but probably inevitable even in a more relaxed political climate, given the emotions roused by the NHS reforms.

As the debate is not likely to be ended by a general election—and might even be intensified if a Labour government was to modify the system once again—there seems to be a strong argument for trying to generate a consensus about the criteria to be used in evaluating whatever policies are pursued and about the appropriate timescale. Such an enterprise might, perhaps, be a task for the all party health committee of the House of Commons after the election; alternatively, foundations might usefully sponsor a consensus conference. We should not be too optimistic about the outcome. There is no formula for resolving controversy over policy by an appeal to statistics: politics drive data, rather than the other way

round.⁶ It might, however, at least be possible to produce agreement on a language and grammar of evaluation that would allow disagreements to be discussed more fruitfully than at present.

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Aneurin Bevan on the NHS

His commitment was deep, personal, and romantic

"What we are doing is now being watched by the whole world," said Aneurin Bevan to a meeting of the Executive Councils Association at BMA House in October 1948. "This is the biggest single experiment in social service that the world has ever undertaken." More than 40 years on, the NHS looks somewhat battered and tarnished—less the envy of the world than an undermaintained (though still imposing) national monument.

Robin Cook is under pressure to redefine what the Labour party would do if it turned out to be the next custodian of this edifice. For that purpose he will need to look forward to the stresses and strains of the 1990s—the requirement for a flexible, adaptive use of resources in line with the changes in medical science and in demography and shifts in patterns of care towards a less paternalistic model. But he will want to modify the NHS in ways that are true to its original intent. It is therefore timely to have readily available Charles Webster's new edition of Bevan's speeches and memoranda on the NHS.¹

Bevan's personal contributions included a blend of ruthless determination over what he saw as the essentials, along with a willingness to compromise over detail. Though the wartime coalition Cabinet had wanted a publicly funded set of health services with universal access, Bevan's two predecessors as minister had failed to find credible ways to weld together the public and private elements of the prewar system.² They made the mistake of presenting detailed plans for consultation with the many interest groups concerned, their designs becoming more and more hopelessly baroque in the attempt not to offend anyone. Bevan would have none of it. His basic design—to achieve a comprehensive service by nationalising the hospitals under a regional management structure reporting through him to parliament—was fixed, to be defended only in the House of Commons and not a matter for negotiation outside it. On the detail, however, he was surprisingly flexible: hence the failure to integrate the teaching hospitals or general practice fully into the structure of the service, the perpetuation of private beds in public hospitals, and the system of distinction awards for senior hospital consultants.

Public oratory generally does not read well on the printed page. Nevertheless, Bevan's commitment to the values of the NHS was deep, personal, and romantic. "No society can

legitimately call itself civilised if a sick person is denied aid because of lack of means." Or, more oratorically, "Society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical care can provide."³

These ideals are as relevant today as they were in 1948 and in many ways even more testing. Perhaps Bevan can be faulted (along with many others) for failing to recognise the public expenditure problems that will always be posed by the NHS. But there are many indications in his speeches and papers that he foresaw the difficulties of balancing local influence with central control, that he wanted members' appointments throughout the NHS to be non-political, that he would have preferred to make the costs of capital explicit and spread them over a number of years, that he wished to recommend the use of generic drug equivalents, and that he foresaw a problem in transferring payments between authorities for cross boundary flows. The reflection that "Resources were fully employed, and more for some could only be achieved by producing more or giving up something," is at least as relevant for the next decade in health care as for any other period in the history of the NHS. So is the remark that "This is a very great test of the maturity of the British people"—if people demand more than they need they will be standing in the way of those who need it more. They must "use this thing as though it were their own—because it is in fact their own."

Robin Cook needs to stand by Bevan's fundamental commitment to a collective approach to health care while being as far sighted, pragmatic, and developmental as Bevan actually was. The left must not let its vision of the NHS be stuck in a time warp. Certainly Bevan himself would not have allowed this to happen.

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