Policy Statement

HEALTH

Delivering better care,
safeguarding the NHS

Delivering Better Care; Safeguarding the NHS

A Healthcare Policy for an Independent Britain

Policy Statement March 2010

UK INDEPENDENCE PARTY

Contents

Introduction

UKIP is completely committed to the NHS. UKIP believes that the NHS is a huge credit to Britain thanks to its core principles of universality and being free at the point of use. Moreover, the staff of the NHS has always shown unceasing devotion, commitment and professionalism in delivering healthcare to the British people. It should never be forgotten that on the introduction of the NHS, millions of people came forward for treatment.[1] Under Britain's previous private healthcare system, these millions of people had been left to fend for themselves, as they were unable to afford private healthcare.

Nevertheless UKIP believes that the NHS can and must be substantially improved. It is far too centrally managed, is inefficient and wasteful. An ostrich-like failure to recognise the case for reform will threaten the very existence of the NHS.

UKIP will strip away unnecessary layers of bureaucracy so that the NHS can work more effectively and efficiently. UKIP will give people a real and direct democratic say in local NHS decisions such as hospital provision by introducing elected County Health Boards. They will be made up of elected health professionals (not politicians) in place of the excessive and overlapping tiers existing now.

To bring about more value for money, and reverse botched NHS management decisions such as the overgenerous GP pay settlement, UKIP will introduce a system of 'franchise partnerships' to the NHS. This will introduce private sector efficiency to a healthcare system which costs the country some £124 billion a year, and make it possible to deliver better care for the same substantial amount of public investment. It will also allow people to fully 'opt out' of the NHS in favour of private health provision.

In this manner, our healthcare proposals match our education proposals for franchising State schools and offering education credit vouchers to the public.

Franchise partnerships are not privatisation. Treatment at the point of use will remain free. The public face of the NHS and its core principles will be safeguarded. All the NHS assets will continue to be owned by the Government from hospitals to equipment. Moreover, the County Health Boards will be able to take back any franchise partnership within 24 hours, in the unlikely event that conditions necessitate it.

In this way, UKIP will enable the NHS to spend so much more on the UK's pressing healthcare needs in a far more democratic and accountable way. In addition, this will be achieved without frittering away billions on unnecessary administration and managerial costs.

2 The Problem - A Great Idea Suffering from Poor Management

1. Too many Government NHS targets led to the Maidstone Hospital scandal in which 90 people died of the superbug C Difficile thanks to squalid ward conditions.
http://www.dailymail.co.uk/news/article-487162/Hospital-scandal-politicians-fault-says-leading-NHS-analyst.html

2. Since 2005, NHS expenditure on bureaucracy has exploded from £1.43 billion to £2.14 billion in 2009.
http://www.telegraph.co.uk/health/healthnews/6890335/Spending-on-NHS-bureaucracy-up-50-per-cent.html

3. In 2009, there were 39,900 NHS administrators; which is 5,000 more than the number of hospital consultants.
(http://www.taxpayersalliance.com/media/2009/03/dailymailcouk-number-of-managers-employed-by-nhs-managers-soars-by-9-so-there-are-15000-more-penpush.html)

4. Unlike Universities, Britain has no world class hospitals as a consequence of too much interference from the Government.http://www.ft.com/cms/s/0/8dd755f2-fee6-11de-a677-00144feab49a.html?nclick_check=1

5. Patients try to sign on with an NHS Dentist practice in their thousands because NHS Dentist provision is so scant in their area.
http://www.timesonline.co.uk/tol/news/uk/health/article1615073.ece

6. The BBC reported in 2009 that the numbers of those murdered by the mentally ill had risen to 70 people a year in 2005 compared to 54 in 1997.
(http://news.bbc.co.uk/1/hi/health/8173386.stm)

7. Whilst NHS manager numbers soar, NHS maternity wards are seriously understaffed with midwives reporting that they have to care for six pregnant women at once.
(http://www.dailymail.co.uk/health/article-1235921/Midwives-meltdown-A-NHS-worker-reveals-understaffed-maternity-wards-sinking-chaos.html)
(http://www.taxpayersalliance.com/media/2009/03/dailymailcouk-number-of-managers-employed-by-nhs-managers-soars-by-9-so-there-are-15000-more-penpush.html)

8. The Patients Association warns that up to one million people have received poor or cruel care on the NHS with leading doctors warning that patients with terminal illnesses are being made to die prematurely under an NHS scheme to help end their lives.
(http://www.telegraph.co.uk/health/healthnews/6127514/Sentenced-to-death-on-the-NHS.html)

9. Hospital patients were left "sobbing and humiliated" by uncaring staff, an investigation into one of the worst NHS scandals in history has found.
(Source: http://news.bbc.co.uk/1/hi/health/8531441.stm)

3 Executive Summary: Improving the NHS for the 21st Century

3.1 UKIP is fully committed to the principles of the NHS. The NHS will continue to deliver care on the basis of need, not ability to pay. UKIP will not make any spending cuts to the current NHS frontline services budget but will use these considerable resources more efficiently.

3.2 UKIP will abolish unnecessary and overlapping layers of NHS bureaucracy such as the EU-inspired Strategic Health Authorities (SHAs) and the Primary Care Trusts (PCTs) and duplication and bureaucracy at the top levels of the Department of Health and NHS.

3.3 The NHS will be made democratically accountable and efficient through the introduction of directly-elected County Health Boards consisting of healthcare professionals rather than politicians and backed by a secretariat. The County Health Board's will receive a budget on the basis of population and specific local needs. In England, the Boards will be largely based on the counties model bar major conurbations such as London. In Scotland, Wales and Northern Ireland, they will also follow the county model unless economies of scale require a more sub-regional (not EU regional) approach as in Scotland (e.g. for the Highlands and Islands).

3.4 The County Health Boards will put out to tender healthcare services such as Hospitals and GP surgeries. These tenders will be in the form of 'franchise agreements' and 'franchise partners' in which private companies (non-profit and profit making), charitable trust, co-operative professionals and other legally recognised associations offer to run key services for a fixed budget. This brings to the NHS private sector efficiency and innovation but the fixed assets will always remain Government owned so this is not privatisation. There are already franchise partnerships operating within the NHS such as the successful Independent Treatment Service Centres (ISTCs) and certain GP surgeries whilst proudly displaying the NHS brand, its persona and principles. Franchise partners would be sought for all areas of the NHS including GP surgery franchise contracts, hospitals, ambulances, dental and mental health care, with contracts issued in bidding processes and being overseen by the elected County Health Boards.

