FOR THE COMMON GOOD

GENERAL ELECTION MANIFESTO 2015

Green Party
for the common good

CHAPTER 6
HEALTH AND WELL-BEING

Imagine a National Health Society. Imagine living in a clean environment, with satisfying work, good housing, a balanced diet, a good education, active, safe and sustainable transport, and much greater equality. This is well-being – so vital to good health. Imagine being in no doubt that the health service is publicly funded, with free prescriptions, dentistry and chiropody; one in which you have a human relationship with your doctors and nurses, who make your care their principal aim. A health service in which individual and local knowledge take the place of protocols and pathways, and free social and nursing care is provided for the elderly; one which prizes prompt and local access to care, and encourages a culture of prevention as well as cure. Imagine a system that respects and trusts health professionals and gives them the time, space, training and rewards to do their job. This could be the real health service; it is the Green Party's joined-up approach to health and well-being.

WE WILL END NHS PRIVATISATION

The Green Party believes healthcare shouldn't be bought and sold. All the other parties have encouraged the marketisation and privatisation of provision and this has led to:

- Fragmentation of services, with patients falling into gaps between providers, and poor communication between clinicians;
- Outsourcing, with companies cutting corners to win contracts;
- Cherry-picking of profitable treatments by private providers, leaving the NHS to provide treatments that are not properly funded; and
- An increase in administration costs of 9% of the NHS budget.

We will maintain a publicly funded, publicly provided health service free at the point of use. Money spent on health will remain in the public economy, supporting the NHS rather than going into private companies' profits.

We will:

- Repeal the Health and Social Care Act 2012, and introduce an NHS Reinstatement Bill
    – restoring the obligation upon the government to provide a comprehensive health service,
    – abolishing competition and the purchaser–provider split,
    – ending market-based commissioning and procurement,
    – re-establishing public bodies, a role for not-for-profit organisations and public accountability,
    – restricting the role of commercial companies, and
    – repealing the right of the Secretary of State to close hospitals or departments without effective public participation.
- Promote transparency by ending *commercial confidentiality*.
- Carry out an investigation into the opaque system of patronage and lobbying that has characterised the privatisation of the NHS.

- Require NHS staff to declare *financial interests* that conflict with their role.
- Stop further *private finance initiative (PFI) contracts* and end the inappropriate sale of NHS assets.
- Seek ways to *buy out existing PFI contracts* where that would represent good value for money, and set aside up to £5 billion over the Parliament to do so.
- Restore the *public sector ethos* of partnership between staff and patients.

Caroline Lucas opposing the Health and Social Care Act 2012 in Parliament:

'The Bill opens the way for private companies to determine much of English health care and takes away the government's duties and powers, which is why I believe it should be opposed.'

'Either we want an NHS free at the point of delivery and with free eye tests and so forth or we do not.'

Caroline has since introduced the NHS Reinstatement Bill.

WE WILL END HEALTH SERVICE AUSTERITY

The Coalition government has not increased funding to keep up with inflation and increasing demand – indeed it has continued 'efficiency savings'. And money has been diverted into the cost of reorganisation and into profits for the private companies now running many services.

The result is one in four people going to crowded A&E Departments because they could not see a GP quickly enough, and a crisis in mental health care.

International comparisons underline that we can spend more – we spend just 9.6% of GDP on health (including private healthcare), the French 11.7%, the Germans 11.5% and the USA an astonishing 17.6%.

We would:

- Immediately increase the overall *NHS budget by £12 billion a year* to overcome the current funding crisis, increase investment in mental health care and provide for free dentistry, chiropody and prescriptions in England.
- Thereafter, *increase the overall NHS budget annually* in real terms by 1.2% to take account of our ageing population. Together with the previous item this will raise NHS budgets by about £20 billion by 2020.
- Increase *alcohol and tobacco* taxes to help fund the annual increases in NHS spending over the Parliament.
- Provide *free social care as well as free healthcare for older people* along the lines of the report from the Commission on the Future of Health and Social Care in England (Barker report), at an additional cost of around £8 billion a year initially but rising to £9 billion by the end of the Parliament.
- Provide free social care at the *end of life*, enabling dying people to choose where they die.

We would also:

- Provide accessible, *local community health centres* that provide a wide range of services, including out-of-hours care. These will help people access healthcare quickly rather than being a replacement for GPs.
- *End phony patient choice*. For most of us patient choice is much less important than getting good treatment at our local hospital or health centre – which is often, for many, the only practical choice.
- Listen to and work in partnership with *third sector organisations* that are championing patient care.
- Ensure that all *cost-effective treatments* are available to all patients who need them.
- Work to ensure that *cancer* outcomes in the UK are as good as the best in Europe.
- Build systems to measure and improve the *ecological impact* of healthcare, from carbon costings of treatments (building them into the National Institute for Health and Care Excellence guidelines), to setting targets on recycling in NHS Trusts, and the issue of waste disposal. A colossal amount of material waste is produced through the disposable culture that has taken hold in the fight against hospital-acquired infections.

