The NHS as you know it cannot survive five more years of David Cameron
Contents

Introduction .............................................................................................................................................. 3

The NHS as you know it cannot survive another five years of falling service standards ........................................ 6

The NHS as you know it cannot survive five years of the Tory plan to reduce the overall level of spending on public services to levels not seen since the 1930s, before there was an NHS........................................... 17

The NHS as you know it cannot survive five years of the Tory plan to put privatisation before patient care ........................................................................................................... 22
The NHS as you know it cannot survive five more years of David Cameron

Five years ago today, launching his 2010 election campaign, David Cameron vowed, “I'll cut the deficit, not the NHS”. He did that to prevent the NHS becoming a major issue in the 2010 election. Now, after five years of Tory failure on the NHS, the one thing everyone knows for certain is that whatever he tries to do this time, the NHS will be on the ballot paper in May 2015.

This year the health service will be on the ballot paper because the NHS as you know it cannot survive another five years of David Cameron. It cannot survive:

- Five more years of deteriorating service standards, that are already breaching the NHS Constitution guarantees;
- The Tory plan to reduce the overall level of spending on public services to levels not seen since the 1930s, before there was an NHS; and
- Five years of ever greater competition and privatisation under David Cameron.

Service standards falling

Tory mismanagement of the NHS has caused such a significant deterioration of NHS services that they have breached the NHS Constitution, the guarantor of high standards for patients against which the Government’s commitment to health should be judged.

The NHS Constitution sets out clear, guaranteed rights for patients. These include 15 waiting time standards, including for cancer treatment, A&E waiting times and ambulance response times. Now, after wasteful reforms which have led to a significant deterioration of the service provided to patients across the country, seven of these 15 waiting time standards have been broken during the last year. Meanwhile, thanks to David Cameron it has become harder to see your GP.

These falling standards are in part the result of the staffing crisis within the NHS, thousands of frontline staff having been laid off and numbers are failing to keep pace with demand.

The Tories’ neglect of the social care system is further undermining the NHS. Reductions in social care services are putting further pressure on a system under strain, with delayed discharges and people in need forced to go to A&E when they cannot get the care they need.

Based on the past five years, if the Tories are allowed to carry on as they have been, another Tory term in power would make the NHS unrecognisable. It would set us on course for almost two million people waiting longer than four hours at A&E, the waiting list in England growing to reach four million people, over half a million fewer older people receiving social care and ambulance response times reaching up to nine minutes – compared to five minutes a few years ago.
NHS spending

The Tories wasted £3 billion on a reorganisation they promised would never happen and now want to cut spending on public services back to the levels of the 1930s, when there was no NHS.

The Tories’ plans would leave the UK with state spending at 35 per cent of GDP. Analysis of healthcare systems in countries with similar levels of state spending, such as Mexico or Korea, reveals the truth of the Tory plans: they want to cut spending on services to levels seen in countries where up to half of their health service is privately funded. This is not healthcare as we know it.

The Tories refuse to set out how they can protect the NHS budget, despite their extreme plans to cut public spending to levels not seen since the 1930s, when there was no NHS. Their intention is to simply ignore the evidence and assert that they can do so. But the truth is that experts have questioned whether the Tories’ overall spending plans can be delivered without drastic reimagining of the state.

The little the Tories have pledged to support the NHS falls far short of what NHS England says it needs and even that is full of smoke and mirrors. The promised £2 billion a year is in fact only an additional £1.2bn of one-off crisis cash. The funding for the NHS in 2015/16 is from the emergency Reserve. In future years, the pledge is unfunded and would require even deeper cuts to other departments.

New analysis shows that if the Tories were to distribute their planned spending cuts across government departments in the same way they did in this parliament, this would lead to some almost unimaginable outcomes, for example, the abolition of central funding for local government. That would mean further and drastic reductions in social care services, which would in turn hit the NHS by increasing demand for health services.

Growing competition and privatisation

The Tories have put profit before patient care. Their Health and Social Care Act introduced enforced marketisation of NHS services and opened up the service to the full force of competition law. It permitted hospitals to drastically increase their private patient income, up to half of their total income, and removed proper democratic accountability for service provision.

