In Chapter 2, I explored the public opinion data which shapes our understanding of public sentiments around the NHS. This chapter turns to the first of the four sets of practices through which this book seeks to explore Britain’s love for the NHS: the donation and fundraising of money to gift to the NHS. The UK NHS is enmeshed in complex relations with the voluntary and community sector, who may act as service providers, funders of innovation and research and, sometimes, funders of particular forms of provision (Mohan and Gorsky, 2001; Powell, 2007). My focus in this chapter is more modest and specific. I focus on processes through which members of the public in the UK donate or fundraise money for NHS organisations. This practice has a number of peculiarities: it can be understood as a form of self-taxation, in that one cannot in the UK donate to the NHS in order to receive preferential services beyond those available to the whole population served. This distinguishes it from informal payments within the health system (Cohen et al, 2022).

The practices of NHS fundraising do, though, bear some resemblance to individual healthcare crowdfunding for care that is not (yet) mainstream provision (Barcelos, 2020; Kerr et al, 2021). In this mode, fundraising platforms can be interpreted as stages on which illness narratives are performed, and combined within narratives of the individual’s good character and worthiness (Paulus and Roberts, 2018; Kenworthy, 2021). Discursive strategies to promote the deservingness of a cause (Kerr et al, 2021) can create a burden on the already sick individual, who may feel that through carrying out a campaign they are opened up to scrutiny to prove their legitimacy and their gratitude to donors (Kenworthy, 2021; Kerr et al, 2021). There is also evidence that the financial success of individual crowdfunders is strongly related to how wealthy a community the fundraiser lives in: that is, that crowdfunding exacerbates inequalities in health (Igra et al, 2021). While much sociological literature is highly critical of crowdfunding for healthcare, it is also acknowledged to be generative of ‘new solidarities’ between people who share a particular medical condition (Kerr et al, 2021). Some scholars have gone further, identifying the positive social support that crowdfunding can generate for fundraisers, alongside a potentially ‘empowering’ identity shift as fundraisers share their vulnerabilities to increase awareness of their conditions (Gonzales et al, 2018).
Another resonance is between the donations analysed in this chapter and what in the USA has been described as ‘grateful patient’ (Jagsi et al, 2020) fundraising by hospitals. In the US, healthcare philanthropy is a significant phenomenon, due, of course, in no small part to the absence of universal healthcare (Schneider et al, 2008). Data collected annually by the Healthcare Philanthropy Association is expensively paywalled, but peer-reviewed research reports that in 2016, American health care institutions received $10.1 billion in charitable gifts (Collins et al, 2018). Grounded in the overall lack of public funding within the US healthcare system, hospital leaders are urged to build a ‘culture of philanthropy’ within their organisations which incorporates annual giving (through fundraising events, for example), major giving, including from businesses, and estate giving, including legacies (McGinly, 2008). This ‘system-wide culture’ is described as requiring every member of staff in a healthcare institution, not only recognising that philanthropy is critical for the organisation, but actively playing a role in the process of fundraising. Clinicians are at the centre of this: ‘They must be willing to work with development staff to cultivate donors while protecting the physician–patient relationship’ (Hook and Mapp, 2005). This has led to debates about, and some tentative recommendations to solve, the ethical risks of doctor–patient conversations about philanthropy (Collins et al, 2018; Jagsi, 2019). A recent survey suggested that public attitudes to these practices were less permissive than the current legal framework: ‘83.2% strongly agreed or agreed that physicians talking with their patients about donating may interfere with the patient–physician relationship’ (Jagsi et al, 2020).

These examples highlight some of the intrinsic tensions involved in charitable fundraising for healthcare. While charitable fundraising is a longstanding feature of the NHS it has become increasingly visible, and significantly ‘nationalised’ in focus, since 2018, with a substantial intensification of activity since the COVID-19 pandemic. The motivating question for this chapter, then, is: how might we understand these contemporary practices of donating money or fundraising for the NHS as an act of love? I begin by reviewing the complicated history of voluntary funds within the NHS. Then, I share an analysis of crowdfunding pages created by members of the public to raise money for the NHS in the early months of the COVID-19 pandemic, before concluding by reflecting on what kind of love, and what constructed imaginary of the NHS, is revealed within NHS fundraising.

