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Review Essay

Assuming Austerity: The Politics of the NHS Systems

Books reviewed in this essay:

Hardman, Isabel. ***Fighting for Life: The Twelve Battles that Made Our NHS, and the Struggle for Its Future***. Penguin Books Limited, 2023.

Paton, Calum. ***NHS Reform and Health Politics in the UK: Revolution, Counter-Revolution and Covid Crisis***. Palgrave Macmillan, 2022.

Seaton, Andrew. ***Our NHS: A History of Britain's Best Loved Institution***. Yale University Press, 2023.

The English National Health System (NHS) is one of the world's most famous health systems. In international health and social policy conversations, it is an influential ideal type whose experiences inform policy and analysis. In some political conversations, especially the United States, it is a nonsensical bogeyman of rationing and poor care that politicians of the right use to scare their constituents (Ehlke, 2011). In others, it is a model of an innovative and egalitarian health care system. In Britain, it is seen as an expression of identity, "our NHS," the "closest thing to a national religion" according to Nigel Lawson (Hardman, 4), and, as endless surveys and actions show, one of the UK's most popular and beloved institutions (Stewart, 2023). It is an important case in comparative social policy, a highly egalitarian and redistributive health care system in a country that is generally not egalitarian at all, and an ideal type of "Beveridgean" social policy. It is hard to be interested in health politics anywhere without hearing references to the NHS, and it is hard to be interested in anything about the UK without seeing a connection to the country's largest employer and, arguably, most admirable national icon.

One element of the NHS' personalization as well as popularity is that it has widely recognized birthdays. Two of the books explicitly discuss how it came to be that what amounts to

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a government agency has publicly celebrated birthdays (and enjoyed a lengthy, emotional, and very entertaining celebratory section at the opening ceremony of the London Olympic games in 2008). Americans might love their national parks but how many of them bake birthday cakes for the National Park Service or would expect dancing park rangers to be a major theme of Olympic opening ceremonies?

These three books critically celebrate the NHS' 75th anniversary from different disciplinary and political perspectives, giving different interpretations the same broad political headlines. Hardman and Paton both cite the exact same obscene quote from Gordon Brown, and Hardman and Seaton both cite the exact same uplifting quote from 1940s Labour MP Edith Summerskill. The top tier of politicians, such as prime ministers, apparently did not want to inform any of these books, so such politicians appear mostly through well-known public statements or leaks. Even on a less important level, the shared informational constraints show. Blair government minister John Reid, for example, did not give interviews about health after he left the post (I can confirm). While he had a big impact on health policy, most notably by signing staff contracts that created a needless financial crisis in 2005-6, he is less central in Hardman and Paton's accounts than the talkative former academic Paul Corrigan, an advisor to Reid and later the Prime Minister, who becomes a remarkably visible policy-explainer. A lot of people who made the last twenty years of policy are alive and fully engaged in reputation management. It shows in that, by making themselves available, they can skew the availability of data and ideas. They do not just assign credit and blame in ways that suit them; they also tend to give retrospective coherence to chaotic policy.

What differentiates the three books is their priorities, interpretations, and the sort of background information that they think matters. For Hardman, that means party and personal

politics, for Patton it is the intricacies of NHS management and policy, whereas for Seaton, it is social movements and social history. A result is that the books address different issues. Hardman and Seaton, for example, give attention to reproductive health politics, with Hardman alone giving serious space to reproductive freedoms. Paton, like most political scientists writing about the NHS, focuses on the detail of organizational reforms and the reasons for them, while Seaton chose to not discuss them and instead frames his treatment of forty years of exciting reorganization politics around issues like workforce and the ideas neoliberal privatizers who never had much real political traction. Paton, more or less alone of the three, puts austerity at the center of the analysis.

Hardman is a political journalist, Assistant Editor at the influential *Spectator* magazine and a BBC radio presenter, married to a life peer, and writing for a domestic audience. That might not be a good sign in general, but she has written a very good book. It is a political history of the NHS, covering the same ground as major older works but with up to date coverage and less detail and scholarly apparatus (Klein, 2013a; Ham, 2009; Rivett, 1998; Webster, 2002). The political journalist's touch is visible across the book: interviews with protagonists and good quotes, a focus on Westminster personalities and politics leavened with well-placed stories from around the country, and a noticeable tendency to become more fun as we get closer to the present and the sources she knows best. The most interesting parts are interviews with protagonists of health policy over the last two decades, as reported by somebody who knows Westminster well. Her interpretation of motives rings true of people in the "Westminster village" and suggests, beyond citations, immersion in that world. That world is extremely class-ridden and partisan (the *Spectator's* former political editor is now prime minister Sunak's political adviser, and it was once edited by well-known truth-teller Alexander Boris de Pfeffel Johnson). Against such a

background, her even-handedness and sympathy to people and causes across the political spectrum is really striking. For readers who enjoy British politics and are not too interested in the mechanics of the working NHS, this is the best NHS birthday book. Just be aware that Hardman only discusses issues when they are politically salient or matter to one of her chosen themes.

