This chapter explores public campaigns which are oriented around ‘the NHS’, focusing on them as practices of care and contestation for the healthcare system. This framing of public campaigning departs significantly from a well-established mainstream within contemporary UK health services research (Jones, Fraser and Stewart, 2019), in which public mobilisations around health systems are frequently understood as irrational, and essentially unhelpful obstacles to the ‘modernisation’ of the NHS. Campaigns to save the NHS, whether through actual demands or more recent ‘shows of support’, are now common features of public life in Britain. This was not always the case: in important work, historian Jenny Crane (2019) has traced the transformation of public campaigning in and around the NHS, arguing that from the 1960s campaigns were overwhelmingly local and oriented to ‘saving’ local hospitals earmarked for closure following the 1962 Hospital Plan (see also Jones, 2015), before the emergence of national campaigning in the ‘new welfare politics’ of the 1980s. This included London Health Emergency’s ‘Hands off our NHS’ campaign, in response to the 1989 White Paper ‘Working for Patients’. Crane argues that from the 1980s onwards, response to Thatcherite reforms to the NHS included new tactics of providing and analysing information about healthcare, and new organisational actors in civil society. As well as this broader historical context, NHS-related activism takes place in, and intersects with, the growth of condition-focused patient activism in contemporary health systems (Brown and Zavestoski, 2004; Rabeharisoa, Moreira and Akrich, 2014; Epstein, 2016). We know that social identities shape and are, in turn, shaped by this patient activism, as well as understanding how patient organisations work within and through biomedical research to deliver ‘evidence-based activism’ (Rabeharisoa, Moreira and Akrich, 2014). In this chapter, I explore the distinctiveness of NHS campaigning at local and national level, reflecting on both the uneasy evocations of ‘the NHS’ as singular and special, but also on the unusually preservationist (rather than reformist) goals of these campaigns.

This chapter explores two interlinked contemporary forms of activism in the UK context, oriented specifically to ‘saving’ the NHS. In these, patient identities are present and often mobilised, alongside distinctively public identities to save ‘our’ NHS as a core part of the British welfare state. I begin by analysing web materials produced by two current campaigns: the ‘Keep our NHS Public’ campaign, a non-party political campaigning organisation.
Campaigning for the NHS

launched in 2015; and ‘Your NHS Needs You’, a campaign against the 2021 Health and Care Bill. I analyse web materials – including petitions, ‘explainer’ text and celebrity endorsement videos – to assess how the NHS is constituted as a vulnerable, beloved object in these campaigns. Then, drawing on extensive qualitative data from studies of campaigns to ‘save’ local hospitals in the 2010s, I explore the activist practices through which members of the public seek to influence local configurations of the NHS. In this, I investigate how ‘the NHS’ functions as a signifier and object of contention within debates about local hospitals. That is, campaigners must navigate a landscape in which ‘the NHS’ is both the (local or regional) managers proposing the reconfiguration of a hospital and the hospital itself (Carter and Martin, 2018). Meanwhile, for change-oriented managers, local facilities become a threat to the sustainability of ‘the NHS’, and hospital closures are seen as necessary in order to protect ‘the NHS’. While notionally distinct, and targeting different decision-making authorities, it should be noted that national and local campaigns often intersect. Indeed, Keep our NHS Public is a membership organisation made up of 70+ local campaigns, mostly oriented to saving hospitals. Thus, while different in modality, goal and target, this chapter argues that these campaigns share significant precepts: in the context of the book, caring for the NHS through contestation.

Introducing the national campaigns

Your NHS Needs You, a campaign against the 2021 Health and Care Bill (now the Health and Care Act 2022), describes itself as ‘a group of doctors, nurses, campaigners, researchers, academics and entertainers working together with DiEM25 to defend the NHS’. At the bottom of the campaign webpage they display logos of 13 organisations, with Diem25 and Unite the Union as the leaders of the campaign. Diem 25 describes itself as a pan-European progressive movement seeking to democratise the EU (for more on Diem25 specifically, see De Cleen et al, 2020). Other organisations include a social enterprise providing counselling and psychotherapy (The Farringdon Practice); We Own It, a campaign to protect public services; The People’s Assembly, a national campaign against austerity; Disabled People Against Cuts; the Peace & Justice Project, founded by former Labour Party leader Jeremy Corbyn; the Public and Commercial Services Union; and Every Doctor (a doctor-led campaign for a ‘better’ NHS).

