Partnership in Power

Second Year **Consultation**

Britain in the world
creating sustainable communities
crime, justice, citizenship and equalities
education and skills
health
prosperity and work

Labour

Thank you for taking the time to get involved in Labour's policy making process – Partnership in Power.

Through Partnership in Power we aim to constantly discuss and resond to the evolving challenges we face as a party of government. Partnership in Power recognises that we stay relevant as a political party through our connections to, and involvement in, our local communities. So we hope this document will be used by Members of Parliament, local constituencies, candidates, councillors, government ministers and stakeholders to spark debates, discussions and ultimately ideas in local policy forums and meetings across the country.

This is one of six documents produced by Labour's policy commissions and the NPF. The six second year documents are:

- Britain in the World
- Creating Sustainable Communities
- Crime, Justice, Citizenship and Equalities
- Education and Skills
- Health
- Prosperity and Work

These documents reflect the comments and submissions received on the first year consultation document "Securing Britain's Future" which was published in 2006. All six documents set out key challenges which have been identified by the commission and the National Policy Forum.

We want to know, have we identified the right issues and raised the right challenges? What are the broad issues we need to consider and address to meet the challenges in our next manifesto?

We welcome comments on these documents until February 2008. The documents will then be redrafted and considered at a meeting of the National Policy Forum in 2008. These final year documents will help shape our manifesto for a fourth term Labour government.

Information on how to make a submission can be found at the back of this document.

Thanks again for your interest – I hope you take the time to submit your views and help shape Labour's next manifesto.

Best wishes

Pat McFadden

Pat McFadden MP
Chair of the NPF

Introduction

The National Health Service celebrates its 60th birthday next year, and far from showing its age the service has demonstrated in recent years it has the ability to adapt and reform to meet today's demands. The NHS remains Britain's most cherished public service and the fairest system of healthcare in the world.

Ten years ago commentators and health experts were asking whether the NHS was a suitable mechanism to provide healthcare in a modern, prosperous nation. Today, thanks to Labour's investment and reform, the concept of a National Health Service publicly funded through general taxation and free at the point of delivery stands unchallenged with even our political opponents abandoning their commitment to subsidise the wealthy few who go private.

We have got to this position through massive investment in the NHS backed up by vital reforms to make the service relevant and more accessible to patients. Waiting lists are at the lowest level since records began. The maximum wait on the in-patient list is down from 18 months to six months. Cancer deaths have been cut by an estimated 50,000 since 1996; heart disease deaths by 150,000; we have whole new services like NHS direct and commuter walk-in centres.

So the prognosis is good, but in order to remain relevant and keep pace in our rapidly changing society the NHS must continue to challenge the way it works and cannot afford to assume the old ways of working cannot be improved. This is why the Prime Minister has commissioned Professor Sir Ara Darzi to undertake a Next Stage Review of the NHS, building on the Government's reform agenda, to identify the way forward for a 21st Century NHS which is clinically-driven, patient-centred and responsive to local communities.

An inevitable consequence of medical advances and rising patient expectations is more healthcare will be provided in the community. We need to communicate the need for change better, emphasising always that decisions about changes to local provision are clinically led. The review will be an unprecedented period of engagement with NHS staff to ensure that clinical decision-making is at the heart of the future of the NHS and the pattern of service delivery.

In time for the 60th anniversary of the NHS, the Next Stage Review will also consider the case for an NHS constitution as the basis of a lasting settlement that protects the fundamental values that the NHS has always embodied.

The health policy commission received a high level of submissions from across the Labour movement and from external stakeholders commenting on the first year consultation document. In addition, the commission took evidence from a number of groups including Mencap on social care, Which? on food labelling and the NHS Alliance on primary care.

The commission received submissions about a wide range of issues with some choosing to answer the questions posed in the first year consultation document and others making more general points. Most submissions acknowledged that reform is necessary in the NHS though there were differences of opinion over the pace and extent of the reform needed. A number of CLPs were concerned about ensuring local Trusts had a duty to listen to the local community. Similarly a number of submissions argued that patients needed a stronger say in the services they receive.

This second year document starts by looking at the health challenges facing Britain in the future as our demographics change and considers the role of government and the public in improving health outcomes. The roles of patients and the public in shaping health services are also considered. Both the commission and NPF recognise the importance of social care and the document sets out some of the challenges facing the service.

Meeting tomorrow's health challenges

The health debate in Britain is too often confined to how we treat people when they fall ill and how we develop the NHS to deal with emerging health problems. But to truly change health outcomes and improve the wellbeing for everyone in Britain we need to move towards a broader debate about our national health that is about prevention as much as cure, about personal responsibility as much as collective responsibility and about quality of living as much as life expectancy.

In the future, health care cannot be just about treating the sick but must be about helping us to live healthily. The alternative will be a future in which the capacity of the NHS to treat everyone simply will not keep pace with the state of the country's health

Social exclusion is one of the many policy areas that are public health policy in disguise. As people climb the income scale they tend to eat more healthily, smoke and drink less and take more exercise. Housing and education are also inextricably linked to health and our actions as a government need to recognise the wider and long term implications public investment can have on quality of life and wellbeing.

The case for early intervention is very strong. Parents need to be supported as habits can persist from childhood into adulthood. Sure Start programmes led by health practitioners have been successful in changing attitudes and lifestyle choices.

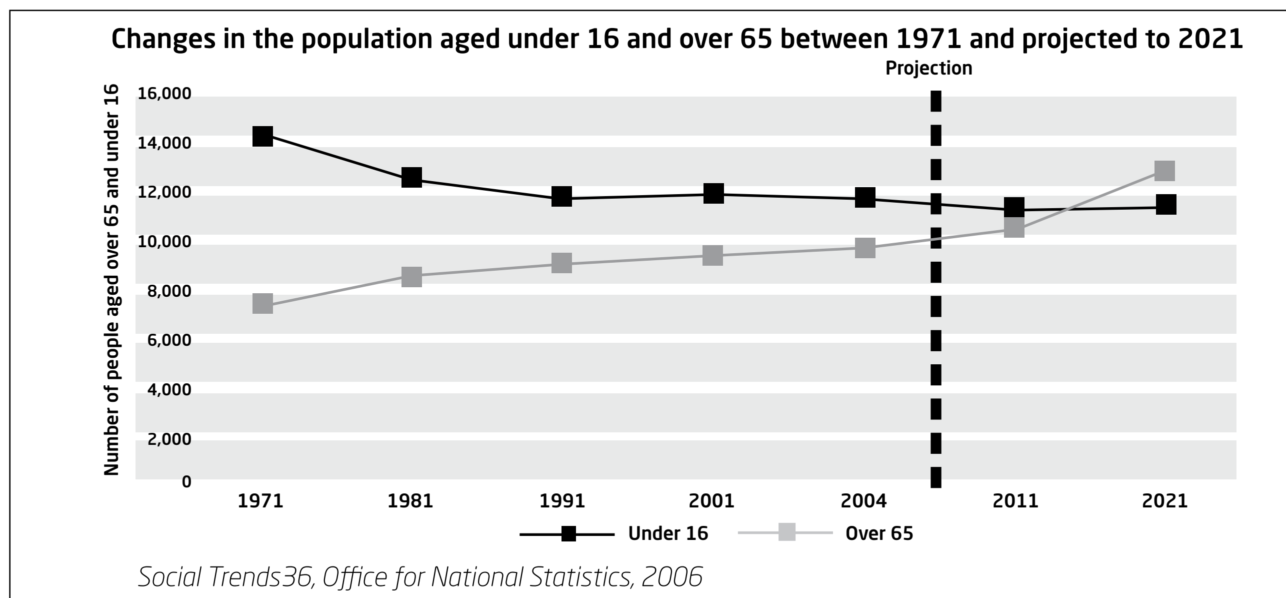
The demographics of our country are changing. We are increasingly living longer and declining birth rates mean that our population is getting older.

