On loving the NHS

An institution that often seemed to be a national problem – its history punctuated by crises and prophecies of impending collapse – has survived as a national treasure. Public support remains rock solid: political parties compete to proclaim their faith in the service and their role as guardians of its future.

Klein, 2013, p 305

In Britain we often tell stories about how much we love the NHS. London’s wry 2012 Olympics opening ceremony included an extravagant choreographed routine by British film director Danny Boyle. The ceremony featured (alongside James Bond, Mr Bean and Queen Elizabeth II), staff from one of Britain’s most famous hospitals dancing with hospital beds on wheels which came together to spell ‘NHS’ in the middle of the stadium (Crane, 2019; Cowan, 2020). Popular books and television programmes centre the NHS and all its dysfunctions (Thomson, 2022). Events are held to celebrate the healthcare system’s ‘birthday’ of 5 July (Gerada, 2021); with the 75th such birthday falling in 2023.

The volume of public feeling about the NHS was amplified during the COVID-19 pandemic, when rainbow hearts for the NHS suddenly appeared everywhere from house windows to incongruous product packaging. Clap for Carers, described in The Guardian as a ‘very unBritish ritual’ (Addley, 2020), began quite spontaneously and spread across social media as a ‘nexus for thanking activities on social media’ that ‘became the subject of competing and conflicting notions … that were proxies for ideological battles over roles and responsibilities’ (Day et al, 2022, p 159). The intensification of the NHS’s cultural role during the pandemic related also to the ubiquity of NHS Charities Together’s Urgent COVID-19 Appeal: corporate donations to this campaign are why mentions of the NHS appeared on everything from train displays, to drinks bottles and advent calendars in 2021.

Nonetheless societal love for the NHS was not a new phenomenon. Former Children’s Laureate Michael Rosen’s touching book about his hospitalisation and eventual recovery from COVID-19 is entitled Many Different Kinds of Love: A Story of Life, Death and the NHS (Rosen 2021), but years before COVID he wrote a poem for the 60th birthday of the NHS. In the foreword to a fundraising anthology These Are the Hands: Poems from the Heart of the NHS, he states that the NHS ‘is at the very heart of who we are and what we are here for’ (Rosen, 2020).
Researchers also tell these stories, often with a footnote or fleeting citation to Nigel Lawson’s quote that ‘the NHS is the closest thing the English have to a national religion’. Clarke et al (2007, p 113) reference ‘a wider political and cultural significance of the NHS as the embodiment of public services in the UK’. Hannah Bradby’s authoritative Medicine, Health & Society states that the ‘enormous popular support that the NHS has from the British populace’ may have repressed the development of critical, theoretically-driven medical sociology by ‘constrain[ing] the range of theoretical questions about models of healthcare delivery that can be asked’ (Bradby, 2012, p 8). This love is tested in opinion polls, including by national thinktanks who always seem a little bemused by the population’s affection for our creaking health system. One pollster reports a research participant stating ‘it is in the marrow of our bones’ (Knox, 2017). These polls, as Chapter 2 will show, suggest significant and longitudinally resilient public support for the NHS. This has endured even as we have seen significant shifts in what the NHS looks like from a patient perspective, and increasing discrepancies across the four nations of the UK in the entitlements it assures.

And, of course, we show it at the ballot box. In 1952 Bevan described Churchill’s Conservative Party wishing to ‘kill’ the new, and apparently popular, NHS: ‘But they would wish it done more stealthily and in such a fashion that they would not appear to have the responsibility’ (Bevan, 2010). In the New Labour era, the Conservative party’s perceived negativity towards the NHS – as a canary in the mine of their wider attitudes to the UK’s social safety net – seemed to render them unelectable (Klein and Rafferty, 2004; Bochel and Powell, 2018). The Conservative response to the apparently unshakeable association in voters’ minds between the Labour Party and ‘our’ NHS has been to increase their rhetorical engagement with the NHS (Green and Hobolt, 2008; Bochel and Defty, 2010), even as they have made real terms budget cuts (Stoye, 2018; King’s Fund, 2022). Reflecting Klein’s (2013) quote about politicians ‘competing to proclaim their faith in the service’, being seen as pro–NHS remains politically important at multiple levels of governance. In an ethnographic study of local NHS politics in England, Carter and Martin described a widespread ‘political reluctance to be seen to undermine the symbolic imaginary of the NHS’ (Carter and Martin, 2018, p 723). The Constitution for the NHS in England begins ‘the NHS belongs to us all’ (NHS England, 2013), and national health policies often ‘emphasise enduring national pride in the NHS’ (Tuohy, 2023, p 279). In 2016, NHS England published commissioned research exploring public and stakeholder perspectives on the NHS ‘brand identity’, including its recognisability and its ‘emotional attributes’ (Research Works Limited, 2016).

