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DCABFO

c. Mr Ingham
Professor Griffiths
Mr Sherbourne

PRIME MINISTER

HEALTH

Besides unemployment, the two major domestic issues at the top of Government's priorities are education and health. Work on education is in hand. This note suggests some work on health.

Presentation

At the Cabinet on 15 May it was agreed:-

X There should be a concerted effort, involving all members of the Cabinet, to ensure that the Government's achievements in providing additional resources for the NHS were presented as effectively as possible. There would need to be a strong local dimension to such an exercise. Other areas of Government achievements might benefit from such attention but the immediate concentration should be on the NHS. She would discuss how best to carry this forward with the Lord President, the Chancellor of the Duchy of Lancaster, the Secretary of State for Social Services and the Paymaster General. X

I recommend that you have the meeting envisaged as early as convenient. Agree?

Yes not

At the meeting you might take the following line.

So far the Government has not persuaded people of the real improvements in NHS facilities. Your letter to Mr. Kinnock shows that there is a good story to tell. The number of beds, new hospitals, doctors, nurses, etc., are all up. But these "macro" statistics do not yet carry political

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credibility. Why? Perhaps because people are concerned about what is happening at their hospitals, about hip replacements in their town. We are not getting the good points of that story across. Instead, local difficulties are ruthlessly exploited, often with exaggeration and distortion, by political opponents, single interest groups, NHS trade unions, consultants etc.

Bernard in his note at Flag A suggests how to organise a campaign to counteract this.

Presentation is also linked with policy. The Government has not only to improve presentation, but also to develop the product. Even if the problem is just presentation, the best solution may not be to say that it is because that looks condescending and complacent. The attached note at Flag B by David Willetts - which he has discussed with Mr. Tebbit at your request - sets out five practical ideas on presentation and policy; i.e.

- a campaign on specific health service issues such as waiting lists, a patients charter etc.;
- a realistic recognition that while the health service has its difficulties, there is much more going right;
- improvement of NHS's corporate image, especially by raising the workforce's moral;
- some distinctive Conservative policy initiatives, focusing on the themes of choice, standards and efficiency;
- a role for Roy Griffiths.

The note from Stephen Sherbourne at Flag C sets out his ideas on how the Government could win more public support

for what it is doing for the NHS.

Your meeting with the Lord President, Mr. Fowler, Mr. Clarke and the Paymaster General should, I think, concentrate on the presentational issues. There are some other issues - touched on below - which need to be discussed, perhaps at a subsequent meeting with Mr. Fowler (though you might mention them at the first meeting).

Management and Efficiency

While there have been useful improvements, there is more to do to increase NHS efficiency through better value for money. The effectiveness of the Management Board is crucial here. Radical reorganisation of the cumbersome NHS organisation (Regional Health Authorities, District Health Authorities etc.), even if this is merited, requires legislation and so is probably (but not inevitably) ruled out before the Election. This suggests that our immediate objectives should be to

- reinvigorate the Management Board;
- encourage it to use its influence as effectively as possible;
- build up its role, in a way compatible with existing legislation, for improving NHS efficiency.

You might explore with Mr. Fowler what can be done here.

The Longer Term

Present public discontent with the NHS (and the state education service) may be an expression of a more fundamental problem.

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The public may be expressing a legitimate want for a higher standard of health care (and education). In many countries, this can be achieved by people spending more of their own money on private health provision. But in the UK people are not ready - because of 40 years of state provision - to respond by spending more of their own money so as to improve their standard of health care. Instead, people turn to the NHS since that is the only way they can improve their standard of health care. And that means, once the efficiency savings are made, more public expenditure. So if the Government is to have a chance of keeping public expenditure down, we need to think more about getting private money into health provision (and into education where there is a similar problem).

There are big issues here, but ones that need to be tackled, gradually but steadily.

N.L.W.

(N.L. WICKS)

30 May 1986

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10 DOWNING STREET

Prime Minister

I do not refer to
your conversation last
night with N. F.
because other recipients
of this minute do not
know about it.

Thank-you for
the excellent N. L. W.
note - ref

30.5

NOTE FROM STEPHEN SHERBOURNE ON HOW THE GOVERNMENT COULD WIN
MORE PUBLIC SUPPORT FOR WHAT IT IS DOING FOR THE NHS

I believe that the Prime Minister should set up a National Health Service Group. This would be a hybrid body: on it there should be a junior minister of health; the Party Chairman or his representative; David Willetts perhaps representing the Policy Unit for No. 10; an outsider with good presentational/marketing skills; and perhaps a sympathetic professional from the health service.

This Group would be charged with the following main objectives.

- (a) To put forward specific proposals for action at national and local level - by Government Ministers, health authorities, and by the Conservative Party as appropriate - to increase awareness of what the Government has done and is doing on the NHS, using as many means, techniques and channels of communication as possible.
- (b) To put forward policy initiatives on the NHS which, in addition to their intrinsic worth, would help show the public in a clear way the Government's commitment to improving the NHS for the benefit of patients.

This Group should report on a regular basis to the Prime Minister, to the Secretary of State for Health and Social Security and the Party Chairman. The Secretary of State and the Party Chairman would then report to the Prime Minister on what action was being taken on the proposals; and if not, why not. This would allow the Prime Minister to monitor progress.

The overall objective should be that after six months and then twelve months there was a real improvement in public perception of our NHS achievements.

Tories plan to revamp NHS

by George Jones
Political Correspondent

ACTION to reduce hospital waiting lists, more money for inner-city hospitals and a new drive to improve cancer diagnosis services for women are the central features of a planned government campaign to allay public concern over the National Health Service.

Mrs Thatcher has ordered her ministers to "go to war" to restore confidence in the health service and to dispel Opposition criticism that the service is in crisis. The government is spending £18½ billion on the health service

this year — a 24% rise in real terms on seven years ago — but public worries about the service are at an all-time high and have given the government an "uncaring image" which has damaged its standing at the polls.

Norman Fowler, the social services secretary, is taking charge of the government counter-attack, which will be a key feature of the run-up to the next general election. Recently, Fowler has been preoccupied with the biggest shake-up of the social security system since the welfare state was introduced 40 years ago. Now he is

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concentrating on drawing up the new strategy to meet what the prime minister recently acknowledged were "genuine concerns" about the health service.

The main elements of Fowler's campaign are:

- A substantial reduction in waiting lists. At the last count 660,000 people were waiting for operations, many for more than a year. Fowler has called for a study of where the delays are and which areas of the country and specialities are under most pressure.

The go-ahead has also been given for an experimental computerised "bed bank" scheme in which 100 general practitioners in the West

Midlands will be given information on the shortest waiting times at local hospitals.

- Action to meet criticism that teaching hospitals in London and other inner cities are closing wards and units because they lack funds. Fowler is to review the difficulties caused by the policy of switching resources away from London and declining cities to the growing regions and suburbs.

- Improved cancer services for women. Fowler is considering giving extra priority to cervical cancer screening, and is also bidding for extra cash from the Treasury for a national breast-cancer screening service.

- Fowler and his team of health ministers will also hold a series of public meetings during the summer on government plans for

reforming the family doctor and primary care services. These will be used as an opportunity to hear public anxieties about the health service.

The health service, together with education, has moved to the top of the government's priorities following the Conservative setbacks in the recent elections.

Until now, ministers have sought to deal with criticism by using statistics showing that the health service is treating more patients than ever before, is employing more doctors and nurses and is receiving much more money in real terms than in 1979. Although ministers insist they have a good story to tell, and the government can stand by its record on the health service, they accept that more needs to be done to reassure the public.