Increasingly, the health challenges people are facing are brought on by lifestyle choices – alcohol abuse, binge drinking, an unhealthy diet, and smoking are all contributing to demands on the health service that are otherwise avoidable. While vaccination and preventative medicines play an important role in ensuring we stay healthy, there is also a clear role for individuals to improve their own lifestyles.

In this sense our public health problems are not, strictly speaking, public health questions at all. They are questions of individual lifestyle, and lifestyle choices are often influenced by social background.

Obesity now affects 22 per cent of adults and all indicators show the proportion of people classified as obese is set to increase. Obesity magnifies the risks of heart disease, diabetes and cancer, and shortens life by as much as nine years. So to make the healthy choice easier we are committed to putting in place a simple system of labelling to make it simpler for busy shoppers to see at a glance how individual foods contribute to a healthy balanced diet.

The ban on smoking in all enclosed public places took effect across England in July 2007. Initial findings from Scotland, where a ban has been in effect for over a year, suggest the move not only helps people to give up smoking but is also popular with smokers and non-smokers alike. These restrictions will be accompanied by an expansion of NHS smoking cessation services to encourage and support smokers to improve their own health by giving up smoking.



Social Trends36, Office for National Statistics, 2006

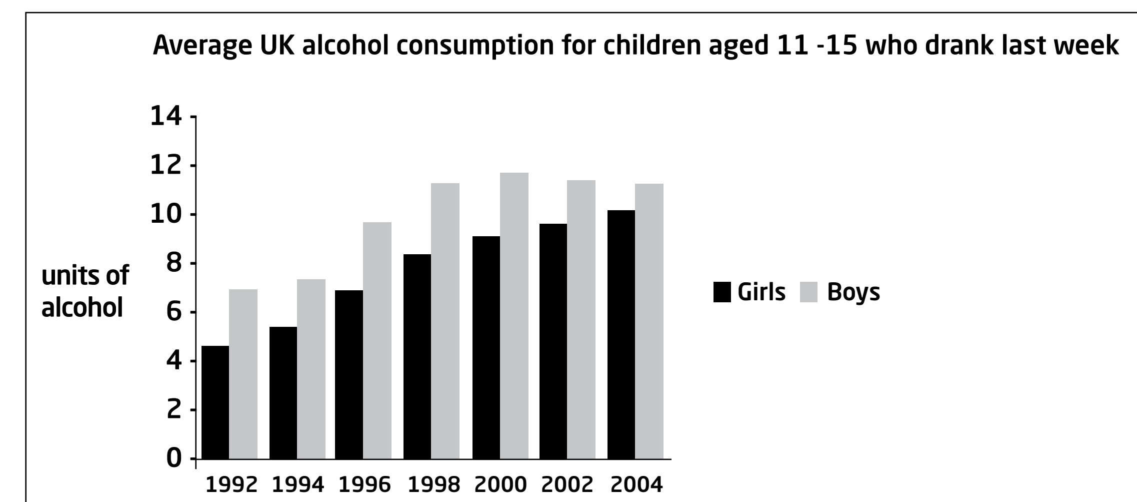
Sexually transmitted infections (STIs), including HIV and Chlamydia, are on the increase and we are clear that more needs to be done to improve people's sexual health. We are investing in national campaigns to raise awareness, prevent the spread of STIs and reduce unintended pregnancies. We are also committed to speeding up access to Genito-Urinary Medicine (GUM) clinic appointments. The role of sex education in schools was mentioned in submissions and at policy forums. Compared to the rest of Europe the level of teenage pregnancies is too high. Members urged us to look to Europe to see if we can learn from the way they approach relationship and sex education.

Millions of people enjoy drinking alcohol with few, if any, ill effects. But, increasingly, alcohol misuse by a small minority is become a major and growing cause of ill health as a result of binge and chronic drinking. Labour in government recently set out the next steps in the National Alcohol Reduction Strategy for England. This strategy includes plans for:

- A review of NHS alcohol spending – A root-and branch stock take of the burden of alcohol-related harm on NHS resources will be carried out to inform smarter spending decisions, driving local investment in prevention and treatment while delivering better health and saving the NHS money.
- More help for people who want to drink less – Many people who reduce their drinking to within sensible limits don't need or want professional help, but there are many people who would like more support. We will develop and promote sources of help for people who want to drink less, including telephone helplines, interactive websites and support groups.
- Public information campaigns to promote a new sensible drinking culture – A new generation of publicity campaigns will mark a paradigm shift in the ambition and impact of public information about alcohol. The 'Know Your Limits' campaign will continue to develop and expand, acting as a call to action to promote sensible drinking and highlighting the physical and criminal harm related to alcohol misuse.

Clearly employers have a role to play in ensuring their workforce can make health choices. Some employers are proactively encouraging cycling with areas to lock up bikes and shower facilities. But something as simples as access to fresh tap water can benefit employees with the added bonus of increased productivity.

Britain has a good record in occupational health but there is always more to be done to ensure workplaces are safe environments. The Prosperity and Work consultation document has more on occupational health.



Promoting healthy choices in early years

"Encourage a greater interest in personal health by having schools imbue a sense of personal responsibility for ones health."

West Kirby and Thurtaston Branch

By promoting healthy lifestyle choices to children at a young age we will ensure our young people grow up understanding the importance of a good diet and regular exercise. Through Sure Start we are working with parents to ensure they have the support and information they need to get their children off to the best start in life.

We have already extended the provision of free fruit to all four-to six-year-olds at school and are building on this with improved school meals through extra investment, higher standards and improved school kitchen facilities. We want to help parents resist 'pester power' by restricting further the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar.

And we are committed to supporting pregnant women to ensure the best possible outcome for their child by supporting them before they give birth. Through Sure Start Children's Centre's expectant mums and partners can access a wide range of advice and support services from early pregnancy, rather than birth, which helps to tackle problems such as poor nutrition, low birth weight, parents' smoking and access to benefits.

There is clear evidence to show the importance of supporting parents-to-be during pregnancy. Research shows the infant mortality rate in the poorest areas is 70 per cent higher than in most affluent areas; low birthweight babies develop higher blood pressure and face an increased risk of coronary heart disease in later life. Lower birthweight babies may have lower educational achievements and qualifications regardless of social background and babies in low income families are less likely to be breastfed.

Tackling childhood obesity is a government-wide priority and we have set a target to halt the year-on-year increase in obesity in children under 11 by 2010. We have made huge steps forward already in starting to change attitudes through the 'Five-A-Day' campaign, the school fruit scheme and more investment in school food. Our public health agenda is the first concerted attempt to seriously tackle rising levels of obesity.

10 years ago... there were no restrictions on advertising to children so tobacco and alcohol were promoted near schools and junk food pitched to children on television.
Today... the ban on smoking means most public places are smoke free.
10 years from now... how do we change Britain's relationship with alcohol?

We know that participating in sport and physical activity is crucial in tackling obesity. We are investing over £1 billion in school sport and want young people to have every opportunity to play sport both in school and outside the curriculum. This will ensure a step change in the range and quality of PE and sporting opportunities in schools with 3,000 coaches, 15,000 sports teachers and more than 2,000 new facilities. The 2012 Olympics should be used as a springboard by all local authorities to promote participation in sport.

Our long-term ambition is to offer all children at least four hours of sport, two hours of PE within the curriculum and at least two to three additional hours of sport outside of school by 2010. As we move towards extended schools, which offer access to sports, art, drama and homework clubs among other activities, more young people and their families will be encouraged to get involved in healthier activities.