The past and present of NHS fundraising

The COVID-19 pandemic greatly raised the profile of charitable fundraising for the NHS. However, NHS charities, known by other names, have existed since the creation of the NHS, and indeed many evolved...
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from voluntary associations which predated it (Gorsky et al, 2005; Gorsky and Sheard, 2006). They began as endowments, large financial balances held by voluntary hospitals which predated the NHS. Gosling (2017) has demonstrated the complex interrelations of payment by patients and philanthropic funding in the decades immediately preceding the creation of the NHS. Fundraising events such as Hospital Saturday or Hospital Sunday, often with an explicitly religious bent, were widespread across the UK (Cherry, 2000; Piggott, 2022). In the negotiations around the formation of the NHS, newly formed NHS organisations were allowed to retain inherited charitable balances to enhance or supplement statutory NHS services. The continuation of thesecharitable endeavours within the NHS has been an recurrent source of controversy since the earliest debates about a tax-funded health service (Mohan, 2002; Webster, 2002). Like so much of the NHS, the retained endowments were a solution to competing interests, with well-funded former voluntary hospitals, especially in London, keen to keep and use their pre-NHS endowments, despite the aspirations of centralised planning (Prochaska, 1997). In the 1980s, the Conservative government liberalised the rules against active fundraising (Lattimer, 1996) and there followed significant and rapid growth of a handful of the richest endowments into some of the most recognisable charity brands in the UK, most notably the Great Ormond Street Hospital Children’s Charity.

This expansion was, however, deeply uneven across the country. In 2020, the average NHS Charity in London had total income and endowments of £8.7million, while for NHS charities in Yorkshire & Humber, the average was £869,000 (Carrington, 2021). A recent analysis on trust-level variation in England by Bowles et al (2023) explored variation by trusts of different size, location, and also sector. This identified strong inequalities around the ‘sector’ of organisation: that is, whether the NHS Trust was specialist, community, ambulance or mental health. This analysis demonstrated

for most acute trusts, charitable income is equivalent to between 0.1% and 1% of total Trust income. Notably the level of charitable income tends to be much lower for ambulance, community and mental health Trusts. Indeed, for the majority of Trusts in these sectors, it is an order of magnitude lower than for the majority of acute trusts: charitable income represents only between 0.01% and 0.1% of total Trust income. In contrast, for the majority of specialist trusts, charitable income is considerably higher, representing between 1% and 10% of total income. (Bowles et al, 2013)

London NHS charities were found to have distinctively high charitable income, even when hospital size and sector are controlled for, suggesting a
regional effect distinct from the presence of several very large NHS charities (Prochaska, 1997). Nonetheless, despite these differences in scale and emphasis, the 250 NHS charities across the UK fulfil broadly similar roles in the health system. They supplement statutory healthcare provision, often funding ‘add ons’ to patient care (such as arts in health) and staff development (such as training) (New Philanthropy Capital, 2019). Rather than being a creature of health policy, consciously designed with a goal of supplementing funding from general taxation, one can understand NHS charities as shaped by shifting regulation in the decades since the creation of the NHS (Möller and Abnett, under review).

Alongside these fundraising efforts from within the NHS, the landscape is further complicated by more conventionally voluntary associations known as Leagues of Friends, which have long raised money independently to support their local hospitals. Millward (2023) states that in 2013 there were around 1500 Leagues of Friends in the UK, and argues that the work of these eclectic organisations offers a lens on public roles that were neither consumeristic nor primarily activist in orientation. In a 2019 study, Paine et al (2019) identified that English community hospitals had a median voluntary income of £15,632 per year via their Leagues of Friends, but that overall charitable income for these organisations has been in decline since the mid-1990s. While small sums in comparison with overall hospital budgets, the persistence of these efforts to support local NHS institutions, often driven by a small group of committed, often elderly and middle-class, community members, is intriguing.