As will be discussed further in Chapter 2, Britain’s commitment to the NHS is also noted internationally (Berwick, 2008). Comparative health policy researcher Carolyn Tuohy describes it as ‘iconically popular’ (Tuohy,
On loving the NHS

As will be discussed in Chapter 2, comparative survey research tends to suggest that levels of public support for the healthcare system are high in the UK. While this is in part a function of our particular, national health ‘type’ system (Wendt et al, 2010; Jordan, 2013), this is, at the very least, a story that Britain enjoys telling about itself. This generates a kind of self-reinforcing cultural mystique which can seem increasingly divorced from the nuts and bolts of healthcare delivery. For Tuohy, this embedded institutional narrative is of ‘the NHS as a proud national achievement, founded in adversity and faithfully preserved through periodic peril by its dedicated staff as a single institution, publicly accountable to citizens and providing comprehensive healthcare, universal and free at the point of service’ (Tuohy, 2023, p 294).

The driving force behind this book is a sense that Britain’s ‘love’ for the NHS is stated too often but examined too rarely, and often too superficially. Public support for the NHS is, in academic research, often a backdrop against which the ‘real’ business of health politics is described playing out. But the everyday experiences through which members of the public encounter the NHS – as patients, carers, staff, taxpayers and community members – are rich, complex, and as worthy of proper attention as the power politics of Westminster. Building on a decade of empirical research on publics within the NHS, I argue that the compulsion to declare, and reluctance to interrogate, public commitment to the NHS glosses over some profound conflicts and societal fissures. I propose another way to understand and ‘know’ how we love the NHS, going beyond the rhetorical or declarative to explore the practices through which we encounter, and value it. These practices, I argue, should be understood as not merely communicating love for the NHS, but enacting it through care, and by actively contesting its future. To conclude the book, I explore some of the more dysfunctional consequences of the way we have approached public love for the NHS, and propose that understanding these sentiments as more complex and multi-dimensional phenomena, offers a more generative way forward.

Loving the NHS, past and present

This book is about how Britain loves the NHS now, in the second decade of the 21st century and the long end stages of the COVID-19 pandemic. Chapters explore practices from between the early 2010s and 2022. But it contributes to a long, sometimes cluttered catalogue of studies of the NHS in which public support looms large. In 2008 Marmor described the NHS as ‘a lightning rod for health policy commentary’ (Marmor, 2008, p 329). The same year, Gorsky (2008, p 438) reviewed the historiography of the NHS as ‘at once small and manageable, and vast and unwieldy’. While the book is about ‘now’, I am mindful both that ‘now’ is imbued with the decades that
came before it, and that ‘now’ will very quickly be, itself, history. I do not attempt to review the decades of commentary and scholarship which have chronicled our health system’s development – Gorsky’s (2008) authoritative and clear-sighted essay will help readers seeking that – but contemporary studies of social and public policies require better engagement with what came before (Lewis, Gewirtz and Clarke, 2000).

The history of the NHS is conventionally told chronologically, often as a series of sequential crises or ‘transformations’ (Gorsky, 2008; Klein, 2013). Within these, public support for the NHS is generally stated, but rarely closely examined. Klein’s (2013) influential history of the organisation of the NHS argues that over the decades, and accelerating during the New Labour reforms, the NHS has shifted from paternalistic ‘church’ to a consumeristic ‘garage’. This is identified as an ‘over-arching narrative’ (Gorsky, 2008, p 441) of NHS scholarship. Despite the central role attributed here to public and patient roles (as faithful congregation or assertive consumers), Klein’s exposition of the two models is intrinsically top down, and based on an account of policy discourse and tools, not of public feeling. One reviewer notes this omission: commenting that the book offers a sophisticated and commanding history of health policy in the NHS, and not of popular health politics (Brown, 2015). Klein acknowledges that the ‘church to garage’ story is a simplification (Klein, 2010), and indeed the parsimony of his accounts are widely considered to be crucial to his contribution to the complexity of the NHS (Helderman, 2015). However, some of the standard narratives of the NHS as national achievement have been subject to a number of more substantive reassessments.

