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Lord Hill of Luton in Interview with Max Blythe
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MB The coming to Britain of a National Health Service in 1948 was no easy process. It was the product of a long series of social climates pushing in the direction of a welfare state with free medical service for all. What had started had started probably with the National Health Insurance Act of 1911, a work of David Lloyd George's Administration which provided for 13 million workers in 1911 health insurance cover which meant that they could go and see a general practitioner free of charge and receive a bottle of medicine. The cost to them was a nominal weekly contribution, but that scheme did not include dependants, the unemployed, and the middle classes. It was a very limited scheme, but it was a scheme with minor amendments, that was to last right until the years of world war II when pressures again ran high for things to refine and improve and provide a total medical service. One who saw those developments, an eye-witness of the time; Lord Hill of Luton, who was then Dr Charles Hill, Secretary of the British Medical Association, remembers how those developments took place. In a recent conversation we talked over the various events leading towards a National Health Service.

CH Starting before the war, the doctors themselves had made some movement towards a National Health Service. After all, the so called 'insurance' or 'panel' service applied only to wage earners and salary earners within quite a low income limit; nothing for dependants; no specialists in consultant services. So the doctors came out with some proposals called 'The General Medical Service' for the panel service to be extended to dependants and to include a non-hospital consultant service. In other words, it was the old panel system applying to the bulk of the population instead of only to wage earners.

MB Right, so until the 1930s there had been a very limited availability of national insurance and National Health....

CH Oh yes, it was just as I've said; the wage earners and salary earners within a certain limit, and it was just limited to them and it was a general practitioner service only, this goes back of course to Lloyd George and all that....

MB What was the position in the hospitals?

CH Well there were, with one qualification, two quite separate hospital systems, the voluntary hospitals, including the teaching hospitals, and, well, the

transformed workhouse hospitals, acquired by local authorities from the old Guardians. Now some local authorities who acquired the former Poor Law hospitals in 1929, by the so called 'De-rating Act' - de-rating for farmers of course, those former Poor Law hospitals were acquired transferred to local government, to County and County Borough Councils. Now some of them were brought right up to date. London, Birmingham and three or four other examples where the authority acquiring the former Poor Law hospitals spent money and time and improved the quality and widened the character of the service.

MB But what did doctors want to happen to this hospital service?

CH They would leave the hospital service as it was, I'm now referring to the two tier system, leaving the Voluntary hospitals and the former Poor Law hospitals as two separate services. But, of course, the war made the difference. One development of the outbreak of war, under the 'hospital' heading, led to something that was never contemplated by its authors. Naturally, with the prospect of casualties in large numbers, it was necessary to co-ordinate, to co-relate, to use some of the terminology of the day, the voluntary hospitals on the one hand and the local authority hospitals on the other. That was called the 'Emergency Medical Service', right at the outbreak of war. That was not regarded as a step to a National Health Service, it was regarded as a sensible arrangement when the prospect existed of so many casualties, but in fact of course, as so often happens, that innocent change, relevant to the circumstance of the day, meant one important step towards a new structure, the National Health Service.

MB So, by the early years of the second world war the doctors already had a clear view that they wanted more access for the public to medical services and that they wanted the hospital services left largely as they were. How was this position affected by the publishing of the Beveridge Report in November 1942?

CH Well, 1942 of course came Beveridge. It wasn't a report about hospital or other medical services. It was a report on social security - with a great extension of the benefits, but it soon became clear that with sickness as an element in benefit, it became necessary to have at the same time a comprehensive health service open to the whole community. It was called 'Assumption B'. The assumption was that there would be a comprehensive service available to the whole community, that became known as the '100% principle'.

MB You represented the BMA at that time, how did the BMA see that at that time, in 1942?