Fundraising work also has political consequences beyond the material facts of what this money can buy. Leagues of Friends are often adept at mobilising a broader section of the local population when hospitals are perceived as ‘under threat’ (Paine et al, 2019; Stewart, 2019). In one case study I conducted of a community hospital in Scotland, the local League of Friends were frank and straightforward in their assessment of the impact of their substantial local fundraising in ‘saving’ the hospital from a previous closure proposal:

We were showing ourselves to be politically very effective and I’ve got no doubt that was a factor in the equation. We’d also shown ourselves generally as a community campaigning group to have a lot of support which is well evidenced, you know, with the number of collections there are at funerals, the number of people that turn up for our events, the number of legacies that are left to us. (Male campaigner, quoted in Stewart, 2019, p 1259)

The NHS thus has a long and complex history of fundraising and voluntary contributions at the local level. However this chapter focuses on the advent
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of a new, and explicitly *national* (in this case, UK-wide) mode of fundraising for the NHS during the COVID-19 pandemic.

**National NHS fundraising in the COVID-19 pandemic**

Charitable funding within the NHS escalated rapidly during the COVID-19 pandemic. The key driver of this shift was NHS Charities Together’s Urgent COVID-19 Appeal. NHS Charities Together is an association of around 240 local NHS charities across the UK, which support local NHS organisations with funds to supplement core government-funded services (*NHS Charities Together, 2022a*). Formerly known as The Association of NHS Charities, the membership organisation gained charitable status in 2008, and rebranded to the current NHS Charities Together in 2019, with a more public-facing strategy (*NHS Charities Together, no date*). The rebrand included legal changes to the status of the charity:

> I thought well if we’re raising the profile and we’re trying to raise the profile externally then we need an external way of talking about us. So we gained a brand licence to use that and we renamed ourselves, rebranded in 2019 to NHS Charities Together. We incorporated, because the organisation was unincorporated and therefore to be able to grow and do some of these more external and risky things, we needed to incorporate to be able to mitigate risk to the trustees and to the organisation itself. … We’d incorporated, so we were now a newly incorporated charity at the beginning of 2020, which we’d done at the end of 2019. We’d got our new brand. (Senior staff member, quoted in Möller and Abnett, under review)

Part of this strategy included a shift towards collective national fundraising appeals, with the advent of a branded fundraising event called the NHS Big Tea, held in 2018, 2019 and 2022 on 5 July, the anniversary of the ‘appointed day’ when the NHS was created.

At the start of the COVID-19 pandemic, NHSCT launched a dramatically successful fundraising campaign. An online blog by a firm of charity consultants brought in to support the appeal describes a spontaneous ‘groundswell of love and support for the NHS’ (*More Partnership, 2020*) in early March 2020, prompting NHSCT to launch an appeal on the day the nationwide lockdown was announced. NHSCT’s Chief Executive Ellie Orton is quoted stating ‘but we were not a fundraising organisation and we were inundated with 100,000s of enquiries from people wanting to do things for us. … Our website was overwhelmed’ (*Brindle, 2020*). In a few months, the charity’s tiny staff team of four increased to 25, and the appeal eventually raised over £150 million (*NHS Charities Together, 2021*). While
the groundwork for the appeal had been laid in the new strategic direction for the organisation in the years before the pandemic, the shift to a major national appeal was therefore primarily reactive:

That was a kind of starting point to say there are a group of people out there who will support the NHS as an abstract idea, as a good thing to support. And certainly once we got into the pandemic it became clear that there were lots of organisations and individuals who wanted to support the NHS as a whole rather than a specific hospital because of the challenge they could see that we were facing or that the hospitals were facing. So really things took off in quite an unexpected way, I suppose, certainly in terms of the amount of money that we raised. (Senior staff, quoted in Möller and Abnett, under review)

The contrasting of ‘the NHS as an abstract idea’ with ‘a specific hospital’ here is significant. Before 2018, all charitable fundraising for the NHS had been led locally by NHS charities, with appeals often focusing on specific hospitals. The first NHS Big Tea fundraiser in 2018 was a major shift away from this approach, which paved the way for the speed of NHSCT’s response to the beginning of the COVID19 pandemic. Another interviewee framed the project facing NHS Charities Together in the aftermath of the startling fundraising successes of the pandemic period, as channelling the strength of public feeling for ‘the NHS’ into something that can be more meaningfully supported:

