

The Choice

The Labour future / The Tory threat

The Choice:

NHS

CONTENTS

1. INTRODUCTION	3
2. THE TORY FAILURE	4
Rising waiting times.....	4
It is harder to see your GP.....	9
Ambulance Response Times are rising	10
Increased rationing of treatment	11
Hitting the Frontline	12
£3 billion wasted on a top-down reorganisation of the NHS	15
Increased bureaucracy	16
In summary – the Cameron effect.....	17
3. THE TORY THREAT	18
More charging for services	18
Longer waits to see a GP	19
Waiting longer for operations and treatment.....	19
4. THE LABOUR FUTURE	21

1. INTRODUCTION

At next year's election, the British people face a choice on the NHS. A choice between the Tories who have taken the NHS backwards, and Labour who will protect the NHS. The Tories have broken the promises they made at the last election; they have wasted £3 billion on a top-down reorganisation while a crisis grows in A&E and in GP surgeries. Labour will guarantee a GP appointment within 48 hours for all patients and reverse the Tories' NHS changes that put profits and competition first.

The Tories have every reason to be afraid of their record on the NHS. It's no wonder that Lynton Crosby is desperately trying to get them not to talk about it. But they can't run away from the facts. Waiting lists are at their highest level in six years as the NHS comes under increasing pressure. There's a crisis in A&E - hospital A&Es have missed the four hour waiting time target for an astonishing 53 weeks in a row: not just a winter NHS crisis, but a spring, summer and autumn crisis too. It's getting harder to see your GP, with more than 13 million people having to wait a week or more for an appointment or not getting one at all the last time they tried. And it's all because they broke their promise of no top-down reorganisations, wasting £3 billion on an upheaval which puts competition and profits before co-operation and patient care.

The NHS is surviving - just. But five more years of the Tories could push it over the edge. Experts are warning that more services are likely to be charged for, with fewer services provided free at the point of need. Waiting lists look set to be pushed up even further as budgets are squeezed and more hospitals fall into deficit. More operations look set to be rationed as patients are given a simple choice: wait longer or pay to go private. And the Tories are committed to carving more services off into the private sector, and creating a system increasingly fragmented and driven by which services are profitable, not by clinical need.

In the past, it's always fallen to Labour to rescue the NHS. We'll do it again. We'll guarantee a GP appointment within 48 hours, and the same day for people who need it. We'll take the NHS back to its core purpose - patient care - by repealing David Cameron's NHS changes that put profits and competition first. And we'll bring together physical health, mental health and social care into a single service to meet all of a person's care needs.

Next May, on the NHS, the British people will decide between the Tory threat or the Labour future: that's the choice.

2. THE TORY FAILURE

- Before the election, the Tories tried to present themselves as the party of the NHS. David Cameron famously said that his “priority can be summed up in three letters: N.H.S”.

“Tony Blair once explained his priority in three words: education, education, education. I can do it in three letters. NHS.”

David Cameron, Speech to Conservative Party Conference, 4 October 2006

- Despite this rhetoric, the Tories have taken the NHS backwards and now patients are paying the price of Tory failure.

Rising waiting times

- In June 2011, David Cameron promised that NHS waiting times would be kept down.

“Waiting times really matter.

“If your mum or dad needs an operation, you want it done quickly and effectively.

“I refuse to go back to the days when people had to wait for hours on end to be seen in A&E, or months and months to have surgery done.

So let me be absolutely clear: we won’t.”

David Cameron, speech on the future of the HS, 7 June 2011

- However, thanks to Tory mismanagement of the NHS, waiting times are up, and more people are waiting longer to access the care they need. On count after count, things are getting worse for patients.

Almost a million have waited longer than four hours in A&E

- In 2013/14, almost a million patients (925,486) waited longer than four hours in a hospital A&E (type 1 A&E). Across all types of A&E, 939,494 waited longer than four hours.
- Since 2009/10, the number of people who waited longer than four hours in a hospital A&E has almost trebled from 344,772 in 2009/10 to 925,486 in 2013/14.

- Hospital A&Es have missed the four-hour target for 53 consecutive weeks – an all year round A&E crisis.