More and more NHS services are being broken up and contracted out to the private sector, competition is increasing costs within an already hard-pressed service as millions are being spent on tendering and competition lawyers. Healthcare professionals are warning of “creeping privatisation” and “privatisation by the back door”.

If the Tories are allowed to continue as they are, the NHS is set for more enforced tendering, more waste on competition lawyers and administration, and more NHS hospitals focusing on private patients. On current trends, there could be over 4,000 private sector contracts awarded over the next five years, with privatisation doubling and £10 billion of the NHS budget spent on private providers by 2020/21.
The choice on the NHS

There is a clear choice on the NHS at the next election. A choice between the Tories who would make the NHS unrecognisable from the service which people cherish and rely on today, and Labour’s plan to save and improve the NHS.

Labour rescued the NHS after years of Tory neglect before and we have a plan to do it again. We will:

• Create a £2.5 billion a year NHS Time to Care Fund to support 20,000 more nurses, 8,000 more GPs, 5,000 more home care workers and 3,000 more midwives – funded by a mansion tax on homes worth £2 million or more, by ensuring that tax avoiders play by the rules and by a levy on tobacco companies.
• Guarantee a GP appointment within 48 hours, and on the same day for those who need it.
• Guarantee a maximum one-week wait for cancer tests and create a new Cancer Treatments Fund to improve access to drugs, radiotherapy and surgery.
• Repeal David Cameron’s NHS Health & Social Care Act that puts private profit before patients, to ensure NHS professionals can focus on your care, not competition law.
• Give patients and the public a say when changes to local services are proposed.
• Bring together physical health, mental health and social care into a single service to meet all of a person’s care needs – whole person care, built around patients.

The NHS as you know it cannot survive five more years of David Cameron. Labour will save and improve the NHS.
The NHS as you know it cannot survive another five years of falling service standards

David Cameron has taken the NHS so far backwards that he has broken the NHS Constitution.

The NHS Constitution is the guarantor of patients’ rights and high quality service provision, the embodiment of NHS values and the baseline against which the Government’s commitment to health should be judged.

The NHS Constitution sets out clear, guaranteed rights for patients. These include 15 waiting time standards, including for cancer treatment, waits in A&E and ambulance response times.

Now, after wasteful reforms which have led to a significant deterioration of the service provided to patients across the country, seven of these 15 standards have been broken during the last year. These broken patient rights include:

- A maximum four hour wait at A&E.
- A maximum 62 day wait for cancer treatment.
- A maximum 18 week wait to start consultant-led treatment.

And while waiting lists are going up, the Tory-led Government has made it harder to see your GP.

- One in four people now wait a week or more to see or speak to a GP, and a recent survey found 60 per cent of people saying they waited longer than 48 hours for a GP appointment.

These falling standards are in part the result of thousands of frontline staff being lost or not hired in the first place, meaning numbers have failed to keep up with demand:

- There have been over 9,000 NHS frontline staff redundancies since the election.
- The number of nurse training places has been cut by over 7,000 since 2010/11.
- There are over 2,140 fewer district and community nurses when compared to the General Election.
- More than half of nurses say their ward is dangerously understaffed.

Based on the past five years, if the Tories are allowed to carry on as they have been, another five years would make the NHS unrecognisable, putting it on course for:

- Nearly two million people waiting longer than four hours at A&E
- Waiting lists reaching four million, up from two and a half million when the Tories came to power.
- Over half a million fewer older people receiving social care.
- Ambulance response times reaching up to nine minutes.
- Over 20 million people waiting a week or more for a GP appointment, or unable to get one at all.

The NHS as you know it cannot survive five more years of David Cameron.
Background on service standards

How David Cameron broke the NHS Constitution

- The NHS Constitution sets out clear expectations about the behaviours of both staff and patients. It states that patients “have the right to access certain services commissioned by NHS bodies within maximum waiting times”.

“You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in this Handbook to the NHS Constitution.”