One key critique is a scholarly reappraisal of what Millar (2022) describes as the NHS’s ‘origin story’. This story relies upon a vaunted ‘spirit of ’45’, presented as a moment of startling and productive solidarity following the ‘total war’ that had come before (Lowe, 1990; Harris, 2004), seeding the creation of the NHS in 1948 (Bivins, 2020). Stanley describes this as ‘a founding myth to post-imperial Britishness’ (Stanley, 2022, p 18). The NHS, then, is beloved because it represents solidarity, borne of suffering, and nostalgia. Postcolonial scholars have identified the near total neglect, within this conventional narrative, of the manner in which Britain’s welfare state, its ‘gift’ to the populace who had served and suffered, was made possible by both the financial legacy of Britain’s empire, and its ongoing exploitation via Commonwealth recruitment of staff (Bhambra, 2022a; Hansen, 2022). The NHS, then, should be seen as ‘an imperially resourced public service’ (Fitzgerald et al, 2020, p 1161) and we must recognise the ‘cognitive dissonance’ of celebrations of the NHS as a progressive British achievement which exclude the violently repressive imperial work which made it possible (Meer, 2022).

As well as troubling more rose-tinted visions of public spiritedness in the early years of the NHS, historians who have focused more explicitly and
substantively on public feeling for the NHS describe a more chequered trajectory of sentiment beyond 1948. **Arnold-Forster and Gainty (2021)** describe a lukewarm reception from patients in the service’s early years. **Seaton (2015)** chronicles continued overt opposition to Britain’s ‘sacred cow’, albeit led by doctors rather than members of the public. To some extent, the idea of universal public love for the NHS across the population almost inevitably crumbles under scrutiny. But histories of the NHS also posit that a more assertively supportive public attitude emerged as a key artefact of decisions taken in the 1980s and 1990s, including proactive NHS branding in the aftermath of internal market reforms (**Bivins, 2015; Thomson, 2022**). **Crane (2019)** argues that public activism around the NHS – ‘campaigning explicitly about the NHS, as a whole’ was an innovation forged in the contentious context of 1980s politics. In this way, the intensification of feeling around the NHS that we saw during the COVID-19 pandemic can be seen as the culmination of political strategies with much longer roots.

What can we learn from these dominant narratives of how Britain has loved the NHS since its creation, and their reappraisals? First, they suggest that the binary models of the NHS as church or garage have value, but many omissions (a point which Klein himself makes in his original essay). Simplifications such as ‘the state’s role in medical care has shifted from an expression of social solidarity and public service to a means of satisfying the preferences of increasingly “autonomous” patients’ (**Gorsky, 2008, p 441**) have broad brush value. **Helderman (2015)** argues that Klein’s books offer up a valuable ‘collective memory’ of the NHS, and hint that they might not merely chronicle, but sustain it:

> Collective memories not only remind us of where we came from, they also remind us of what we consider to be important values that we should care for and that we (wish to) share and sustain with other members of the collectivity. Collective memories contribute to the establishment of moral and ethical norms in defence of universal and impartial political institutions, such as the NHS. (**Helderman, 2015, p 229**)  

Because collective memories have consequences, it is vital that stories we tell ourselves about public sentiment acknowledge conflicting experiences and views. The rainbow love hearts that sprang up during the early months of the pandemic, when a relatively small proportion of the population were actively seeking or receiving patient care, don’t preclude a broader shift to consumerism, but nor do they reveal a resurgence of an uncomplicated solidaristic fervour across the population.