Keep our NHS Public has existed since 2015, campaigning to ‘reverse the privatisation and commercialisation of social care and to call for health and social care services to be publicly funded, publicly provided and accountable provision’. The key focus of the Keep Our NHS Public website was opposition to the Health and Care Bill (now Health and Care Act 2022). The campaign website includes a page of analysis from academics
and less-precisely-defined experts, a page of 46 celebrity videos of actors, comedians and entertainers describing their support for the campaign, and details of the parliamentary petition, which (while not preventing the confirmation of the Bill into law) gained 137,713 signatures in the six months it was open. While there is a left-wing emphasis to much of the content and especially the people listed as endorsing the campaign, Keep our NHS Public declares itself a non-party political membership organisation. Members represent over 70 local health campaign groups. Its website lists both national and local ‘affiliate’ organisations, which include campaign groups (Health Emergency, Doctors in Unite, Doctors for the NHS), journalists (Open Democracy) and other campaigning membership organisations (the Socialist Health Association). The Keep Our NHS Public website includes multiple petitions to Parliament: one, on COVID mitigations and access to testing, signed by over 425,000 people, and another, calling for the Health Secretary to Rebuild the NHS (#endthecrisis), signed by 22,836.

Both Keep our NHS Public and Your NHS Needs You are non-partisan but nonetheless visibly aligned to left-wing party politics. Former Labour Party leader Jeremy Corbyn is listed as a Patron of Keep our NHS Public as ‘a committed supporter of a publicly owned and run NHS’, as is Green Party MP and former party leader Caroline Lucas. Both of these politicians, along with a number of other left-of-centre Labour Party politicians, also provide celebrity videos for Our NHS Needs You. Both campaigns are focused on the NHS in England only, given their focus on specific reforms to the structure and organisation of care in that country. An additional aspect of note is the extent to which these campaigns present themselves as coalitions of health professionals, patients and members of the public. Compared to earlier campaigns Crane has researched in the NHS, this is a distinctive feature of this political activism in the 2010s, presumably linked to a UK Government which is widely perceived as being unsupportive of the NHS in general.

In both cases I analysed key pages from the campaign website which included discussion of what is valuable about the NHS, and what threatens the NHS. In the case of Your NHS Needs You, I also analysed transcripts of the ‘celebrity videos’ featured on the page, and widely shared across social media. These videos are short (less than two minutes each), straight-to-camera discussions of what the NHS means to the individual, some discussion of the threats it currently faces and a call to action, starting with a request to viewers to visit the campaign website. These don’t appear to be scripted or professionally-produced videos: several of the celebrities joke about how unprofessional their camera work is or background noise from their families. Occasionally repeated turns of phrase, for example private organisations being ‘embedded’ in the NHS, suggest that celebrities have engaged with the wording of the campaign materials, but the videos are overwhelmingly
personal, and characteristic of the speaker's idiosyncrasies. The 46 celebrities include actors, comedians, writers, campaigners and politicians (a full list of these is in Chapter 8). All the elected politicians would be considered left-wing (for example Jeremy Corbyn, Bell Ribeiro-Addy, Caroline Lucas, Yanis Varoufakis), and while the range of celebrities is perhaps less obviously aligned to party politics, it is fair to say that the list remains overwhelmingly composed of people who would be considered left-wing in contemporary Britain. It includes a number of people who in Britain are also referred to as ‘national treasures’ (an epithet also accorded to the NHS on occasion) including Stephen Fry, Michael Rosen and Jo Brand. It is also noticeable that the list is gender balanced, and, by UK media standards, fairly diverse. Two of the videos feature celebrities with disabilities. Six of the 46 videos are from visibly Black and minority ethnic celebrities at a point when around 85 per cent of the UK population are White (Coates, 2021). From the outside, it is difficult to assess the extent to which this diversity is a result of deliberate strategy on the part of the campaign or is happenstance.

In selecting these two national campaigns, I’m mindful of the risks of selection bias. Appeals to welfare nationalism – claiming aspects of the welfare state are specifically national achievements, linked to national identity (Béland and Lecours, 2005) – are often embedded within left-wing health politics around the NHS (Fitzgerald et al, 2020; Cowan, 2021). Campaigns of mass mobilisation related to the NHS as a whole are less common in right-wing politics. A key exception is within the various feuding branches of the Brexit ‘Vote Leave’ campaign, when claims about putative financial savings from leaving the EU being used for the NHS were famously painted onto a campaign bus (for a broader analysis of the NHS’s role within that campaign, see Fitzgerald et al, 2020; Stanley, 2022). Even here, though, ‘the NHS’ operated more as a symbol of where such savings could be reallocated. The campaign materials contained no substantive defence of, let alone proposal for the health system. The only leaflet on the archived Vote Leave website which focuses on the NHS simply states: ‘Every week politicians send £350 million of our money to the EU. That’s enough to build a new hospital every week. It’s almost 60 times more than the amount we spend on our NHS Cancer Drugs Fund’ (Vote Leave, 2016). The header of the leaflet features a ‘Save our NHS’ logo on the header of the leaflet, but no further suggestions for saving it are elucidated. A more detailed briefing produced by the Vote Leave Take Control campaign contains more content, but is still overwhelmingly focused on the putative harms of the EU, such as the European Working Time Directive, and the risks of European trade deals infringing on the NHS: ‘If we remain in the EU it will become ever harder to keep the NHS in public hands’ (Vote Leave, 2015). In broader public discourse during the Brexit campaign period, the NHS was often linked with racist and imperialist themes. However, reflecting the ‘dog whistle politics’ of
How Britain Loves the NHS

the time (Madden and Speed, 2017), this is less evident from those ‘official’ campaign materials which remain public. In these, the NHS functions as an empty signifier for British exceptionalism, and campaign materials fail to populate it with an account of the NHS’s value. Accordingly, this chapter focuses on more substantial campaigns, which have the added advantage of offering a post-pandemic view of threats to the NHS.

