

Subject a Master*hie**bc BI
D Willetts**cc HSP*

10 DOWNING STREET

From the Principal Private Secretary

9 July, 1986.

*// BF on Pg 3**Dear Tony,*

THE PRESENTATION OF THE NATIONAL HEALTH SERVICE

The Prime Minister held a discussion this afternoon with your Secretary of State about the presentation of the National Health Service. The Chancellor of the Duchy of Lancaster, the Paymaster General, the Chief Whip, the Minister for Health, Sir Robert Armstrong, the Prime Minister's Chief Press Secretary, and Mr. Willetts of the Prime Minister's Policy Unit were present.

Opening the discussion, the Secretary of State said that the Department was relaunching its presentation of the NHS. First, a central communications unit had been established. He would hold a strategy meeting each week in the Department to decide how to react and what to say. There would be working units chaired by the two Parliamentary Secretaries, on both the health and social security sides. Within the next two weeks a leaflet would be issued setting out the Government's record on the health service. Regional profiles - which the Prime Minister interjected might be entitled "Health Achievements of your Region" - would be issued regionally, and a popular edition of the NHS Annual Report would be published in illustrated pamphlet form showing the development of the health service on a national basis. Second, the Department would concentrate on health service outputs, emphasising, for example, extra front line staff. Quality of care would be emphasised as well. It was relevant here that the latest surveys showed that people were quite satisfied with the treatment which they personally received from the health service. Third, renewed efforts would be made to convince health service staff, especially doctors, of the validity of the Government's message of health service achievement and to identify them with the Service's success. As part of this, an NHS bulletin for managers would be issued. Finally, these approaches needed to be underpinned with initiatives showing a developing health service, such as hospital building. None of this would transform the position overnight. But he hoped that by the end of November the improvements in the public's perception of the Government's health policies would be seen. This was not just a task for DHSS Ministers. All Ministers and the Party needed to be involved. Above all, success stories should be

publicised, and the battle fought on the ground chosen by the Government, not its political opponents, in terms which they decided.

The following points were made in discussion:

(i) It was essential to re-emphasize within the next 12 months or so that the Government were not "against the health service". They had not cut the Service, but had developed it positively over the last few years, and had firm plans for safeguarding its future. Until people were convinced of these matters, everything that the Government did on the NHS would be misunderstood. It was important too to get people used to private sector provision within the NHS.

(ii) As part of the effort to meet the Opposition's campaign that the Government "didn't care", the facilities made available by the NHS should be advertised, e.g., caring for children, ante-natal services, vaccinations, and so on. Care needed to be taken to keep such advertising within the established conventions, e.g., by focussing on the provision of information.

(iii) Ministers should make a particular point of visiting hospital developments in the course of construction. These provided good pictures, and avoided unseemly demonstrations.

(iv) The Secretary of State would shortly put to the Prime Minister his initiative for reducing waiting lists. It was noted in this connection with some London hospitals were short of patients. That fact needed to be publicised. Reducing waiting lists was often not a matter of money, but of better organisation and improved cooperation from the consultants. The Government should not hesitate to expose publicly the obstructionism of those working in the Service which hindered efficiency, value for money and good service to the public.

One possibility to be investigated in connection with reducing waiting lists was the provision by television stations in the off-broadcasting hours of information about hospitals where waiting lists for, e.g., hip operations, cataracts, were short, as was happening with the Central Television initiative on job vacancies. One problem noted here, however, was that the encouragement of greater use of NHS facilities could generate demands for greater expenditure in a service which was already under financial stress. Another course was to extend the experimental scheme whereby general practitioners had access to computers showing capacity for treatments in their area.

(v) A key area in the presentation of the health service was effective publicity at the regional and especially the district levels. To that end the Department had posted information officers in the regional centres. But inevitably the main brunt of publicity lay with the regional and district health authorities. The concept of

general managers helped here. They had to be mobilised in promoting the success of the Government's policies. The regional health authorities were generally supportive of the Government. But there were difficulties with some of the 191 district authorities. Efforts needed to be intensified at that level. One possibility was for the regional health authorities to bid for money for specific objectives such as reductions in waiting lists, and then to publicise their success in achieving those objectives.

(vi) Steps needed to be taken urgently to deal with the the current Daily Mirror campaign. Means needed to be devised to publicise the falsity of the Mirror's stories. Backbenchers should also be enlisted to expose the stories through inspired Parliamentary Questions. District health authorities, not the Government, might refer the stories, in appropriate cases, to the Press Council.

(vii) Unlike the police, fire and education services, there were no arrangements for national inspection of the efficiency of hospital services. Nor did the Audit Commission's writ run in this area. The improvements introduced by the Government over the last 5 years now enabled some check on efficiency, and the Management Board had an important role to play here.

(viii) The perennial problem of the NHS, since its establishment 40 years ago, was that new funding was obtained by grumbling about the deficiencies of the Service. Individual hospitals did not have an incentive to improve their efficiency and service because money did not follow the patient.

(ix) Private sector techniques, such as logos and advertising paid by contractors on the opening of new buildings, should be adopted in order to publicise the Service.

(x) It was important that a senior official in the DHSS should be made responsible, as part of the arrangements described by the Secretary of State, for the overall effectiveness of the campaign to present the Government's NHS achievements.

Summing up the discussion, the Prime Minister said that the meeting generally endorsed the approach set out by the Secretary of State in his opening statement and in his minute of 3 July. In developing his presentational strategy, he should take full account of the points made in the discussion, in the Chancellor of the Duchy's letter of 7 July, and in her Chief Press Secretary's note. Especial attention should be paid to effective presentation at regional and district level. She herself would meet regional health authority chairmen, probably in September, to emphasise the importance which the Government attached to their performance, including effective presentation. The Secretary of State should report to her at the end of October on progress made in the presentational campaign.

BF //

I am sending copies of this letter to Andrew Lansley (Office of the Chancellor of the Duchy of Lancaster), Jacob Franklin (Office of the Paymaster General), Murdo Maclean (Chief Whip's Office), Mike O'Connor (Office of the Minister for Health), Michael Stark (Cabinet Office), and to Bernard Ingham and David Willetts here.

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