

CCAB

PRIME MINISTER

4 June 1986

VICTOR PAIGE'S SUCCESSOR

Steering the enormous ship of the NHS is never an easy business. It is not made any easier if we get tied up in tricky questions such as the title of the captain, when the crucial issue is what levers he needs on the bridge to do the job.

We recommend that you focus first on this rather than on difficult points of constitutional theory and political judgment.

Surely the questions are best addressed in the following order:

- i. Why did Victor Paige fail? Whilst it was partly a matter of personality, the structure within which he was operating contributed to his failure.
- ii. What powers must be clearly granted to his successor so that he doesn't fail as well?
- iii. How can we design a post which really carries these powers?
- iv. How would such a post best be described, given the current statutory framework for the NHS in which the


people at the centre either have to be civil servants  
(as Victor Paige was) or politicians?

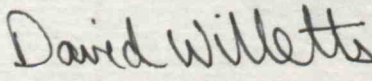
We recommend that you invite Roy Griffiths (together with Norman Fowler, of course) to a meeting to discuss these questions. Roy Griffiths may be wrong to press for what he wants. But he is not being eccentric: it rests on his analysis of why Victor Paige failed. Roy Griffiths was the author of the original Report, and has been a member of the Board supervising Victor Paige for the past 18 months; his views will be very useful, regardless of whether or not he eventually gets the job he wants.

The appointment of a replacement is an urgent matter. The fact that Paige was not replaced yesterday puts the Government in a bad light. The longer you delay, the more investigative and speculative journalism there will be.

We recommend that you meet Norman Fowler and Roy Griffiths very soon and try to make an appointment by next week, if at all possible.

The attached article from yesterday's Standard is a moving example of the problems in some parts of the Health Service. It is not a story of low spending, but of sloppiness and bad standards. We not only need to act, but to be seen to act.

  
BRIAN GRIFFITHS

  
DAVID WILLETTS

This note not to be seen by  
Policy Dept.  
G. U.  
S/L



10 DOWNING STREET

nm

One Minute

I think that the  
best approach is  
, as you agreed,  
to leave the ball  
in Mr Fowler's court  
and for him to put  
new proposals to  
you.

N. C. W.

4-6

provided a moving insight

# Thoughts from my hospital bed...



MURIEL COHEN: fortunate to have a close family.

SPARED a reasonable quality of life and God's blessings, in five years, if I survive, I will receive a cherished telegram of congratulations from the Queen on reaching 100 years of age.

This thought passed through my mind as I lay in casualty in the Royal Free Hospital, Hampstead.

I had been in this hospital a few weeks earlier with a broken hip. Remarkably, I had survived a general anaesthetic, plating and pinning. The surgeons and nurses of Kinnel Ward were kind, dedicated and marvellous.

It was about 7 pm when my doctor's assistant was called to my flat in Swiss Cottage. I have lived there with my companion, after losing my husband 21 years ago.

Apart from appalling arthritis that has long since crippled my hands, back and hips I have enjoyed good health.

We have managed well and I have never been the complaining type. I have also been fortunate in enjoying the close and loving attentions of all my family.

As the young lady doctor bent over me, she confirmed to my son that I had very low blood pressure, was having a possible heart attack and/or was suffering from dehydration.

It seemed strange, as I lay there, how well I could hear, although normally very deaf when directly addressed. The doctor said the dreaded word "hospital." There was some discussion — and argument — my son had wanted me to go to St John's and St Elizabeth's Hospital but the doctor said there would be no team available and that I might not last the night.

## Doctors too busy

The ambulance arrived fast enough and we were in casualty by 8.30 pm, the doctor having warned them of my arrival. The words grated on my brain — "the doctors are too busy in the wards said the casualty sister. I could hear my son gently remonstrating — to start with.

Others had waited longer, it appeared. Everybody took their turn. A heart condition took no priority over a twisted ankle. Was this really the same hospital which had been so compassionate?

I lay there, uncomfatable and unattended. Promises were made — none were kept. At 10.45 p.m. I heard my son snap. He raged at the sister because of the lack of attention. It seems that this was no isolated case but usual practice.

There was some talk of no overtime being granted by administration for the hard-pressed doctors. The doctors had to work the wards as well as casualty. Casualty came last at the discretion of the casualty sister in charge and the degree and nature of the emergency in question.

