to the values of the NHS. Long may this continue.
ACKNOWLEDGEMENTS.

WE WOULD LIKE TO THANK ALL OF THE CONTRIBUTORS TO THE PEOPLE’S HISTORY OF THE NHS, AND ESPECIALLY THOSE – BOTH NAMED AND ANONYMOUS – WHO HAVE KINDLY ALLOWED US TO USE THEIR STORIES HERE.

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