Paton discusses the mechanics of the working NHS, extensively. He is not just a policy-focused political scientist, he is a representative of the British political scientists who developed a distinctive approach to the analysis of health politics that puts a lot of emphasis on almost sociological studies of how the system worked. They are among the rare breed of political scientist who do not reflexively assign most of the agency in policymaking to people in formal politics (e.g. (Ham, 2009)(Klein, 2013a; Exworthy, Mannion, & Powell, 2016; Exworthy, Mannion, & Powell, 2023). Paton's writing, though, is frustrating. His explanations of the intricacies of financial flows that matter greatly to his arguments are not always easy to follow and his bibliographies are inadequate (for just one example, the top of p. 36 claims "Later, evaluations suggested..." but there is no citation on that page to multiple evaluations- in fact, there is no citation at all on that page). The book also contains a lot of score-settling with other participants in rather obscure policy, political, and political science debates. It will be a rare English reader, and a very rare foreigner, who would have read enough about Labour and health policy to fully understand chapter 7 (on the left's approach to Conservative health policy) or enough political journalism to follow most of his COVID-19 coverage. As with the other books' COVID-19 discussions, the ongoing official inquiry, and unofficial investigations (McKee, Hanson, & Abbasi, 2022) are likely to provide better information, even if the stories might remain broadly the same. Meanwhile, a new edited collection delves into NHS politics and policy much more systematically (Exworthy, Mannion, & Powell, 2023).

Paton nevertheless presents by far the most important thesis of all these books, of clear relevance to anybody interested in health systems. The argument is in the subtitle ("revolution, counter-revolution and COVID-19"), which also conveniently is the three-part organization of the book. He details a market-oriented revolution starting with Margaret Thatcher's purchaser-provider split. It culminated in the astonishing reforms of Cameron's health minister Andrew Lansley, about whom the only debate, as Rudolf Klein wrote, was between the "indignant" who saw right-wing vandalism and the "incredulous" who could not believe a minimally competent government would bring forth such legislation (Klein, 2013b).

Paton then details a "counter-revolution" that is much less well known in England and scarcely known outside. The political chaos of the Johnson and other Conservative governments allowed top NHS managers, under politically skilled NHS England chief executive Simon Stevens, to essentially undo almost the entire structure of purchaser provider splits, competition, and private sector engagement. As he agues, the result was that by 2020, England had more or less managed to get itself back to something like the management structure of 1985, though at an unbelievable cost in money, wasted opportunities, human capital, and probably lives. Chapter 5, costing out all the reorganizations and attacking the distortions in positive economic evaluations of them, is an important read for anybody interested in health policy anywhere.

The story of a market-based revolution and pragmatic counter-revolution that does not map onto partisan politics is an important one. It easily turns into hypotheses about policy learning, the welfare state, and the structure of social policy that could be productively tested in other countries and policy areas.

Seaton is a social historian with by far the strongest research contribution and use of literature. His particular approach to differentiating himself is to argue that popular affection for

the NHS needs understanding: "the lack of doctors' bills alone did not make the service the prominent component of national life that it is today. Previous history books about the NHS have largely overlooked this point because they tend to focus on elite politicians, civil servants, and prominent doctors, mapping the sequence of the services' internal reorganizations without considering its relationship to the outside world" (p. 3). In my view, the book does not show why his analysis is necessary to explain a preference for a lack of doctor's bills, and it is not even clear that it is set up to do so. The setup does, though, produce two interesting disjunctions with existing literature.

For the first, he takes aim at a broad school of "consensus" writers who argue that some kind of national health service was politically inevitable at the end of World War Two. Hardman is sympathetic to consensus arguments and they have been taken to extremes by authors who apparently want us to believe there was little difference between the politics of Winston Churchill and Clement Attlee (Pierson, 1996). The consensus thesis matters quite a lot, since it is the UK's contribution to ongoing global debates about when redistributive and tax-funded social policies can be adopted: are welfare states broadly consensual and pragmatic creations, or are they the conflict-born creations of left parties?

