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PRIME MINISTER

PRESENTATION OF THE NHS

We are meeting next Wednesday to discuss presentation of the NHS. I attach a note which summarises the action already taken, action in hand and action planned. The note takes account of the points made in Nigel Wicks' letter of 6 June and the note by Bernard Ingham. I shall use my note as the basis for explaining my presentational strategy.

both
 attached

We have been seeking to shift the debate from inputs into the NHS to outputs. There are a number of themes which we are already emphasising and which we must continue to emphasise:

- the NHS is not only spending more money than ever before but it is making better use of that money by treating more patients than ever before;
- the Government has launched a massive new building programme for hospitals. Over 150 major schemes are being planned, designed or built;
- we have more front-line staff, especially doctors and nurses, than ever before;
- there is a higher quality of care, inside and outside hospitals. More advanced forms of treatment have been introduced. And our review of the primary health care services - the first in 40 years - is focussing on the service provided by doctors, dentists and opticians.

It will be important to reinforce the presentation by policy initiatives. The three areas for priority initiatives, where the

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service needs are greatest, are:

Waiting lists and waiting times on which I am writing to you.

London and other inner cities where existing services are widely perceived as being under particular pressure.

Better protection for women. We need to underline our commitment to the prevention of disease and promotion of health by improving our screening programmes for breast and cervical cancer.

I also attach an information pack of publicity material on the NHS which will give you a clear idea of what we are currently producing. It includes:

NHS Annual Reports

Primary Care Leaflet

New NHS Leaflet: "The Health Service today"

Examples of regional and district publicity material

Regional profile for West Midlands

My presentational strategy pays particular attention to NHS staff. We must present our case not just to the public but to all those in the service. It is criticisms from within the service that are the most damaging.

I have spoken with Michael Dobbs about the Party aspects of presentation. I understand Norman Tebbit is putting round a note about this.

I am copying this to Willie Whitelaw, Norman Tebbit and Ken Clarke.



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PRESENTATION OF THE NHS

A DEVELOPING STRATEGY

5 elements

- * improved presentational capacity
- * providing more information about the NHS
- * initiatives to underline NHS progress
- * better internal NHS communications
- * presentational strategy

Messages to get across

NHS is providing a high level of service.

NHS is not breaking down.

NHS is achieving high level of patient satisfaction.

NHS staff are doing an excellent job.

NHS has demand problems

1. Improved presentational capacity

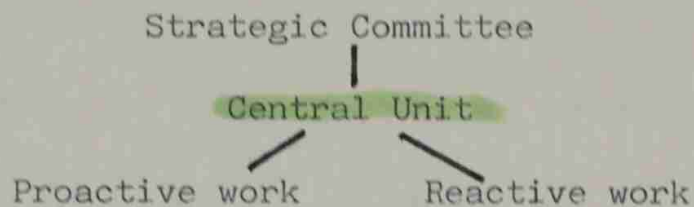
Aim of new capacity	* central focus for presentation
	* ability to respond quickly

Action already taken

- * Daily media monitoring/response system.
- * Health information officers in COI regional offices

New action

The Department's presentational capacity is being improved by a new central unit which is starting work now. The new organisation will be:



Strategic Committee - chaired by Secretary of State
 - Monday morning meeting each week
 - oversees both proactive and reactive work

Proactive work - prepare material for press articles, especially local press
 - plan approaches to media e.g. for TV programmes
 - themes, material for speech writing and preemptive Ministerial initiatives
 - identify geographical areas in need of positive attention e.g. by Ministerial visits, higher local NHS profile.

Reactive work - rapid response meeting of central unit daily chaired by Junior Minister

2. Providing more information about the NHSAim of publications

- * present information about NHS in most effective way
- * ensure main facts about the NHS for opinion formers
- * provide quarry for press articles, speeches etc.

Action already taken(1) Presentation

Ministerial speeches, visits, and interviews.

(2) Publications

- * April 1986 discussion document on primary health care as focus for Ministerially led meetings round country.
- * A variety of leaflets.
- * NHS annual report.
- * Specialist publications e.g. Chief Medical Officer's reports, statistical reports.
- * Regional and district publications.

New action(1) DHSS publications

Available now:	Leaflet: The health service today
Available end July:	Pamphlet: "The Changing Health Service" to cover NHS policies and priorities in easy to read and highly illustrated format.
Available end July:	Regional profiles: facts and figures about health care in each of the 14 English regional health authorities.
Available September/ October:	NHS Annual Report

Backed up by better distribution e.g. leaflet dispenser in waiting rooms.

(2) Ready to use material

3. Initiatives to underline NHS progress

Aim of initiatives * Bring home to people what is being achieved and that there is no question of NHS "breaking down".
 * Sharper focus on success stories.
 * Build on recognition of NHS as national service.

Background

It is not enough just to provide information about the NHS. The impact of the NHS, and its achievements, need to be brought home by focussing on what the NHS is actually doing. This is being tackled in the 4 ways set out below.

