Sixty Years of the National Health Service
a proud past and a healthy future
Foreword by the Prime Minister

For me, Britain’s National Health Service is a clear, enduring and practical expression of the shared values that shape our country – built upon the conviction that the health of each of us depends upon the contributions of all of us.

Since its creation by Aneurin Bevan 60 years ago, the NHS has cared for tens of millions of people and saved many hundreds of thousands of lives. It has been at the forefront of innovation in healthcare, pioneering advances in medical treatment, in surgery and in imaging. And it has liberated all of us from the fear of unaffordable treatment and untreated illness.

While many changes and reforms have been made to the health service over the years, it is a testament to Bevan’s vision that the core of the NHS – providing the highest standards of treatment and care, free for all at the point of need regardless of wealth or position – have remained with us to this day.

Of course, six decades after its formation, it is right that we look ahead and renew our NHS to meet the challenges ahead.

The ever-increasing pace of technological change, bringing with it ever more effective cures and interventions, means that the NHS must continuously adapt to improve the quality of care that it provides.

As people’s expectations rise, the NHS must become more responsive to the personal needs of each individual patient. As our population ages, we must improve the management of long-term conditions. And the NHS of the future needs to do more than just treat patients who are ill, it must also be a preventative NHS – with patients taking greater control over their own health and professionals empowered to become advocates for this new ‘user power’.

These are the challenges for the next 60 years, but I believe we can only meet them by remaining true to the values on which the NHS was founded – free at the point of use, open to all and rooted in the British belief in fairness and compassion.

Gordon Brown
Prime Minister
Introduction
The 60th anniversary of the National Health Service provides an excellent opportunity for us to look back with pride on our achievements, as well as to the future.

Throughout its 60 years, the NHS has continuously evolved to meet the changing needs of the public. Medical progress, coupled with the hard work and skill of dedicated staff have continually driven up the standards and quality of care, making it the envy of the world.

The drive to improve the services we provide for our patients continues. The NHS is on track to deliver its promise on cutting waiting times from referral to treatment to a maximum of 18 weeks, and we have made significant inroads in driving down healthcare associated infections. The number of foundation trusts continues to grow and patients can now choose to have their care from more providers than ever before.

These changes in the way we provide care for patients have not only improved the NHS, but have also begun to restore public faith in it. They have not been easy to achieve but have been possible because of the commitment of staff.

Today, the NHS is well-placed to continue along its journey of reform: to meet the rising expectations of the public and to carry on improving the health of the nation. The Next Stage Review sets the future direction of the NHS and includes an NHS Constitution. It sets out a clear and compelling case for what the NHS is there to provide, as well as being a vehicle by which our patients and communities are empowered to hold us to account.

The NHS is in a stronger, more stable financial position than it has been for some years and it remains as vital to the next 60 years as it was to the last.
Pre-1948
It is hard to imagine now what it was like for people before the NHS.

Low-paid working men were provided with the services of a ‘panel’ doctor in return for a compulsory four pence a week in National Insurance contributions – two pence in today’s money. The employer had to pay in three pence and the state two pence. But the deal did not provide hospital care.

Higher-paid workers and all women and children had to pay to see the GP, usually laying the money on the desk as they walked in the door.

Hospitals charged for services although there were some local authority and voluntary hospitals that did provide free or subsidised care for those who could not afford to pay. But most were on the verge of bankruptcy.

They survived only through fundraising, wealthy benefactors, and the goodwill of consultants who gave their services for free or for a minimal charge while making their living from private patients’ fees.

Thousands of people died every year of infectious diseases such as pneumonia, meningitis and polio. Tuberculosis was a major scourge, affecting 52,000 people a year and killing 23,000. Rheumatic fever, which caused heart valve damage, killed 16,000 people a year. Diphtheria was common among children, affecting 50,000 a year.

Almost half of all babies were delivered at home by midwives. The number of babies who were stillborn or died within the first week of birth was 30,500 a year – nearly four out of every 100 babies. Three in every 100 who survived died before they were a year old – 26,700 a year.

There were no antibiotics. The first, Penicillin, had become available for troops during the Second World War, but not for the general public.

The NHS changed all that.
Cataract surgery

In 1948 cataract surgery meant 10 days of total immobility, with patients lying flat on their backs with their head supported by sandbags as their eye started to heal, as usually no stitches were used.

The first intraocular lens was put in by Harold Ridley at St Thomas’ Hospital in London in 1949. At the time it was a very controversial operation, which led to him being ostracised by his colleagues in the ophthalmic establishment.

During the 1960s and 1970s, intraocular lenses were increasingly used and now every patient has one.

Cataract surgery is now over within 20 minutes and most patients are out of hospital the same day. Around 290,000 operations take place every year.

The NHS is born

The NHS was born on Monday 5 July 1948.

It was the most sweeping reform ever introduced – the first time anywhere in the world that completely free healthcare was made available on the basis of citizenship, rather than payment of fees or insurance premiums. It revolutionised healthcare in Britain and soon became the envy of the world.

The NHS was launched as a single organisation based on 14 regional hospital boards, with an annual budget of £437 million. There were three parts: hospital services; family doctors, dentists, opticians and pharmacists; and local authority health services, including community nursing and health visiting.

It took over control of 2,751 hospitals containing 533,000 beds, many of them in large mental institutions. For the first time, consultants and senior physicians were paid like other staff and no longer honorary and entirely dependent on private patients for a living.

Right from the start, the NHS belonged to the people.
Immediately there was a huge surge in demand for medical care from people who had previously been denied access to free treatment. Hospital waiting lists soon reached 500,000.

There were 19,000 GPs, almost all of them male, working alone from their own homes. In the first month of the NHS more than 90 per cent of the population signed on with a GP.

Demand for dental services was overwhelming, with about 8 million cases a year, twice the expected level. One-third of patients treated needed dentures, an indication of the terrible state of the nation’s teeth.

Dr John Marks, now 83 and a retired GP, qualified as a doctor on the day that the NHS began. He said: “Nobody realised how much unknown sickness there was until the NHS began. So many people just could not afford to go to the doctor. The new service uncovered a huge cavern of unmet need. There was an unprecedented rush to the GPs with problems people had been putting off for years. Before the NHS, healthcare in this country was a disaster, particularly if you were poor.”

In the 60 years since the NHS was born it has changed radically. Medical and surgical advances have been phenomenal. Pioneering techniques, sophisticated diagnostic machinery and the discovery of new and potent drugs have revolutionised healthcare. Today millions more people can be treated and cured.

At the launch of the NHS, Nye Bevan said: “We shall never have all we need. Expectations will always exceed capacity… The NHS must always be changing, growing, and improving. It must always appear inadequate.”