The enormous outpouring was for just the NHS as a concept and a loosely understood entity which it’s not really. We are an entity, we are a charitable entity and therefore an appropriate source for charitable support, so making the switch in people’s mind from a charitable point of view between the NHS and NHS Charities Together is the immediate challenge going forward. (Senior staff, quoted in Möller and Abnett, under review)

Acknowledging that, as argued in Chapter 1, ‘the NHS’ is far from a coherent organisational entity, this interviewee presents NHS Charities Together as ‘an appropriate’ organisational vehicle to translate the ‘enormous outpouring’ for the NHS.

**Reconfiguring the NHS as a charitable cause**

In the early months of the pandemic, I worked with other researchers to ‘capture’ fundraising pages for the NHS Charities Together’s Urgent Appeal, and then conducted a thematic analysis of the text of 945
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fundraising appeals (this analysis is more fully reported in Stewart et al, 2022) created on JustGiving and GoFundMe in the first months of the COVID-19 pandemic, where the recipient was NHS Charities Together’s COVID-19 Urgent Appeal. Page captures took place between mid-May and mid-June 2020, during the UK’s first national lockdown in response to the COVID-19 pandemic. Accordingly, the data is a snapshot of what we now know to have been the early months of the prolonged COVID-19 pandemic, as people fundraised for NHS Charities Together in response to the new challenge.

Many of the findings of this analysis focus particularly on the COVID-19 pandemic as a moment for British society. In common with other analyses, they tell a story of a moment of profound uncertainty, as national lockdown was declared, schools and workplaces were closed and the government asked us to ‘stay home, protect the NHS, save lives’. This was also, for many although not all, a time of boredom, when everything was cancelled and before the digital pivot moved social lives online. These pages demonstrate the experimentation and the improvisation of the exceptional early days of the pandemic, when daily life was suddenly transformed (Erikainen and Stewart, 2020). On the other hand, they are rich with the militaristic metaphors which others have identified as being a significant and problematic feature of the pandemic (Cox, 2020; Olza et al, 2021; Semino, 2021), and which Bivins (2020) has argued has been a feature of discussion of the NHS since its post-war origins. COVID-19, here, is recast as a formidable enemy, and the NHS becomes the army which the population need to back. In this chapter, I mobilise this dataset to specifically explore how members of the public construct the NHS as a deserving or worthwhile cause within their fundraising pages.

Fundraising approaches

The pages analysed included a range of sponsored activities and fundraisers, often undertaking a physical challenge. Many of these were ‘equivalent’ challenges where significant feats, such as climbing Britain’s highest mountain Ben Nevis, could be accomplished within contemporary restrictions on being out of the home for ‘daily exercise’ (‘we worked out that if we go up and down our stairs at home 50 times a day (each) for 13 days, we will have climbed the 1345 metres height of Ben Nevis’). One notable subset of pages (around 10 per cent of the total) featured touching stories of children fundraising for NHSCFT, often written using children’s own (or childlike) words, although all pages had to be created by an adult:

I’m stuck at home doing home school while a terrible virus out in our world and it’s scary. My step dad is recovering from COVID-19 …
I’m raising money in aid of NHS Charities Together/Association of NHS Charities and every donation will help. Once I’ve hit my target I promise I will shave my hair all off.

More common were runs, bike rides, or ‘sit up’ challenges, often explicitly referencing that fundraisers had been inspired by Captain Tom Moore’s efforts. At least 40 pages explicitly referenced being inspired by Captain Tom Moore: ‘If we smash the distance we will not stop – Captain Tom Moore didn’t, so neither will we!’ The magnitude and persistence of Captain Tom Moore’s achievements were often described as a driver of the pages: which accordingly became unusually positive, even perky, by contrast to conventional healthcare fundraising which foregrounds narratives of suffering.

