This May Hurt a Bit
Education Work Pack
Out of Joint
2014
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Introduction

In 2006, theatre director Max Stafford-Clark had a major stroke. He spent six months in hospital, first at the Whittington, and then at the National Hospital at Queen Square. Since then he has returned to his directing career, with plays touring the country and overseas, and a number of his productions transferring to the West End.

The stroke - in fact, four strokes in quick succession - has left Max with permanently restricted mobility and he has lost the left side of his peripheral vision. He continues to receive treatment at the Whittington.

Max's wife, the playwright Stella Feehily, is his companion, his sometime collaborator, and his carer. Throughout this journey to recovery, their experiences have given them both a particular insight into the country's best-loved, proudest, and most fiercely debated institution: the NHS.

This May Hurt a Bit was first developed following a two week workshop at the National Theatre Studio in 2008. There was further development at the National Theatre Studio in 2012, at which Lord Kinnock played the role of Aneurin Bevan.

“We must not give up Gina. We must fight.
There is still time.” - Iris

Aim

The resources, research and information in this study pack are intended to enhance our audiences' enjoyment and understanding of This May Hurt a Bit. They are meant to illustrate the process that was embarked on in rehearsals by Director Max Stafford-Clark, the cast, the rest of the creative team and Stella Feehily, the writer.

Furthermore it seeks to provide a guideline to assist students in the practical study of this text. It works alongside the workshops Out of Joint provide for This May Hurt a Bit led by the Director, a Cast Member or our Education Director.

These resources are aimed at anyone with an interest in theatre wishing to gain a deeper understanding of this exciting new play. This encompasses a look at creating a new play, from writing it to the performance.
Structure

The research section aims to provide visual and contextual information which can be used to form a basic understanding of the social and political context surrounding the NHS. There are many available sources to research from, a list of which you can find in the bibliography section of this work pack. We’ve included a brief history of the beginning of the NHS as well as biographies of important historical characters that feature in the play. The rehearsals section covers some of the analysis and work that has gone into putting this production together. This includes Max Stafford-Clark’s process through the rehearsal period, and gives details of the research, improvisation and extensive actioning done in the process of putting on the play.

We hope that you find the materials interesting and enjoyable. If there is anything more you would like to know about This May Hurt a Bit, the page to stage process of an Out of Joint production, or you would like to book a workshop, please contact Isabel Quinzaños on 0207 609 0207 or at isabel@outofjoint.co.uk.

Max and Stella

Max Stafford-Clark and Stella Feehily first collaborated back in 2003, when they joined forces to produce Duck, Stella’s celebrated debut about two teenagers on the brink, growing up in the face of everything a city can throw at them.

Stella Feehily's most recent play was Bang Bang Bang (2011). It was about two human rights defenders working in the Democratic Republic of Congo, and looked at the dangerous, thrilling appeal of that line of work, and the kind of people who are drawn to it. Like This May Hurt a Bit, Bang Bang Bang was produced by Out of Joint and its tour included a sell-out run at the Royal Court Theatre.

Max Stafford-Clark and Stella Feehily

Director Max Stafford-Clark founded Out of Joint following his artistic directorship of London’s flagship “new writing” theatre, the Royal Court. He is one the country’s most influential theatre directors. He is well known for his work on plays about some of the country’s biggest themes and institutions: David Hare’s The Permanent Way, a hit at the National Theatre, told the story of the privatisation of Britain’s railways. Caryl Churchill’s Serious Money was about the financial boom of the 1980s. Robin Soans’ Talking to Terrorists was built on interviews with people who had been involved in terrorism, activists, victims, and politicians.

Max’s most recent production for Out of Joint, a revival of the hit play Our Country’s Good, will return for a national and international tour this year.
Research

Summary of the play

This May Hurt A Bit is a play about the NHS - its importance, its status, and its future. It tells the story of Nicholas, a middle aged man who is forced to face the onset of old age as he begins prostate treatment, and his family. It takes place around one of Nicholas’ sister Mariel’s rare visits to London. Mariel is married to a highly regarded Orthopaedic surgeon in New York, which has deeply influenced her views about the Health service in both countries. Her and her husband, Hank, have right wing views on the subject. On the other hand, their mother Iris is an elderly and fiercely independent woman with strong socialist political views.

So when Iris suffers what looks like a stroke and is rushed to hospital, the family members' differing views about healthcare provision are really put to the test. And whilst we are trying to figure out what is the best thing for everyone, we are made to ask: what will happen to our NHS?

Surrounding the play’s core storyline, Stella Feehily has cleverly interwoven historical and political elements which illustrate the enormity and complexity of the subject, not without a sense of humour. It is a funny, playful and witty show which aims to touch, inspire and connect with its audiences.

This May Hurt a Bit is “one family’s journey through the digestive tract of the NHS”.

Interview with Stella Feehily

What was your motivation to tell this story?

I was commissioned to write this play in 2008- presumably because I had intimate knowledge of the NHS as a result of my husband’s (Max Stafford-Clark) stroke in 2006. Max sometimes jokes that he was so willing to help me with my research that he spent six months in hospital just so he could help out.

I’m not sure if would have chosen to write about the National Health Service had I not been asked. It is hard to be objective when you are emotionally involved.
The play has evolved and changed substantially since its original form in 2008 - tell us about its evolution. What has changed?

Early drafts of the play certainly contained more scenes based on personal experience of the NHS but as time went on and particularly when the Coalition government defined their stance on the NHS with the Health and Social Care Act 2013 I was able to move away from autobiography and create a play that is still informed by experience but also by journalism.

What are the 5 most important things you’ve learnt in the process of writing this play?

1) David Cameron was not telling the truth when he told the public when he said there would be ‘no more chaotic top down re-organization.’ We know this because the Health and Social care Act 2013 is the biggest top down reorganization in the entire history of the NHS.

2) Aneurin Bevan – the founder of the NHS -was an extraordinary politician. They don’t make them like that anymore.

3) The Health and Social Care act contains legislation that locks privatisation into the NHS.

4) Lots of people have bad stories about the NHS.

5) Lots of people have amazing stories about the NHS.

How do you feel This May Hurt a Bit fits in with you other plays?

This May Hurt a Bit definitely feels like a close relative of my other plays- with forays into the surreal and a mixture of the personal and political- however TMHAB is the most political play I have written to date. It also is the first play I have written without an Irish character!

What is the key message you want to transmit with this play to audiences around the country?

The play is meant to be both provocative and entertaining. I don’t tend to write with ‘a message for transmission’ as such. I prefer my audience to make up their own minds- however I personally think that the NHS is a miracle and sustaining it requires people power and vocal support- we shouldn’t leave it to the politicians! In the last moments of the play Aneurin Bevan says, ‘Look to the people. It is they who must demand a health service that protects them. It is they who must demand political courage.’

Why are music and movement important to the narrative of the play?

I always think about music when I write. I find it important for mood and tempo. I wanted to use 80’s punk for This May Hurt a Bit. There was something about the sound of a dirty guitar that seemed to match the energy of the piece – but then I had the good fortune to be introduced to a fantastic musician called Charlotte Hatherley who is a musician singer songwriter in her own right but played with Northern Irish rock band Ash for a number of years and also Bat For Lashes. She has a way with a guitar and her style feels right for the play.

One of the scenes I wrote early on was that of hospital Babel. This short scene is made up of lines from interviews with doctors, nurses, managers, and patients, porters- lines that either moved or shocked me.