The first female hospital governor
Elizabeth Farrelly was personally appointed by Nye Bevan as the first female hospital governor in 1948.

The 21-year-old joined the 28-strong governing body of the Royal London Hospital in East London, the only woman and by far the youngest person.

“It was a great honour and something that I am still very proud to have been involved with,” she says. “It was a great experience to be associated with the work of Aneurin Bevan in his founding of the NHS, which was to make such an impact on the lives of the whole population.”
The first NHS patient
On 5 July 1948 Sylvia Diggory (née Beckingham) was just 13 years old when she was chosen to be the first ever NHS patient.

Nye Bevan chose Park Hospital at Trafford in Manchester – now Trafford General Hospital – to launch his master plan, and Sylvia was the youngest person on Ward 5.

She was chosen to shake his hand and the resulting photograph is famous in the annals of NHS history.

Sylvia was suffering from acute nephritis (inflammation of the kidneys) and had been in hospital for several weeks. An outbreak of measles on the children's ward meant that she had to be accommodated with adults in a glass-sided veranda close to the hospital main entrance.

She was one of the first patients Nye Bevan spotted when he arrived through a nurses’ ‘guard of honour’.

Sylvia remained a staunch supporter of the NHS until her death recently.

Aneurin Bevan
Nye Bevan’s place in history was assured when, as Minister for Health, he set up the National Health Service in 1948.

He was born in 1897 into a mining family in Tredegar, a village in the heart of South Wales, and began working down in the coal pits while still a teenager.

He became the youngest miner to have been elected to Westminster when he became MP for Ebbw Vale in 1929.

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When Labour returned to power in 1945, Bevan was included in the Cabinet by new Prime Minister Clement Attlee and given responsibility for housing and health.

The idea for the NHS was originally suggested in 1942, in the Beveridge report into social care. The report by eminent economist and social reformer William Beveridge identified ways that Britain should be rebuilt after the Second World War.

Bevan steered legislation for a National Health Service through the Commons in 1946 and launched it two years later with the promise that “everybody, irrespective of means, age, sex or occupation shall have equal opportunity to benefit from the best and most up-to-date medical and allied services available.”

In addition to free medical treatment for all, a national system of benefits was also introduced to provide ‘social security’ so that the population would be protected from the ‘cradle to the grave’. The new system was partly built on the National Insurance scheme set up by Lloyd George in 1911. People in work still had to make contributions each week, as did employers, but the benefits provided were now much greater.

In April 1951 Bevan quit as Minister of Health and resigned from the Cabinet, because of his fury over the introduction of prescription charges that were demanded by new Chancellor Hugh Gaitskell.

It was one of the most dramatic resignations in post-war history and split the Labour Party into the left-wing Bevanites and the right-wing Gaitskellites, which continued in various forms for decades.

Bevan died of cancer on 6 July 1960.

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Some of the most serious threats to health in the 1950s were infectious diseases, which were common and widespread. The introduction of new drugs like Penicillin began to transform the way that they were controlled and cured.

There was little effective treatment and few drugs for heart disease, and cancer treatment was primitive and usually ineffective.

Bed rest was recommended for most illnesses. The average length of stay in hospital was 45 days and women remained in hospital for two weeks after giving birth.

Children in hospital
When three-year-old Bethany Evans was admitted to hospital five years ago her parents naturally wanted to stay with her. She was admitted to a children’s ward with specialist facilities and cared for by a team of experts qualified in caring for children.

But it was very different in the 1950s. Most children were treated in adult wards. Parents were only allowed to visit for one hour on Saturday and one hour on Sunday. Many were even told that it would be better if they did not visit their child at all. Even telephone enquiries were discouraged.

In the 1960s, the NHS began to recognise the different needs of children and stopped treating them as mini adults. Children’s wards were established, more specialist children’s nurses were trained, and paediatrics became a speciality in its own right.

Nowadays, parents are encouraged to stay with their children, sleeping by their side or in parents’ accommodation. There are play specialists and hospital schools.

Michelle and Carl stayed with daughter Bethany, now eight, again last year when she returned to Great Ormond Street Hospital, London, for a second operation. They slept in family accommodation nearby that was provided by the hospital and spent every day by their daughter’s bedside.

“I can’t imagine not being able to stay with Beth. I felt that one of us had to be next to Beth, in case she woke up in pain or wanted one of us. I didn’t want her more distressed than she needed to be,” says Michelle.

Carl says “I slept on the floor when we were there the first time in 2002. To be honest though I preferred to be close to Beth as she had some rough nights and I was there to comfort her as best as I could. The nurses were always very understanding, providing me with a sheet and pillow, although I did take my sleeping bag last time.”

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1951
Charges for dentures (half the cost) and spectacles (£1) were introduced.

1952
Charges for prescriptions (one shilling = 5p) and basic dental treatment (£1) were brought in.

1954
A clear link between smoking and lung cancer was established by the British scientist Sir Richard Doll.
Children’s services 1948

- No specialist consultants
- No children’s wards
- Low level of immunisation
- High infant mortality
- No attention to chronic healthcare or social influences
- Children seen as small adults

Children’s services 2008

- Children’s centres
- Children’s community nurses
- Separate wards for children and teenagers
- High levels of immunisation
- Low infant mortality
- Specialist hospital facilities and staff for children

Smoking and lung cancer

A pioneering study by Sir Richard Doll established the link between smoking and lung cancer in 1954. His findings have provided the foundation for all other research into the impact of smoking on health and have arguably saved millions of lives.

At the time, 80 per cent of British adults smoked and there had never been any suggestion that smoking was bad for health.

“I was researching why so many people were dying of lung cancer and it was a complete surprise when it became clear that smoking was to blame,” said Sir Richard. “I gave up smoking two-thirds of the way through the study.”

Sir Richard received a knighthood in 1971 and in 1996 was made a Companion of Honour for services of national importance.

He died aged 92 in July 2005 after a short illness.

1955

Ultrasound was used for the first time to examine an unborn baby.

1956

The routine polio immunisation programme began.

1956

The first kidney dialysis was carried out at Leeds General Infirmary.
**Vaccines save lives**
Vaccination is one of the most successful and cost-effective public health interventions. It is the single most important reason for the near disappearance of many infectious diseases.

In the 1950s two major immunisation programmes began, against polio in 1956 and against whooping cough in 1957.

Mass campaigns encouraged everyone under the age of 40 to be vaccinated against polio.

Whooping cough (pertussis) was a common and potentially serious infection with around 150,000 cases and 100 deaths a year. Immunisation led to a substantial fall in incidence. By 1973 the number of cases had dropped to almost zero, although there were major epidemics in 1977–79 and 1981–83 due to an unfounded safety scare that led to a drop in vaccinations.