Seaton disagrees with the consensus argument on two grounds: that he found vigorous intellectual movements and even some social movements, that were against a redistributive NHS, and that the evidence for consensus is weak in the single-issue public opinion studies he cites (along with Mass Observation and popular literature). He does not show much skepticism about surveys, not even older ones when polling techniques were much less refined. As a result, his evidence against consensus arguments often relies on finding a relatively even split in survey responses to particular questions and prominent angry doctors in anti-egalitarian social

movements. Innovative methods such as Fennell's use of wartime censors' reports (what were they seeing in soldiers' mail) to show the extent to which Labour's promise of a health service was a reason for its victory in 1945, might cast some of this conflict in a new light (Fennell, 2019). We can see why this approach gives his book a different feel vis a vis the more politics-focused accounts. Their goal of explaining the NHS' creation, survival, and evolution means they focus on the policy options seriously discussed by governments. It is not clear how Seaton's work challenges them.

Consensus can seem like a straw man, but it includes some distinguished historians and NHS observers, e.g.: (Timmins, 1995; Hennessy, 1992; Klein, 2013a; Morgan, 1984; Toye, 2023). Part of the problem, for the British literature and for comparative welfare state debates in general, is that consensus is a tricky concept. How much conflict over payment systems or the role of local government can there be before we don't call it a consensus? Charles Webster, official historian of the NHS, agrees with most of the consensus authors that there was huge pressure for the removal of barriers to health care, but highlights partisan and interest group conflict about just what policies would achieve that goal (Webster, 1988; Webster, 2002). Seaton codes Webster's work as a challenge to the consensus thesis (p. 23) but by comparative standards the disputes Webster catalogues might fit within a consensus (Jacobs, 1993). Disagreement is theoretical, about the line between conflict and consensus.

The second disjunction with most of the existing literature is Seaton's explicit decision to downgrade the "sequence of the services' internal reorganizations without considering its relationship to the outside world." The problem is that that sequence is much of the stuff of NHS politics. One of the most salient differences between health politics in NHS systems and health politics elsewhere is that so much of NHS politics and policy is really management. To observers

accustomed to, for example, the US fascination with payment systems reforms, the characteristic oddity of the NHS systems is that a whole country's government can be convulsed by rules about whether government ministers can give particular kinds of orders to particular kinds of hospital manager. The result is that by any indicator of political salience, issues such as the internal market, Foundation Trusts, doctors' contracts, and private finance for construction of buildings are enormously important. Managing the NHS is a lot of what a health minister does, sometimes in a very direct way (Klein, 2010). Seaton gives these topics scarcely any space.

The recompense, though, comes from the elegantly written discussions of other issues. Perhaps the best, a tale that some others have hinted at, is a conceptual transition of the NHS. Initially, UK governments and charities such as the Rockefeller Foundation (Seaton, 2020) expected the NHS to be an international beacon, and a form of British leadership in an otherwise increasingly bipolar Cold War world. After it became clear that other countries, and in particular the United States, did not see it as something to be emulated, British politicians begin to recast it as a symbol of British national identity, leading up to aggressive NHS branding and celebration starting under the Blair governments (chapter 4).

Seaton, focused on the US and the American Medical Association's rabidly anti-NHS claims, underplays the success of the NHS as a model in general. There are dozens of NHS-model systems around the world, and in some (e.g. Iberia) a reflective appreciation of the virtues of the really existing NHS was clearly a reason why their governments chose to adopt that model. If anything, the more lasting and powerful, if theoretically confused, legacy of these transatlantic conversations is British political rhetoric about the evils of "American" health policy that Seaton discusses (Powell, Béland, & Waddan, 2018).

Seaton, alone among all these authors, also highlights the longstanding dependence of the NHS on immigrant workers, highlighting the contradictions between nationalistic appreciation of the NHS and frequent xenophobia towards its workers. It is hard to imagine finding two important books at an earlier NHS anniversary that collectively center gender and race, relative to class, as much as Hardman and Seaton. It also has practical implications. The UK has long managed to run its social policy on the cheap by employing immigrants, from the Empire and then from the EU (Greer & Laible, 2020) and since Brexit from developing countries again (Fahy et al., 2022; Hervey, Antova, Flear, & Wood, 2023). UK governments consistently prefer to buy rather than produce their healthcare workforce, and that has shaped the NHS. Given that it is almost impossible to live in Britain without knowing many who work in the NHS, the giant NHS workforce shapes society inside as well as outside its care settings.

