Health & Hospitals in Post-War Manchester
What difference did the NHS make?

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Framing my topic

• NHS introduced 1948; nationalised hospitals
• Planned through WWII – visions for post-war
• Re-planned by BEVAN under Labour, Act 1946
• No general scheme of Hospital building until 1962 National Plan. Contrast housing & education
• So, what was done, and how did that correspond to interwar and WWII plans?
• Esp re Manchester
Interwar planning

- DAWSON report, 1920, based on local Health Centres – rather like cottage hospitals
- His father was a architect – thus:
Ground Floor.
Examination rooms and consulting room for Clinical and Communal Patients.
Child Welfare.
Minor operations and dentistry.
Laboratory. X-ray and dark room.

First Floor.
A hospital for 16 beds for both sexes.
A small minor operation or Labour room.

Second Floor.
Residential accommodation for Matrons and Nurses.
Kitchen and mess accommodation for Nurses and Staff.
Manchester hospitals in 1938

• VOLUNTARY Sector: Manchester Royal Infirmary etc (teaching), and many smaller hospitals, eg Ancoats
• Little new Vol sector building: Christie; PPH at MRI

• Big Local Authority hospitals, Withington and Crumpsall; and LA children’s hospital (Booth Hall)
• Big infectious disease hospital, Monsall
• Mcr TB hospital, Baguley
Christie, New hospital, c 1930

(also becomes in effect a regional cancer service centre)
General worries and Mcr initiatives

• Relation of impoverished, but high status voluntary hospitals,

• with expanding LA hospital services --without much new bldg; Upgrading

• friction in London

• Mcr (& Salford) Joint Hospitals Advisory Board, Vol. hospitals, LAs, and University (JSB Stopford)

• MSJHAB planned hospital developments, eg new specialist services in LA hospitals;

• Inc concrete orthopaedics bldg at MRI (Platt).

• MSJHAB seen as national model for joint planning
Harry Platt, orthopaedic surgeon, planning central hospitals
A brief history of NHS war

• Part of many plans for post-war Britain, under Coalition govt; much enthusiasm; focuses on hospitals which are now state funded by EMS (and relatively empty)

• Initial plans based on Local Authorities; but many were ‘too small’ to run modern hospitals; federate? 1944 Act

• Act much disliked by voluntary hospitals and top docs; and by GPs worried re LA (health centre) takeover.

• Tories, 1945, would have maintained existing ownership, with funds for voluntary hospital through Joint Planning Boards.
Bevan and Labour

- Labour traditionally on side of LAs
- Bevan, NOT from LA background was technocratic, got on well with ‘public spirited’ consultants and leading MOsH (Nuffield)
- Solved ownership prob by nationalising vol and LA hospitals.
- And expertise problem by Regional Boards in medical school cities, with hospital management committees in towns
- LAs keep public health;
- Universalises GP coverage but backs off re Health centres etc
New service

- Very popular; but building hospitals was NOT a national priority til 1960s
- GPs howled, gained much, changed little
- Hosp docs – had worried about socialist med;
- but in fact, docs were in charge.
- MRHB chaired by Stopford, etc
- Services Upgraded with new consultants, new services esp in ex LA hospitals; + dentistry etc
- Limited gains from rationalisation of services within districts
Unplanned for, daily Issues

- Tripartite problematic, esp on municipal sites, now partly LA welfare, partly NHS hospitals
- and re fractured ex LA services, eg TB and maternity (both seen to need more beds)
- Substantially weakened Local government
Building hospitals for Mcr?:

- LA health centres had been planned, but abandoned
- Complete University Medical Centre ‘Island site’
- approved by MSJHAB and zoned by Planning authority, in 1945 Mcr plan
- 70 acres, next to Education campus,
- in 1945 hospital reports - but in fact no major bldg till late 1960s
THE HOSPITAL CENTRE
What was built in Mcr Region?

• (Leighton Hospital near Crewe, as specimen prefabricated hospital by Poulson)
• Wythenshawe Hospital
• Baguley TB sanatorium (near Manchester’s major housing scheme, Wythenshawe).
• Scheme for new hospital in 1930s plans
• Baguley expanded in WWII, with huts, as EMS hospital, inc plastic surgery centre.
Baguley Hospital and EMS huts, 1947
Why and how was it built?

- Hospital in Ministry plan, 1955, for c 500 beds
- Green-field site and supported by Manchester city – for rapidly growing estate population
- And by Tories in nearby Altrincham – also expanding
- Wonderful quarrel about whether it should be ‘smoke free’. Scaled down to 350 beds and keep the huts
- Maternity hosp 1965; developed specialist chest services; and general hospital services
1962 Hospital Plan

- Enoch Powell – to end asylums, and develop new hospitals.
- New hosp planned for Preston but generally
- MRHB had incremental schemes, usually on ex municipal sites (more room)
- Maternity services first (public pressure, and ‘always sure of births’)
- Inc St Mary’s maternity block (expected in 1945) opened 1970 – now pulled down
- Central Mcr hospitals not prioritised
- New hosp buildings open c 1992; massive PFI scheme approved 1997; fifty years after first ‘plans’
Conclusions

• NHS major advance and hugely popular, but did not translate into new hospital buildings – except where new populations.

• 1962 Plan: bldg incremental and often delayed

• Mcr Teaching hospital ‘devolved’ from c 1970 to include Withington/Wythenshawe & Hope Hospital (Salford)

• ie Major constructions, ex-municipal sites, edges of city

• then in 2000s PFI for central hospitals inc children
What in fact happened

• General practice remained a form of small-business, with NI covering only workers
• Little Vol Sector hospital bldg (re 1870-1914) – Christie 1930, B’pool,
• MRI: PPH & Orthopaedic
• Major expansions of Local Authority Services re TB, children, maternity, and housing (under MoH)
• LAs take over welfare services after Poor Law ended by 1929 act
• Large LAs develop workhouse infirmaries as municipal hospitals, with more acute services