BRILL

EUROPEAN JOURNAL FOR THE HISTORY OF MEDICINE AND HEALTH (2026) 1–31

European Journal for the History of Medicine and Health

brill.com/ehmh

The Public's Health and Parliament: The Creation of the National Health Service in Great Britain (1945–1948)

Massimiliano Paniga | ORCID: 0000-0002-1515-0760
University of Milan – via Festa del Perdono, 7 – 20122 Milan, Italy
Corresponding author
massimiliano.paniga@unimi.it

Published online 17 March 2026

Abstract

This article analyzes the parliamentary debate which led to the establishment of the National Health Service in Great Britain. The article begins with the victory of the Labour Party at the election in 1945 and then describes the bill on the National Health Service, presented in Parliament by the Minister of Health Aneurin Bevan. During the analysis of the parliamentary discussion, the interventions of the main Labour proponents and Conservative opponents are reported (the speeches of proponents Clement Davies and William Beveridge were important for the Liberals), trying to highlight the political and ideological reasons for and against the government provision. The questions most discussed in Parliament concerned the purchase and sale of medical practices, the fate of the voluntary hospitals, and, in particular, the basic salary option for the doctors. Although the short parliamentary course of the bill ended successfully in November 1946, the political battle continued in the following months, with strong opposition from the British Medical Association. Despite that, the new health organization came into force in Great Britain, as expected, on 5 July 1948, after an agreement signed between the Labour government and the British Medical Association.

Keywords

National Health Service (UK) – parliament – welfare state – political parties – institutions – hospitals

Published with license by Koninklijke Brill BV | DOI:10.1163/26667711-20262009
© MASSIMILIANO PANIGA, 2026 | ISSN: 2666-7703 (print) 2666-7711 (online)
This is an open access article distributed under the terms of the CC BY 4.0 license.

1 Introduction

Among the provisions issued by Clement Attlee's Labour government in the process of building a modern welfare system in Great Britain in the aftermath of World War II, the National Health Service (NHS) is the one of which the British are most proud. It has attracted worldwide media interest and captured the imaginations of the public, who recognized the remarkable experiment that was being carried out in the United Kingdom. Some scholars talked about an authentic social revolution in the field of healthcare, which allowed the entire population to be provided with free medical treatment (although opinions differed on its development during the time, with Charles Webster highlighting many examples of mismanagement, neglect, and the lack of financial resources).[1]

The topic has long been the subject of particular attention by British historians and social scientists in general. The anniversaries of the National Health Service, in particular from 1988 onwards, have constituted important occasions to strengthen these studies, which have sought to reflect on the functioning and performance effectiveness of the NHS, alongside reflections on the relevance of its original principles.[2] With the exception of some parts in the biography of Health Minister Aneurin Bevan written by Michael Foot, reconstructions of the parliamentary debate that led to the approval in November 1946 of the law are almost absent. The goal of this essay is thus to reconstruct the passage of the law through Parliament, emphasizing the points of view of the main political forces: The Labour Party, the Liberal Party and the Conservative Party, underlining, in particular, the motivations, including ideological ones, put forward in support of the legislative measure advocated by Bevan, as well as the opposition that pushed opponents to present numerous amendments to the text and to file motions prompted more by political considerations than by real-world objections. It is precisely the parliamentary debate that allows us to highlight, from a different angle, some interesting positions of the political parties confronted by the bill, starting with that of the Conservative Party. Its dissension should be interpreted with care, because it is possible to detect, within the inevitable political opposition, an underlying attitude that included several elements of agreement with the National Health Service proposed in Parliament by the

1 Charles Webster, *The National Health Service: A Political History* (Oxford–New York, 2002), 2; see also idem, *The Health Services since the War*, 2 vols. (London, 1988–1996).

2 On this topic, see Roberta Bivinis and Mathew Thomson, "Anniversary fever? History and the culture of NHS celebration," *Modern British History*, 36 (1) (2025), 1–15.

Labour Party. And here the legislative process brings to light another very significant aspect of the issue, one that helps to explain the Conservatives' stance in Parliament, but has so far been somewhat overlooked by British historiography: namely, the proximity of the bill to the 1944 White Paper drafted by the Conservative Minister of Health Henry U. Willink among others under the coalition government led by Winston Churchill. This document—clearly influenced by the Beveridge Plan, but more detailed—envisaged the institution of a National Health Service aimed at the entire population of Wales, Scotland, and England. Although Bevan's proposals went further, especially in the full nationalization of the British hospital network, the White Paper nevertheless represented a decisive political and programmatic step, the first concrete elaboration of such a plan by any government.[3] In both the House of Commons and the House of Lords, Churchill's party frequently referred to the White Paper.

Naturally, however, there were also substantive differences between the Conservatives and Labour (the Liberals, who had been reduced to just twelve House of Commons seats in the 1945 election, supported the National Health Service). There were divisions, moreover, within each party. In the Labour Party, for instance, there was a staunchly left-wing minority, which included Aneurin Bevan, which often came into conflict with the mainstream party majority.

The starting point for the Parliamentary discussion is the long speech made in the House of Commons by the Minister of Health and creator of the National Health Service, Aneurin Bevan, on 30 April 1946, the day on which the debate began at an institutional level. This was probably the most important phase of the political battle, as the debate in the House of Lords proved to be less harshly contested.

As Martin Gorsky says, the NHS, "almost from the outset [...] has acted as a lightening conductor for ideological fissure, for some an incarnation of social solidarity and distributional justice, for others the epitome of inflexible bureaucracy and paternalism".[4] This was an ideological conflict that was reflected also in Parliament and found its most intense expression in the clash between the Labour government and the medical profession, particularly with the largest and most powerful trade association, the British Medical Association (BMA). This issue was frequently mentioned in Parliament and it

---

3 See Ministry of Health and Department of Health for Scotland, *A National Health Service: The White Paper in brief* (London, 1944).

4 Martin Gorsky, "The British National Health Service 1948–2008: a review of the historiography," *Social History of Medicine*, 21 (2008), 438.

loomed large over the entire process of establishing the National Health Service in Britain. As we know, the BMA was the body that most opposed the establishment of the NHS, causing no small problems for the Attlee government, which managed nevertheless, ultimately, to initiate its new health service, and to find an agreement with the association, after a long battle—lasting almost two years—and a few days before the so-called “Appointed Day”.

2 The Bevan Proposal and the Debate in the House of Commons

On 26 July 1945, the official proclamation of the results of the first political elections in postwar Britain sanctioned, to the amazement of the whole world, the victory of the Labour Party of Clement Attlee against the conservatives led by Winston Churchill, the national hero who had helped to save Europe from Nazi-Fascism. Much of the credit for the surprising success of the Labour Party, attuned to largely moderate positions and far from class assumptions, went to an electoral program, called “Let us Face the Future”. This program devoted ample space to new social rights, taking up both the Trade Union Congress’s Interim report on postwar reconstruction and the Beveridge Report, both of which were drawn up during the war.[5]

The intention of the party to proceed with the creation of a modern Welfare State closely followed the themes of programming and nationalization.[6] It was rooted in discussions that had animated the political

5 Gianni Silei, *Welfare State e socialdemocrazia. Cultura, programmi e realizzazioni in Europa occidentale dal 1945 ad oggi* (Manduria–Bari–Rome, 2000), 87–89.