When I was at drama school some of my favourite shows were dance based. Two companies I found hugely influential were Belgian group Ultima Vez and English company The Kosh. I saw work that built emotion through repetition of a usual movement. So in the scene of hospital Babel choreographer Orian Michaeli has created a piece of movement inspired by the very particular hand washing required prior to surgery.
**Why do you think that theatre is the right medium for this story to be told?**

The play employs a variety of storytelling techniques to stimulate and emotionally engage the audience. Some of these techniques can only be done in a theatre. I don’t want to give too much away but you just might find yourself sitting beside an important 20th century political figure at a performance of this play.

Stella Feehily in rehearsals.

**Introduction to the Characters**

There are 35 characters in *This May Hurt a Bit*, and they are all played by 8 members of the company. Here they are:

**FRANCES ASHMAN** returns following her work in another Out of Joint/Octagon collaboration, *Bang Bang Bang*. Other theatre includes *House* at the National. She plays:
- **TABITHA** a receptionist
- **BEA** a public health researcher
- **DINAH** an elderly patient on Geriatric Ward
- **DR.GRAY** a consultant

**DIRECTOR OF NURSING**

**STEPHANIE COLE** recently played Sylvia Goodwin in *Coronation Street*, and is much loved for long-running performances in *Waiting for God*, *Open All Hours*, *Tenko*, *Doc Martin* and *Keeping Mum*. Her West End work includes *Noises Off* and *Blythe Spirit*. She plays:
- **IRIS JAMES**
- **and MEMBER OF THE BOARD OF DIRECTORS**
WILLIAM HOPE starred in James Cameron’s Aliens and more recently in Sherlock Holmes with Robert Downey Jnr. On television he played regular Jim Coaver in Spooks, appeared as Matt Leblanc’s agent in Episodes, and had a lead role in the Emmy Award-winning docudrama 9/11 Twin Towers. Theatre includes Doctor of Honour for Cheek By Jowl, The Seven Year Itch in the West End and Orsino in Stephen Pimlott’s acclaimed Twelfth Night at Sheffield Crucible.

He plays:

SAM a Police Officer
DR HANK QUESTEL
MILES a Senior Civil Servant
THE GRIM REAPER
DIRECTOR OF FINANCE

NATALIE KLAMAR joins the cast having recently completed a season with the RSC, including All’s Well That Ends Well. She’s previously worked with Out of Joint during the development of Mixed Up North at LAMDA.

She plays:

CASSANDRA
ALY a public health researcher
WENDY a pretty weather girl
GINA a Nurse
MEMBER OF THE BOARD OF DIRECTORS

HYWEL MORGAN recently played Tony Blair in A Walk on Part: The Fall of New Labour (Soho Theatre and Arts Theatre, West End). Other theatre includes War and Peace and Mill on the Floss for Shared Experience.

He plays:

ANEURIN BEVAN
DANNY a Prisoner
TERRY Paramedic 2
ARCHIE a Hospital Porter
MEMBER OF THE BOARD OF DIRECTORS

BRIAN PROTHEROE starred in Long Days Journey Into Night and An Inspector Calls at the Octagon Theatre Bolton. He played Saruman in The Lord of the Rings in the West End, and has performed with Out of Joint in both Three Sisters and The Convict’s Opera.

He plays:

PRIME MINISTER
NICHOLAS JAMES
MEMBER OF THE BOARD OF DIRECTORS

JANE WYMARK is well known for her long-running roles as Joyce Barnaby in Midsomer Murders and Morwenna Carne in Poldark.

She plays:

MARIEL JAMES
THE NHS
MEMBER OF THE BOARD OF DIRECTORS
MATRON
TRISTRAM WYMARK has appeared extensively at the National Theatre including Collaborators and Phèdre, at the Old Vic, and on television. He plays:
MR WEAVER a Consultant Urologist
WINSTON CHURCHILL
ROGER Paramedic 1
JOHN a Stroke Patient
MILTON The conservative campaign strategist
CHAIR OF THE BOARD OF DIRECTORS

History of the NHS

“Freedom from the fear of the costs of ill health. That’s what we have now. Can you imagine the time before that? Of course you can’t. Well, I can. We must never go back.”
- Iris

The National Health Service in Britain as we know it was launched in 1948 by Aneurin Bevan, the health secretary in the post-war Attlee government from 1945 to 1951.

The idea was to create a health care system that was entirely funded by the state, thereby ensuring that the whole of the British population would never have to face ill health conditions ever again. This was partly inspired by the suffering and devastation the country went through during and in the aftermath of the Second World War.

Britain is known worldwide as the home of socialized medicine. It means that in addition to paying for all citizens to have insurance, the government also hires and pays the doctors and runs the hospitals. British citizens pay taxes, which the National Health Service (NHS) allocates to providers. When a citizen shows up for an appointment, all services that he or she receives are paid for, with the exception of prescription drugs.

This isn’t the case in the rest of the world. There is a wide variety of health systems around with as many histories and organizational structures as there are nations. For instance, French citizens have universal health coverage that’s provided by the government. Funds come from required contributions from citizens based on income. In return, the country reimburses about 70 percent of most medical bills. The French are allowed to see any

These are stills from a 1948 Public information Film created to educate the British population about the NHS. You can watch it here: [http://www.nationalarchives.gov.uk/films/1945to1951/filmpage_cyvgh.htm](http://www.nationalarchives.gov.uk/films/1945to1951/filmpage_cyvgh.htm)
health provider they choose, and about 42 percent can get a same-day appointment. To cover the balance, most citizens have supplemental insurance with either a public or a private plan.

In Germany, all citizens must have health insurance, which they purchase from private, non-profit funds. There are about 200 of these plans, none of which are allowed to deny coverage for a pre-existing condition. To finance this system, Germans pay 8 percent of their salary into a sickness fund; employers match it. Those who can't afford the plans are eligible for public assistance, and children are covered by taxpayer funds. The wealthiest 10 percent of citizens are allowed to opt out of the system and use a for-profit plan, though the non-profit plans provide very generous benefits, such as time at a spa.

All Canadian citizens have health care that is funded by income taxes and sales tax. The national government has oversight for members of the military and native people on reserves, but the 10 provincial and three territorial governments take care of the rest. The doctors and hospitals are private entities, which distinguishes the Canadian system from the British socialized medicine system, in which doctors are employees of the government. Canadian health care providers bill the government, so that citizens never see a bill or fork over a copayment for anything other than dentistry, optometry and prescription drugs.

Switzerland has the second most expensive system of health care in the world after the United States. Insurance in Switzerland isn't tied to one's employment. Rather, all citizens choose from a selection of private plans; those who can't afford to buy one may receive subsidies from the government. Everyone's premium for one of these private plans is the same. Another crucial difference from the U.S. is that private insurance companies in Switzerland aren't allowed to make a profit on basic health care, basic health care being a rather comprehensive set of services.

THE NHS - The Early Years

Park Hospital Manchester opening, Aneurin Bevan, 5th July 1948

July 5 1948 – The NHS is born
The Health Minister Aneurin 'Nye' Bevan arrived to inaugurate the NHS by symbolically receiving the keys from Lancashire County. Nurses formed a 'guard of honour' outside the hospital to meet him. The National Health Service was born and, from that day forward, the healthcare of the nation changed forever.

Sylvia Diggory (nee Beckingham) became the first NHS patient – she was 13. Before she
died, Sylvia said: "Mr Bevan asked me if I understood the significance of the occasion and told me that it was a milestone in history - the most civilised step any country had ever taken, and a day I would remember for the rest of my life - and of course, he was right."