Constructing the NHS in national campaigns

The campaigning webpages articulate a sense of the threats facing the NHS, both in terms of what is to come (why the Health and Care Bill 2021 needs to be opposed) and what has already been diminished. The threat of American corporations is presented as both already embedded in the NHS, and at risk of being further escalated by new proposals. The US health system is presented as the inspiration for reforms that the government is proposing: ‘Ushers in American-style Integrated Care Systems (ICSs) … independent regional bodies initially named Accountable Care Organisations (ACOs) like their American counterparts’. Indeed the Health and Care Bill 2021 is presented as actually handing control of the NHS to these US companies: ‘Private corporations and American health insurers will control NHS budgets and receive financial incentives to cut and deny care for profit’. Campaign pages demonstrate a deep appreciation for the ways in which the NHS has already been depleted, both by underfunding, but also by substantive changes. Specifically, Keep our NHS Public are forthright on the introduction of additional migrant charges and the increased policing of charging for people deemed overseas patients: ‘These charges are an attack on our communities and the basic principles of the NHS.’

On the whole, the video contributions from celebrities focus more on the value of the NHS than specific threats to it. The criticism of policy or calls for reform that Crane (2022) has identified as prevalent in 1980s NHS activism, are notably absent. There are multiple references to the self-evidence of the lovability of the NHS as shared knowledge among an imagined community of listeners: ‘I know that you all love the NHS as much as I do’ (Kiri Pritchard-Maclean), and ‘Our wonderful, beautiful, much-celebrated NHS. You know what it is’ (Ben Bailey-Smith).

The campaign webpages echo the sentiment, as though the goal is not to convince readers, but rather to articulate or emphasise something that readers will already, in their bones, know: ‘We know how important the NHS is for all of us.’ Likewise, petitions recursively refer to surveys of public attitudes to the NHS, arguing that the NHS must be defended because it is valued: ‘Surveys of public opinion show the vast majority are in favour of a publicly funded and provided service, paid for through general taxation, free at the point of use and providing comprehensive services.’
One video, from outspoken Scottish comedian Frankie Boyle, flags the elephant in the room among all these common-sense statements of the healthcare system’s merits. ‘Of course I support the NHS. Everybody supports the NHS, or says they do. And everyone went out and clapped on a Thursday during lockdown’ (Frankie Boyle).

Boyle here gestures to the ease with which people can declare their support for the NHS, and hints at a potential gap between statement and sentiment. The functions of these statements about how everyone loves the NHS, and their relative lack of substance, can be seen as not merely making a claim about the NHS as a good thing, but going further to suggest that some undefined ‘we’ all agree that the NHS is a good thing. The lack of detail offered in these extracts, the lack of connection to a reason why the NHS is beloved, only reinforces the fact not just that the imagined viewer knows, but that they should know. A counter view would require not only disagreement from the reader or viewer, but would be a self-exclusion from the easy, reassuring ‘we’; from the ‘vast majority’ of Britain (Cowan, 2020).

Beyond the NHS as a good thing, multiple references go as far as personifying the NHS. Referring to the appointed day on which the NHS came into being (Sheard, 2011), Joe Lycett remarks wryly: ‘I share a birthday with it so I feel like we’re kindred spirits’. This reflects a shift in which recent ‘NHS birthdays’ have become increasingly public affairs. NHS Charities Together have promoted the ‘Big Tea’ fundraiser since the 70th birthday in 2018 (NHS England, 2022a), and in 2021, the British Medical Journal reported a service of commemoration and thanksgiving was held to celebrate the Service’s 73rd birthday at St Paul’s Cathedral in London (Gerada, 2021). Setting aside for one moment the significance of the confluence of church, state and cultural tropes (‘a nice cup of tea’) that the NHS’s birthday has come to represent, the transformation of an albeit significant day of legislative change into a birthday celebration also suggests an ontological shift in understanding of what the NHS is towards something singular and foundational. This resonates with the rise of RIP NHS placards on protest marches from the 1980s onwards (Crane, 2019). Campaign materials reflect this: ‘The NHS is the beating heart of this country’ (Vicky McClure); ‘it’s our national treasure’ (Shami Chakrabarti). The NHS is cast as a dependable and persistent force for good that saved the people I love most in the world (Kiri Pritchard-McLean). Describing her father (‘a walking case study of things that can go wrong with a human’), Pritchard-McLean continues: ‘Even when his nearest and dearest give up on him the NHS keeps fighting for him.’ The process by which a healthcare system, a vast and complex set of organisations, people and material objects, can fight for a patient, requires it to be condensed into a knowable, and loveable, entity.

