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Centre for Labour
and Social Studies

ELECTION 2015:

What's at stake for the NHS?



Election 2015: What's at stake?

The General Election in May 2015 looks set to be one of the most unpredictable elections in decades. Against a backdrop of uncertainty, Class have produced a series of election guides to equip you with all you need to know about what's at stake for working people at the General Election. Other guides cover work, pay and unions; housing; tax; the economy; and the welfare state. You can download them free and order hard copies from our website www.classonline.org.uk.

Contributors

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FOREWORD

This general election will decide whether the NHS will survive or perish



Dr Kailash Chand OBE

In 2010 David Cameron's Coalition Government betrayed pre-election promises to protect the NHS. Instead they imposed savage spending cuts and pushed through 'reforms' which put at risk the health of the entire population. As a result the NHS is now at the brink of extinction. The public has been misled about the objectives and consequences of the 2012 Health and Social Care Act.

But the Coalition's repeated denials of NHS privatisation do not stand up to scrutiny. Aneurin Bevan once said: "No society can legitimately call itself civilised if a sick person is denied medical aid because of a lack of means". The 2012 Act has not just repealed society's contract with the health service, it has put the NHS on the chopping block, ready to be sold in pieces to private corporations.

Privatisation is an ideological luxury which wastes money and destabilises the NHS. It has no purpose other than diverting money to shareholders and enriching a privileged few. We all know people should always come before profit, but the current government thinks otherwise. In the past two years, £11 billion worth of our NHS has been put up for sale, while 35,000 staff have been axed, including 5,600 nurses. Half of our 600 ambulance stations are earmarked for closure. One-third of NHS walk-in centres have been closed and 10% of A&E units have been shut. Waiting lists for operations are at their longest in years as hospitals are consumed by the crisis in A&E.

The Coalition's policies and privatisation mean the NHS as we know it will be gone in as little as five years if no one speaks up. The NHS will just be a logo; reduced from being the main provider of health services in England with one of the biggest workforces in the world, to a US-style insurance scheme, divorced from the delivery of care. Fewer treatments will be available as cuts start to bite.

The 'new' NHS is now more fragmented than ever before. It has no primacy over provision, and money is squandered over lost causes such as procurement of contracts and fighting competition from within. There has been a proliferation of small and large providers in the NHS in the last two or three years and the other winners in this revolutionary reform are management consultants.

The proliferation of private service providers spells serious problems for the future. For while the public sector seeks to maximise quality and coverage of services, the private sector aims to provide services in order to maximise profits. Private sector providers want to de-professionalise and down-skill the practice of medicine in this country, so as to make staff more interchangeable, easier to fire, more biddable, and above all, cheaper.

According to Ipsos MORI, the NHS is a top-of-the-list election issue for most voters. The NHS matters, and not just to the 1.4 million people who work in it. But to the entire population of Britain. David Cameron intends to achieve what eluded all the other Tory Governments since Bevan created the country's most cherished institution, the NHS, in 1948. Winston Churchill lost the battle to kill the NHS at birth. Thatcher was prevented by cooler heads from creating an insurance-based system. John Major attempted to suffocate the NHS by bringing in the internal market. David Cameron is fulfilling the dream of the 'Tory right' to privatise health care lock-stock and barrel.

The NHS has never been in a more dangerous position than it is right now. This General Election will decide whether the NHS will survive or perish. It's time to raise the alarm about what is happening and build a campaign for change. This election will give voters a clear choice - a public, integrated NHS or a health market under David Cameron.

A handwritten signature in white ink that reads "Kailash Chand". The signature is written in a cursive, flowing style. Below the signature is a long, horizontal, slightly curved white line that serves as a decorative underline.

Kailash Chand is a GP, NHS campaigner and former PCT chair.

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THE STATE OF THE NHS

For nearly 70 years the NHS has provided care to people across Britain, from cradle to grave. Set up to be free and universally accessible, it was established as a publicly-owned and funded system of healthcare. Data from before the recent massive reorganisation, found that the NHS was recognised as the best healthcare system in the world in terms of access to healthcare and efficiency¹.

The ability of the NHS to maintain an internationally recognised healthcare system of the highest quality at low cost is a testament to the commitment of NHS staff. However, the NHS has been under steady and concerted attack from marketisation culminating in the Health and Social Care Act 2012. In effect the

NHS in England has been reduced to a funding stream, a logo and a set of market institutions. The result is the gradual erosion of entitlements to care, further service fragmentation, risks to clinical standards, declining staff morale and growing health inequalities between the richest and the rest².

