

Prime Minister

The Efficiency Unit also found the DHSS letter pretty disgraceful. A firm but tactful letter seems called for.

Agree to write as proposed?

30 January 1986

PRIME MINISTER

DH

30/1

HEALTH SERVICE WAITING LISTS

You agreed that David Norgrove should write to the DHSS urging action to reduce the worst waiting lists. They have now replied. I have three major criticisms of their letter.

'The NHS Management Board has already taken action'

John Patten, when he was the Junior Minister concerned, fought long and hard for action on waiting lists, but the only result was a request to Health Authorities to scrutinise the statistics so as to remove double counting and people who had died waiting. This initiative has reduced the waiting list slightly, but not by the 10% which was forecast at the start of the exercise. It is misleading to claim that this statistical initiative does anything to reduce patients' actual waiting times.

'We need action not analysis'

I entirely agree with this sentiment. That is why the No 10 proposal was for people to visit the worst Health Authorities, look at the way the medical work was being done, and help the local managers implement practical remedies. The DHSS proposal is a seminar to discuss how matters should be carried forward. Which is action and which analysis?

'Weakening local management'

The good local Managers that I know in the Health Service are trying to press ahead, but believe that they do not get enough encouragement from the centre. A visit from a team charged with helping them improve things is intended to strengthen local managers in dealing with obstructive consultants etc.

Conclusion

Are you content for David Norgrove to reply making these points? He could also ask for a report on action agreed at the seminar.

Yes no

David Willetts

DAVID WILLETTS

National Health, Efficiency

Pt 5

Health and Efficiency

Conclusion

CONCLUSION



10 DOWNING STREET

From the Private Secretary

4 February, 1986.

NHS WAITING LISTS

The Prime Minister has seen your letter to me of 27 January. She has three comments.

First, the Prime Minister welcomes the initiative to improve the statistics, but does not see how that can be seen as a step to reduce waiting time.

Secondly, she entirely agrees that action is needed, not words. She very much hopes, therefore, that Mr. Paige's seminar later this week will lead to practical measures along the lines set out in my letter to you of 9 December.

Thirdly, the argument that a small task-force will erode local responsibility strikes the Prime Minister as odd: the objectives of such a team would be to encourage and advise local managers rather than to displace them.

The Prime Minister would be interested to see a report on action agreed at the seminar, and hopes it will be vigorously followed up.

I am copying this letter to Ian Beesley (Efficiency Unit), Richard Broadbent (Chief Secretary's Office) and Michael Stark (Cabinet Office).

David Norgrove

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

Do

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over taken
AA please

28 January 1986

MR NORGROVE

HEALTH SERVICE WAITING LISTS

I have three major criticisms of the claims in the DHSS letter to you of 27 January.

'The NHS Management Board has already taken action'

This is disingenuous. John Patten, when he was the Junior Minister concerned, fought long and hard for action on waiting lists, but the most that he got was a request to Health Authorities to scrutinise the statistics so as to remove double counting and people who had died waiting. This initiative has reduced the waiting list slightly, but not by the 10% which officials forecast at the start of the exercise. The second sentence is especially disingenuous because scrutinising waiting list statistics is not a particular means of reducing waiting times for patients.

'We need action not analysis'

I entirely agree with this sentiment on this occasion. That is why the No 10 proposal was for people actually to visit Health Authorities, look at their detailed activity figures and help the local managers implement practical remedies. The DHSS solution is a seminar to discuss how matters should be carried forward. Which is action and which analysis?

'Weakening local management'

All the local Managers that I know in the Health Service feel that, whilst they are trying to press ahead, they get insufficient support or encouragement from the centre. A visit from a team charged with helping them improve things is intended to strengthen local managers in dealing with obstructive consultants etc. It is not the normal experience of Ibbs-type scrutinies that they erode local management responsibility; they are intended to do the opposite.

Next steps

We apparently need to explain to the DHSS in more detail what the No 10 proposal involves. They seem to fear that it is just intended to produce reports and may also fear that it is intended to undermine Norman Fowler's control over 'NHS Efficiency Scrutinies'. Neither fear is justified.