CH Well, of course, this is very interesting, because just before Beveridge, I think it was before and certainly in 1942, the doctors who had set up a Medical Planning Commission published its Interim Report, and it included the 100%

principle; it included practice to be increasingly undertaken from health centres; it included a number of things which the doctors subsequently condemned. There's something about the atmosphere of war that leads people to be more imaginative, more far seeking - I'm using flattering terms, - but it is something that happens, anyway, - to lead them to a wider concept of the policy they should support. So the doctors themselves, in the same year as Beveridge, Beveridge having recommended the 100% principle, the doctors in their interim report of the Medical Planning Commission, 100% came from both of them. Mind you, the doctors lived to regret this assumption taken in war time of the principle of 100%. But, nevertheless, those two factors, in the same year, ensured that there would be a National Health Service of some kind or other, following the war.

MB At the centre, where you were, you felt that very clearly all the time.

CH It is difficult to say that. I think I thought that with the report of the Medical Planning Commission, but I've become rather cynical. I've heard noble expression of future policy were intended for a speech at the annual conference rather than in the hope that it would turn into something real. I've become rather cynical, but there was something in the mood of those days, those war time days. After all, many people remembered the first world war. Now there was very little of that in the first world war. The cry to the people via Lloyd George had to come immediately afterwards: 'Homes for heroes'. This time the Medical Planning Commission and the Beveridge Committee, as it were, got in early with much more comprehensive reports. And so the ground was laid, not for what Nye Bevan, who was authorised to secure, but the ground was laid for some form of medical service embodying the 100% principle.

MB If you take the period before Nye Bevan came on the scene, between 1942, when the 100% principle was agreed by doctors and by Beveridge that felt that then. What happened between '42 and the coming of Nye Bevan? Was that an interesting period or was that a stalemate time?

CH Well, because the doctors were coming to regret their adherence, even in this interim report, by the way, there was never a final report, were beginning to regret their passion for 100% availability of national medical services. I don't remember the exact details, but at annual meetings of the BMA there was very considerable opposition to the 100% principle.

MB What did they want? A 90%? and 80% principle? Who did they want to be outside the National Health Service?

CH Oh they wanted 90%. In other words they had published their pre-war report which was for a narrower National Health Service, but related to 90%, but they havered at about the 100%. It came and went.

MB Can you put your finger, for me, on the relevant fears of the medical profession.

CH Well, we haven't mentioned the real fear, and the fear was that the free choice of doctor would disappear.

MB Free choice for what, for the patient?

CH Free choice of doctor to treat one, and free choice of patient to choose doctor, that took the place of other issues, early on, or later on in the war, before the arrival of Beveridge, and once the doctors had attached themselves to the principle of the right to choose, and of course that delays the advent of a whole time salaried service. Once they attached themselves to the 100% principle, that tended to become one of the big issues in the actual years of negotiation of the National Health Service.

MB So there was this freedom that was wanted, but also a fear of becoming a salaried, state employed service.

CH That of course. I feel that was in the policy, in the manifesto of the Labour Party when it went to the poles in 1945. Of course, there is a factor one never forgets, the defeat of Winston in the advent of a socialist government then was an utter surprise to very many people. It was not thought possible that Winston with his immense record during the war, that the people would say to themselves a magnificent war time leader, but not a leader for the post war development. That was a surprise. So that what went before the general election of 1945, apart from Beveridge, and apart from the doctors adherence to the 100% principle which many of them afterwards rejected, apart from those things, they as it were slipped to one side with the advent of a Labour Government, for there was a new policy: A whole time salaried service and voluntary hospital transfer to the care of local government.

MB Right, so that threw you and the BMA you were representing into an entirely different ball game?

CH Oh yes. Of course in terms of personality it was. Willinck was the Minister of Health in the time immediately before the general election of 1945. Too nice a man altogether for the job.

MB So there had been no real progress in that period towards a National Health Service.

CH Some, but here one soon saw the weakness of the doctors. Over the years and the years that followed, there was it seemed an irrepressible tendency to argue a particular point, to win that point, and instead of saying, 'Good boys' now turn your attention to some other point which thereafter became the crucial issue. We did as it were shift, having gained one we shifted to another. Well I suppose it was good tactics. But there was one other weakness of the doctors that is relevant to all this, and that is its democratic character, policy decisions are made by the annual representative body, a body of course represented from all the Divisions. To my mind, sometimes we could have clinched a deal to advantage without going to an annual representative meeting where the voices of protest were likely to be louder than in the negotiating committee. Well there it is.