Second, we must attend more, and better, to the exclusions contained within contemporary celebrations of the NHS. What kind of healthcare are
How Britain Loves the NHS

we celebrating when we stand, clapping on our doorsteps amid a pandemic? Bhambra’s (2022b, p 13) characterisation of ‘the web of reciprocity in which obligations are recognized’ is mobilised specifically to highlight colonial exclusions from and exploitations within the claimed beneficence of the welfare state, but could also be applied to other groups, inside and outside the UK. At the height of the pandemic, Gary Younge (2020) wrote a moving column about his personal associations with the NHS, and the ambivalence with which he celebrated it during ‘clap for carers’:

I am clapping for the NHS and the people who work in it, as my mother did; for the disproportionately black and brown migrant and low-paid labourers who keep the institution going, have done so since its inception and are now disproportionately vulnerable to both the disease and lockdown’s challenges. I’m clapping with pride that I live in a nation that has created and sustained this, but also with rage that they still do not all have the protective equipment or testing they need, and with hope that one day soon they’ll get the pay they deserve and the service the investment it needs. (Younge, 2020)

As well as being predominantly top-down (Gorsky, 2008), the NHS’s discursive history has been told overwhelmingly by white male academics. Rather than a singular account of how the population feels about the NHS, this book seeks, however imperfectly, to draw together the narratives of a wider group, including those ‘left out of its formal narration’ (Meer, 2022), to offer a more complex picture within the context of this favoured national story.

What is this thing we call the NHS?

A book about how Britain loves the NHS must, at a baseline, offer a coherent account of the object of that love. Yet on even the lightest of examinations, the ontology of the NHS is replete with contradictions. Is the NHS in the 21st century an idea, a promise, a set of buildings and services? Is it its staff, its patients and the officials who, for more than 70 years, have been trying to manage it? What role does the NHS ‘brand’ – the colour, the logo, the websites – that NHS England (2022c) explicitly describes as one of the most ‘cherished and recognised brands in the world’ play in our sense of what it is?

My previous research, and that of sociologists interested in healthcare architecture and design, has suggested that public feeling about the NHS is often significantly focused on the ‘bricks and mortar’ of healthcare, specifically hospitals (Martin et al., 2015; Stewart, 2019). While this might seem a robust object for affection, in practice the ‘NHS estate’, as it is described in policy terms (Nuffield Trust, 2018), is permanently in flux
On loving the NHS

(Fulop et al, 2012; Jones, Fraser and Stewart, 2019). Hospitals and beds close, with the number of hospital beds in England alone halving between 1988 and 2019 (Ewbank et al, 2021). Many ostensibly NHS hospitals are built, owned and managed by private companies, and only leased to the NHS (Hellowell and Pollock, 2009). But beyond that, NHS hospitals are moved to new sites, extended, rebuilt and refurbished. Indeed, as digital healthcare becomes mainstream, physical buildings might recede within the set of infrastructures that make up a health system. Enhanced provision of digital care means that in the last two years, many of us have mostly encountered the NHS in our homes (Langstrup, 2013), at the other end of a telephone or video call (Hutchings, 2020). So, while there is plenty of evidence that the British public cares about NHS buildings, those buildings are changing in makeup and relevance, much more than our apparently steady affection for our health system.

If our NHS buildings are less permanent than sometimes assumed, perhaps Britain’s love for the NHS is oriented towards the people who staff our NHS (Saunders, 2022). Especially during the COVID-19 pandemic, NHS staff were often recast and lauded as ‘our NHS heroes’. On Thursday evenings in the early months of the pandemic the ‘clap for carers’ celebrated the sacrifice of NHS staff and other keyworkers on doorsteps across Britain. This ostensible moment of unity should not be overstated: ‘We clearly aren’t all clapping for the same thing’ (Younge, 2020). It is also significant that such ‘heroic’ narratives can stifle criticism of unsafe working conditions, and normalise levels of personal risk for which healthcare professionals had never signed up (Cox, 2020; Mohammed et al, 2021). Staff wellbeing was one of the key goals of NHS Charities Together’s highly successful fundraising campaign (to be discussed further in Chapter 3). During this, companies sought to be associated with ‘one of the most cherished and recognised brands in the world’ (NHS England, 2022c), and members of the public signed up to ‘do their bit’ for our NHS heroes.

Gratitude and affection for NHS staff are grounded in, and even increased by acknowledgement of their often-challenging working environments. A 2021 report identified ‘chronic excessive workloads’ as underlying poor health and retention within the workforce in England, as well as creating an impossible ‘vicious circle of staff shortages and excessive workload that is the most cited reason for staff leaving health and social care organisations’ (Bailey and West, 2021). These workforce gaps have long been plugged by enthusiastic recruitment of health professionals first from the Commonwealth and then from a wider range of low and middle income countries (Kyriakides and Virdee, 2003; Bivins, 2015). There is longstanding evidence that the medical workforce experiences racism in the NHS (Kyriakides and Virdee, 2003; Woodhead et al, 2022). And the ‘hostile environment’ migration policies pursued in recent years have only exacerbated these
experiences: some of the most painful tales from the ‘Windrush scandal’ in which people resident in the UK for decades were detained and in some cases deported due to new immigration policies, concerned people who had taken up invitations to the UK to staff the NHS (Williams, 2020).