	Type 1 Departments - Major A&E	Type 2 Departments - Single Specialty	Type 3 Departments - Other A&E/Minor Injury Unit	Total
2009-10	344,772	1,068	7,777	353,617
2010-11	545,805	1,752	9,557	557,114
2011-12	713,289	2,242	9,412	724,943
2012-13	888,577	2,229	10,605	901,411
2013-14	925,486	2,303	11,705	939,494

Source: NHS England, Quarterly time series <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/>

Patients who need to be admitted into hospital from A&E are waiting longer

- Since 2009/10, the number of people kept waiting on trolleys for longer than four hours because they can't be admitted immediately after visiting A&E has almost trebled from 61,969 in 2009/10 to 167,969 in 2013/14.

	Number of patients spending >4 from decision to admit to admission
2009-10	61,969
2010-11	93,905
2011-12	108,191
2012-13	152,414
2013-14	167,969

Source: NHS England, Quarterly time series <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/>

More people are waiting longer for key diagnostic tests

- Diagnostic figures for May 2014 show that 18,664 patients waited longer than the recommended six-week limit for tests – the highest number for six years and more than twice the figure this time last year.

Number of patients waiting over 6-week standard for diagnostic tests		
MAY 10	MAY 13	MAY 14
3,495	6,889	18,664

Source: Monthly Diagnostic Waiting Times and Activity, NHS England:

<http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2014-15/>

- The above figures for diagnostic waits include:
 - 1,611 patients in May 2014 waiting over 6 weeks for CT scans – up from 859 the previous month and 215 at the election.
 - 3,870 patients waiting for endoscopy tests that detect bowel and stomach cancers (Colonoscopy, Flexi Sigmoidoscopy, Cystoscopy and Gastroscopy) – up from 1,669 last May and 976 at the election.
 - 6,839 patients waiting for ultrasound tests - not including pregnant women – up from 1,181 last year and 291 at the election.
 - 1,960 waiting too long for MRI scans compared to 374 at the election.

People are waiting longer for operations, and the waiting list is rising

- Compared to before the General Election 7,100 more patients waited longer than 18 weeks for their operations.

April 2010	May 2014
22,774	29,847

Source: NHS England, Consultant-led Referral to Treatment Waiting Times

- Compared to before the General Election, there are 522,261 more people on waiting lists. The waiting list is now above three million – the highest level for six years.

April 2010	May 2014
2,573,895	3,096,156

Source: NHS England, Consultant-led Referral to Treatment Waiting Times

Patients are being kept in hospital longer because there is nowhere safe to discharge them

- The latest Delayed Transfers of Care figures show that there were 80,012 acute delayed days in June – these are hospital bed days lost as hospitals are unable to discharge patients. This is the second highest level since these figures were first published, and the highest ever level for June. In total, there were 907,138 acute delayed days in total in the year to June 2014.
- Where social care was the reason for the delay the most frequent cause was ‘awaiting care package in own home’. This cause accounted for 4,467 lost hospital bed days.

Year	Period	Acute
2013-14	July	68,658
2013-14	August	76,373
2013-14	September	75,297
2013-14	October	78,487
2013-14	November	73,791
2013-14	December	70,132
2013-14	January	79,261
2013-14	February	71,872
2013-14	March	78,196
2014-15	April	73,934
2014-15	May	81,125
2014-15	June	80,012
Total for 12 months		907,138

Source: NHS England, Delayed Transfers of Care

More patients are waiting longer than 62 days for cancer treatment

- More patients are waiting longer than 62 days for cancer treatment, after being referred by their GP. Before the election, 3,263 waited longer than 62 days, compared to 4,830 in the first three months of 2014.

Before reorganisation – Q4 2009/10	After reorganisation – Q4 2013/14
3,263	4,830 – an increase of 48%

Source: NHS England, *Cancer Waiting Times*

- This target was also breached for the first time since it was introduced.

“The number of patients recorded under the 62-day standard increased by 6.2% from 2012/13 to 2013/14. No specific cancer site was responsible for this but rather a general increase across all cancers. The performance saw a large drop in the third and fourth quarters leading to the standard being failed in Q4 2013/14. This is the first breach of the operational standards since they were introduced.”

NHS England, 25 July 2014, Cancer Waiting Times annual report, 2013-14, Pg. 17

- Cancer Research UK warned that “the breach of the ‘62 day target’ is very concerning, particularly as 40 per cent of those who aren’t treated within two months are having to wait three months or more. This isn’t just a missed target – some patients are being failed”.