6 The international bibliography on the history of the British Welfare is wide. Among more recent publications, see: Michael Hill, *The Welfare State in Britain: A Political History Since 1945* (Aldershot, 1993); Geoffrey Finlayson, *Citizen, State and Social Welfare in Britain 1830–1990* (Oxford, 1994); Nicholas Timmins, *The Five Giants: A Biography of the Welfare State* (London, 1995); Keith Laybourn, *The Evolution of British Social Policy and the Welfare State* (Keele, 1995); Michael Sullivan, *The Development of the British Welfare State* (London, 1996); David Gladstone, *The Twentieth-Century Welfare State* (New York, 1999); Margaret Jones and Rodney Lowe, *From Beveridge to Blair: The First Fifty Years of Britain’s Welfare State 1948–1998* (Manchester, 2002); Derek Fraser, *The Evolution of the British Welfare State: A History of Social Policy Since the Industrial Revolution* (Basingstoke, 2003); Bernard Harris, *The Origins of the British Welfare State, State and Social Welfare in England and Wales 1800–1945* (London, 2004); Rodney Lowe, *The Welfare State in Britain since 1945* (Basingstoke, 2005); George R. Boyer, *The Winding Road to the Welfare State: Economic Insecurity and Social Welfare Policy in Britain* (Princeton, NJ, 2019); Nasar Meer, “Who still needs the Nation? Empire, Identity and the British Welfare State,” *British Journal of Sociology*, 1 (2022),

landscape between the two world wars, years characterized by a strong feeling of unease and crisis in the United Kingdom due to difficult living conditions. The provision of a health service accessible to the whole community, capable of going beyond the important National Health Insurance Scheme of 1911 would be central to the creation of the Welfare State. The Emergency Medical Service, set up during the Second World War, constituted one of the decisive actions taken in pushing the debate towards a public and free health system, a direction in which the support of the British population was already gradually moving. Having been drawn up, not without difficulty and resistance, by the coalition government between the spring of 1943 and February 1944, the White Paper exerted a significant impact. Accepted with some reluctance by a Labour Party inclined to more radical provisions, this document contained elements of rupture with the traditional status quo, as testified by the negative reactions of the main association of British doctors, the British Medical Association, local authorities, and private and voluntary hospitals. They forced the Conservative Minister of Health, Henry U. Willink, into a partial reversal and to issue more moderate proposals, albeit without calling into question some postulates of the future National Health Service.[7] To begin with, they

50–59; Shaul Bar-Haim, *The Maternalists: Psychoanalysis, Motherhood and the British Welfare State* (Philadelphia, PA, 2024).

7 The expression "National Health Service" refers to the health system of England and Wales only, voted by the British Parliament in 1946 and which came into force in July 1948. Two distinct measures were approved for Scotland and Northern Ireland, between 1947 and 1948, which assigned both countries their own National Health System. In 1969 the Welsh NHS came under the control of the Secretary of State for Wales and then in 1999 under the control of the Parliament of the same State. The Scottish health service took a similar path, first placed under the responsibility of the Secretary of State for Scotland and subsequently, as a result of the Scotland Act of 1998, under the authority of the representative English institutions. The studies on the NHS are wide; among most recent publications, see: L. Granshow, *"Health for all": the origins of the National Health Service 1848–1948: a fortieth anniversary retrospect* (London, 1988); Charles Webster, *The Health Services since the War: Problems of Health Care: The National Health Service before 1957* (London, 1988); Frank Honigsbaum, *Health, Happiness, and Security: The Creation of the National Health Service* (London–New York, 1989); John Mohan, *A National Health Service? The Restructuring of Health Care in Britain since 1979* (Basingstoke, 1995); Nicholas Timmins, *A History of the NHS: NHS 50th Anniversary* (London, 1996); Kenneth M. Briant, *The Health of a Nation: The History and Background of the National Health Service* (Farncombe, 1998); Geoffrey C. Rivett, *From Cradle to Grave: The Fifty Years of the NHS* (London, 1998); Charles Webster, "Conflict and Consensus: Explaining the British Health Service," *Twentieth Century British History*, 2 (1990), 115–151; John Eversley, "The History of NHS Charges," *Contemporary British History*, 15 (2) (2001), 53–75; Webster, *The National Health Service*; John Stewart, "Ideology and Process in the Creation of the British National Health Service," *Journal of Policy History*, 14 (2) (2002), 113–134; Marvin Rintala, *Creating the National Health Service: Aneurin Bevan*

insisted, for example, that the old insurance scheme be dropped in favor of one financed by general taxation.[8]

If, as Charles Webster says, "the objective of translating the Beveridge 'assumption B' into reality was no nearer realization in 1945 than it had been in 1942", there is no doubt that Attlee's and Labour's rise to power opened up renewed opportunities for an overall reform of the health system, also because a similar and explicit objective had been affirmed in a party document, *The National Service for Health*, since April 1943.[9] Much of the British historiography, though not without criticism, attributes the approval of the National Health Service to one man: Aneurin Bevan.[10] The Welsh Minister of

and the Medical Lords (London–Portland, OR, 2003); Gorsky, "The British National Health Service 1948–2008," 437–460; Charles Webster, "Origins of the NHS: Lessons from History," *Contemporary British History*, 2 (2) (2008), 33–36; Glen O'Hara and George Campbell Gosling, "Healthcare as Nation-Building in the Twentieth Century: The Case of the British National Health Service," in *Healthcare in Private and Public from the Early Modern Period to 2000*, ed. Paul Weindling (Oxford, 2014); Rudolf Klein, *The New Politics of the NHS: from Creation to Reinvention* (Oxford, 2014); David A. Jones, "A Brief History of the National Health Service," *British Journal of Health Care Management*, 21 (2) (2015), 77–80; George Campbell Gosling, "Gender, Money and Professional Identity: Medical Social Work and the coming of the British National Health Service," *Women's History Review*, 27 (2) (2017), 310–328; Martin Gorsky and Gareth Millward, "Resource Allocation for Equity in the British National Health Service, 1948–89: An Advocacy Coalition Analysis of the RAWP," *Journal of Health Politics, Policy and Law*, 43 (1) (2018), 69–108; *75 Years of the National Health Service: A Political History of Health and Healthcare in Britain* (London, 2023); Shaul Bar-Haim, Lisa Baraitser and Martin D. Moore, "The Shadows of Waiting and Care: on Discourses of Waiting in the History of the British National Health Service," *Wellcome Open Research*, 2023; Andrew Seaton, *Our NHS: a history of Britain's best-loved institution*.

8 Regarding the political debate on the social policies in Great Britain during the war, see Jose Harris, "Political ideas and the debate on social Welfare 1940–45," in *War and Social Change: British Society in the Second World War*, ed. Harold L. Smith (Manchester, 1986).

9 See Webster, *The National Health Service*, 12. "Assumption B" is the part of the Beveridge Plan dedicated to the review of the British healthcare sector and in which it was argued that a "National Health Service for prevention and comprehensive treatment would be available to all members of the community"; see William H. Beveridge, *Social Insurance and Allied Services* (New York, 1942), 158–163.

10 The British historiography basically provides two interpretations on the subject. On the one hand, Aneurin Bevan is considered as the main and almost sole creator of the National Health Service; on the other, a part of the historiography tends, instead, to downplay the role of the Minister of Health, underlining the general consensus that was created in Great Britain in the middle of the last century around the bill concerning the creation of a universal and free health service. As we will see, moreover, some historians point to what they regard as errors made by Bevan in the process of establishing the National Health Service, particularly, a certain submissiveness towards the British Medical Association (BMA) and other opponents of the reform.

Health, a former miner and trade unionist, devoted considerable effort to the cause, almost identifying it with his own person.[11] In the weeks leading up to the healthcare reform bill's presentation in Parliament, Bevan showed an unexpected ability, especially for someone who had hitherto proven to be an uncompromising MP with a strong tendency towards political clashes. In a context characterized by multiple political/corporate hostilities, he managed to complete a series of delicate negotiations in government, where he had managed to assuage doubts about the reform bill and to stave off criticisms, and he had managed to do the same with some powerful professional organizations.[12] Pragmatism, charisma and a sense of responsibility were the qualities that allowed him to quickly win over the trust of the youngest employees working for the Ministry. As established by the agreements signed with his predecessor Willink, however, the relationship with the older officials who had resolved to defend the independence of private hospitals proved to be more complicated. Anticipating a clash which reoccurred in the two-year period 1946–1948, moreover, problems emerged at this stage in finding points of contact with the representatives of a medical profession that had managed over the years to gradually take over tasks from government hands.[13]

With intelligence and dexterity, and taking advantage of certain privileged relationships—for example, that with Lord Moran, president of the Royal College of Physicians—, Bevan prepared the ground on which to graft the proposals for a reorganization of the health sector. These landed on the government's desk in the autumn of 1945; after a few weeks of discussion, characterized by several altercations and unpleasant leaks, spread widely by the press, the proposals ended up constituting the backbone of the National Health Service Bill, presented, in outline, to the British Medical Association in January 1946 and to Parliament in the following March.

11 Regarding Aneurin Bevan, see Mark M. Krug, *Aneurin Bevan: Cautious Rebel* (New York, 1961); Michael M. Foot, *Aneurin Bevan: A Biography*, 2 vols. (London, 1962–1973); John Campbell, *Aneurin Bevan and the Mirage of British Socialism* (New York, 1987); Michael Foot, *Aneurin Bevan: 1897–1960*, abridged and edited by Brian Brivati (London, 1997); Nicklaus Thomas-Symonds, *The Political Life of Aneurin Bevan* (London–New York, 2015).