There is also a problem of national identity. Awkwardly, it is not clear that "the" NHS has a nationality. Hardman and Seaton basically write about the English NHS, which is run by UK governments whose electorates are overwhelmingly English, and then draw conclusions about popular affection for the NHS. Northern Ireland, Scotland, and Wales not only have their own health systems, accountable to their elected governments since 1998, but have had nationalists in power who are opposed to the UK's rule over their jurisdictions and happily invoke the "their" NHS systems as a reason to favor separation. Against this, unionists sometimes portray "the NHS" as a unifying British institution despite the fact that there is, formally, no single NHS. As a result, it is rather important to any account of NHS politics that we understand who views the NHS as an icon of which nation, bearing in mind that identities are complex and neither politically nor institutionally does the country distinguish well between England, Britain, and the UK. When Hardman and Seaton write about national affection for the NHS, drawing almost

entirely on discussion of the politics of the English NHS, the result underplays the complexity of national affections.

Downplaying the complexity of nationalism might obscure an explanation for the interest in the national dimensions of the health services. Contending and evolving nationalisms have shown their power in UK politics. In just the last three decades, they produced devolution, power-sharing in Northern Ireland, a Scottish independence referendum, and Brexit. They might also explain sentiment towards NHS systems: how, why, and for whom the NHS became "ours." More attention to the complex politics of nationalism might also raise the question of whether "the NHS" means the same thing to Conservative and Labour voters, or Leave and Remain voters, or Scottish and Welsh voters, or voters in sectarian Northern Ireland, which technically has never had an NHS. It's "our NHS," as apparently every senior politician agrees, but who are "we?"

Finally, all of these books are about the UK, in fact England, and do not claim to compare it to other countries. But that means they fail to mention a common assumption in British politics: that the UK should spend less and have fewer resources than peer countries. The NHS systems provide care that is broadly comparable to universal systems in other rich countries. They do it with fewer beds, doctors, nurses, and pretty much everything else than comparable countries, and carry more of the burden of redistribution between classes than health care systems in more egalitarian countries. This fact was long a commonplace of comparative discussions of the NHS. In the 1970s, 1980s, and 1990s, when it seemed nobody could control costs, the British, by international standards, did. Their governments didn't think they did, but like most politicians they weren't thinking in terms of international standards. Perhaps the waits were long and the quality uneven (Smee, 2005), but the NHS was delivering universal health

care for less money and fewer inputs, and its politics existed within those parameters. Outside of a few years in the early twentieth century under Labour, after Tony Blair promised to spend an EU average of GDP on health, it still does.

Even now, the NHS systems do their job very well when you compare inputs and outputs; just look at European Observatory on Health Systems and Policies, Commonwealth Fund, or OECD data. In the few years under Labour when it did so with funds approaching its neighbors' expenditure as a share of GDP, it became probably one of the world's best health systems. The overriding British elite assumption that the NHS is a money pit, one not shared by British voters, coexists with health systems of extraordinary efficiency, and, given resources, quality.

Perhaps it is predictable that all three authors, like many British commentators, regard the NHS as mortally threatened (Powell, 2015). The flat-out privatizers Seaton discusses have generally been marginal to NHS politics. The real threat is that austerity and piecemeal privatization, such as we see now, will over time lead to middle-class exit and loss of support (Waddan, 2018). People in the UK have started raising GoFundMe campaigns to pay for private medical care when the NHS wait is too long, a particularly unfortunate American health policy importation (Burn-Murdoch, 2022). The absence of a politically viable substitute for the NHS model does not mean that the post-COVID systems, visibly in a crisis, undermined by more than a decade of austerity, look sustainable.

These books, written for British audiences, downplay what should stand out most in comparative conversations. They speak a great deal of the shared affection for "the" NHS and worry about its ability to satisfy future voters, but perhaps they all should emphasize: health politics in the UK has always almost been a story of success despite austerity. For all the follies detailed in these books, something about British politics, British life, and the NHS systems have

produced health systems far better than their budgets would suggest. Perhaps, on some level, that explains why people love the NHS so much. People do, after all, love a bargain.

