



HISTORY & POLICY

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New research finds health policy dominated by historical clichés and NHS ‘folk histories’

History has a valuable role to play in health policymaking, but its use needs a rethink from both sides of the history-policy boundary, according to new research published today.

Professor Virginia Berridge of the London School of Hygiene and Tropical Medicine interviewed 15 ‘key informants’ with recent experience of advising ministers and civil servants on health policy. Her report, *History Matters? History’s role in health policymaking*, will be published on the History & Policy website today.

Her interviewees recognised the value of history in health policymaking, but currently operate in a historian-free environment, relying on ‘folk histories’ to interpret the past and inform decisions in the present. Their comments reveal how the use of history is dominated by political considerations:

Paul Corrigan... was the only person able to articulate what the £50 billion more spent on the NHS by 2008 would have achieved. Corrigan said, ‘At last the promise of 1948 will have been delivered’... it’s like ringing the bell in Mass.

We are not allowed to use the word ‘fundholding’... that’s someone else’s reforms the government spent three years dismantling... it’s difficult to admit to anything happening before.

Alan Milburn's speeches in June 2003 – laced through many of those was reference to Bevan's aspirations, how they were still relevant but needed modernisation.

[John Reid] was drawing on his own view of history adjusted to the New Labour position... One day [Paul] Corrigan sat down with John and drew lines from the sixteenth and seventeenth century guilds up to the present.

Professor Berridge said:

“Despite the presence in the current government of many historically-trained ministers, including a prime minister in-waiting with a history PhD, the use of history as a tool to make better public policy is currently under-developed. In the health field, the past is mined for historical clichés to support current policies. The repetition of NHS folk histories has become a cottage industry among health ministers, while expert historians are excluded from policy discussion and the insights they could offer are wasted.

“For their part, historians need to do more to tease out the policy messages from their research and to make them relevant and accessible to health policymakers. History is recognised as being able to inform and enlighten the present, but historians have not yet made the case for their place at the policy table. As a result, policymakers remain ignorant of important precedents to current problems and potentially valuable historical interpretations. There needs to be a sea change in the relationship between history and health policymaking.”

Professor Berridge's research identified the following key findings:

1. The use of history in health policymaking is currently dependent on political expediency, personal networks, timing and particular policy situations.
2. Politicians make limited use of the history and historical interpretation available to them, relying instead on ‘folk histories’ that revolve around familiar individuals, epochs and interpretations;
3. In particular, the founding of the NHS in 1948 has a powerful hold over the current government, with ministers invoking the same narrow history - dominated by Nye Bevan - to lend credence to current policies;

4. Historians are rarely invited into the policy arena, while social scientists, economists and historically-trained politicians act as ‘history brokers’;
5. Those historians who are ‘invited in’ are selected on the basis of their public profile or entertainment value, rather than the relevance of their historical expertise;
6. Policymakers remain ignorant of and fail to learn from important precedents to some key policy issues, such as the long history of public opposition to vaccination;
7. Historians are recognised as providing a perspective that no other discipline can offer, being more enlightening and less prescriptive than political scientists, but their ‘message’ can be difficult to discern; and
8. Historians need to do more to identify and communicate the policy relevance of their research and to explain differing historical interpretations.

Notes to editors

1. Virginia Berridge’s research, *History matters? History’s role in health policymaking*, will be published today on the [History & Policy](#) website. She interviewed 15 key informants: one health services researcher with policy experience, one director in an NHS-related organisation, three academics who had been policy advisers, one political adviser, one journalist, one speechwriter, three chairs of expert committees, two advisers at local policy level, one anthropologist and one member of research council staff.
2. Professor Berridge is Director of the [Centre for History in Public Health](#) at the London School of Hygiene and Tropical Medicine, University of London and a founding member of History & Policy.
3. [History & Policy](#) is an independent initiative working for better public policy through an understanding of history. The initiative was founded by historians at the Universities of Cambridge and London and is based in the [Centre for Contemporary British History](#), at the [Institute of Historical Research](#), University of London. History & Policy is funded through a charitable grant from the Philanthropic Collaborative.
4. For further information or to request an interview with a historian, please contact: Mel Porter, External Relations Officer, History & Policy, tel: 020 7862 8768, email: mel.porter@sas.ac.uk.