12 One of the members of the government least convinced by the reform bill was Herbert Morrison, who would have preferred a scheme marked by greater affinity with the White Paper of 1944. The minister perhaps closest to Bevan in drafting the bill, on the other hand, was Hugh Dalton, regarded by Michael Foot as the chief architect, after Bevan, of the National Health Service.

13 Webster, *The National Health Service*, 13–14. On the previous phases of the presentation of the bill in Parliament, see, above all, Foot, *Aneurin Bevan: A Biography*, 2: 118–138.

Bevan defended the provision and its underlying reasons from the first moment, expressed with lucid conviction in the session of the Chamber on 30 April 1946; as a defining moment, this date went on to receive the epithet "Bevan's Day" from the correspondent for *The Manchester Guardian*. At the second reading, the Labour minister had the opportunity to deliver a speech in front of a large audience on the proposals that the government had recently proposed at the Palace of Westminster. The main motivation in support of the bill was purely political in nature; its aim was to allow all people, regardless of any economic or social distinction, to access medical treatment. This was a radically new concept, which incorporated the scheme into the wider mechanism of wealth redistribution implemented by the State towards the poorest sectors of society.

> The first reason why a health scheme of this sort is necessary at all is because it has been the firm conclusion of all parties that money ought not to be permitted to stand in the way of obtaining an efficient health service. Although it is true that the national health insurance system provides a general practitioner service and caters for something like 21 million of the population, the rest of the population have to pay whenever they desire the services of a doctor. It is cardinal to a proper health organization that a person ought not to be financially deterred from seeking medical assistance at the earliest possible stage [...] Therefore, the first evil that we must deal with is that which exists as a consequence of the fact that the whole thing is the wrong way 'round. A person ought to be able to receive medical and hospital help without being involved in financial anxiety.[14]

The insurance scheme, according to the Labour minister, was an inadequate instrument to represent a renewed concept of citizenship which now included, alongside the political rights established in the nineteenth-century, the so-called social rights, guaranteeing for each individual a dignified level of life "from cradle to grave".[15] Bevan was aware, however, of how long the road would have to be before Britain could be provided with a comprehensive and universal health service. The path would have to be gradual, with a series of

14 Aneurin Bevan, Speech to the House of Commons, 30 April 1946, *Parliament series*, vol. 422, cols. 43–142.

15 On the social rights topic, reference should be made to the still relevant works by T. H. Marshall, beginning with *Citizenship and the Social Class* (Cambridge, 1950).

future adjustments that would need to be made beyond the approval of the proposed law.

With the capacity to touch upon issues such as such as mental and dental health, that were deeply felt by the public, the intervention in the Chamber focused attention on three fundamental and interconnected issues: hospitals, general practitioners and Health Centres.[16] On the question of the first, Bevan did not hesitate to criticize the British hospital organization and local resistance, too often obstacles to efficient performance:

> Our hospital organization has grown up with no plan, with no system; it is unevenly distributed over the country and indeed it is one of the tragedies of the situation that very often the best hospital facilities are available where they are least needed. In the older industrial districts of Great Britain, hospital facilities are inadequate. Many of the hospitals are too small, very much too small. About 70 per cent have less than 100 beds, and over 30 per cent have less than 30. No one can possibly pretend that hospitals so small can provide general hospital treatment. There is a tendency in some quarters to defend the very small hospital on the ground of its localism and intimacy, and for other rather imponderable reasons of that sort, but everybody knows today that if a hospital is to be efficient it must provide a number of specialised services. Although I am not myself a devotee of bigness for bigness sake, I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one.[17]

Reviewing the hospital system inevitably meant confronting one of its characteristic elements: private hospitals. Despite their glorious past, worthy of recognition, the voluntary hospitals were often small in size and were distributed unevenly throughout the territory, without any kind of relationship obtaining between one voluntary hospital and the next.[18] They were, above

16 If Foot is a Bevan admirer, Campbell is more critical and highlights how the Labour minister abandoned the idea of a local-authority-run health service in favor of the tripartite system, which perpetuated divisions between surgery and hospital, and health and social care.

17 Bevan, Speech to the House of Commons, 30 April 1946.

18 In recent years, however, part of British historiography has reconsidered the issue, examining in a more in-depth and generous way the history of voluntary sector healthcare and its contribution to the development of British healthcare. In particular, the works of George Campbell Gosling, Martin Gorsky, John Mohan, Martin Powell and John Stewart have underlined the crucial nature of the phase between the two World Wars, no longer

all, too tied to private charity, which could, in Bevan's words, generate repugnant situations:

> I have always felt a shudder of repulsion when I have seen nurses and sisters who ought to be at their work, and students who ought to be at their work, going about the streets collecting money for the hospitals. [...] It is repugnant, and we must leave it behind entirely.

The very term "voluntary hospital" was misleading because it was essentially the workers of the industrial districts who provided, through a weekly contribution, a large part of their financial income. For these reasons, it became urgent to review the size of those structures and to merge the smaller ones to form hospital units with at least 1,000 beds (not necessarily located in the same building). Each of these groups should have had a larger hospital, capable of providing generic services, flanked by a complex of smaller specialized buildings. Such a reorganization of voluntary hospitals made separate management impractical, according to Bevan. Nor could it be a satisfactory solution to entrust the administration to the local authorities, already in competence-based difficulty with the hospitals and marked by excessive differences in terms of extension and financial resources, because it would have caused many disparities in the provision of services. The minister

perceived solely as a stepping stone to the postwar welfare settlement, but as a period in its own right, often defined by the mixed economy or experiments in planning and coordination (David Green has described the pre-NHS voluntary sector as a "galloping horse"). There are several studies that have analyzed the activity, organization and especially the financing methods of voluntary hospitals at the local level between the end of the nineteenth century and the first half of the twentieth; among these are: David Green, "Medical Care Without the State," in *Re-privatising welfare: after the lost century, London, Institute of Economic Affairs*, ed. Arthur Seldon (London, 1996), 21–38; Steven Cherry, "Before the National Health Service: Financing the Voluntary Hospitals, 1900–1939," *The Economic History Review*, New Series, 50 (2) (1997), 305–326; Martin Gorsky and John Mohan, "London's Voluntary Hospitals in the Interwar Period: Growth, Transformation or Crisis? Nonprofit and Voluntary Sector," *Quarterly*, 30 (2001), 247–275; John Mohan and Martin Gorsky, *Don't Look Back? Voluntary and Charitable Finance of Hospitals in Britain, Past and Present* (London, 2001); Martin Gorsky, John Mohan and Martin Powell, "The Financial Health of Voluntary Hospitals in Interwar Britain," *The Economic History Review*, 55 (3) (2002), 533–557; Martin Gorsky, "'Threshold of a New Era': The Development of an Integrated Hospital System in Northeast Scotland, 1900–39," *Social History of Medicine*, 17 (2004), 47–67; George Campbell Gosling, "The Patient Contract in Bristol's Voluntary Hospitals 1918–1929," *Journal of Contemporary History*, 11 (2007), 1–16; idem, "'Open the Other Eye': Payment, Civic Duty and Hospital Contributory Schemes in Bristol 1927–1948," *Medical History*, 54 (4) (2010), 475–494.

therefore decided to create a completely new and unitary hospital system, which would include both voluntary hospitals and facilities managed by municipalities.[19]

Bevan's proposed way forward meant, in substance, the nationalization of the British health service, with the exception of teaching hospitals, and indicated, through the formation of the Regional Boards, the ideal territorial area for what, in all respects, was a revolution in the sector. In one fell swoop, the government broke away from the conglomeration of institutions inherited from the past, the old charity hospitals, the old infirmaries created by the Poor Law. For the first time, the providers of hospital services coincided with their planning bodies, in the hope of achieving better results.

On the subject of the general practitioner or family doctor, Bevan's approach was decidedly different.[20] He adopted a more measured approach and more moderate language, being well aware of the delicacy of the topic. Having discarded the idea of putting the general practitioner in direct contact with the Ministry of Health and local government, accepting the misgivings of the latter about the prospects of any such proposals, the legislative provision placed the general practitioners under a new body, the local Executive Council, which coincided with the sanitary area of the zone, and whose representation was half composed of professionals from various sectors (doctors, dentists and chemists). Indeed, the scheme "provides a greater degree of professional representation for the medical profession than any other scheme I have seen".[21] A more equitable distribution of general practitioners throughout the country was also considered necessary, though many GPs opposed the proposed solutions, which were considered to be too dirigistic. The direct consequence would have been the abolition of the purchase and sale of medical practices, a widespread custom, which militated, however, against the correct and homogeneous distribution of GPs. Bevan himself would have welcomed an end to such transactions: "I have always regarded

---

19 Bevan, Speech to the House of Commons, 30 April 1946.

20 On the general practitioner, see Irvine Loudon, John Horder and Charles Webster, eds., *General Practice under the National Health Service, 1948–1997: The First Fifty Years* (Oxford, 2011). On this issue, see also Bar-Haim, *The Maternalists*, especially chapter 6: "'The Drug Doctor': The Balint Movement and Psychosocial Medicine in Postwar Britain." The Balint Society was founded in the United Kingdom in 1969 and was probably one of the earliest attempts to re-invent the role of the GP as a family doctor.