**Tryphena Anderson**
Tryphena Anderson was 19 years old when she left her home in Jamaica to come to England to train as a nurse.

She was among hundreds of men and women from the Caribbean who responded to Britain’s recruitment drive for staff in the newly founded NHS.

In 1949 the Ministries of Health and Labour, together with the Colonial Office, the General Nursing Council and the Royal College of Nursing, began massive recruitment drives throughout the West Indies to attract staff. Recruitment was aimed at three main categories of workers: hospital auxiliary staff (orderlies, receptionists, cooks, pantry workers and telephonists); nurses or trainee nurses; and domestic staff, such as laundry workers.

Over the next few years, several senior British matrons went to the Caribbean to recruit nurses.

They did essential work in the NHS as nurses, doctors, cooks, porters, cleaners and administrators. Without them, the NHS would not have survived.

There was some government sponsorship but most recruits, or more usually their parents, had to pay their own fares and training expenses. From 1955 the British Government offered loans for help with travel but recruits had to pay these back at a certain amount per week.

Tryphena arrived in Britain – by boat to Liverpool – in December 1952. She completed her nurse training at Nottingham General Hospital where she worked as a junior nurse. She went on to do psychiatric nursing at the Coppice Hospital, Nottingham. In the early 1960s she undertook postgraduate training and in 1966 qualified as a midwife. That year she became the first black person to receive a bursary to train as a health visitor. In 1988 she bought a nursing home, which she ran until 2002.

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**1957**
Whooping cough vaccination was introduced.

**1959**
The Platt report on the welfare of children in hospital led to radical changes.
By the 1960s the NHS was beginning to realise that it faced new health problems requiring different solutions. Infectious disease was being conquered but was replaced by a growing amount of chronic disease. Coronary heart disease and lung cancer were on the increase.

Better anaesthetics led to safer operations and speedier recovery for patients. Medical technology, surgical expertise and drug development were advancing at a fantastic rate, giving patients access to treatments that were unimaginable in 1948.

**Contraceptive pill**
When the contraceptive pill was introduced in 1961 it was strictly for married women only. By the mid-60s some clinics had begun to supply contraception to engaged couples up to eight weeks before the wedding, requesting proof, such as a receipt for a wedding dress or a letter from a vicar, before providing advice and supplies.

It was not until 1967 that single women were able to get the contraceptive pill.

The pill did not become freely accessible on the NHS until 1974, when Health Minister Barbara Castle announced free family planning for all. The Family Planning Association’s (now known as fpa) network of 1,000 clinics was handed over to the NHS and the pill became available to everyone “regardless of marital status and on social as well as medical grounds”. All contraceptive methods, including the pill, were free and women did not have to pay a prescription charge.

Today there are over 1,700 sexual health clinics offering 14 different contraceptive choices. The pill is now used by 3.5 million women between the ages of 16 and 49 in the UK.

**Charnley hip**
Total hip replacement is one of the greatest landmarks of the 20th century. It has transformed the lives of millions, restoring mobility and alleviating pain since it was first performed in 1962. Now around 90,000 hip replacement operations are carried out every year in the UK.

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1960
The first kidney transplant in the UK was performed by Michael Woodruff at Edinburgh Royal Infirmary.

1961
The contraceptive pill became available.

1962
The first total hip replacement was performed at Wrightington Hospital, Wigan.
First heart transplant

Britain’s first heart transplant was successfully carried out by heart surgeon Donald Ross and a team of 17 doctors and nurses at the National Heart Hospital in London on 3 May 1968.

The historic operation took place just five months after Professor Christian Barnard – with whom Donald Ross had previously worked – had carried out the world’s first heart transplant in Cape Town, South Africa.

“We had no idea the operation would cause such a fuss,” recalls Donald Ross. “It was all tremendously exciting.”

The recipient, Fred West, died after 46 days from an overwhelming infection.

Over the next ten years only six heart transplants were carried out in the UK. It wasn’t until the 1980s and the development of efficient anti-rejection drugs in 1987 that heart transplants became more common and the number of centres offering transplantation grew.

1965

Prescription charges were abolished.

1967

The Abortion Act made abortion legal for up to 28 weeks of pregnancy.

1968

Sheila Thorns from Birmingham gave birth to the UK’s first sextuplets after infertility treatment.
16 Sixty Years of the National Health Service

©Royal London Hospital Archives
The first operation was carried out at Wrightington Hospital in Wigan by orthopaedic surgeon John Charnley, the pioneer and innovator of the replacement hip. Surgeons from all over the world subsequently made their way to Wigan to learn his techniques.

The ‘Charnley’ hip remains the gold standard treatment and is still used widely today. Knee and shoulder replacement surgery developed directly out of Charnley’s work on the artificial hip.

John Charnley was knighted for his work in 1977 and died in 1982. The John Charnley Trust, set up by his family, funds education and research in orthopaedics.

Premature babies
Chloe Shelton weighed just 912g (2 lb 1 oz) when she was born 14 weeks early at St Peter’s Hospital, Chertsey, Surrey, in August 2005.

Just ten years earlier she would have had little hope of survival. But thanks to incredible advances in the care of premature babies, Chloe not only survived but suffered no long-term adverse effects.

When premature baby units were introduced in the 1960s they had very little equipment, and mainly just kept babies warm and helped them to breathe.

In 1975 half of all babies born prematurely with a birthweight of under 1,500 g (3.3 lb) died in the newborn period and many others were stillborn. By 1985 this had dropped to one in four, and by 1995 had fallen to one in six. Today over 80 per cent survive.

Chloe’s mum Tracy from Walton-on-Thames, Surrey, says: “It was very frightening having a baby born so early and so small. Chloe was on a ventilator and then oxygen to enable her to breathe, she had to be kept in an incubator for six weeks and needed four blood transfusions. But the staff were fantastic, the care was brilliant and the equipment needed to keep her alive was incredible and so expensive. Yet it was all provided for free on the NHS.”

1968
Britain’s first heart transplant took place at the National Heart Hospital in London.

1968
Britain’s first liver transplant was carried out by Professor Sir Roy Caine in Cambridge.

1968
Measles vaccine became available.
This decade saw major advances in drug development, diagnostic techniques and surgery. Replacement surgery was growing as metal, plastic, or dead tissues were used to replace arteries, valves and joints. Transplants were increasingly successful.

Most acute hospitals had intensive care units. GPs began working in group practices with a team of nurses and other staff.

**Test-tube babies**
Louise Brown, the world’s first test-tube baby, was born on 25 July 1978 and made headlines around the world.