Beyond these declarative actions to simplify the scale of the NHS and appeal to everyone’s shared love for it, the substantive content of the videos
and campaign webpages analysed articulates three distinct, interlinked strands of the NHS’s value: gratitude for care received; recognition of the health benefits across society; and finally, the NHS as a source of pride in British identity. To turn first to the expressions of gratitude for care received, these are the overwhelming majority of the transcripts from the celebrity videos. Each person relates one, or a number of examples of care they or their loved ones have received in the NHS. Often, these are life-saving or life-altering tales of medical heroism: ‘The doctors came running in and saved her and the baby’ (Saffron Burrows). This sort of story explains what one video refers to as a ‘visceral connection to the NHS’ (Russell Brand), to which several of the videos refer. Stories of personal experience sometimes emphasise the clinical sophistication of the NHS, as when Romesh Ranganathan states he had confidence his family received ‘the best care possible’. But more often, stories centre non-clinical aspects of care: that is, the ‘devotion’ (Barry Gardiner), ‘kindness’ (Brian Eno) and patience shown by staff. Lemn Sissay’s tale is perhaps the best example of how tales of experience locate vital care in the NHS, without a focus on the medical aspects of that care:

‘From the ages of 12 to 18 I was in children’s homes in the local government and I was never hugged I was never held. It occurs to me that the only time that I was touched with care and with attention was once every six months at my NHS clinic.’ (Lemn Sissay)

This poignant example illustrates the way in which NHS continuity functions in these narratives of value. Given that emergency care is not specific to the NHS – that is, other approaches to financing and organising healthcare in high income countries would also involve doctors rushing in to save a life in an emergency situation – the characteristic of care most distinctively attributed to the NHS in these campaigns is its reliability as a safety net for society.

Other stories shared are overtly funny, especially where children are concerned:

‘It was the uh institution that rehydrated me when I was two years old and had gastroenteritis (I really did eat some weird soil when it was a child) … and also when I was shocked by a toad and fell over and then bumped my chin on a piece of wood, a sandpit which also cut open my chin.’ (Robin Ince)

But, as Ince continues, even these light-hearted anecdotes segue seamlessly into more startling ones: ‘And it’s the institution that when my mother was in a catastrophic car accident that they cared for her while she was in a coma’ (Robin Ince). This range of care experiences – from everyday bumps to
traumatic events – across the scope of the health system is explicitly flagged by some of the videos. Emma Kennedy emphasises the ‘mundane’ role of the NHS in daily life:

‘So a lot of people are probably going to be telling you stories about how the NHS saved their lives and the NHS do save lives they save lives on a daily basis but I love the NHS for all the more mundane things that they do for us. that they are the the comfort blanket for when you’ve got a sore throat or a chesty cough … they’re also there for, for the sprained wrists the sprained ankles and all those times that you need an embarrassing cream.’ (Emma Kennedy)

Several of this list of minor complaints are, ironically, the subject of public information campaigns encouraging people not to seek medical attention for them, but here they are presented as part of the country’s ‘comfort blanket’. Relatedly, Shappi Khorsandi invokes the shared human experience of embodiment: “Here’s why I love the NHS. It’s a very simple reason. I am made of flesh and blood. I get ill, my loved ones get ill and they need health care” (Shappi Khorsandi).

A second theme is the recognition of the NHS as a means of meeting not just one’s personal healthcare needs but those more broadly distributed across society: as one campaign webpage puts it ‘we all need health and social care at some time in our lives, but the unlucky ones need more’. Evoking Bevan’s (2010) *In Place of Fear*, Jonathan Ross describes the NHS as giving ‘a great sense of reassurance and happiness to me’. This recognises both that one can feel personally ‘safe’ because of the availability of healthcare free at point of use, but also happy that that safety extends to others in society. Lee Ridley, a comedian with cerebral palsy, goes further, pointing out the lottery of circumstances which can make healthcare vital: “But the fact that I’m still here to tell the tale says everything you need to know about how vital it is. Not just for people like myself, but for everyone. Because let’s face it, you’ll never know when you’ll need the help of the NHS until it happens” (Lee Ridley).