- The NHS Constitution Handbook outlines 15 waiting time guarantees of this sort. But new analysis shows that in fact David Cameron has broken seven of the 15 during the last year.

  o Breached: start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions

  o Breached: A maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers

  o Breached: two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected

  o Breached: A maximum four-hour wait in A&E from arrival to admission, transfer or discharge

  o Breached: Patients waiting for a diagnostic test should have been waiting less than six weeks from referral

  o Breached: All ambulance trusts to respond to 75 per cent of Category A calls within eight minutes and to respond to 95 per cent of Category A calls within 19 minutes of a request being made for a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.

  o Breached: All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient’s treatment to be funded at the time and hospital of the patient’s choice

- This failure is the responsibility of a Prime Minister who has gone on record to say how important waiting times are.

“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 NHS, 7 June 2011
1. **NHS CONSTITUTION BREACH: The 18 week target for starting consultant-led treatment was breached in February last year, and has not been met for the last five months**

“The NHS has breached the target for 90 per cent of admitted patients to start treatment within 18 weeks for the first time since 2011, the latest figures from NHS England reveal. Only 89.9 per cent of admitted patients started treatment within 18 weeks in February.”


- Nationally, the target has not been met for the last five months.

<table>
<thead>
<tr>
<th></th>
<th>Percentage within 18 weeks</th>
<th>Number of patients who waited longer than 18 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-14</td>
<td>89.5%</td>
<td>33,359</td>
</tr>
<tr>
<td>Jul-14</td>
<td>89.3%</td>
<td>35,218</td>
</tr>
<tr>
<td>Aug-14</td>
<td>87.9%</td>
<td>34,414</td>
</tr>
<tr>
<td>Sep-14</td>
<td>88.3%</td>
<td>37,712</td>
</tr>
<tr>
<td>Oct-14</td>
<td>89.0%</td>
<td>36,313</td>
</tr>
</tbody>
</table>

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

- 13,539 more patients waited longer than 18 weeks for their operations in October 2014 than they did in April 2010.

<table>
<thead>
<tr>
<th>Before reorganisation – April 2010</th>
<th>After reorganisation – October 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,774</td>
<td>36,313</td>
</tr>
</tbody>
</table>

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

2. **NHS CONSTITUTION BREACH: The two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers has been missed for three consecutive quarters**

“The operational standard for this requirement specifies that 85% of patients should wait a maximum of 62 days to begin their first definitive treatment following an urgent referral for suspected cancer from their GP.

“In Quarter 2 2014-15, 33,404 patients began first definitive treatment for cancer following an urgent GP referral. 83.5% of these patients were treated within 62 days (two months) of referral, compared to 86.8% in Q2 2013-14.

“The proportion of patients in Quarter 2 2014-15 waiting 62 days or less was lower for admitted patients (82.5%) than for those were not admitted (85.1%). The national operational standard has been breached in Q2 2014-15 by 1.5 percentage points. This is the third quarter that has breached in a row after Q4 2013-14 fell below the operational standard by 0.6 percentage points and Q1 2014-15 by 0.9 percentage points. Out of 156 providers, 67 failed to meet the operational standard for this requirement.”

*NHS England Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q2 2014-15 Key Points – Provider Based (page 10)*
• Over 15,000 received their treatment after 62 days over the last nine months.

<table>
<thead>
<tr>
<th></th>
<th>Number of people receiving first treatment for cancer after 62 days</th>
<th>Percentage treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2014/15</td>
<td>5,519</td>
<td>83.5%</td>
</tr>
<tr>
<td>Q1 2014/15</td>
<td>5,076</td>
<td>84.1%</td>
</tr>
<tr>
<td>Q4 2013/14</td>
<td>4,830</td>
<td>84.2%</td>
</tr>
<tr>
<td>Total</td>
<td>15,425</td>
<td></td>
</tr>
</tbody>
</table>


3. **NHS CONSTITUTION BREACH:** The two week wait target for symptomatic breast patients (where cancer is not initially suspected) has been breached for the first time since it became operational

“Those patients urgently referred with breast symptoms (where cancer was not initially suspected) should experience a maximum waiting time of two weeks to see a specialist. This maximum waiting time requirement was introduced in Quarter 4 2009/10, when 92% of patients were seen within 2 weeks of referral. The operational standard for this measure is 93%. In total, 60,811 patients with exhibited breast symptoms, where cancer was not initially suspected, were seen in Quarter 1 2014-15 after being urgently referred. Of these, 90.3% were seen within 14 days, compared to 93.9% in Q4 2013-14, and 95.4% in Q1 2013-14. This is the first time the two week wait for symptomatic breast patients (where cancer was not initially suspected) performance has been below the operational standard since Q4 2009/10, which was the first quarter the standard became operational.”