“The breach of the ‘62 day target’ is very concerning, particularly as 40 per cent of those who aren’t treated within two months are having to wait three months or more. This isn’t just a missed target – some patients are being failed,” said Sarah Woolnough, Cancer Research UK’s executive director of policy and information. “The target exists to encourage swift diagnosis of cancer and access to treatment, which is vital to improve survival rates. Patients want confidence that suspected cancer is taken seriously and prioritised by the NHS. We hope urgent action will be taken to ensure this breach is a one off.”

Cancer Research UK, 30 May 2014, <http://www.cancerresearchuk.org/about-us/cancer-news/news-report/nhs-missing-cancer-treatment-waiting-times-target>

It is harder to see your GP

- Before the election, the Tories said that they would “ensure that every patient can access a GP in their area between 8am and 8pm, seven days a week”.

“We will... ensure that every patient can access a GP in their area between 8am and 8pm, seven days a week.”

Conservative Party Manifesto 2010 (p47)

- One of the first acts of the Tories was to scrap Labour’s guarantee of a GP appointment within 48 hours. They also removed this right from the NHS Constitution saying that it was “no longer a priority”.

“The Revision to the Operating Framework for the NHS 2010/11 in England, published on 21 June, removed the following targets on PCTs around access to primary care:

Existing commitments

Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours”

Department of Health, June 2010

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Primarycare/PMC/AccessResponse/DH_120575

“Proposed waiting time pledges removed from the NHS Constitution Handbook as these are no longer a priority and their delivery is not monitored or measured separately:

- access to a primary care professional within 24 hours or a primary care doctor within 48 hours: now measured through GP Surveys and the focus is on overall access rather than specific access within these time periods;”

Department of Health, 5 November 2012, A consultation on strengthening the NHS Constitution, (p37),

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167913/Consultation-on-strengthening-the-NHS-Constitution.pdf

- Patients are now waiting longer to see a GP. 60% of patients say they waited more than 48 hours to see a GP (Source: Patients Association, March 2013, [http://www.patients-association.com/Portals/0/PCR_Vol-II%20\(Access%20Denied\)_Final.pdf](http://www.patients-association.com/Portals/0/PCR_Vol-II%20(Access%20Denied)_Final.pdf)).
- According to the Royal College of General Practitioners (RCGP), the number of occasions during which patients have to wait more than a week to see their GP or practice nurse are set to go through the 50m barrier for the first time ever.

“GP surgeries are so overstretched due to the lack of investment in general practice that in 2015 on more than 51.3m occasions patients in England will be unable to get an appointment to see a GP or nurse when they contact their local practice, according to new research. According to the Royal College of General Practitioners (RCGP), the number of occasions during which patients have to wait more than a week to see their GP or practice nurse are set to go through the 50m barrier for the first time ever following successive rises in previous years: up from 41.9m occasions in 2013 and 46m occasions this year. If current trends continue, the College predicts that the total number of occasions when patients will have to wait more than a week to see a GP will rise to at least 58.2m in 2016. The research by the College found that the problem of rapidly growing numbers of patients reporting they are having problems securing an appointment is particularly bad in a string of major urban areas.”

Royal College of General Practitioners (RCGP), 28 July 2014, <http://www.rcgp.org.uk/news/2014/july/crisis-hit-gp-surgeries-forced-to-turn-away-millions-of-patients.aspx>

Ambulance Response Times are rising

- Ambulance Quality Indicators published by the Health and Social Care Information Centre, show that 'Category A' ambulance callouts - where a life is threatened - are taking 67 seconds longer on average to reach patients, compared to three years ago.

Ambulance Trust	Median Time to treatment for Cat A calls (in seconds)			
	May-14	May-13	May-12*	May-11*
East Midlands Ambulance Service NHS Trust	489	376	358	348
East of England Ambulance Service NHS Trust	445.8	367.2	270	277.8
London Ambulance Service NHS Trust	390	342	354	342
North East Ambulance Service NHS Trust	361.8	349.2	341	305
North West Ambulance Service NHS Trust	367.2	321.6	340.2	298.8
South Central Ambulance Service NHS Foundation Trust	360	340.8	366	354
South East Coast Ambulance Service NHS Foundation Trust	358.2	340.8	324	337.2
South Western Ambulance Service NHS Foundation Trust	348	318	318	306
West Midlands Ambulance Service NHS Trust	346.8	349.2	334.8	331.8
Yorkshire Ambulance Service NHS Trust	414.6	314.4	300	313.8
Average	388.14	341.92	330.6	321.44
Change since May 2011	66.7			

Source: NHS England, Ambulance Quality Indicators, <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2014-15/>

* Note – figures for May 2012 and 2011 do not include response times for Great Western Ambulance service. This Ambulance Trust merged with South Western Ambulance NHS Foundation Trust in 2013

Increased rationing of treatment

- In some areas of the country, it is becoming more difficult to access treatments - a post code lottery in access, as more services are rationed and more restrictions are put in place. A recent report from the Royal College of Surgeons found that hip surgery was being restricted using arbitrary referral criteria leading to a post code lottery.