MB When Bevan and the Socialist Government came in '45, what happened then? What was the first shot fired?

CH Well, Nye Bevan had really fired a shot immediately before that victory and his appointment as Minister of Health. Henry Willinck, who as I've said was too nice a man for the job of negotiating with the Medical profession, he had put forward some proposals and we seized on some of them, but we published them; we had to inform the profession, with its democratic character, we had to inform them of what was proposed, and Nye in opposition, seized on this point of punctilio, that they'd been published by the doctors before they'd been reported to Parliament. This is something we've got used to in recent years. We seem to know everything in advance, but we had committed this technical sin. So that was before; anti Willinck, Nye Bevan was rehearsing it seemed for the Ministry of Health job he acquired soon after. So Willinck never really came to a great deal, but if Willinck had stayed, there would have been a different kind of medical service, but the point I want to make is this: Nye was, as it were, instructed via the manifesto towards this whole time salaried service and to the translation of voluntary hospitals to local authorities. Whole time salaried service. Nye was committed to this.

MB To which you were totally opposed.

CH Yes, but Nye very soon saw that public opinion was warmly behind the better voluntary hospitals in this country. They were appalled to think of them passing to the care even of those elected of the people in the County and County Borough Councils. But Nye was bound as it were, by that policy. Every government says 'it was in the manifesto we must do it' and Herbert Morrison of course was the great local authority man and very powerful on the then Labour

government. How Nye got away with the proposal to set up a separate hospital arrangement, a new structure not under local authorities, that to my mind shows not only political courage on his part, but also a political skill on his part to get away with it. Well, then of course the discussions continued, began with Nye and then continued.

MB Yes, how did it progress? He came into power. You realised that you were in opposition to what he was saying. How did things develop? Were there meetings with him? Did you meet with Bevan?

CH Not much. It is as well to make clear now that, throughout, most of our meetings were with civil servants. There were certain meetings, inevitably with him, but he didn't involve himself in the tiny details of negotiation. But it soon became clear to him that the voluntary hospitals stood very high in people's estimation, deep in their affections and that it could not possibly transfer that hospital service without the care of local authorities. That was one of the early things when he showed that he wasn't bound by every phrase in the manifesto.

MB How long did it take for you to get him to show that he wasn't bound to the idea of state salaried doctors?

CH Well it emerged, after all it is perfectly clear that it is no good talking about general practice being organised from health centres if you've hardly got a health centre in the country, and that was bound to be something for the future, and indeed even today there are relatively few health centres, and most of those are organised by the doctors themselves. Now Nye then of course decided, now I'm guessing what went on in his mind. He decided to see that the consultants weren't vigorous in opposition. After all distinguished surgeon of high repute could be very powerful in swaying public opinion. So he set out quite early to satisfy them to deal with their main troubles, and quite soon it became clear that he would allow private consultant and specialist practice in National Health Service hospitals. So that's two things: One that they were going to set up a new hospital authority and not transfer the hospitals to local government, that was one; the other was to allow, the consultants, their right to private practice. Those whole time were paid, I think it was for eleven sessions a week. Those who wanted to do some private practice signed on for ten sessions a week and the other 'tenth' was for their own private practice. In allowing private practice in private beds within the National Health Service, he did a good deal to quieten the fears of the consultant and specialist side. There can be no doubt that he so intended and this emerged quite early on.

MB And you felt that there was a lessening of tension among the ranks of consultants at that stage.

CH It went a little quieter.

MB What was the position of the GPs though? They were still worried?

CH Well yes, now we were getting down to the question of free choice of doctor. Admit that principle and you see other things flow, and in the end that was virtually won, with some restrictions. Free choice of doctor, for example, where they set up in practice. Well that had to go and a system introduced which had been long discussed, of naming areas as 'over-doctored', areas as 'sufficiently doctored', and areas as 'under-doctored' and seeing that a body was set up to see that doctors coming in went to the areas of need and not to the areas of excess, that done it could be said that the principle of free choice of doctor and patient, subject to that national and area consideration; that that would satisfy them, (the GPs), and take away the doctors 'major cry', free choice of doctor and free choice by doctor of patient. Very powerful.