3.5 In order to improve patient choice, the Government will introduce 'Health Credit Vouchers' which will enable patients that wish to opt out entirely from the NHS to do so**.** This will allow patients to spend a share of their tax earnings in the form of a Credit Voucher on a private healthcare plan. Opt outs will, however, mean that their chosen insurer will have to reimburse the NHS for any use of its services from NHS GPs to prescriptions and NHS hospital care (though not for Accident and Emergency and Ambulance which shall always be provided free to all in need.)

3.6 To encourage greater competition and efficiency, there will be an end to national pay bargaining and fixed national NHS contracts. Staff contracts will instead be negotiated between the individual franchisees and the staff representatives locally. Employees will serve the NHS but be employed by private organisations. It will be up to the franchisees to attract and hold the best staff.

3.7 Wasteful administration and managerial costs will be forced down by the bidding process, whilst high standards will be demanded. There will be greater efficiency of provision and fewer managers relative to the number of healthcare professionals. There will be no slimming down of healthcare provision as the contract will lay down strict minimum service requirements, overseen by elected CHB members. Failure to maintain the agreed level of provision will result in the instant loss of the franchise, particularly where life-threatening conditions have been allowed to develop, such as MRSA or dirty wards leading to patient deaths.

3.8 The new structure will put medical staff back at the heart of the NHS. Medically trained (not 'modern') Matrons will have primary responsibility for hospitals, ward cleanliness and 'on the job' nurse training. Cleaning staff will be directly responsible to Matrons and not to distant managers.

3.9 UKIP will also reintroduce free Dental Check Ups and Eye Tests for all on the NHS which will be paid for by savings in waste in managerial and administrative costs. UKIP regards the scrapping of such free tests to have been counterproductive.

3.10 The UK system of regulating healthcare will be returned to such bodies as the General Medical Council (GMC) and other British healthcare regulators. They will be given back the final say on who can work in the UK. EU Directives which have led to unsafe work practices and allowed poorly supervised EU (non UK) doctors to put the lives of British patients at risk, as in the tragic David Gray case, will be stopped.

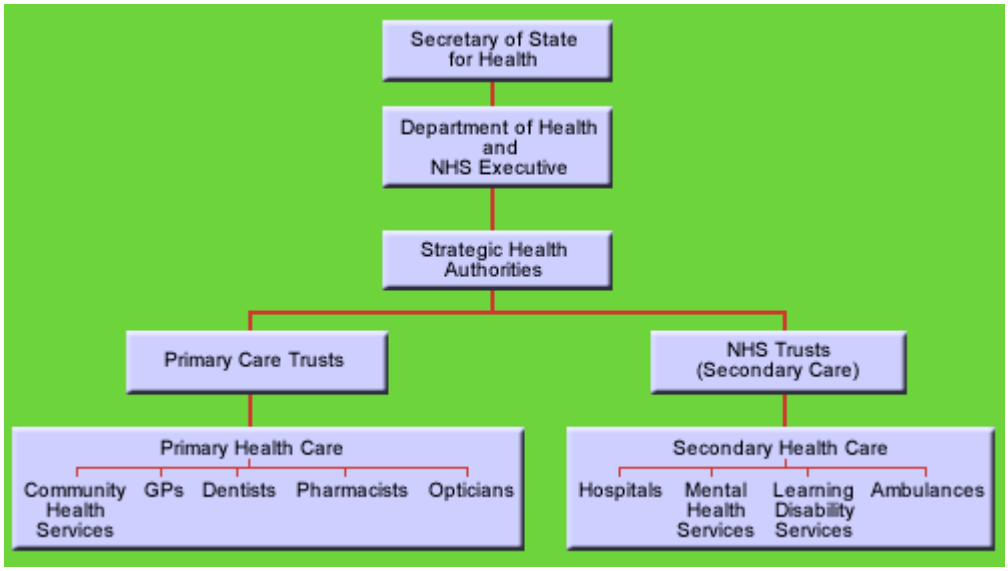
3.11 For Long-Term Care, UKIP will ensure a taxpayer funded, non-means tested guaranteed minimum standard of care through Long-Term Care Vouchers of up to a limit of £20,000. This will cost about £20 billion per annum, or about one-and-a-half per cent of GDP. The bulk of this cost is already borne by the NHS or local councils so the additional extra cost of scrapping means-testing would be minimal. Giving UK citizens notice of such vouchers will encourage additional private healthcare plans or use of assets to supplement the sum provided.

3.12 UKIP will support homeopathy through the NHS; and seek simple but effective regulation of psychotherapy and related counseling services.

4 The Situation Now: The NHS Bureaucracy

4.1 During Labour's term of office, it is clear that vast resources have been squandered on excessive pay awards, badly conceived targets, spiralling managerial and administration overheads and overly complicated bureaucracies rather than patient care.

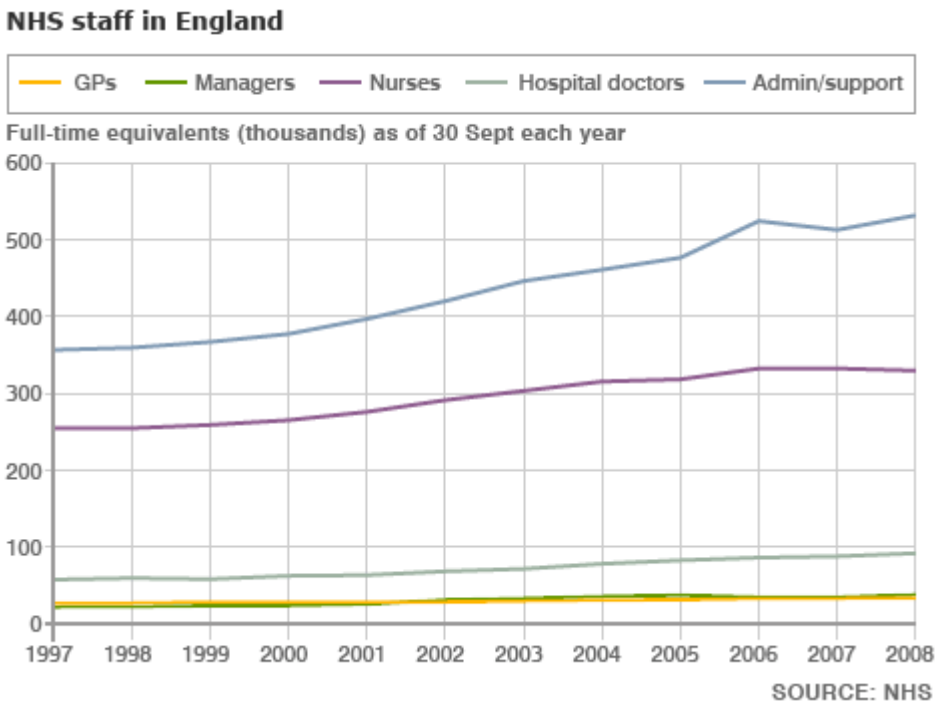
4.2 The organisational chart below charts the NHS in England and its tangle of Trusts and Strategic Health Authorities. Scotland, Wales and Northern Ireland have simpler managerial structures which more closely resemble UKIP's planned system.