21 Bevan, Speech to the House of Commons, 30 April 1946. Part of Bevan's speech in the House on 30 April 1946 is reported in Judith Allsop, *Health Policy and the NHS: Towards 2000* (London–New York, 1995), 292–293.

the sale and purchase of medical practices as an evil in itself. It is tantamount to the sale and purchase of patients".[22]

One of the most important challenges to be overcome concerned the remuneration of doctors; this perhaps was the real controversy for Bevan's opponents in the period between the approval phase of the National Health Act and its entry into force in July 1948. The need to establish, albeit only partially, a basic salary represented, for Bevan, a protection for the youngest doctors, or those destined to go to unfavorable locations, or who needed time to form their own lists of patients. On this point, a lively controversy arose among medical professionals against a provision that, in their opinion, transformed doctors into simple public employees. The bill, however, provided for the possibility of obtaining commissions through private visits for patients included in other lists (a measure not too popular with the minister, who admitted to Parliament that he had granted it only to avoid the proliferation of the black market in the sector). The same principle could be applied to hospitals, allowing specialists to carry out paid medical consultations within public facilities. In this circumstance too, Bevan expressed some doubts, but decided to subordinate them to the concrete risk of losing staff in favor of the nursing homes:

> If we do not permit fees in hospitals, we will lose many specialists from the public hospitals for they will go to nursing homes. I believe that nursing homes ought to be discouraged. They cannot provide general hospital facilities, and we want to keep our specialists attached to our hospitals and not send them into nursing homes.[23]

The third pillar of the Labour government's health reform was constituted by the Health Centres, places specially created to allow general practitioners to operate with adequate technical equipment. These facilities, also used for childcare and maternity care, were to be placed under the control of local authorities, this time preferred within the regional dimension for the best capacity to provide services. Certainly, it would take time to make the centers workable everywhere in the country, but Bevan considered them "extremely valuable and believed that their creation will be encouraged in every possible way".[24] The minister concluded his long speech in the Chamber with the hope

22 Bevan, Speech to the House of Commons, 30 April 1946.
23 Ibid.
24 Ibid.

for rapid approval of the measure, considered a fundamental step for the democratic development of Great Britain.

While the Liberals were lined up in defense of the provision, there was no shortage of criticism of the bill from the Conservative deputies on the opposition benches, amplified by the meeting held at the same time by the British Medical Association in London's Tavistock Square. Some recurring themes in the opposition speeches were the lack of involvement of the medical profession in the decision-making process and the confusion of a system that left some services to local authorities and others to the regions, while interfering heavily with the activity of charitable foundations. Strong doubts were expressed about the unsatisfactory distribution of doctors throughout the country having almost forced the government into the adoption of that specific organizational model. The Labour government attempted nevertheless to show that their proposals had attracted a groundswell of support, and that the accusations levelled by Churchill and his companions, that the government lacked the necessary administrative experience and knowledge of the sector, were unfounded.

After the session of 30 April, the two aspects of the bill which the Conservative Party found to be most problematic were articulated by the Conservative MP from Kensington South, Richard Law: first, it was the planning of the hospital network, with the control of the voluntary hospitals and facilities run by local authorities, and secondly, they were concerned with the working conditions of the medical class. Law struggled to understand why the Labour Party were so determined to nationalize hospitals, especially after Attlee had ruled this out as an option twelve months earlier (Law attributed this about-turn by the prime minister to Bevan's influence). While Law was not suggesting that these bodies should be left out of a National Health System, he proposed an articulation that would allow voluntary hospitals to maintain their management autonomy, without excluding charitable financing methods in the manner intended by the government, and without a weakening of the interests of local authorities, which in his opinion is what would happen under the government's proposals.[25]

This dispute was linked to the appearance of the administrative configuration of the hospital landscape, to the procedures, considered undemocratic, for the appointment and composition of the Regional Boards, and to the training of staff at the Health Centres. The Conservative members of

25 Richard Law, Speech to the House of Commons, 30 April 1946, *Parliament series*, vol. 422, cols. 43–142. Judith Allsop's book also contains a short excerpt of Richard Law's speech: Allsop, *Health Policy and NHS*, 293.

Parliament saw in these measures a hidden conception of an alternative society, and blamed the Labour Party for wanting to create a social model that rigidly anchored citizens to the State machine ("everybody pays to the State what he must and takes from the State what he can"[26]), thus undermining the most elementary personal freedom. The tension between doctors and the British government re-emerged, in fact, with the more general problem of the relationship between liberal professions and the State, in the possibility, that is, of combining national planning with the exercise of individual rights.[27]

According to the opposition point of view, the measures that regulated the exercise of medical activity and the inclusion of the general practitioner in the National Health Service were too dirigistic. Henry Morris-Jones, a prominent member of the Liberal National Party, feared a possible extinction of the figure of the family doctor, at least as it had been traditionally known for years in Britain, and feared, along with that loss, a subversion of the traditional relationship with patients. He expressed these misgivings in a letter sent to *The Times* in December 1942, on the occasion of the debate on the Beveridge report. As a doctor himself, Morris-Jones identified with the concerns voiced by many of his colleagues about a range of issues from the powers conferred on the Minister of Health, who is also responsible for housing policy, to the maintenance of a high level of professional independence and service standards.[28] The two major issues by which he was most alarmed were the proposed restrictions on the purchase and sale of medical practices, notwithstanding the promise of economic compensation, and, above all, the planned methods of remuneration, with the proposal to establish a basic salary.[29]

A summary of the Conservative opposition in the House was probably best represented by Henry Willink's speech on 1 May 1946. The former health minister from the time of the previous coalition government, he harshly attacked the bill in its current form, summarizing in a short but effective speech, all the reasons why his party would return a negative vote if there were no significant changes made to the text. The regionalization of the service, its administrative structure and the question of the basic salary to

---

26 Law, Speech to the House of Commons, 30 April 1946.

27 In addition to Richard Law, the Conservative MPs who were actively involved in the debate in the House of Commons on the National Health Service were: Henry Willink, Ralph Glyn, Hugh Linstead, John Maitland, Malcolm Stoddart-Scott, and Frances Joan Davidson.

28 Henry Morris-Jones, Speech to the House of Commons, 1 May 1946, *Parliament series*, vol. 422, cols. 159–313.

29 Henry Morris-Jones, Speech to the House of Commons, 2 May 1946, *Parliament series*, vol. 422, cols. 323–417.

doctors became the topics of a lively exchange of jokes between himself and Bevan. Alongside accusations of poor competence in the matter and of little humility in the conduct of the legislative process, Willink reiterated to Bevan that the bill being examined by Parliament had moved away from the postulates contained in the White Paper and from the positions taken by various Labour representatives during the previous months.[30]

On a formal level, the position of the Conservative Party was confirmed by the presentation of an amendment, signed by Churchill among others, which established the main reasons for the opposition to a restrictive provision by

> The patient's right to an independent family doctor; which retards the development of the hospital services by destroying local ownership, and gravely menaces all charitable foundations by diverting to purposes other than those intended by the donors the trust funds of the voluntary hospitals; and which weakens the responsibility of local authorities without planning the health services as a whole.[31]

On the other side of the Chamber, the Labour Party and Liberals were clearly tuned to an alternative wavelength. The Prime Minister himself championed the provisions, devoting ample space to the subject at the same time as the Bournemouth Congress in 1946, proudly intended to enhance the socialist content of the bill, to be considered a model for the whole world.[32] In the words of Alice Bacon, MP for Leeds North East, the creation of a National Health Service constituted the largest measure for human well-being introduced in Great Britain, which, when combined with other legislative initiatives like the National Insurance Bill and the National Insurance (Industrial Injuries) Bill, would create a vast and innovative social protection network for citizens.[33] Edward Arthur Hardy defined the revolutionary proposals, while Ernest Roger Millington opened his speech by also underlining the historical significance of the government measure: "I welcome this Bill because I believe it is cast in the noblest mold of any Bill that has come before this House, at any rate, in the last 25 years".[34] Charles Key himself, parliamentary secretary of the