WE WILL ACT TO PREVENT ILLNESS AND EXPAND PRIMARY AND COMMUNITY CARE

The Green Party takes a whole society approach to health. We care about what happens before you access the NHS. Get that right, and a lot else falls into place.

How to achieve this affects how we organise the health service. Those involved in primary and community care – GPs, practice nurses, district nurses, health visitors, midwives, counsellors, pharmacists, occupational therapists and all the other community-based professionals – are best placed to prevent ill health from developing in the first place. They can carry out checks and give advice or treatment to people who, for instance, are stressed, obese, inactive, or alcohol or nicotine dependent. Intervention by a trusted health professional can make the difference at an individual level. This can often be linked to local services, such as advice centres, opportunities for physical activity, lunch clubs and so on.

And it's primary care that is most important in dealing with problems before they become acute and require costly and distressing interventions such as admission to hospital. Local health professionals can also manage chronic illnesses such as diabetes, respiratory and cardiac conditions and mental illness in ways that are both more patient centred and less expensive than hospital-based care. They are best placed too to integrate medical and social care.

Where parents want it and there are no medical complications, normal childbirth could take place at home, increasing satisfaction for the woman in labour and reducing costs for the NHS. Similarly, many people would prefer to spend their last days at home rather than in hospital and a small increase in community care would save hospital beds and make the experience better for the dying patient, their family and friends.

We would therefore place more emphasis on prevention and on primary and community care and less on hospitals.

We would:

- Restore the proportion of *NHS funding for primary care from the present 7% to 2005 levels (11%)* and review the case for increasing it further; we would also ensure that the distribution of funding reflects the local need.
- Always consider whether services currently offered in or by *hospitals* could be transferred to the community.
- Look for *low-tech, local solutions* as well as technical advances.
- Encourage *cooperation* between all the primary care providers, e.g. pharmacies and hearing, optical and old age care organisations.
- Tackle *air pollution*, which causes an estimated 29,000 premature deaths each year in the UK. UK and EU standards on air pollution are out of date, and we would follow more rigorous standards that respect World Health Organization guidelines.
- Give special attention to the well-being of *children* from conception to 2 years old, *the first 1001 days*. For example, there should be national investment in evidence-based parenting programmes in order to improve the life chances of children and the well-being of families, and a free and universal early education and childcare service should be introduced.
- *Extend VAT* at the standard rate to less healthy foods, including sugar, but spend the money raised on subsidising around one-third of the cost of fresh fruit and vegetables. This could prevent around 5,000 premature deaths every year.
- Put *a minimum price on alcohol of 50p per unit*. This will reduce the physical, psychological and social harm associated with problem drinking, and will have only a negligible impact on those who drink in moderation.
- Put the UK at the centre of efforts to end the *AIDS, TB and malaria epidemics* and the threat they pose to the health of women, men and children living in poverty.
- Treat *drug addiction* as a health problem rather than a crime, making drugs policy the responsibility of the Department of Health in order to ensure that resources are targeted at supporting, not punishing, drug users.
- Adopt an evidence-based approach to the step-by-step regulation, starting with cannabis, of the drugs currently banned under the *Misuse of Drugs Act* as well as 'legal highs', with a view to introducing a system that reduces harms and brings the market under state control as a potential tax revenue generator. A Royal Commission or similar body would be established to review currently controlled drug classifications, within a legalised environment of drug use.
- Introduce a regime of presumed consent for *organ donation*, which respects the right of relatives to refuse consent.

- Provide the right to an *assisted death* within a rigorous framework of regulation and in the context of the availability of the highest level of palliative care.
- End *mixed-sex accommodation* in hospitals.
- Improve *hospital food*.

WE WILL RESTORE A PERSON-CENTRED APPROACH TO THE NHS

Patient care has been damaged by two policies:

1. punitive governance based on arbitrary targets;
2. over-management by numbers to achieve those targets, leading to a climate of fear among managers and frustration among professionals.

The NHS should have the needs of the patient at its heart. Ultimately, healthcare is provided by a professional to a person in need. Every interaction should begin by connecting with that person to really understand their needs. Interventions – from simple advice or booking an appointment, to planning complex medical treatment – will then be more appropriate and efficient, of real value to the user and economic for the organisation.