Challenges for the future

- Sexually transmitted diseases and unwanted pregnancies are on the increase. We need to better communicate the risk of unprotected sex, especially to young adults.
- Binge and problem drinking, while not unique to Britain is not a problem we share with all other countries. There need to be a shift in public attitudes to alcohol.
- Growing childhood obesity levels mean we are storing up problems for the future. We need to help families to make healthy choices for their children.
- We need to ensure all children, regardless of gender or background, have the opportunity to participate in sport.

A patient centred NHS

In creating the NHS the Labour Government of 1948 wanted to ensure equality of provision and a truly national service replaced the piecemeal provision which existed across the country. Patients in post-war Britain were grateful for what healthcare they received. But 60 years on public expectations are higher and people rightly demand more than a one size fits all service.

While in every other area of their lives – from the service they receive from their bank to the ease with which they can book cinema tickets – people are becoming accustomed to high standards and a more personalised service. It is understandable then, that people have equally high if not higher demands on the services they have even greater reason to value – healthcare, education and other public services.

To ensure the NHS remains relevant to and valued by the public we must ensure it keeps pace with public demands.

Increasing accountability

We have introduced a number of reforms to ensure members of the public are better involved in shaping local health and social care services. Our aim is to allow local people a substantial role in shaping the care system's development, and for patients and service users to be kept well informed of clinical processes and decisions.

The issue of accountability was raised regularly in submissions, at the commission and through the NPF. Members felt the boards established to allow public and patient involvement were unrepresentative of local communities and that increasingly NHS Trusts favoured professionals such as accountants or management consultants over local representatives with ties to their local communities.

The government recently legistaled to establish Local Involvement Networks (LINks), which will replace Patients' Forums, and the Commission for Patient and Public Involvement in Health in 2008. The bill also clarifies and strengthens the existing duty on NHS bodies to involve and consult patients and the public in the planning and provision of services.

LINks will enable the genuine involvement of a greater number of people than is currently available the case, ensuring local communities have a stronger voice in commissioning health and social care and enabling them to influence key decisions about the services they both use and pay for.

LINks will work with existing voluntary and community sector groups, as well as interested individuals to promote public and community influence in health and social care. The package of plans is designed to promote the importance of user and public involvement at all levels of the health and social care system, and to create a system which enables more people to become involved and have their voices heard.

Members felt that patients needed other mechanisms for commenting on the healthcare they receive without having to get involved in formal committees. While welcoming GP led patient surveys it was suggested that patients be allowed to comment, perhaps anonymously, on any treatment they have received.

Members of the National Policy Forum felt that it was a good investment in the long run to involve and consult local people, arguing the 'Citizens' Panel' model would be a more constructive way to explain and consult on difficult decisions and communicate any proposals to reform local services.

National Standards

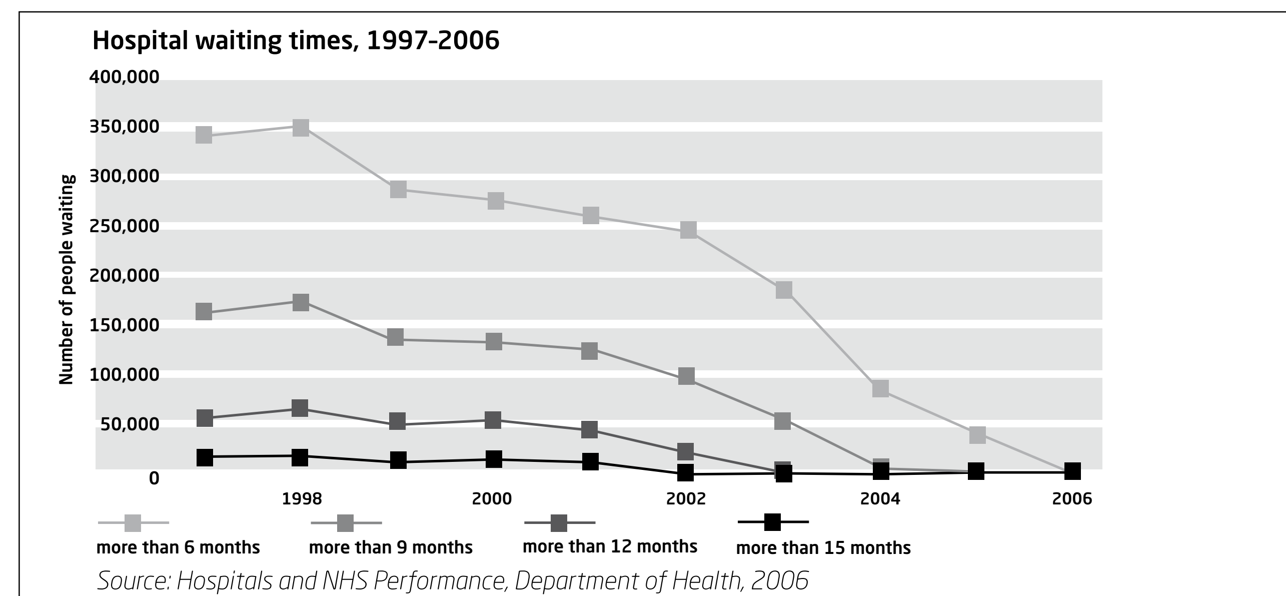
"Care for chronic illness has improved enormously under the National Service Frameworks, and the changes in the GP contract. The pressure for further improvement, while understandable and commendable, is one of the pressures currently giving us political problems."

Socialist Health Association

The NHS we inherited in 1997 saw massive waiting lists with over 250,000 in-patients at any one time waiting over six months for treatment. In order to drive down these waiting times and ensure people were able to access treatment in good time we introduced national standards which offered guaranteed maximum waiting times.

While it has been recognised that 'targets' were initially a blunt instrument it cannot be denied that by focussing resources, Labour has practically eliminated waiting lists.

Members argued that targets had played a vital role in improving performance in the NHS and eradicating waiting lists. The Tories had opposed our investment in the NHS and the targets associated with that improvement. However, top down targets have generally achieved their intended aim and the government is now rightly looking at local clinical solutions, decided locally to meet local health needs.



Source: Hospitals and NHS Performance, Department of Health, 2006

Waiting time targets not only offer patients a maximum guarantee they also help to highlight difficulties in local hospitals. When hospitals struggle to meet these standards extra support is offered from the centre to help them turn around their performance and improve the way they work.

We have designed waiting time targets in partnership with staff and patients and have responded when it was clear the national standards was not solving the problem it was designed to address. For example, the 48-hour GP access target was intended to ensure that people could have rapid access to their GP services, but in fact some practices interpreted this inflexibly, which led to difficulties in arranging appointments beyond the 48 hour period.

Through the hard work of staff, increased capacity, new technology and patient choice we are now in a position where we will see the end of NHS waiting lists as we know them and as a consequence fewer targets in the future. Our manifesto commitment to a maximum 18 week wait between GP referral and hospital treatment is already being delivered by 48 per cent of Primary Care Trusts. This new way of measuring waits captures every stage of the patient journey, including waiting for diagnostic tests and outpatient appointments. It will help improve performance across the country so that no patient will be waiting more than 18 weeks for treatment by December 2008.

10 years ago... patients were offered no guaranteed waiting times and people, who often couldn't afford it, felt forced to pay for private treatment.
Today... waiting lists have been virtually eradicated and patients are offered prompt treatment with no 'hidden waits' for tests.
10 years from now... what role should national and local decision making have in the NHS?

