

Prime Minister

Video tape on
* NHS Publicity in folders
attached to file.
PRIME MINISTER

Some interesting ideas
May 1 announce David Willetts
to discuss them 14 March 1986

the Social Services Secretary and
the Chancellor of the Duchy

NHS PUBLICITY

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NHS publicity is bad because:

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- i. People are worried about specific problems affecting their families - will their mother ever get her hip replacement operation; why is their local hospital closing? But we talk in overall statistics which mean nothing.
- ii. The people out in the Districts who want more money think the best way to get it is to moan about government meanness and cuts. The Labour Party is very good at exploiting this.
- iii. Victor Paige has failed to convey any sense that the NHS is "under new management" and boost the morale of his workforce. The Royal College of Nurses' campaign against the Griffiths reforms would have been headed off by a more nimble-footed Manager.

What not to do

Recruiting Saatchi to produce more propaganda about higher spending would be disastrous. Most people I meet are actively put off by the party politicals on the Health Service which make Dr Pangloss look like a manic depressive. People know that one of your proud boasts is that this Government has got

a control on expenditure; so when they hear Ministers claiming credit for more spending, they think it's being said through gritted teeth.

What can be done: five practical proposals

First, we need to campaign on specific Health Service issues which people can identify with and care about, and which don't require more money. You have already got Norman Fowler to agree to a campaign on waiting lists. He is now considering how best to pursue it. Another candidate is a campaign on patients' choice - a Patients' Charter. The message would be that now that this Government is trying to improve Health Service management, people can expect better and more personal care as a result. Norman Fowler could publish a draft 20 point charter (I have prepared a rough example, attached) and say that he wanted to consult doctors to get their agreement to it.

Secondly, statements by Ministers about the Health Service should be more realistic, along the lines of: "Yes, there are difficulties in the Health Service because we need to try to keep up with medical advance and cover the costs of caring for more very old people. But we are doing our best, and things are getting better. There were hardly any hip replacement operations 10 years ago, and now there are 37,000 a year. That isn't enough. But it is many more than the 28,000 when this Government came to power".

Thirdly, the NHS should improve its own corporate image (not the same as party political propaganda). A lot of our problems begin with the NHS' own workforce which is, to say the least, disgruntled. We need to communicate with them and boost their morale. Some Regional Health Authorities are already trying this, and I attach a video tape prepared by Merseyside Region. It only takes about 15 or 20 minutes, and is a very good example of how to get the message across.

Fourthly, you need policy initiatives to show that this Government has its own contribution to make to health care. The fundamental problem is that for most voters the NHS is possibly the only good thing Socialism has ever done for this country. In their bones, they do not believe a Conservative Government cares about the Health Service in the way that a Labour Government does. So you need distinctively Conservative themes for the Health Service. That is why talking about higher spending won't work - especially as in other contexts the Labour Party is always being branded as the high spender. Instead, you focus on the themes of choice, standards, efficiency where people believe that the Conservative Government has more to offer. That is what we are trying to achieve with the draft consultative document on Primary Care. We need a similar agenda for hospitals.

Fifthly, find a rôle for Roy Griffiths who is itching to get to grips with the NHS when he retires from Sainsburys this summer.

David Willetts

DAVID WILLETTS

A PATIENTS' CHARTER

To spread best practice in:

- Communication (1-7)
- Choice (8-11)
- Amenities/services (12-17)
- Dignity and comfort (18-20)

Communication

1. Each hospital should issue a simple attractive information leaflet giving information about the amenities available, and a rough map, with which everybody was issued on arrive. There should be a central information point in the main reception area, just as in the better London museums. It need not even be manned by NHS staff, but by local groups of "friends".
2. Each member of staff should have a clear, bright badge giving his/her name and function.
3. Every patient should know how he can call for help in an emergency, and emergency buttons should be easily available around a hospital in toilets, etc. This could save nursing manpower also.
4. Explain to patients in advance what will happen during an operation. Evidence suggests that this reduces

stress, and speeds recovery (ie there is cost-saving here as well).

5. Encourage suggestions from patients.
6. Managers could run quality assurance surveys.
7. Set up local health newspapers to keep people in touch with developments in their District, give information about health prevention and risks, and provide a vehicle for local people to suggest ways of improving health care in their area. These papers can be free and financed from advertising.

Choice

8. Manage in-patient waiting lists more efficiently. Waiting lists could be broken down into categories - those who could come in at short notice (eg retired people); and those who need longer notice and better planning (eg working people). Offer a choice of dates for cold surgery well in advance, undertake to stick to the agreed date, and provide an explanation if one can't.
9. The working day of a hospital is planned on the basis that the time of doctors is of infinite value, and that of patients is valueless. That is why out-patient departments grossly overbook early appointments, so the doctor always has a good supply of patients. Change the

system so there is a real choice; appointment times mean something; and offer an explanation if anyone is kept waiting for over an hour.

10. Rearrange the schedule for in patients so they don't all have to be woken at dawn to be washed and scrubbed in time for the consultant's lap of honour. It should be possible to offer a choice of mealtimes and of waking times.
11. Offer patients a wider variety of food, with scope for buying more expensive meals with one's own money.

Amenities/Services

12. There should be easy and flexible access to drinks and snacks for patients, visitors and staff at all times.
13. Market or lend a much wider variety of goods and services - toys, books, pyjamas, video films and video recorders. These activities should cover their costs or, indeed, make a profit by the sale of licences or of other hospital services (why can't hospital laundries clean the personal clothes of patients for a small fee?).
14. Promise that any flowers delivered to a hospital will reach the patient within an hour.

15. Make it easier to transmit messages in and out of hospital. Provide more phones, including phones for which the patient is billed at the end of the week, rather than pay phones.
16. Make it easier for the mother to stay in hospital with her child.
17. Provide double beds so the long-term sick and the elderly can have the comfort of sleeping with their spouse.

Comfort and Dignity

18. Cut one foot off the height of all NHS reception desks so they are open and accessible, not protective defences against patients.
19. Encourage patients to wear their own clothes. If they need to wear hospital gowns, they should be of good design; the degree of complicated undressing should be minimal; and they should not be expected to hang around in corridors or waiting rooms on public display.
20. Improve patients' links with the outside world by better, more flexible visiting times.

MR. WILLETTS

The Prime Minister was grateful for your minute of last week about NHS publicity. She was interested in the propositions set out in your minute and has asked that you should take these forward in discussion with the Secretary of State for Social Services and the Chancellor of the Duchy of Lancaster, as appropriate. The Prime Minister seemed particularly struck by the notion of a campaign on patients' choice.

TIMOTHY FLESHER

24 March 1986