Impact of the Health and Social Care Act 2012

Despite promising no top-down reorganisation, since 2010, the Coalition has implemented destructive changes to the NHS resulting in its dismantling as a public service. The Health and Social Care Act 2012 (HSC Act) has been described as so “complex, confusing and bureaucratic” that the organisation of the NHS “is not fit for purpose” as a result³. But it is more than just complex – it represents the destruction of the social contract with the people of England.

The Secretary of State’s duty to provide

Underpinning the NHS as a universal and publicly-owned healthcare service was the Secretary of State’s core duty to provide listed health services throughout England, a duty which was repealed by Sections 1 and 3 of the HSC Act⁴. The duty required the Secretary of State to provide listed or key health services across England and allocate resources according to need instead of leaving allocation to market forces⁵.

While the duty to provide listed health services to the whole population was in place, the government was restricted from reducing health services and entitlements to NHS services.

Commissioning Groups

Under the HSC Act, GP practices must join clinical commissioning groups (CCGs) which commission services on behalf of patients in their practices. Before this, local health budgets were controlled by Primary Care Trusts where GPs would assess a patient's need and refer them on to a secondary service, like a physiotherapist or a cardiologist. The replacement of Primary Care Trusts with CCGs means GPs on CCGs now manage commissioning budgets and may contract out services to the private sector. While an internal market and a purchaser/provider split had already been imbedded deep into the NHS by previous governments before the HSC Act, the removal of the Secretary of State's duty to provide and the introduction of the GP commissioning process has entirely changed the notion of the NHS as a nationalised service.

The CCG model places the burden of commissioning patient care on GPs, who may not be qualified to do so, or who could face a conflict of interest because of the possibility for doctors to commission private treatment after being offered shares by private healthcare companies⁶. CCGs are not area-based and so don't have

responsibility for the healthcare needs of all residents but instead act like insurance companies on the principle of membership. This means vulnerable groups such as the homeless or new migrants can fall through gaps in service because CCGs don't have to ensure equity of access to health services.

Marketisation

Section 75 of the HSC Act requires privatisation through the commissioning process. The legislation has been interpreted by commissioners as requiring them to tender for services in the open market because of the possibility of costly legal challenges from the private sector if they don't⁷. This has led to expensive procurement and commercial contracting with large companies fragmenting services and diverting vital funding towards the expensive tendering processes. The huge costs involved in bidding for contracts are especially inefficient for the public sector as even when it wins bids for services it is already running, huge amounts will be wasted on the process. Swift privatisation is already taking place with 68% of contracts awarded since April 2013 going to commercial companies⁸. The HSC Act also specifies that GPs must promote 'Any Qualified Provider' (AQP), introducing a further market element to healthcare.



The Health and Social Care Act raised the cap hospitals could generate from private income to 49% from an average of around 2%⁹.



**PRIVATE
SECTOR**

In 3 years £7bn of new NHS contracts have been awarded to the private sector¹⁰.



250

Sainbury's pharmacies are dispensing medicines behind the NHS logo



358
GP surgeries are run by Virgin Care

G4S and Arriva are providing Ambulance services



The abolition of the duty to provide, combined with marketisation, privatisation, outsourcing and the dismantling of public services, is being done in the absence of planning and needs assessment. It is disrupting the delivery of health and social care and makes it harder for services to meet longer-term challenges. But the process of marketisation has been well underway since the 1990s when the NHS was opened up to the market and the use of private finance initiatives (PFI), the creation of Foundation Trusts, and commercial contracting.

Private versus public

Privatised healthcare costs more than public provision because it requires a large and complex market bureaucracy to operate, making it inherently inefficient. Establishing a lucrative healthcare market impacts upon the continuity of care received because private companies are first and foremost accountable to their shareholders – not service users. Private providers who take on a service that doesn't produce expected financial returns can cut their losses and run. This most recently happened when private company Circle withdrew from Hitchingbrooke Hospital¹¹.

The profit motive encourages 'cherry-picking', where the private sector takes on profitable work, leaving the less profitable to the NHS. For example, surgery like hip and knee replacements cross subsidises more expensive areas of care like A&E, ITU and renal units¹². Private providers are not covered by freedom of information legislation, making it harder to hold them to account and enabling them to hide mistakes and malpractice behind 'commercial confidentiality' rules. Furthermore, the public sector generally picks up the bill for training staff – in no other area does one bidder for a contract pick up all the training costs of its main competitor.