---

30 Henry Willink, Speech to the House of Commons, 1 May 1946, *Parliament series*, vol. 422, cols. 159–313.

31 House of Commons, 1 May 1946, *Parliament series*, vol. 422, cols. 159–313.

32 Silei, *Welfare State e socialdemocrazia*, 93.

33 Bacon, Speech to the House of Commons, 30 April 1946, *Parliament series*, vol. 422, cols. 43–142.

34 Ernest Roger Millington, Speech to the House of Commons, 2 May 1946, *Parliament series*, vol. 422, cols. 323–417.

Ministry of Health, considered the National Health Service Bill the most important bill of the session in progress, since it concerned one of the central problems of the time, that of people's health.[35]

The numerous interventions by the Labour Party in the House of Commons often lavished praise on the figure of Bevan, whilst inevitably attacking the opposition, accused of prefiguring almost apocalyptic scenarios for the introduction—at least in the forms devised by the government—of the National Health Service and of exploiting for political purposes the resistance, which actually existed, of the British Medical Association, the very powerful professional organization of British doctors.[36] Arthur Greenwood, a longtime Labour MP, spoke of the Conservatives as a comatose party ("I have never know an opposition so feeble on so great an issue as the opposition has been in this debate"), to be capable of proposing an amendment with such questionable content ("I have dealt with amendments for nearly a quarter of a century and I have never seen one quite as base as that which we are now discussing. I am sorry to say the Tory hand has lost its cunning").[37]

The Liberals, or rather what little remained of the party in Parliament after the 1945 elections, were less triumphalist in tone, but equally united in support of the bill.[38] Their view in the House of Commons was voiced directly by their leader Clement Davies. He immediately welcomed the establishment of a free health system extended to the entire population, ensuring that the Liberals would help to swell the ranks of those who criticized the attitude assumed by the Conservative Party. He professed his failure to understand the reasons for their aversion to the bill. If health was a matter affecting the whole community, then there must be a complete, planned and decentralized national service in the country with respect to the provision of services. Proud of being from the same part of Wales as the Minister of Health, Davies did not hesitate to refute the many inaccuracies that, in his opinion, had been widely

35 Charles Key, Speech to the House of Commons, 26 July 1946, *Parliament series*, vol. 426, cols. 392–414.

36 There was another important, but less influential, organization in the sector: the Socialist Medical Association. It was founded in 1930, absorbing many members of the State Medical Service Association; it was ideologically close to Labour positions, so much so that it was able to elect nine members to Parliament with Attlee's party in 1945.

37 Arthur Greenwood, Speech to the House of Commons, 2 May 1946, *Parliament series*, vol. 422, cols. 323–417.

38 The general elections of July 1945 were a real *débâcle* for the Liberal Party, with only 12 seats won in the House of Commons.

voiced in relation to doctors' freedom of choice and the measures relating to voluntary hospitals.[39]

The Labour and Liberal support for the text, however, was not without some criticisms. During the parliamentary debate, Bevan had to face many complaints from both the right and the left, even from his own political side. Various aspects of the system needed modification, according to some Labour Party MPs, and proposals were made from the backbenches. The most common reservations expressed in the speeches of Labour members of Parliament concerned the potential for doctors to make paid visits outside of public structures or to maintain a certain number of private beds in public hospitals, and the effective reduction of the remit of the local authorities. On this matter, there was the question of the treatment of mental illnesses, which the text continued to leave to the management of private institutions. There were also questions regarding the methods of purchasing hospital supplies, the problem of rheumatic diseases and their treatment, and the problem of too little emphasis being placed on disease prevention. In addition, there were several requests for more dentists on the national level and for improvements to the parts of the bill which addressed medical research and the nursing profession. The issues raised, however, were often technical in nature (an element that particularly characterized the interventions of the doctor-parliamentarians), and did not cast any serious doubt on the Labour members' support for the reforms. Indeed, any such defects as could be identified by Labour Party members were faults that they attributed to the concessions that Minister Bevan had been forced to make along the way in drafting the legislative provision.[40]

At the close of the second reading, the bill saw 372 votes in favor and 172 against. Despite the polarization in the Chamber, the bill did not undergo substantial changes even in the third reading, opened by Charles Key on

39 Clement Davies, Speech to the House of Commons, 1 May 1946, *Parliament series*, vol. 422, cols. 159–313.

40 These criticisms underlined some issues already emerging in the government, with some senior Labour members having expressed doubts about specific points of the bill. Among these, once again, was Herbert Morrison, group leader in the House of Commons and vice president of the Council, who, in addition to his focus on the local authorities' powers, expressed doubts about the methods of composition of the Regional Boards. More generally, the opposition that Bevan had to face within the executive (another complaint from the left concerned the failure to introduce a full-time salaried service) was also caused by certain rivalries and character traits of the protagonists. On the personal relationships between the various members of the Labour executive, see, above all: Rintala, *Creating the National Health Service*, 36–52.

26 July 1946. Moreover, the changes made at the Commission stage had been limited, with the debate dominated by the conditions of employment of the doctors. The tripartite nature of the services remained divided into hospitals, general practitioners, and services offered by local authorities, as if these were three entities completely separate from each other. While not denying the existence of shareable provisions in the text and a change in Bevan's attitude, the Conservatives remained firm in their positions, filing an amendment rejecting the bill that was even more aggressive than the one proposed at the second reading. According to this Tory amendment, the health services, both local and national, continued to lack adequate coordination, were financially unstable, and fell unequally on the different social classes. The final result of the vote was not surprising, however, with the bill receiving, after a quick parliamentary session, a large majority of the votes (261 to 113).[41]

3 A Weak Opposition

Once the bill moved to the House of Lords, the debate—which commenced here on 8 October 1946—took on less divisive tones, perhaps reflective of the different role played by the Lords within the legislative process (as the unelected second chamber, the Lords can scrutinize, revise and delay bills, but not substantially block the legislation driven by the House of Commons). Of course, there was no shortage of negative commentary by Conservatives and medical class representatives, who took up issues already addressed in the Lower House: the nationalization of hospitals, the fate of voluntary hospitals, the role of doctors—and the associated problem of their remuneration—, loss of childcare and maternity care services, etc. Among the most critical voices were those of Geoffrey FitzClarence (Earl of Munster), Lord Thomas Horder, and Lord Charles Lyle, who all aligned to reject the government measures, as brought to light by William Jowitt, the Lord Chancellor. While FitzClarence feared a leveling down of health services, if the legal provisions had become effective, Horder feared the spread of a black market in medicine, and described, moreover, the whole reform project as one which needed to be completely reviewed.[42] For Lord Lyle, even the acceptance of ameliorative amendments, considered fundamental to correct the numerous defects of the

41 House of Commons, 26 July 1946, *Parliament series*, vol. 426, cols. 392–414.

42 Geoffrey FitzClarence and Thomas Horder, Speeches to the House of Lords, 8 October 1946, *Parliament series*, vol. 143, cols. 1–64.

text, could not have transformed "what is fundamentally a bad bill into a good bill".[43]

Reading the parliamentary records of the House of Lords, however, the impression conveyed is one of an overall endorsement of the general principles of the bill. This is all the more impressive if we consider the fact that the Conservatives had the majority of seats in the Lords. While this gave them the numbers, theoretically, to sanction the ending of the bill, this is not how the balance between the two Houses played out in practice; but the Conservatives in the House of Lords could at least have created a deep embarrassment for its author.[44] The political differences within the Upper Chamber, as acknowledged by Ian Lawson Johnson, Lord Luke, in the 9 October session, concerned not so much the realization of a National Health System, on which most of the political forces agreed, but the procedures adopted to achieve that goal. Many of the interventions underlined the continuity of the contents of the National Health Service Bill and the 1944 White Paper (a viewpoint contested by FitzClarence). According to William Hare, Earl of Listowel, the measure was not the result of one party's policy, but of the concerted efforts over the years in the health sector, involving Parliament and the British government, in addition to various professional categories, etc. Alongside the Beveridge Report and the White Paper, the work of the government alliance in the war years demonstrated "the many and varied sources from which the ideas in this Bill have come".[45] The lack of any real opposition finds a more resounding confirmation in a statement made by Lord John Llewellin, Conservative and former minister of the Churchill government, when he acknowledged that Parliament would have discussed a similar project if the Tories had won the election or in the case of a new government coalition.[46] Numerous appeals arose in the Chamber in the direction of a loyal collaboration aimed at approving the law, regardless of the differences and reservations expressed on some of the details of the bill. At the same time, several limitations and the need to add to the text appropriate changes at the Commission stage were also highlighted by the supporters of the bill, but the outcome of the final vote