It appeared to me that I was lying on the sacrificial high altar of political strife and what remained of my frail body was torn between trained medical people and administration bent on saving money.

The door opened like magic and the assistant registrar and a young lady doctor emerged with a large posse of students. Laughing and joking, they nonchalantly spilled into casualty. They had indeed been around the wards, I thought. At 11.15 p.m. I was seen, just after the man who had been lying near to me with a heart attack since 7.30 p.m.

## Difficult to swallow

X-ray, a drip, an electrocardiograph and examination followed. My son was asked to help with the electrocardiograph — they were short of nurses. I resented this; I know I am old-fashioned and felt anger that he had to be involved and that I was here at all.

A little later I heard him say to the young doctor that my hand had turned black and her say "so it has," as she went on writing. My son found a nurse and the over-tight drip, so designed to prevent me from pulling it out, was released. The colour in my hand normalised.

It was not until 1 a.m. that I was positioned in a ward.

Later that week the doctors talked over me; I heard them say that there were a lot of people outside who needed my bed and who had not reached the age of 95.

The doctor said: "It's a good age, you know, and she's had a good life." How do they know, I wondered, and I thought — Is my age a crime now?

My son continued to visit me each evening, and my daughter in the afternoon, as they had done for the five weeks previously, and gave me food which I could eat. I found it difficult to swallow and the hospital food was frightful but I gather they pay their kitchen staff too little wages.

They had also lost my hearing aid before I left Kinnel. One minute it had been on the table and next, swept away by the cleaning lady. How I longed for my hearing aid! Some two to three months, they said, and if you had spectacles and broke them, it would be just the same.

At last I was to be moved — but still another hitch. The specialist had agreed to let my records go with me to the St John's and St Elizabeth's Hospital, St John's Wood, where I was to be transferred and where I had also been previously with tummy problems. Now they refused me these records.

I heard them say it was not NHS policy to hand records over to another hospital as they belonged to the Secretary of State. My son said, "There is always a first time." I was transferred and my records came too.

Leaving Kinnel Ward, two of my elderly companions were also being discharged. It was bitterly cold outside. My son had asked to escort me and had been told to be at my ward by 9 a.m. Just before noon, my two companions were removed and we said our farewells. It was not until 3.50 p.m. that a porter collected me and I was taken down to the entrance hall.

To my amazement, my other two companions were still there, together with numerous other discharges. I was put with the others right in front of the ever opening swing doors. The cold was frightful after the ward temperature.

My companions had been without drink, lunch or toilet all that time. My son was furious and, upon remonstrating with an ambulance man, was told that his mate was still at lunch! He volunteered to put me into the ambulance if my son would help. At least I would be warm there.

I was moved into the ambulance and strapped in with thick leather belts. My son asked to sit with me but was not allowed. He stood outside the window and I went to sleep. An hour later, with me in the ambulance and out of all communication, I awoke as others

were loaded in and we were finally on our way, just before 5 pm.

After my transfer with gentle, dedicated care, my stomach responded and I was rehydrated little by little.

I returned to the satisfaction and the sanctity of my own bed and now, if I am finally to meet my maker at 95 years of age, I can do so with the knowledge that it is God's will.

Is it unreasonable that those who have been the survivors of this long battle should be given the best that this impoverished nation can afford and not the least?

Yes, Mrs Thatcher, I can use what may well prove to be my dying words and with the authority of having lived through the Boer War, the Great War and the Second World War, as well as the reigns of six monarchs, to acclaim with all my heart and soul — your Queen and country needs you, Mrs Thatcher, and your elderly and sick demand better treatment because, but for the grace of God, there go you...

□ Muriel Rebecca Cohen, died on January 28, 1986. The article was written from her notes, edited by her son, Clive S. M. Cohen.