PATIENTS AT RISK

An out-of-hours GP service operated by private company SERCO in Cornwall was found to have dangerous delays that put patients at risk because they were failing to meet legal requirements on staffing. SERCO was found to be manipulating computer records to meet targets¹³.

THE FAILED PRIVATISATION OF HITCHINGBROOKE HOSPITAL

When private company Circle took over Hinchingbrooke Hospital in 2010 it had debts of £39m and a turnover of £73m. It was to be the first privately-run NHS hospital. In January 2015, Circle withdrew from its contract after a damning report by the Care Quality Commission, which listed extensive failings at the hospital. Hinchingbrooke Hospital now needs a £10m taxpayer bailout to address its losses while Circle has limited its losses to £5m¹⁴.

How healthy is the NHS?

Funding

The NHS has not been insulated from Coalition austerity policies despite their promise to protect funding. Drastic cuts to other services such as local authority funding for social care have meant that pressure on the NHS has increased. NHS funding is currently going through its biggest financial squeeze in history with a £20 billion efficiency drive by 2015¹⁵. Spending is frozen in real terms¹⁶, while social care funding has been slashed on average by 20% (£2.8 billion) between 2011/12 and 2013/14¹⁷.

By not protecting NHS funding from the higher levels of healthcare inflation, increasing pressures on a modern health service and rising costs of drug treatments and new technologies, the Coalition has left the NHS in a precarious financial state which amounts to real term spending cuts.

The squeeze on funding and hugely wasteful costs of a major reorganisation have pushed the NHS to breaking point. After the 2013/14 financial year, some providers were put into special measures because of failings in the quality of care, and more than a quarter overspent their budgets, with many more expected to follow suit this year¹⁹. The overall NHS deficit is heading toward £1 billion, with more than half of all hospitals now in deficit²⁰.

The most recent OECD figures show that spending on healthcare in the UK has been falling as a share of GDP since 2009²². By 2021 it is expected to fall 6% to its lowest level since 2003²³. As a proportion of GDP spent on healthcare, Britain spends less than the United States, Germany, Canada, France and many other developed countries. The UK spends just £2,008 per head compared to £5,017 in the US²⁴.



The full cost¹⁸ of the Coalition's wasteful NHS reorganisation could be up to

£3 BILLION



NHS England project a

£30 BILLION
shortfall in NHS funding by 2020/21²¹.



In August 2014 the total waiting list²⁸
in England was at least

3.13MILLION

Growing waiting lists and increased workloads

Waiting lists are at their highest rate for 6 years and attendances at A&E, GP referrals and emergency admissions are continuing to rise²⁵. Cuts to social care and the pressures of an ageing population have combined with a rise in referrals to increase pressures on hospital workloads²⁶. The huge disruption created by the Health and Social Care Act has intensified the NHS's growing problems in treating patients in A&E or waiting for cancer care and planned operations within target times²⁷.

In 2010 the Coalition lowered the target for the percentage of people waiting more than 4 hours in A&E by an extra 3% and still managed to miss this target every week since the start of October 2014²⁹. Satisfaction with A&E services dropped 6% from 2012 to its lowest level since 2008³⁰. Between November 2014 and January 2015,

14,731 patients had elective operations called off at the last minute³¹. This means 210 patients needing elective surgery and 11 requiring urgent operations are turned away every day, according to NHS England figures.

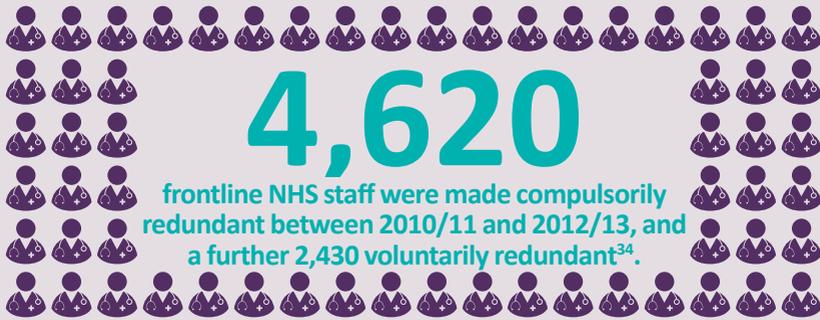
Pressures on staff

The Department of Health admits that 7,060 NHS clinical staff, such as doctors and nurses, have been made redundant since the Coalition took office, despite Cameron pledging to protect frontline NHS services from cuts³². Difficulty with recruitment and retention of permanent staff means that many NHS trusts are relying on temporary and agency staff to maintain the growing numbers of staff needed to guarantee quality of care. Expensive spending on contract and agency staff in the first 3 months of 2014/15 was double the amount budgeted for³³.