Her birth at Oldham and District General Hospital came after 12 years of research by Professor Robert Edwards, a physiologist at Cambridge University, and the late Dr Patrick Steptoe, a gynaecologist in Oldham.

Parents Lesley and John Brown from Oldham went to Dr Steptoe for help when Lesley failed to conceive. “We didn’t appreciate at the time what an incredible breakthrough it was, a world first. To us it was just a way of having a baby,” said Lesley.

In 1980 Edwards and Steptoe established the world’s first in vitro fertilisation (IVF) clinic, Bourn Hall in Cambridgeshire, which has remained at the forefront of assisted conception.

In the decade after Louise Brown’s birth 1,000 babies were born from IVF. Now around 6,000 babies are born every year thanks to IVF. A total of more than three million children worldwide have been conceived in this way.

Advances in medical technology and the development of new techniques and drugs has made the IVF process continually more sophisticated, reliable and efficient.

Louise – whose younger sister Natalie was the 40th IVF baby – married in September 2004 and now has a child of her own, a son Cameron born in January 2007, a natural conception.

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**1970**
- Rubella immunisation began.
- The implantable heart pacemaker was first used.
- The kidney donor card was introduced.
**Ambulances**

It wasn’t until 1974 that the Ambulance Service became part of the National Health Service.

Before then ambulances were controlled by local authority health departments. Ambulance drivers were classified as manual workers.

“In the early days we were really just first-aiders with ambulances,” says Roland Furber, the youngest ever ambulance driver when he joined the service aged 19 in 1967. “All we had was a first-aid kit, some splints, blankets and oxygen. It made a big difference when the service became part of the NHS.

“Suddenly we were accepted by other NHS staff and the result was much better access to training. It made a world of difference to the profession and patients.”

In 1992 Derbyshire Ambulance Service was the first to administer clot-busting drugs to heart patients, now a routine procedure nationwide.

“It is still a fast-developing profession,” said Roland, who retired in 2002 as East Midlands Director of Operations. “It is an incredible experience to know you make a difference to people.”

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**1972**

CT (computerised tomography) scans were first used.

**1974**

The contraceptive pill was available on the NHS.

**1974**

The Ambulance Service became part of the NHS.
The pattern of infectious diseases was changing. Traditional diseases such as polio and whooping cough had virtually disappeared. The last case of natural polio infection acquired in Britain was in 1984. But they were being replaced with emerging new infections such as HIV and AIDS.

The treatment of heart disease and cancer was rising higher on the NHS agenda, and more effective drugs were being developed, although the incidence of both was extremely high. The introduction of clot-busting drugs transformed the care of heart attack patients.

HIV and AIDS
It is hard to overstate the overwhelming and extraordinary effect of HIV and AIDS on the NHS in the 1980s.

Suddenly young men were becoming sick very quickly and dying very fast – most within six months of diagnosis – and there was nothing that the NHS could do about it. There were tremendous fears, both among the public and healthcare staff, as to how to mix with and care for someone with the virus.

“The scale of the impact on public health was enormous,” says Terence Higgins Trust Chief Executive Nick Partridge, who has worked for the charity since 1985. “We all believed sex had become safer. There was the contraceptive pill to prevent pregnancy and good treatments for sexually transmitted infections. It was all ripped apart by HIV and AIDS.”

In 1986 the Government launched the biggest health campaign in UK history to educate people about the threat of HIV and AIDS. The ‘don’t die of ignorance’ message included TV AIDS week when the BBC, ITV, and Government worked together to provide public information in a way almost unprecedented since the Second World War.

The first drugs developed in the late 1980s and early 1990s had little effect. In 1996 a third type of drug was developed which, given in combination with the other two, proved amazingly effective.

1980
Magnetic resonance imaging (MRI) scans were introduced.

1983
Keyhole (laparoscopic) surgery was used successfully for first time.

1983
Liver transplant programme began.
Kaylee Davidson –
heart transplant recipient

Kaylee Davidson was just five months old when she was given a new heart. In April she celebrated her 21st birthday.

She was Britain’s youngest successful heart transplant patient when she had the life-saving surgery at the Freeman Hospital in Newcastle in October 1987. Only two other babies had been given heart transplants in the UK and both had died.

“It was a very scary time,” says mum Carol. “She was a very healthy baby then one day she developed what seemed a flu-like bug and within days she was critically ill in intensive care literally fighting for her life.”

Kaylee was diagnosed with viral cardiomyopathy, which had severely damaged her heart. Her only hope was a transplant, but the operation had never been successful on a young baby outside of the USA.

“Agreeing to the transplant was the most important decision of my life and also Kaylee’s. But the surgeon Christopher McGregor and the hospital gave amazing reassurance and I had no choice but to trust them,” said Carol, who now works as a project manager for Transplant Sport UK. “The joy of Kaylee being given a second chance was overwhelming.”

1983
The UK’s first combined heart/lung transplant was performed by Professor Sir Magdi Yacoub at Harefield Hospital, Middlesex.

1984
First foetal unit in the UK was set up at King’s College Hospital, London.

1986
The artificial heart programme began at Harefield Hospital.
1980s
Cancer screening
Cancer screening is one of the big success stories of the NHS, ensuring earlier detection and therefore more effective treatment.

The NHS Breast Screening Programme was the first of its kind in the world. All women aged 50–64 were invited for screening every three years. In 2004 the upper age limit was increased to 70.

Around 5 million women have been screened, and over 100,000 cancers detected.

The NHS Cervical Cancer Screening Programme saves an estimated 4,500 lives each year. It offers women aged 25 to 64 smear tests every three or five years.

The NHS Bowel Cancer Screening Programme, started in 2006, is the first ever screening programme to target both men and women. It will achieve nationwide coverage by the end of 2009, inviting people for screening every two years. From 2010 the age range will be extended from 60–69 to include people aged 70–75.

Early detection through screening reduces the risk of dying from bowel cancer by 16 per cent.

Cynthia Earl – breast cancer patient
Cynthia Earl’s breast cancer was detected during routine breast cancer screening when she was 53 years old. The mammogram showed up two lumps in her left breast which both turned out to be highly malignant.

“Within five weeks of the diagnosis I was in hospital having a mastectomy and reconstruction,” said Cynthia, 60, from Wickford, Essex. “The care and treatment I received was fantastic.

“The consultant and the breast care nurses were marvellous, so sensitive and understanding. They made what was a very traumatic time a little easier to bear.

“If it was not for screening my cancer would not have been discovered until it was too late.”