## Mobile Cellular Telephones SPECIAL OFFER

NOVATEL CAR PHONE  
with Hands Free Operation  
£799 or £5.16 per week

NO EQUIPMENT DEPOSIT

PHONE FOR IMMEDIATE  
DEMONSTRATION NOW

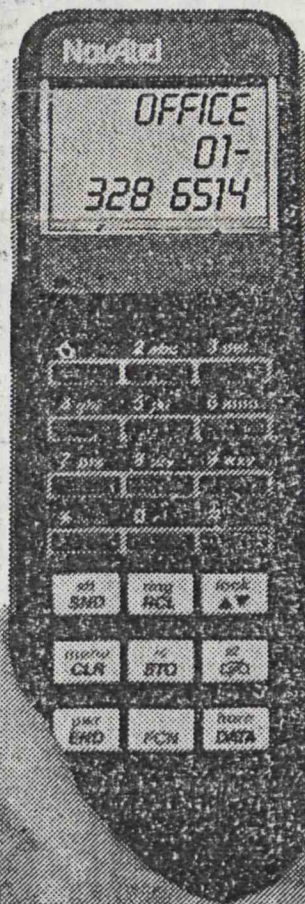
01-328 6514/5  
624 7384/5

### FEATURES INCLUDE

- \* 'Hands free' operation — the only safe and legal way to make a call on the move
- \* Display shows numbers dialled, accumulated and elapsed time.
- \* 29 memory facility and last number re-dial
- \* Electronic lock for call security.

Advance Car Telephones are 'THE EXPERTS' in cellular communications with a large selection of the best hand-portable and mobile telephones. We offer expert installation and service, available 7 days a week on a 24 hour basis and expert airtime management on the RACAL VODAFONE network. Call us now about our special offer or for a free demonstration of our complete range.

act advance car telephones  
Christchurch Avenue,  
London NW6 7QN



VODAFONE  
A member of the Racal  
Vodafone Network

## Scottish Question Time

3.33 pm

**Mr. George Foulkes** (Carrick, Cumnock and Doon Valley): On a point of order, Mr. Speaker. On previous occasions some of my colleagues have asked you to take account of the fact that, in comparison with other Question Times where, government members are in excess, at Scottish Question Time there are twice as many Scottish Labour Members as Scottish Tory Members. On this occasion, Scottish Tory Members have tabled only one question, and that was by the hon. Member for Dumfries (Sir H. Monro) who was not even present. In addition—

**Mr. Speaker:** Order. I did exactly that today. If the hon. Gentleman looks carefully at *Hansard* tomorrow, he will see exactly what happened.

**Mr. Foulkes:** I am grateful to you, Mr. Speaker. I was about to conclude by saying that in addition to that there were only six Tory Back Benchers present. I shall look at *Hansard* tomorrow but I was counting up. For example, the hon. Member for Stirling (Mr. Forsyth), who did not table a question, was called on three or four occasions.

**Mr. Speaker:** Order. That is my discretion. However, if the hon. Gentleman looks at *Hansard* tomorrow, he will find that Opposition Members were called much more frequently. It is always my endeavour at Question Time to call those hon. Members who have questions on the Order Paper if they can be broadly linked. Furthermore, I endeavour to give everyone an opportunity of being called at least once.

**Mr. Bill Walker** (Tayside, North): On a point of order, Mr. Speaker.

**Mr. Dennis Canavan** (Falkirk, West): Further to that point of order, Mr. Speaker.

**Mr. Speaker:** Order. I shall take Mr. Bill Walker's point of order first.

**Mr. Bill Walker:** Mr. Speaker, can you confirm that when the House is taking questions on what are considered to be United Kingdom matters, Conservative Members expect the questions, quite properly in my view, to go from one side to the other and that is what happens? No cognisance is taken of the fact that there are many more Conservative Members present during what could be called United Kingdom questions, yet, unlike what the hon. Member for Carrick, Cumnock and Doon Valley (Mr. Foulkes) is calling for, no allowance is made for that.

**Mr. Speaker:** Order. I do not propose to enter into a debate with the House on how I call hon. Members at Question Time.

**Mr. Canavan:** The hon. Member for Eastwood (Mr. Stewart) was not present to answer questions this afternoon because, as I understand it, he is in Mexico for the World Cup finals. In view of the fact that the hon. Member is not only the Scottish Minister for sport but the Scottish Minister for industry, with a track record of scoring own goals against Scottish industry, can we have an assurance that he is in Mexico simply as a spectator and not as a replacement for Kenny Dalglish?

**Mr. Speaker:** Order. I think that we should move on.

## Mr. Victor Paige

3.36 pm

**Mr. Frank Dobson** (Holborn and St. Pancras) (*by private notice*) asked the Secretary of State for Social Services if he will make a statement on the resignation of Mr. Victor Paige from the chairmanship of the National Health Service Board.