“Commissioners play a fundamental role in securing equitable access to evidence-based, high-quality healthcare for their local populations. Without commissioners, NHS resources would be distributed arbitrarily without concern for local need and access. However, this report shows that in too many instances local commissioners are still imposing arbitrary referral criteria for essential care despite clear clinical evidence and guidance from the Department of Health, NICE and surgeons. This is creating a postcode lottery for access to surgical treatment”

The Royal College of Surgeons, July 2014, is access to surgery a postcode lottery? (p2)

- Research by the Royal National Institute for the Blind (RNIB) found that over 50 per cent of commissioners have introduced arbitrary thresholds to restrict access to cataract surgery.

“Restrictive referral criteria: over 50 per cent of commissioners have introduced arbitrary thresholds to restrict access to cataract surgery. They do so without a robust evidence base and, therefore, cannot be sure that they are providing optimum care or protecting patients from avoidable harm. A small number of commissioners have also cited that the restrictions are in place due to financial pressures. While restrictive policies do not always correspond with lower rates of surgery, we are aware of patients being denied surgery due to these arbitrary thresholds”

RNIB campaign report, July 2013 - Surgery deferred. Sight denied. Variation in cataract service provision across England (p6)

- Giving evidence to the Public Accounts Select Committee, Professor Sir Bruce Keogh (National Medical Director) confirmed that “We know that about 50% of PCTs have restricted access to cataract surgery, and we know that the bulk of policies used by PCTs have not used the best evidence to ration that care”.

“Interestingly, and one of the things that excites me the most, we will have a thing called a procedures explorer, which will be open to the public and to people in the NHS. You will be able to see which procedures are being conducted, in what volume and, hopefully, with what outcome-that is more complex for some procedures-for each CCG, and it will be divided into a series of different regions: providers, CCGs and regional levels. May I say something about cataracts, because it bothers me? The story around cataracts is not quite as simple as it might seem. There is still squabbling in clinical arenas about the level at which cataracts should be referred. We know that about 50% of PCTs have restricted access to cataract surgery, and we know that the bulk of policies used by PCTs have not used the best evidence to ration that care.”

Professor Sir Bruce Keogh, Evidence to the Public Accounts Select Committee, Monday 14 January 2013 'Progress in delivering NHS efficiency savings'

Hitting the frontline

- Before the election, David Cameron promised to protect frontline services.

"I will protect frontline services"

David Cameron, *The Sun*, 23 July 2009, <http://www.thesun.co.uk/sol/homepage/news/2550252/David-Cameron-Im-ready-to-govern.html>

- David Cameron said that any cabinet minister who proposed frontline cuts would "be sent straight back to their department to go away and think again".

"What I can tell you is any cabinet minister, if I win the election, who comes to me and says: 'Here are my plans' and they involve frontline reductions, they'll be sent straight back to their department to go away and think again."

David Cameron, *The Andrew Marr Show*, 2 May 2010

7,000 fewer frontline staff

- An FOI from the Department of Health shows that 7,000 NHS frontline staff were made redundant between 2010/11 and 2012/13.

Year	Compulsory Redundancies	Voluntary Redundancies	Total Redundancies
2010 - 2011	1410	490	1900
2011- 2012	1670	1070	2740
2012 - 2013	1540	870	2420
Total 2010 - 2013	4620	2430	7060

Source: Freedom of Information request to the Department of Health

- In calculating their figures, the Department of Health excluded Staff working in "Infrastructure Support", meaning that it only includes staff on the frontline.

Reductions in nurse training places

- The number of nurse training places has been cut by over 7,000 since 2009/10 compared to the number that would have been trained had the annual number of commissions been maintained at the level of Labour's last year in office.

Year	Total Nurse Commissions
2009/10	20,829
2010/11	20,092
2011/12	17,741
2012/13	17,219

Source: Hansard: 29 Nov 2013 : Column 473W

Fewer district nurses and modern matrons

- Latest workforce figures show that there are over 2,300 fewer district and community nurses when compared to the General Election. There are also 972 fewer modern matrons in the NHS.
- District nurses play a vital role in keeping hospital admissions and readmissions to a minimum and ensuring that patients can return to their own homes as soon as possible. Community Matrons work closely with patients who have serious long term or complex range of conditions.