In England, the Primary Care Trusts control 80% of the NHS budget and commission such services as general medical practitioners (GPs) and dentists. More specialized services are commissioned by NHS Trusts from such organizations as Acute NHS Trusts, Mental Health Trusts, Foundation Trusts and so forth.[2] In Scotland, there are 15 Boards which serve the Scottish regions and a number of other quangos and organisations such as the Scottish Ambulance Service.[3] In Wales, there are seven Health Boards and three NHS Trusts such as the Welsh Ambulance Trust. In Northern Ireland, there are five Trusts and a number of other agencies.[4]

4.3 The running costs of the Strategic Health Authorities (SHA) and the Primary Care Trusts (PCT) were a sizeable £1.4 billion in 2009 according to a report in the health publication Pulse.[5] Pulse also reported that PCTs have approved huge increases in salary costs with some Trusts citing increases of between 60 and 100%. Management salaries alone will cost the NHS some £390 million in the 2009/10 tax year. [6] All told, the total bureaucracy cost for the NHS came to £4.5 billion of which £2 billion alone was spent on NHS quangos.[7]

4.4 Moreover, the BBC reported that the number of administrative posts in the NHS have spiralled upwards since Labour took power in 1997. It also shows that there hasn't been a corresponding increase in the number of nurses or doctors.[8]



4.5 Furthermore, the NHS has blown billions on poor management decisions. According to the independent lobby group, the Tax Payers Alliance, the cost of developing the NHS patient IT records system has gone from £2.3 billion to £12.7 billion. For comparison purposes, the Association states that '£10.4 billion could pay for forty fully-equipped 400-bed hospitals.'[9] UKIP will scrap the EU-inspired NHS Patient IT system (to allow an EU-wide healthcare system) and require a return to local record holding at the county and GP level.

4.6 Moreover, management consultants McKinsey and Company advised the Labour Government recently that savings of up to £3bn a year could be made in the NHS by improving staff productivity for example. UKIP believes that the franchise partnership system will boost staff productivity even more than this envisaged saving.[10]

5 UKIP Proposals - Local Democratic Control and Franchise Partnerships

5.1 UKIP is committed to the future of the NHS and keeping treatment free at the point of use. However, the NHS needs to be streamlined and be made more accountable and better managed. UKIP's proposals will enable the NHS to maximise its services and reduce its top heavy bureaucracy.

5.2 UKIP will introduce elected County Health Boards (CHBs) to create local democratic control of the NHS. These County Health Boards will franchise out NHS services through competitive bidding to local 'franchise partnerships'. Franchise partnerships will introduce greater efficiency, enhanced investment, better management and increased innovation, to deliver reduced administrative and managerial costs, so there will be better services for the same budget.

UKIP's new system will also bring about more direct accountability with the County Health Board's ability to fire non-performing franchise partnership companies within 24 hours for gross failings, where necessary, instead of the currently feeble system where gross failings of hospital managers lead cynically to massive payoffs for one or two top executives and little real change. Under the new system failings such as deaths caused by bad cleaning practices will lead to the loss of the entire franchise, from the Chief Executive through to the local cleaner (though with the majority of staff re-employed by a new franchise partner after a new bidding process).

5.3 Franchise partnerships will also bring about the end of national pay bargaining for GPs where local conditions and cost of living realities - both higher costs (such as in metropolitan areas like London) and lower costs are ignored, so bringing more resources back into the NHS and into direct patient care.

5.4 Under UKIP's plans, nurses will be empowered and put back at the heart of the NHS. UKIP will eliminate pointless NHS targets which can easily be manipulated to show false results. Tough franchise partnership contracts and effective democratic oversight will do a better job in ensuring lasting and sizeable improvements to Britain's healthcare track record.

5.5 UKIP will widen a 'tried and tested' formula across the NHS as independent research studies show that franchise partnerships within the NHS has already been a success. Moreover, franchise partnerships will increase investment in NHS services as franchise partnership companies compete to hold onto existing contracts and to win others.

5.6 It is anticipated that the total NHS budget for 2010 will be around £124 billion.[11] Under UKIP's proposals, the NHS budget will still be calculated by a slimmed down Department of Health (DoH). The Department of Health will set the main strategy for the NHS, establish the overall budget, co-ordinate public health initiatives such as vaccination programmes and emergency epidemic measures and oversee the drugs approval authority, NICE. The Department of Health will also award budgets to the County Health Boards based on their population size and the specific needs of their communities.

5.7 Acting on the wishes of the local community, the County Health Boards will then devise their own health plans and commission franchise partnerships as they see fit. The layers of competing authorities such as the SHAs and the PCTs will be abolished and all their equivalent supervisory and strategic functions will be assigned to the new County Health Boards.

5.8 Elected once every four years, the County Heath Boards (CHBs) will bring local democratic control to all major local health decisions - the quality and type of GP services, NHS dental and eye test provision locally, the provision of hospitals (including opening, rebuilding and closure of local hospitals), ambulance provision, maternity, mental healthcare and social services (as now, social services are provided by counties). They will direct, oversee and regulate but will not manage services themselves. The CHBs will commission healthcare through franchise partnerships and similar contracts

from private sector franchise partnership company providers, partnerships (as with GPs), co-operative and charities. However, the assets of the NHS will still be owned by the Government. Those specialist hospitals which serve the whole country rather than local needs will be franchised directly by the Department of Health, with CHB input.