MB Right, what I can't see and it's difficult to understand. I can only see free choice of doctor by patient. What would the alternative have been? Would there have been distinct doctor and health centre areas to which you had to go?

CH Certainly. After all original, if we go back to the manifesto, was for doctors to be whole time servants of the state working, not from their own surgeries, but from health centres. That was the policy on which the government of the day had been to the country.

MB Right. How did you find Bevan overall? Obviously he gave way and made moves that helped the situation to resolve. It took a long time though; it took three years. There were quite a lot of broadsides and shots fired.

CH Oh yes. Of course he had a capacity for invective that is quite unequalled. I think he made one damaging flaw. He'd spent almost all his adult life in the House of Commons, where insults pass for the normal exchange of everyday conversation. I know that radio reports from the House, people were suddenly becoming aware of the great and noisy scenes. In my day there weren't as many, but there were some just as noisy. So Nye Bevan, brought up in the House of Commons forgot in dealing with doctors, he was dealing with serious fellows some would say a bit solemn a bit stuffy, and oh dear, I'll give you an example of that. We had in going through normal discussions, one of the doctors, I can see him now, it's so long ago I can remember it, a fellow, Dr Cockshot of Hendon said something and the Minister tore him to bits. And the doctors chairman (Chairman of the BMA) spoke up, Dr Guy Dane, said Minister what you've said about my colleague is nothing but clever misrepresentation and then for good measure

repeated it: nothing but clever misrepresentation: Nye leant over and said Dr Dane it couldn't have been so clever for you to have spotted it so quickly. We all laughed, but grown men can't stand a lot of ridicule. We all laughed. That damaged the relationship between the doctor's principal spokesman and the Minister. I'll give one other example. We had a plenary session: the Presidents of the Royal Colleges of England and Scotland had gathered together to make their formal speeches. I've forgotten at what stage it came, and it had gone on for some time and Nye looked across at me as much as to say 'let's get out of here,' but we had forgotten that the President of the Royal College of Obstetrician and Gynaecologists. Up he got with a fine antenatal air and said, 'Minister, before we part may I say a word on behalf of those responsible for the women of child-bearing years.' 'What' said Nye, 'is that a boast?' Again, ridicule.

MB And not helpful.

CH And not helpful. This is the House of Commons way and it goes down well there, but that was one of Nye's errors in the early days. He didn't realise what a serious group of people the doctors were, and how seriously they were taking the proposals that had been put forward.

MB One of the things that I always have difficulty in achieving is to think of Bevan's part. People talk of him as the architect of the National Health Service, but obviously many other people were involved. How do you rate his architectural past. Was he the architect.

CH It's very difficult to judge. After all, and I can speak from experience The normal process where a Minister has to make a policy decision is for proposals to come up from within his Department. He has the final say. He can send them all back and change them. But nevertheless the influence of the senior civil servant is there by virtue of the very process and it does give a Minister the choices before him. He makes the choices. He carries the can, but the role played by a very able body of men and women, the senior civil servants, can't be denied. But Nye of course he attracted the greatest of loyalty from his civil servants. I have no doubt that the main things were genuinely decided by him, having had so much presented to him as to possible courses.

MB You felt he was sincerely dedicated to this process.

CH You are using language that I wouldn't dream of using about a politician. He had the advice, he had the alternatives presented, he made the choice and carried the can. He couldn't turn round and say in public 'that was the advice I got from the department.' He carried the can for the choice.

MB So you think he was an able politician there at the right time and just doing a job?

CH An extraordinarily able politician.

MB But in a unique position as well, because not only was information and direction coming from senior civil servants, it was also coming from your organisation, the BMA. He didn't have many degrees of freedom did he?

CH He had the freedom to turn the lot down.

MB But the doctors would not have gone with him then.

CH Well, it depends. We can't, I think, simplify this process too much, but the fact remains that he relied heavily for the presentation of the choices on his civil servants, but the choice of a good Minister, and he was a very good Minister, was made by him.