1953 – DNA structure revealed

1954 – Smoking and cancer link established

1958 – Polio and diphtheria vaccinations programme launched

1960 – First UK kidney transplant

1961 – The contraceptive pill is made widely available

1967 – The Abortion Act passed, making abortion legal for the first time in Britain

1968 – Britain's first heart transplant

1968 – British woman gives birth to sextuplets after fertility treatment

1972 – CT scans revolutionise the way doctors examine the body

1975 – Endorphins are discovered, a substance produced in the brain when one is exercising or in great stress, danger or pain which produce a feeling of exhilarating. Hence the term 'adrenaline rush'.

Louise Brown, the world’s first test-tube baby was born on July 25 1978.

1978 – The world’s first baby is born as a result of in vitro fertilisation (IVF)

1980s – The Black Report, which seeks to investigate the inequality of healthcare including gaps in social classes, infant mortality rates and life expectancy of people using the NHS.

1986 – First AIDS health campaign

1990 – NHS Community Care Act, making health authorities able to manage their own budgets and buy health care from other health organisations (including hospitals).

1991 – First 57 NHS trusts established

1994 – NHS Organ Donor Register is set up

1998 – NHS Direct launched

2000 – NHS walk-in centres introduced and The NHS Plan
2010s-
The present day NHS is undergoing major changes in its core structure, including who makes decisions about NHS services, service commissioning, and the way money is spent.

The new NHS
The NHS is undergoing major changes in its core structure. The new health and care system became fully operational on April 1 2013.

NHS England is an independent body, separated from the government. Its main aim is to improve health outcomes for people in England.

Why is this play important?
Here are some thoughts from the company about the importance of the play and their own to be part of this project.

Stephanie Cole- Actually the biggest reason was that I am now in my early 70s and I’ve done a huge variety of work and I’m very conscious of the fact the NHS is in danger, I’ve had a lot of contact with it over the last few years my husband dying of cancer, my mother of strokes, my brother has schizophrenia, so I’ve had a huge amount of and I am very much aware that all is not well. I’m also aware that there are wonderful people working in it on the ground floor and that there are not so wonderful people running it which is happening in many areas of our lives, from the post office to the railways to the NHS etc.

Plays are there to make you look at things afresh and of course to entertain you but also to make you think and in this case it’s a very entertaining play, a very moving play, it’s very funny but along the way you glean information, a lot of it rather like burrs on a country walk, at the end of the walk you suddenly find yourself stuck with burrs all over which you didn’t realise you’d acquired as you sort of you know brushed through the edges.

My character has the last line of the play which is ‘we mustn’t give up Gina, we must fight, there’s still time’ and I think that’s really important.
**Brian Protheroe** - I was 4 years old when the NHS came into being. It has benefitted me for the whole of my life and to find that private organisations are gradually being allowed to profit from this public service is both personally bewildering and distressing.

**Jane Wymark** - The NHS is important, as simple as that. What worries me is the sleepwalking, the sleepwalking into losing it because we’ve had it all our lives and so we take it for granted and we don’t know what it would be like without it and we’re brainwashed into thinking it’d all be marvellous and it wouldn’t.

As it stands at the moment the NHS is, even in its currently feeble state, still the best in the world for acute medicine. Where the system tends to fall down is chronic illness, when things go on and on. I agree with the message of the play it’s just so frightening about private finance initiatives and being stuck into this debt. I’m so shocked to see it happening here.

People forget the enormous numbers of people who have very good treatment on the NHS every day, that aren’t dying in mid-staffs and aren’t complaining about their GP’s or the rest of there is a hell of a lot of extremely good care and that just sort of fades out.

**William Hope** - Well it’s crucial it’s a crucial play because as far as I know it’s the first theatrical production that has addressed the Health and Social Care Act, which is so complex and detailed. We’re slowly learning more and more about it but the principal fact is that it’s laying the ground for the thin end of the wedge to privatise as many components and sections of the NHS as possible. I’m not sure that people are aware of the extent of it and probably this play will provoke a huge number of questions and shine a light on some of the murkier areas that the media should be picking up, on as well as members of the public. I want the play to bring minds around the country to work together and to protect such an important institution.

**Frances Ashman** - When I started reading the play, that then makes you go on to some further research because there’s some technical stuff and some medical stuff and that got me thinking about the real state of the NHS. Everybody knows that the NHS has been going through some really difficult times in the last decade and somehow it all sort of seems to go over our head because when we’re ill as long as we’re treated ‘we’re alright jack’ kind of thing. I think this play’s important because nobody’s talking about it. There is nobody in this country not affected by what is happening to the NHS. All you need to know is you’ve been lied to. It affects all of us and I think we all have a responsibility to try and get together and stand against the people that are trying to take an institution that we’ve had for 65 years.

**Tristram Wymark** - I think this play is important because very few people in the public are fully aware of how drastic a position the NHS is at the moment. The privatisation that has crept in, initially under Labour and subsequently with this current lot, is virtually a done deal. One of the greatest institutions the world has ever seen is in the process of being destroyed. So if in any small way, doing this play can alert people to that that would be wonderful. And if by some miracle it could help mobilise people to actually change that process, to stop it, then I really would be very happy.

Personally it is important to me because my sister and I have spent the last 7 years very much involved with my mother’s health care and we’ve experienced the National Health close up and they have been wonderful, virtually every stage. Of course everyone has some bad experiences but those are outweighed by the amazing things these people do. I’m constantly heartened and
overjoyed to see how much people in the health system care because it’s certainly not the money that keeps them going. The piece is important because there is a brilliant message in there that we need to get out there.

**Hywel Morgan**- ‘Aneurin Bevan? Architect of the NHS and my political hero?! I'll bite your arm off.’

That was what I told my agent before I’d even read Stella Feehilly’s script for ‘This May Hurt A Bit’.

Despite having died twelve years before I was born, coming from South Wales, Nye Bevan is a massive figure. Robert Thomas’ life size bronze at the end of Queen Street in Cardiff appeared during my teenage years and his legacy was emblazoned across the plinth: ‘Aneurin Bevan 1897-1960: Founder of the NHS.’

Over the years and particularly under the current government, Nye’s excoriating quotes about the Tories and the NHS have become seared into my memory. It brought tears of joy to my eyes when Danny Boyle put the NHS centre stage at the Olympics. 'Now let them try and privatise it', I thought. But the Health and Social Care Bill, despite being widely reported as deeply flawed and heavily amended by both Houses of Parliament, still got through.

The truth is if we lose the NHS we lose the greatest thing this country has ever created. Most of us won’t realise how important it is until it’s gone.

**Natalie Klamar**- It’s so rare to be a part of a project that can change the way people think about such an important issue.

The topic couldn’t be more pertinent, we’re right on the cusp of losing one of the integral things that makes this country special. Sometimes when you watch the news you can feel distanced from what they’re talking about if you’ve not been directly affected by it, but by creating characters that the audience can identify with and warm to; the subject matter can hit home in a way that facts and figures sometimes can’t.

“The NHS will last as long as there are folk left with the faith to fight for it.” - Aneurin Bevan

Tristram Wymark in rehearsals.
Rehearsals

Challenges of the play

Death, Music and Dance
When writer Stella Feehily sought to write *This May Hurt a Bit* she found out that there is a reason why there aren’t that many plays about this particular subject- it is incredibly complex. One of the reasons for this complexity is that there are thousands of factors that are relevant to where the NHS is at today. Added to that, it is important that we as an audience can also understand where the NHS comes from, its historical roots. So how do you incorporate all of this information into one neat, concise comedy about a family in the midst of this institution?

The answer in this case is to bypass naturalistic conventions in favour of certain surreal elements. For instance, an appearance from Winston Churchill and Aneurin Bevan will put into context what has been the core debate of the essence, the call for and the continued existence of the NHS which has permeated the institution since its very origins. This is exactly what Feehily has done, and the result is a family comedy that incorporates the historical, political, and social context of this intricate and essential subject.