Action planned

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|--|--|
| <p>✓ (1) <u>Success stories and best practice:</u></p> | <p>- bring together case material
 - focus on <u>national</u> and <u>local</u> success stories</p> |
| <p>(2) <u>Higher profile for NHS</u></p> | <p>- ensure that the Government through the NHS <u>gets the credit for service improvements eg by NHS hospital notice boards about new building programmes.</u> At present no mention of NHS.
 - introduction of <u>NHS logo</u> to provide easy visual identification of NHS activity and achievements. But to be introduced gradually so that not seen either as producing extra cost at expense of service development or as gimmick.</p> |
| <p>(3) <u>Assessment of consumer satisfaction</u></p> | <p>- regular <u>6 month surveys of patient response</u>, so that have <u>record of progress</u> and of way service is regarded.
 - make more use of existing survey material which indicates positive consumer reaction from patients.</p> |
| <p>(4) <u>Broader view of NHS</u></p> | <p>- Make sure this full range of NHS activities are appreciated. In particular:
 * bring out role of community services especially family doctors.
 * emphasise extra resources going into community services.</p> |

4. Better internal NHS communications

Aim of initiative	<ul style="list-style-type: none"> * get recognition and support from NHS staff for what is being achieved. * create better staff morale.
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Background

The task of presenting NHS achievements will be much more difficult if NHS staff do not recognise or accept messages that are being put over.

Remember:

- that 1 million people work for NHS
- the impact of opinion formers in NHS (especially hospital consultants) on media and public perception.

So good internal communications relate directly to an effective overall presentation of the NHS. At present, the vocal professionals are not on the Government's side.

Action in hand

proof copy by
8 July

management bulletin to go to NHS managers 6 times a year.

by end 1986

research commissioned on best way to approach internal communications.

Action planned

- higher profile for NHS achievements (see Note 3) will help to create better internal morale.
- greater emphasis on recognition of service and staff achievements (see Note 5).
- speech and other material for NHS Regional and District Chairmen and other senior management (see Note 2).

5. Presentational strategy

<u>Main elements</u>	<ul style="list-style-type: none"> * underline achievements by service <u>and</u> staff * emphasise output (more patients treated, more doctors employed) rather than input. * target on opinion formers, <u>inside</u> and <u>outside</u> NHS * realistic line on resources * reinforce by policy initiatives
<u>Achievements by service and staff</u>	<ul style="list-style-type: none"> - record since 1979 - congratulate staff on how they have made <u>better</u> use of <u>increased</u> resources to <u>improve</u> services. Make clear appreciate they are under pressure - put spotlight on best practice and success stories.
<u>Emphasise output, not input</u>	<ul style="list-style-type: none"> - put stress on improvements set out in leaflet "The Health Service today" rather than resources.
<u>Target on opinion formers</u>	<ul style="list-style-type: none"> - inside NHS: consultants - outside NHS: media and Parliament
<u>Realistic line on resources</u>	<ul style="list-style-type: none"> - underline extra resources that have gone to NHS - <u>acknowledge pressure</u> on resources (especially in Inner London). - make clear that will always be limit to resources - <u>explain reasons</u> for pressure (demography, medical developments, RAWP)
<u>Policy initiatives</u>	<ul style="list-style-type: none"> - give priority to waiting lists, London and other inner cities and screening programmes for cervical and breast cancer - make clear any extra resources for priority areas are to <u>implement specified improvements</u> not to make life easier. Need to maintain pressure for change and cost improvements.

Earlier ministerial perspectives

"The quantity and quality of hospital nursing staff in the National Health Service has been steadily and indeed rapidly on the increase during almost the whole of the last decade and a half. So has the number of patients which that staff has attended, so far as that statistic, or indeed any other, can be invoked as a measure of 'output' in this context. If this situation had obtained in any activity not supported by the Chancellor of the Exchequer it would have been regarded as highly satisfactory and the emphasis would have been laid on obtaining still greater results by further improved organisation and techniques. The fact, however, that still greater expenditure of public money would undoubtedly result in a still faster increase of nursing staff constantly diverts the attention of professional and administrative management from its own proper function - that of maximising the return from a given quantity of effort".

Enoch Powell: "Medicine and Politics".

"Mr David Ennals, Secretary of State for Social Services, today vigorously defended the Government's policy of hospital closures as part of a necessary modernisation and improvement. He pointed to the large amount of new hospital building, denied that services to patients have suffered, and warned that forecasts of NHS collapse are motivated by political dislike of the principles of a free health service".

Mr Ennals said it was claimed that the health service was bankrupt. "This is clearly nonsense. The total allocation for this year for the health and personal social services is over £7 billion". He went on "I make no apology for the policy of closing hospitals which are no longer needed. I see no reason why we should preserve relics of the nineteenth century philanthropy which have outlived their useful life. The price of keeping surplus hospitals open is a lower standard of care than we could get by concentrating our hospital services to give a more efficient service to patients".

DHSS Press release: January 24 1978.