In many of the pages the tales of deservingness which other research has identified as a feature of healthcare crowdfunding (Paulus and Roberts, 2018; Igra et al, 2021; Kenworthy, 2021) were present but inverted.

[Katie] who has Cerebral Palsy and a brain malformation, has been going out on daily walks for her exercise, using her splints and walker. She has gradually managed to increase her distance up to around one mile per walk, which, for her, probably feels like she has run a marathon each day. In these difficult times, following discussion with [Katie], we have decided that it would be a good idea to use her achievements to help others.

In this example, again echoing Captain Tom Moore, the deserving and impressive story is of the fundraiser, whose sacrifice and achievements are foregrounded, rather than the cause. Indeed any detail on the purpose of the fundraising cause somewhat recedes, with only a statement of NHS goodness: ‘The NHS is amazing. It is there for us at the most profound moments in our lives, no matter who we are or what we need.’

Indeed, especially among the earliest pages, some bore only a tangential connection to the formal fundraising appeal from NHS Charities Together. These included pages which sought money to make something (face masks, T-shirts with motivational messages, a keepsake like a small sculpture), to be offered to deserving groups (sometimes bereaved families or hospitalised patients, but often healthcare professionals) with any residual funds to be donated to NHSCT. These, we argue, reflect the initially disorganised, somewhat anarchic approach to fundraising (both in terms of a collective understanding of what was needed, and how to meet that need). For example, one page fundraising to give a gift to bereaved families of NHS staff, proposed:
This campaign is asking for your support to make and present [sculptures] to each of their families as a small token of the nations’ appreciation. This campaign is entirely not-for-profit, all funds raised will go to the creation of [sculptures] and any surplus will be donated to the NHS Charities Together.

On this page, little focus is placed on any need or desire for the objects, but rather on the virtuousness of the sacrifices made by NHS staff and their families, and the value in repurposing objects ‘originally commissioned for a charitable event … now cancelled’. Pages seeking donations to fund the creation of face masks or even scrubs similarly centred the (COVID-related) untapped skills and capabilities of the fundraiser:

We have the equipment and resources to help the ‘volunteer army’ manufacture vital PPE for the NHS, fast. As a very small business we will be giving our time, capabilities and people, along with some raw materials – however this is where we will need some help. … Any money not used for filament and fabric will be donated to NHS Charities Together.

In supporting small businesses or the ‘bedroom production’ of items, donations were made into something tangible that promised immediate impact at a time of urgent need. Reading them several years later, with better knowledge of technical requirements for COVID-19 Personal Protective Equipment (and indeed scandals about PPE procurement and availability), they seem naïve in the face of the pandemic.

Even as appeals became more standardised over time, most of the pages remained characterised by considerable ambiguity regarding the allocation of funds and their recipients. While the vast majority of pages clearly identified NHSCT as the sole benefactor, some split donations between different charities. Many of the pages did not distinguish between the NHS and the national charity, inaccurately promising that any money would ‘be sent directly to the NHS to help in their fight against COVID-19’. Others even implied direct cash transfers – suggesting that the ‘fund will go directly to the NHS workers’ – when in practice support grants were paid out to local NHS charities with some discretion on how best to meet urgent needs. Some appeals by artists who were financially affected by lockdown restrictions claimed that 50 per cent of the proceeds would go towards the NHS or simply chose a limit, above which all proceeds would be donated. Over time (during the relatively short period of our snapshot), pages became more coherent and purposeful. In this, they were aided by the increasing inclusion of standardised text provided by NHSCT themselves.
The NHS as a cause

As mentioned earlier in the chapter, fundraising pages often positioned NHS staff as soldiers, fighting the virus as an enemy. Reflecting the early days of the UK pandemic, where the population was mostly locked down at home, NHS staff and volunteers are depicted as ‘heroes’ going out to a distant frontline to battle COVID-19:

Men and women that everyday fight a battle for us and our lives, in and out of hospitals and care homes, while having little in the way of protection for their own health.

NHS Staff are out there on the frontline fighting it so that we can have our normal lives back.