**The Secretary of State for Social Services (Mr. Norman Fowler):** In October 1983 I announced that the Government accepted the recommendations of the NHS management inquiry, under the chairmanship of Sir Roy Griffiths, that general management should be introduced into the NHS, and that a board should be set up within my Department to be responsible to Ministers for the Department's functions in relation to the management of the NHS.

Mr. Victor Paige took up appointment as chairman of the board, and as second permanent secretary within my Department, on 2 January 1985. His contract was for three years. The board was established in April 1985 and contains members drawn from business, the National Health Service and the Civil Service. Mr. Paige has paid tribute to the abilities of the Board and the progress the board has already made. I should like to express my thanks to Mr. Paige for his part in that progress.

I confirm that substantial improvements have already been made in the efficient management of the NHS. Those achievements reflect great credit on the Health Service itself, including authorities, managers and staff, and on the direction and leadership which the service has had from my Department.

As the House will be aware, Mr. Paige has resigned his position as chairman of the management board. He discussed his intention with me, and we agreed that it would be right for him to stand down. I have published in full the exchange of letters between us in which Mr. Paige explained his reasons. There is nothing that I can add to what he has said and my reply. I have therefore appointed Mr. Len Peach, who is the board's director of personnel on secondment from IBM, as acting chairman of the board. I shall make a substantive appointment as soon as possible.

The Government remain fully committed to better management of the National Health Service. I have every confidence that, under the leadership of the management board, health authorities and their general managers will continue to ensure that more and better care is provided for patients and that the best value for money is obtained.

**Mr. Dobson:** The statement raises more questions than it answers.

Will the Secretary of State tell the House precisely why Mr. Paige gave up his £70,000 a year job in mid-contract? Did he jump, or was he pushed? Was he pressed for too many or too few cuts? Does his departure leave in tatters the policy of bringing private bosses into the National Health Service? Is it true that, in the past two months, three similar appointees have resigned as district managers—three out of the 25 outsiders? Is it true that the business genius who was appointed to head an audit into value for money in the NHS has just gone bankrupt to the tune of £300,000?

Does the Secretary of State agree that his policy is wrong, or is it just that he is a bad judge of people? Will

**The Solicitor-General for Scotland:** I meet procurators fiscal from time to time to discuss various matters, including the 1980 Act, but no particular meeting is planned to discuss evidence under part I.

**Mr. Maxton:** Does the Solicitor-General remember, when he was a mere Back Bencher serving on Committee of that Bill, that his right hon. and learned Friend the Secretary of State, then a junior Minister, promised that there would be research into the working of detention powers? Is it correct that that research was carried out and that a report was produced in March 1985 which went to the Association of Chief Police Officers (Scotland) which demanded that it be repressed and that no further research be carried out? Will he now ensure that that report is published?

**The Solicitor-General for Scotland:** That is a searching and compelling question, but it is inappropriately addressed to me. It is for my right hon. and learned Friend the Secretary of State.

#### Police (Complaints)

26. **Mr. Foulkes** asked the Solicitor-General for Scotland how many complaints against the police in Scotland have been referred from procurators fiscal to the Lord Advocate for advice or decision.

**The Solicitor-General for Scotland:** To date this year, 142 cases of complaints against the police have been reported by regional procurators fiscal to Crown Office for consideration by Crown counsel. In 1985, 493 cases were reported. Such cases are seen by me and occasionally by my noble and learned Friend the Lord Advocate.

**Mr. Foulkes:** I am most grateful to the Solicitor-General for that reply. Will he give serious consideration to an examination by his Department into whether the police are referring to the procurators fiscal complaints which have nothing to do with the alleged offences? When the procurators fiscal say that they will take no action, it gives some spurious exoneration to the person under complaint. If that examination shows that that is the case, will the Solicitor-General give further consideration to the possibility of an independent complaints procedure for complaints against the police, in which the Scottish public would have much greater confidence?