5.9 The County Health Boards and the Local Authorities will work closely together in order to prevent 'bed blocking' which ties up an NHS bed by a patient who is deemed fit enough to be discharged but has no accommodation. In 2006, the BBC reported that a million bed days were lost to 'bed blocking'.[12]

5.10 The franchise partnership process will start with all those entities providing services to the NHS such as GP surgeries, acute hospital trusts, mental health trusts and ambulance trusts being established as franchised operations on local franchise partnership contracts, drawing on standard franchise partnership contract terms and conditions. They will be 'shadow franchise partnerships'. In the railway franchise example, shadow franchise companies were created from existing British Rail divisions before being let to private operators such as Virgin. Whilst the privatised Railtrack was unsuccessful, other rail franchises have proved successful in delivering excellent service to the public.

5.11 Shadow franchise partnerships would exist for a few years to allow a set of figures and set of contracts to be established prior to the establishment of the County Health Boards and allowing a franchise partnerships bidding and letting process based on 'going concerns'. In many cases the contracts and accounting processes already exist.

5.12 The length of franchise partnerships would be related to the degree of investment needed. Major hospital rebuilding, possibly on new sites, may require 30 year franchise partnerships and require companies with major construction expertise as well as management, whilst modern facilities may only need shorter term franchise partnerships of no more than 10 years.

5.13 As decision making is devolved downwards to the county level, the NHS will become much more sensitive to local needs and opinion. To improve value for money, County Health Boards will encourage competition in their area for available franchise partnerships. They would look for genuine innovation, investment and commitment.

5.14 Public opinion in a county will hold the Board personally responsible for their decisions. The Board must therefore listen to the wishes of the local people when it comes to retaining A&E facilities or the future of rural cottage hospitals. With UKIP's empowerment of local councils through a major transfer of powers and responsibilities from unaccountable bureaucrats in the EU and Whitehall, extra resources may now be found at local level to help support such facilities. The result will be much better hospitals and healthcare facilities which are responsive to local needs and desired priorities.

5.15 In 2009, there was a spate of NHS scandals which shocked the nation and have acted to shake confidence in the NHS. In Basildon hospital, seventy people needlessly lost their lives in the A and E department thanks to the filthy conditions whilst in Maidstone

Hospital 90 people died from similar neglect.[13] These incidents threw up major questions about the current management of the NHS and are a damning indication of the NHS fixation on targets rather than patient care. If the Trusts were franchise partnerships, they would have lost their franchise partnerships overnight for allowing 'an unusually high death rate' in their hospitals.

5.16 It wouldn't just be a case of a report slapping their wrists or the resignation of a Chairman with a ridiculous and obscene pay off as now. The entire franchised operation from surgeons to cleaners, managers to nurses, would be terminated, with a caretaker franchise partnership company taking over with immediate effect. The franchise partnerships would then be retendered which may involve lay-offs of poorly performing staff. In this way, everyone will have a stake in ensuring cleanliness and safety in hospitals and other NHS centres.

5.17 UKIP notes with dismay the findings of a recent inquiry into South Staffordshire Hospital which found that the distress and suffering of the patients had been "unimaginable". This was the consequence of the Mid Staffordshire NHS Trust that had become obsessed with targets and cost-cutting. Under UKIP, such a Trust would be sacked immediately.[14]

5.18 Under the new system, only the County Health Boards and the Department of Health will be responsible for inspections and thus the failed system of competing regulatory quangos will be swept away. In particular, the Care Quality Commission, which managed to give several hospitals good reports just months before they were found to have life-destroying failings will be abolished. The new inspection regime will be simpler, rigorous, cost efficient and above all effective.

6 Franchise Partnerships: Tried and Tested in today's NHS

6.1 NHS hospitals have already outsourced medical services such as routine operations to privately run Independent Sector Treatment Centres or ISTCs. The ISTCs are free at the point of use like any other NHS service. ISTCs are normally situated within NHS hospitals and generally perform non-emergency surgery such as hip replacements, cataract operations or diagnostic care such as MRI scans.[15]

6.2 By focusing on specialised treatments such as hip replacements, they are able to streamline patient care and shorten waiting times. The centres contract with the Government and the contract does include a profit margin. The ISTCs are run by a number of companies who would be ideally placed to bid for franchise partnerships as they have a strong track record in providing excellent healthcare on behalf of the NHS. UKIP does recognise that franchise contracts will have to tackle a wider range of clinical procedures, some of which are more difficult and complex that may be included in current ISTC contracts.

6.3 For example, the private healthcare company Netcare has been commissioned by NHS Scotland to run the Scottish Regional Treatment Centre. In June 2008, the management consultants PricewaterhouseCoopers published an evaluation report in

which it described the Centre as providing 11% better value for money than equivalent NHS hospitals. The NHS Confederation noted that in 2007, between 250,000 and 300,000 NHS patients had chosen an independent provider for their NHS-funded treatment.

6.4 Moreover, 'franchise partners' are working with the NHS to provide community-based services. For example, the Somerset integrated COPD service is run by BUPA Home Healthcare in partnership with the GP consortium Avanaula Systems whilst in the South East, Clinicenta offers a mobile audiology service to patients of four Primary Care Trusts.

6.5 In South Tyneside, Connect Physical Health offers a GP-referred physiotherapy service to patients whilst Local Care Direct provides out-of-hours care and advice to 2.5 million people in West and South Yorkshire. In mental healthcare, companies such as the Priory Group now work with the NHS to provide care.

6.6 Indeed, in 2007, over eighteen percent of acute, secure and rehabilitation beds were publicly funded and independently supplied. It should be stressed that the NHS also works closely with charities such as Age Concern, Marie Curie Cancer Care and St. Andrew's in Northampton which is the UK's largest mental health facility. Clearly, franchise partnership providers will come from a wide variety of organisations such as charities, non-profit organisations, co-operatives and limited companies.[16]

6.7 UKIP welcomes news in 2010 that Hinchingbrooke NHS hospital, which has challenging debts of £40 million, will be first NHS hospital to be franchised out to a private sector organisation after the only NHS bidder dropped out. Among the front-runners is Circle Health, a company that specialises in John Lewis-style employee partnerships to boost productivity.

