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PRIME MINISTER

4 July 1986

NHS PRESENTATION

The figures below, taken from a Marplan poll, are a measure of our presentational problems. They demonstrate that people's own experience of the Health Service is much more favourable than their view of the NHS as a whole (last year's results are in brackets). Hostile propaganda has triumphed over experience.

Propaganda: view of NHS in general

	<u>National</u>	<u>London</u>
Extremely or very good opinion	32 (36)	21 (31)
Bad opinion	11 (10)	20 (18)

Experience: views of treatment for members of household

Very satisfied	59 (62)	49 (56)
Dissatisfied	10 (10)	13 (14)

The DHSS paper for your meeting focuses on the mechanics for improving NHS presentation. You may want to range rather more widely and address four key questions:

- i. What are people's worries?
- ii. How should we handle NHS spending?
- iii. What are the issues for challenging Labour?
- iv. Who are our allies?

But you will wish to avoid the tricky questions of NHS management best handled at a separate meeting, and Norman Fowler's additional bids which are for the PESC discussions.

What are people's worries?

The key task is to persuade people that we are providing more and better health care, and that the NHS is getting better. To do this, we have to focus on their particular worries. Polls indicate five crucial worries to which we need to respond:

- i. Cuts. About 75% of the population think we don't spend enough on the NHS. Of course, it's easy to say that there should be more money for everything. That's why it is significant that 50% thought that the extra money should come from cutting other expenditure programmes, and only 20% thought it should come from higher taxes. It's not true that people are prepared to pay more taxes for more health care.
- ii. London. The Health Service is particularly a London problem, although London does rather well for health provision. This is because of the unpopularity of RAWP, and may be because sophisticated Londoners have higher standards. We need to focus on London more.
- iii. Out-patient departments have a much worse reputation than either family doctors or hospital wards. They are

dreadful places, caught between the GP and the hospital consultant. A campaign to brighten them up and improve their management would pay dividends.

- iv. Waiting lists and waiting times are still a very big worry. We have been keen on a campaign for some time, and Norman Fowler is working on proposals.
- v. Lack of attention/unsympathetic staff are another major complaint. That's where we need to show that we stand for better patient care and good behaviour by staff, whereas Labour is too cosy with the public sector unions.

Our spending record

The raw figures for spending - up from £7.5bn in 1978-79 to £18.75bn this year - sound impressive. But it would be interesting to hear colleagues' views on how effective they are in speeches and on the doorstep. They have three drawbacks:

- A lot of the money has gone on pay increases, particularly Clegg.
- Normally this Government talks about standards, not money. There is a danger that in health we will talk money, not standards.

- Labour can always outbid us on spending. We need to find ground where they will be on the defensive.

Attacking the Opposition

Defending our record is not enough. We need to be combative. We need to find issues on which to attack Labour and embarrass them. Here are some examples:

- We are closing hospitals to raise the capital to build modern new ones. Do people really want to be treated in 19th Century workhouses?
- Labour is in hock to the health service unions. We represent consumers; they represent producers.
- We have improved ancillary services by putting them out to competitive tender. Will Labour go back to direct labour organisations?
- We are prepared to get the best deal for patients, even if that means buying treatment from the private sector. Are they against, just because of ideology?
- Money wasted is money that could have been spent on patient care. But Labour doesn't back good management. Labour represents less value for more money.
- We are cutting waiting lists. Labour increased them.

Who are our friends?

We need to identify potential allies and groups under threat from Labour, and get them to come out on our side. Here are some candidates:

- Drugs companies. With the Pharmaceutical Price Regulation Scheme renegotiated we can look to steadier relations with the drug companies. Labour have often threatened to nationalise them. The drug industry is conducting a good TV advertising campaign about the achievements of drugs. Can they widen this to the achievements of health care in this country?

- Cleaning and catering companies have a new market because of this Government. Why can't they attack old restrictive practices and show what has been achieved?

- On average, every person in this country visits his GP five times a year. Norman Fowler has worked out a good exercise consulting on his proposals for primary care. Can we use that to improve our relations with GPs and get them on our side?

- Patients' Associations, Leagues of Hospital Friends, consumer groups all want higher standards for patients. Can we ally with them? How about discussing a draft Patients' Charter with them?

- Health Authority Chairmen are often sympathetic to this Government. District and Regional Managers were appointed under a reform which this Government has masterminded. They will proclaim their local achievements if we give them a real feeling of local responsibility.

These groups need to be won over and encouraged to campaign for the Government. Maybe you yourself could help here with some select dinners or a drinks party at No.10.

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