Health staff in England contribute £1.5 billion in unpaid overtime a year³⁵ and



The Coalition have missed their targets for the percentage of people waiting more than 4 hours in A&E every week since the start of October 2014.



funding squeezes mean that there are over 20,000 unfilled nursing vacancies in England, adding to the workload of already overstretched staff³⁶.

The morale of our health service has deteriorated as staff are increasingly expected to do more for less. While workloads are rising, wages have been falling³⁷. After 4 years of Coalition, NHS staff have lost 15% of their real terms basic pay³⁸ and 40,000 health care workers are still paid less than a living wage³⁹, with even greater numbers in outsourced services. The regressive public sector pay freeze has meant that NHS workers' wages have not been meeting the increasing cost of living. Worsening terms and conditions around sickness, on-call and overtime, along with raids on pension schemes, attacks on national bargaining and policy proposals for regional pay, serve to undermine the morale of staff, damaging recruitment and retention

and impacting on care. Evidence links staff satisfaction and morale, not only with patients' experience of care, but with its clinical quality and labour productivity⁴⁰.

Closures and mergers

The NHS is being run as if it is in a financial crisis but this crisis is of the Coalition's making. Cuts to NHS budgets, hospital beds and the sacking of thousands of vital NHS staff were based on documents drawn up by management consultancy firms. Austerity, Private Finance Initiatives and the Health and Social Care Act 2012 have led trusts into deficit and fuelled cuts, closures and mergers on a major scale⁴¹.

Private Finance Initiative

Through the Private Finance Initiative (PFI) scheme, private companies have



Since coming to power, the Coalition has closed or downgraded more than 30 NHS maternity and A&E units⁴².

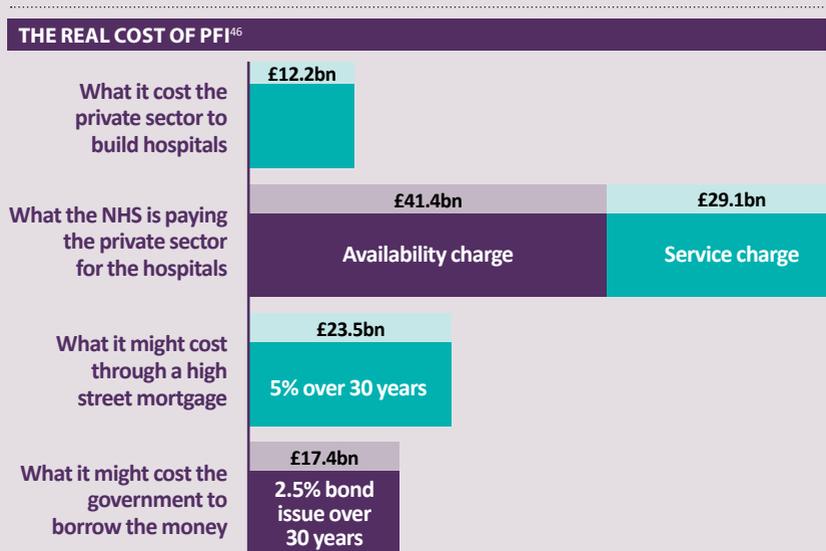
built NHS hospitals and leased them back to the NHS. They also run support services as part of these contracts. Highly profitable for the companies involved, but very poor value for the NHS. From 1948 to 1990, hospitals paid no charge on their land, buildings and assets; today many PFI hospitals are paying more than 15% of their annual operating costs and the figure is rising fast⁴³.

Since PFI was launched in 1992, each wave has been associated with trust mergers, leading to a 30% reduction in beds; staff lay-offs; and closures of hospitals, accident and emergency departments and a number of community services because of lack of affordability⁴⁴. The government will not allow hospitals to default on the debt because it would threaten all the other PFI schemes and result in the banks taking legal action. A number of NHS hospitals burdened with PFI debt

are struggling to cope, for example South London Healthcare Trust went into administration in 2012⁴⁵.

Free trade agreements promoting further privatisation

The NHS will be under further threat if the Transatlantic Trade and Investment Partnership (TTIP), a comprehensive free trade and investment treaty currently being secretly negotiated, is allowed to stand. It will open up Europe's public health, education and water services to US companies. This could essentially mean the privatisation of the NHS as the NHS would be prey to giant American corporations picking off key services for profit. The EU has excluded public services from previous trade agreements at the start but with TTIP they have only done this for cultural services and the Coalition government is refusing to protect health services. The problem



Source: NHS for Sale

is however, that once services are privatised they become subject to EU competition law.



