

SRWAIH

PRIME MINISTER

DINNER FOR REGIONAL HEALTH AUTHORITY CHAIRMEN

You clearly wish to make explicit some of the points which could have been covered under the general topics originally proposed. Could I suggest some amalgamation of the two approaches along the following lines:

- (i) the patient as customer including particularly reducing waiting lists and waiting times;
- (ii) improving management and efficiency, [including decision making structures];
- (iii) common design of products for hospital equipment, bearing in mind possibilities for exports;
- (iv) the capital programme and estate management;
- (v) personnel and manpower;
- [(vi) your problems with DHSS; ours with RHAs].

On (i), the patient as customer is a more general area than waiting lists and waiting times, including for example the way doctors relate to their patients and the amount of information they give to them.

On (ii), this explicit mention of decision making structures is likely to invite a discussion of the role of the management board and what went wrong with the previous chairman of the management board. This is tricky ground with Mr. Fowler, Ken Stowe and Len Peach present with so many others.

I recommend that the words in square brackets should not be included. Agree?

On (iv) which you deleted, Mr. Fowler is very keen that the capital programme should be discussed. Indeed, he wanted it first on the agenda. He believes the Government is not making enough of the amount that is being spent on NHS capital and wants to encourage regional chairmen to be more positive in their public presentation.

~~Pps please~~ att.

But we shall have to discuss difficult things. It is the word "customer" that I don't like in relation to medical service.

"Better service to the patient"

On (vi), I wonder whether it would be better to let problems between DHSS and the RHAs emerge during discussion rather than to make it an explicit agenda item. It would risk becoming either a grousing session, possibly ill-tempered, or empty, with neither side wishing to criticise the other in front of you.

Do you wish to retain or delete "including decision making structures" in (ii), and agenda item (vi)?

agree deletion - but we must

discuss it.

Otherwise, content with the agenda above?

not

DK

(DAVID NORRGROVE)
8 September 1986

Dinner for Regional Health Chairman; 101

NAT HEALTH.

July '86.

(DAVID BORGES)
101



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10 DOWNING STREET
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From the Private Secretary

9 September 1986

DINNER FOR REGIONAL HEALTH AUTHORITY CHAIRMEN

Thank you for your letter of 31 July. The proposed attendance at the dinner is acceptable though as we have agreed Miss Romola Christopherson will not be coming.

The Prime Minister has considered the suggested agenda and has decided on a somewhat expanded version as follows:-

- (i) how to get better service for the patient, including particularly reducing waiting lists and waiting times;
- (ii) improving management and efficiency;
- (iii) common design of products for hospital equipment, bearing in mind the possibilities for exports;
- (iv) capital programme and estate management;
- (v) personnel and manpower.

BF // The Prime Minister would I am sure be grateful for the short background material which you mention and it would be helpful to have this please by Monday 22 September.

David Norgrove

Tony Laurance Esq
Department of Health and Social Security.

dg

MRS CUMMINGS

DINNER FOR REGIONAL HEALTH AUTHORITY CHAIRMEN

Sue Goodchild sent me a minute on 18 August with a list of guests. This is agreed except that Miss Romola Christopherson will not be coming. Representation from No.10 will be Brian Griffiths, Nigel Wicks and myself.

I have replied to Tony Laurance.

David Norgrove

9 September 1986