Max Stafford-Clark’s thoughts on the piece

Isabel - *What do you think are the biggest challenges of This May Hurt A Bit?*

Max - Well the play has surreal elements so that there is quite a lot of direct address and quite a lot of stylistic change, so that the change of scenes such as those of the Prime Minister and his advisor or the Prime Minister and Milton the Australian strategist are almost cartoonlike and it’s getting those juxtaposed with the much more real level of the ward scene. There are bits like the interlude about the PFI: Private Finance Initiative, which is rather like a lecture and a factual documentary section so it’s getting the juxtaposition of all those different flavours and different styles and making them each have their own individual weight in them rather than letting one bleed into one another.

It’s quite difficult to predict quite how the audience will respond and there has to be great authority in the play to move from satire to documentary to domestic drama. That’s the difficulty I think. Within the first 20 minutes you want to train the audience as to what kind of play it is. Some characters don’t enter until the second half, so you have to prepare the audience, to be prepared for anything And that’s quite tricky I think.

Isabel - *What about things like the musical and dance elements of the play? I mean, what made you decide that that needed to be in the play?*

Max - I didn’t decide that, Stella decided. She wanted something that was...I think she was very impressed by the opening of the Olympics and Danny Boyle’s tribute to the NHS with the dancing nurses. So it’s a kind of...satirical idea and also the repetitive gestures of the dance that it becomes mechanistic. That is something that she had a very clear vision of right from the top so that too is another element that has to be fused in.
Isabel - But it adds to the whole idea of as you said, building up this premise so the audience is ready for everything and anything.

Max - That’s right.

Isabel - and then to suddenly break into a musical number.

Max - Yes, Stella has always been very keen on music, she’s always been musically aware so that’s an element too.

Isabel - How do you feel about working with those elements?

Max - I love it but it does demand a lot of rehearsal time.

Rehearsal Techniques OjO

Actioning and Analysis

Throughout Artistic Director Max Stafford-Clark’s career, and certainly since founding Out of Joint, Max has fought to ensure that rehearsal periods are 5 weeks long. As much as the first two weeks are spent analysing the text, primarily using a process called ‘actioning’, which encourages the actors to explore their intention is every line, rather than simply their thoughts behind it.

An action is a transitive verb, which means something that you want to do to the person you are talking to (whether physically present or not). The way to remember transitive verbs is that it is something one does to someone else. Sad isn’t a transitive verb, but sadden is. You might tell someone a piece of news in order to shock them please them or impress them. The shocks, pleases or impresses is the action of the line.
Imagine that you are a military strategist, and every line in the script is your munitions. You need to make each and every one count. So by assigning an action to each of the lines, you are ensuring your aim is as close to being fulfilled as possible.

Have a look at the extract below. The following is a scene earlier on in the play, which is the imagined meeting between the Prime Minister and a senior civil servant over the development of the Health and Social Care bill.

The Prime Minister (PM) is keen on understanding the full extent of the Bill in order that he might be able to go onto Prime Minister Questions and not only defend it, but make everyone support it. Miles is his advisor in this regard, and his main objective is to help the PM with his objective.

Here is an extract from Max’s script, avec actions.

**Scene 2**
March 2011. THE HEALTH AND SOCIAL CARE BILL IS IN TROUBLE
Number 10
*The Prime Minister and Miles, a senior civil servant*

PM  *(He leafs through The Health and Social Care Bill)*

(sobers) How many pages this time?

Miles  *(teases)* Three hundred and fifty four, Prime Minister.

PM  *(probes)* Have you read it?

Miles  *(humours)* Yes, Prime Minister. *(sobers)* And the previous draft – four hundred and sixty seven pages.

PM  *(cheers)* That’s an improvement then. *(draws out)* So what’s wrong with this one?

Miles  *(warns)* Prime Minister, what’s right with it?

PM  *(enlists)* Danny and Oliver were supposed to redraft it.

Miles  *(settles)* They certainly re-drafted the White Paper. *(prepares)* To be fair to Mr. Alexander with his work on the deficit spending review and with the unexpected departure of Mr. Laws- he has been treble jobbing – *(cautions)* in any case neither of them are health policy experts.

PM  *(sours)* Oliver promised to bombproof it.

Miles  *(lightens)* Prime Minister, Oliver is Oliver.

PM  *(sours)* Andrew seemed to have all the answers.

Miles  *(unnerves)* But was he asked the right questions? *(focus)* For example- *(challenges)* What is the narrative behind a massive re-organization of the Health Service when it faces the biggest financial challenge in its history? *(alarms)* A reorganization of this size will cost two if not three billion pounds Prime Minister.
PM (dismisses) Yes, yes. (chides) Your lot have kept very quiet until now.

Miles (sours) Prime Minister, it’s not been easy to communicate our reservations since you got rid of the Strategy Unit.

PM (enlists) God, this row is becoming ghastly.

Miles (cautions) Yes, sir. It’s very messy.

As an exercise, read through the scene a few times. First, ignore the actions in brackets. The second, read the lines with the action, and discuss with your teacher and classmates whether you think it is the right action for the line or not (you can tell if you read out the action and then the line playing the action and you see what the effect is); make adjustments as needed.

The third time round, you read it without naming the actions out, but play them. You should be able to perceive that the actions add a level of depth, perception, rhythm, and overall meaning which otherwise would be lacking. It could be very tempting to try and read out the scene and do a general comedy to and fro from a person of authority to an advisor, and although the Jeeves and Wooster elements of the relationship are there being used by the actors, the actions give it that naturalistic element which Stanislavsky championed.

Have a go to do your own actioning on the next section:

Scene 12
The Harrington. Geriatric Ward.
This is an extract from the scene when Mariel and Nicholas have come to visit their mother in hospital the day after she has been admitted due to what appears to be a stroke. They are worried and scared, and they have a slight misunderstanding with the nurse on shift...

Nicholas We’d like to see our mother.

Gina She is ready now. Are you the son? (She whips off her rubber gloves)

Nicholas Yes.

Gina Doctor will be along presently.
Some one is dying in Nightingale.
Patience is patient.
Yes. I’m so very sorry for all your troubles.

Nicholas What troubles?

Gina Doctor not tell you?

Mariel Tell us what?

Nicholas We saw the Registrar last night at about seven o’clock.
My mother had recovered her memory by then.

Gina I’m afraid mamma died in the early hours.

Nicholas Good God.
Gina: Her passing was very peaceful.
Mariel: No. No.
Gina: Yes. Yes.
Mariel: She was fine when we left her.
Gina: If you would like to see mamma? Take a moment.
Nicholas: Our mother. Nobody told us. She died last night?
Mariel: I can’t believe it. Oh Nicholas. We’re orphans. Oh my God.
Nicholas: My God.
Mariel: Mummy. Oh mummy.
Gina: Come with me. I have made mamma nice for you.  
They enter the curtained area in a state of shock.
They come out in a further state of shock.
Mariel: That’s not my mother.
Gina: Yes, yes. I understand. It’s hard to accept.
Nicholas: No, no. That’s not our mother.
Mariel: Where’s Mrs. James?
Gina: Mrs. James?  
Archie the porter wheels in Iris. She is in good spirits.
Iris: Hello darlings.
Gina: Ah. Why didn’t you say Mrs. Iris?

It is very easy to overplay either the drama of the death of Iris or the comedy of the mistaken dead body in the scene. Actioning can be particularly useful in very energetic or emotional scenes such as these. The danger is for the actor to have a tendency to escalate in emotion and for the scene to lose shape. This is where actioning really works in making specific choices and laying out a clear structure for the scene.