The location of these perceived battles – at a ‘frontline’ – is identified as spatially distanced from fundraisers’ lives, confined largely to their homes in lockdown. There is a contrast here with UK media narratives of citizen responses identified by Erikainen and Stewart (2020), in which everyone is ‘doing their bit’ on the home front. Many fundraising pages described the desire to ‘do something’ in a period where risk was strongly differentiated between NHS staff and other ‘keyworkers’, and the population at home.

Relatedly, we coded a range of phrases across many of the pages as describing a sense of duty: ‘We must all play our part’, ‘give something back to the NHS’, ‘they deserve our support’ and ‘we owe so much’. The frequent use of ‘we’ and ‘our’ here mobilised a collective entity. One phrase from the standardised text discussed earlier (‘our turn to make sure we look after them, to ensure they can keep doing their vital work’) recurred frequently within this code. Within the sense of duty our coding distinguished pages which mobilised a reciprocal sense of duty (in which the desire to fundraise was linked to the level of sacrifice of current NHS staff, and a desire to enable them to keep protecting the population): “Every one of us are relying on the brave people in the NHS and Care sector. Let’s put our hands in our pockets and make a difference”. In other pages, the duty was more generalised (simply presented as the normatively right thing to do): ‘Because not doing something to help would be wrong.’ Pages often couched ‘doing one’s bit’ in terms of a baseline of relative helplessness: ‘do what I can’.

To me and you, it may feel like we’re not able to do anything, but we can still help from home too.

Everyone feels pretty helpless at the moment but it doesn’t mean we can leave it to others.
Important that we try to help each other out in whatever way we can.

These pages expressed feelings of frustration during periods of self-isolation where symbolic acts, like shaving one’s head, were perceived as the only way to help from a distance. Such individual challenges and symbolic acts thus seemed to represent an outlet to challenge intense feelings of anxiety and powerlessness into something creative and productive: “In times like these, where some of us have never felt so distant, it is important to show unity and love. To stand together and support in any way possible, be it humour, creativity, or even just to be a listening ear and a shoulder to cry on.” Doing something, here, becomes normatively desirable as a show of ‘unity and love’ to a ‘good cause’, but significantly absent a clearly defined goal, or indeed an articulated belief that doing these things would significantly aid that cause.

In sharp contrast to analyses of conventional healthcare fundraising, in which personal disclosure of suffering, vulnerability and deservingness is the central communicative function of narratives, we encountered relatively few personal experiences of ill-health or loss within these pages. Fewer than 10 per cent of pages were coded as having any reference to the fundraiser’s personal experience with healthcare, and this included pages where fundraisers described working for the NHS: “I have had the horror of witnessing the strain it has put on all staff first hand whilst myself working as a doctor in intensive care.”

Strikingly, most pages which mobilised personal health experiences recounted past experiences of (often life-saving and life-changing) healthcare, which were described as demonstrating the importance and deservingness of the NHS:

My personal story is of the NHS saving and rebuilding my life following two catastrophic strokes.

Not many people know this about me but the NHS saved my life. … This is just one example of the amazing work that all doctors and nurses do at the NHS on a daily basis. I’m sure you have your own personal stories of how the NHS has helped you or a family member or friend.

Comparing these narratives to those mobilised within personal fundraisers in existing research demonstrates how measured and positive they are. Fundraisers for the NHS, as well as making less use of their personal experiences, have less need of the ‘highly-vulnerable self-disclosures’ (Gonzales et al, 2018) which characterise personal fundraising. In effect, NHS fundraisers rely on collective representations to convey the deservingness which individual fundraisers strive to demonstrate individually.

The ontological basis of the NHS as cause – just what is being supported – is an intriguing aspect both of the wider appeal and of the pages which
individuals and groups went on to create. Historically, charitable fundraising in the NHS has been highly localised, in that specific organisations (a hospital, for example) have held and fundraised for their own funds. As mentioned earlier, NHS Charities Together’s national fundraising only began in 2018, and there is thus no real tradition in the UK of donating to ‘the NHS’ rather than to one’s local hospital, or a specific local appeal. Nonetheless, references to ‘our wonderful NHS’, ‘our fantastic NHS’ and our ‘amazing NHS’ were prevalent. Overwhelmingly, fundraisers focused these narratives of gratitude on the NHS workforce, praising their commitment, the risks under which they were working and their sacrifices.