Our third theme – the NHS as a source of pride in Britain – is complex but highly significant across the campaigns. The NHS is described as beloved because of what it does for British society: “It is magic. But it’s a magic that was created consciously by people who were thinking about society and thinking about others. It’s a magic that grows out of a certain kind of social unselfishness” (Brian Eno). Eno’s assertion of what we can be proud of about the NHS focuses on the ‘unselfishness’ that he perceives in its creation. Also foregrounding the NHS’s history, multiple videos emphasise the intergenerational transmission of this care: ‘Our families have built this service’ (Charlotte Church); ‘it was there to support my parents, my grandparents it’s
been there to support my children and my grandchildren’ (Dave Ward); ‘save our NHS for ourselves and for future generations’ (Margaret Greenwood). These statements celebrate the NHS as an inheritance from past generations to pass on, safely, to future generations.

These contributions identify the NHS as a locus of national unity, both retrospective and prospective, over the decades. This asserts that the putative sacrifices entailed by the risk-pooling of a universal tax-funded system, are justified by those of prior generations, and generations yet to come. In so doing they also invoke what Fitzgerald et al (2020) critique as a problematic ‘politics of heredity’: the implicit and, occasionally, explicit sense that entitlements to NHS care are a question of ‘inherited entitlements’ rather than a right to care for those currently resident in the UK. There are campaign contributions which resist the nativist basis of such generational claims: as Shami Chakrabarti’s video puts it, acknowledging the imperial staffing of the early NHS: ‘It’s our national treasure but it was built by people from all over the world.’ Nonetheless, a vision of the NHS as affectively powerful because of its cross-generational role, can easily elide into anti-migrant discourses, nativism and welfare chauvinism (Ketola and Nordensvard, 2018; Speed and Mannion, 2020).

Beyond these references to generational care, other segments of these campaigns propose an alternative, and more expansive focus on society as ‘everyone that we share this country with’:

‘Because it’s a national kindness that we all contribute together to make sure everyone is cared for. No matter who they are, everyone gets looked after. It’s a national selflessness.’ (David Tennant)

‘A safety net um for yourself and for your friends and family but also just for everyone you pass on the street. Everywhere, everyone that we share this country with.’ (Jonathan Ross)

‘That’s what’s so wonderful about the NHS. It’s an act of love, it’s what society gives to itself to look after everybody in that society.’ (Michael Rosen)

It is, of course, a comfortable self-identity to live in a society that one can suggest is marked by ‘unselfishness’, ‘kindness’ and ‘love’. For those suspicious of nationalistic tropes, the NHS holds out the comfort of solidarity, without the more jingoistic connotations of the nation. Multiple videos and campaign pages credit as making them feel not just glad to have the NHS but proud to be British.

‘The National Health Service is the most civilized thing about Britain.’ (Jeremy Corbyn)
‘I believe it’s our country’s finest social achievement.’ (Margaret Greenwood)

‘The NHS is probably the thing that makes me proudest to be British.’ (David Tennant)

‘There’s so much talk about patriotism right now but there’s nothing more red, white and blue than the blue and white of the NHS.’ (Shami Chakrabarti)

Charlotte Church’s video ends: ‘What would we be without [the NHS]’. I went back and checked the transcript here, in case the transcription software had misunderstood her Welsh accent and she had said “where would we be without it”; a more commonplace assertion of the need for medical care and a societal safety net. But no, she twice says what would we be, and the phrase has stayed with me since. These videos demonstrate the extent to which loving the NHS can become an identity and not merely an opinion or sentiment to be held. For left-wing campaigners seeking shared ground in a divided country post-Brexit, post-empire and post-COVID (Stanley, 2022), the NHS is a unifying affiliation.

Saving the NHS, one hospital at a time

Local campaigns against service reconfigurations and hospital downgrades and closures are distinct from but heavily nested within broader campaigning around protecting ‘the NHS’. Photographs of communities resisting hospital closure, with placards, at protest events, and via petitions, are a longstanding image associated with UK health politics. As I’ve suggested with co-authors elsewhere (Stewart, 2019; Dodworth and Stewart, 2022; Stewart, Dodworth and Ercia, 2022), public practices of campaigning have often been referred to, but rarely studied within empirical research on the organisation of healthcare in the UK. Where empirical research on members of the UK responding to hospital closures has taken place, understanding the perspectives of campaigners is rarely the focus. Much contemporary scholarship has departed from, and thus perpetuated, a policy-driven account of public responses to hospital closures. Sometimes the inclusion of one or two public interviewees within a wider cohort of staff interviews simply adds weight to staff perceptions of public views (Fulop et al, 2012). The use of discrete choice experiments, where public interviewees are funnelled into organisationally-defined tradeoffs (such as between patient safety and travel time to hospitals) (Barratt et al, 2015), and their responses to these dilemmas measured, epitomises the analytic dilemmas of a policy-framed approach. This approach lacks sensitivity to context and openness to exploring research
participants’ own sense-making (Jones, Fraser and Stewart, 2019). As others have concluded (Dalton et al, 2016; Djellouli et al, 2019), the top-down focus of most studies means that we know relatively little, in academic terms, about public opposition to hospital closures in the NHS. In this section, I report on how hospital campaigners describe their campaigning work, focusing on the connections they describe between their local campaigns and the national NHS, and on the tactics they employ to try to protect local hospitals.