Jane Wymark in rehearsals.
Improvisations

Max Stafford-Clark uses improvisation throughout the rehearsal process. It serves many purposes—during the initial rehearsal period when actors are actioning the text; it is an excellent way of getting them up from the rehearsal table and explore whatever isn’t in the text to help them further develop the characters. Rehearsals are not just about blocking the scene, learning your lines and repeat; they are about creating a safe environment to play with ideas, try things out and take risks.

In the case of This May Hurt a Bit, the play has so many medical elements that one of the most interesting and effective things to do was to invite a Dr. Polly Brown to come and help us with some of the scenes.

Dr. Brown’s visit served two-fold: one, it was to verify the authenticity of some of the medical aspects of the script. The scene that was worked on was Scene 16, which follows what happens to the James family once Iris has been taken ill in the hospital, and therefore it is important that it is accurately portraying what happens in a hospital ward. Two, Dr. Brown would be instrumental in the improvisation of an emergency during the scene that would show the audience, and the actors, what doctors and nurses do every day to save lives.

The improvisation centred around Reverend John, a patient who has suffered a stroke which has rendered him unable to speak and with little control of his body. During a patient check, Reverend John goes into seizure—this means that they start shuddering and jerking involuntarily, and there is often risk of tongue biting and incontinence. It is important to terminate a seizure as soon as possible as there is likely to be permanent brain damage should the attack last more than 20 minutes. Drugs are used to make sure that the body and brain are sedated and therefore stop being in shock. The drugs are often applied with an injection to muscular tissue, or they can be absorbed nasally or rectally, depending on the case.

The improvisation showed how Reverend John is sitting on his chair and starts shaking uncontrollably. Dr Gray who is on the scene and Nurse Gina get to him first. You need a team of people to act together to terminate the seizure as soon as possible, and one has to be the team leader. In this case, Dr. Gray would be the most appropriate leader. She has to ensure everyone knows what they are doing.

These are the basic points to check:

First of all a MET (Medical Emergency Team) call needs to be put out. This is a special alarm that goes off and those nearest and available need to respond to as quickly as possible.
The patient needs to be moved to the floor if not on a bed already, to reduce risk of injury.
Then the following needs to be checked
A -airway (obstruction of the airways)
B -breathing (obstruction of lungs)
C- circulation (blood pressure, pulse)
D- disability (blood glucose)

The improvisation we did in rehearsals, at first with Dr. Polly Brown being the leading attending to the call, and then with just the actors following her example, resulted in the scene below.

**Scene 16.**

(...)  
Gina  
Reverend John seems to be having a seizure.

Dr Gray  
Put out a M.E.T call, Gina.  
(To Nicholas) Would you like to follow ?

Nicholas  
Yes of course.

Iris  
Where’s Charles?

*Nicholas and Iris exit.*

Gina  
Putting out a M.E.T call.  
*She gets to a phone*  
Medical emergency on Cloudsley ward.  
*Emergency beeps*

Dr. Gray  
John, John, can you hear me? It’s Dr. Gray. John? It’s ok.  
*A doctor runs on*

Stephen  
I’m Stephen- Med Reg. Is this the M.E.T call?

Dr. Gray  
Yes. Are you comfortable doing an airway?

Stephen  
Yes.

*Senior matron and Gina enter.*

Matron  
Senior matron. What’s the situation?

Dr. Gray  
This is a fifty year old man admitted following a right sided CVA with residual weakness and expressive dysphasia, he started seizing approximately 2 minutes ago. We are the first responders. I will lead. Let’s get him on the floor.

Stephen  
On a count of 3.  
1,2,3. I’ve got airway.

Stephen  
I’ve got airway.

Dr. Gray  
I need someone on breathing.  
*Stephen passes his stethoscope to Matron.*

Matron  
I’m on it.

Dr. Gray  
Can you check he hasn’t aspirated?

Matron  
On it.
Stephen: Airway secure.
Matron: Lung fields clear.
Dr Gray: John? Can you hear me?
Gina: Take a blood pressure.
Dr Gray: Can someone prepare 4mg of Lorazepam for slow IV infusion.
Matron: Got it. *Matron exits.*
Gina: 157/65
Dr Gray: Change of plan. Can someone prepare 10mg IM Diazepam.
Gina: Yes, Dr. Gray.
Dr Gray: Ok John? Can you hear me?
Gina: Take a blood glucose level, Gina.
Gina: Administering Diazepam.
Dr Gray: Ok John? Can you hear me?
Gina: Take a blood glucose level, Gina.
Dr Gray: Administering Diazepam.
Gina: 5.7
John: Uhhhhhh.
Dr. Gray: Seizure terminating. We need to get bloods.
Gina: On it.
Dr. Gray: Lets get him straight to imaging for a CT scan.
Dr Gray: Good work team.
Dr Gray: Welcome back John.

*Frances Ashman in rehearsals.*

**Playing Cards: Status and Intensity**

Max Stafford-Clark is well known for using playing cards in workshops and rehearsals. They can be used in a number of ways; for provocation, working out the dynamics of a scene,
developing a character, and for fun. However Max chooses to use the cards, it is always for an exercise relevant to the scene or play he is working on.

Two of the most frequent uses of cards are for determining status and intensity.

**Status**

A person’s status in a given situation often feeds into their behaviour. The most simplistic example is at Court; A Queen or King is the highest status (a 10 card) and will walk, talk and behave in a particular way. A knave is a lower status than a monarch (perhaps a 7 card) and a servant would be a far lower status than both other character (a 2 card). A scene between these three characters is enriched by their varying statuses, because the knave will act in a different way to the Queen (he will lower his own status) than to the servant (where he will play it higher).

**Exercise**

1) Everyone in the class gets a playing card (take out the court cards, and only use 2-10) which they can look at, but not show anyone else. They must then go around the room, chatting to everyone and playing their status. After 5 minutes the group must place themselves in order, high to low, depending on their status, and reveal their cards.

2) Everyone is given a card, but this time they must stick it facing out on their forehead, so that everyone else can see their status but they can’t see their own. Repeat the exercise above, this time learning about ones own status by the way in which they are treated by others.

3) With 10 students, arrange 10 cards with two of each even number (2 2s, 2 4s, 2 6s, 2 8s, 2 10s). Hand them out, with the students seeing their own card but not looking at anyone else’s. Repeat the exercise of walking round the room conversing, but this time with the intention of finding your ‘mate’, the person with the same number card as they have.

The above exercises, though perhaps simple, are very useful introductions into the idea of status in a scene or play.

During the exercises, how did people play their status? It is easy, when playing high status to puff out one’s chest, storming around the room being loud and obnoxious to people. But there is nothing in a high status to determine that the person cannot be extremely polite and friendly to others. ‘Happy High Status’, for example, is how the Queen would behave. If she visited a house that was dirty and was offered a cup of tea that was cold, she would politely accept the invitation and be gracious. In other words, her status is fixed so high that she doesn’t need to belittle others or enforce herself too strongly to remain a 10. Max always says that, “A bully is a 9 who picks on a 4, and a bore is 4 who thinks he’s an 8.”
There are obvious statuses within hierarchical institutions; a teacher has a higher status than a student due to their job. But in all societies, friendship groups, work environments there are varying degrees of statuses for a number of reasons.

Look at the characters at the start of the play. Think about characters like the Prime Minister, his advisor Miles and Milton. Think about the Grim Reaper and the NHS. Think about Aneurin Bevan and Winston Churchill. Most of these characters are of high status compared to normal civilians... But within then there is a power struggle. Can you pin them down?
What are their statuses?
How do their statuses change throughout the play?