	May-10	Apr-14	Difference
Modern Matron	4,874	3,902	-972
Community Matron	1,525	1,368	-156
Manager	8,193	7,902	-292
District nurse 1st level	7,091	5,057	-2,034
District nurse 2nd level	722	537	-185

Source, Health and Social Care Information Centre, NHS Workforce Statistics for April 2014

Fewer GPs

- The Department of Health GP Taskforce recently concluded that there is a “GP workforce crisis” and that the “GP workforce is now shrinking rather than growing”.

“Nonetheless, the Taskforce has concluded that there is a GP workforce crisis”

NHS England, March 2014, Securing the Future GP Workforce Delivering the Mandate on GP expansion, GP Taskforce Final Report p. 6

“Disturbingly, evidence is also emerging from the NHS Information Centre that the GP workforce is now shrinking rather than growing”

NHS England, March 2014, Securing the Future GP Workforce Delivering the Mandate on GP expansion, GP Taskforce Final Report p. 6

- In government, Labour increased the number of GPs by 8,106 or 29 per cent, from 27,811 in 1996/97 to 35,917 in 2009/10. By 2013/14, the number of GPs had fallen by 356, to 35,561. The figures also show that there are fewer GPs per 100,000 people – a key measure of primary care capacity. In 2009, there were almost 70 GPs per 100,000; this has now fallen to just 66.5.
- The number of full-time equivalent GPs has fallen too, from 62.4 per 100,000 population in 2009/10 to just 60 today.

GP numbers, England				
	Headcount		Full time equivalent	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Sept 1996/97	27,811	57.3	26,272	54.1
Sept 2009/10	35,917	69.8	32,111	62.4
Sept 2013/14	35,561	66.5	32,075	60.0

Source: NHS Health and Social Care Information Centre, Workforce Survey and ONS mid-year population estimates. Figures calculated by the House of Commons Library

4,000 staff fired with pay-offs and rehired

- Since May 2010, over 4000 NHS staff have been made redundant and then re-hired by the NHS.

Pat Glass (North West Durham) (Lab): How many staff have been made redundant and subsequently re-employed by NHS organisations since May 2010. [903427]

The Parliamentary Under-Secretary of State for Health (Dr Daniel Poulter): Since May 2010 and up to December 2013, 4,050 staff across the whole NHS have been re-employed in the NHS following redundancy.

Hansard, 1 April 2014, column 707

£3 billion wasted on a top-down reorganisation of the NHS

- While services go backwards and frontline staff have been lost, the Tories have wasted £3 billion on a top down reorganisation.
- Before the election, the Tories promised that there would be no more top-down reorganisations of the NHS.

"With the Conservatives there will be no more of the tiresome, meddlesome, top-down re-structures that have dominated the last decade of the NHS."

David Cameron, speech at the Royal College of Pathologists, 2 November 2009

"We will stop the top-down reorganisations of the NHS that have got in the way of patient care."

Coalition Agreement, 20 May 2010, p. 24

- Within days of entering Downing Street, the Tories imposed the biggest top-down reorganisation of the NHS in its history. The Tories' Health and Social Care Act is three-and-a-half times longer than the Act which created the NHS. Instead of spending the money on patient care, the Tories have spent over £3 billion reorganising the NHS.

"Secondly, the transitional costs of large scale NHS reorganisations are huge, although they are often discounted or ignored, and the intended or projected savings from abolishing or downsizing organisations are rarely realised. Closing down or merging organisations produces a round of expensive redundancies, early retirements, and redeployment, while new organisations find new premises and appoint lots of new staff. On the basis of the National Audit Office's survey data, I estimate that the proposed NHS reorganisation will cost between £2bn and £3bn to implement, at a time of unprecedented financial austerity."

Kieran Walshe, professor of health policy and management, British Medical Journal, 16 July 2010

- Figures recently released by the Department of Health show that £1.6 billion has been spent on redundancies since the start of the NHS reorganisation - double the £810 million figure the Government anticipated spending on pay-offs at the outset.