The NHS has been subjected to 20 years of ideological tampering by successive governments (marketisation, targets and performance-related pay) to the point where professionals are often prevented from responding appropriately to an individual's needs. This has also driven up the cost of care. Fragmentation of care, especially outsourcing, has led to a loss of continuity, so the human relationship between professional and patient is diluted. Professionals can no longer make the overall care of the patient their primary aim. Huge amounts of time and money are wasted on 'failure demand' – where the patient goes round in circles trying to get an answer to their problem and often has unnecessary investigations and treatment.

More problems are created by so-called 'economies of scale' where, in an attempt to emulate industry, common services have been merged into larger entities regardless of the nature of the variety of demand. Individual and local knowledge are lost and problems are dealt with according to protocols and pathways, not what is best for the patient. This has to change. The system must be designed around what the patient needs, not what Monitor (the sector regulator for health services in England) or the Care Quality Commission demand. Professionals must be given the time to care, rather than ticking governance boxes.

The 'human-centred' approach also applies to NHS staff. The vast majority of NHS workers are highly committed, caring and careful individuals, but current systems often put them under stress and prevent them doing the right thing. We need a culture in which all staff are able to shape the system they work in and to openly share learning from mistakes and 'near misses'. It should be a source of pride and joy, not fear and frustration, for those who work in it.

The Green Party would:

- Place the *quality of patient care*, especially patient safety, at the heart of the system. Reducing costs would not be the primary driver of behaviour but would be the outcome of best practice.
- Evolve the *best system of care* with the help of the service providers.
- *Engage, empower and hear patients* and carers at all times, treating both with dignity.
- Foster whole-heartedly the growth, development and *training* of all staff, including their involvement in improving the systems in which they work.

- Embrace *transparency* in the interests of sharing best practice, accountability and cooperation.
- Use *quantitative data* to better understand how the system is working, not to set targets, and to see them as a route to continuously improving patient care, not an end in themselves.
- Ensure that there are clear lines of *responsibility*, especially for safety and interdepartmental cooperation.
- Respect the NHS Pay Review Body and bring *NHS pay* back in line with inflation and negotiate improved conditions.
- Expand the workforce to drive the wholesale improvement of *mental health services*.

The extra funding proposed for the NHS and social care will create a total of *400,000 jobs*.

WE WILL TACKLE THE CRISIS OF OUR TIME: MENTAL HEALTH

There has been an alarming rise in mental health problems in recent years, especially among young people. According to NHS England, mental illness accounts for 28% of illness but only 13% of NHS spending. In the course of a year, one in four adults experiences some form of mental ill health. If you have diabetes there's a 92% chance you'll get treatment. If you have a mental illness, that chance goes down to 28%. Around 70% of prisoners have two or more mental health conditions. The government's own Chief Medical Officer says mental health should be given greater priority.

It will take time to train more staff and expand services but the Green Party will put an end to mental health's Cinderella status and achieve parity of esteem by 2020.

We will:

- Ensure that *spending on mental health* care rises within our overall commitment to increase real spending on health.
- Ensure that no one waits more than 28 days for access to talking therapies.
- Ensure that everyone experiencing *a mental health crisis*, including children and young people, should have safe and speedy access to quality care, 24 hours a day, 7 days a week.
- The use of police cells as 'places of safety' for children should be eliminated by 2016, and by the end of the next Parliament should only occur for adults in exceptional circumstances.
- Ensure that everyone who requires a *mental health bed* should be able to access one in their local NHS Trust area, unless they need specialist care and treatment. If specialist care is required, then this should be provided within a reasonable distance of where the patient lives.
- Implement a campaign to end the *discrimination and stigma* associated with mental health through supporting the Time for Change programme and offering employment support to those with mental health problems.
- Invest in *dementia* services, ensuring that support is available for all affected by this debilitating disease, including families and carers.
- Pay special attention to any mental health issues of *mothers* during and after pregnancy, *children* and *adolescents*, *Black and Minority Ethnic* people, *refugees*, the *LGBTIQ communities* and *ex-service* people and their families.
- Improve access to *addiction* services, including both drugs and alcohol addiction.
- Give higher priority to the *physical* healthcare of those with mental health problems.

Joining up the policies

So what do mental health, drugs, crime and welfare have to do with each other? Our current welfare system breeds desperation and stress, not security, causing mental health problems. Ending workfare and making work pay better will bring security and encourage better mental health. Mental health problems foster drug dependency and crime. If we can improve mental health, drug use and crime rates will fall. With lower drug use and crime, and a supportive welfare system, more people will find useful things to do, improving their mental health.

It's another virtuous circle.