6.8 UKIP also notes David Worskett's comments, as a director of the NHS Partners Network at the NHS Confederation, that such a level of private provision was to be welcomed, saying "The NHS faces two huge problems. One is its finances and the need to improve productivity and the other is the means of finding innovative new ways of delivering care…. Hinchingbrooke shows us that there are hospitals using conventional NHS approaches and, with all the will in the world, have not been able to make it work. The only way to preserve this hospital is to look to people who have the greatest chances of innovation and improvement. This is the start of something that will develop on a larger scale in years to come."

6.9 In addition, Joyce Robbins, of Patient Concern, added that her organisation did not object to the move, as long as it was properly regulated, saying. "If the NHS cannot manage on that scale then let's allow someone else [to] have a go." [17]

7 Improving Healthcare

7.1 A study conducted by researchers from London School of Hygiene & Tropical Medicine and the Royal College of Surgeons of England has confirmed the high quality of care from the ISTCs. The report concluded that "patients undergoing cataract surgery

or hip replacements in ISTCs achieved a slightly greater improvement … than those treated in NHS facilities". Furthermore, the Report stated that "Patients treated in ISTCs were less likely to report post-operative problems than those treated in NHS facilities."[18]

7.2 In the 2008 Healthcare Commission NHS In-patient Survey, ISTCs scored highly on a number of measures, including overall quality of care.[19] In June 2009, there were some 34 such ISTC centres with two chains of mobile units.

7.3 The benefits to be delivered through competition are also borne out by the fact that The King's Fund research also found that the ISTCs had a galvanising effect on the NHS in improving patient care through competition.

8 Encouraging Innovation

8.1 Private companies succeed or fail by their willingness to embrace change and innovation. Moreover, the franchise partnerships will be able to introduce innovations quickly as they will not be lumbering under the dead weight of the NHS cumbersome bureaucracy.

8.2 For the NHS, independent studies have already shown that private companies can bring in radical measures that improve patient care. In their survey of ISTCs, the King Fund which is an independent UK healthcare research charity, found that the ISTCs provide "a space in which innovative approaches could be developed which could then spread across the NHS." The Fund quotes the House of Commons Health Committee enquiry which concluded that "ISTCs have embodied good practice and...innovative techniques such as mobile units."[20]

9 Empowering Nurses and Protecting Doctors' Training

9.1 Under the new system, Matrons - defined as managers with long term medical backgrounds and training - will be given back the powers that they have lost under successive Labour and Conservative Governments. It will be Matrons who will be responsible for ward cleanliness, nurse training and efficient operations. A 2004 report found that only 9% of Matrons canvassed for the Report said that in the past two weeks, they had been able to spend significant time to ensuring ward cleanliness. However, 77% reported that a major part of their time was spent in meetings with managers.[21]

9.2 Nurse training will be switched from Universities to 'on-the-ward' training and on-site student nurse colleges. Thus training will take place under the watchful eyes of the Matrons and their teams of senior nurses. This will replace the current damaging rush to graduate level training to meet a nonsensical and unhelpful 50% graduate target. Under the present ridiculous rules, all nurses will be required to take a University degree from 2013.[22]

9.3 Each franchise partnership will be obliged to take on a certain proportion of nursing students each year. UKIP will also introduce Cadet Training which will encourage school leavers into the nursing profession. This would help to reduce the large numbers

of student nurses who fail to complete their training and the resulting cost implications. The franchise partnerships will also be obliged to provide trainee nurses with on-site accommodation.

9.4 The franchise partnerships will also be required to take part in the training of both student and experienced doctors. This is the case with current independent providers to the NHS. According to the King's Fund, the Independent Sector Training Centres were "contractually obliged to take part in the training of junior clinical staff, should the Deans of local educational bodies require it."

10 Encouraging Investment

10.1 Franchise partnerships will be funded through a combination of public and private funds. These two sources will enable the franchise partnerships to invest in the services that they offer to the public.

10.2 First, the franchise partnerships will be paid by the County Health Boards to provide a pre-agreed and democratically accountable minimum level of service. The County Health Boards will be funded by the Government according to need and the size of the local population, with some potential additional funding from local council income resources.

10.3 The franchise partnerships may also be paid for referrals from other County Health Boards, Research Grants, Foreign Patients and Private Patients who will pay for their treatment through private healthcare plans, some of which will rechannel NHS 'opt out' vouchers/credits (see below) back into the NHS.

10.4 In this way, the franchise partnerships will be able to bring in additional investment to improve their services and thus earn the right for a renewal of their contract which could be for between ten and thirty years in length. Each contract will be equipped with review points in which the contract can be ended early in the event of poor performance. This means that risk will be shared equally between the CHB and the franchise partnerships and that franchise partnerships will have the time to reap the dividends of their long-term investment.

11 Ending National Pay Bargaining

11.1 The Labour Government has underwritten a series of unrealistic pay demands which have soaked up billions of pounds of NHS expenditure unnecessarily. Under the franchise partnership arrangements, pay will be negotiated by each separate, local franchise partnership, reflecting local costs, local staff pools and desirability of areas.

11.2 Consequently, pay levels will be adjusted to suit each part of the country, and not be reduced to a standard average that is too much for many areas and too little for others. Indeed, the reason that the current NHS uses the franchise partnership model for certain GP practices in less desirable, more socially demanding areas is that the rewards are not sufficient to attract private provision by private GP practices.

11.3 The average reward for a French GP is some 40,000 Euros per annum (2008 figure). In comparison, British Partner GPs are now receiving an average of £113,000 a year (2008)[23] whilst no longer providing weekend and 'out-of-hours' services. A process of GPs having to bid for local GP franchise partnerships will ensure that desirable areas will attract keen and efficient bids, whilst less desirable areas become more appealing as they will earn higher rewards.

11.4 Due to the democratic process, County Health Boards awarding GP franchise partnership contracts will be under pressure to listen to the patients of existing GP practices which will help determine whether existing GP practices are retained or replaced with better alternatives. It is thought that well-performing GP practices will retain their franchise partnerships, but will be subject to normal commercial pressures to deliver better value to the NHS. The best performing GPs will be substantially rewarded but for average or poor performance, the County Health Boards will drive down costs.