1988
MMR (measles, mumps and rubella) vaccination was introduced.

1988
NHS Breast and Cervical Cancer Screening Programmes were launched.
By the 1990s health promotion and illness prevention were increasingly seen as part of routine medical care and incorporated into the practice of many GPs. There was an emphasis on more targeted screening for disease in its early stages. Attention was paid to smoking, raised blood pressure, diet and misuse of alcohol.

The Breast Cancer and Cervical Cancer Screening Programmes were proving popular and successful, and death rates were falling.

Britain’s record in the fight against meningitis was outstanding, with vaccines developed against *Haemophilus influenzae* type b (Hib) and group C meningococcal disease, each of which dramatically reduced incidence and deaths. In 2006, the NHS introduced a vaccine against the third cause of meningitis (and pneumonia).

**Organ Donor Register**

The NHS Organ Donor Register was launched in October 1994 following a five-year campaign by John and Rosemary Cox from the West Midlands whose son Peter, 24, had died of a brain tumour.

They fought for a central register for people wishing to donate, so that organs would not be lost because people were not carrying the donor card when they died.

The register has resulted in many more transplants and saved many lives.

The total number of people registered is now over 15.1 million. It ensures that when a person dies they can be immediately identified as someone who has chosen to donate their organs.

**NHS Direct launched**

NHS Direct is a 24-hour telephone care and advice line staffed by nurses that provides information and advice about health, illness and health services. It started in three pilot areas in March 1998 and by 2000 had spread nationwide. It is now also available through website and digital TV services.

The 37 sites across the country handle more than 22,000 calls a day – 8 million calls a year. The website receives around 3 million visits a month.

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**1990**

- Positron emission tomography (PET) scans were introduced.
- Abortion time limit was reduced from 28 to 24 weeks.
- Vaccine against *Haemophilus influenzae* type b (Hib) was introduced.
Operating on unborn babies – Lemmon twins

In a world first operation, Professor Kypros Nicolaides saved the lives of unborn identical twins Gary and James Lemmon, who were slowly dying in the womb.

They were suffering from twin-to-twin transfusion syndrome, sharing the same blood circulation. An imbalance meant that one twin was losing blood and the other gaining too much.

In a pioneering procedure, Professor Nicolaides used a laser inserted through mum Linda’s abdomen and into the womb, to separate the blood vessels that joined the unborn babies. It was a total success. The twins were born perfectly healthy.

“Looking back it was a terrible ordeal but I had so much faith in Kypros Nicolaides and the NHS that it just gave me the courage to carry on,” says Linda. “I don’t think my husband and I appreciated the enormity of the situation until after the twins were born.”

The Harris Birthright Centre at King’s College Hospital, London, is the largest foetal unit in the world. Since 1992 Professor Nicolaides has performed over 300 laser separations of identical twins.

1992
World’s first laser surgery was performed on babies in the womb.

1993
The first breast cancer susceptibility gene, BRCA1, was identified.

1994
The NHS Organ Donor Register was established.
NHS Direct Nurse Adviser
– Carol Tandridge
Nurse Carol Tandridge swapped her job working full-time night shifts on a hospital medical ward to join NHS Direct in 1999.

“I don’t feel any less of a nurse because I don’t see and touch my patients,” says Carol, a Nurse Adviser at NHS Direct Kent, Surrey, and Sussex. “I am giving people reassurance and advice and I am dealing with a lot more people, sometimes 50 a day, and each case is different.

“It has also given me the opportunity to broaden my nursing knowledge because you come across so many different conditions and I always look up what I don’t know.

“The best thing is that I feel I am really making a difference to people.”

NHS Direct saved my life
Fireman Jeff Moss from Bicester, Oxfordshire, owes his life to NHS Direct. His daughter phoned the service because she was concerned at her dad’s symptoms. NHS Direct Nurse Adviser Sara Lawrence soon ascertained that he was having a heart attack and immediately called an ambulance.

“It is thanks to NHS Direct and their ambulance and hospital colleagues that my Dad is alive today. I had only called them for reassurance,” says daughter Karen.

“After talking to Dad, Sara quickly realised his condition was more serious than any of us had realised and called an ambulance. No sooner had the paramedics come into the house when Dad actually had a heart attack. Luckily they were able to revive him with a defibrillator and rushed him off to the John Radcliffe Hospital. I can’t thank Sara and NHS Direct enough. They saved Dad’s life.”

1998
NHS Direct was launched.

1999
The UK became the first country in the world to vaccinate against group C meningococcal disease.
Patient choice has put patients at the centre of services, and encouraged them to take an active role in their treatment and care.

All patients needing routine non-emergency care can now choose any hospital in England that meets NHS standards and cost. NHS Direct and walk-in centres provide alternative options of accessing healthcare.

More people with mental health problems and chronic long-term illnesses are now supported in their own homes, without the interruption to daily life that hospital admission would bring.

Later this year, the NHS will be introducing the first ever vaccine against cancer. From September all schoolgirls aged 12 will be offered the vaccine against human papillomavirus (HPV), which causes cervical cancer.

**Recent developments in cancer treatment**
The St James’s Institute of Oncology in Leeds, opened in January 2008, is the newest and largest cancer centre in the UK and one of the largest in Europe.

Facilities in the 11-storey building include more than 300 beds, four operating theatres, an intensive care unit, specialist laboratories and top of the range high-tech equipment.

“The centre includes diagnostic and therapeutic services for chemotherapy, radiotherapy and haematology, and a wide range of specialist cancer surgery.

“This is how cancer care should be delivered. In a comprehensive cancer centre, services such as specialist surgery and radiotherapy, can be carried out by specialist teams who are expert at their jobs, using specialist equipment,” said Professor Mark Baker, lead cancer clinician at Leeds Teaching Hospitals NHS Trust. “The benefits for patients are enormous and the outcomes of treatment are significantly better.”
Stroke treatment

An innovative scheme at South East Coast Ambulance Service is saving the lives and health of hundreds of stroke patients.

The transfer of stroke patients to hospital is a crucial time in reducing disability and saving lives. Administering a clot-busting drug can mean the difference between life and death, or the difference between minor and major disabilities for 80 per cent of stroke patients.

FASTrack, launched last year, enables paramedics to identify stroke patients and take them direct to an acute stroke centre with specialist facilities where a team is ready to scan the patient, confirm the clot and give clot-busting drugs.

Paramedic David Davis, who pioneered the system, says: “Stroke is now being treated with the priority it deserves, the same urgency as heart attack. Prior to implementation of these pathways and services, all we could do was take these patients to A&E. There was no FASTrack for immediate intervention.”

In the future, paramedics hope to be provided with equipment to confirm diagnosis of a stroke in the ambulance and give clot-busting drugs on the way to hospital, in the same way that paramedics thrombolyse heart attack patients.