The funding gap for adult social care over the next decade is

£4.3bn⁵¹

Changing priorities for health and social care

Health needs have changed dramatically since the NHS was first established with people living longer, healthier lives due to improvements in treatments⁴⁷. Improvements to healthcare have meant not only a larger number of elderly people, but also more living with life-long and multiple conditions - some of which, such as dementia, present significant difficulties in providing care and support. 1 in 3 people in the UK are over 50 years old and the number of over 65s is expected to increase by 50% in the next 17 years⁴⁸. Yet conditions associated with old age receive less investment and social care support is declining.

Chronic and long-term underfunding of social care despite rising demand is causing heartache for many. The Coalition government introduced huge cuts to local authority budgets of around 40% in real terms over the course of this parliament, which has led to the decimation of social care provision in some communities and transferred huge pressures on to the NHS⁴⁹. Net current spending (which, excluded income) on adult social care fell in real-terms by 15%, from £7.8 billion in 2009/10 to £6.6 billion in 2012/13⁵⁰.

The social care market is hugely fragmented, particularly in England, with the majority of services delivered by the private and voluntary sectors, many of which aim to make money by cutting services and squeezing workers' pay and conditions⁵³. Exploitation is rife with zero-hours contracts predominating and hundreds of thousands not even receiving the National Minimum Wage, often because employers refuse to pay staff for their travel time. As a result, recruitment and retention is also a major problem in the sector⁵⁴.

With social care failing, the consequences fall on the NHS. Two thirds of hospital beds are now estimated to be occupied by the over 65s at any one time and the number of hospital beds unavailable due to delayed transfers of care has spiralled by 26% to 178,468 this winter⁵⁵. Overall, bed blocking – or delayed discharge – is at a 6-year high.

CUTS TO HOME AND DAY CARE SERVICES⁵²





Since the Coalition came to power, spending on children’s mental health services in England has fallen by more than 6% in real terms – a cut equivalent to nearly £50 million⁵⁹.

Mental health services

Despite commitments to make mental health services a priority, under the Coalition government there are now 3,300 fewer posts in mental health nursing and 1,500 fewer beds, than in 2010. This is despite demand for services increasing by 30%⁵⁶. The condition of mental health services has deteriorated consistently due to chronic underfunding and disconnection of services and treatment. Mental illness accounts for 23% of total illnesses in the UK, but receives only 13% of NHS funding⁵⁷. Last year a survey of GPs highlighted that 1 in 5 had seen a patient come to harm because they could not access the specialist help they needed⁵⁸. More than 8 in 10 believed local health teams were unable to manage caseloads and some had seen patients commit suicide or sectioned because of a lack of available community health services.

Mental health services are in need of significantly greater investment, particularly for community-based support. Nearly a third of people with long-term physical conditions also have a mental health issue, but their needs are often treated in isolation⁶⁰.

Inequality in health

The current approach to health and social care is damaging efforts to secure a fairer and more equal society, evidenced by deep-rooted and widening health inequalities between the wealthiest and the most disadvantaged. Quality of care can be variable and preventable illnesses are widespread.

IN 2012



Life expectancy in deprived areas 74.9 years for men and 79.8 years for women



Life expectancy in affluent areas 82.4 years for men, 85.4 for women⁶¹.

It is now well known that the strongest correlate to poor health is poverty, and the longer people live in poverty the shorter lives they can expect to live. Geographical inequalities in health tend to fall when social inequalities in income and wealth fall⁶². The overall improvement in living standards brought about by the introduction of the welfare state and the NHS had a significant impact on closing the gap between health inequalities but services are beginning to fragment again under Coalition reforms.

ACTION TO PROTECT THE NHS

The values of social solidarity led to the creation of the NHS in 1948. These moral values translated into a legal duty on the Secretary of State to provide an NHS throughout the UK. Its solid foundations were based on fairness of funding, integration, trust, cooperation and collaboration.

Since 1990, the market has expanded at a pace across the NHS with the introduction of the purchaser provider split, PFI for new capital projects and greater use of private companies. The Health and Social Care Act 2012 was the culmination of a 25 year project and ends the basis of the NHS as a National Health Service for England. If the values of free and universal healthcare are to be protected, government must act to reinstate the NHS throughout England.