When describing the value of the local hospitals they sought to defend, campaigners often referenced the NHS as a marker of quality, in the context of their descriptions of the ways in which their own local experience was high quality: ‘The whole point of this NHS is to serve the people, you know, that’s what it was set up for to provide care, the best care possible’ (CSO.CS3.P1). Similarly to the national campaigns discussed, references to the best care were rarely defined with reference to cutting-edge technology or clinical techniques. Clinical justifications for many of the closures studied were about how technology reduced the need for bed capacity with quicker recovery times. Accordingly, as argued elsewhere (Stewart, 2019), threatened hospitals tended to be valued for their delivery of familiar person-centred care, predicated on caring relationships between staff (often known to patients) and patients.

In several of the campaigns studied, the reconfiguration of services meant that local hospitals were defined as ‘options’ to be appraised as alternative sites for delivery of care. Thus local hospitals, and the communities campaigning to save them, were essentially in competition with each other. However, often to the frustration of managers faced with defined budgets, campaigners tended to resist these tradeoffs: “We want to help to protect our whole health economy, not just our hospital, you know, public health, our health visitors, our school nurses etc, we also need to protect those services” (Linda, female campaigner, HFE).

Far from accepting what managers and politicians argued was the necessity of making ‘tough decisions’ within a fixed budget envelope, campaigners more often presented saving their one hospital as a means to a broader effort to save the NHS as a whole. In one interview, a campaigner explicitly linked their short-term aim of saving services at one hospital, to a grander project to reform the governance of healthcare in Northern Ireland towards greater community voice:

‘The shorter term aim would be to stop the Trust and the Department of Health from taking away services – acute services – from the Hospital and centralising them. So that was the second aim, the shorter term aim. And the other aim I suppose longer term too … but short term as well would be to reform the NHS governance, how the NHS here is governed in terms of its management, to radically reform that. Now those are very big aims to have and very ambitious aims,
but the group was established to give the community some voice or campaigning voice outside of local council government structures to try and campaign for those aims.’ (Jeffrey, male campaigner, HENI)

In this way, local campaigns were linked to national efforts. Rather than accepting the premise of local managers that centralisation was how to save the NHS, campaigners across multiple different hospitals saw local engagement, and the protection of services, as a way forward for the wider NHS (Stewart, Dodworth and Erica, 2022).

As the campaigns we studied progressed, relations between NHS decision-makers and community campaigns often became increasingly oppositional. Communication breakdowns and a lack of transparency were experienced as not merely problematic parts of an engagement process, but as unacceptable in the context of a state-owned national service: “I’m not sure where the decision was finally made. I don’t know who finally made it. … And that’s wrong, I think, you should know, I think. ’Cause you’re paying into this National Health Service, so you own it. And as an owner and a user, you should know” (Sam, female campaigner, CSO.CS4).

Reflecting Cowan’s (2020) discussion of campaigners becoming suspicious about the opacity of contemporary NHS processes, frustrations about transparency often tipped over into a belief that managers were deliberately seeking to evade scrutiny or input from communities:

‘We believe that there is a plan, when I say we, we healthcare activists, believe there is a plan, it’s not just a belief, you know, there’s a clear plan of closing vital local services in particular our DGHs [District General Hospitals] and our maternities in order to save money.’ (James, male campaigner, CSO.CS3)

In this case, the interviewee’s immediate concern about the removal of a particular set of services in his local community had developed into a much broader frustration at a perceived absence of democratic control over what were seen as collective assets.

In interviews, some campaigners de-emphasised the clinical roles hospitals play in favour of a broader project of strengthening local community facilities, especially in contexts of actual or perceived decline:

‘When you took anything out of a local community, a Post Office or a local hospital, it’s … you’re taking part of the heart away from that community. And … like, if we were trying to attract more investment … one of the key arguments we’d use to attract investment … would be that you have a local acute hospital to service your staff if you want to come here.’ (Jeffrey, male campaigner, HENI)
‘I don’t see a hospital just as a building in its entirety, it’s everything that goes on in a hospital and so I felt that the post office it relocating … and, you know, it’s going down to a wee shop. I don’t want to sound disparaging but, you know, you would pass that and never give it a blink, but the post office had a presence. The hospital’s got a presence and even the recycling place – at least there’s something on a Saturday and Sunday, a place of social interaction because it’s not open during the week so people go down there. I actually felt that, you know, it was creating a … for me, and I am using the word bereavement, but this is going to cause a real bereavement.’ (Elsie, female campaigner, CSO.CS1)

Social interaction, evidence of a community’s resilience to attract external employers, the ‘heart’ of a community: these aspects of a hospital campaign demonstrate the weight of expectation resting on NHS facilities, especially in non-urban areas where other amenities are more scarce (Stewart, 2019). NHS facilities in this framing are cast as an anchor institution, similar to, but more important than, any other public service.