NHS England, 29 August 2014, Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q1 2014-15 Key Points – Provider Based, 29 August 2014, Pg. 4

4. **NHS CONSTITUTION BREACH:** The maximum four-hour wait in A&E from arrival to admission, transfer or discharge has been missed for 74 consecutive weeks

• The number of patients waiting longer than four-hours in a hospital has more than doubled since 2009/10. In 2013/14 almost a million patients waited longer than four-hours.

<table>
<thead>
<tr>
<th></th>
<th>Type 1 Departments - Major A&amp;E</th>
<th>Type 2 Departments - Single Specialty</th>
<th>Type 3 Departments - Other A&amp;E/Minor Injury Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>344,772</td>
<td>1,068</td>
<td>7,777</td>
<td>353,617</td>
</tr>
<tr>
<td>2010-11</td>
<td>545,805</td>
<td>1,752</td>
<td>9,557</td>
<td>557,114</td>
</tr>
<tr>
<td>2011-12</td>
<td>713,289</td>
<td>2,242</td>
<td>9,412</td>
<td>724,943</td>
</tr>
<tr>
<td>2012-13</td>
<td>888,577</td>
<td>2,229</td>
<td>10,605</td>
<td>901,411</td>
</tr>
<tr>
<td>2013-14</td>
<td>925,319</td>
<td>2,303</td>
<td>11,564</td>
<td>939,186</td>
</tr>
</tbody>
</table>

• 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 167,941 in 2013/14.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of patients spending &gt;4 from decision to admit to admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>61,969</td>
</tr>
<tr>
<td>2010-11</td>
<td>93,905</td>
</tr>
<tr>
<td>2011-12</td>
<td>108,191</td>
</tr>
<tr>
<td>2012-13</td>
<td>152,414</td>
</tr>
<tr>
<td>2013-14</td>
<td>167,941</td>
</tr>
</tbody>
</table>


5. **NHS CONSTITUTION BREACH: More people are waiting longer than six weeks from referral for a diagnostic test**

• NHS England have confirmed that “the operational standard of less than one per cent of patients waiting six weeks or longer was not met”.

The total number of patients waiting 6 weeks or longer from referral for one of the 15 key diagnostic tests at the end of October 2014 was 10,200... Nationally, the operational standard of less than 1% of patients waiting 6 weeks or longer was not met.

*NHS Diagnostic Waiting Times and Activity Data, Pg. 6*

• Diagnostic figures for October 2014 show that 10,237 patients waited longer than the recommended six-week limit for tests – almost three times the number in May 2010.

<table>
<thead>
<tr>
<th>Before reorganisation – May 2010</th>
<th>After reorganisation – October 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,495</td>
<td>10,237</td>
</tr>
</tbody>
</table>


6. **NHS CONSTITUTION BREACH: Ambulance Trusts are failing to respond to Category A calls within their target**

• The standard for Ambulance trusts is to send an emergency response, with a defibrillator, within eight minutes, to 75 per cent of Category A calls. This has not been met for Red 1 calls (the most serious) since April 2014.

<table>
<thead>
<tr>
<th>(Month 2014)</th>
<th>Of all Red 1 calls, proportion responded to within 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>75.4%</td>
</tr>
<tr>
<td>May</td>
<td>73.3%</td>
</tr>
<tr>
<td>June</td>
<td>75.5%</td>
</tr>
<tr>
<td>July</td>
<td>70.8%</td>
</tr>
<tr>
<td>August</td>
<td>73.2%</td>
</tr>
<tr>
<td>September</td>
<td>72.7%</td>
</tr>
<tr>
<td>October</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

7. **NHS CONSTITUTION BREACH:** Nearly 3,000 patients who have operations cancelled, on or after the day of admission (including the day of surgery) for non-clinical reasons, are not being offered another binding date within 28 days.