**The Solicitor-General for Scotland:** The hon. Gentleman raises a serious and difficult matter. There are occasions when the police cannot immediately identify a complaint and when it would be inappropriate for them to reach a conclusion on whether it is purely a disciplinary matter or one which contains an allegation of criminal conduct by the police. Clearly, in those circumstances they tend to veer on the side of caution. They certainly put some cases which do not have a criminal content to procurators fiscal and the Crown Office. I am not sure that that causes the difficulties that the hon. Gentleman mentions, but I am prepared to look into the matter.

**Mr. Fairbairn:** Will my hon. and learned Friend confirm that all complaints against the police are reported to a Law Officer and are scrutinised by him, or his noble and learned Friend the Lord Advocate, so that the highest consideration is given to any complaint of alleged abuse by the police?

**The Solicitor-General for Scotland:** Yes, I can confirm that matters have not changed and the policy has

not been altered since my hon. and learned Friend had these responsibilities. Not everyone is involved if it is only a matter of a possible breach of disciplinary code within the police. Furthermore, if it is a complaint which clearly has no substance, then it is not reported to Crown counsel or to one of the Law Officers. Otherwise, as I said, a considerable number of complaints are personally examined by me or by my noble and learned Friend the Lord Advocate.

**Dr. Godman:** Of the 400 or so complaints, how many originated in Greenock and Port Glasgow, and of those how many led to disciplinary or criminal proceedings being taken?

**The Solicitor-General for Scotland:** The hon. Gentleman has me at a loss. I am not able to tell him immediately what the Greenock and Port Glasgow figures are, and I cannot tell him how many of them resulted in disciplinary proceedings because the pursuit of disciplinary proceedings would be a matter for the assistant chief constable and the chief constable rather than myself. Those instructions would come from me only if there was a decision to proceed with criminal proceedings against a police officer.

**Mr. Henderson:** Does my hon. and learned Friend accept that while one wants to see complaints made against the police properly and fully investigated, it is equally important, when frivolous or malicious complaints are made, that the full rigour of the law is taken against people who distract the police and other officers of justice from their proper duties?

**The Solicitor-General for Scotland:** Yes, indeed. The policy is clear. If at some stage it is identified that the complaint is in any way malicious or is a wilful effort to waste the time of the police, often to secure a balance, proceedings are taken against those people who make the malicious complaints.

#### Procurator Fiscal (Kilmarnock)

27. **Mr. McKelvey** asked the Solicitor-General for Scotland if he plans to meet procurators fiscal in Kilmarnock to discuss matters of accommodation.

**The Solicitor-General for Scotland:** I have no immediate plans to discuss matters of accommodation with the procurator fiscal at Kilmarnock. His accommodation problems are well understood. The planned solution is to relocate his office in the old Kilmarnock sheriff court house once that building has been vacated.

**Mr. McKelvey:** Can the Solicitor-General for Scotland tell me whether the Crown Office has, therefore, approved the sketch plans for the refurbishment and redevelopment of the old Kilmarnock sheriff court? If it has done so, would he perhaps discuss with his colleague, the Under-Secretary of State for the Environment, the possibilities of Government funding to give that project the go-ahead?

**The Solicitor-General for Scotland:** As I said in my original answer, it is certainly the intention to relocate. That is a policy which my noble and learned Friend the Lord Advocate and I warmly support. A considerable amount of work has already been done on that; but, as the hon. Gentleman appreciates, funds have not yet been committed to it. However, we certainly want to see the project go ahead.

he now appoint someone from the thousands who have made the NHS their life's work and not appoint another rank outsider with no staying power? Will he ensure that the new person uses the National Health Service instead of relying on the private sector?

**Mr. Fowler:** I do not accept what the hon. Gentleman has said. Mr. Paige set out the reasons in his letter. I do not think that there would be much point in my trying to interpret further what he said. There was no question of disagreement about resources. We have 750 general managers in post, and two or three have left. That shows the confidence in the concept of general management. I think that the hon. Gentleman will concede that Mr. Paige himself endorsed the concept of general management.

Substantial achievements have already been made. Indeed, £150 million of cost improvements have been made. The concept of identifying one person as being responsible and accountable for ensuring that decisions are made and that action is taken can only be right. We have no intention whatever of turning our backs on the general management concept. That concept is in the interest of the Health Service, and it is about time that the hon. Gentleman supported it.