Choice

We commute more, live further from our families and work different hours. We want and expect convenient services that are tailored to the lives we live. We know that NHS staff want to provide services that meet people's needs too, but until now have been hampered by a centrally run health system that hasn't always let them put their patients first.

In our 2005 Manifesto, Labour promised all patients a completely free choice of any hospital or clinic that could offer NHS quality at the NHS price by the end of 2008.

"Scope supports increased choice for all patients, however choice and control is particularly important for disabled people many of whom are significant consumers of NHS services. It is vital that moves to increase choice are extended to people with profound and/or multiple impairments and that appropriate independent advocacy support to make informed choices is provided to this group."

Scope

"Patients should have a right to influence their treatment. GPs and hospital doctors should make patients fully aware of the choices available as an integral part of any discussion with the patient."

Stockport CLP

Since January 2006, all patients have had a choice of at least four hospitals for their elective surgery. We have now extended this through the Extended Choice Network. By July, there will be around 157 foundation trusts and independent providers are eligible for the Extended Choice Network, available for patients to choose from.

What choice meant in practice was a question posed in a number of submissions, reflecting perhaps the fact that this is a relatively new innovation. CLPs wanted reassurances that good local services would remain.

We know that some people – particularly those who are better informed – have always been able to make choices about their healthcare by navigating the system. But we believe those same choices and benefits should be available to everyone, which is why we are explicitly introducing choice and putting in place information and support arrangements.

At the heart of our choice and patient empowerment agenda is the understanding that choice should be a means of driving improvement and ensuring that the NHS is focused on the needs of patients. We want to ensure that healthcare is not just improving but also becoming more convenient to access.

The fact that transport represents a practical barrier to making choice a reality was raised at the February 2007 meeting of the National Policy Forum and a number of submissions worried about the impact transport could have, for example Hertsmere CLP pointed out that "specialist hospitals now serve a greater catchment area and with higher car parking charges much greater demand is being placed on ambulances for transport to and from hospital. A radical rethink of transport provision is now needed."

With these reforms the providers of services will be rewarded for delivering good services, providing an incentive for hospitals to change for the better and deliver the services patients want. Patient choice rewards the producers well; but insists in return that it is the user who comes first.

Expert patients

Around 17.5 million people in the UK are living with long-term illness such as asthma, arthritis or heart disease. The predominant pattern of disease in this country during the second half of the 20th Century and the beginning of the new century is of chronic rather than acute disease.

As the challenges in health change, so too must the NHS. Labour is committed to providing more help for people with long-term conditions such as diabetes, respiratory diseases, and heart problems by trebling the investment in the expert patient programme which allows patients to take control of their treatment and lifestyle.

The Expert Patients Programme is a training programme that provides opportunities to people who live with long-term chronic conditions to develop new skills to manage their condition better on a day-to-day basis. We are committed to extending this successful programme, giving patients greater choice over their own treatment.

Challenges for the future

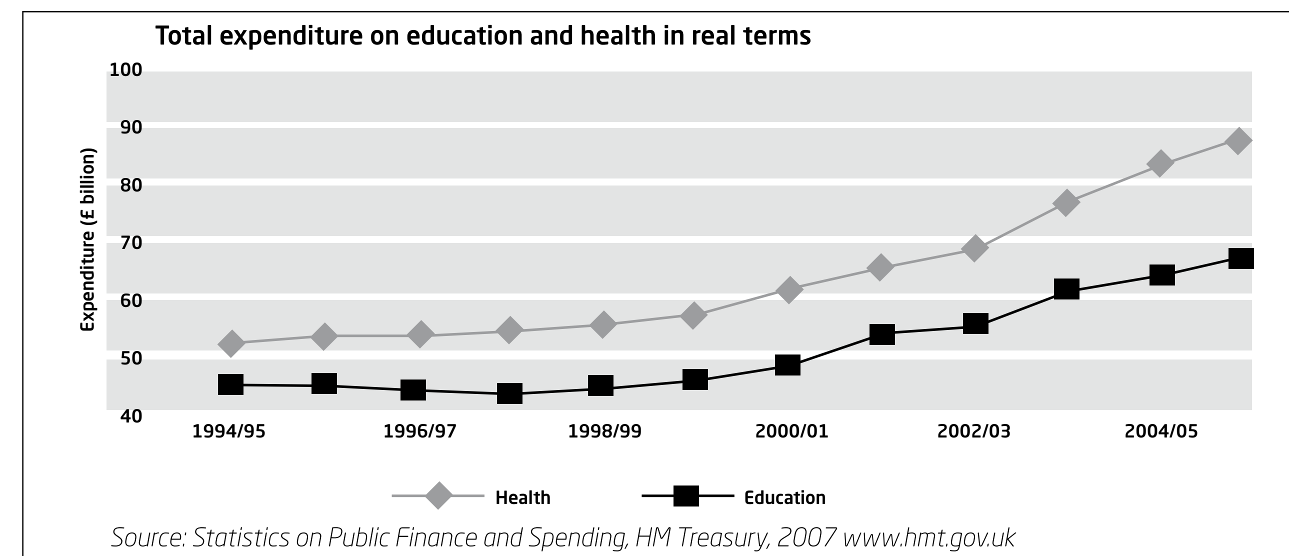
- As real incomes have grown so too have expectations. People are accustomed to much greater choice and high levels of service and expect the same from public services.
- The key challenge is ensuring patients understand they have responsibilities as well as rights when it comes to public services. For example one result of patients having to wait for shorter times for an appointment is an increase in the number of missed appointments which costs the NHS huge sums of money.
- Trusts have a duty to consult and involve patients and the wider community in their work; however, this varies from area to area with a common complaint that the board managers are too remote from the public.
- New medicines are coming onto the market all the time and are helping us to better target health problems. The challenge is to balance fair provision within limited resources.
- Practical barriers exist which make choice more difficult for some sections and areas of the country.

Free at the point of need and fair to all

Our investment in the NHS has ensured that the country's health system remains free at the point of need, with valued staff working in modern buildings. Our investment has transformed the NHS, with shorter waiting times, record numbers of staff and new buildings and infrastructure. But we are not operating under unlimited resources; our investment of taxpayers' money has to be targeted to ensure that the NHS continues to provide a world class service.

"The RCN has welcomed the largest sustained increase in spending since 1948 to bring the UK into line with average health spending across the EU. However, strides made will be put at risk if NHS funding is significantly reduced after 2008."

Royal College of Nursing



Source: Statistics on Public Finance and Spending, HM Treasury, 2007 www.hmt.gov.uk

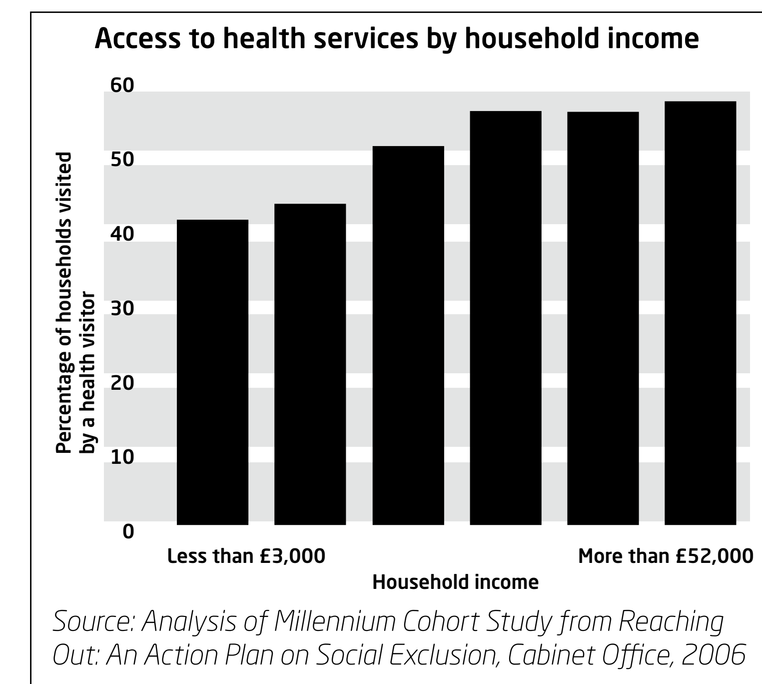
Fairer funding

There are significant inequalities in the use of NHS care between different social classes (as demonstrated in the graph below). Despite often having greater need for increased healthcare, it is often the poorest in society who make least use of the NHS. Before Labour took office:

- Intervention rates of coronary artery bypass grafting or angiography following heart attack are 30 per cent lower in the lowest socio-economic group than in the highest.
- Hip replacements are 20 per cent less commonplace amongst lower socio-economic groups despite roughly 30 per cent higher need.
- A one point move down a seven point deprivation scale results in GPs spending 3.4 per cent less time with the individual concerned.

Through investment and the hard work of staff these trends are being addressed. However challenges still remain. Children in the UK born into the lowest socioeconomic group have a 40 per cent increased chance of dying in the first ten years of life compared with children born into the highest group.

In order to ensure funding is better targeted at those in need, Labour have reformed the way funding is allocated at a local level. With Labour, funding allocations are made directly to Primary Care Trusts (PCTs) rather than through Health Authorities. Our new funding formula, gives a better measure of the health needs of each local community, ensuring that additional resources are targeted to where they are most needed. This was welcomed in submissions.



Source: Analysis of Millennium Cohort Study from Reaching Out: An Action Plan on Social Exclusion, Cabinet Office, 2006

10 years ago... £35 billion was spent on health in England. Spending on health in the UK as percentage of GDP was well below the EU average.
Today... the annual spend on the NHS is £90 billion. Our massive investment has ensured new buildings, more staff and higher quality, faster treatment.
10 years from now... how do we encourage people from socially disadvantaged backgrounds to live healthier lives?

Reform for a purpose

While extra investment was of course vital to the advances the NHS has made over the past 10 years, money alone could not have changed the way the NHS works and without reform would not have been well spent. Reforms were therefore vital to ensure the service caught up with the expectations of patients today, whose demands and needs are a world away from the demands originally placed on the service in 1948.

Reforms have impacted on how healthcare is provided across the board. Patients can now exercise choice over where they are treated, nurses can now perform a far greater range of tasks, there are new service frameworks, guaranteeing minimum standards of treatment, across all major diseases and the National Institute for Clinical Excellence (NICE) provides proper independent advice on drugs.

These reforms have not always been pain free. In fact the past year has been particularly hard as staff worked to ensure Trusts stayed within their budgets and changed working methods to benefit patients. This was reflected in submissions where people accepted that funding had increased but felt frustration at recent spending restrictions.

But the effort has ensured that the NHS today is in a stronger position, with waiting lists low and reducing, more patients being treated and overall NHS finances in balance. Patient surveys consistently show that people value and rate highly the treatment they receive.

To ensure that the NHS in the future remains properly resourced, is clinically led, patient-centred and responsive to local communities, Labour has asked Professor Ara Darzi- one of the world's leading surgeons – to produce a once in a generation review of the NHS. The review will be wide-ranging, taking into the account the challenges faced by the NHS today.

Patients and staff have been pressing on us the importance of improved patient care and safer and cleaner hospitals. The review will look at improving both patient care and their environment. This will build on the work being lead by the Chief Nursing Officer to significantly reduce the level of healthcare associated infections such as MRSA.

The review will also focus on clinical decision-making in service delivery, and ensure convenient and accessible healthcare. This was a regular point raised through the health policy commission and something NPF members feel we need to communicate better in local communities. We must emphasise that any changes to local health services are driven by clinical decisions to improve the service patients receive. For example, by having one hospital in an area concentrate on heart surgery it will become a world leader in the area with consultants dealing with complex conditions regularly rather than occasionally. The end result is more lives saved and an improved and safer patient experience.

The case for an NHS constitution will be considered, as the basis of a sustainable and lasting settlement that meets these challenges, enhances local accountability, secures value for money and protects the fundamental values that the NHS has always embodied.

Moving healthcare closer to our communities

"We would like to see GP services more patient focused and made more accessible and flexible by being available outside normal working hours: early evenings and weekends. We welcome more minor procedures being carried out at GP surgeries. Perhaps GPs should be required to consult their patients as to these needs by means of an annual survey or patients meeting, so demonstrating their accountability."

North East Hertfordshire CLP

Submissions to the commission expressed support for GPs services as the first point of contact for most patients in the NHS. It's vital that at every level of our healthcare, services remain patient-focused and of the highest standards. By applying the voice of patients, through GP access surveys, we are able to drive up the quality of our family doctor services, ensuring that the needs of patients are met.

Hospitals and the acute sector tend to dominate health policy discussions, but in fact most people's contact with the NHS takes place outside hospital. We are moving more services out of hospitals and into the community, making healthcare more convenient for patients and improving the way NHS delivers services. Our aim is to move more healthcare services closer to where people live or where is most convenient: in their homes, in local clinics, in a new generation of community hospitals or in new GPs surgeries and even via their local pharmacist. This move to increased community services was welcomed in submissions.

To improve the services that people access closer to home we need to change the way that family doctors, Primary Care Trusts and Local Authorities plan and buy services for their local community. We want much better integration between the NHS and local government. We want to shift the emphasis towards preventing ill health and tackling inequalities. We also need to support diversity in the delivery of services, for example encouraging and supporting nurse-led co-ops. The Royal College of Nursing made this point in their submission saying that "in primary health care, practice nurses, nurse practitioners and other community nurses are revolutionising patient access to services" and that "it is important to recognise in the development of future policies the leading role that nurses can play as part of the health team or in leading practice."

Labour believes the best way to do this is to empower those closest to patients – GPs and other professionals in the community. Practice based commissioning is an opportunity for the NHS to focus more on prevention, working with social care to meet the needs of individuals and communities.

"GPs hours must be more accessible. GPS salaries have increased...patients should expect flexible hours in return, in both rural and urban areas. At the same time we should be encouraging the growth of walk-in centres, to plug the gap in hours."

North West Regional policy forum

A common complaint in submissions and at policy forums was over unnecessary barriers to accessing GP services. One member gave an example of GPs using national rate phone numbers which meant patients were paying a high price to make an appointment by phone. Others

complained that the 48 hour target for appointments was still be interpreted in an inflexible way by some GPs. The new GP contract will address these problems and policy forums remain a good way of alerting ministers to problems that exist.

To ensure everyone has access to a GP and primary care, regardless of where they live, we have committed to establishing new primary care services, especially in deprived neighbourhoods. Despite the fact that we have over 5,000 more GPs than in 1997, there remains a shortage of provision in the poorest areas that need them most. The need for increased provision was reflected in a submission from Chipping Barnet CLP, who called for the government to "increase the number of GPs, maybe at satellite clinics eg Tescos and schools."

We are working to ensure NHS organisations are more accountable to the communities they serve. We have placed a duty on strategic health authorities, primary care trusts and NHS trusts, to make arrangements to involve and consult patients and the public in planning services they are responsible for, developing and considering proposals for changes in the way those services are provided and any decisions that will affect how those services operate.