1. Reinstate the Secretary of State's duty to provide

The Health and Social Care Act 2012 ended the Secretary of State's duty to provide listed health services throughout the country. In force since 1948, this duty is the key underpinning of the universal and democratically accountable health service. It was an obstacle to complete marketisation of funding and break-up of delivery and acted as a check on the Secretary of State's power to disregard the will of the people. The first and most important action to protect the NHS

is to re-establish the Secretary of State's legal duty to provide listed health services throughout England⁶³.

2. Reverse the Health and Social Care Act 2012

The damaging and destructive structural changes forced upon the NHS in England under the Health and Social Care Act 2012 fragmented services, undermined the provision and quality of care and opened up vast swathes of the public sector to exploitation for private profit. The Act has caused major disruption and destruction and is pushing services to breaking point. It must be reversed for the benefit of patients and staff.

"it seems likely that the massive organisational changes that resulted from the reforms contributed to widespread financial distress and failure to hit key targets for patient care"
Kings Fund, 2015⁶⁴.

3. End marketisation and competition including the purchaser provider split

The marketisation of the NHS, developed and expanded by successive governments, has undermined the ability of the health service to adequately serve patients and evolve to meet future challenges. Market forces have consistently and predictably driven down quality as private companies aim to win tenders and contracts by spending as little as possible on services in order to maximise their profits from the public purse.

The introduction of the internal market into the NHS caused unnecessary bureaucracy. Increased competition has seen the proportion of the budget devoted to administration rise from 5% in the 1980s to 14% after marketisation⁶⁵. But the introduction of market contracting is likely to see costs rise to 30%, based on US data⁶⁶. Cutting this unnecessary bureaucracy would not only save money and make services less complex, but would prevent the vital time and efforts of staff being wasted. Both the internal and external markets have been costly and wasteful - the purchaser-provider split must be removed.

The NHS must be nationally planned with greater involvement from local government. Both Wales and Scotland have rolled back the internal market and other market reforms in their NHS. Cooperation and

collaboration should be placed ahead of competition. The introduction of external private and not-for-profit providers has been damaging to the NHS, raising costs and causing fragmentation of provision. There should be an end to external commissioning and a commitment to bring out-sourced services back into public ownership. Commissioning of services from private companies should only occur where the NHS could not provide services and patients would suffer.

4. Abolish competition bodies

NHS bodies that promote competition and market regulation, such as Monitor, Foundation Trusts, NHS Trusts and CCGs should be abolished and NHS England should be made directly accountable to the Secretary of State. This would cut unnecessary bureaucracy. Monitor is a regulator paid by the public sector and run by representatives of the private sector, which in reality has two tasks: privatising NHS hospitals and operating the market in healthcare by ensuring the CCG system does not disadvantage the private sector. The emphasis of any regulator should be on ensuring provision and quality of care instead of promoting competition. Professional autonomy should be restored thereby ensuring that whistleblowers are protected and supported in order to protect clinical standards.

THE FAILURE OF COMPETITION

The Royal Bournemouth and Christchurch Hospitals and Poole Hospital Trusts wanted to become one to save money and improve services but in February 2015 the Competition Commission, which normally rules on companies and commercial markets, intervened. The Competition Commission said the merger would “damage patients’ interests by eliminating competition and choice”⁶⁷.

5. Increase Funding

NHS funding has been frozen since 2010, only just keeping pace with inflation but failing to keep up with the higher level of health inflation and an aging population. Unless additional funding is directed to the NHS, patients will bear the cost as quality of care deteriorates. New funding is required to meet the cost of developing services to meet the needs of the future and to ensure that care is better co-ordinated to patients. A poll undertaken in August 2014 found that half of all people would support paying more tax to support the NHS⁶⁸, while one in January 2015 found that the NHS is considered to be the most important issue for voters⁶⁹.

The NHS is the single biggest issue for voters at the General Election.

6. Integrate healthcare

As the healthcare needs of the population change, there is pressure on health and care services to adapt to meet new priorities. Mental health has been opened up to market providers and care is fragmented and chronically under resourced. Like social care, mental health is often treated in isolation despite the obvious connections with physical conditions. Social care and mental health must receive the same priority as physical health. Much more must be done to focus on prevention and access to early-stage treatment.

Physical, mental, social, dental, optical health, preventative and public health and social care must be fully integrated and universally provided. A health and social care service must be publicly provided, publicly owned, publicly accountable and publicly funded. Joining up both physical and mental health with social care, would ensure a fairer system for users. Entitlements would be more consistent and barriers between services would be removed. A greater role should be given to local authorities for planning services within a strong national framework that can guarantee high clinical standards and protection from undue political influence.