2004
First Foundation Trusts created.

2006
NHS Bowel Cancer Screening Programme was launched.

2006
Vaccination of babies against pneumococcal meningitis began.
Youngest pacemaker patient
King-Elyon Smith-Britton was just five days old when he became the youngest patient to be fitted with a heart pacemaker in 2003.

He was fitted with the device to regulate his heartbeat after congenital heart block was diagnosed while he was in the womb, at mum Sherell’s 20-week routine scan.

The pioneering procedure took place at the Royal Brompton Hospital in London where King-Elyon was transferred within hours of his birth. Initially, wires were inserted into his heart and attached to an external pacemaker, which saved his life. Four days later, when he was stronger, the internal pacemaker was fitted. He is now on his third pacemaker.

“It is an absolute miracle. I am so grateful to the Royal Brompton Hospital and the NHS for saving his life,” says Sherell. “It is truly amazing to look at this fit and healthy five-year-old when I think what he has been through.”

Gene therapy
In 2002 Rhys Evans, at the age of 18 months, was the first child in Britain to receive gene therapy. The treatment at UCL’s Institute of Child Health and Great Ormond Street Hospital for Children, London, was a total success.

Rhys suffered from a rare and potentially fatal genetic disorder called severe combined immunodeficiency (X-SCID), popularly known as ‘boy in a bubble syndrome’. Within four weeks of receiving gene therapy, Rhys was starting to develop a fully working immune system and is now a normal, healthy child.

Photo: Vicki Couchman
A lab clinician at work at the National Blood Service in Colindale, London.
NHS Choices www.nhs.uk

2006
First UK nocturnal home haemodialysis.

2006
Patient choice was introduced.

2007
First living liver donor in UK at St James’s Hospital, Leeds.
Sainsbury’s midwives
Mums-to-be in Kent are able to combine antenatal care with their weekly shopping trip, thanks to the Thanet Community Midwifery Team from East Kent Hospitals NHS Trust.

The midwives have opened a ground-breaking clinic at Sainsbury’s supermarket in a large shopping complex to “rise to the challenge facing women in today’s society, juggling work and family life as well as trying to access maternity services for care in pregnancy”.

Not only is it a convenient location used regularly by most of the local population, but the clinic has long opening hours – from 8am to 10pm – which allows women longer appointments, more choice to fit in with their daily routine and encourages partners to attend.

“It is now in its second year and it is proving very successful. The numbers are continually increasing and for the Sainsbury’s midwives their caseload is becoming the largest in the area,” said Community Midwifery Manager Susan Eve who set up the clinic. “In our first year we saw 72 women and this year it is up to 216.

“The evaluations of the service clearly indicate that it is what women want.”

Outreach chemotherapy team
An innovative new service run by chemotherapy nurses from Kent and Canterbury Hospital is enabling cancer patients to have treatment away from hospital and closer to their homes.

It means that patients can fit chemotherapy more easily into their normal day-to-day routine, reducing disruption to personal and working life, and cutting visits and travel time to hospital.

Nurses take the necessary equipment, chemotherapy drugs, and supportive medications in a dedicated van to local community hospitals throughout Kent.

“By taking the service to the patients rather than the patients coming to the service, we have made it much easier and more relaxed and it gives them more control over their lives. It is also much more personal as they always see the same nurse,” says Chemotherapy Outreach Manager Bryony Neame.

“Treatment used to involve two visits to hospital, one for a blood test and check-up and then 48 hours later the chemotherapy itself. Now the blood test is done by the GP and we assess the patient over the telephone. With travelling and waiting times at the large acute hospitals this often meant two days for many patients. In the community it is just a few hours.”

2007
Enclosed public places in England and Wales go smoke free.

2007
Introduction of robotic arm leads to groundbreaking heart operations for patients with fast or irregular heartbeats.

2007
Human heart valve grown from stem cells at Harefield Hospital.
Night-time home dialysis

A new type of dialysis introduced at Guy’s and St Thomas’ NHS Foundation Trust in January 2006 is transforming the lives of long-term kidney patients.

Nocturnal home haemodialysis saves patients the inconvenience of going to hospital three times a week, offers greater freedom during the day, improves health and avoids the need for a restricted diet and daily medication. Patrick Pearson-Miles, 41, was the first patient to benefit from the programme, dialysing eight hours a night, six nights a week while he sleeps.

“The biggest plus is I now have seven free days. Before, four of my days involved dialysis, which really affected my family life and ability to work,” says Patrick. “It has also made an amazing difference to my health and I feel so much better.”

Home Dialysis Lead Colin Jamieson says “We try to encourage as many patients as we can to dialyse at home, as it gives them the freedom to fit it in with their lifestyle and not be tied to coming to hospital at set times three days a week. If they can do it overnight so much the better. It is a gentle, slower dialysis enabling more frequent use, which also improves their health.”

2008
Largest cancer centre in Europe opens in Leeds.

2008
Vaccine against cervical cancer to be introduced.

2008
60th anniversary of the World Health Organisation
Volunteers Bidge Garton and Molly Brown

Bidge Garton has been a volunteer in the A&E Department at Brighton and Sussex University Hospitals NHS Trust for 25 years.

She helps out three nights a week including every Saturday night, the busiest and potentially riskiest time. Twice she has been assaulted in the course of her duties.

From humble beginnings making the tea and restocking trolleys, Bidge now provides support to bereaved relatives and the families of critically ill and injured patients.

“I have learnt a lot of skills and made a lot of friends. I found I had an empathy with people and that is how I got involved in supporting relatives,” says Bidge, 70.

“I usually manage to calm them down. I am not nervous.

“I get tremendous satisfaction from being a volunteer and hope to be able to carry on for many more years to come.”

Molly Brown, 84, became a volunteer at Sefton General Hospital, Liverpool, in 1948 – months after the NHS began – and helped out on the wards for eight years.

Two years ago she returned to the NHS as a volunteer at the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

“When I started, volunteers used to help out on the wards. I emptied bedpans, helped lift patients and served lunch and dinner. Now I just show people where to go in the hospital. But I still love it. It is so interesting and I meet so many different people,” says Molly.
GP Nalini Modha
Nalini Modha has worked in the NHS for 30 years, the last 22 years as a GP.

She has been running her own practice in Peterborough since 1994. Husband Jitendra, also a GP, joined her a year later and in August their son Neil will join the practice.

The couple created a unique way of running their surgery, supported by a team of six nurses and eight healthcare assistants. Thistlemoor Medical Centre has an open-access policy, where patients can opt to see a doctor or a nurse after being initially assessed by a healthcare assistant. The system has cut waiting times from an hour to between five and 15 minutes.