Intensity

Cards are also used by Max to determine how passionate a character is in a scene; this could be a political standpoint, or to assess their feelings for one another. For This May Hurt a Bit, this is where cards become a very interesting asset.
For instance, you can use cards to determine how much someone supports or is against the NHS and its continued existence. Take for instance, scene 6:

(Extract)
Nicholas I must invoke Colonel Thomas Rainsborough –
Mariel Must you?
Nicholas He said- I think that the poorest he that is in England, hath a life to live as the greatest he.
Mariel Is he still doing that, mummy?
Iris Stop being provocative Mariel.
Nicholas Didn’t you used to be a socialist?
Mariel Not for at least thirty years.
Hank There’s something deeply incoherent about political beliefs simply based on an aspiration to equality with no thought to the cost.
Nicholas People go bankrupt in the U.S over health care. That’s all I need to know.
Hank People die waiting for treatment here. That’s all I need to know.
Mariel Private healthcare should be an aspiration like owning a nice car so you can avoid the ghastly tube.
Hank Yes, if the wealthy used private healthcare, ordinary Joes would have at least have better-funded service.
Iris Middle class flight would leave us with your hideous insurance system.
Nicholas  That’s right, mum. Social solidarity still counts for something in this country.

Mariel  The notion that we must all be cured alongside each other for the sake of solidarity is ludicrous. What about quality? I’ve been reading hair-raising stories.

Nicholas  The Daily Mail?

Mariel  My guilty online pleasure.

Iris  It’s bad for your health Mariel.

Mariel  But, whole hospitals have been implicated. Jesus, even with irrefutable evidence it’s still impossible to criticize it.

Iris  Bloody right. A few bad stories shouldn’t damn the entire system. And the Secretary of State for Health is constantly critical of it. How does that help? I’m very concerned where this constant criticism will lead us.

Nicholas  -The way of dentistry.

Iris  The British people will never let that happen.

Nicholas  It’s happening.

During the course of the scene, the family gets quite worked up on the subject of the NHS. Give the actors playing Iris and Nicholas a black card with the value of how much you think they support the NHS and Hank and Mariel a red card with a value of how much you think they are against it. Read through the scene playing those intentions. It is often a good idea to try and change the values to something that might not be right but that will give you a clear indication of what is the right intensity.

Now you can add different elements to the mix. For instance, you could give a second card to both Mariel and Nicholas to determine how much they are irritated by one another. And a card to Iris for how much she disliked Hank and a card for Hank by how sensitive he is about how the family likes him.

These exercises bring texture to the scene, and make it a much more interesting piece for the actors to play with.
The Design of *This May Hurt a Bit*- Tim Shortall

**Isabel**- What was that your overall concept of the design of *This May Hurt A bit* and what you were trying to achieve with it?

**Tim**- I think that it presents a lot of different problems when you’re approaching a play like that because there are so many scenes, so many locations, and the crucial thing is that, (and I think it’s always the same with Max, and should be the same with most productions), you don’t want to hold the whole thing up, you don’t want to have great scene changes happening- you just need to get on with it and follow the action, particularly because it chops and changes. It goes from interiors to exteriors, from the hospital to domestic scenes, from the ward to urology department, examination rooms... it’s complex. All those changes, and yet you’ve got to find a way of making that slick and smooth and easy and ideally, also because that’s something Max likes best, that the changes are done by the actors; that you don’t have stage management do it - so really keeping it very fluid and finding the visual vocabulary that allows you to do that. That was my premise for it, that in practical terms it’s got to do all of those things. Secondly, it tours to such a wide range of venues in terms of the layout - eg at Bolton you’ve got the audience on three sides, the St James’ is the size of this office and no wing space or backstage or depth, and then you’ve got Bury which is a traditional proscenium arch theatre, so it has to fit not only different sized spaces but also different layouts... They were the two things that were foremost in my mind. I could go off into a sort of fantasy world about how ideally it could be but kind of rock bottom physical parameters means it’s got to fit within these variables. Indeed this was important also for the actors’ sake. I didn’t want them to struggle too much with things being different at each venue.

**Isabel**- So once you identified the challenges as you have, how do you go about making something that fits?

**Tim**- I thought we needed a ‘holding-space’ in a way, which is the kind of run down derelict Victorian hospital feel - which is the background to the story so that you’ve got that sort of ‘Death of the NHS’ almost physically in the set. You’ve got that crumbling, run out of money, on its last legs feel and of course we’ve actually got the character of the NHS who is on her death bed - so to sort of reflect that. And within that the glass cubicle, (sadly the glass was cut to ease the budget but the shape of the cubicle is there!), to put that with the concrete pillars and as a more contemporary addition but still probably still a bit ‘70s, not up-to-the-minute. Then it became more about it not being realistic any longer and the play, particularly as it’s been rewritten during the rehearsals, has become more surreal, and with the music and choreography it’s departed from reality which is great because then you can do something that’s just representational and no longer realistic in terms of the set, so like I’ve got the very high gloss floor which hopefully is going to reflect the old walls of the hospital and stuff but is not going to look naturalistic any longer, which is important.

**Isabel**- Exciting. How does the rest of the elements of the design, the costume, etc... What visual are you trying to give?

**Tim**- In terms of the costume again it’s a thing about there are loads of characters being played by very few actors and sometimes they’ve got two lines to go from one character to another so they haven’t got time to make a full costume-change. You’ve just got to have
a quick identification tag really for the audience to think ‘oh yes, that’s so-and-so’. So the costumes have really got to be simple in terms of the audience identifying.

**Isabel** - *The quickest recognition possible*

**Tim** - Yes. But also making them quite different as well from each other so that there’s as little confusion as hopefully possible.

**Isabel** - *Finally what would you say you’ve enjoyed the most about the process of this project?*

**Tim** - That’s a hard one –I always like working with Max, that’s always enjoyable and I love the play, I think it’s funny and it’s very political and really there’s some very touching moments in it as well. Most of us have either been in hospital, or have known somebody ill in hospital, or worse had somebody die in hospital so it’s kind of going to speak to everybody in that respect. It’s always good to work on a play that has got a very broad appeal. In terms of the process it goes in sort of peaks and troughs - there’s the kind of point where you get to where you think it’s not going to happen, there’s too much, we’re never going to get it done... but then I always like going to the workshops for the first time and seeing the set has started to be built and I think ‘yes, it’s going to look how I’ve imagined it’. More so when you get on the stage and when you finally see it lit for the first time. I think that’s the most exciting point because lighting can transform anything visually. And when you finally see the cast perform on that set, it becomes secondary, and that’s when you know if it’s good or not, if it serves its purpose.

Tim Shortall’s design: three views of the model box in no particular order.
TAKE ACTION- Protect what is important to you
By Jacky Davis

Founder member of Keep our NHS Public
Chair of the NHS Consultants Association
Consultant radiologist (London)

‘Since 2000 governments have pursued a policy for the NHS that the electorate hasn’t voted for and doesn’t want’. –(1)

If you are alarmed and angry after seeing this play you should be. No-one voted for the market driven policies that are being forced on the NHS, there is no democratic mandate for them. Indeed in 2010 David Cameron promised that there would be ‘no more of those pointless NHS reorganisations that …bring chaos’. Shortly after the Coalition came into power he began to legislate for a reorganisation so large that it could, according the NHS CEO Sir David Nicholson, be seen from outer space.

We are already seeing the disastrous consequences with fragmentation of the service, unaccountable private providers pulling out when they can’t make profits, the NHS budget wasted on compulsory tendering and litigation. Caught up in this are the patients and the staff whose voice, far from driving the agenda as promised, has all but disappeared.