	2010/11	2011/12	2012/13	2013/14	Total
Number of exit packages	10,087	9,831	12,171	6,330	38,419
Total cost (£)	519,966,359	426,368,758	444,922,788	196,938,644	1,588,196,549
Average cost per package (£)	51,548	43,370	36,556	31,112	40,646
Number of exit packages > £100K - £150k	489	414	553	237	1693
Number of exit packages > £150K - £200k	142	123	248	83	596
Number of exit packages > £200K	82	91	157	40	370

Source: Department of Health Annual Reports, 2010/11, 2011/12, 2012/13 and 2013/14

Increased bureaucracy

- The Tories promised that they would cut bureaucracy in the NHS, often complaining that there was too much of it.

"There's too much bureaucracy," Mr Cameron said.

"The last thing we need now is another reorganisation, but there are bits of bureaucracy that can be reduced and we need to make sure the money gets to the front line."

David Cameron, 11 November 2006

<http://www.yorkshiredaily.co.uk/ViewArticle2.aspx?SectionID=55&ArticleID=1872992>

"We will decentralise power, so that patients have a real choice. We will make doctors and nurses accountable, not to endless layers of bureaucracy and management"

Conservative Party Manifesto, April 2010, p. 45

- After promising to cut NHS bureaucracy and promising not to re-organise the NHS - the Tories' reorganisation of the NHS created 440 new organisations, these include clinical senates; NHS England; Clinical Commissioning Groups and Commissioning Support Units (*Source: Daily Telegraph, 1 April 2014*).
- The former chief executive of the NHS described the NHS re-organisation as a damaging "morass of competition law". Dr Clifford Mann, President of the Royal College of Emergency Medicine said that the reorganisation has led to "decision-making paralysis" in the system.

"I think we've got a problem, which may need legislative change.

"What is happening at the moment ... we are getting bogged down in a morass of competition law ... causing significant cost in the system and great frustration for people in the service about making change happen.

"In which case, to make integration happen we will need to change it [the law]."

David Nicholson, Heath Select Committee, 6 November 2013

Dr Mann told The Independent that the Government's reforms - which finally came into effect in April - had caused "decision-making paralysis" throughout the NHS for 18 months, leaving the College in a position akin to "John the Baptist crying in the wilderness".

Dr Cliff Mann, College of Emergency Medicine, 1 January 2014

<http://www.independent.co.uk/news/uk/politics/exclusive-it-was-no-accident--government-blamed-for-ae-crisis-9032119.html>

In summary – the Cameron effect

- **More Patients waiting longer than four hours in A&E**

Before reorganisation – 2009/10	After reorganisation – 2013/14
353,617	939,494

Source: NHS England; Weekly A&E SitReps

- **More patients waiting longer than four hours on trolleys after being seen in A&E because there is no bed to admit them into**

Before reorganisation – 2009/10	After reorganisation – 2013/14
61,969	167,969

Source: NHS England; Weekly A&E SitReps

- **More patients are waiting longer than six weeks for vital diagnostic tests**

Before reorganisation – May 2010	After reorganisation – May 2014
3,495	18,664 – an increase of 434%

Source: NHS England, Monthly Diagnostic Waiting Times and Activity

- **More patients are waiting longer than 62 days for cancer treatment**

Before reorganisation – Q4 2009/10	After reorganisation – Q4 2013/14
3,263	4,830 – an increase of 48%

Source: NHS England, Cancer Waiting Times

- **Total number of days patients are kept in hospital because there is nowhere safe to discharge them to**

Before reorganisation – August 2010	After reorganisation – June 2014
55,332	80,012

Source: NHS England, Delayed Transfers of Care Time series (series began August 2010)

- **The English waiting list is going up**

Before reorganisation – May 2010	After reorganisation – May 2014
2,573,895	3,096,156

Source: NHS England, Consultant-led Referral to Treatment Waiting Times

- **More patients waited longer than 18 weeks for an operation**

Before reorganisation – April 2010	After reorganisation – May 2014
22,774	29,847

Source: NHS England, Consultant-led Referral to Treatment Waiting Times

- **More patients are stuck outside hospitals in ambulance queues, because A&Es are full**

Before reorganisation – 2010/11	After reorganisation – 2012/13
99,661	193,088 – an increase of 94%

Figures obtained from Freedom of Information Act requests

- **Percentage of patients who say they see a GP within 48 hours**

Before reorganisation – 2010	After reorganisation – March 2013
80%	40% – a decrease of 50%

Figures based on GP Patients Survey in 2010 and Patients Association Survey in March 2013

3. THE TORY THREAT

- Five more years of the Tories would be disastrous for Britain.
- Under them there is the prospect of more NHS services being charged for, and fewer services being provided free at the point of need.
- Since 2010 it has got harder to see your GP. Another five years of the Tories risks patients having to wait even longer to get an appointment to see their doctor.
- Another term of David Cameron risks people waiting even longer for operations and treatment.

