

COBG

PRIME MINISTER

DINNER FOR HEALTH CHAIRMEN

The papers are:

- A Note by Bernard.
- B Note by Brian Griffiths.
- C Letter from Dr. Bridges of South West Surrey (who seems to have a connection through Carol).
- D DHSS briefing.
- E Guest list and seating plan.

A possible outline for your introductory remarks would be:

- congratulations on what NHS has achieved in the past seven years (eg almost 1 million extra in-patient cases);
- real resources have increased, by 24 per cent, but rising efficiency is increasingly important (now £150 million a year);
- surveys show great satisfaction among patients, but equally there is public concern;
- partly whipped up (to get more money), partly real;
- extra resources (which are being provided) only small part of the answer;
- need to stop the damaging denigration;
- but above all need to get the benefits of the new management attitudes and structure: that is purpose of the dinner.

The discussion will then be structured under five headings, each to be introduced by a Chairman, as follows:

1. Better service for the patient, including the problem of waiting lists. Mr. R.D. Wilson (Mersey RHA)
2. Improving management and efficiency Sir Gordon Roberts (Oxford RHA)
3. Personnel and Manpower Mr. Ackers (West Midlands RHA)
4. Capital Programme and Estate Management
Sir Peter Baldwin (South East Thames RHA)
5. Common Design of Hospital Equipment bearing in mind exports Sir Michael Carlisle (Trent RHA)

OTHER POSSIBLE QUESTIONS:

Brian has suggested a host of questions. Others might include:

1. Is it worth thinking about a move towards an internal market for the NHS? One clearly attainable possibility would be for health authorities to buy services from each other as you have suggested in the past. (More radical, why not move gradually to financing regions solely on the basis of their population and then leave them to buy services as they see fit? The mind boggles - but if education, why not also think about health?).

2. Why is there such a divide between hospitals and GPs? Would it be cost effective eg to have local x-ray facilities? Could there be mobile units for minor surgery?

3. Do some consultants keep their waiting lists up in order to help their claims for greater resources and to increase their private practices? How can that be stopped?

4. Are the demarcation lines between doctors, nurses, midwives etc. restrictive practices? How can more use be made of more junior staff?

Yes
no → Would you like to have possible questions summarised and put on cards which you could have by you? If so, would you like to tick questions you are interested in pursuing so that I can consolidate them?

One comment. The diversity of equipment ordering in the NHS no doubt protects the fragmented UK industry, with its many small, specialised firms. Too fast a move towards standard equipment could open the way to large American firms which would put British firms out of business.

E. [Signature] duty clerk.

PP

DAVID NORGROVE

24 September 1986

SOUTH WEST SURREY HEALTH AUTHORITY

cc D188 24/9

Please reply to:

Chairman

R24/9

DISTRICT HEADQUARTERS
FARNHAM ROAD HOSPITAL
FARNHAM ROAD, GUILDFORD
SURREY GU2 5LX.

Person dealing with correspondence Dr. A.J. Bridge

Telephone: 61612
Guildford ~~XXXX~~ Ext. 201

Our Ref:

Your Ref:

23rd September 1986

Dear Mrs. Thatcher,

I understand that you will be entertaining the Regional Health Authority Chairmen to dinner at No. 10 during this next week. I would much appreciate it if you could take note of what Sir Antony Driver, Chairman of the S.W. Thames Region has to say, particularly in relation to the funding of acute services. He has the backing of all 13 District Chairmen, every one of whom is having great difficulty in funding their acute services and, indeed, the vast majority are having to cut them. //

In the case of S.W. Surrey, application of the National and Regional policies has resulted in a real reduction in funding of £1.3millions p.a. (3½%) in the last four years. Efficiency savings have been made to the tune of £2.4millions p.a. but with that well running dry, we are now faced with the problem of reducing expenditure by a further £1million p.a. We are, therefore, faced with the dilemma of slowing development of the priority services (mental illness, mental health, care of the elderly, care of the young chronic sick) or cutting back hospital acute services. At the same time we are trying to bring down the waiting lists while patient numbers are actually increasing -17% over the last four years.

As a Borough Councillor and County Councillor, I find it very embarrassing when canvassing to be told, when I tell people that there has been a 24% increase in funding in real terms in the NHS either that I am lying or I do not know what I am talking about as "all we can see in our area is reducing services".

I have to tell you that now that the topic of funding the GCSE has been resolved by the Surrey County Council's input of £1million, the NHS has moved to the top of the discussion list. Sir Antony's comments will no doubt address this concern.

My best regards to your husband and to Carol. It seems a very long time since Anne and Carol were at Queenswood together and I was practising at 57 Harley Street. Problems don't get any easier to solve with the passing years, do they? //

With my best wishes.

Yours sincerely,

Arthur Bridge

Arthur Bridge
Chairman

The Rt. Hon. Margaret Thatcher, MP.,
Prime Minister
10 Downing Street
London SW1

MR. NORGROVE

Dinner for Regional Health Authority
Chairmen on Thursday, 25 September

I attach the list of guests
attending the dinner tomorrow evening
for the Regional Health Authority
Chairmen tomorrow evening together with
a draft seating plan.

Sue Goodchild

24 September 1986

cc Mr. Nigel Wicks
Professor Brian Griffiths

28 guests

LIST OF GUESTS ATTENDING THE DINNER TO BE GIVEN BY THE
PRIME MINISTER FOR REGIONAL HEALTH AUTHORITY CHAIRMEN ON THURSDAY
25 SEPTEMBER 1986 AT 7.30 PM FOR 8.00 PM INFORMAL

The Prime Minister

Professor B.E. Tomlinson

Northern Regional Health Authority

Mr. Bryan Askew

Yorkshire Regional Health Authority

Sir Michael Carlisle

Trent Regional Health Authority

Sir Arthur South

East Anglian Regional Health Authority

Mr. W.R. Doughty

North West Thames Regional Health Authority

Mr. David Berriman

North East Thames Regional Authority

Sir Antony Driver

South West Thames Regional Health Authority

Sir Peter Baldwin

South East Thames Regional Health Authority

Professor Sir Bryan Thwaites

Wessex Regional Health Authority

Sir Gordon Roberts

Oxford Regional Health Authority

Mr. W.V.S. Seccombe

South Western Regional Health Authority

Mr. J.G. Ackers

West Midlands Regional Health Authority

Mr. R.D. Wilson

Mersey Regional Health Authority

Sir John Page

North Western Regional Health Authority

Mr. Brian Edwards

General Manager, Trent Regional Health Authority

Rt. Hon. Norman Fowler, MP

Mr. Tony Newton, MP

Mrs. Edwina Currie, MP

The Baroness Trumpington

Sir Kenneth Stowe

Sir Donald Acheson

Mr. Len Peach

Mrs. A.A.B. Poole

Miss Kate Jenkins

10 Downing Street

Mr. Nigel Wicks

Professor Brian Griffiths

Mr. David Norgrove

Chief Nursing Officer

Efficiency Unit