Evidence from the NHS shows that integrated care improves health outcomes and patient experience and also offers opportunities for efficiency⁷⁰

Integrating care would shift care from reactive, hospital-based responses to more proactive and preventative care. Helping patients access primary and preventative care would reduce pressure on GPs and prevent unnecessary admissions at A&E. It would also mean that the health system works more effectively as hospital patients could access services at home, freeing up hospital beds for acute patients who need them. This would include all aspects from installing simple adaptations to assist people at home, to improving end-of-life care.

7. Exempt the NHS from TTIP

The NHS and other public services should be exempt from the Transatlantic Trade and Investment Partnership, by returning it to public ownership and control. Future legislation should ensure that the Transatlantic Trade and Investment Partnership and other international treaties that would cover the NHS, could not be ratified without the approval of Parliament.

8. Protect staff to maintain standards

Attempts by the private sector and the current Government to

de-professionalise and down-skill healthcare by outsourcing, contracting out and relying on temporary and agency staff to fill vacancies is having a long-term damaging impact upon the NHS. Current policy has made staff more interchangeable, easier to fire, and cheaper. Some changes in job roles are welcome but de-skilling for cost sake can be dangerous for patients and drive down clinical standards. Training needs to be comprehensive and planned for the long-term. There must be professionalisation of all roles in the NHS with good quality regulation and an open culture that encourages whistleblowing and staff engagement.

NHS staff provide dedicated service to patients across Britain, but rather than reward them for their hard work the current government has slashed jobs and pay. All NHS and care staff deserve a fair and decent wage, at the very least a living wage which includes travel time for care workers. The regressive public sector pay freeze must end and national terms and conditions must be protected.

9. Tackle the problem of PFI contracts

The failure of PFI schemes are well



Even a reduction of 0.02% - 0.03% in interest rates paid to PFI contractors by NHS hospitals could save £200 million a year⁷¹.

MISSED TARGET!

Royal Stoke hospital revealed it has had to set aside £2m in January 2015 for fines for missing targets⁷³.

evidenced. Debt burdens upon hospitals have been crippling and have reduced some NHS organisations to bankruptcy. Repayments are a massive drain on resources and it is in the public interest that PFI contracts are dealt with. Centralisation of debt and returning them to the Treasury or renegotiating PFI contracts would reduce the burden on the NHS and ensure longer-term stability for patients. There should be an explicit rejection of PFI as a funding model in the future.

10. End the target driven approach

The target driven approach towards the NHS has piled pressure upon staff and struggling hospitals. Under the current system if an A&E department misses its waiting time targets, or receives too big an increase in the number of patients at

A&E, it is hit with huge fines. Imposing such fines on already struggling hospitals is entirely counterproductive because A&Es are generally the first sign of back-logs elsewhere in the system⁷². The target driven approach to maintaining standards in the NHS should be challenged.

11. End the closures and mergers

Centralising services and closing local hospitals is not the answer to the problems experienced by the NHS. As far as possible communities need to have services close to their homes and the practice of cuts, closures and mergers should end. This can only happen when planning and geographic bodies are restored with responsibility for needs assessment, planning and service provision are truly integrated.



WHAT THE PARTIES ARE SAYING?

The scale of the damage done to the NHS under the Coalition's Health and Social Care Act 2012 has been huge. The problems now facing health and social care are entrenched and need urgent action if they are to be challenged. So what are the political parties saying about health and social care and the future of our NHS, and what exactly is at stake at the General Election?

LABOUR PARTY POLICY PLEDGES⁷⁴:



Repeal the Health and Social Care Act 2012.



Establish the Secretary of State's duty to guarantee a national service free at the point of use and ensure private patients aren't put before NHS patients.



Exempt the NHS from TTIP.



Bring together physical health, mental health and social care into a single system of whole-person care.



Set up an annual Cancer Treatments Fund of £330m using £50m from a pharmaceutical industry rebate added to the existing Cancer Drugs Fund budget and include treatments such as radiotherapy and surgery.



Abolish laws that force commissioners to put all NHS services out to tender.



Create an NHS Time to Care Fund with an extra £2.5bn a year for 20,000 more nurses, 8,000 more GPs, 5,000 new homecare workers and 3,000 more midwives.



Guarantee that people can get a GP appointment within 48 hours – and on the same day for those who need it.



Guarantee that patients will wait no longer than one week for vital cancer tests and results by 2020.



