

dissatisfaction with outpatient services continues to be the principal source of concern.

CONCLUSIONS

In summary, we argue that attitudes derive from complex sets of factors which include actual experience of using health services. But opinion can also be crucially affected by political and peer group cultures. The media can also influence apparent levels of public concern by highlighting specific issues in relation to care or by focusing on other areas such as the efficient use of resources. Such "floating" attitudinal changes might be seen as relatively marginal, accounting probably for less than 10 percentage points. But none the less, they do appear as significant changes and indicate that the media has some power to influence agendas of public concern.

The exact nature of the relation is very complex, and in future work we will investigate these links more fully. We will also explore the relative importance of respondents' demographic and socioeconomic characteristics as well as their self reported state of health and recent experience of health services in determining dissatisfaction with the NHS.

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Health policies in the 1992 general election

We sent each of the three main party spokesmen on health a set of questions about their health policies. These were largely drawn from the BMA's health strategy document "Leading for Health" and covered longer term issues as well as more immediate ones. We have compiled the following answers from their replies or, in the case of the Labour Party (which did not reply), from its manifesto and health "white paper."

Improving the health of the people

Conservatives refer to their green paper, the *Health of the Nation*, and promise a white paper identifying specific targets. "It will be the first time that England has had an explicit, rational, and coherent strategy for improving the health of its population."

Labour will launch a National Health Initiative to promote physical and mental health from birth to old age. They will set new targets to cut inequalities in health between social classes and ethnic groups. They will ban tobacco advertising, encourage healthy diets by labelling food better, and create an NHS occupational health service.

Liberal Democrats "lay great stress on the need for a comprehensive strategy for health promotion" and will ensure that opportunities are created for people to become and remain healthy.

Health and community services: free, comprehensive, accessible, with equal standards, and freedom of choice for patients?

Conservatives—The NHS will continue to meet the "demands placed on it through a free hospital and GP service, equally accessible to everybody." They do not plan new charges. Mr Waldegrave wants to see all parts of the NHS raised to the standards of the best. "We have improved choice in certain respects, for example by making it easier to change GP. . . . Contracts which reflect the views of local GPs and residents are the main guarantee of a service which meets their needs and wishes."

Labour will restore free eye tests and introduce no new charges to keep the health service free at the point of use. The objective of a national service is to ensure that local provision meets an acceptable national standard. Labour's plans for ensuring fairness in the delivery of care will include setting targets for improving access for sections of the community who are currently getting a less good deal. It will "restore the right of patients to be treated in the hospital of their choice; women will have the right to be seen by a woman GP."

Liberal Democrats will abolish charges for eye tests and dental check ups and freeze remaining charges with a view to reducing them. Their patient's charter will give the right to information, to choice of GP, to participate in decisions, to dignified and timely treatment, and to "no fault" compensation for medical accidents.

Ensuring that public bodies adopt policies that promote health

Conservatives—"Action for everybody" is a key theme; all departments are signed up to the strategy, and a coordinating ministerial group, encompassing 14 departments, ensures that health promotion is on the agenda across Whitehall.

Labour's health initiative will be led by the Department of Health and Community Care and by a new cabinet committee that will "cut through departmental boundaries."

Liberal Democrats will require central government and other public bodies to assess the impact of their own policies on health, measuring agreed indicators and targets within their policy area. In particular, they will ban promotion of tobacco, set stricter standards of water purity and food hygiene, take tough action against pollution, and use fiscal policy to promote good health. As well as taxing tobacco and alcohol they will remove VAT from housing repairs and renewals.

Funding the NHS

Conservatives will "year by year increase the level of real resources committed to the NHS and efficiency savings will be ploughed back into the Service. . . . Since 1987 we have maintained an annual average increase in NHS spending of 3.6% above inflation."

Labour will make at least £1bn available over the first 22 months. It will fully fund pay awards, abolish tax relief on medical insurance, and use the £60m to modernise cancer services.

Liberal Democrats believe that funding is the crucial issue and have three groups of priorities. Firstly, they



will guarantee a minimum real increase in expenditure each year to begin to replace cumulative underfunding and additional resources for health promotion and primary and community care and for improvements in staff training, and reform of medical staffing. Second would be capital investment and better pay; and third would be reduced NHS charges. Overall they envisage an additional £1850m over the lifetime of a parliament.