There was a clear indication from submissions, particularly those from Constituency Labour Parties, that local communities should be consulted more and given a bigger say in their local health service. Chalk & Westcourt branch felt the "lack of community representatives on PCTs and SHAs was a real issue." While Battersea CLP called on the government to "make the NHS more democratically accountable by elected representatives in local authorities." Similarly a policy forum held by Blaydon CLP made two points; firstly, that we consider "how we give our local communities a greater role in holding NHS trusts accountable" and secondly called for "more power over NHS service devolved to local level but with accountability to the local community rather than just the trusts themselves."

Access to dentistry

"Given the limited resources of the NHS, a missed appointment or late cancellation deprives other patients of the opportunity to receive treatment and is an avoidable waste of valuable resources, but the new [dental services] contract does not allow dentists to charge NHS patients for missed appointments. The BDA believes there should be a capped cancellation charge to act as a deterrent, with dentists able to claim 'Units of Dental Activity' for missed appointments or late cancellations."

British Dental Association

One area where local provision may not match need is in the ability to access dental services. Labour is reforming NHS dentistry to achieve better oral health and to provide a good deal for patients and for dentists. Our reforms have provided new contracts for dentists, a simpler system of dental charges and have moved commissioning dental services to a local level so that patients can request a dentistry service from their local Primary Care Trust.

Primary Care Trusts are now responsible for local NHS dental services and have ringfenced money that must be used for local dental services. This refom means gaps in provision can be identified by PCTs who will agrees contracts with NHS dentists for services that best meet local needs and can influence where new practices are established. If a dentist moves, closes down a practice or reduces the amount of NHS dentistry he or she provides, the money to provide this service now remains with your PCT for reinvestment in NHS dentistry for the local community.

Compared to three years ago, this Labour government is now spending £400 million more on NHS dentistry each year, part of which was in a capital investment programme of £80 million over four years to support a 25 per cent expansion in the number of training places for dentists.
To improve access for patients we have set up 53 Dental Access Centres to provide services to people experiencing problems obtaining NHS dental treatment. These centres will allow people who have been unable to obtain routine care, or who prefer not to register with a General Dental Practitioner, to gain access to treatment when they need it.

Diversity of providers

The commission received a number of submissions regarding the use of private sector providers in the NHS. While the vast majority of NHS provision is provided by the public sector it was clear from submissions that people wanted assurances that the NHS would remain true to its founding principles.

The use of the private sector was recognised as bringing clear benefits, particularly in driving down waiting times and increasing capacity and choice for patients. Unison asked that "wherever possible services should be kept in house and there should be an assurance that the quality of care does not suffer and that value for money is achieved." Similarly Unison stressed that "efficiency is not restricted to the private sector and a continuing investment in new technologies and in-house innovation is the best way to achieve value for money for the tax-payer pound."

The first year consultation document explained the mix of providers across the NHS and private sector that are involved in providing NHS services. The consultation explicitly asked what criteria we should use to establish the extent and balance of diverse providers in order to achieve the best care for NHS patients. This area did not receive a high level of submissions from local parties but was a major point of debate at the Labour Party annual conference in 2006. Clearly there remains a difference of opinion over the extent to which we involve the private sector in providing NHS services. This is an area which will be considered in the Next Stage Review of the NHS. What unified members was the belief that the healthcare in the NHS should be provided free at the point of use, based on need not ability to pay.

We have not been ideological about the use of private sector providers in the NHS – instead basing decisions on what is best for patients. Since 1997 we have brought in new providers where they add capacity or promote innovation, giving power to patients over their own treatment and over their own health. This has had a significant impact on waiting lists and diagnostic services. Yet Independent Sector Treatment Centres account for just one per cent of NHS spending.

Our involvement of private sector providers in the NHS is not new. Since 1948 the NHS has made use of private sector providers. The vast majority of GPs and pharmacists are in effect self-employed with the NHS buying their services. Similarly in mental health and family planning a sizeable proportion of NHS services are provided by the private sector.

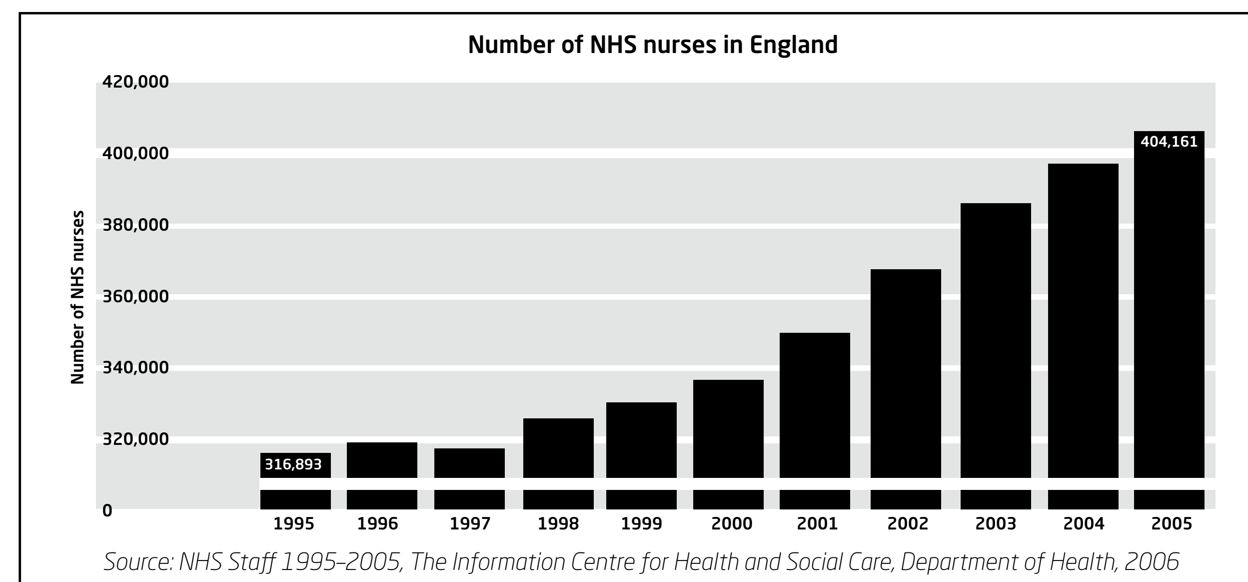
Expansion in NHS capacity will come both from within the NHS as well as the independent and third sector. Wherever NHS patients need new capacity for their healthcare, we will ensure that it is provided from whatever source - all of it in line with the founding values of the NHS that care should be provided free at the point of use, based on need not ability to pay.

Supporting NHS staff

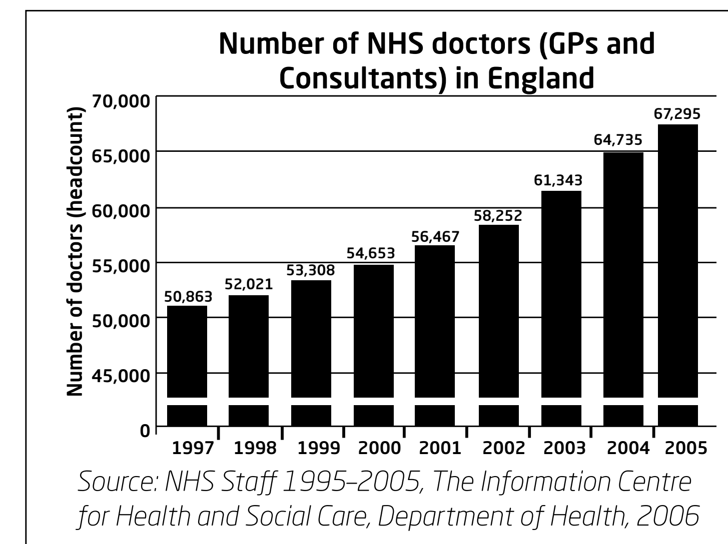
Staff are key to improving the National Health Service. Without the good will and support of staff we would not have made the dramatic improvements the NHS has witnessed over the past 10 years. Since 1997 we have worked in partnership with staff and their trade union representatives to dramatically improve working conditions, pay and prospects, against a backdrop of more investment resulting in more staff in the NHS.