In one community hospital closure in rural Scotland, two lead campaigners assumed an institutionally-versed approach to their advocacy, leveraging legal, policy and local politics instruments at different levels of the system to combat what local NHS managers. Experiential knowledge of the hospital and its model of care was less prominent in their strategy. The lead campaigner reiterated that: ‘This isn’t about NHS and so on, but it’s about democracy and the changes to democracy … I suggest throughout the whole of the bloody [region] – how do they wish to promote and process democracy?’ (David, male campaigner, CSO.CS1).

These campaigners primarily directed their opposition to the local management of the ‘NHS’ itself. This seemingly encompassed the board and clinical staff but also perceived faceless bureaucrats and managers making, on their account, unaccountable and non-transparent decisions. Part of the campaigners’ efforts, therefore, was to reinsert ‘politics’ into decisions that had been deliberately depoliticised through bureaucratic process and anonymity:

‘[W]hen I have emails back from NHS [Region] and so on, you ask them some questions “we won’t talk about that because it’s politics”; the whole thing is bloody politics, you can’t divide the things through … so you know, for me that’s a lame duck excuse to get out of answering difficult questions.’ (David, male campaigner, CSO.CS1)

For this campaign, the NHS was symptomatic of a growing democratic deficit in British institutions but also of a now entrenched managerialism. This monolithic portrayal of the NHS bureaucracy as threat to local culture was unusual among our cases.
In another, highly politicised proposed closure, campaigners instead described themselves as deeply embedded within local networks of NHS expertise, clinical knowledge and above all *values* in opposition to ‘the government’ of the day. They emphasised the strength and objectivity of ‘their’ clinicians’ arguments in shared response to the proposed changes – the epitome of credentialled knowledge:

‘First of all we did our own critique of the proposal. … So I think the first people to start writing about it were the A&E doctors and they just wrote an analysis, they critiqued the proposal was full of false … rubbish, evidence was wrong, percentages that were wrong, facts that were just demonstrably wrong; so they did that and then I think the ITU Intensive Therapy Unit people did that and they talked about training, the impact on training etc., and then the maternity people and then we had public health did it and … then we got contributions from GP practices, about five or six practices wrote, and then we wrote as trainers because it would’ve destroyed GP training [locally] because they actually use the hospital. So we had lots of very, very high level … these are frontline professionals who are clever and know their stuff and got together and did rounded critiques.’ (Linda, female campaigner, HF.E)

This evidence, and the judicial review it informed, was in this campaign about ‘reclaiming power’ (Linda) from national politics, resonating with what Newman (2012) describes as antagonistic knowledge work. This closely resembled the words of a campaigner from a different hospital, who reiterated:

‘[W]e realised from an early stage that … the clinical arguments that would … have the most force in all this. … [M]any politicians and many senior bureaucrats would argue, “the evidence states this”, but they don’t actually produce the evidence. So you’re living in a, sort of, post-truth society in that sense, where you’ve always now got to ask for the evidence all of the time. And we didn’t see much evidence. In fact our evidence showed the opposite.’ (Jeffrey, male campaigner, HF.NI)

Here, credentialled sources of knowledge produced by experts *within* the NHS not only have weight, but provide the final bastion against politically driven assaults on knowledge, ‘truth’ and evidence production. At the same time, such strongly credentialled knowledge was democratised and given meaning by its experiential ‘connection’ to the people, to whom the NHS ‘belongs’ (Linda). Through this epistemic labour, clinical and public campaigners re-inscribed the NHS as both an authoritative and public institution.
Questions of ownership of local facilities also loomed large in other cases, especially where the hospitals under threat were small community facilities. In one such case, campaigners again emphasised the (pre-NHS) history of their hospital, funded as a community war memorial in the aftermath of World War One. In this quote, the campaigner highlights how the history of the hospital, at the heart of the community, was inscribed and re-inscribed by cultural rituals of remembering:

‘There’s lots of really nice stories about how the money was collected; some of them involving somebody going on a bike round all the neighbouring villages actually physically collecting the money, so there was one main sort of benefactor and the boards are, you know, there’s the inscriptions are all there down at the hospital, so it is a war memorial hospital. So there’s that sense of history there, you know, every year the remembrance service, normally they would be at public sort of open spaces whereas at [here] it’s actually in the hospital so, you know, people troop round from the church and then they lay the wreath actually in the hospital.’ (Karen, female campaigner, CSO.CS2)

This emphasises that, as Gosling (2017) has noted, the 1948 creation of the NHS is merely one event in the histories of older former voluntary hospitals within their communities.

Campaigners often argued that these longstanding relationships created a responsibility on local NHS managers to engage effectively with local communities about change.