The conceptual apparatus through which we perceive the NHS does not help us define an object of all this love. The NHS clearly is not and never has been a singular organisation, but a system of healthcare, connoting not merely linked organisations of delivery but a wider range of actors, values and relationships (Kielmann, Hutchinson and MacGregor, 2022). The ways in which the NHS is a system are, though, rarely theorised (Freeman and Frisina, 2010). And sometimes smaller units within it (at national, regional or even local levels) declare themselves to be systems. In England the organisations which make up this system have been repeatedly fragmented, brought together again under curious umbrellas, and redivided by policy reforms (Smith, Walshe and Hunter, 2001), most recently into Integrated Care Systems. In 2023 Scotland, Northern Ireland and Wales all demonstrate a more ‘classical’ NHS structure, in which unelected managers, accountable to central government, lead NHS organisations responsible for most of the services across a defined geographical area. These differences are frequently overlooked in England (McHale et al, 2021), but are increasingly altering the experience of healthcare in the devolved nations.

Living and working in Scotland, I have spent much of my academic career politely correcting scholars who research the NHS in England and refer to it simply as ‘the NHS’, eliding and erasing the significant differences across the UK’s constituent nations (Smith and Hellowell, 2012; Greer, 2016). And so it feels incongruous for me, specifically, to be publishing a book which centres ‘the NHS’ as a unitary entity. Doing so is neither laziness, nor ignorance about the differences between health policy in the four nations. Rather it is a recognition that in popular and cultural discourses, ‘the NHS’ that we talk about, represent and ‘love’ has become significantly decoupled from the material realities of buildings, people and organisations. In a survey of NHS activists, Crane (2022) notes that their narratives centred ‘a vision of the NHS as an abstract ideal, rather than as a system of primary, secondary, and community care settings’, with a specific focus on universal access to healthcare. Sally Sheard (2022) recently wrote a poignant, thoughtful essay arguing that ‘I’m afraid, there is no NHS’. I have significant respect for the line of argument, and especially for Sheard’s reflections on some of the affective baggage of making such a statement. Even retyping the words feels difficult; my own affective response to what Freeman (2008) describes as the NHS’s ‘existential significance’ is inevitably present as I write.

However this book makes a slightly different argument, inspired especially by Shona Hunter’s (2016) account of the NHS as ‘an affective formation’.
I argue that the NHS still exists, but in multiple: highly variegated, and perhaps even significantly depleted processes and organisations delivering healthcare across the UK, and as an imagined symbolic entity at a UK level. Cowan (2021), in an effort to get hold of the NHS analytically, follows a single patient pathway (hip replacement) to trace the assemblage from the bottom up. She explains: ‘By following these lines of thought, I found that the NHS is no longer then a fetishized symbol, centred in the middle of the room, but something that continually gets made in heterogenous ways by everyday practices, including those made by researchers themselves.’ In the chapter which proposes the concept of the NHS as an affective formation, Hunter (2016), appropriately, from an empirical point of view, specifies the English NHS as the titular affective formation of her analysis. In my view, even those of us well-attuned to the differences that have followed (and to a lesser extent, predated) devolution recognise that there is an imagined ‘NHS’ at UK level, even as its constituent organisations diverge. Significantly, and following Painter (2006), imagined does not in this context mean illusory: ‘Social imaginaries can have very real effects’ (Painter, 2006).

