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PRIME MINISTER

NHS REVIEW
TREATMENT OF SCOTLAND, WALES AND NORTHERN IRELAND IN WHITE PAPER

Mr Walker, Mr Rifkind and Mr King have circulated draft sections on their territories. In considering them the Group will want to ensure that there is reasonable consistency of both style and substance.

TREATMENT IN WHITE PAPER

2. The first question to decide is how the material on Scotland, Wales and Northern Ireland should be organised. The three possibilities are:

i. no separate treatment for the territories, but where there are differences the insertion of suitable references in the subject chapters;

ii. a separate section in a UK White Paper;

iii. separate White Papers on each of the territories.

The argument against i. is that many of the detailed differences between the territories would considerably complicate drafting and presentation. The argument against iii. is that it goes too far towards recognising Scotland, Wales and Northern Ireland as different. Mr Clarke's outline, and the contributions from the territorial Ministers, therefore assume separate sections in a UK White Paper. Subject to the discussion, you may wish to endorse that.

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3. There is still a choice between one Chapter covering all three territories, and three chapters, one for each. Mr Clarke's outline assumes only one chapter, and you may feel that for the territories to have three chapters out of 14 would be to give them disproportionate importance.

4. If however, there is to be only one chapter covering all three territories, the Scottish section at least seems too long. It alone contains 29 paragraphs, compared with around 20-30 paragraphs for each of the other chapters. The Welsh chapter is also rather long by this standard. In any rewriting, you might set a target of around 10 paragraphs for each of the territorial sections.

WALES

5. The two biggest initiatives in the White Paper are self-governing hospitals and GP practice budgets. The draft Welsh section mentions both, but without enthusiasm.

i. On self-governing hospitals, it says that "it may be possible" for some to become self-governing "in due course" where this is compatible with the need to provide adequate services (paragraph 4i). Mr Walker argues that there is less scope for competition in Wales than in England, and this is probably right. But you may wish to ask if there could be a more positive tone in the section on self-governing hospitals and whether a more definite timetable for a move towards self-government could be set, if only for a small number. The Scottish section has such a timetable.

ii. On GP practice budgets, the section says that they will be extended to Wales as various initiatives take effect, including the provision of information about waiting lists and costs by 1992 (paragraph 4v). The English chapter says that the Government hopes a "substantial number" of GP practices will apply to join the scheme by April 1991. You may wish to ask if there could be a similar timetable for Wales.

6. Paragraph 4(iii) promises to publish a "wider programme of quality assurance" in Wales in 1989. The group rejected a rather similar proposal for England, and you may wish to ask Mr Walker more of what he has in mind here.

7. Paragraph 4(vii) says that there are "strong arguments" in Wales for bringing together the hospitals and FPS "under common management and leadership". Merger of FPCs and DHAs has of course been rejected for England, although FPCs will become answerable to RHAs. You may wish to ask Mr Clarke's view on this reference in the Welsh section.

8. Paragraph (vii) also says that the Welsh Secretary is considering Sir Roy Griffiths' report on community care. The White Paper will not of course contain any proposals in this area and the Griffiths report is not otherwise mentioned. You may wish to ask if the group see any disadvantage in mentioning this subject in the Welsh section.

SCOTLAND

9. Mr Rifkind's references to the two major initiatives of self-governing hospitals and GP practice budgets are more positive than Mr Walker's, but you may wish to ask two questions about GP practice budgets:

i. The draft says that the Government would like to see a number of group practices with GP budgets by 1992 (paragraph 22). For England the target is a substantial number by 1991. Accepting that fewer practices will be eligible in Scotland because list sizes are smaller, why should the timetable for the first practice budgets be slower in Scotland than in England?

ii. The draft refers (paragraph 24) to the special problems of the less populated areas in Scotland and promises a special discussion document on implementation in Scotland. You will wish to be satisfied that this separate treatment for Scotland is desirable.

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10. The proposals for Scotland are however more obviously different where they deal with management organisations. There are some references in the draft which might be questioned:

a. Paragraph 8 says that the Government is "considering ways of strengthening the central management and supervisory role" of the Scottish Home and Health Department. This seems at odds with the English policy of taking the Government out of management.

b. Paragraph 9 says that the Scottish Health Policy Board will be abolished, whereas Mr Walker intends to keep the Health Policy Board in Wales (paragraph 3 of the Welsh section).

c. Mr Rifkind proposes (paragraph 10) to set up a new quango, a statutory Advisory Council, to advise the Secretary of State on the exercise of his health functions.

11. You will probably not want to get involved in the details of the Scottish structure, but you may want to ensure that it will reflect the basic distinction, settled for England, between strategy, which is decided by Government and management, with which Government will not interfere. In England there will be a two-tier board to reflect this distinction. Why not in Scotland?

12. Paragraph 15 is also less definite than the corresponding English chapter (Chapter 9) about the composition of the Boards of the Health Authorities. It leaves the number of members open and promises, unlike the English chapter, to consult outside bodies about the "details". You might wish to probe this apparent difference between England and Scotland.

13. Paragraph 25 says that the audit of the health authorities in Scotland will continue in the main to be the responsibility of the Scottish Office, although the Secretary of State would welcome comments on establishing separate statutory arrangements. You may wish to ask whether the Treasury are content.

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NORTHERN IRELAND

14. The draft section on Northern Ireland gives rise to fewer questions. But paragraph 10.12 says that, while District Council nominees will no longer save on the health boards, they "will be given a stronger voice in an advisory and consultative capacity". There will be new advisory Committees with representatives from the District Councils. Mr King referred to this proposal in his minute to you of 14 December, and believes it to be justified by the special difficulties of encouraging local democracy in Northern Ireland. But you may wish to probe an arrangement which gives local authorities a stronger voice, even though only in an advisory capacity, might be used as a precedent in Great Britain

RTJW.

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