More charging for services

- A survey of NHS leaders by the Nuffield Trust found that almost half of NHS bosses believe the health service is under such strain that patients will be forced to pay for at least some services within 10 years “47% said it was quite (33%) or very (14%) unlikely that comprehensive healthcare would still be provided free at the point of use in England a decade's time.”

“The finding reflects deepening gloom among chief executives of NHS organisations that the service is becoming unsustainable in its current form as a result of rising demand for care amid an ongoing financial squeeze. In a survey of 78 senior NHS leaders by the Nuffield Trust health thinktank, 47% said it was quite (33%) or very (14%) unlikely that comprehensive healthcare would still be provided free at the point of use in England a decade's time.”

Guardian, 10 July 2014, <http://www.theguardian.com/society/2014/jul/10/half-nhs-bosses-patients-pay-services-10-years>

- The Chairman of NHS England has warned that demand for the services of the NHS was likely to rise rapidly in the years ahead, and that it would rise faster than the health budget itself which could force the NHS to start charging for more of its services “It’s not my responsibility to introduce new charging systems but it’s something which a future government will wish to reflect [on], unless the economy has picked up sufficiently”.

“Prof Grant said that demand for the services of the NHS was likely to rise rapidly in the years ahead, and that it would rise faster than the health budget itself. That could force the NHS to start charging for more of its services, he suggested. “It’s not my responsibility to introduce new charging systems but it’s something which a future government will wish to reflect [on], unless the economy has picked up sufficiently, because we can anticipate demand for NHS services rising by about 4 to 5 per cent per annum,” Prof Grant told a newspaper.”

Daily Telegraph, 15 April 2013, <http://www.telegraph.co.uk/health/healthnews/9996541/NHS-chief-says-patients-face-more-charges.html>

- A Clinical Commissioning Group in Warwickshire has suggested that patients could be asked to pay for their own crutches, walking sticks and neck braces under proposals drawn up to introduce charges for services that are currently free.

“Patients could be asked to pay for their own crutches, walking sticks and neck braces under proposals drawn up by an NHS organisation to introduce charges for services that are currently free. GPs in south Warwickshire have sparked controversy by examining how patients who are disabled or recovering from an accident or operation could be asked to contribute towards the cost of devices that are vital to their mobility.

Critics said the proposals were "the thin end of the wedge" and could lead to patients being charged to access core NHS services, hitting disabled and poorer people hardest. If implemented, the proposals from the GP-led NHS South Warwickshire clinical commissioning group (CCG) could also affect patients suffering from whiplash, a hernia or sore hip or knee, or who have fractured their spine or who need help getting out of bed. *Guardian*, 16 April 2014, <http://www.theguardian.com/society/2014/apr/16/nhs-charges-crutches-neck-braces-proposal/print>

Longer waits to see a GP

- The BMA have warned that waits of one or two weeks to see a doctor are "becoming the norm". And 40 per cent of GPs predict that average waiting times for an appointment will increase to just under two weeks by the time of the next election.

Ahead of the speech Dr Nagpaul told the BBC: "Demand is outstripping supply. The patients we are seeing have more complex conditions and yet we still only have 10 minutes for each consultation - that is woefully inadequate.

"General practice is chronically under-funded and that is beginning to have an impact on the patient experience."

He added waits of "one or two weeks were becoming the norm" for patients, although he said those needing urgent appointments would always be seen quickly.

BBC News, 25 June 2014, <http://www.bbc.co.uk/news/health-27913230>

Four in ten GPs predict the average waiting time for appointments at their practice will exceed two weeks from next April, as they struggle to cope with unprecedented levels of workload.

The survey of nearly 500 GPs shows that they expect average waiting times for an appointment to increase from nine days in April 2014 to 13 days from April 2015.

Only a fifth of GPs said that the average wait for a non-urgent appointment at their surgery was more than two weeks currently. But this proportion doubled to 40% when they were asked for their prediction of waiting times in 12 months' time.