MB Can I just come back to the point about the doctors. Were there issues on which you would have stayed completely out, of the NHS, and left him no degree of freedom, where he would not have had a medical service at all.

CH Yes. Of course we have dealt with the hospital people. After all they were going to have an opportunity to continue their private practice within those hospitals, as well as without those hospitals. With the general practitioners, there were some very serious issues. I mention one which was discarded, but was regarded as serious at the time, the right to buy and sell practices was to be abolished, I won't go into that one, but with compensation, many doctors saw this as the basis of their freedom, to own their own practice, and that tended to go, so that I don't regard that as a big one, but the hospital decision to which I have referred, was a decision of great political skill and courage, because as I have said once or twice his colleagues had told him it was to be, local government is to be take over. Of course he was a wily man, that is not a criticism. To be a good minister you have to be a bit wily. Now something came up that we didn't like and we decided that we couldn't go on discussing things with the Minister. It was so appalling and I thought that decision was appalling too. After all, if you're seeking to influence a Minister you don't stalk out saying 'oh, we won't talk to him any more', certainly not when you've got a Minister of his calibre. So there were some silly little events. It didn't last very long, but that is another story and the presidents of the Royal Colleges breached the gap. I think that hospitals, yes; free choice of doctor, yes; some health centres, by all means; some of the more important things of the doctors were accepted. Their plea that they should continue to buy and sell their practices was rejected, with compensation. Separate

negotiating apparatus was set up for that. But the doctors, I suppose, won six out of their eight points. It was overall an excellent negotiation. I was worried by something quite different. In the days when the temperature was high and we were in belligerent form, I was in belligerent form. In those days I used to go round to meetings of doctors, mostly general practitioners, in the divisions of the BMA. Very often, in these belligerent days, I confined myself to some generalities on the subject of what we were seeking to get and so on, but all too often afterwards the questions were about superannuation; compensation for loss of the right to own practices and pensions and tended to appear as if it was the material things that were most important. It wasn't true, but nevertheless one got that feeling.

MB I was going to ask you about that. You felt that at that stage, between 1946 and 1948, the belligerent period, you felt that at that time the doctors hadn't lost sight of the idea of 1942 and 1938 and become concerned with salaries, pensions, personal gains and private practice.

CH Well they hadn't lost sight of the Medical Planning Commission report of 1942.

MB Were the ideals as strongly ingrained?

CH Oh, no, no. Oh no. That has to be put down to a wartime aberration.

MB Would the health service have got off to a better start if those ideals had persisted.

CH I can't stretch my imagination to think it could have got off to that start after years of argument and disputation before them.

MB But coming back to your position and certainly you had strong ideals. From your writings it is clear that you had views of where might go. The health service that actually emerged in 1948, was it one that you liked the look of, after all the problems.

CH It's difficult I think when you are a whole-time servant of a great body, it is difficult and important I think that you should maintain the position, it is difficult to separate yourself from the bulk opinion. You must resist that temptation. My position was as a servant of the medical profession. Now in the Council of the BMA which was the main representative instrument, I was allowed and encouraged to express myself with great vigour, and I did, but once they had reached their decision that was my position, too.

MB Lord Hill, if we can take the interim period, if I can take the thirty six and a little more years in which there has been a national health service, how do you feel about what has happened.

CH Well you provoke one little thought in my mind. When it was instituted, just before it began, an estimate was made of the cost. It was £150 million per year. It was soon modified to £220 million, which seemed lot of money, and Nye delivered himself of the argument that as the National Health Service got to work preventing disease, curing it earlier, the cost would fall for it would have fewer clients, fewer people seeking it's aid. Whether he meant that or not I don't know, but I can't remember how many billions it is costing today and rising and involved in that is a great deal of cost of modern means of diagnosis and treatment and the cost is out of all proportion to the cost of treatment thirty or forty years ago. Anyway that was an early thought.

MB Looking to a later thought, can I just have your views on where it might go to now, because clearly it can't pay for itself at this stage.