12 Ending Pointless Targets

12.1 In their reforms of the NHS, Labour promised to end waiting lists by introducing so-called performance targets. By 2006, there were sixty-two targets as well as a host of required audits and reviews.[24] To cope with this administrative burden, the number of managers soared by seventeen percent as opposed to a five percent increase for nurses.[25] To satisfy these targets, NHS managers also introduced a series of measures which actually compromise patient care. For example, the Telegraph reported that the NHS was treating cancer patients who were referred by their GP much more quickly than those who were rushed to A & E with violent symptoms. This is because GP referrals count towards cancer treatment targets whilst A & E department statistics do not.[26]

12.2 Moreover, NHS hospitals are moving patients around the hospital within hours of their admittance even though there may be no beds available in the appropriate ward.[27] This is called 'target breaching' which it is claimed has been a responsible factor in the spread of such infections as MRSA.

12.3 In their report on the Maidstone and Tunbridge Wells health scandal, the Healthcare Commission stated that the crisis was due to the Board focusing too much on meeting targets and audit reviews and not enough on patient care and infection control.[28] This is because the Board was trying to save £40 million by reducing the number of nursing staff and the number of beds.[29] In Staffordshire, a NHS report stated that NHS targets may have led to 1,200 deaths due to "appalling standards of care".[30] The Daily Mail reported in 2007 that NHS Chief Executives had admitted off the record that they often increased the number of managers at the expense of frontline staff.[31]

12.4 In the franchise partnerships environment, which will emphasise efficiency and innovation, such pointless targets or deadlines will be eliminated as a waste of time and money. Proper review procedures will be established between the CHB and the franchise partnership which will establish minimum service levels and performance ratings. GPs will be a key source of information for the County Health Boards to ensure that the

franchise partnerships are performing to expectation. Public Hearings in which franchise partnership chairmen will be expected to attend will also perform this public supervision role.

13 Key Changes to NHS Provision

13.1 It will be up to the Department of Health to set prescription charges for the whole of the UK. This will remove the payment differences that currently exist in the UK so that everyone is treated the same. UKIP will also eliminate the current NHS postcode lottery in which there are major disparities between different areas of the country. For instance, the BBC reported in 2008 that patients living in Cheshire have a much higher chance of getting non-NICE approved cancer drugs than those living in Manchester.[32]

13.2 UKIP will re-introduce free dental checks and eye tests to the NHS using a franchise partnership system for dentists and an eye test voucher issued by GPs on request for NHS patients. Dental check-ups are currently priced at £16.50 per check-up. Assuming the British population is 61,399,118, the total cost of annual check-ups is just over a billion pounds. For Free Eye Sight Tests, the current cost comes to £20.26 per person (2009-10 charges). This would indicate a total possible cost of £1.24 billion**.** This is a UKIP spending commitment of £2.25 billion. This will be part of the dividend to the public from the massive reduction of the management and administrative costs of the NHS through more efficient operation, reduced waste and better results.

13.3 Patients do not have to be treated in their own County Health Board area. They can choose to be treated in another county franchise partnership hospital, a specialist hospital which is franchised by the Department of Health or certain private hospitals charging the NHS Tariff. The patient's County Health Board will reimburse these hospitals for such treatment. The NHS already offers similar choices of hospitals under the 'Choose and Book' system through GPs. This is an electronic booking service but not all hospitals can take this type of direct bookings. Around 98% of GPs use the Choose and Book system at some stage in the week but only around half of new outpatient appointments are being made in this way.[33]

13.4 Expectant Mothers will have the right to choose where they have their baby. This is a choice that County Health Boards must offer through their provision of services.

13.5 The County Health Board will issue tenders for GP Surgery contracts, assess bids and award contracts. This process will be publicly accountable to their voters and NHS patients. CHBs will be encouraged to demand bids based on local GPs providing out-of-hours and weekend care rather than faceless and anonymous locums or inferior non-local providers. Failure to provide such services may lead to loss of franchises by existing GPs.

13.6 As part of the re-organisation, the County Health Boards will offer NHS Dentist franchises to Company, Trust and Limited Partnership bids. Dental hospitals will be covered by the County Health Board budget and franchised out to the best bidder. In this way, everyone in Britain should be able to gain access to an NHS franchise partnership Dentist rather than the patchy and wholly insignificant coverage which exists today.

13.7 As a quid pro quo for the expansion of free, regular dental care to NHS patients, UKIP will legislate to ban the use of fluoride in water supplies which was designed as a catch-all 'health measure' in lieu of poor dental care and standards. This measure also means that the water is unpleasant to drink.

13.8 Under County Health Boards, the decision whether to charge for hospital parking at all, or in part, or provide free parking will be a local matter and decided locally. Some counties may opt for charges to pay for extra services to NHS and other resources, whilst others remove the charges all together. It is for local people and local hospital users to decide.

13.9 Quangos such as NHS Direct (England), NHS24 (Scotland) and HOWIS (Wales) will be franchised by the Department of Health as one UK franchise partnership (in a similar way to the Association of Train Operators contracting one GB contract for National Rail Enquiries). Its remit will cover the whole of the United Kingdom. Northern Ireland's health information is currently found on a number of Northern Ireland Government sites and phone lines such as NI Direct but the UK franchise partnership company will take over this role.

13.10 The future of NHS Walk-In Centres will be a matter for the relevant County Health Boards and their locally-determined franchise partnerships priorities. UKIP will introduce proper local democracy and the practice of forcing 'polyclinics' on local people by Government Ministers will be ended. It will be a local decision whether polyclinics are embraced or not but UKIP is strongly in favour of GP provision at the most local level.

13.11 There are currently twelve Ambulance Trusts, nine of which cover England along EU-inspired regional lines, whilst Scotland, Wales and Northern Ireland have one Ambulance Service each.

13.12 Under UKIP proposals, the Ambulance services requirement will be devolved to the County Health Boards which will franchise them out for their particular area or county. The County Health Boards will provide the supervisory role which will set down minimum staffing levels and required equipment upgrades. The training and development of Ambulance workers will be devolved to the franchise partnerships and the day-to-day supervision of this training will be done by the CHB. The Department of Health will have an oversight of standards.