**Mr. Robert McCrindle** (Brentwood and Ongar): Although one regrets Mr. Paige's departure, is not the important point that the concept of general management is now sufficiently well established—notwithstanding Mr. Paige's decision to go—and that very few people, other than one or two Opposition Members, would want to return to the old idea of a bloated bureaucracy? Does my right hon. Friend concede that, if any lesson is to be learnt, it is perhaps that Mr. Paige's successor should be given even more support, if that is possible, in standing up to the vested interests in the NHS, who have no interest in the NHS running on a commercial basis?

**Mr. Fowler:** There is much truth in that, and particularly in my hon. Friend's opening remarks. The general management concept is accepted in the NHS. As the Institute of Health Service Management has said in a statement made during the past 24 hours, general management is beginning to work very well, and the NHS will provide better quality care and value for money as a result. That is why general management is important, and that is why it will and should continue.

**Mr. Archy Kirkwood** (Roxburgh and Berwickshire): Irrespective of one's view about the principles of general management, is there not widespread concern about the way that it is being implemented? Following Mr. Paige's unfortunate resignation, will the right hon. Gentleman undertake a review of the implementation of unit management policy? Does the Secretary of State have any intention of reviewing the new incumbent's terms of reference?

**Mr. Fowler:** No, I do not think that that is necessary. The management board is carrying out an important job. It continues in post, although obviously with the exception of Mr. Paige, and it will continue to do its work. Mr. Len Peach, the acting chairman, comes from outside industry, and is a man of enormous experience. I believe that the management board will establish itself and will continue to achieve great things for the NHS.

**Sir William Clark** (Croydon, South): Does my right hon. Friend agree that management by committee cannot

be very effective? Does he further agree that trying to manage by consensus must lead to inefficiency? Surely it is high time that we returned to a system of one person in a hospital being responsible for all management. That would be much better than having many committees, with one looking after provisions, one looking after beds, one looking after cleaning, and so on, without any one person being in charge. That is the problem in the NHS.

**Mr. Fowler:** My hon. Friend is absolutely right, and that is why general managers are being introduced, not just at the regional or district level, but, most importantly, as my hon. Friend said, at the hospital or unit level. That is the philosophy behind what we are doing. The concept involves identifying the person responsible and accountable for ensuring that decisions are made and that actions are taken. It replaces the old unsatisfactory system which in, for example, the Stanley Royd case might lead to great tragedies for the NHS.

**Mr. Frank Haynes** (Ashfield): Why does not the Secretary of State come clean? Why does he not come clean? He knows very well that Mr. Paige was not prepared to be shoved round by him and his Department. The right hon. Gentleman talked about Mr. Paige's resignation, but we need the right hon. Gentleman's resignation on the table.

**Mr. Fowler:** I have endured three months of the hon. Gentleman during the proceedings in Committee on the Social Security Bill and I suppose I can take a little more than that. However, his comments on the NHS are no nearer the mark than any of his comments on social security matters.

**Mr. Robert B. Jones** (Hertfordshire, West): I thank my right hon. Friend for his tribute to my constituent, Mr. Victor Paige, and his work in the NHS. Mr. Paige, together with my right hon. Friend and many Conservative Members, is deeply committed to the idea of general management because of the result that it has already produced. Is my right hon. Friend aware that the 25 per cent. more nurses at the Hemel Hempstead hospital in my constituency are paid for partly by the efficiency savings that have been brought about by strong general management? Will my right hon. Friend confirm that the terms of reference for the new chairman will not only be the same as those for the previous chairman, but will be redoubled in an effort to obtain efficiency?

**Mr. Fowler:** I am grateful for what my hon. Friend has said. We have already achieved £150 million in the cost improvement programme. That money goes directly into the Health Service and is valuable to it.

**Mr. D. N. Campbell-Savours** (Workington): Does not this affair show that one cannot impose the blunt instrument of commercial markets on what is effectively a social service? Why does not the Secretary of State tell the truth? Why in his reply to my hon. Friend the Member for Holborn and St. Pancras (Mr. Dobson) did he stick so religiously to his brief? Why does he not tell us what really happened and what arguments have taken place in the past two months between Mr. Victor Paige and the departmental Ministers on the running of the service?

**Mr. Fowler:** With great respect to the hon. Gentleman, it would be—

**Mr. Campbell-Savours:** We know what has happened.

**Mr. Fowler:** We have exchanged letters on this matter. Mr. Paige has put out his reasons for resigning, and I have replied to them. We agreed that it would be right for Mr. Paige to step down.