43 Charles Lyle, Speech to the House of Lords, 9 October 1946, *Parliament series*, vol. 143, cols. 69–138.

44 Rintala, *Creating the National Health Service*, 8.

45 William Hare, Speech to the House of Lords, 9 October 1946, *Parliament series*, vol. 143, cols. 69–138.

46 John Llewellin, Speech to the House of Lords, 9 October 1946, *Parliament series*, vol. 143, cols. 69–138.

was never in doubt; for Charles Kerr, Lord Teviot, it would have been simply a disaster if the scheme had failed.[47]

If this can be described as weak Conservative opposition to the Health Service Bill, it was as much a feature in the House of Commons as it was subsequently in the Lords.[48] As analyzed previously, the political confrontation in the Lower House was vibrant, but there were no peaks of unusual contrast. Several times, the substantial agreement on the principle of the universalism of health services was noted on both sides. In this sense, the Conservative MP Richard Law assured minister Bevan of his intention to give "every support we can in making it effective", while Henry Willink, despite the harshness of his claims, admitted that the realization of a universal health service had been a goal at the center of his own personal and political interests of the past four years.[49] In the same tone, the statement made at the 1 May session by Harold Webbe, representative for the London constituency of Westminster Abbey, motivated the weak opposition to support the measure, with the aim of the project having generally been accepted by the assembly.[50] This consideration was supported by the words of Hugh Linstead, for whom, notwithstanding the valid criticisms expressed in Parliament, the health reform together with the National Insurance Bill and the National Insurance (Industrial Injuries) Bill composed an overall scheme of social protection around which all political forces could coalesce.[51] Even while announcing the Conservative vote against in the House, MP John Maitland concluded the intervention in this way:

> I conclude by saying that this is a Bill which we must all wish well. Once the battles are over, the Minister need have no doubt that we will all do our best to make it a success. So far as I am concerned I shall do my best to make it a success. That is the basis of British legislation. But this Bill is

---

47 Charles Kerr, Speech to the House of Lords, 8 October 1946, *Parliament series*, vol. 143, cols. 1–64.

48 On the Conservative Party's position in the face of Welfare policies, see Robert M. Page, *Clear Blue Water? The Conservative Party and the Welfare State since 1940* (Bristol–Chicago, IL, 2015). For another useful reference on this topic, see Harriet Jones, "The Conservative Party and the Welfare State, 1942–1955" (PhD diss., London School of Economics and Political Science, 1992).

49 Henry Willink, Speech to the House of Commons, 30 April 1946, *Parliament series*, vol. 422, cols. 43–142.

50 Harold Webbe, Speech to the House of Commons, 1 May 1946, *Parliament series*, vol. 422, cols. 159–313.

51 Hugh Linstead, Speech to the House of Commons, 26 July 1946, *Parliament series*, vol. 426, cols. 392–414.

> only a stage, it is only a step, and it will lead to a better realisation of the need and the importance of the health of the people as our greatest asset.[52]

The need for a vast universal measure for Britain, regardless of social class and income, effectively placed the Conservatives in an uncomfortable position before the government bill. As Ralph Glyn noted at the time: "I feel great difficulty personally in opposing the proposals of the government on this occasion because I put my faith in what the minister said".[53] Liberal Clement Davies compared the situation for the Conservatives to a similar dilemma with which they had been faced with the National Health Insurance Act of 1911: "They could not say 'Yes' and they did not dare to say 'No', so they invented a sort of new middle conservative way of trying to get the best of both worlds".[54] The attitude of the Tories as one of a substantial acceptance of the values included in the draft law is one that is borne out by the majority of the British historiography. While it would be a mistake to consider the Conservative opposition to this bill as simply a party tactic—the political battle in the House of Commons routinely dealt, after all, with substantial and primary issues—, it appears that the fundamental requirement for a health service available to all was recognized by both sides. In this context, we can easily understand Churchill's decision not to intervene in the parliamentary debate, but to instead leave it to figures such as Richard Law to carry the voice of Conservatives in the Commons. According to Marvin Rintala, however, the British statesman's self-exclusion from the debate responded above all to a fear of directly confronting Bevan in a dialectical duel, an art in which the ability of the Labour exponent was recognized by everyone. The extra-parliamentary criticisms that Churchill reserved for healthcare reform, moreover, almost seem to show a certain lack of interest in the issue.[55]

In the presentation session of the text of the law, Bevan commented that "The opposition to the bill is not too strong as it was thought it would be". Even the intervention by Beveridge, issued to the House of Lords on 9 October 1946, was remarkably brief. This might have seemed rather strange for the former director of the London School of Economics and Political Science, and

52 John Maitland, Speech to the House of Commons, 26 July 1946, *Parliament series*, vol. 426, cols. 392–414.

53 Ralph Glyn, Speech to the House of Commons, 30 April 1946, *Parliament series*, vol. 422, cols. 43–142.

54 Davies, Speech to the House of Commons, 1 May 1946.

55 Rintala, *Creating the National Health Service*, 9–11.

editor of the eponymous report on which the Labour Party had built much of the 1945 election program, but was justified by the fact that there were no reasons to go too far in challenging a measure on which there were numerous assonances among parliamentarians.[56]

But what did William Beveridge think specifically of the government's proposal? He expressed his appreciation, giving it his full support in practically every way (suggesting only secondary changes that were of limited impact). He was convinced that the measures constituted a revolution in the country's healthcare field and went beyond the White Paper. The bill would allow for the achievement of two important objectives: the removal of any economic barrier between sick people and the best possible medical treatment, and the creation of a true Ministry of Health, a national authority "with the duty and with the power of attacking disease as a national enemy". The public interest and democratic demand on this issue, arising from the 1942 document, had found an answer in the establishment of the Regional Boards and Health Centres. Beveridge agreed too with the mixed system adopted for the remuneration of doctors, consisting of a basic salary and the capitation fee, and was sure that this would not undermine the relationship between doctors and patients or transform the role of doctor into that of simply another public official.[57]

Beveridge's speech closed the session. The House of Lords discussed the amendments from 17 to 31. Analogous to previous sessions, the government was represented by William Jowitt, Lord Chancellor, who immediately wanted to reassure his colleagues of the adequate attention that the government would show in examining the individual amendments. These concerned various subjects and were often aspects of a technical nature, ranging from provisions for obstetrics staff to the functions of certain administrative bodies, from the dentistry service through disease prevention to scientific research in the medical field. If many were withdrawn, others were welcomed thanks to

---

56 To have a better understanding of the Beveridge position on this topic, it is important to read his book *Voluntary Action*, where he explains the relevance of the roles of mutual aid and philanthropy in the past, and advocates that these should continue to operate in post-World War II society, in particular, in those sectors where the State could not have operated. Important for Beveridge was the cooperation between public authority and voluntary action – which the State was supposed to encourage for social progress; see William Henry Beveridge, *Voluntary Action: A Report on Methods of Social Advance* (London, 1948).

57 William Beveridge, Speech to the House of Lords, 9 October 1946, *Parliament series*, vol. 143, cols. 69–138.

the appropriate clarifications provided by Jowitt, a sign, for the Lord Chancellor, of the common sense being shown by the Labour Party.

Divisions remained, however, on the question of Regional Boards, on the health services of local authorities, and over the sale of medical practices. Crucially, the Lords expressed their approval of an amendment that excluded the possibility of a basic salary for doctors.[58] This represented a modification of a key point of the bill, placing the Upper House somewhat surprisingly at odds with the choices made within the executive.

For Bevan, such a response was inadmissible. While changes could be accepted—so much so that several Lords, perhaps with an exaggerated emphasis (these were still minor corrections), considered the measure they approved to be better than that sanctioned by the House of Commons—, the dual mode of remuneration, basic salary plus capitation fees, was a prerequisite for the government from which it was unthinkable to retract. Labour adjusted its stance in the November 4th session of the House of Commons. For the occasion, the minister took the floor, reiterating the need for a basic salary for doctors. To reassure those most critical, he specified that the measure did not constitute the advance of a future full-time wage service, despite some Labour members of Parliament advocating for just such a service. Most of the remuneration would be derived from the capitation tax. For the opposition, however, Willink explained that it was not a problem of proportions. The presence, albeit a minor part, of a basic salary undermined the level of services offered and the independence of the doctor.