The Next Stage Review of the NHS, being led by Professor Sir Ara Darzi will see an unprecedented period of engagement with NHS staff to ensure that clinical decision-making is at the heart of the future of the NHS and the pattern of service delivery. Members recognised that staff had developed 'reform fatigue' which was having an impact on morale. By ensuring staff remain positively engaged in decisions about the future of health service provision we can ensure we deliver the best results for patients.

And as staff are the biggest ambassadors for the NHS and hear first hand the views of patients we should try, as a party, to engage them more in our policy discussions. It was suggested that CLPs should try to involve staff in local policy forums on health.



Source: NHS Staff 1995–2005, The Information Centre for Health and Social Care, Department of Health, 2006



Source: NHS Staff 1995–2005, The Information Centre for Health and Social Care, Department of Health, 2006

Agenda for Change is now firmly embedded in the NHS, its reforms mean more patients are treated faster, with pay reform tied to shorter waiting lists; increased skills development for staff; better recruitment and retention for staff. Agenda for change has also made progress in ensuring more flexibility in deployment of staff and more opportunities for staff; with greater use of systems appraisals, all of which delivers improved care for patients. Working with the unions, voluntary and private companies we have brought cleaning, porter, catering and other 'soft facilities management' services provided by contractors into line with the Agenda for Change pay deal, benefiting low paid workers.

As we change the way the NHS works it is necessary for staff to develop their skills. It is both Labour's policy, and the natural progress of healthcare, to reduce reliance on hospital-based staff. We have mapped out a future health system, which offers more care, closer to home and less dependence on the acute sector. This will mean more staff employed in primary and intermediate care and fewer in hospitals. We will support staff through these changes so that existing staff can retrain for positions in these emerging community-based roles. This means ensuring the opportunity to retrain is available to staff so they can take on new roles or develop in their existing positions.

Challenges for the future

- An inevitable consequence of medical advances and rising patient expectations is more healthcare will be provided in the community. However local communities are often opposed to any changes to their local service. We need to get those who work in the NHS to communicate the need for change better, emphasising always that decisions about changes to local provision are clinically led.
- The NHS does not operate with unlimited resources. Waste and inefficiencies still remain an issue in such a huge organisation; we need to ensure best value for taxpayers money. As new medicines become available it is important that clinical decisions are taken about whether the NHS should fund their use. The National Institute for Clinical Excellence (NICE) is there to make independent decisions about new drugs.
- We need to do more to ensure dentists stay in the NHS and operate in under-serviced areas.
- GP are the first point of contact for most people in the NHS, but some areas have more or better services than others. Driving up standards across the board while ensuring local priorities are met is a balance we have to achieve.
- Our new funding formula means increased resources for deprived areas with the highest health problems. The challenge is to ensure this money translates into health improvements and this may mean promoting healthier lifestyles as well as treating the symptoms of ill health.
- Staff are key in ensuring reforms to the NHS are successful. We need to ensure their views and experiences inform decisions.
- Accountability remains a challenge with local health providers required to ensure decision making involves and include both local communities and patients.

Care tailored to individual need

As people live longer lives so the services they require from the NHS change. And while older people are the largest demographic groups requiring NHS services it is also important to consider service provision from the perspective of those with long term needs or serious disabilities.

For those who need long term care a common frustration is that the different agencies providing the care do no speak to each other. Ensuring the NHS, local government and third sector work as a whole requires us to consider service provision from the patients' perspective.

By giving local authorities and the NHS stronger incentives to work together, we have already reduced the number of patients remaining in hospital due to a lack of arrangements in place to support them in the community.

Now we will strengthen this joint working, by introducing a single assessment of health and care needs and a joint care plan for people with the most complex needs. By 2008, we will expect Primary Care Trusts and local authorities to establish joint health and social care teams. A common budgetary and planning system will also support more organisations' in their efforts to jointly commission services.

We recognise the important role that the third sector provides for some of the more vulnerable sections of society. As the number of people needing support increases the role of third sector organisations will increase. Their role should be recognised and supported by government.

Building modern social services

"Home care services should act as the eyes and ears of social services, with staff enabled to spend adequate time with service users, spot problems early and mobilise other agencies as required." Unison

Around 1.5 million people in England rely on social services for support and care. Our goal should be to provide social services that can transform people's lives, giving them new opportunities, helping them to live independent lives and providing personal care with dignity and understanding.

Labour believes social services should be person-centred, seamless and proactive. We should strive to deliver person-centred services that will give the individual real options and we expect everyone to have a spectrum of choice available, choices that help maintain independence, not create dependence. The development of Direct Payments, Individual Budgets and In Control projects are examples of new services which have responded to people's views. The result is that people have taken control and choice over services which have been redesigned to meet their needs.

"People experience of [social care] services as too rushed, with too little time allowed. The '15 minute slot' model of service inhibits proper relationships forming between care workers and the people they care for; at worst it results in services that do not respect people's rights and dignity."

Commission for Social Care Inspection 'Time to Care' report

To maintain this move towards more personalised social services requires more joined-up working between local authorities and Primary Care Trusts (PCTs), which is now improving thanks to increased co-terminosity - councils and PCTs covering the same areas.

Supporting carers

"Support for carers – financial and practical – needs to be ensured, especially with an ageing population putting an increased strain on the NHS and social services."

Bolton North East CLP

There are 6 million people caring for relatives or friends with long term needs. Labour recognises and values highly the often unsung role that millions of carers perform every day and the relief they give to NHS services. Many carers struggle to balance their work and caring responsibilities, or have to cut back on work, or give up their jobs entirely, in order to care for others. And many carers are children or young adults who are looking after relatives. We need to ensure they are supported in their role and that their education and life chances are not harmed by their responsibilities.

Often when carers reduce or give up their own work their own health suffers. People caring more than 50 hours a week (1.25 million people) are twice as likely not to be in good health as people who are not carers. That's why we've taken action to strengthen carers' rights and to improve their services and support.

Labour's National Strategy for Carers, published in 1999, set out our plans to provide better support and information for carers, and to ensure they have better access to health services. We have committed to updating and extending the National Strategy to reflect developments in carers' rights, direct payment regulations, carers' assessments and carers' grants.

We will work with carers and their representatives in drawing up a cross-government strategy that promotes the health and well-being of carers, including the particular needs of young carers.

The New Deal for Carers was announced in February 2007 and commits to a range of new measures which recognise the essential role of carers including:

- An extra £25m for short-term home based respite care for carers in crisis or emergency situations in each local authority;
- An extra £3m towards the establishment of a national helpline for carers because access to good information is essential;
- An extra £5m to support the development of an expert carers programme which will provide a service to meet the personal needs of carers including stress management, services for carers, communication skills, first aid and other skills to help care safely & effectively.

Labour has provided financial support through the carer's allowance – £44.35 a week. Today 425,000 people are benefiting from an annual allocation of just over £1 billion and there are on average 8,000 new claimants receiving the benefit every month.

And carers will also have access to other help through the social security system, including the Carer Premium and the additional amount paid in Pension Credit, currently £25.55 a week. Our reforms of the pension system will modernise the basic and second state pensions by rewarding social contributions and cash contributions to recognise the social contribution of caring.