An approach which takes seriously the cultural and the affective requires a shift in orientation from the studies of straightforward public opinion described in Chapter 2 towards a more dynamic and reflexive understanding of the NHS as object. As Elkind (1998, p 1715) wrote, describing the value of metaphoric thinking in understanding the NHS: ‘Our ability to achieve a comprehensive “reading” of a complex and ambiguous phenomenon depends on being able to see how different aspects of it may co-exist in a complementary or even paradoxical way.’ As an object of public love, the NHS as symbolic entity is closely associated with its visual branding; the characteristic ‘NHS blue’ and the logo. Thomson (2021) identifies these as an artefact of the late 1990s, as the then New Labour government undertook a ‘self-conscious branding exercise’ in the face of the complexities involved in the still new internal market. What it symbolises is harder to identify. Is public love, far from Klein’s (2010) assertion that it has become conditional, cautious, consumeristic, in fact thriving and attached to symbolism of the founding principles of the NHS (themselves frequently contested [Ruane, 1997]): universal, comprehensive and free at the point of use, funded by general taxation? This ambivalence about the ontology of the NHS explains my focus on how Britain loves the NHS, and not merely how much it does so. This book requires us to hold onto a sense of the NHS as multiple. Its different manifestations – including embodied episodes of care, documents, buildings – do not make up a single entity, like parts of a machine (Elkind, 1998), but instead exist in parallel. Like other troublesome concepts, notably the state (Painter, 2006) these components are shifting and impermanent, but are nonetheless consequential for us both individually and as a society.
Why love? Satisfaction, attitudes and experiences

The choice to centre this book on love is also a deliberate one. It stems from a conviction that the way we talk about the NHS in the UK is more affective than is suggested by wider literatures on either consumer satisfaction with healthcare or public attitudes to welfare. Crane identifies the way that NHS campaigners from the 1980s centred ‘love’ in free text responses to a survey despite questions avoiding the term (Crane, 2022). This is a deliberate turn towards collective affect beyond the calculated evaluations of individual satisfaction (Wendt et al, 2011). Much of the academic scholarship on ‘love’ is focused on romantic love, or less often familial love (Rogers and Robinson, 2014), but this book is about societal love. Affect theory distinguish emotions from sentiments, and the love I am exploring is best captured in the latter term, defined as: ‘Trans-situational, generalized affective responses to specific symbols in a culture ... more socially-constructed and enduring than emotional responses’ (Rogers and Robinson, 2014). That is, I argue not that every individual in Britain loves all their experiences with the NHS (as will be discussed especially in Chapter 6), but that a deeply affective view of our health system exists on a generalised level.

In understanding the dimensions of love for the NHS, we can learn from a wealth of sophisticated research which examines citizens’ attitudes to the welfare state more generally. There is an especially longstanding vein of research on attitudes to social security benefits. This is a mainstay of social policy research, identifying that public attitudes to the welfare state are not a quickfire stimulus and reaction to current political decisions, but are shaped by much broader ‘welfare regimes’ where different ‘families’ of welfare states share underpinning and influential social structures (Bambra, 2005b; Freeman and Frisina, 2010). More recent branches of this scholarship also identify that discursive narratives about welfare recipients – as deserving, or as scroungers – can be escalated by popular media (Jensen, 2014), and even by defensive ‘othering’ from welfare recipients themselves (Garthwaite, 2016). Social policy researchers have demonstrated the extent to which publics misconstrue who gains from the welfare state, routinely imagining themselves to be poorer and less well-supported than they are (Greve 2022; Hills, 2017). Healthcare generally (Wendt et al, 2011), and British attitudes towards the NHS specifically (Bambra, 2005b), have been noted as anomalous outliers within wider welfare structures. That is, the NHS displays profoundly different logics from the wider British welfare state (Bambra, 2005b): considered along with Canadian Medicare, examples of ‘universal programs in otherwise targeted welfare states’ (Jordan, 2013).

However a more complex academic literature conceptualising how the population values, and imagines its benefits from, health systems has not
emerged. Social policy scholars have employed an ever broader and more creative range of methods to understand public attitudes to welfare embedded in everyday life (Garthwaite, 2016; Hitchen and Raynor, 2020; Holmes and Hall, 2020; Jupp, 2022). When it comes to public attitudes to healthcare – to welfare state provision of care rather than of money – academic scholarship has been more limited (Daly and Lewis, 2000), and less creative. As discussed more in Chapter 2, Burlacu and Roescu (2021) identify three distinct literatures surveying members of the public on: their degree of (normative) solidarity; their satisfaction with health services received; and the degree to which healthcare is a salient health politics issue. They conclude that these literatures have been ‘almost completely disarticulated’ from each other.