The distance between the parties remained too great to think of a shared solution. It was now clear how much the issue had become the centerpiece of a political battle that would last until 5 July 1948, the so-called "Appointed Day", the day on which the law would come into effect. The November 4th session ended with the Labour Party voting by majority against the amendment (303 against, 128 in favor), and thereby restoring the double remuneration typology, anticipating, shortly thereafter, the Royal Assent on the entire bill, at the end of a relatively short six-month legislative process.[59]

58 House of Lords, 17 October 1946, *Parliament series*, vol. 143, cols. 346–394; House of Lords, 21 October 1946, *Parliament series*, vol. 143, cols. 396–484; House of Lords, 22 October 1946, *Parliament series*, vol. 143, cols. 486–568; House of Lords, 23 October 1946, *Parliament series*, vol. 143, cols. 590–640; House of Lords, 28 October 1946, *Parliament series*, vol. 143, cols. 747–806; House of Lords, 31 October 1946, *Parliament series*, vol. 143, cols. 924–952.

59 House of Commons, 4 November 1946, *Parliament series*, vol. 428, cols. 1067–1167.

4 The "Appointed Day"

In the form in which it passed through Parliament at Westminster, the structure of the health system, inspired by the measures adopted in New Zealand before the Second World War, remained that planned by the Labour Party and was articulated on the three levels of management already described: The Regional Hospitals Boards, 14 in total for the country (1 for Wales and 13 distributed throughout the rest of Great Britain) and of ministerial appointment, were responsible for the coordination and planning of the provision of specialist hospital services; the Local Executive Councils, also dependent on the Ministry of Health, had responsibility for the organization of general practitioners and pharmaceutical, ophthalmological and dental services; the rigid centralization was only partially mitigated by the Local Authority Health and Welfare Service, which had a remit including vaccinations, maternity and childcare, disease prevention, etc.[60] The backbone of the government scheme was the role of hospitals, which were headed up, in each individual region, by the Hospitals Management Committees, composed of lay members and members of the medical profession, with a variety of experience and different backgrounds in the administrative field. A separate status was granted to university hospitals, which referred to the Boards of Governors and, ultimately, financially, to the Ministry of Health.

From this moment onwards, the battle for the National Health Service moved outside Parliament. Showing a remarkable ability in negotiation, Bevan had managed to overcome, in a more or less satisfactory way, the resistance of some groups with an interest in the sector, but the opposition of others remained, principally that of the general practitioners and the British Medical Association. The country at large thus became the main theater of the dispute, replaying the familiar difficulties encountered by Lloyd George in 1911. The British Medical Association fielded the whole paraphernalia of corporate pressure aimed at hindering the period of transition to the fateful date of July 5, continuing to refuse the opening of official mediation in the drafting of the regulations applying the law. An internal referendum, which took place at the end of 1946, saw the strong opposition of membership to any such mediation.

This stalemate situation—or, at least, the lack of communication between the parties—ended in January 1947, when Bevan wrote a letter to the presidents of the three Royal Colleges, in which he sought to reassure the medical

60 Silei, *Welfare State e socialdemocrazia*, 93–94.

profession about the government's intentions. Faced with the tone and content of the minister's letter, the resolution of the BMA Council followed, with a decision to open a channel for dialogue, entrusting the task to a special negotiating committee and to a series of subcommittees.[61] The weeks that followed saw the emergence of a climate of greater harmony, with Bevan more conciliatory and a greater willingness to by the doctors, led by the BMA, to try to find some compromises. With the regular participation of Arthur Woodburn, as Secretary of State for Scotland, and of officials of the Ministry of Health, the talks were conducted without excessive publicity in a manner more conducive to reaching an agreement on many points of the dispute. A few, but important, issues were excluded from the agreement: the purchase and sale of medical practices, the geographical distribution of doctors, the right to appeal to the court against the decision to remove a doctor from the list of an Executive Council and, above all, the methods of remuneration for doctors, with those advocating for a £300 per year basic salary now becoming the focus of the whole problem.[62]

Once again, political confrontation was inevitable. Bevan's denials that the will of the Labour executive was "to convert the national health scheme into a full-time salaried service" were of no avail.[63] Among other things, the British Dental Association was also in a state of turmoil; in a resolution of 31 January 1948, the association invited its members to refuse subscribing to the National Health Service.[64] Worried by this state of affairs and the possible repercussions, the government called a special session of the House of Commons on 9 February 1948, in an attempt to assuage any doubts and to affirm, once and for all, that the National Health Service would become fully operable on 5 July. Given the delicacy of the situation, the debate was opened by the Minister of Health Aneurin Bevan, who did not hesitate to attack, with more emphasis and invective than his previous speeches, the propaganda campaign against the law, aimed at creating misinformation and misunderstandings among the medical profession, influencing their willingness to be included in the scheme. The BMA—in particular, the small body of its spokespersons—was

61 "Doctors try again. A second vote? Recommendation to negotiate," *The Manchester Guardian* (16 January 1947).

62 "Mr. Bevan meets the doctors again. Profession's dilemma on health act," *The Manchester Guardian* (3 December 1947); "Doctors under the health service scheme. BMA and Minister State their cases," *The Manchester Guardian* (19 December 1947).

63 "Mr. Bevan & the doctors. Two assurances. Not a full-time salaried service," *The Manchester Guardian* (23 January 1948).

64 "Dentists & health service. Amendments demanded," *The Manchester Guardian* (2 February 1948).

accused of moving politically and of having rejected the law even before knowing its contents. The same criticism extended to the parliamentary minority, who were actively exploiting the BMA's position. If the Conservatives intended to support the association's protest, Bevan decried this as deplorable because it would mean subjecting a part of society to a kind of blackmail, affecting the sovereignty of Parliament. The Tories, however, never fully identified with the battle of the BMA. The coordination between the two forms of opposition—political and professional—was so scarce that F. Gray, member of the Governing Council, declared that "the profession could not rely on any political party".[65]

For the minister, the association's attitude was not aimed at introducing corrections to the law, but was aimed rather at preventing its enforcement of the relevant provisions. The BMA spokespersons, for their part, recriminated the lack of sufficient bargaining between the parties. Their stance, as far as Bevan was concerned, was unacceptable. While admitting that he had made mistakes in the negotiation, he underlined how he and the Ministry officials had met the negotiating committee several times at the different stages of drafting the law since August 1945. The government, in his opinion, had made enough concessions, and he concluded by asking the House to approve the following motion in support of the government position:

> That this House takes note that the appointed day for the National Health Service has been fixed for 5th July; welcomes the coming into force on that date of this measure which offers to all sections of the community comprehensive medical care and treatment and lays for the first time a sound foundation for the health of the people: and is satisfied that the conditions under which all the professions concerned are invited to participate are generous and fully in accord with their traditional freedom and dignity.[66]

This, in truth, was an anomaly in British parliamentary practice. There had never before been a record of a motion filed in support of a recent legislative provision. On the other hand, the Conservatives filed an amendment asking for the exclusion from the same motion the reference to the conditions under which the medical profession would work under the National Health Service.

---

65 Foot, *Aneurin Bevan: A Biography*, 2: 195.

66 Aneurin Bevan, Speech to the House of Commons, 9 February 1948, *Parliament series*, vol. 447, cols. 35–160.

Marked by a rather heated exchange, this debate in Parliament repeated the same pattern as that from 1946, with Labour and the Liberals on one side and the Conservatives on the other. The context, however, was different from that surrounding the passage of the National Health Act; the diatribe was now about how the government had planned, or rather was planning, its implementation. The BMA's perceived attempts to boycott the law establishing the National Health Service was denounced by the government as undemocratic. Their opposition, in the eyes of the majority, was not contents-based but political, motivated exclusively by the presence of the Labour Party in government. According to Arthur Woodburd, head of the Scottish version of the National Health Service, general practitioners, by far the largest contingent within the association, were called upon to choose between two options: loyalty to the country and their patients or loyalty to the British Medical Association. The hope was that the doctors would agree to enter the scheme (the bill, after all, could have been changed later by a subsequent amending bill if any limitations or problems had emerged during its practical application). In rejecting the accusations of political exploitation of the affair, the Conservatives instead described a country completely unprepared for the new rules, with an insufficient number of doctors and hospital facilities, many of which had been damaged by bombing during the war. Richard Austen Butler, one of the most prominent figures in the party and president of the Conservative Research Department, considered it absurd that an agreement with the BMA had not yet been reached, as of 5 July, a failure for which he held Bevan to be fully responsible.[67] The cause of the dispute resided in the relationship with family doctors, whose reasons for the protest, according to many Tories, had not been understood by Labour.