All professional NHS staff will receive mental health training and the NHS Constitution will be updated to give people the right to psychological therapies for mental health.

CONSERVATIVE POLICY PLEDGES⁷⁵:

 The NHS is not one of the Conservatives' 6 key themes for election.

 Support TTIP which will open up the NHS to US private companies.

 Will ring-fence the health service from spending cuts for the next parliament, but there will be no more funding for higher rates of health inflation.

 Will train an additional 5,000 GPs.

 8am – 8pm and weekend access to GPs for the whole population by the end of the next parliament, despite the chronic shortage of GPs.



Will cut public spending as a percentage of GDP to 35% which will shrink the public sector to levels predating the establishment of the NHS and could lead to widespread charging in the health service.



WHAT ARE THE OTHER PARTIES SAYING ON THE NHS?

The Liberal Democrats have not given much detail beyond minimal plans to increase NHS spending by £8 billion a year by 2020–21; in line with the minimum requirement for additional funding set out in the NHS five year forward view⁷⁶. They have stated that they would commission a cross-party ‘fundamental review’ of NHS and social care funding before the next Spending Round to consider financial pressures and the scope for efficiencies.

The Green party have pledged to reinstate the NHS throughout England, maintain a publicly funded, publicly provided health service, and oppose NHS privatisation⁷⁷. They support a free health service and want to abolish prescription charges and reintroduce free eye tests and NHS dental treatment although this has not been costed. The Greens would decentralise healthcare responsibility to local government and have pledged to ensure that minimum service levels and national guidelines are provided to prevent regional discrepancies. The Greens have also set out plans to implement a free social care scheme for the elderly, in England and

Wales in line with the current scheme in Scotland, but they have not set out how this would be funded.

Secret documents leaked from a UKIP meeting show the UKIP General Secretary calling for the privatisation of the NHS, suggesting that a UKIP government plans to privatise our health service⁷⁸. While some in UKIP have downplayed this position, many others support it, suggesting the Party is not being honest with voters. In fact UKIP have stated they would sell off the most lucrative parts of the NHS and that private firms will be encouraged to bid for contracts. UKIP would implement a “patient passport” for patients to choose where they get treatment, or instead take 60% of the cost of operations to go private. UKIP wants GP surgeries to be open at least one evening per week for full-time workers, but they also plan to limit access to the NHS and prevent anyone who has not lived in the UK for at least 5 years from accessing healthcare free at the point of need. What is clear is that UKIP cannot be trusted with the future of our public NHS.



WHAT'S AT STAKE FOR THE NHS AT THE 2015 GENERAL ELECTION?

The electorate is probably accustomed to MPs making promises while in opposition and then discarding them the moment they take power. But even by politicians' usual standards, David Cameron's promise not to carry out any "top-down reorganisations of the NHS" was breath taking in its dishonesty. Shortly after the Coalition came to power, the Health and Social Care Act was passed – the biggest top-down reorganisation the NHS has ever seen. So big, in fact, that the Bill was longer than the original Act that led to the foundation of the NHS.

A year before Cameron made that promise, former Shadow Chancellor Oliver Letwin allegedly told a private meeting that the NHS "would not exist" under a Conservative government within five years⁷⁹. Letwin strenuously denied saying such a thing, but there seems little doubt that the centrepiece of the Health and Social Care Act is increased privatisation.

As this guide shows, the dismantling of the NHS and its privatisation and disintegration is happening subtly and in a number of ways. The health service will not be sold overtly and quickly to a private company: instead, across the country, it will compete with private providers for individual contracts, which it may well lose – given the disproportionate emphasis on value for money and competition.



The NHS is a policy area where the major parties differ substantially. While the Conservatives are committed to continuing with the Health and Social Care Act; Labour has made radically different pledges. Shadow Health Secretary Andy Burnham revealed his plans for the NHS under Labour, which involved “ending the market experiment within the NHS”. He has pledged to protect the NHS from TTIP and end zero-hours contracts for NHS staff. He has promised to build an NHS with care, as opposed to competition, as its central value.

While some feel frustrated by the lack of clear water between party

policies in some areas, on the NHS the positions of the two major parties could not be more vividly different. This election will determine the future of the NHS, perhaps more than any other institution in British life. One party promises to create a competition-based NHS, driven by private providers. The other promises to create a care-based NHS, with public ownership at its heart.

The direction of the NHS will be decided by your vote, and the stakes could not be higher. As the founder of the NHS, Aneurin Bevan, once said: “the NHS will last as long as there are folk left with the faith to fight for it”.



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