I should be grateful for a word on what to do next. One option would be to wait until after the seminar next week, when I can give a further report. The other option would be to try and get some of the points above on the record now if the Prime Minister agreed. My preference is for the second option.

David Willetts

DAVID WILLETTS

NAT HEALTH
EXPENDITURE

PT 5



cc B6 ✓
cc Dh ✓
Await
JW comment.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Secretary of State for Social Services

David Norgrove Esq
Private Secretary
10 Downing Street

27 January 1986

Dear David,

HEALTH SERVICE WAITING LISTS

Thank you for your letter of 9 December asking us to take forward the idea of a scrutiny team to visit places with long waiting lists.

I should say that the NHS Management Board have already taken steps to reduce waiting times for patients. In particular, we have required health authorities to scrutinise their waiting lists and this has led to a considerable reduction in some places. For the future, we agree that the problem is not so much one of analysis - we already have a fairly clear idea of the multiplicity of factors (relating to organisation, clinical practice and resource availability) which interact to delay treatment for patients - but of action.

The Chairman of the NHS Management Board has therefore launched an initiative to improve matters further. As a first step he is calling together a group of NHS chairmen and managers for a seminar to decide how action might most effectively be carried forward. The intention is that the seminar should lead to an agreed action plan for a series of initiatives which will enable general managers to produce significant reductions in patient waiting time and in waiting lists throughout the NHS hospital service. Waiting lists represent a problem that is quantifiable, so that clear objectives can be set and the success of management action to achieve them can be monitored.

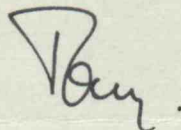
The seminar is not necessarily an alternative approach to the idea of a scrutiny team. But it is clearly remedies rather than analysis that is wanted. And we would not want a scrutiny approach to detract in any way from the responsibility of general managers, particularly at unit level, for tackling the problem effectively.

E.R.

What we would propose therefore is that the scrutiny idea should be discussed at the seminar, including how it would fit in with the other initiatives. The Seminar is being held on Friday 7 February and we would welcome the attendance of Mr Beesley and Mr Willetts: we would of course report back on the next steps.

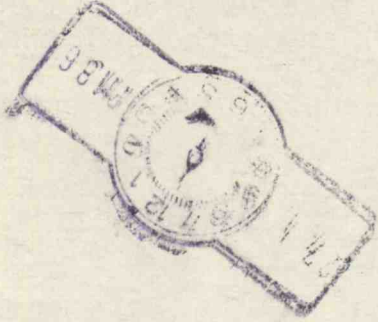
I am sending copies of this letter to Sir Robin Ibbs (Efficiency Unit), Richard Broadbent (Chief Secretary's office) and Michael Stark (Cabinet Office).

Your ever



A Laurance
Private Secretary

NAT HEALTH
EXPENDITURE
PT 5



CONTINUATION



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ce Prof. Griffiths

10 DOWNING STREET

From the Private Secretary

9 December 1985

Dear Elizabeth,

HEALTH SERVICE WAITING LISTS

The Prime Minister's attention has been drawn to a possible approach towards tackling the size of Health Service waiting lists. She has noted that waiting lists vary greatly from place to place, and from specialty to specialty, and that they do not seem to correlate with expenditure within a district. A high proportion of those waiting can be attributed to a relatively small number of places and specialties within those places.

The Prime Minister suggests that it may be worth sending a Rayner-type scrutiny team to visit places and specialties with these particularly bad waiting lists, with the aim of proposing practical remedies, based on a detailed analysis of the hospital activities concerned. The team would of course need to work with the Management Board.

To send in a team of this kind might have a number of advantages. It would make districts scrutinise their waiting lists; it would help spread best management practices; it might encourage districts to buy operations from outside, either from other districts or from outside the public sector; and it might lead to patients being shifted from longer to shorter lists.

The Prime Minister has asked for this idea to be investigated, in co-operation with the Efficiency Unit and the No. 10 Policy Unit, and a proposal put forward.

I am copying this letter to Sir Robin Ibbs (Efficiency Unit), Richard Broadbent (Chief Secretary's Office) and Michael Stark (Cabinet Office).

Yours ever,
David.

(DAVID NORGROVE)

Miss Elizabeth Mothersill,
Department of Health and Social Security.

SRW