Afternoons are dedicated to the 2,700 chronically sick patients who use the practice, where the extended role of the healthcare assistants means that they are able to take on many of the tasks traditionally performed by nurses.

“Being a GP is something I really enjoy. I love people and I love the patient contact,” said Nalini. “When I started the practice I had 700 patients, now we have 8,000.

“We have formed good relationships with our patients. We attribute our successful working to the fact that we all complement what each other does.”

Retired nurse Mary Wallis
Mary Wallis retired last year after 40 years as a nurse at Great Ormond Street Hospital for Children in London.

She started nurse training in 1959 at Salisbury General Hospital, moved to Southampton to train in midwifery and in 1966 went to Great Ormond Street to begin paediatric nurse training – where she stayed. She was neonatal nurse adviser when she retired.

“It was very different in those early days,” says Mary. “It was very formal. I wore a striped dress, white apron and white cap and was called Nurse Wallis, nobody used first names.

“In 1974 I helped open a unit for newborn babies with congenital abnormalities needing surgery. In those days there was no antenatal scanning, so mothers did not know there was anything wrong with their baby until after it was born.

“It made a tremendous difference when antenatal diagnosis became available in the 1980s. It meant the mother was prepared for what was going to happen and could give birth in a hospital nearby, so the baby could be transferred to us as soon as it was born and our staff would be ready and waiting.

“I have been very lucky. I have loved my work and enjoyed every minute of it.”

2008
NHS celebrates its 60th anniversary

2008
Men and women live an average of 10 years longer than they did before the creation of the NHS in 1948

2008
Staff across the NHS are in contact every day with over 1.5 million patients and their families
Patient – Ed Mayne
Ed Mayne was diagnosed with cancer of the tongue a month before his 23rd birthday in January this year.

Thanks to cutting-edge technology that has revolutionised cancer treatment, surgeons were able to remove the cancer and part of Ed’s tongue and rebuild it using tissue from his wrist along with a vein and artery from his arm.

“It started as a white mark and felt like I had bitten my tongue,” said Ed from Chiswick, West London. “Initially I thought it was an infected ulcer. When it didn’t clear up my GP sent me for a biopsy.

“Two weeks after the biopsy I was in Charing Cross Hospital in London having the surgery. It was a total success and just one month after being diagnosed I was in the clear. I am so grateful to the NHS which was brilliant right from the start. I had physiotherapy and speech therapy to help me use my new tongue and I can now eat and speak.

“The speed of treatment and the care I received could not be better. I will be eternally grateful to the NHS for all that they’ve done for me.”

Lynne Holt
Lynne Holt was the first Clinical Transplant Co-ordinator in Britain when she started her job at the Freeman Hospital in Newcastle 22 years ago.

“My transplant career began at Papworth Hospital in Cambridge as Sister-in-Charge of the Intensive Care Unit in 1979,” she says. “The UK heart transplant programme had started at the hospital only months before my arrival and it was my job to care for the newly transplanted patients.

“It was an exciting and challenging time to be involved in those early days of heart transplants. I became very involved and soon realised I wanted to specialise in that field.

“Seven years later I moved to the Freeman Hospital to co-ordinate the transplant programme for heart and lung transplantation in both children and adults.

“I count myself very lucky to have worked in the NHS and in the transplant programme. It is so worthwhile to be so closely involved with major life and death decisions. There are so many challenges and new developments all the time. It can be emotionally draining and tears have been shed, but I also laugh a lot.”
Sixty Years of the National Health Service

Homebirth
Michelle Banks gave birth to her first son Lucas at home on Easter Monday morning.

“It was a wonderful experience despite the 13 hours labour,” says Michelle. “The community midwives were excellent and so supportive.

“I had my antenatal checks at the local West Middlesex Hospital and the midwives there and my GP were very encouraging about my desire for a home birth.”

In the 1950s 36% of mothers gave birth at home. This dropped to 12% by the 1970s and is now less than three per cent. But despite the low incidence home birth is increasing in popularity. In 2006 16,923 women in England had a home birth – a rise of 10%.

“I am a total convert to home birth now,” says Michelle. “My partner Daniel was with me throughout and because labour went on so long there was a shift change so I saw a total of five midwives, including a brilliant student Imina who arrived at 4am.

“Half an hour after the 9am delivery I was relaxing in the bath with Lucas.”
Grindon Lane Primary Care Centre

A new style primary care centre is offering improved services, better access and more choice for patients in Sunderland, Tyne and Wear.

Grindon Lane Primary Care Centre does not include a GP surgery but is staffed solely by nurse practitioners. There is a 24-hour seven days a week minor injuries and illnesses unit offering quick and convenient treatment for patients who would otherwise have to make an appointment with their GP or go to a hospital casualty department.

In addition there are several specialist nurse clinics for patients with long term conditions such as diabetes, heart disease and respiratory problems to help them to manage their care outside hospital. Patients are referred by their GP and facilities include cardiac rehabilitation services and diabetic retinal eye and foot screening.

There is also a community-based physiotherapy-led orthopaedic knee service and a one-stop shop for diagnosis and treatment of patients with heart failure run in conjunction with the local hospital.

The purpose built centre, run by Sunderland Teaching Primary Care Trust, opened in November 2005. It is proving a huge success with more than 1,200 patients accessing its planned care services every month and a similar number visiting the minor injuries unit.
Ann Keen  
Health Minister

“I was born the same year as the NHS and have felt an affinity with it ever since. My first job was a clerical assistant in the Outpatients Department of Chester Royal Infirmary and later as a receptionist in casualty. I soon realised I wanted a career in the NHS and in 1976 left to train as a nurse.

“I loved it, especially the community experience. I enjoyed the close bond between patient and nurse. In 1980 I became a district nurse. It was a tremendous challenge and responsibility being allowed into people’s homes and being a professional on your own.

“Very reluctantly I gave it up in 1986 because of a serious back injury. After that I was Head of Advanced Nursing at Thames Valley University and General Secretary of the Community and District Nursing Association for five years.

“I was encouraged into politics by my experiences as a district nurse, seeing the inequalities chronically ill people suffered. We still have the challenge of inequalities in healthcare today.

“In 1997 I was elected to Parliament. I was proud to become a health minister, the first nurse in that position.

“My experience working in the health service means I am not a minister looking at the health service from the outside. I still see myself as working for the health service.

“The NHS is a place of great learning and achievement. It has given me such tremendous opportunities and I have worked with people from all over the world. Many of my closest friends still work in the NHS. I am grateful and proud that I worked in the NHS.”
A father in the recovery room, following the caesarean delivery of twins.

NHS Choices www.nhs.uk
The NHS has changed and improved dramatically over the past 60 years, and it will continue to do so.