CH Well, I'm going to say something now that would not be generally accepted. I really come to doubt whether the state can afford to guarantee everything to everybody, without imposing too heavy a burden on taxation. Now I'm a great believer in the 100 percent principle, that isn't part of any backward kick. It is because I see the cost of apparatus of one kind or another, which often has now to be provided by public appeal, I really wonder whether it can go on being, to use the modern terminology, funded by the State without it being too heavy a burden.

MB Who will fund it?

CH I think there is one thing that has happened that has surprised me and that is the growth of private insurance schemes. I was associated right from the beginning with PPP. They are doing extraordinarily well in membership. In other words, there are still people, and not only wealthy people, who want and are willing to subscribe to their own medical care. Naturally, it is very often because of the privacy under which treatment is administered, but it is a remarkable development, this growth it is a form of private expenditure, such as PPP, BUPA and such schemes. I don't think this leads me anywhere but it is a factor.

MB Well, it's leading you away from the 100 percent principle, I think....

CH Yes, but where that is going to lead in terms of the cost of the National Health Service I just don't know.

MB Taking the National Service in final viewpoint as something that has happened, has got into difficulties, has evolved, and taught us quite a lot, what do you think we have learnt from it medically, taking you back to your medical basis.

CH We haven't learnt anything medical from the organisation of the National Health Service, with its administrators and the rest of it. If there is progress it has been made by doctors and it would have been made under the pre-war systems as freely as today. Don't let's think of the National Health Service as such contributing to the increase of knowledge. It's people, working in and out of the National Health Service who make such progress. It is the administration that has to find the money. But, you know, years ago and I'm thinking of a time when the National Health Service was being discussed there was a great fashion for such words as 'co-ordination'. I could think of a score of them, but I never knew what they meant. This is all an administrator's language which means nothing in particular, so my answer is the medical profession. Here I am going to be pompous in spite of the fact that it is fifty eight years since I qualified. Progress is made by people working in their laboratories. Of course conditions play a part. Of course, money to meet costs play a part, but your question talked about the National Health Service making progress.

MB I thought it might have opened up opportunities that would not have been there otherwise.

CH That's the kind of dangerous language is use myself. No, let's face the fact. It is medical research that provides the progress, but the National Health Service must provide the resources, and so often that progress is in the direction of a very expensive piece of apparatus.

MB Finally, Lord Hill, can I just make sure that I clarify two points that you might otherwise be unhappy if I don't make. Would the National Health Service have taken place and answer in roughly the same kind of way if Churchill had been successful in the post-war election.

CH Oh yes. I think there would have been a National Health Service for the simple reason that Churchill left to his ministers in the domestic field the running of their Departments.

MB In the debate about the hard fighting between 1946 and 1948, do you really feel the doctors were fighting for personal gain more than public interest?

CH No, I don't. Obviously the material factor was in many minds, but some issues, such as the issue of free choice of doctor and patient, and the issue they condemned of a doctor being a whole time salaried of local government, there

were some issues which they perceived to be absolutely crucial to the atmosphere of their practice: There was a time when they thought that the cash ownership of the practice was one such freedom factor. Well they got away from that. I have no doubt in my mind that the outcome was far better than the proposals that went into the machine from the Government, of which Nye was a member, and from the doctors through the Medical Planning Commission. There is always a weakness. Administration is always a weakness, the multiplication of administrators, but that isn't confined to the National Health Service. That is common in so many. No, the basic issues were genuine. There were just a few who when they spoke, could hear the coins jangling in their pockets. By and large it was on professional issues that it was fought, once the 100 percent principle had been accepted and once, still more reluctantly, the right to buy and sell practices had gone. The consultants, as you would expect, were satisfied quite early for the developments I have mentioned, and the general practitioners, after all, were compensated for the loss of the ownership of their practices. The doctors in the end, found that they were decently treated by the Government of the day, for all the passions that had been aroused and for all the language that had been used.

MB Lord Hill, thank you , I am immensely grateful for your personal view of what took place at that time, which was quite a complex issue and has influenced the lives of all of us. Thank you.

CH Thank you.