13.13 It is UKIP's view that if Air Ambulances are thought vital to the provision of healthcare services, then the NHS should pay for them through County Health Boards rather than through public donations, which may be redesignated towards other worthy health spending. The Scottish Air Ambulance is already publicly funded, and transfer to County or Area Health Boards would be a straightforward step.

13.14 As stated earlier, over eighteen percent of NHS beds in this sector are currently provided by independent suppliers so this type of franchise partnership will be building on a very strong base. As with every other franchise partnership contract, the terms of

the contract will ensure a very high level of service. Moreover, the Department of Health and the County Health Boards will maintain a very high level of vigilance to ensure that standards are always met. It would be important that expert representatives of mental health providers be encouraged to stand for election to the CHBs.
County Health Boards will also work closely with the Local Authorities and Franchise partnership companies. This will ensure the effective co-ordination of the key professionals - Psychiatrists, Ambulance Workers, Amhp (Approved Mental Health Professionals) and Police Officers. It is these teams who are responsible for the sectioning of individuals, who are a danger to themselves or others, to secure psychiatric units.

13.15 The long term care policy follow UKIP's welfare and pension reform proposals, which simplify everything down to flat-rate universal, non-means tested benefits or pensions. See UKIP's policy paper on pensions, available on the UKIP website, for more details.

13.16 UKIP can see no reason why exactly the same principles shouldn't apply to long-term care. Currently, one in four people go into care but Britain's care needs will become more acute as people live for longer. Indeed, the report, 'Rejuvenating Ageing Research' states that by 2050, ageing populations are likely to cost advanced economies "around nine times more than the current economic downturn".[34]

13.17 The present system is savagely means-tested, which might reduce the cost to the taxpayer slightly, but acts as a retrospective tax on savings.

13.18 The cheapest and most efficient kind of insurance for long-term care costs is a taxpayer funded, non-means tested guaranteed minimum standard of care. Consequently, UKIP will introduce Long-Term Care Vouchers of up to a limit of £20,000. On current figures, this would cost about £20 billion per annum, or about one-and-a-half per cent of GDP. The bulk of this cost is already borne by the NHS or local councils so the additional extra cost of scrapping means-testing would be minimal.

13.19 Those without savings will have a safety net, and those with savings can choose to pay the difference towards the cost of a higher standard of care if they so wish. Furthermore, we should not forget that long-term care is quite labour intensive, although not necessarily highly skilled. UKIP's welfare simplification proposals would make taking low paid work much more attractive for those currently unemployed, so there will be plenty of people willing to do the work, which would help reduce any extra costs caused by ending means-testing. There will also be Workfare which will allow Councils to provide additional local care projects. For more information on Workfare, see the full UKIP policy, available on the UKIP website.

14 Repealing the EU's Directives on the NHS

14.1 On leaving the EU, UKIP will also immediately repeal any legislation connected with the EU Working Time Directive (Council Directive 93/104/EC). The NHS has wasted millions of pounds implementing the directive. In 2009, the President of the

Royal College of Surgeons of England, John Black, said that "the vast majority of doctors think EWTD is dangerous." He went on to say that "people are going to die because of this." This is because it forces multiple and unnecessary doctor handovers and reduces the time for doctor training.[35]

14.2 UKIP will also immediately repeal EU Directive 2005/36 which allows any medically qualified EU national to practise medicine in the UK. Under this Directive, the British General Medical Council has no powers to check that an EU doctor has the required English language skills and professional competence. The responsibility lies entirely with the employer and in the case of Dr Ubani, this showed up serious failings in the system.

14.3 Dr Ubani failed in his first attempt to win the right to work in the UK but succeeded with a Trust that had lower standards for professional competence and English language skills. Once granted permission, he was able to secure employment with Cambridgeshire PCT. In his first shift in 2008, Dr Ubani killed David Gray with a tenfold overdose of a painkiller and a woman had to be rushed to hospital thanks to his inappropriate treatment.[36]

14.4 UKIP also notes that NHS Primary Care Trusts are under immense pressure to sign up doctors for 'out-of-hours' and weekend care as British GPs are now exempt from this responsibility of care.

14.5 To stop a drain on the UK's health resources, every visitor entering the UK will be required to hold private medical insurance or equivalent prior to their entry. It will be the responsibility of the airline or ferry company to ensure that each of their passengers has valid medical insurance before allowing passengers to board. If in doubt, the company will put the cost onto the passengers' ticket price. This is required to stop health tourists visiting the UK and costing the UK taxpayer millions of pounds a year. In September 2009 for example, the Daily Mail reported that £7 million alone was owed by non-EU patients to NHS London hospitals.[37]

14.6 EU citizens are, of course, entitled to free treatment by the NHS if they are residents of the UK. Under EU law, any citizen of the EU is entitled to claim residency in the UK and over a million people from the EU have claimed this privilege. Vice a versa, there are only 286,000 British citizens who work in EU countries.[38] Under UKIP proposals, only UK Citizens would be allowed NHS care for free. An 'NHS Insurance card' will be issued to known patients by GPs who will retain only localised databases. UKIP will end the disastrous NHS Database IT project and revert to localised databases held by GPs with some County Health Board records.

14.7 EU or non-EU citizens working in the UK and paying UK taxes will also be eligible for free NHS care. This will be on receipt of an NHS Insurance card which has been issued on evidence of paid UK tax and legitimate visas.

15 Herbal Medicine, Traditional Medicines and Homeopathy

15.1 An independent Britain will immediately repeal any legislation connected with the EU Directive on Herbal Medicine. The Directive seeks to ban herbalists and practitioners of traditional Chinese medicine from using manufactured or pre-prepared herbal medicines.

15.2 A UKIP Government will allow any doctor or Herbal and Traditional Medicine Practitioner to prescribe herbal medicines. This will be done under the supervision of the Department of Health and the County Health Boards.

15.3 County Health Boards may request GP franchise partnership bids to include details of related Herbal Medical services offered on site (or through linked local sites).

