



10 DOWNING STREET

From the Principal Private Secretary

26 June 1986

See Tony

PRESENTATION OF THE NHS

It was agreed at Cabinet on 15 May that:

"There should be a concerted effort, involving all members of the Cabinet, to ensure that the Government's achievements in providing additional resources for the NHS were presented as effectively as possible. There would need to be a strong local dimension to such an exercise. Other areas of Government achievements might benefit from such attention but the immediate concentration should be on the NHS. She would discuss how best to carry this forward with the Lord President, the Chancellor of the Duchy of Lancaster, the Secretary of State for Social Services and the Paymaster General."

The Prime Minister will hold a meeting to discuss this at 1500 hours on Wednesday 9 July to which the Ministers concerned are all invited. As you know, as an aid to the discussion the Prime Minister's Chief Press Secretary, Bernard Ingham, has produced a note on presentation in the NHS. This is attached and will, together with a paper from your Department, be considered at the meeting.

Bernard Ingham's note deals solely with presentational aspects. But the presentational campaign may need to be buttressed by some policy initiatives which reflect the Government's basic political philosophy of choice, standards, and efficiency, etc. Your department has already in hand preparation of an initiative on waiting lists. The old idea of a patient's charter may also be worth further consideration, as could developments to improve the NHS's corporate image, and raise its workforce's morale. You will no doubt have further ideas. But let me emphasise here that I doubt whether the Prime Minister would want the discussion to consider any policy initiatives which would require extra public expenditure. These would be matters for the Survey discussions.

Could I suggest that the agenda for the meeting might include:

- (i) Bernard Ingham's note, together with a note by the DHSS on presentation;
- (ii) an indication of any policy initiatives which might be taken in furtherance of the presentational efforts."

I am sending a copy of this letter to the Private Secretaries to the Lord President, Chancellor of the Duchy of Lancaster, Paymaster General and Sir Robert Armstrong.

Lucy
Nigel Wicks

N.L. Wicks

Tony Laurance, Esq.,
Department of Health and Social Security

PRESENTATION OF THE NHS

There are three vital elements in any campaign to secure political credit for the 24 per cent increase in real NHS resources since 1979:

- to convince the public that the Government really does care about the NHS - ie. that it really is safe in your hands
- to square the national increase in resources with the public's experience locally
- to take on and beat the vested interests who, for a variety of reasons, saddle the Government with blame for each and every NHS ill. {NB: Young and Rubicam tell me that their research shows that a campaign by you to require regional and district health authorities to account for their stewardship would pay dividends; it would demonstrate action and caring.}

But there is the overriding requirement: organisation.

It is relatively easy to mount a campaign by a Government Department to get over at national level particular facts of a certain point of view. That however is only one tier of the sort of campaign now required to remedy the public's perception of the NHS.

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To achieve results in the peculiar circumstances of the NHS we need a three tier effort:

- : national) corresponding to the NHS's
- : regional or area) organisational hierarchy
- : district or local)

At each level we need to devise a campaign which is relevant to that level but which:

- contributes to the "killing" of the notion that the NHS is dying from a thousand (Government) cuts
- takes credit for the additional spending within overall priorities
- puts the increased expenditure in the most positive light - eg new accomodation, facilities etc, so demonstrating the Government's commitment to the NHS;
- discredits pressure groups by swiftly and forcefully correcting misinformation and challenging local or regional administrations to account for any apparently wasteful use of resources.

None of this will happen unless the DHSS establishes a special unit, comprising both administrators and information officers, under the Secretary of State's chairmanship.

A precedent, the MOD's successful campaign against a resurgent CND in 1982/83, also included PPSs and myself.

This would be the campaign powerhouse. But one of its most important tasks would be to mobilise regional and local forces to discharge the responsibilities advocated above.

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Such a unit would need to be complemented on the political net by CCO, a team of Backbenchers and supporters at regional and local level whose primary function should be to challenge every claim of Government "cuts" and through press, radio and television to call on regional and local administrators to account for their use of the overall increases in resources.

