

PRIME MINISTER

This note supplements Mr Wicks' minute on the presentational aspects of the NHS problem.

There are three vital elements in any campaign to secure political credit for the 24% increase in real NHS resources since 1979:

- to convince the public that the Government really does care about the NHS - ie that it really is safe in your hands
- to square the national increase in resources with the public's experience locally
- to take on and beat the vested interests who, for a variety of reasons, saddle the Government with blame for each and every NHS ill. [NB: Young and Rubicam tell me that their research shows that a campaign by you to require regional and district health authorities to account for their stewardship would pay dividends; it would demonstrate action and caring.]

But there is the overriding requirement: organisation.

It is relatively easy to mount a campaign by a Government Department to get over at national level particular facts or a certain point of view. That however is only one tier of the sort of campaign now required to remedy the public's perception of the NHS.

To achieve results in the peculiar circumstances of the NHS we need a three tier effort:

- : national ) corresponding to the NHS's
- : regional or area ) organisational hierarchy
- : district or local)

At each level we need to devise a campaign which is relevant to that level but which:

- contributes to the "killing" of the notion that the NHS is dying from a thousand (Government) cuts
- takes credit for the additional spending within overall priorities
- puts the increased expenditure in the most positive light - eg new accomodation, facilities etc, so demonstrating the Government's commitment to the NHS;
- discredits pressure groups by swiftly and forcefully correcting misinformation and challenging local or regional administrations to account for any apparently wasteful use of resources.

None of this will happen unless the DHSS establishes a special unit, comprising both administrators and information officers, under the Secretary of State's chairmanship.

A precedent, the MOD's successful campaign against a resurgent CND in 1982/83, also included PPSs and myself.

This would be the campaign powerhouse. But one of its most important tasks would be to mobilise regional and local forces to discharge the responsibilities advocated above.

CONFIDENTIAL

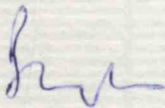
3.

Such a unit would need to be complemented on the political net by CCO, a team of Backbenchers and supporters at regional and local level whose primary function should be to challenge every claim of Government "cuts" and through press, radio and television to call on regional and local administrators to account for their use of the overall increases in resources.

There would be something to be said for a Junior Minister being given direct day to day responsibility for running the campaign to ensure the immediate exploitation of opportunities and the instant rebuttal of falsehoods.

The aim should be to change the public's perception of the Government's stewardship of the NHS if possible by the recess and certainly no later than October - ie before the party conference.

I attach an outline plan of action at Annex I.



BERNARD INGHAM

29 May 1986

OUTLINE PLAN OF ACTION

Objective

To convince the public that the Government:

- believes in the NHS;
- is spending more nationally, regionally and locally on it;
- that the service has improved; and
- that responsibility for the ever more efficient use of increased resources rests with local management.

Machinery

DHSS Ministerially-led task force involving Parliamentary Private Secretaries (representing party interest), also No 10 Press Secretary, COI and territorial departments, reporting to Prime Minister.

Ideas

Using available research, devise campaign which involves:

- standard national brief, including speaking note
- Ministerial speaking, radio, television campaign, drawing on wider resources of Government and Party
- regional speaking briefs relating national increase in resources to regional and local interests
- regionally based Backbench team (on lines of Tom King's which fought 1984 dock strike) with responsibility for replying promptly to local criticisms

- regional monitoring of media by DHSS regional information team (which already exists in COI offices) to ensure fast reaction to local criticisms and positive response to local pressure groups
- exposure of vested interests - eg single issue pressure groups and politically motivated campaigns - with aim of denigrating local achievements in order to secure more resources for their pet scheme
- talking up of morale in NHS; local management's identification with need to present NHS positively, urging them to shout their successes from the roof tops to the local media
- marshalling of local party resources to challenge local criticisms either factually or by calling on local management to justify its use of substantial real increase in resources
- organisation of eminent persons to put over general case of Government of increased resources, to expose the political game going on nationally, regionally and locally - to denigrate the Government's policies; and to fix responsibility for efficient use of increased resources on NHS management.