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Chancellor of the Duchy of Lancaster

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7 July 1986

Nigel Wicks Esq
Principal Private Secretary to the
Prime Minister
No 10 Downing Street
LONDON
SW1

Dear Nigel,
PRESENTATION OF THE NHS

The minute of 3 July from the Secretary of State for Social Services to the Prime Minister mentioned that the Chancellor of the Duchy would be circulating a note on the Party aspects of presentation.

I have received that note and it is attached to this letter.

I am sending a copy of this letter, and the note, to the private secretaries to the Lord President, the Secretary of State for Social Services, the Paymaster-General, and to Sir Robert Armstrong.

Yours Sincerely,
Andrew Lansley

ANDREW LANSLEY
Private Secretary

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PRESENTING THE N.H.S.

1. We must recognise that the NHS has always been a Labour issue, and is equally so today. It is our weakest ground.
2. Much which is being discussed, eg. a central DHSS unit to combat scare stories on cuts, is vital but reactive. In a reactive posture we will not be able to beat the immensely strong vested interests in the relatively short time before the next election.
3. We must choose our own ground for debating the NHS. For the past seven years, the ground we have chosen has been:
 - increased spending
 - increased number of employees
 - increased pay for employees
 - more capital investment

On their own, these issues are insufficient. They have concentrated on input. The NHS is not a nationalised industry. In most people's eyes it is exclusively a service industry whose success is measured in terms of output rather than input. The closest we have got to discussing the NHS in the terms in which ordinary people use the service is through our discussion of waiting lists.

4. Ordinary people do not measure NHS output in terms of spending or even new hospitals. It is what goes on within those new hospitals which counts (and which very few are aware of). Even with recent improvements in the provision of information by the DHSS, there is still a tendency to concentrate on financial aspects and not enough on human aspects. We need to be supplied with much more information of a type which people can relate to their own experience, eg. is it safer to have my baby in hospital? (infant mortality rates), what will happen to my child if it gets cancer? (improved child cancer recovery rate), what happens if I begin to lose my sight? (cataract operations, etc.), what help can the NHS give childless couples? (test tube conception, etc.). This type of information allows for much more effective publicity.
5. We must identify very clearly the criteria by which we want our NHS record to be judged. We need to take the initiative, and not simply react. Reacting to mischievous stories of cuts is very necessary, but not enough. It will not dispel the myths, only make the discussion less one-sided. We need

to focus debate on our strengths - or those areas which we intend to make strong. We need commitments to the following types of area:

- to ensuring a substantial reduction in waiting lists;
- to finding a cure for AIDS (or some other condition)
- to ensuring no hospital ward is closed where waiting lists for that particular facility are not falling
- to providing a kidney machine for everyone who needs them by, say, 1990.

These items are purely illustrative. The specific contents of the list would depend upon detailed study and future policy commitments. These need not be immediate targets, but could be targets for the next four or five years. They need to be as specific as possible to carry conviction.

6. Wherever possible, information must be provided on a local basis. The NHS is very much a local service, which is why we suffer so much when local facilities close, no matter what the regional or national circumstances may be. The NHS management must be encouraged further (or, as an act of policy, made) to be fully accountable at a local level and to provide appropriate information. We should be in a position to publish annual reports for each region, and publicity material based on each district (particularly in our vital target regions).
7. We must ensure that more positive information is provided by regional or district Health Authorities. However, we cannot seek to blame them too directly for perceived shortcomings. We reorganised the NHS. We appoint the Health Authority members. We provide the resources. After seven years we must try to offer results, not excuses.
8. So long as doctors and nurses are a propaganda force against the Government our message to the public will fall on deaf ears. We must persuade NHS professionals (and through them the general public) that we value their vocation and contribution. This is not just a matter of money (they are being paid more than ever before as it is). We require a specific and concerted campaign (speeches, conferences, direct mail, policy initiatives, etc.) to persuade the professionals that we value their commitment. In support of this the Party can do much to improve the organisation of Conservative doctors and nurses to persuade them to support us openly.

9. There is much industry can do to help. Corporate campaigns by NHS suppliers could highlight improvements in the NHS, eg.:
- celebrating the 100,000 (?) kidney machine to come off the production line (is it British?).
 - Local corporate advertising by hospital building contractors to highlight the completion of new hospitals.
 - Local competitions, sponsored by building contractors, Rotary Clubs, etc. to name new hospitals/wings, new scanners and other major new capital projects.
10. We must identify the Government, and particularly the Prime Minister, with the improvements in the NHS. "Caring" is best displayed on a personal rather than a corporate level. The Prime Minister in particular has great difficulty with union demonstrators when she visits hospitals. We must look to the non-NUPE solution, eg.
- visit to building sites rather than the completed hospitals.
 - Visit to factories manufacturing the kidney machines, scanners, laser equipment, drugs, etc.
 - Get the NHS to come to Downing Street, eg. a party for the first 100 test tube babies, a dinner for the first 100 heart transplant survivors, focusing the very extensive charitable work undertaken by the Prime Minister on more specific Health Service functions (eg. a fund-raising dinner for new equipment).

9007 - MACH - Presentation of Policies - Nov 85

