PRIME MINISTER 24 September 1986

REGIONAL HEALTH AUTHORITY DINNER

This is turning out to be a most elaborately stage managed occasion: not only have the RHA Chairmen been selected to open (followed by a seconder) on each of the five subjects allotted to them by DHSS but there is to be a full scale dress rehearsal on Thursday afternoon!

To avoid the evening being a bland public relations exercise (including a specially prepared book of graphs) you need to encourage them to throw away their scripts and speak their minds.

The Agenda

Some suggested questions for the agenda

Item 1 Better service for the patient, including the problem of waiting lists.
and
Item 2 Improving Management and Efficiency

1. Although there is rising output and major improvements in the NHS the public perception is of cuts. This is reinforced and seriously worsened by complaints in public by doctors - which would never be allowed in Shell, ICI or M & S. What are the Chairmen doing to restrain criticism by doctors in their regions?

2. Better service depends on better management of existing resources and this means knowing how much things cost. Do DHAs and RHAs have the data on treatment costs to enable commercial type management?

3. What are the major reasons for differences in performance between DHAs within their region? How can the lessons of the most efficient be applied to the least efficient?

4. Accountability is fundamental to good management. Who determines the remit for RHA and DHA Chairmen? Do Chairmen agree with their General Managers their job descriptions and set them goals?

5. Many Regional General Managers were administrators. Are they changing their culture or goals? Are they of the right quality?

6. Do Chairman encourage their Regional General Managers to put business plans to the RHA?

7. How much contracting out is taking place in the ancilliary services - laundry, food, cleaning, plant maintenance?

Hospital Doctors

- doctors are the main initiators of health care spending

- and they assume unrestrained clinical freedom to determine the care and treatment of the individual patient

- there is thus an apparent incompatability with cash limits

- despite this, doctors are not easily persuaded that they have a role in the management of resources

- the Authority which employs doctors (the Region) is not the Authority for which they work (the District)

8. Should the contracts of hospital doctors be held by DHAs, not by RHAs? Would this enable greater supervision?

9. A key task of General Management is to persuade doctors of the need to take a more considered interest in the quality and cost effectiveness of their treatments. How is this being done?

10. Are consultants' job descriptions reviewed periodically?

11. Are budgets assigned to consultants and medical audits carried out? Who does clinical budgeting.

Item 3 Personnel and Manpower

12. Pay Review Bodies tend to grant across-the-board increases. Are the differentials between different kinds of staff leading to shortages? If so what needs changing?

Item 4 Capital Program and Estate Management

13. What incentives does a DHA or RHA have to economise on land and buildings? Can they be improved?

14. How much further do RHA's have to go in selling surplus land?.

BRIAN GRIFFITHS