Imagine having to leave your family to go and work with infected patients, never knowing if you’re going to come home with the virus – or in some sad cases, come home at all. It’s a huge sacrifice they’re making for us and I think we should show all show our appreciation.

Placing potential donors in an imagined position of vulnerability and risk here became a powerful discursive strategy to evoke strong emotional responses, but also feelings of solidarity and moral indebtedness.

Staff were frequently described as heroes, a framing which later in the pandemic would become formalised into a proactive marketing campaign from NHS Charities Together: Be There for Them (NHS Charities Together, 2022b). During lockdown, the idealisation of NHS workers as heroes or frontline soldiers can be seen as a way of coping with intense feelings of powerlessness and unequal exposure to risk. Such idealisation of virtue and care typically occurs as a defence mechanism during periods of anxiety, threat or emotional difficulty (Leduc-Cummings et al, 2020). Staff wellbeing is one of the most obvious ways for charitable money to be used in the NHS, given restrictions which exist on charitable money paying for things which should be provided through statutory funding. Many pages drew on the phrase ‘above and beyond what the NHS alone can provide’ from NHSCT’s standardised text, leaving open what constitutes these ‘extras’. Unlike findings in both Chapter 5 on campaigning, and Chapter 6 on reviewing service use, relatively few fundraising pages referred explicitly to need generated by mis-management or perceived underfunding of the NHS. For example, one recurrent theme was around the provision of Personal Protective Equipment (PPE). A shortfall of quality PPE for health workers, and failings in government procurement of additional stock, became a major political issue as the pandemic unfolded (Oliver, 2021). At this early stage of the pandemic fundraisers more often referred to it neutrally as accentuating the risks staff were taking when they went to work, rather than assigning blame for the lack of PPE available.

As well as a focus on staff wellbeing, fundraising pages also centred a sense of togetherness between NHS and population. This shares some similarities
with the function of individual crowdfunders in building social support for people in difficult positions: Gonzales et al note successful individual fundraisers expressing positive benefits from reconnecting with their existing social networks, and building new ones (Gonzales et al, 2018). In the NHS fundraisers, this togetherness suffused many of the pages – with references to ‘our’ NHS, to ‘the community’ and even, albeit less frequently, ‘the nation’. Sometimes fundraisers involved sponsored, socially-distanced activities to encourage togetherness: for example ‘to allow people to come together in song, to feel a part of something bigger in the world and to support one another’. In others, donations are seen as communicating togetherness to NHS staff: ‘Let them know the country has got their back’, ‘we’ve got this!’. While often fairly generalised, in a handful of pages these pleas for collective togetherness were expressed as a response to the unsettling feeling of one’s usual societal structures being removed:

When the corona virus outbreak started, I noticed that a lot of the things we take for granted stopped working. People started dying. I turned to my local authority for info and there was nothing there. … Community is all we truly have and we must support and help each other. … The NHS is amazing. It is there for us at the most profound moments in our lives, no matter who we are or what we need.

The reference to the NHS – a vast, national organisation – here seems almost anachronistic, in a post which refers to intensely localised and non-medical desire for normality.