Beyond the enumeration of patient satisfaction across health systems, one area where we have an overwhelming amount of high quality detailed research, is in exploring patient experiences of using healthcare services, and at times these stand in for ‘lay’ appreciations (Pols, 2005) of the wider health system. To render that intimate, personal experience on a grander scale such studies inevitably need to focus tightly on one intervention, or treatment, or perhaps health condition. Medical sociology and health services research allow us to better understand and refine the delivery of medical care. They produce lots of knowledge about a single intervention, and how it could be improved in different contexts (Davies, 2003). But they pay scant attention to an alternative dimension of how the wider population values a health system: ‘Studies on public support towards healthcare systems often do not clearly distinguish between preferences regarding the role of the state in healthcare provision and the level of satisfaction with healthcare systems’ (Wendt et al, 2010).

Burlacu and Roescu (2021) describe this as a blurring of the evaluative and the normative within some survey research on attitudes to healthcare. When satisfaction with care received is conflated with wider valuation of healthcare, the primary status from which we might know and value a health system becomes that of ‘patient’, and space for more other-regarding solidaristic sentiment is reduced. For many, this will be a fleeting identity, which does not endure beyond episodic experiences of care, making it curious to talk of a stable ‘patient perspective’ (Pols, 2005). However even where patienthood becomes an enduring identity, often based on long-term, chronic conditions and profound suffering (Gilbert, 2014), it is not the totality of how we encounter our health system.

If, as I have argued, there is a gap between our knowledge of how we value the NHS as patients, and how we value the NHS as citizens, from what other subject positions might we explore public affection towards the NHS? In research on the (then) emergent position of the ‘citizen-consumer’ in British public services, Clarke et al (2007) identified the particularity of how people talk about their position in the NHS, as compared to other
services (including policing and social care), and especially the strong commitment to ‘patient’, and rejection of ‘consumer’, as descriptors. Overall, this research did not identify a straightforward shift to consumerism within British debates on healthcare. Despite its association as ‘the most professionally or medically defined identity’ their interviewees and focus group participants held firmly to the language of patienthood: as one put it ‘no fancy or alternative word is necessary’; another described the term service user as ‘politically correct psychobabble’ (Clarke et al., 2007, p 130). The research emphasised though that a preference to be identified as a patient does not, in this context, imply passivity or a conventional Parsonian ‘sick role’ (Parsons, 1951). Clarke et al identified a particular and complex reading of patienthood within the UK health system, in which close relationship with a doctor was valued within the context of a broader commitment to (and willingness to sacrifice for) the health system as ‘a collective, inclusive public resource’. They conclude that ‘as a result we may need to think that the NHS is always a double entity – both a specific assemblage of organisations, people, practices and an idea, an ideal, or a representation’ (Clarke et al., 2007).

This multiplicity is inherent within my approach, which seeks to find a position in which we can see the health system as the site of both deeply personal, embodied experiences, and as a site of communal identity and contestation (Sturdy, 2002). The sensitivity and nuance with which medical sociologists explore patient experience is part of the story of the health system, too easily ignored by political scientists. Yet the organisational and political structures which shape those experiences are a key frame for these stories, often treated too lightly in health services and applied medical sociology research (Davies, 2003).

This book’s approach: towards a sociology of public love for the NHS

This book, then, tries to balance this multiplicity to offer an account of a healthcare system as it intervenes into the most intimate aspects of people’s lives, and as a public good, with the widest of systemic consequences. I argue that the UK displays a degree of societal affection for the NHS which is reasonably resilient to individual patient experience. I attribute this to the still unusual degree of centralised state control of healthcare in the UK (Or et al., 2010) which causes heightened political visibility of health policy in the UK, as compared to other countries (Weale, 2015). Decisions and experiences that would stay local in many health systems escalate to the national stage more frequently here (Stewart et al., 2020). Less attention has been paid to the mechanisms of this visibility. Rather than an episodic flurry of interest in the NHS, when a bad news story or
critical report hits the headlines, this book suggests that such events tap into a deeper, ongoing reservoir of public care for the health system. This means that community support scaffolds organisations under immense pressure to meet increasing health needs within a constrained budget envelope (Jupp, 2022). It also means that, even when the NHS fails individuals and (more problematically) systematically fails specific groups within society along lines of gender, ethnicity or (dis)ability, the sentiment of public love for the NHS endures. Loving the NHS in general can be significantly decoupled from experiences of harm and indignity which might take place within it.

