



Conservative Health Policy – at a glance

Last [summer's outburst](#) by the Tory MEP Daniel Hannan, claiming that the NHS had been a "60-year mistake", was an embarrassment for the Tory high command that they found difficult to overcome.

At the October 2009, Manchester party-conference Conservatives claimed they were the "party of the NHS".

Health is one of only two areas – the other, overseas development – where the Conservatives have committed themselves to real-term increases in funding over the course of the next parliament.

Since then, in January 2010 they have produced their 'draft' [Manifesto for Health](#).

Tories promise to:

- spend more
- recruit more NHS dentists
- provide free dental checks in schools
- improve access to services
- "slash" bureaucracy
- scrap narrow performance targets
- increase competition and choice.
- create a new NHS Board; "... a lean body"
- create savings will be made by cutting managers responsible for monitoring Labour's performance targets.
- cut bureaucracy costs from; £4.4bn a year, to £3bn
- replace "top-down command" targets and record overall patient "outcomes".
- offer more choice, letting patients select not only which hospital they attend but also which consultant they want to manage the treatment.
- Improve long-term care for older people, with a plan for pensioners to make one-off, insurance-style payments of £8,000 at the age of 65 in return for which their future residential care costs will be covered. (*Top-up fees may be required for more expensive care homes.*)

Problems?

- Rapidly escalating cost of ageing population with increasing demands for healthcare.
- Cutting back-office jobs alone is unlikely to deliver sufficient savings.
- What does 'Measuring patient outcomes' mean? Over what time-span will health improvements be monitored?
- As far as the public is concerned, the distinction between "outcomes" as opposed to "targets" may be a fine one.
- Dropping waiting targets in an environment of 'tight-money' can only lead to longer waiting times

What the Tories have promised and proposed

Drawing on the Conservative 2008 Green Paper; they attacked targets, saying they 'lead to bureaucracy and distorted priorities' and did nothing of 'clinical' benefit. As an alternative the Tories suggested:

- Five year survival rates for cancer to be in excess of EU averages by 2015
- Preventable mortality from stroke and heart disease to be below EU verges by 2015
- Similar for 'lung-disease' by 2010
- Year-on-Year improvements on Patient Recorded Outcome Measures (PROMS), for long-term conditions
- Year-on-Year improvements to patient satisfaction based on access and experience
- Mortality (related to healthcare) reduced to levels of comparable countries
- Year-on-Year reductions in adverse events

What do the experts say?

Speaking in the HSJ (10th December 2009):

Professor John Appleby (King's Fund); "We left waiting times up to individual consultants and look where we got. Consultants didn't value it as much as patients."

Don Redding (Head of policy Picker Institute, pointed out 70% of healthcare expenditure is on long term conditions; "By and large [the patients] are not going to get better. Measures of single treatment are only going to be [for these patients] occasionally useful".

Dr Andrew Vallance-Owen (Medical Director BUPA); "Improvements in care may take several years or more to affect five year survival rates, making the measures retrospective."

Roy Lilley, health writer, broadcaster and former NHS Trust Chair; "There is no getting away from it, targets have worked. However, some of them have been achieved because the NHS has had a lot more money to play with. Now there is much less money, targets are going to be much harder to hit. It is very convenient for the Tories (who see themselves in government and know money is going to be tight), to dump the tough targets and go for the woolly measures

Nigel Edwards Con-fed Policy guru; "By the time you have discovered there is something wrong with your cancer services, someone else is in government."

Details of the 2010 draft Manifesto:

The full document is [here](#)

A Patient Centred NHS

- Scrap all process targets and ensure NHS providers become Foundation Trusts.
- Information on the performance of trusts, hospitals, GPs, Doctors, Nurses and other staff will be made available to the public.
- Patients will be able to rate their 'hospitals and doctors' according to the quality of care they receive.
- Success in treatment of care will be measured in comparison with the top providing countries.
- Patients will be able to choose which providers they use, including community health services.
- Independent and voluntary services will be included in the options open to patients providing the costs fall within the NHS tariff. A payment for results system will be employed.
- GPs will be able to hold patients' individual budgets and commission services and care on their behalf. GPs' pay will also be linked to results.
- NHS bureaucracy will be cut by one third.
- An independent NHS board will be set up tasked with allocating resources to different areas of the country based on need and level of service.

A More Accessible and Accountable NHS

- Hospitals will not be paid in full if a patient transmits an 'avoidable infection' during their period of care.
- End mix sexed accommodation and increase numbers of single rooms "as resources allow".
- Reform the process to which drug companies are paid by the NHS
- Introduce a single telephone number for every kind of urgent care, reforming NHS Direct.
- Give mothers choice as to where they have their baby. Allow new providers to carry out maternity care, particularly ante and post-natal support. Local maternity networks will be set up ensure that mothers can receive the correct care.
- Will remove the rules preventing welfare to work providers and employer purchasing services from Mental Health Trusts allowing more unemployed and at risk workers to be helped.

Improving the Nation's Public Health

- The Department of Health will become the Department of Public Health allowing Government to focus on the prevention of illness.
- Public health funding will be allocated to local authorities which will be based upon how successful they are in improving services locally. This funding will also be weighted based upon the areas with the worst health outcomes.
- Provide £10 million a year funding to children's hospices. A new 'per-patient funding system' will be introduced.
- Give patients with long term conditions access to a single budget which includes their health and social care funding.
- Allow everyone the option of a one off insurance premium type payment of £8,000 to protect them from the possibility of having to sell their homes to fund residential care.