‘Everyone thought they [NHS managers] were lying because patently their actions were different to what they were saying, and also they wouldn’t answer at a level that the public could understand and I think that’s a fault of the NHS everywhere and I have to constantly remind myself not to get caught up in this institutional speak.’ (Robert, male campaigner, HF.W)

This (one-time) campaigner had advocated successfully for new, credible evidence generation (in collaboration with a local university) on models of delivering rural services. He saw re-establishing public trust as a crucial part of that: ‘Part of the evidence base needs to be the sort of contract between the people and the deliverers.’ In the face of longstanding mistrust of healthcare reconfiguration over time, the importance and symbolism of retaining and defending local hospitals became a proxy for fears over broader reductions in service:

‘It appears to me that all the power in the NHS is in the secondary care and in the public’s mind at the moment the most important
thing as far as healthcare delivery is a hospital, and actually until the NHS can demonstrate you don’t have to walk through a hospital door to get these services, that’s what the public get and you can’t blame them, you know, they want to know they’re safe.’ (Robert, male campaigner, HF.W)

Conclusion

Reflecting on changes on tactics across the decades, Crane (2019) argues that ‘NHS activism has been made and remade over time, following the conscious efforts of campaigners’. The ‘repertoires of contention’ (Della Porta, 2013) I describe in this chapter are recursive – in that publics draw inspiration from related campaigns – but not static, in that they innovate and respond to changing contexts. This chapter has reported some of the complex work that sits around, shapes and feeds off photogenic moments of protests in contemporary hospital campaigns (Dodworth and Stewart, 2022; see also Stewart, Dodworth and Erica, 2022). This includes strategic decisions about when and how to organise visible public protests, as an alternative or supplement to ‘behind the scenes’ influencing, ‘knowledge work’ (Newman, 2012) or ‘information-based campaigning’ (Crane, 2019).

By contrast, my analysis of national campaigns explores the visible end products of extensive invisible labour: no doubt the casual celebrity videos I analyse were the outcome of many meetings, decisions and, indeed, social networks.

My concern is for what campaigns might tell us about how Britain loves the NHS now, exploring campaigning in order to better understand the peculiar contemporary relationship between British publics and their healthcare system. While public mobilisations are a significant trend in health politics globally (Geiger, 2021), NHS campaigning has an unusually conservative character: what stands out from examining these local and national campaigns is their essentially preservationist goals. The vision of campaigning for the NHS presented in this chapter is one that is not grounded in reform. Indeed in recent years scholars have repeatedly suggested that we cannot successfully reform the NHS from within a frame of public ‘love’ for it (Cowan, 2020; Arnold-Forster and Gainty, 2021). Rather, the campaigns described here are at root seeking to protect and restore a vision of the NHS ‘as intended’. In her ethnographic research on activism in the NHS, Cowan (2020) repeatedly references nostalgia for a 1950s model of healthcare as core component of campaigning for the NHS. While the national campaigns analysed here exhibit nostalgia, certainly, they are also underpinned by a more substantive commitment to the NHS as a set of principles; a sturdy, reliable safety net for all who ‘share this country’. Campaign webpages were clear that migrant charges, for example, were ‘an attack on our communities and the basic
principles of the NHS’. Threats to the NHS, especially from the looming spectre of ‘American healthcare’ (Lorne, 2022) (understood in campaign materials not only as terrifying alternative reality but as an active threat already stealthily ‘embedded’ into our system), prompt a battle mentality that is energising, if not always illuminating. Local hospital campaigns are also explicitly seeking to prevent proposed changes to services, and those studied rarely presented a novel vision of healthcare locally, more often appealing to the familiarity of how services recently operated.

From an international perspective it is also notable that the NHS campaigning explored in this chapter is rarely explicitly consumeristic. Campaigners’ demands are almost never couched in terms of individual needs or preferences. In both local and national campaigning we see the interplay of mobilisations of patient experience with more formal, population-level arguments that mimic the ‘official’ credentialed knowledge of the state (Rabeharisoa, Moreira and Akrich, 2014; Stewart, Dodworth and Erica, 2022). This can be understood as an implicit message of the recurrent ‘our NHS’ narrative: not a consumeristic demand for service but an assertion of the system as a collective endeavour between population, professions and state. Local campaigns also act to decentre the notion of the NHS as singular institution located only or primarily within the political-administrative bodies of the state: asserting a stake in healthcare as a coproduction between state, professionals, and communities (Stewart, 2021). Writing a decade into the New Labour era, Newman and Clarke argue that the ‘citizen-consumer binary’ lacks traction with public views about healthcare in the UK. Reflecting on people’s preferences about being called citizen, consumer, patient or service user, they suggest that these are ‘identifications, rather than identities: they are about imagined or desired forms of attachment and belonging to domains, institutions, practices and people’ (Clarke and Newman, 2007, p 754). This chapter investigates the way that people articulate and mobilise their imagined and desired visions of the NHS through the work of campaigning.