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PRIME MINISTER

NHS REVIEW

WHITE PAPER: FIRST DRAFT

[HC67: paper by the Secretary of State for Health]

1. Before discussing the White Paper, you may wish to begin by asking Mr Clarke to report the outcome of his discussions with the Chief Secretary on the Family Practitioner Service. We understand that the two Ministers will be circulating later today joint notes, not yet seen, covering:

Covered jointly in HC 68

- i. indicative drug budgets for GPs on which they are now agreed;
- ii. controls over GP numbers on which they are also agreed;

HC 69

- iii. budgets for large GP practices on which they are not agreed. The Treasury still have reservations about both principle and practicability.

2. Next, you may wish to consider the text of the draft White Paper. It is a first draft, and will need quite a bit of polishing and sprucing up - preferably with a professional touch - before being ready for publication. The best approach at this stage may be to avoid detailed line-by-line discussion but concentrate on:

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- i. general presentation. In particular you may wish to consider whether the text brings out adequately and convincingly the main themes and rationale for the reform, especially the benefit to patients;

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ii. substance. You will wish to be satisfied that the text accurately reflects the Group's decisions and thinking and that nothing important has been left out. We will provide you with a brief which draws out particular points which you may wish to consider, chapter by chapter. You may find it helpful to have the attached checklist of outstanding points which the Group remitted to Mr Clarke at various meetings;

iii. missing passages. There are two important passages missing from the text. One is the Treasury contribution on tax relief in chapter 10.8: it is conceivable that the Chancellor may wish to come back to you on the decisions taken in July. The other is Chapter 11 on Scotland, Wales and Northern Ireland: the three Secretaries of State are circulating their contributions separately (Scotland not yet received).

now available.
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3. More generally on the White Paper, you may wish to ask Mr Clarke about his plans on presentation. Particular points are:

← i. title. We do not know what titles Mr Clarke has in mind. If you wanted to suggest some, possibilities might be:

Serving the patient

A better NHS

A better service for patients.

ii. cover and illustrations. These will now need to be brought forward rapidly;

iii. other publications. You may wish to ask what other publications Mr Clarke plans to issue at the same time as the White Paper. We understand that he is preparing to issue one or more 'popular' versions of the White Paper. The text also refers in paragraph 6.7 to the simultaneous publication of a consultation document on medical audit. Will all these other documents be ready? Are there any others?

Consultation
document
on medical
audit

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iv. speeches and visits. Mr Clarke is probably planning a concerted campaign of speeches and/or visits to accompany publication of the White Paper. You may wish to ask about his plans.

4. Finally, there is the timetable. This is as follows:

Now
outline
Rec 6
refer

- Thursday 5 January - a further meeting of the Group is pencilled into your diary.
- Friday 6 January - Mr Clarke circulates the White Paper to E(A).
- Tuesday 10 January - we have arranged a meeting of E(A).
- Thursday 12 January - discussion in Cabinet.
- Tuesday 17 January - publication of White Paper.

This timetable is very tight. In particular it means that the Group will have relatively little chance to make a further contribution to the drafting of the White Paper at its meeting on 5 January, since Mr Clarke will have to circulate it to E(A) the next day. (If you wanted to allow another week, it would still be possible to publish the White Paper before the anniversary of your interview on Panorama.)

RJW.

R T J WILSON
Cabinet Office
21 December 1988

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