As of this year we have also guaranteed the right for 2.6 million carers to request flexible working to help them better balance their work and caring responsibilities.

Dignity in later life

"We believe the next Labour Party manifesto needs to have in place policies that address the demographic challenge we face. We would like to see a commitment to developing a fair and sustainable funding system for long term care that provides a higher level of support to service users while balancing the contributions from the individual and the state."

The Alzheimer's Society

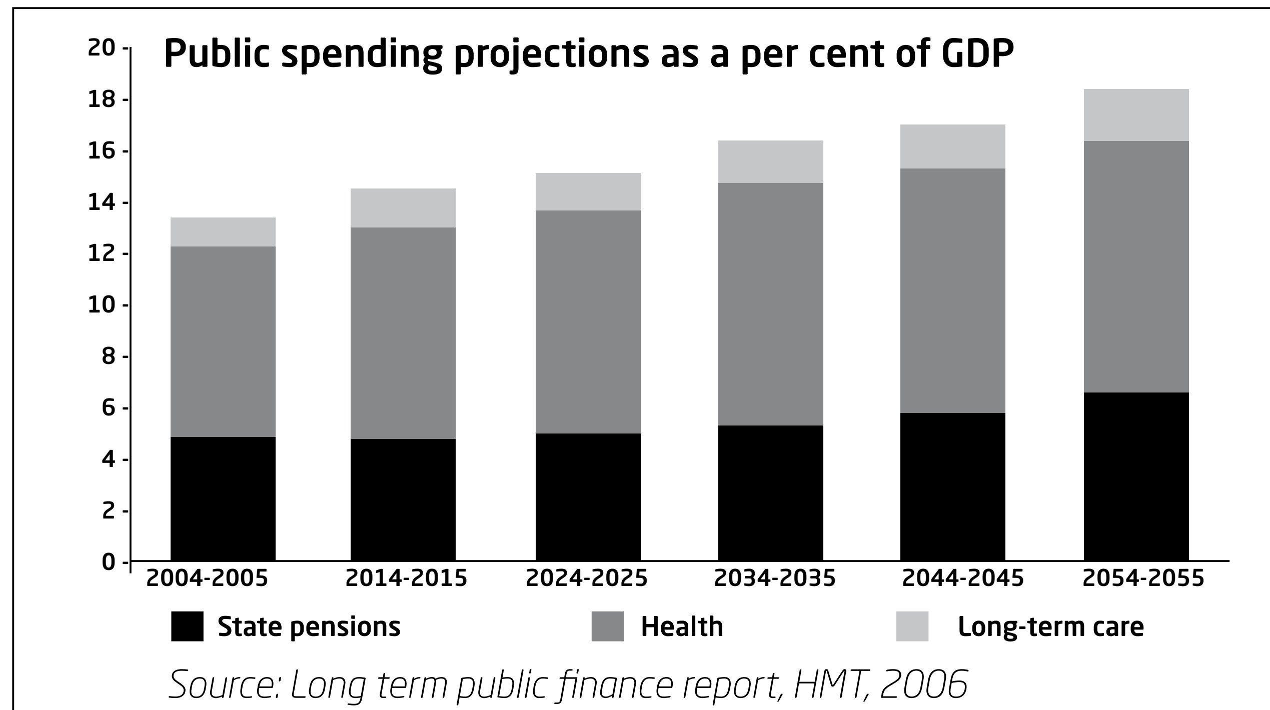
We recognise that older people want to stay in their own homes and outside institutions for as long as possible. As part of our choice agenda, we will develop a strategy for longterm care that aims to promote independent living for elderly people wherever possible.

Labour is working to improve standards of care and ensure fair access to services for all older people. We delivered on our promise to make nursing care free in England and 123,500 people are benefiting. Another 31,000 people are getting all of their costs paid by the NHS. We are expanding services such as intermediate care for all older people who need them, enabling them to be more independent and to delay, or avoid, the need for them to enter residential or nursing home care.

Too many older people are required to stay on in hospital due to a lack of care facilities in the community. Labour has required local authorities to take this problem more seriously by placing a financial penalty on local authorities who do not meet the needs of older people moving from hospital. Working in partnership with local authorities, backed up with the prospect of financial penalties, we have significantly improved services and reduced the number of older people detained in hospital unnecessarily.

Changing demographics will lead to long-term pressures in health and social care.

The end of a person's life, at whatever age, should be treated with respect and dignity. In response to calls from patients for more supportive end of life services, we will set out a strategy to strengthen provision by the end of 2007. We have already awarded 146 local hospices with a share of £40 million investment; the extra fuding will help to improve hospice facilities and environments.



Source: Long term public finance report, HMT, 2006

A new focus on improving mental health

One in six people suffer from mental ill health at some time in their lives with over one million people each year seeking specialist treatment. Because mental ill health is so common, over the last ten years, Labour has given a much higher priority to mental health services. We have invested enormously to improve the services provided and put in place reforms to ensure this extra funding delivers real improvements to patients.

Since 1997 we have substantially increased investment in mental health services and have ensured there are record number of staff working in the mental health sector. Since 1997 there are over 9,300 more psychiatric nurses, 1,353 consultant psychiatrists and 2,700 more clinical psychologists.

We are developing new and innovative community services which are improving access to mental health services. There are 700 new mental health teams offering treatment at home, early intervention or intensive support.

Mental health service users and and carers are now able to exercise more choice, be treated at home instead of in hospital when appropriate and access services more easily in an emergency. Evidence from a number of areas suggests a significant impact with fewer patients being admitted to hopital and reduced use of the Mental Health Act.

The current Mental Health Act is now more than 20 years old. We are reforming our mental health laws in order to reflect advances in knowledge and treatment. We want to modernise the law to remove obstacles, both for community-based and hospital treatment, for the good of patients themselves and to help better protect the public.

One in five mental health in-patients comes from a black and minority ethnic (BME) background, compared to about one in ten of the population as a whole. Research shows that people from BME communities can suffer from inequalities in access to mental health services, in their experience of those services, and in the outcome of those services. For example, BME patients are significantly more likely to be detained compulsorily or diagnosed with schizophrenia. The Department of Health's Delivering Race Equality programme is a comprehensive action plan for eliminating discrimination and achieving equality in mental health care for all BME patients.

Challenges for the future

- We need to seek a new consensus for a new social care funding settlement between state, family and citizen which is fair and sustainable.
- Public perceptions of social care means attracting new staff can be a challenge. We need to raise the profile of social care as a career choice.
- We need to break down barriers between the diverse sections of the NHS, local government or third sector who are delivering social care services.
- The number of carers, and young carers, is set to grow as our population gets older. We need to support people providing care to their family. The level of care that carers need to provide varies with some carers combining work with caring while for others it is a full time job in itself – the challenge is tailoring support to the individual and ensuring carers have a right to a life of their own.
- As people live longer health funds will increasingly shift to long term care priorities.
- We need to put personalisation at the heart of our social care system. We will take a lead role in working with mental health organisations to tackle stigma in the provision of public services and wider society. We need to ensure people know that support is available and they can access suitable treatment.

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The consultation period for this document closes in February 2008.
Please email your submission to:

PiP3.health@new.labour.org.uk

or send written submissions to:

Health Policy Commission
The Labour Party
39 Victoria Street
London
SW1H 0HA

For ideas on how to organise a local policy forum or who to contact in your region for advice and support please see labour.org.uk

Devolution in the UK requires different policies that reflect the particular needs of England, Scotland, Wales and Northern Ireland. The policy areas addressed in this document only apply to England, but are a statement of values and goals throughout the UK.

The party's policy making processes in Scotland and Wales have responsibility for developing policy on health.

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