Patients will become more active, empowered and involved in their own care; more care will be closer to home in the community; and there will be a more personalised treatment system rather than medicine for the masses.

Prevention will climb higher up the agenda, focusing the NHS on supporting good health rather than treating ill health.

Working clinicians, who are all experts in their field, are advising the NHS locally on long-term plans to improve the care provided right through from birth to care for those at the end of their lives.

**Connecting for Health**
Since 2005, information technology has transformed the way in which healthcare is delivered.

The Choose and Book computerised system allows GPs to book outpatient appointments directly from the surgery via their computer, allowing the patient to choose the place, date and time. Patients can even book online from home.

The NHS Choices website enables patients to find information on what services are available, as well as the quality of services and associated waiting times, before booking their appointment.

The Picture Archiving and Communications System (PACS) stores images such as X-rays and scans electronically. It enables doctors and other health professionals to access the information, viewing it on screen, and compare it with previous images at the touch of a button. It makes X-rays on film a thing of the past, leading to faster and improved diagnosis methods.

In the future, the Electronic Prescription Service will let GPs send prescriptions electronically to pharmacists, making the dispensing of drugs safer and more convenient for patients and staff. Patients’ health records will be kept electronically, giving healthcare staff faster, easier access to information to aid treatment, and enabling records to be transferred directly and securely between GP practices and hospitals. It will mean a reduction in unnecessary paperwork and will allow healthcare staff to spend their time with patients more effectively, delivering safe, high-quality care.
“Until the 1970s cardiovascular disease was seen as an inevitable consequence of growing old. We knew little about the risk factors and there was no effective treatment.

“The 1970s was a golden era for prevention and treatment. People began to realise heart disease was a real issue. We began to understand the risks. Surgery took off, coronary care units were set up, and effective drug treatments became available. By the 1980s powerful clot-busting drugs dramatically improved survival of heart attack patients.

“During the last 30 years there has been the most dramatic decline in deaths from cardiovascular disease – both a major drop in the incidence of serious heart disease and a big improvement in survival after a heart attack.

“The last eight years have seen fantastic investment and improvement in facilities. The management of heart attack patients has been transformed. By 2012 fewer people under the age of 65 will be dying of a heart attack.

“In future, routine checks for people aged 40–75 will identify those at risk of cardiovascular disease so they can be offered lifestyle interventions or drugs.

“The real challenge of the future is stroke. We have still got a long way to go. Where we are now with stroke care is where we were in the 1990s with heart conditions.

“But we can only abolish cardiovascular disease if people help themselves by better diet, more exercise and quitting smoking.”
“Mental health care has changed so radically since the NHS was created in 1948 that it is barely recognisable. Then there was even uncertainty as to whether mental health would be part of the NHS. Now it is one of the NHS priorities, along with cancer and heart disease, and its importance is set to increase.

“The last decade has seen an unprecedented transformation in community care. Large increases in funding and staff numbers have created the foundation for changing the way that care is delivered.

“New drug treatments with fewer side effects have been developed – community care cannot exist without appropriate drug therapy. We are on a verge of a major expansion in psychological therapies, driven by good research and patient opinion.

“The task ahead of us now is to extend reform to the mental health of the community more broadly. The aim of care will be to go beyond treating symptoms and towards quality of life.

“The biggest challenge in mental health – and possibly in the entire care system – will be dementia. A major advance in the treatment of dementia, as we have seen in the treatment of mental illness, is vital.”
“Birth is safer than ever before. The chances of dying in childbirth have fallen from 1 in 1,500 in the early 1950s to 1 in 20,000 today. In 1960, 30 out of every 1,000 newborn babies were stillborn or died soon after delivery, today it is fewer than five.

“The major medical causes of maternal death have all substantially declined. Better recognition of risk factors for mothers and their babies has transformed care. Medical and technical advances have improved our ability to look after babies before and after birth.

“But there is more to be done to improve maternity and newborn services and ensure all women are offered a range of settings appropriate to their needs and wishes. Safety, quality and networks of care are key.

“The health of children and young people will continue to improve with a growing child-and-family-centred approach, with parents and children having more say.

“Children will be treated locally where possible. There will be improved and expanded community services, children’s centres and extended school facilities.

“All staff will have the necessary skills and experience to produce world-class outcomes.

“Highly specialist expertise will be concentrated in fewer, larger centres where children can benefit most.”
In the 1950s general practice provided local care but limited services.

Now primary care includes personal care delivered close to a patient’s home by a large team of professionals, comprehensive care to patients with long-term conditions, a range of services previously delivered in hospital and increasingly, direct access to social services and other organisations.

Up to 80 per cent of patients previously referred to hospital for routine care can be dealt with by GPs, nurses and therapists near or in their homes.

“In ten years’ time the traditional relationship between patients and GPs isn’t going to have changed but the services patients are offered will be unrecognisable.

“There will be extended services and personalised care. Our aim is to take pressure and demand off acute services and provide even higher quality primary care, but the link between patient and GP will remain and grow stronger.

“When the NHS was conceived it was logical to bring the patient to the specialist. Now advances in technology and medicine give us the opportunity to bring the specialist to the patient. Bringing care closer to home. Making it personal rather than impersonal.

“Twenty-first-century hospitals should be centres of excellence, but only for care that has to be delivered there, such as emergency and core specialist services. GPs and other community-delivered services will give patients what they want – personal care closer to home.”
Professor Mike Richards  
National Clinical Director for Cancer

“Cancer now is much more common than it was 60 years ago and that is not just because people are living longer and cancer is more common in older people. But while the bad news is that cancer incidence has increased, the good news is that treatment and care has improved enormously and will continue to do so.

“In the late 1980s we had the worst breast cancer death rate in the world. Since then we have had the fastest fall in death rates from breast cancer in the world.

“There have been advances in our ability to diagnose the extent and spread of cancer, improvements in the quality of surgery, and an enhanced generation of chemotherapy drugs. We have keyhole surgery for bowel cancer and robotic surgery for prostate surgery. A beam of radiotherapy can now be shaped much more precisely.”

“Cancer treatment is an area of medicine where there is real optimism about the future. Our understanding of the biology of cancer is improving in leaps and bounds and will result in even more targeted drug therapies hitting specific abnormalities in cancer cells.

“Screening will become available for even more cancers. Services will become more convenient for patients. While complex or rare treatments will be centralised, some simpler diagnostic tests and treatments will be moved from specialist centres into district general hospitals and even out of hospitals altogether and into community settings.

“Importantly, death rates from cancer are now falling. Life expectancy will be transformed and many more cancers will be cured.”
Written and edited by Jill Palmer.

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fpa
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