How was it allowed to happen? The NHS is the most popular institution in the country and Bevan was right when he said that no political party would survive that tried to destroy it. So politicians have had to work behind closed doors to transform it from an integrated public service into a kitemark attached to competing private providers. They have peddled myths about it – we can’t afford it, it can’t go on like this – which are demonstrably untrue but are swallowed by the media. They have lied about its cost and its outcomes. They have used language - patient choice, modernisation, plurality of providers - which has concealed their true agenda. They have always denied accusations of privatisation.

Thanks to this toxic mix of spin, bogus public consultations and outright lies the last pieces of the jigsaw are falling into place and the NHS as we have known it – publicly funded, publicly delivered and publicly accountable - now stands on the brink of extinction. The NHS belongs to us the public and it is up to us to do something about it. It is not too late. There are things that we can do and there are things that we can press politicians to sign up to. So don’t get mad, get active. Here are some ideas as to what you might do.

Firstly you can’t fight alone so join up with others. Join an established campaign like Keep our NHS Public (KONP), which has local campaign groups. If there is no group near you think of starting one, KONP will help with material and speakers. There are also many campaigns organised around local problems such as hospital cuts and closures. All these local and national campaigns are starting to work together for greater effect. Many other organisations such as the NHS Support Federation give guidance about how to campaign, links are below.

We need to track the changes to the service – much of what is happening, including financial dealings and patient outcomes, is being lost behind a smokescreen of ‘commercial confidentiality’. Groups can monitor proposed local changes, be they cuts, closures or outsourcing of NHS services. There are at least two sites where cuts, closures and privatisation are being collated, visit them to provide and get information. And stay informed - the government’s greatest ally is apathy, ignorance and fatalism about what’s
happening. There’s a suggest reading list below, and twitter users can get up to date news by following the twitter feeds of the organisations below.

We must persuade politicians that the NHS will be a massive issue at the general election in 2015. Write to your MP and tell them that, especially if they are Tory or Lib Dem, organise local hustings to question them. Labour also needs to be reminded that we care about the NHS. They have already committed to repealing the Health and Social care Act (HSCA) but they can also promise to support Lord Owens bill to restore the responsibility of the Secretary of State to deliver the NHS, something that the Act abolished for the first time in 65 years.

There are many other ways that groups can influence what is happening. Firstly they can act within the structures of the NHS, although the patient voice has been much weakened. Members of the public can attend CCG board meetings, become governors on foundation trust boards, join or start patient participation groups at their local surgeries. Most GPs are horrified at what is happening and are likely allies, talk to them about putting campaign material in their waiting rooms.

Groups can help inform and mobilise public opinion with local street stalls, marches, petitions and such like. Some people will be comfortable with writing letters, others talking to the local media, who are another natural ally. If the media fail to cover an important story complain to them.

Most importantly don’t lose heart. People across England are now waking up to the dismantlement of the NHS, a project that benefits no-one but the private sector. Aneurin Bevan said – ‘the NHS will last as long as there are folk left with the faith to fight for it’. We believe those folk are out there and are ready to fight.

A more detailed version of this advice on action can be found in the last chapter of the book NHS SOS.

(1) Colin Leys and Stewart Player – The Plot against the NHS

Glossary (Medical, Historical, and Political terms used in the play)

Anathema: something or someone that one vehemently dislikes: *racial hatred was anathema to her.*

The Strategy Unit: The Prime Minister’s Strategy Unit (The Strategy Unit) was an elite unit based in the UK Cabinet Office between 2002 and 2010 (with its predecessor unit dating back to 1999). The Strategy Unit was established by the former Prime Minister Tony Blair, forming one part of a more streamlined centre of government along with a Delivery Unit, a Policy Unit and a Communications Unit. The purpose of the Strategy Unit was to provide the UK Prime Minister with in-depth strategy advice and policy analysis on key priorities. According to Tony Blair the Strategy Unit would "look ahead at the way policy would develop, the fresh challenges and new ideas to meet them". [2] In this respect it had many similar responsibilities to the Central Policy Review Staff which served successive governments between 1973 and 1982.

Electoral Mandate: In politics, a mandate is the authority granted by a constituency to act as its representative. The concept of a government having a legitimate mandate to govern via the fair winning of a democratic election is a central idea of representative democracy. New governments who attempt to introduce policies that they did not make public during an election campaign are said to not have a legitimate mandate to implement such policies.

PCT: An NHS primary care trust (PCT) was a type of NHS trust. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers.

Strategic Health Authorities: NHS strategic health authorities (SHA) were part of the structure of the National Health Service in England. Each SHA is responsible for enacting the directives and implementing fiscal policy as dictated by the Department of Health at a regional level. In turn each SHA area contained various NHS trusts which took responsibility for running or commissioning local NHS services. The SHA was responsible for strategic supervision of these services.

PSA: Prostate-specific antigen. An antigenic enzyme released by the prostate and found in abnormally high concentrations in the blood of men with prostate cancer.

Politburo: the principal policymaking committee of a Communist Party. Also the principal policymaking committee in the former Soviet Union, founded in 1917.

Stoma: Medicine- an artificial opening made into a hollow organ, esp. one on the surface of the body leading to the gut or trachea.

Privatization: Privatisation, also spelled privatization, may have several meanings. Primarily, it is the process of transferring ownership of a business, enterprise, agency, public service or public property from the public sector (a government) to the private sector, either to a business that operates for a profit or to a nonprofit organization. It may also mean government outsourcing of services or functions to private firms, e.g. revenue collection, law enforcement, and prison management.

Clem: Clement Attlee, (3 January 1883 – 8 October 1967) was a British politician who served as the Prime Minister of the United Kingdom from 1945 to 1951, and as the Leader of the Party from 1935 to 1955. The government he led built the post-war consensus and undertook the nationalisation of public utilities and major industries, as well as the creation of the National Health Service.

Beveridge: William Beveridge, (5 March 1879 – 16 March 1963) was a British economist, noted progressive and social reformer. He is best known for his 1942 report *Social Insurance and...*
**Allied Services** (known as the **Beveridge Report**) which served as the basis for the post-World War II welfare state put in place by the Labour government elected in 1945.

**Winston:** Sir Winston Churchill, (30 November 1874 – 24 January 1965) was a British politician who was the Prime Minister of the United Kingdom from 1940 to 1945 and again from 1951 to 1955. Widely regarded as one of the greatest wartime leaders of the 20th century, Churchill was also an officer in the British Army, a historian, a writer, and an artist. He is the only British Prime Minister to have won the Nobel Prize in Literature, and was the first person to be made an honorary citizen of the United States.

**Anthony:** Robert Anthony Eden, (12 June 1897 – 14 January 1977) was an English Conservative politician who was Prime Minister of the United Kingdom from 1955 to 1957. He was also Foreign Secretary for three periods between 1935 and 1955, including during World War II. He is best known for his outspoken opposition to appeasement in the 1930s; his diplomatic leadership in the 1940s and 1950s; and the failure of his Middle East policy in 1956 that ended his premiership.

**Harold:** Maurice Harold Macmillan (10 February 1894 – 29 December 1986) was Conservative Prime Minister of the United Kingdom from 10 January 1957 to 18 October 1963. Nicknamed "Supermac" and known for his pragmatism, wit and unflappability, Macmillan achieved note before the Second World War as a Tory radical and critic of appeasement.

**Alec:** Alexander Home, (2 July 1903 – 9 October 1995) was a British Conservative politician who served as Prime Minister from October 1963 to October 1964. He is notable for being the last Prime Minister to hold office while being a member of the House of Lords, prior to renouncing his peerage and taking up a seat in the House of Commons for the remainder of his premiership. His reputation, however, rests more on his two spells as the UK's foreign minister than on his brief premiership.

