

Prime Minister,

*Perhaps this  
point could  
be put there -  
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We are still making no progress in persuading people  
of our good intentions towards the health service.

1. Presentation

We counter the charges by giving global figures and averages about increased spending. Many people find these unintelligible (is a 20% real increase since 1979 a good thing? What is a real increase?) others find them incredible ("Yes - but my hospital has still closed" "My mother has still waited over a year for hospital treatment").

2. Policy

The policy of cutting back on London and the South East to give more to the North and West forces curtailment on the most articulate, largely Conservative part of the country. London Teaching hospitals are particularly close to journalists and are highly revered.

3. Union Problem

Like other welfare services, health is at the centre of the new Union threat. Taxpayers money can be used to campaign. The Unions always field spokesmen capable of blaming the "cuts" and the government for anything that has gone wrong. Any effort to improve standards or management evokes more anti government hostility.

What Can Be Done?

Simply throwing more money at the problem is no answer - there will never be enough, and no given increase of itself will ward off the criticism.

Carrying on with a relatively tough stance and demanding managerial improvement is not going to work either. It has not done so so far.

Why not instead identify three or four concerns of the public, campaign for them and try to mobilise opinion on the government's side to achieve these aims?

For example, people want:

- (a) Shorter waiting times for various types of surgery.
- (b) Appointments at clinics and surgeries that mean something.
- (c) Reassurance that hospitals are clean and relatively disease free.
- (d) Reassurance that some of the latest techniques to deal with cancer, heart disease, etc. are being adopted.

If we explain that the purpose of our management initiatives is to achieve improvements in these areas it becomes a better idea than simply seeking more value for money "efficiency." Failure to deliver can then be distanced from the government - government has sought the improvements and if they do not come about government itself will be looking at ways to rectify the situation.

In order to succeed the task has to be handled better than the campaign for higher educational standards. The new General Managers have to be persuaded by Barney and by Victor Paige and they have to become public spokesmen for improvement. Friendly groups of doctors, nurses and administrators have to be encouraged by local MPs and Ministers to provide a counterblast to the ritual Union reply that it all requires more money. And occasionally growth money has to be released visibly and with stated aims to remind people that more money is being spent when the cause is good: some good press releases and Ministerial Speeches are needed again.

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*A. Row*

PROFESSOR GRIFFITHS

cc Mr Ingham

Mr Sherbourne

Mr Redwood (Rothschilds)

The Prime Minister has noted on her much underlined copy of John Redwood's minute on the NHS which I sent you yesterday: "Perhaps this point could be put direct to Norman Fowler and Barney Hayhoe".

In my absence in the Far East could you please discuss with John how the Prime Minister's wish might best be carried out. I could just send it direct to DHSS Private Office, but I have the feeling that that might not get it off to the best start. Nor do I - and I am sure John would not either - wish to cut across the Policy Unit's initiatives regarding the National Health Service.

Please could we have a word on my return.

N L WICKS

1 May 1986

SLH/23