15.4 UKIP rejects the recent House of Commons report on homeopathy as an unbalanced and short-sighted dismissal of a branch of medicine that last year treated 54,000 people on the NHS. UKIP endorses the remarks of the Chief Executive of the British Homeopathic Association who pointed out that "the [select committee] inquiry was too narrow in its remit, there is plenty of evidence to support homeopathy, with 100 randomised controlled trials, and many more on outcome measures, which reflect how patients say they feel." UKIP believes that homeopathy has much to offer patients and notes that in a recent survey carried out at England's NHS homeopathic hospitals, some 70 per cent of patients said they felt some improvement after undergoing treatment. UKIP will continue to support homeopathy through the NHS.

16 Regulation of Counselling and Psychotherapy

16.1 UKIP is opposed to the Government's intention to regulate counselling and psychotherapy through the Health Professions Council as their proposals are unnecessary, costly and impossible to enforce properly. Consequently UKIP will examine alternative regulation proposals such as the Practitioner Full Disclosure (PFD) which has been pioneered successfully in Canada and Australia. This is a simple scheme in which practitioners register their qualifications centrally and which provides for an efficient complaints and mediation procedure.

17 The Future of NHS Regulation and Training

17.1 UKIP will retain the National Institute for Clinical Excellence (NICE) that will continue with its monitoring and evaluation procedures and determining which drugs will be available from the NHS. The County Health Boards can choose to pay more for a drug but they will be prevented from refusing a drug if it has been sanctioned by NICE.

17.2 The Medicines and Healthcare products Regulatory Agency (MHRA) will also be retained as this is the Government quango which is responsible for ensuring that medicines and medical devices work and are safe. The Advisory Committees will also be retained to act as advisors to both the Department of Health and the CHBs.

17.3 Agencies such as NHS Business Services Authority, National Leadership Council and the Independent Reconfiguration Panel will be abolished as their functions will be taken over by the Department of Health, County Health Boards and/or the franchise partnerships themselves.

18 NHS Educational Standards and Monitoring

18.1 The certification of professionals and monitoring of individual qualifications and disciplinary matters will continue to be in the hands of the existing UK professional bodies such as the General Medical Council and British Dental Association.

18.2 EU threats to undermine and replace these UK institutions by less prestigious and less effective EU-wide bodies such as the Committee of Senior Officials in Public Health (CSOPH) will be removed upon withdrawal, with a firm and rapid return to the proven system of high standards and strong safety delivered by established UK regulatory bodies. The CHBs and the franchise partnerships will be entitled to refer cases to these organisations.

18.3 Medical qualifications will continue to be granted by the appropriate Medical Faculty whilst Nursing Qualifications will be determined by the Royal College of Nursing. The Post-graduate Medical Education and Training Board (PMETB) will remain in place. It will be given powers to ensure that training is provided by the appropriate franchise partnerships and that the training offered is to the PMETB's required standard. Naturally, PMETB will work with the County Health Boards and the Department of Health to ensure that franchise partnerships meet their post-graduate doctor training requirements.

19 Patient Choice and Health Credit Vouchers

19.1 Patient choice is essential in making Britain's healthcare system responsive to the wishes and needs of the British people. Currently, NHS managers live in an ivory tower where they are guaranteed tens of billions of public money every year. Only through patient choice and thus competition, can Britain see real improvements to the British healthcare system.

19.2 Whilst UKIP is fully committed to the NHS and seeking its improvement as the central tenet of its healthcare policy, we recognise that there are people who wish to have greater choice of healthcare provision in addition to or instead of the NHS. UKIP does not believe those who wish to rely on private health plans should be treated as pariahs, as has happened in the past.

19.3 Indeed, there is a strong relationship between tax incentives provided for private health insurance and the load taken by the NHS. In July 1997, Labour abolished tax relief on private health insurance for the over 60s.[39] Following that move, NHS waiting lists suddenly worsened considerably as people abandoned private health cover and demanded treatment from the NHS. The resultant waiting list scandals led to a culture of targets, many centred on driving waiting lists down again at major public expense. It is

arguable whether it is more efficient to offer tax incentives to the relatively few who choose private health insurance or for the NHS to have to meet the cost of their provision which may lead to overload and excess capacity.

19.4 Nor is it necessarily the wealthiest people who enjoy private health insurance for that is a myth. Trade unionists are often covered by private plans. Employees of all levels who need serious operations that the NHS cannot provide in a fair timeframe have often paid for private care. For example, the public sector trade union Unison which represents more than 1.3 million people offers Medicash – a non-profit private healthcare insurance plan – as one of its benefits to members.[40] Moreover, the Friendly Society CS Healthcare which offers low cost medical insurance to employees of the public sector asserted in 2009 that one adult in six now has private medical insurance.[41]

19.5 It is UKIP policy to offer people choice. Therefore, at no prejudice to the NHS, UKIP will introduce Health Credit Vouchers which will offer many more people the chance to choose to opt for private healthcare. The Health Credit 'Opt Out' Vouchers will be issued by a patient's GP as a lump sum annual payment in the first instance as 'cheques' that can be 'cashed' as part payment for a patient's private healthcare insurance plan.

19.6 The Health Credit Voucher will be in the form of a tax break from the Government. The tax break will also be available under umbrella schemes offered by an individual's employer or a trade union for example.

19.7 It should be noted that patients who decide to take the Health Credit Voucher route must now pay for all their healthcare treatments including visits to their GP, prescriptions and use of NHS hospital facilities. The exception to this rule is that treatment from all NHS Accident and Emergency departments and any emergency ambulance service will continue to be free to everyone regardless of payment.

19.8 NHS franchised hospitals can 'win back' voucher backed patients through their private wards. These private wards will compete with private hospitals and enable the franchise partnerships to maximise their resources. This competition will increase patient choice as these patients will be able to choose their consultant, time of operation and have the benefit of a private room.

19.9 The private sector, such as private insurer owned or operated hospitals, will be allowed to bid to run franchised NHS hospitals and other NHS medical services. In some cases, they will be able to combine facilities or sites (by, say, moving the private hospital onto a new site next to the NHS hospital) and bring substantial benefits to the NHS. However, UKIP reiterates that if a private insurer such as BUPA were to win the contract to run an NHS Hospital, this would not be 'privatisation'. The hospital assets would remain the property of the NHS.

19.10 As proven by the research carried out by The King's Fund, an independent health research charity, competition boosts the performance of hospitals. A reinvigorated private healthcare sector will mean that franchise partnerships must show that they can

deliver better healthcare to the public, drive innovation and invest for the future if they hope to keep their franchise partnerships.

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