Purchaser and provider split

Conservatives will not disguise the clear separation of purchasers and providers, "which establishes the proper relation between analysis of health need and the direction of resources."

Labour will halt the commercial market, "which is creating a two tier health service." It will negotiate performance agreements with health authorities with an incentive fund to reward those performing well. Hospital managers, responsible for meeting their targets, will otherwise have maximum freedom of decision making.

Liberal Democrats believe markets can exist only where there is a surplus of suppliers or of customers with money, and neither apply in the NHS. Their authorities would be responsible for assessing health care needs and strategic planning and would make service agreements with hospitals and other health units.

Community care and its funding

Conservatives want people to be cared for in the community "whenever it is right" and want those who need residential or nursing care to continue to have a choice of homes. "We want to promote a flourishing independent sector alongside good quality public provision." Their principles of funding are set out in *Caring for People* and they "will ensure that when the money is transferred from the Department of Social Security no local authority can misuse those essential extra resources." Local authorities must draw up care plans in full collaboration with all interested parties.

Labour will expand services for long term support in the community and introduce an earmarked grant for community care.

Liberal Democrats do not see community care as the responsibility of social services departments alone and think that a seamless service can be provided only with increased coordination and joint planning. A named person will be responsible for coordinating each individual's care plan.

Primary care and fundholding

Conservatives—"GP fundholding is proving to be a great success. It is helping to raise standards, ensure the provision of new services . . . and bringing benefits to all patients." Also it is helping to raise the profile of primary care and being the proving ground for a new range of services which they will spread across the whole range of the primary sector. "We have doubled resources for primary care since 1979."

Labour will provide more services through local health centres and give GPs the power to insist on improvements in service to all patients in a neighbourhood. It will increase the time GPs have for each patient by reversing the financial pressures to take on too many patients. It will end fundholding.

Liberal Democrats will increase resources for primary care and replace fundholding with a system that guarantees GPs freedom to refer outside the service agreements made by authorities.

Secondary care, capital investment, and trusts

Conservatives—"Trusts are working very well." They do not accept that capital underfunding is "severe": "We now have for the first time a capital programme running at over £2bn a year." They will attach a high priority to modernising the NHS to ensure that it has access to the latest equipment, provided in up to date conditions. They recently announced a £20m capital allocation for scanners and other technology to use for cancer and £15m for day surgery services.

Labour will "stop the privatisation of the NHS" and return trusts to the local NHS. They will invest in the modernisation of hospitals, tackle the backlog of repairs and maintenance, and provide £25m for more intensive care beds.

Liberal Democrats will bring trusts back into health authority management, removing their secrecy and their freedom to dispose of assets, set their own terms and conditions, and withdraw from local planning.

Accountability

Conservatives—The secretary of state will remain accountable through parliament, but the key objective is to devolve decision making to local level. "Experience shows that this creates room for flexibility, motivates staff, and encourages innovation." The contracting mechanism is a powerful mechanism for health authorities to ensure that health needs are met.

Labour—Community health authorities, covering both GP and hospital care, will be representative of local people.

Liberal Democrats will abolish the NHS Management Executive and Policy Board and give the Department of Health a greatly decreased role as a central store of information and statistics. A Health Service Council will provide input from users and staff and determine minimum standards for health care delivery. At local level "the best way of delivering both democracy and accountability . . . is for the elected local authorities [responsible for social services] to include responsibility for the planning and delivery of health care," both primary and secondary.

Rationing: is it inevitable?

Conservatives—There will always be a greater demand for NHS health care than the amount available at any one time. . . . It is essential that every penny of available resources is used to maximum effect. Waiting lists are a symptom of this problem, and the Conservatives have made cutting long lists a priority. They promise that after April 1993 no one will have to wait longer than 18 months for a hip or knee replacement or cataract surgery. "Among patients who do have to wait no patient will be admitted for treatment ahead of another whose clinical need is the greater."

Liberal Democrats—Rationing is inevitable. Democratically accountable health authorities will draw up local health strategies which will determine how best their resources should be deployed to meet need.