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References

Burn-Murdoch, J. (2022). UK healthcare is already being privatised, but not in the way you think. *Financial Times*. Retrieved from https://www.ft.com/content/dbf166ce-1ebb-4a67-980e-9860fd170ba2

Ehlke, D. (2011). The political abuse of international health system comparisons. *Journal of Health Services Research & Policy*, *16*, 197-189.

Exworthy, M., Mannion, R., & Powell, M. (2016). *Dismantling the NHS?: Evaluating the impact of health reforms*. Bristol, UK: Policy Press. doi:10.51952/9781447330240

Exworthy, M., Mannion, R., & Powell, M. (2023). *The NHS at 75: the state of UK health policy*. Policy Press.

Fahy, N., Hervey, T., Dayan, M., Flear, M., Galsworthy, M. J., Greer, S., . . . Wood, M. (2022). Impact on the NHS and health of the UK's trade and cooperation relationship with the EU, and beyond. *Health Economics, Policy and Law*, 471-496.

Fennell, J. (2019). *Fighting the People's War: The British and Commonwealth Armies and the Second World War*. Cambridge: Cambridge University Press. doi:10.1017/9781139380881

Greer, S. L., & Laible, J. (Eds.). (2020). *The European Union After Brexit*. Manchester: Manchester University Press.

Ham, C. (2009). *Health Policy in Britain* (6 ed.). Basingstoke: Palgrave Macmillan.

Hennessy, P. (1992). *Never Again: Britain 1945-51*. London: Cape.

Hervey, T., Antova, I., Flear, M. L., & Wood, M. (2023). *Not What the Bus Promised: Health Governance After Brexit*. Bloomsbury Publishing.

Jacobs, L. R. (1993). *The health of nations: public opinion and the making of American and British health policy* (Ithaca). Ithaca: Cornell University Press.

Klein, R. (2010). The Eternal Triangle: Sixty Years of the Centre-Periphery Relationship in the National Health Service. *Social Policy & Administration*, *44*(3), 285-304. doi:10.1111/j.1467-9515.2010.00714.x

Klein, R. (2013a). *The new politics of the NHS* (7th ed.). CRC Press.

Klein, R. (2013b). The Twenty-Year War over England's National Health Service: A Report from the Battlefield. *Journal of Health Politics, Policy and Law*, *38*(4), 849-869.
McKee, M., Hanson, K., & Abbasi, K. (2022). Guided by the science? Questions for the UK's covid-19 public inquiry. *BMJ*, *378*, o2066. doi:10.1136/bmj.o2066
Morgan, K. O. (1984). *Labour in Power 1945-1951*. Oxford: Oxford University Press.
Pierson, C. (1996). Social Policy. In D. Marquand & A. Seldon (Eds.), *The ideas that shaped post-war Britain* (pp. 139-164).
Powell, M. (2015). Who killed the English National Health Service? *International journal of health policy and management*, *4*(5), 267-269. doi:10.15171/ijhpm.2015.72
Powell, M., Béland, D., & Waddan, A. (2018). The Americanization of the British National Health Service: A typological approach. *Health Policy*, *122*(7), 775-782.
Rivett, G. (1998). *From Cradle to Grave: Fifty Years of the NHS*. King's Fund: London.
Seaton, A. (2020). The Gospel of Wealth and the National Health: The Rockefeller Foundation and Social Medicine in Britain's NHS, 1945–60. *Bulletin of the History of Medicine*, *94*(1), 91-124.
Smee, C. (2005). *Speaking Truth to Power: Two decades of analysis in the Department of Health*. London/ Oxford: The Nuffield Trust/ Radcliffe.
Stewart, E. A. (2023). *How Britain Loves the NHS: Practices of Care and Contestation*. Bristol: Bristol University Press.
Timmins, N. (1995). *The Five Giants: A Biography of the Welfare State*. London: Fontana Press.
Toye, R. (2023). *Age of hope: Labour, 1945, and the birth of modern Britain*. Bloomsbury Continuum.
Waddan, A. (2018). Is Health Care in England Really on the Road to Privatization? *Political Science Quarterly*, *133*(4), 669-694. Retrieved from http://www.jstor.org.proxy.lib.umich.edu/stable/45176017
Webster, C. (1988). *The Health Services Since the War: Problems of Health Care* (1). London: HMSO.
Webster, C. (2002). *The national health service: A political history*. Oxford University Press, USA.