**Conclusion**

Beyond the specific practices of fundraising money for the NHS, fundraising money for healthcare is an increasingly prevalent phenomenon. It is facilitated in this by large international crowdfunding platforms, which ease the path of fundraising, while also ‘mediating and influencing individual and collective responses to crisis’ (Kenworthy et al, 2022). This chapter explores how widespread and familiar modes of appealing for money, and raising it, using digital platforms, were mobilised as an act of love for the NHS in the early months of the COVID-19 pandemic. As it happens, the COVID-19 Urgent Appeal that these fundraising pages supported was exceptionally successful, and seems likely to have formed a critical juncture in the broader landscape of NHS charities (Stewart and Dodworth, 2020; Harris and Mohan, 2021). However this analysis focuses not on the precise sums raised, or their use within cash-strapped NHS organisations, but on how, discursively, fundraisers sought to frame their appeals and render them persuasive.
The uniqueness of the context of this COVID-19 campaign can hardly be overstated. The fear and uncertainty of the early months of the pandemic were pervasive in the UK. I remember anxiously watching a news report from overwhelmed Italian hospitals, and sitting dumbstruck on the sofa as Prime Minister Boris Johnson announced the ‘hard’ national lockdown, with immediate effect. It is also easy to forget, that in the first lockdown, people who were not deemed ‘keyworkers’ were, to a far greater extent than in subsequent lockdowns, unoccupied: 8.9 million workers were formally furloughed through the Coronavirus Job Retention Scheme on 8 May 2020 (Francis-Devine et al, 2021). It took time for social events and work meetings to ‘pivot’ online. With the closure of social care, schools and childcare establishments, those with caring responsibilities were far from idle (Özkazanç-Pan and Pullen, 2020). But routines were disrupted, and the success of NHS Charities Together’s COVID-19 appeal suggests the opportunity to undertake enjoyable fundraising activities in pursuit of a ‘good’, if indistinct, cause, was a particularly attractive one during this period of inactivity and existential anxiety.

The peculiarity of this pandemic moment makes the success of NHS Charities Together’s COVID fundraising campaign more, and not less, intriguing as a manifestation of public love for the NHS. There were relatively lowered barriers for joining in the fundraising effort (thanks to the formal campaign from NHS Charities Together, and to people having more time at home than usual) as well as the particular psychological benefits (feeling part of something, celebrating togetherness at a time of fear). In the Austrian context, Prainsack (2020, p 128) described ‘news media drunk with celebrations of solidarity’ as groups went out of their way to support more vulnerable neighbours in the early months of the pandemic. But, she argues, this was an unsustainable phenomenon, based on a protective instinct towards the ‘clinically vulnerable’ for whom (we had been told) lockdown was necessary to protect, rather than a more enduring recognition of our ‘shared vulnerability as humans’. Thus the segmentation of the population whether via differential regulation, or simply within government rhetoric, has deeper sociological consequences (Ganguli-Mitra et al, 2020).

The character of the fundraising pages people created in this exceptional moment is still revealing of how Britain loves the NHS. Overwhelmingly, people described their support for the NHS not in the terms of ‘patient satisfaction’ nor even that of the ‘grateful patient’ who so dominates US accounts of healthcare fundraising (Collins et al, 2018). The actual ‘nuts and bolts’ of healthcare were almost entirely absent from the textual and visual content of these pages, beyond the ubiquitous surgical facemasks of stock images of NHS heroes. Rather than the material, embodied everyday work of healthcare, these appeals foregrounded epic, abstract themes around nationhood, heroism, and solidarity. What Dean (2020) describes as ‘the
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good glow’ of charitable giving, was coupled with the enduring appeal of ‘our’ NHS to remarkable effect. This harked back to early political discourse around the NHS in the 1940s, which sought to galvanise a national sense of purpose around the service and positioned it as ‘a site for continued patriotic effort and even sacrifice’ (Bivins, 2020). ‘The NHS’ discursively stood in, temporarily at least, for societal commitments, not for a provider of prescriptions, nor operations. The persuasive ‘worthy’ appeal, such a central and challenging feature of most healthcare crowdfunding pages (Paulus and Roberts, 2018; Kenworthy, 2021), is barely made. Simply put, the cause is ‘good’. This speaks, I argue, to the way that the NHS’s discursive positioning increasingly unites sub-groups of the population who would often be at odds, if not actively in conflict. The Union Jack branding and the surge in militaristic, World War II narratives (Erikainen and Stewart, 2020) resonates with a centre right and even right-wing segment of the population who would usually deplore ‘big state’ welfare state commitments (Fitzgerald et al, 2020). And the NHS’s vaunted founding principles – universalism, funding through progressive general taxation – continues to engage more left-wing and social democratic constituencies in its defence.