**Harold:** James Harold Wilson, (11 March 1916 – 24 May 1995) was a British Labour Party politician who served as the Prime Minister of the United Kingdom from 1964 to 1970 and 1974 to 1976. He won four general elections, and is the most recent British Prime Minister to have served non-consecutive terms.

**Edward:** Sir Edward Richard George Heath, KG MBE (9 July 1916 – 17 July 2005) was Prime Minister of the United Kingdom from June 1970 to February 1974 and as Leader of the Conservative Party from 1965 to 1975.

**Jim:** Leonard James Callaghan, (27 March 1912 – 26 March 2005) was the Prime Minister of the United Kingdom from 1976 to 1979 and Leader of the Labour Party from 1976 to 1980. Callaghan is to date the only politician in history to have served in all four of the "Great Offices of State", having been Chancellor of the Exchequer from 1964 to 1967, Secretary from 1967 to 1970, and Foreign Secretary from 1974 until his appointment as Prime Minister in 1976.

**Margaret:** Margaret Thatcher, (née Roberts, 13 October 1925 – 8 April 2013), was the Prime Minister of the United Kingdom from 1979 to 1990 and the Leader of the Conservative Party from 1975 to 1990. She was the longest-serving British Prime Minister of the 20th century and is the only woman to have held the office. A Soviet journalist dubbed her the "Iron Lady", a nickname that became associated with her uncompromising politics and leadership style. As Prime Minister, she implemented policies that have come to be known as Thatcherism.

**John:** Sir John Major, (born 29 March 1943) is a British Conservative politician who served as Prime Minister of the United Kingdom and Leader of the Conservative Party from 1990 to 1997. He previously held the posts of Chancellor of the Exchequer and Foreign in the Thatcher Government, and was the Member of Parliament for Huntingdon from 1979 to 2001. Although according to Malcolm Rifkind Major proved "a great disappointment to Thatcher", he was her preferred choice as successor as she expected to "continue in control of the country as a backseat driver". He remains to date the last Conservative Leader to win an outright majority at a general election.
Tony: Anthony Blair (born 6 May 1953) is a British Labour Party politician who served as the Prime Minister of the United Kingdom from 1997 to 2007. He was the Member of Parliament (MP) for Sedgefield from 1983 to 2007 and Party from 1994 to 2007. Blair led Labour to a landslide victory in the 1997 general election, winning 418 seats, the most the party has ever held. The party went on to win two more elections under his leadership, in 2001 and 2005, with a significantly reduced majority in the latter.

Gordon: James Gordon Brown (born 20 February 1951) is a British Labour Party politician who was the Prime Minister of the Kingdom and Leader of the Labour Party from 2007 until 2010. He previously served as Chancellor of the Exchequer in the Government from 1997 to 2007.

Vermeer: Dutch painter renowned for his use of light (1632-1675)

Arthroplasty and Glenoid reconstruction:
Arthroplasty: (Surgery) surgical repair of a diseased joint
Glenoid: (Anatomy) resembling or having a shallow cavity, denoting the cavity in the shoulder blade into which the head of the upper arm bone fits

Colonel Thomas Rainsborough: Thomas Rainsborough (1610 – 29 October 1648), or Rainborough or Raineborough or Rainborowe or Rainborowe or Rainbowor Rainsboro, was a prominent figure in the English Civil War, and was the leading spokesman for the Levellers in the Putney Debates.

Proselytizing: convert or attempt to convert (someone) from one religion, belief, or opinion to another.

Obstreperous: noisy and difficult to control.

Bradycardia: abnormally slow heart action.

Transient Ischemic Attack: brief episode in which the brain gets insufficient blood supply; symptoms depend on the site of the blockage

MSRA: a strain of antibiotic-resistant bacteria.

Metastatic TCC Bladder: Transitional cell carcinoma (TCC) of the bladder typically metastasizes to the pelvic lymph nodes and to visceral sites including the lungs, liver, and bones. Other sites include the brain, especially after systemic chemotherapy. To our knowledge, we report the first case of TCC metastatic to the soft tissue of the shoulder girdle and discuss common and unusual sites of metastasis in TCC.

Schizophrenia: a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behaviour, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.

Periventricular Brisk Reflexes:
Periventricular: means around the ventricle (The ventricular system is a set of four structures, the ventricles, containing cerebrospinal fluid (CSF) in the brain. It is continuous with the central canal of spinal cord. The ventricle lining consists of an epithelium-like membrane calledependyema. The ventricles are interconnected, allowing the flow of cerebrospinal fluid. CSF is produced by the ependymal cells in the choroid plexus, a network of these cells within each of the ventricles)
Brisk reflexes: Brisk or exaggerated reflexes are most commonly associated with multiple sclerosis, but may actually be symptomatic of a number of other serious conditions.
Hippocratic Oath: an oath stating the obligations and proper conduct of doctors, formerly taken by those beginning medical practice. Parts of the oath are still used in some medical schools. The following is the modern version of the oath:

“I swear to fulfill, to the best of my ability and judgment, this covenant:
I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.
I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.
I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
I will prevent disease whenever I can, for prevention is preferable to cure.
I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.”

ECG: (electrocardiogram) is a test that measures the electrical activity of the heart.
Catatonia: abnormality of movement and behaviour arising from a disturbed mental state (typically schizophrenia). It may involve repetitive or purposeless overactivity, or catalepsy, resistance to passive movement, and negativism.

Amnesia: a partial or total loss of memory.

CT Scan: X-ray computed tomography, also computed tomography, computed axial tomography or computer assisted tomography is a medical imaging procedure that uses computer-processed X-rays to produce tomographic images or 'slices' of specific areas of the body.

MRI: Short for **magnetic resonance imaging.** The use of nuclear magnetic resonance to produce images of the molecules that make up a substance, especially the soft tissues of the human body. Magnetic resonance imaging is used in medicine to diagnose disorders of body structures that do not show up well on x-rays

Post Mortem Report: Analysis shown by a medical examination of a dead body.

Banjaxed: ruin, incapacitate, or break.

Mid Staffordshire: The **Stafford Hospital scandal** concerns poor care and high mortality rates amongst patients at the Stafford Hospital, Stafford, England, in the late 2000s. The hospital was run by the Mid Staffordshire NHS Foundation Trust, and supervised by the West Midlands Strategic Health Authority.

Abattoir: A Slaughterhouse

Transient Global Amnesia: (TGA) is a neurological disorder whose key defining characteristic is a temporary but almost total disruption of short-term memory with a range of problems accessing
older memories. A person in a state of TGA exhibits no other signs of impaired cognitive functioning but recalls only the last few moments of consciousness, as well as deeply encoded facts of the individual’s past, such as his or her own name.

**Blood Pressure:** the pressure of the blood in the circulatory system, often measured for diagnosis since it is closely related to the force and rate of the heartbeat and the diameter and elasticity of the arterial walls.

**Sats:** usually can mean Oxygen Saturation levels

**Seizure:** The action of capturing someone or something using force. A sudden attack of illness, especially a stroke or an epileptic fit.

**Crash trolley:** (in a hospital) a trolley carrying medicine and equipment for use in emergency resuscitations.

**Loquacious:** tending to talk a great deal; talkative.

**MC:** The Military Cross (MC) is the third-level military decoration awarded to officers and (since 1993) other ranks of the British Armed Forces; and formerly also to officers of other Commonwealth countries.

**Bibliography (Articles, audio visual and reading material)**

Here is a collection of references you can look at when researching this play - out of interest or necessity. These have been collated from Stella Feehily’s research, Jacky Davis’ suggestions and the research that was done to create this work pack.

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