



Why the History of Public Consultation Matters for Contemporary Health Policy

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Contemporary policy debates construct public involvement in England's National Health Service as "new," or as a practice dating back only as far as the 1990s. This article argues that the longer historical contexts of such consultative practice matter, and it explores various and shifting manifestations of "consultation" in the NHS from the foundation of the Service in 1948. In doing so, it first demonstrates that consultation has always been a part of the theory and practice of postwar health policy. Thinking about consultation as "new" presents such practice as unnecessary or transient, and may function as part of a damaging political vision of public affection for the NHS as a barrier to reform. Second, the article asserts that public interest in shaping NHS practice and policy has never been fully satisfied by official consultative mechanisms. "The public" is not a homogeneous group, but rather composed of various groups, communities, and individuals with rich perspectives and histories to share, having experienced the NHS as patients, friends, supporters, staff, and volunteers. Policy-makers should approach diverse publics as partners, and should meaningfully listen to protests around NHS reform, which often reflect public investment in the NHS, as well as valid concerns about how particular communities will be able to access health care. While the political will for such engagement has varied over time, individual politicians and local-level health agencies can make a difference by supporting, engaging with, and funding organizations which represent and empower a diverse range of communities: such groups have always, and will continue to play, a significant role in shaping NHS debate and care.

"Whose NHS?," "Our NHS!"

Chant during 250,000-strong march in defense of "Our NHS," London, March 4, 2017

"One of the great strengths of this country is that we have an NHS that—at its best—is 'of the people, by

the people and for the people' . . . we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services."

NHS England, The Five Year Forward View, 2014

Tens of thousands of people flooded into Parliament Square in London in March 2017, enraged by cuts, closures, and private provision in the UK's National Health Service. Convinced that their voices had not been heard in discussions over reforms to "our NHS," (Figures 1 and 2) the protesters displayed their level of commitment to the service. They had reasonable grounds to do so. The Five Year Forward View, a 2014 strategy document published by NHS England, stated that the National Health Service belongs to "the people," and articulated the importance of engaging with "communities and citizens" during health policy planning. The march nevertheless indicates that broad swathes of the public feel that their interests are not being represented during health reform, notably following a large-scale reorganization of the service in the 2012 Health and Social Care Act and as, the following year, NHS England stated that even if government spending on the service continued in line with inflation, it would still face a funding gap of £30 billion by 2020–2021.¹

Despite public "involvement," "consultation," or "listening" exercises, then, a significant proportion of the population still feels the need to defend the service, most recently against major changes to NHS financing and provision advocated by Conservative Prime Minister Theresa May and her predecessor, David Cameron. Concerns about NHS funding are no minority position: in a recent sample, two-thirds of the population told pollsters that they would like to contribute further tax for the NHS.² The evident failure of policy to meet these public expectations raises questions about what policymakers have wanted and expected from consultation exercises, and the limits of consultative practices—which aspects of NHS policy and practice have, and which have not, been up

¹ For a detailed account of the 2012 Act see: Nicholas Timmins, *Never Again?: The Story of the Health and Social Care Act 2012* (London: The Institute for Government and the King's Fund, 2012).

² Harry Evans and Dan Wellings, "What Does the Public Think about the NHS?," *The King's Fund*, September 16, 2017, <https://www.kingsfund.org.uk/publications/what-does-public-think-about-nhs>.

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Figure 1. By Gwydion M. Williams from Coventry, Great Britain (2017_03_040044d) [CC BY 2.0 (<http://creativecommons.org/licenses/by/2.0>)], via Wikimedia Commons.

for public debate, and why? When is public opinion influential, and when is it ignored? In this context, to what extent do members of the public trust consultation exercises, and how does this reflect broader senses of trust or distrust in government oversight?

Looking to history can help us think through these questions, seeing how they have been formed and how different Governments and public groups have responded. The complex interface between publics and policy in this area has developed since the NHS was founded in 1948 by a postwar Labour government. Despite growing public and political interest in “consultation” through the late twentieth century, the term has meant very different things to different groups. Political consultative exercises have sometimes been tokenistic, and have not always captured the depth, significance, and richness of public feelings about the NHS. Consultative exercises have at times been hindered by political visions of publics as a barrier to NHS reform, rather than as a partner in promoting health.

Looking historically suggests that an array of voluntary organizations have played a key role in driving and enabling public involvement in NHS planning and practice, often by operating outside of “official” consultative mechanisms. At the inception of the NHS itself, medical interests, organized through trade and labor unions, were significant. From the 1970s, new mediatory bodies emerged to unite, and speak on behalf of, particular public constituencies: Community Health Councils organized geographical communities; patient advocacy groups represented individuals concerned about particular medical conditions; and new voluntary political groups represented those opposed to, or supportive of, local and national reforms. Effective organizations have represented vulnerable populations, and enabled a broad range of individuals to share their experiences of NHS care publicly, despite financial, temporal, and emotional barriers to individual-level political action. NHS policy would best represent publics by consulting with and empowering a



Figure 2. By Gwydion M. Williams from Coventry, Great Britain (2017_03_040052) [CC BY 2.0 (<http://creativecommons.org/licenses/by/2.0>)], via Wikimedia Commons.

broad variety of such mediatory groups, and by supporting new such groups to flourish to represent a diverse range of communities. Although the political will for this endeavor is not always present, such groups have nonetheless had significant successes in shaping and contesting local and national reforms since the inception of the NHS.

“Those concerned ... shall be fully consulted”: What Was Public Consultation?

Consulting Consultants? The Early NHS

Building on early twentieth century research from liberal and social progressives, and on local experiments and insurance schemes, political discussions about creating a nationalized health service in the UK developed in earnest during World War II.³ The report *Social Insurance and Allied Services* (1942) proposed the implementation of a new, universal health care system to sit alongside new systems of family allowances, national insurance, pensions, and unemployment benefits. The report was commissioned by government and written by a temporary wartime civil servant, William Beveridge. Contrary to expectations for such a bureaucratic document, over 600,000 copies were sold by February 1944. What became known as the “Beveridge Report” was widely discussed on radio, in press and, social surveyors found, across British society.⁴ The popular appeal of this report demonstrated the strong public appetite for such a service to the political parties.

Even though public interest was visible in this way, accessing and mediating the interests of medical professionals, rather than those of the public, was the priority of early debates around the NHS. In 1944 the Ministry of Health, led by Conservative Henry Willink, published the white paper, *A National Health Service*. The paper promised that “those concerned, professionally and otherwise, shall be fully consulted before final decisions are taken.” The document emphasized that the Government would

³ George Gosling, *Payment and Philanthropy in British Healthcare, 1918–48* (Manchester: Manchester University Press, 2017).

⁴ Ben Jackson, “Why Was the Beveridge Report So Popular?,” University of Oxford podcasts, June 22, 2015, <https://podcasts.ox.ac.uk/why-was-beveridge-report-so-popular>.

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