There would be something to be said for a Junior Minister being given direct day to day responsibility for running the campaign to ensure the immediate exploitation of opportunities and the instant rebuttal of falsehoods.

The aim should be to change the public's perception of the Government's stewardship of the NHS if possible by the recess and certainly no later than October - ie before the party conference.

I attach an outline plan of action at Annex I.

BERNARD INGHAM

29 May 1986

OUTLINE PLAN OF ACTION

Objective

To convince the public that the Government:

- believes in the NHS;
- is spending more nationally, regionally and locally on it;
- that the service has improved; and
- that responsibility for the ever more efficient use of increased resources rests with local management.

Machinery

DHSS Ministerially-led task force involving Parliamentary Private Secretaries (representing party interest), also No 10 Press Secretary, COI and territorial departments, reporting to Prime Minister.

Ideas

Using available research, devise campaign which involves:

- standard national brief, including speaking note
- Ministerial speaking, radio, television campaign, drawing on wider resources of Government and Party
- regional speaking briefs relating national increase in resources to regional and local interests
- regionally based Backbench team (on lines of Tom King's which fought 1984 dock strike) with responsibility for replying promptly to local criticisms

- regional monitoring of media by DHSS regional information team (which already exists in COI offices) to ensure fast reaction to local criticisms and positive response to local pressure groups
- exposure of vested interests - eg single issue pressure groups and politically motivated campaigns - with aim of denigrating local achievements in order to secure more resources for their pet scheme
- talking up of morale in NHS; local management's identification with need to present NHS positively, urging them to shout their successes from the roof tops to the local media
- marshalling of local party resources to challenge local criticisms either factually or by calling on local management to justify its use of substantial real increase in resources
- organisation of eminent persons to put over general case of Government of increased resources, to expose the political game going on nationally, regionally and locally - to denigrate the Government's policies; and to fix responsibility for efficient use of increased resources on NHS management.

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10 DOWNING STREET

From the Principal Private Secretary

26 June 1986

Dear Tony,

PRESENTATION OF THE NHS

I send you a further edition to my letter of 6 June simply in order to copy it and Bernard Ingham's note to the offices of the other Ministers attending the meeting on 9 July.

BF

*Yours sincerely
Nigel Wicks*

N.L. Wicks

Tony Laurance Esq
Department of Health and Social Security

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10 DOWNING STREET

From the Principal Private Secretary

6 June 1986

Dear Tony,

PRESENTATION OF THE NHS

It was agreed at Cabinet on 15 May that:

"There should be a concerted effort, involving all members of the Cabinet, to ensure that the Government's achievements in providing additional resources for the NHS were presented as effectively as possible. There would need to be a strong local dimension to such an exercise. Other areas of Government achievements might benefit from such attention but the immediate concentration should be on the NHS. She would discuss how best to carry this forward with the Lord President, the Chancellor of the Duchy of Lancaster, the Secretary of State for Social Services and the Paymaster General".

We will will shortly be in touch with you about dates for an early discussion.

As an aid to this discussion, I have asked the Prime Minister's Chief Press Secretary, Bernard Ingham, to produce a note on presentation and the NHS. This is attached and I suggest that it should, together with material from your department, be considered at the meeting.

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Bernard Ingham's note deals solely with presentational aspects. But the presentational campaign may need to be buttressed by some policy initiatives which reflect the Government's basic political philosophy of choice, standards, and efficiency, etc. Your department has already in hand preparation of an initiative on waiting lists. The old idea of a patient's charter may also be worth further consideration, as could developments to improve the NHS's corporate image, and raise its workforces morale. You will no doubt have further ideas. But let me emphasise here that I doubt whether the Prime Minister would want the discussion to consider any policy initiatives which would require extra public expenditure. These would be matters for the Survey discussions.

Could I suggest that the agenda for the meeting might include:

- (i) Bernard Ingham's note, together with a note by the DHSS on presentation;
- (ii) an indication of any policy initiatives which might be taken in furtherance of the presentational efforts.

Let us have a word about this on the telephone early next week.

Yours sincerely,
Nigel Wicks

N L WICKS

Tony Laurance, Esq.,
Department of Health and Social Security