

Engaging with
Policymakers as a
'Useful Historian'

Professor Sally Sheard



UNIVERSITY OF
LIVERPOOL

Inside Whitehall: from *Yes, Minister* to *The Thick of It*



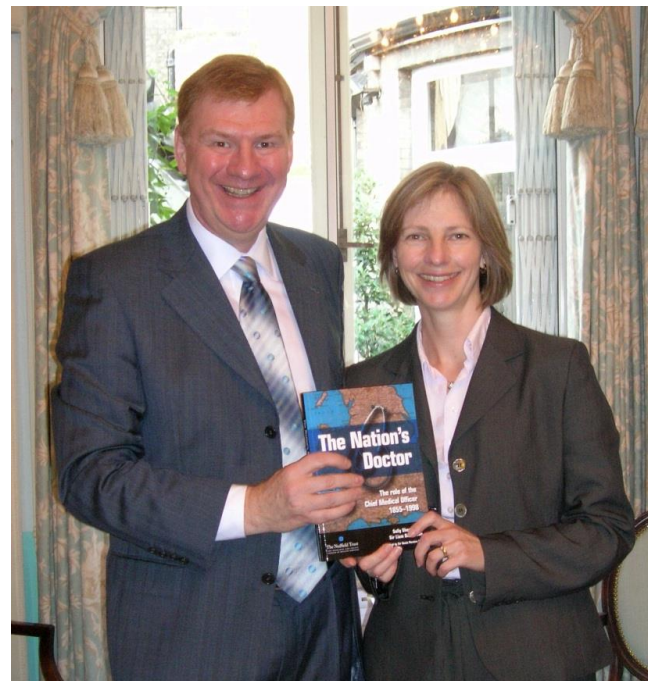
Politicians and civil servants: length of tenure

Sally Sheard and Liam
Donaldson, *The Nation's Doctor:
the role of the Chief Medical
Officer 1855 – 2010*
(Oxford, 2005)

Liam CMO 1998-2010:
served 6 Secs of State for Health

(only 15 CMOS between 1855
and 2010)

Average Sec State for Health
tenure = 3.6 years



Using history in policy formation

1: 2007 ban on smoking in public places



1950s: Establishing the risk of smoking

1954: Richard Doll and
Austin Bradford Hill's
study of doctors' smoking

1956: Minister of Health
press conference

1962 Royal College of
Physicians report:
Smoking and Health

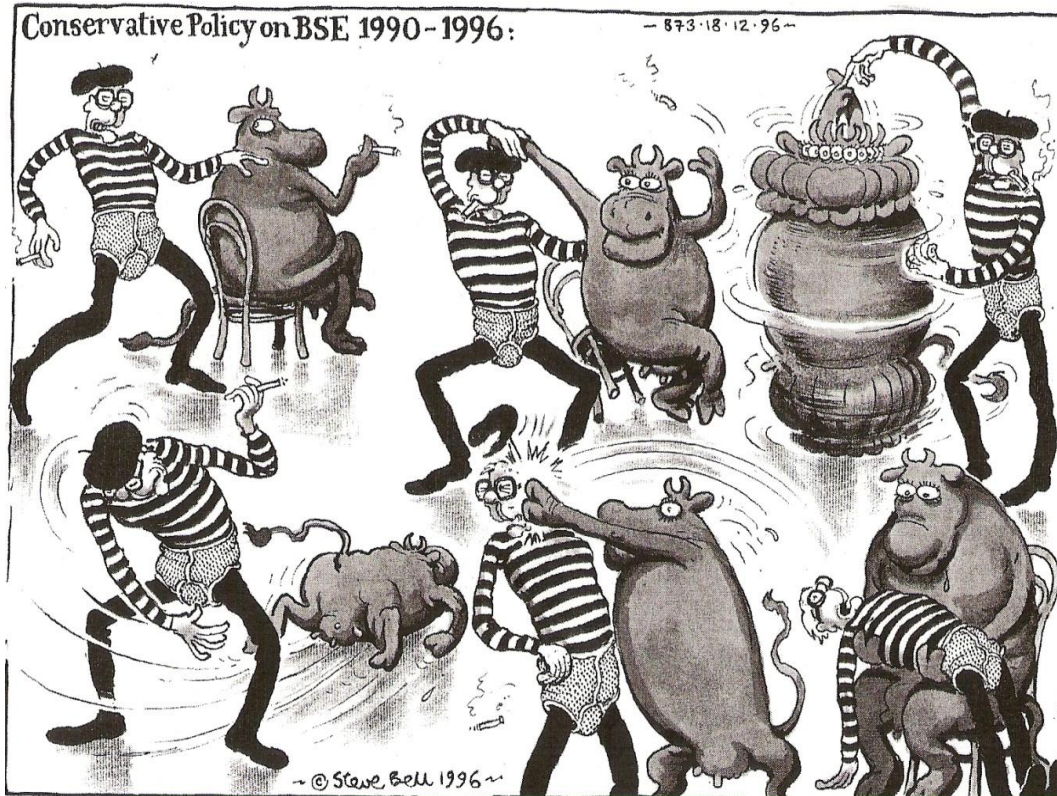


Whitehall obfuscation...



Using history in policy formation

2: Risks of reduced medical expertise - BSE



**‘There are too many
doctors in Whitehall.
Send them back to the
NHS to do proper
medical jobs.’**

Margaret Thatcher to
Patrick Jenkin
[Sec of State for Health]
May 1979



Doctors in Whitehall: how the government accesses and manages medical advice (H&P April 2008)

Executive Summary

The government's requirement for expert medical advice from the 1850s led to the development of a medical Civil Service, which reached its peak in size and authority in the 1970s.

The successive Whitehall efficiency reviews from 1979 onwards culminated in 1994 in the merger of the parallel reporting hierarchies, effectively **reducing the Chief Medical Officer's ability** to call upon the support of medical civil servants, at a time of increasing new health threats such as AIDS and MRSA.

In the last ten years, the government has become more imaginative in its use of temporary specialist medical advisers (tsars) brought in from the NHS, in relaxing the formal Civil Service hierarchies, and quietly abandoning the statutory Standing Medical Advisory Committee (SMAC).

Historical examples show that when the government has failed to give adequate support to its Chief Medical Officers, the medical Civil Service has suffered from poor morale, experienced recruitment difficulties, and the **ability to respond to health crises has been compromised**.

Virtually none of the Whitehall and NHS reviews have **considered their historical context**. The current NHS review has been crudely timetabled to produce a politically favourable report in time for the 60th anniversary in July 2008. As with earlier reviews, it does not appear to be addressing more deep-seated issues such as the location and management of medical expertise.

The government needs to acknowledge that some of its tasks, such as protecting the public's health, do not easily fit into fashionable Public Service Agreements or the ethos of New Public Management.

Impact ?

- Media coverage
- Internal leverage for CMO in DH ?
- Political acknowledgment and discussion
 - Lord Ara Darzi, Minister of Health 2007-09
 - Lord David Owen
- Academic article
 - Quacks and Clerks: Historical and Contemporary Perspectives on the Structure and Function of the British Medical Civil Service, *Social Policy and Administration* 44;2 (2010); 193-207.
- New research projects – ideas and contacts

Pros and Cons of working with Whitehall

- Access
 - To funding (Nuffield Trust)
 - To oral history interviewees
 - To archives?
- Logistics
 - Who does the work in a 'collaboration'?
 - Additional requests – speech inputs
 - Communication/language
 - Whitehall culture and systems
- Longevity and spin-offs
 - No 'institutional memory' in Department of Health