The power of managers

Conservatives—In the past the NHS has been over-administered and undermanaged. It needs good professional managers. Without the proper control of the billions of pounds that flow through the health service there will be waste, inefficiency, and the misdirection of priorities and resources. The devolution of responsibility will shift the emphasis towards local teams of managers and medical and other staff, working together to solve problems. Good management should



more than pay for itself as it improves the efficiency with which resources are used.

Liberal Democrats—Devolve decision making to lowest level and this will often mean the management team of a hospital. “We want to see more medical staff becoming involved in health service management. . . . Spending [on management and information systems] is presently too high.”

Quality

Conservatives refer to the patient’s charter as their main quality initiative, though clinical priority would remain uppermost. They will ensure that local guarantees are set on inpatient waiting times, ensure a named nurse is responsible for each inpatient, make information on services more easily available, and make public comparative information about health standards achieved by authorities.

Labour believes that the quality of treatment and service is just as important as the quantity. “Our new Health Quality Commission will monitor the quality of care and raise standards.” They will set four new standards: cut cancelled operations; improve hospital cleanliness; make it easier to phone for an ambulance; and increase early admissions from waiting lists. They will end compulsory competitive tendering as part of their commitment to a quality service for patients.

Liberal Democrats will establish a National Inspectorate for health under the aegis of the National Health Service Council. It will examine issues such as access to services, quality control in screening, and skill mix. “We will also invest further in clinical audit.” The council will take the lead in defining quality.

Medical research

Conservatives will develop a comprehensive research and development strategy for the NHS and will build on work of Michael Peckham’s unit at the Department of Health.

Labour—Clinical care depends on investment in medical research. They will ensure it is properly resourced and in particular consider how the research element in hospital funding can be protected.

Liberal Democrats recognise the importance of maintaining highest standards of teaching and research in medicine. They will guarantee medical academic staff pay parity with NHS grades and increase funding for medical and biological research and encourage it to include the efficacy of medical service.

Education and training

Conservatives are encouraging a joint approach between the NHS and the universities to the management of medical education and have established a steering group to monitor the effects of the reforms on undergraduate education.

Labour thinks that quality of service depends on investment in training of staff and will provide a training strategy that enables all workers to make a rewarding career in the NHS.

Liberal Democrats will replace a consultant led service with one based on teams of specialists and reduce the length of training to about 5-7 years. A single training grade will have a lower service commitment and greater supervision.

Making the NHS a better employer

Conservatives will provide staff with a proper pay and career structure. For example, they have already reformed training arrangements and career structure for nurses in the way the nurses wanted and are reducing junior doctors’ long hours. They also see it important to match the skills and dedication of NHS staff to the right administrative framework. The reforms do this by devolving responsibility to local level, where staff can be more involved and take more initiative.

Labour’s objective is to renew the NHS as a public service and it will rebuild cooperation with NHS staff, listening to their advice. More will be done to promote equality of opportunity for women, ethnic minorities, and people with disabilities.

Liberal Democrats will offer stable employment with progressive careers, pay and conditions that reward staff, and flexible patterns of work.

Does Britain need more doctors?

Conservative policy is to ensure an adequate supply of doctors to meet demands. The number of doctors and dentists has risen by 17 000 since the Conservatives came to power, and 150 consultant and 100 more staff grade posts will be funded from April to help reduce juniors’ hours. There is also a working party to look at future medical manpower.

Liberal Democrats think the NHS needs more accredited specialists. They will immediately increase their number by giving specialist status to all senior registrars eligible for accreditation. A reduction in GP list sizes also implies more GPs.

National terms and conditions of service

Conservatives—All family doctors remain on national terms and conditions, as do most hospital doctors. Trusts are free to determine their own conditions, except doctors in training grades and can choose either to follow national terms and conditions or adopt local arrangements. There is value in flexibility, particularly in responding to local circumstances. At all times doctors’ terms and conditions should strike the right balance between their interests and those of patients.

Labour will retain national agreements to provide a national framework for local flexibility.

Liberal Democrats will retain national frameworks but allow local flexibility.

Doctors and Dentists Review Body

All three say they would keep it.