Pulse, 20 May 2014, <http://www.pulsetoday.co.uk/your-practice/practice-topics/access/two-week-wait-for-gp-appointments-to-become-the-norm-in-many-practices-within-a-year/20006739.article#.U9VXmvlDXHQ>

Waiting longer for operations and treatment

- If the Tories continue to mismanage the NHS, for another five years, patients could face longer waits. Experts are already warning of pressure in the system. Dr Barbara Hakin, Chief Operating Officer for NHS England, admitted that the 18 week target might be missed.

"Dr Barbara Hakin, Chief Operating Officer for NHS England, admitted there had been a breach in the target ... "During February, around 270,000 patients were admitted for treatment within the standard, and around 400 waited longer than we would have liked. This shows we are treating more patients than ever, but we do need to treat patients in order of clinical priority. This means treating those who have waited the longest, which may mean that we miss the standard."

Daily Telegraph, April 17 2014, <http://www.telegraph.co.uk/health/healthnews/10773078/NHS-waiting-lists-at-longest-for-six-years.html>

- Richard Murray, the director of policy at the King's Fund, said the fact that the waiting list had topped three million was "a sign of where the NHS is heading".

"The worrying thing about the growth in the waiting list is that it shows that demand is rising and will mean in the near future that it could be much harder for the NHS to keep hitting the 90% target. There could be significant breaches of the target, with it falling well below 90%." It was worrying that referral-to-treatment

performance was under such pressure at the same time as the targets to treat patients in A&E units and with cancer were being missed in a growing number of hospitals, he said.

"If the NHS is to keep meeting the 90% target it's going to have to do extra operations and it's not clear where that money would come from. With the number of both performance problems and financial problems rising in the NHS, it's starting to be a bit of a race as to whether the government can get to the general election either by giving the NHS more money or watching NHS performance deteriorate."

Guardian, 12 June 2014, <http://www.theguardian.com/society/2014/jun/12/nhs-waiting-list-over-3-million>

- Health Minister, Earl Howe recently admitted that there had been a “build-up in patients waiting”.

Earl Howe: My Lords, I do not believe that that is a fair comment. In the past four years, since the Government came to office, we have substantially reduced the numbers of patients waiting longer than 18, 26 and 52 weeks to start treatment. Those numbers are lower than at any time under the previous Government. However, we need to address the build-up in patients waiting and, as a result, we are directing extra support and money for hospitals to do more than 100,000 additional operations over the next few months to meet the extra demand.

Hansard: 10 July 2014 : Column 272

4. THE LABOUR FUTURE

- It always falls to Labour to rescue the NHS. We will do it again.

Labour will guarantee access to a GP within 48 hours

Ed Miliband has announced that a future Labour government will invest £100 million in a new GP access guarantee ensuring patients can:

- Consult a doctor or a nurse at their local GP surgery on the same day.
- Get an appointment at their surgery on the same day if they need to be seen quickly.
- Have a guaranteed appointment at their GP surgery within 48 hours.
- Book an appointment more than 48 hours ahead with the GP of their choice.

We will repeal David Cameron's Health and Social Care Act

- Labour has made a firm commitment to repeal David Cameron's Health and Social Care Act 2012.
- Key aspects of repealing the Health and Social Care Act include ensuring that the Secretary of State guarantees a national service free at the point of use; removing enforced competition; ensuring private patients aren't put before NHS patients, and tackling conflicts of interest.
- For a health and care system to be truly integrated, the focus of the health service must be on cooperation and collaboration. Booking ahead, with the GP of your choice, is particularly important for people with complex needs who need continuity of care with the same doctor and it could also help practices plan for those patients who might need longer consultations.

Whole Person Care

- That is why the next Labour Government will integrate health and social care services into a system of 'whole person care'. This approach will bring together three separate, fragmented services into a single service coordinating all of a person's needs – physical, mental and social – with preventing illness and promoting good health at its heart.
- Whole person care will enable us to put people of all ages at the centre of the health and care system in a way that has never been done before; seeing the whole person, and organising services around the needs of people and their communities.
- Central to whole person care is the idea that people with chronic conditions should be empowered to manage their conditions. Labour recognises that better prevention is the key to reducing the burden of chronic illness and that people need support to live independent lives. It will also ensure that the person whose needs are being considered is

at the centre of the decision making process and the planning of their care. This is why personalisation, and meaningful control, will be at the heart of Labour's vision. We want to see more choice for patients over where they receive their treatment and care, for example, through maternity services giving women the option to give birth in their home, and also more opportunities to have treatments like dialysis and chemotherapy in the home.

The Choice

The Labour future / The Tory threat