**Mr. Roger Sims** (Chislehurst): Does my right hon. Friend agree that, in his letter, Mr. Victor Paige does more than endorse management principles; he warmly and enthusiastically supports them? Does he further agree that the management of the NHS is, as Mr. Paige has said, complex? Is it not inevitable that there will be difficulties in introducing business management methods into this enormous concern, which covers professional people and staff in catering, laundering, cleaning and many other activities, all of whom have traditional but inefficient practices? Is my hon. Friend aware that we shall fully support the new chairman, when he is appointed, in helping him to rid the Health Service of these practices and to achieve efficient business management within the NHS?

**Mr. Fowler:** I am grateful to my hon. Friend. The Health Service is a complex management job, and it employs about 1 million people. The Griffiths report recognised that complexity, and Mr. Paige's achievement has been that he has taken the management process to stage one and, in particular, to the stage when general managers have been appointed almost entirely throughout the country.

**Mr. David Winnick** (Walsall, North): Is the Secretary of State aware that, while people may not care too much either way about Mr. Paige, they are aware that there is insufficient funding of the National Health Service resulting in continued cuts, lengthy waiting lists and closures? Is he also aware that there is no lack of understanding on the part of the public regarding the Conservative party's attitude to the NHS? It has no genuine commitment to the NHS, and it would not stay in power for five minutes were it not for electoral reasons.

**Mr. Fowler:** There is nothing in the resignation of Mr. Paige to do with the question of more resources. The attitude of the Conservative Government to the Health Service is shown by the fact that we are spending £18.75 billion on the Health Service, which is a 24 per cent. real increase on what the last Labour Government spent.

**Mrs. Edwina Currie** (Derbyshire, South): Will my right hon. Friend take on board Mr. Paige's two comments about improving employees' commitment and the importance of management education? Does he agree that we are lucky to have a large number of committed and able people within the NHS who, with a little encouragement and a dollop of that management education, might provide the general managers of the future, whom Mr. Paige rightly regards as vital to the future of the NHS?

**Mr. Fowler:** That is an important point, particularly in relation to management education. The new acting chairman of the management board, Len Peach, with his experience will be well placed to implement just that.

**Mr. Charles Kennedy** (Ross, Cromarty and Skye): Do not the terms of Mr. Victor Paige's resignation letter to the Secretary of State make abundantly clear the Government's absolute folly when they decided to implement the Griffiths report wholesale and appoint 750 general managers throughout the country, creating this new edifice of which Mr. Victor Paige was the top point, without bothering to test the Griffiths report in pilot schemes in different health authorities throughout the country?

As the Secretary of State has laid such emphasis on the need for general management and lines of responsibility, does he not feel that what comes through loud and clear from this resignation is that, instead of decisions being taken in the front line, they were being referred more and more up the line to the Elephant and Castle and that they were falling victim to personalities and politics there?

**Mr. Fowler:** No, I do not think that that is the case. The concept of general management is that decisions should go down the line to the hospital and to the districts, and that is what is taking place. I have heard before what the hon. Gentleman has said about pilot schemes, but I do not think that that is a very sensible way of introducing the concept of general management into the Health Service. I certainly do not think that if we had done it that way we should have secured anything like the cost improvements that we have managed to secure under the plans and policies that we have implemented.

**Several Hon. Members rose—**

**Mr. Speaker:** Order. This is a private notice question. I shall allow one more question from a Member on each side of the House.

**Mr. Michael Morris** (Northampton, South): Is my right hon. Friend aware that, although the National Health Service management board has been in existence for just over a year, much of the best work that it has done has been in recent months, particularly in its evidence to the Public Accounts Committee? Is he able to give a commitment to the House that this work will continue with even more rapidity than before, even while we are awaiting the appointment of a new chairman?

**Mr. Fowler:** Yes, entirely. I am grateful for what my hon. Friend has said. The work of the management board will go on as usual. I can give him totally that assurance.

**Mr. Tam Dalyell** (Linlithgow): What estimable qualities other than those possessed by Mr. Paige is the Secretary of State looking for in his successor?

**Mr. Fowler:** We need someone with management experience and I think, above all, with a commitment to the National Health Service.