I approach this societal sentiment by following and exploring a series of public practices focused on the NHS. As Chapter 2 will demonstrate, the dominant knowledge on which we base claims about Britain’s love for the NHS comes from opinion polls. These answers given, often quickly, to a closed survey question, have some real value. They should allow us to identify demographic differences in how groups within the poll sample respond differently to questions about the NHS. Do people of different ethnicities express their love for the NHS differently from White British respondents? Do younger people value the NHS less, more or much the same as older people? Significantly, these polls can also offer a longitudinal picture of public opinion, showing, for example, how affection for the NHS might be expressed differently before, during and after the COVID-19 pandemic. Once these numbers have been analysed, checked and turned into colourful graphs, tables and infographics, they have a life of their own, detached from the people who gave the answers and with all ambivalence, uncertainty or second thoughts excised. I have sat through multiple presentations where researchers announce these numbers, and then we discuss whether this quantified opinion is an asset to UK healthcare or an anomalous obstacle to its transformation.

These numbers can thus give us a sense of how much Britain loves the NHS. What they can’t give us is a deeper picture of the complexity behind the ticked box on a survey, nor its ambivalence, nor its political consequences (Dallinger, 2022). This is the terrain of qualitative research, which relies on a range of methods including interviews, observations and analyses of written and visual sources. These tend to offer fuller and more nuanced accounts of smaller sections or sub-groups of the population, in which people’s expressed views are understood in their social and material context, rather than extracted and standardised into numerical form. These types of knowledge are foundational to how sociologists in particular have studied people’s experiences of healthcare in the UK. But this book is grounded in the belief that we need to understand both societal relationships with the NHS as a health system and how people feel about their own experiences of care. This means that the tools we use to understand ‘customer satisfaction’
or even the less consumeristic ‘patient experience’ will not, alone, answer the question of how Britain loves the NHS.

This book takes a different approach in search of the more mundane or ‘everyday’ terrain of societal sentiment (Jupp, 2022). In an effort to open up a more expansive and multi-faceted answer to the question of how Britain loves the NHS I explore a series of meaningful social practices: campaigning, donating time or money and ‘making do’ when using services. Meaningful social practices here are understood as repertoires of actions which can be understood as an entity, but which are generally observed only through specific performances of that practice in context (Maller, 2015). For example, Chapter 4 of this book explores ‘volunteering’ as an NHS practice, by investigating particular performances of voluntarism in the contemporary NHS. One advantage to centreing practices, rather than verbal statements of opinion or attitude, is that it makes space for the unspoken. This is one route to understanding societal sentiments that ‘cannot be reduced to calculability, intentionality and responsibility … they can be enacted without subjects being able to articulate reasons’ (Isin, 2009). While especially helpful when attempting to access knowledge held by actors who are unable to verbally articulate the reasons for their preferences (Pols, 2005), researching practices also contextualises the artificiality of asking people to state their opinions on something they may rarely explicitly consider (Eliasoph, 1998). Importantly, these social practices are understood as involving both care for the healthcare system, and contestation about its future.

Conclusion

The book proceeds as follows. Chapter 2 reviews what public opinion research tells us about public views on the NHS, but also considers where this data comes from, and what role it plays in UK media and policy discourse. The following chapters present empirical analyses of four different sets of practices through which publics interact with the NHS: fundraising money; volunteering; and campaigning. In Chapter 6, I present an analysis of patient feedback on emergency care to explore how views on the NHS suffuse patients’ descriptions of experiences of care. In Chapter 7, I build on the empirical chapters to propose an over-arching conceptualisation of how Britain loves the NHS, drawing on Hunter’s account of the NHS as ‘affective formation’ (Hunter, 2016). Seeking to move beyond critical takes which dismiss public affection for the NHS as simply irrational, or indeed as nothing more than nostalgia for an imagined and monocultural welfare state that never was, I also ask what we can do with love. I argue that the particular relationship that has been fashioned between population and healthcare system can be taken seriously as an asset for collective reimaginings
of a sustainable welfare state for everyone, in which the broader societal supports for population health are understood as the investments they are. While brief details are given in each chapter of the underlying research methods, a methodological appendix offers a fuller account of each project, and additionally reflects on my own positionality as a lifelong ‘participant observer’ of the NHS.