The criticisms made against the executive, however, did not foreshadow Conservative behavior in the House purely in destructive terms; the hope, indeed, was that common sense would prevail and an agreement could be found, perhaps through a step back by the government, which could calm the anxieties of the general practitioners. One thing was clear to everyone: the proper functioning of the health service depended on the willing participation of the medical profession. Any alternative solution, including a coercive intervention, was absolutely unthinkable.

For this reason, Bevan decided to act on two levels, different but complementary. While he identified Parliament as the appropriate place within which to circumscribe the political battle, he reopened a negotiation channel

67 Richard Austen Butler, Speech to the House of Commons, 9 February 1948, *Parliament series*, vol. 447, cols. 35–160.

with the association of doctors outside of their institutional headquarters, exploiting the intermediation especially of Lord Moran, in a further attempt to solve the situation.

The session of 9 February ended with the approval of the government motion, with 341 votes in favor and 178 against; the Conservative amendment, meanwhile, was rejected 337 votes to 177.

Michael Foot considered that meeting of the House on 9 February to be a very important turning point in the whole matter, one that directed—as had few other such moments in the past—the course of future events: "Only on rare occasions do specific debates in the House of Commons dictate the course of events. That on 9 February was one of these exceptions".[68] His thesis is that Bevan, through a clever political operation, had managed to "manoeuvre" the Tories to vote against "the most exciting and popular of the government's measures" just a few months after its introduction.[69] This echoed a similar judgement by the correspondent of *The Manchester Guardian*, who, in an article published two days after the parliamentary session, described the intervention of Bevan as "a brilliant performance which sent the Labour members benches wild with delight. He sat down at the end of it to one of those the House of Commons reserved for an unusual gladiatorial triumph".[70]

The game was not over, however, but had yet to be played out in a different forum. The solution came, in fact, from the negotiation. Having reassured the BMA for the last time on the most controversial point—that is, on the rules regarding the remuneration of doctors—, Bevan finally managed to find an agreement, also by taking advantage of a degree of cohesion among doctors that was by no means solid.[71] The BMA, indeed, was riven by controversy and tensions, with about 20 percent of its doctors having already joined the National Health Service. Greeted with almost unanimous relief by the House of Commons and by the Lords in the meetings on 7 April 1948, the goal was reached at the price of some rather heavy concessions, which reaffirmed the centrality of the medical profession and its high margin of independence in determining how the health service would operate. In particular, the minister

68 Foot, *Aneurin Bevan: A Biography*, 2: 195.

69 Ibid., 192–193.

70 "Mr. Bevan launches fierce attack. Many charges against BMA," *The Manchester Guardian* (10 February 1948).

71 Rodney Lowe is particularly critical of Bevan. Far from being a highly pragmatic agreement, he describes it as a loss of nerve in the struggle with the BMA; see Lowe, *The Welfare State in Britain*, 184–185.

was forced to partially reverse the basic salary issue, which became optional for doctors already in practice and, after the first three years, for new professionals entering the sector. The compromise allowed more doctors and practitioners to choose whether to remain tied to the double system or to opt for the regime with the capitation fee only, linking the size of the salary to the number of patients treated.[72] In this way, Bevan tried to address his own concerns about younger doctors who had yet to establish themselves in the profession and who needed to build from a solid position. Added to this concession, Bevan followed with a further guarantee represented by the approval, at the earliest opportunity, of a small amendment law which would have expressly forbidden the creation of a full-time salaried service.[73]

Some minor disputes continued, of course, regarding the right of appeal to the courts for a general practitioner dismissed from the service, and the abolition of the sale of medical practices. But was the BMA really willing to continue the battle, basing its opposition only on these issues? By now the 5 July date was nearing, and even public opinion seemed to consider the compromise that had been reached to be satisfactory. By stubbornly placing itself outside the box, the BMA would have done little else but weaken its bargaining power.

The following weeks saw further meetings between the BMA and Bevan, who also managed to find a general agreement with the dentists and the opticians.

The last obstacle on the path towards the National Health Service was overcome in the first days of May, when the outcome of another internal BMA referendum was made public by the doctors. Although the majority of them remained against the law, the distance between the 'yes' votes (12,799, of which 8,639 were from family doctors) and the 'no' (13,891 votes) had drastically decreased compared to the February results. The widespread belief was that Bevan needed at least 8,000 general practitioners to allow for an adequate start of the service, and this threshold now appeared to have been met.

At this point, *The Manchester Guardian* could finally announce in its 6 May edition that the National Health Service Act "is saved". The Chairman of the BMA, Gay Dain was more explicit in his statement that "the fight is over".[74] Although many things remained to be resolved and it took time to complete the gigantic structure set up by the Labour government, the launch of the NHS

72 House of Lords, 7 April 1948, *Parliament series*, vol. 154, cols. 1194–1198.

73 "Safeguard for doctors. Mr. Bevan's promise," *The Manchester Guardian* (2 July 1948).

74 "July 5," *The Manchester Guardian* (6 May 1948); "Opticians advised to accept health service terms," *The Manchester Guardian* (18 June 1948).

was no longer in question. After the British Transport Commission and the National Coal Board, it was the third largest non-military organization in the country, with 550,000 employees, of which 360,000 were in hospitals alone (among them 150,000 nurses and midwives). The newborn service was immediately supported by the major part of the British population, convinced that they had built the best healthcare system in the world. Even the newspapers most distant from the Labour Party—for example, *The Times* and *The Economist*—were swept up in the widespread enthusiasm for the project, and accepted, albeit with reservations, the solution proposed by Bevan, considering it superior to any other alternative.[75]

5 Conclusion

The lively parliamentary debate on the establishment of the National Health Service in Great Britain is very interesting to revisit, and highlights several significant aspects of the question – often long-term aspects (voluntary hospitals, general practitioners) running in parallel with the creation of a modern Welfare State solicited by the Labour government. Many of the discussions in the House of Commons and those in the Lords focused precisely on these issues.

The law was passed in a very short space of time. Bevan presented the bill to the House of Commons on 30 April 1946 and the final vote on the issue was on 4 November 1946: only six months for such a law, destined to make such an important impact on the British institutional system. There are lots of different reasons for the speed with which the law was passed, among which we find the nature of the political clash between the ruling Labour majority and the opposition, whose opposing positions appeared to have been irreconcilable only on the surface. If the Liberal Party, or its few members in Parliament, had supported the legislative measure desired by Bevan, the Conservative Party—despite its harsh language in the Commons against the Attlee government's proposal—did not appear to be willing to push its opposition beyond a certain limit. It maintained, on the one hand, a firm line of contrast to the bill, focusing on the planning of the hospital network, with particular attention to the future of voluntary hospitals, and on the working conditions of the medical profession, with the major issue of remuneration at the forefront. On the other hand, Churchill's party's opposition was weak, especially

75 Webster, *The National Health Service*, 25–29.

in terms of the bill's substantive content and in the House of Lords, because the various political points of view on this topic weren't so different from the positions of those within the Labour majority. The votes cast in both Chambers appeared, in fact, to be motivated more by political reasons than by any real fundamental opposition to the bill. The issue lay not so much in the need for the establishment of a national health system—the government and the Tories were in complete agreement that such a system was indeed required—, but in the mechanisms through which such an outcome was to be realized. At stake too was the political ideology behind the structural design of such a system, an ideology in turn that, for Labour, seemed to foreshadow a precise social model. Not by chance did the Conservative Party make little instrumental use of the BMA's statements, refraining from excessively riding the wave of controversy sparked by its opposition to the government's plans: quite simply, the Tories were not willing to act as the BMA's mouthpiece in Parliament.

There were frequent references by Conservatives MPs, moreover, to the White Paper written by the coalition government in 1944, a document which objectively influenced the Labour Party in drafting the National Health Service bill. Many Conservative MPs emphasized in Parliament the continuity between the core principles of the NHS Act and those contained in that White Paper.

Equally noteworthy is the fact that significant differences could already be observed among the various ideological strands within the Labour Party from the very outset of the parliamentary debate, in particular between a leftwing minority and a majority who were very concerned about the economic impact of the law. As a leading figure of the party's left wing, it was not easy for Bevan to bring the legislative process of the bill to completion. These internal party political and ideological differences would become increasingly evident in the following years and would contribute to the fall of the Attlee government in 1951.[76]

76 On this specific topic, see my recent work: Massimiliano Paniga, "Il National Health Service e la caduta del governo Attlee," *Il Giornale di Storia contemporanea*, 1 (2022), 95–118.