A Better And More Sustainable NHS And Social Care

RADIX BIG TENT

We will improve service delivery and public and staff satisfaction with the NHS – both currently at an all-time low – as well as improving medical outcomes for patients where the UK lags comparable countries on too many measures.

1. The world has changed but the current NHS funding model has not changed since its founding 80 years ago. Various initiatives by successive governments have failed to put NHS funding on a satisfactory, stable, and sustainable footing.

- We will initiate a comprehensive, no holds barred review of the current funding model of NHS. This will look at funding models in other countries that have social health care systems to see which aspects might be applicable to the UK while maintaining the principles of universal access mostly free at the point of delivery. The review will be conducted in collaboration with the NHS Executive, health care professionals and experts in international health care systems. It will be subject to discussion in a series of citizens' assemblies.

2. NHS medico-legal liabilities currently stand at £126bn with payouts per capita five times those in the US. These expenditures that could usefully be re-directed to better health care provision are driven by a system that rewards unintended injury more highly than clear mismanagement and favours the rich over the less wealthy.

- We will use secondary legislation to repeal S2(4) of 1948 Act and bring the framework for civil litigation into line with criminal law

- We will overhaul the regulatory regime, especially the Care Quality Commission to improve patient safety by learning from unintended error in a 'just' culture while avoiding punitive and blame-seeking approaches.

3. Staff demotivation leading to recruitment difficulties and large numbers of health care professionals taking early retirement are well recognized issues. While acknowledging the need for professional health care management to optimize resources use, the COVID pandemic showed clearly how service delivery and staff motivation can both be improved quickly and dramatically when frontline health care professionals are empowered to take decisions.

- We will significantly reduce the administrative cost base and bureaucratic burden within the NHS and restore more decision making to self-managed teams of frontline health care professionals who will receive appropriate training in health care management.

- We will introduce an NHS Passport listing minimum requirements for all health care workers so that training, certification and qualifications obtained in any part of the NHS are valid for employment across the whole NHS. Such passports will continue to be valid beyond retirement so that health care professionals who wish to re-enter service to help with pandemics and other similar situations will not have to repeat their qualifications.

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- We will revise NHS pensions arrangements to discourage early retirement and encourage retired health care professionals to return to part-time or full-time NHS employment
- We will make the NHS Primary Care Networks co-terminus with Local Care Networks (local authorities), introduce joint board meetings, and subsequently merge them. This will lay the foundations for the next step in merging NHS and Local Authority social care locally under the next stage of devolution to Integrated Care Systems (ICSs). This requires a large-scale contraction of 'corporate' NHS administration and devolving responsibility and decision making from the political level to ICSs.
- ICSs will be held accountable for agreed objectives, fundamentally focused on improving patient outcomes and spending taxpayer's (and private pay) monies efficiently.
- Social care is a demanding job paying minimum wage or a small amount above. Churn in some areas is 30% with the attendant costs and unreliability in delivery of care. We will develop a system whereby ICSs will employ care workers with long term contractual arrangements with local authorities and act as contractual providers of the workforce to private social care providers (including care homes) allowing ICSs to balance pressures between the care system and acute trusts.

4. Replicating the successful boom in student accommodation, we will improve access to housing by NHS staff through employer-backed nomination agreements that reduce rents for tenants at no increased cost (see Housing section)

Public Health

Public health measures and social determinants of health have a major impact on health outcomes in the population – possibly greater than the impact of acute health services. We aim to improve the health of the UK population (which lags that of comparable countries) through a renewed focus on public health initiatives.

6. All statutory organisations will be asked to work with a wide range of local stakeholders to formulate local plans with their own local goals for achieving improvements in public health and social determinants of health in their areas such plans to be publicly available together with annual reporting of progress towards the desired goals.

7. GPs will be encouraged to increase their participation in public health initiatives and advice with questions on their contribution to public health being included in annual evaluation forms

- To empower individuals to take control of their eating habits by enhancing the food labeling system so that all foods (and advertising of foods) are labeled based on nutritional quality, presence of additives and organic content
- Improving school food standards to make sure that every child across Britain enjoys a delicious, nutritious meal
- Building on the effective Soft Drinks Industry Levy to evaluate the potential of a similar levy on foods of low nutritional value and high in fat, sugar and salt.

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