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>Number of cancelled elective operations</th>
<th>Patients not treated within 28 days of cancellation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>Quarter 3</td>
<td>15,852</td>
<td>679</td>
</tr>
<tr>
<td>2013/14</td>
<td>Quarter 4</td>
<td>17,868</td>
<td>845</td>
</tr>
<tr>
<td>2014/15</td>
<td>Quarter 1</td>
<td>15,677</td>
<td>804</td>
</tr>
<tr>
<td>2014/15</td>
<td>Quarter 2</td>
<td>15,729</td>
<td>660</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>65,126</strong></td>
<td><strong>2,988</strong></td>
</tr>
</tbody>
</table>


...And it’s getting harder to see your GP

- While waiting time targets set out in the NHS constitution are being breached it’s also getting harder to see a GP, thanks to the Tories.

- 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)*

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

- Patients are now waiting longer to see a GP. According to the latest GP-Patient survey, one in four patients now wait a week or more to see or speak to a GP or don’t get an appointment at all.

- Another recent survey found 60 per cent of patients waited more than 48 hours to see a GP.

  “Almost two thirds of people are waiting longer than 48 hours to book a GP appointment (60.5%) and the majority (83.8%) of those answering our survey are waiting more than 24 hours on average before being able to secure an appointment”

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1 GP-Patient Survey: [https://gp-patient.co.uk/surveys-and-reports#july-2014](https://gp-patient.co.uk/surveys-and-reports#july-2014)
Frontline staffing has been hit

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

"I will protect frontline services"
*David Cameron, The Sun, 23 July 2009,*

- 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, BBC One, The Andrew Marr Show, 2 May 2010*

Over 9,000 NHS frontline staff redundant

- The truth is that there have been 9,000 NHS frontline staff redundancies between 2010/11 and 2013/14.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Frontline Redundancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>1900</td>
</tr>
<tr>
<td>2011/12</td>
<td>2720</td>
</tr>
<tr>
<td>2012/13</td>
<td>2410</td>
</tr>
<tr>
<td>2013/14</td>
<td>2300</td>
</tr>
<tr>
<td>Total</td>
<td>9330</td>
</tr>
</tbody>
</table>

*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.

Nurse numbers haven’t kept pace with demand

- According to calculations from the House of Commons Library, the number of nurses per head has fallen in England, from 5,364 nurses per million people in May 2010 to 5,182 per million in May 2014.

<table>
<thead>
<tr>
<th>Nurses per million population, England May 2010 to May 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified nursing staff (excluding midwives, health visitors and school nurses)</td>
</tr>
<tr>
<td>Full time equivalent (FTE)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>May 10</td>
</tr>
<tr>
<td>May 14</td>
</tr>
</tbody>
</table>

*Sources: Nursing numbers: NHS HSCIC NHS Workforce Data, England - May 2014; Population base: 2010 to 2013 - ONS mid year population estimates; 2014 - ONS mid-2012 based population projections to 2037*

- Given that the population of England has increased from 52.5m to 54.2m during this time, if nurse numbers had been maintained at the same level per head as they were in 2010 there would be 290,886 nurses working in the NHS today – some 9,800 more.
As a result, there are real nursing pressures in the NHS. According to a Nursing Times survey, more than half of nurses believe their ward or unit remains dangerously understaffed, and more believe that safety has got worse over the last year than better.

"More than half of nurses believe their ward or unit remains dangerously understaffed one year after a seminal report drew attention to the dangers of staff shortages, according to our latest survey, which suggests little has changed at the NHS frontline."

*Nursing Times, 5 February 2014*

"But our survey reveals that the situation varies for nurses, with 39% of respondents warning that staffing levels have worsened where they work over the last 12 months and 37% that they have stayed the same – only 22% reported an improvement."

*Nursing Times, 5 February 2014*

**Fewer district nurses and modern matrons**

- Latest workforce figures show that there are over 2,140 fewer district and community nurses when compared to the General Election. There are also 1,027 fewer modern matrons in the NHS.

<table>
<thead>
<tr>
<th></th>
<th>May 10</th>
<th>Sep 14</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern Matron</td>
<td>4,874</td>
<td>3,846</td>
<td>-1,027</td>
</tr>
<tr>
<td>Community Matron</td>
<td>1,525</td>
<td>1,301</td>
<td>-223</td>
</tr>
<tr>
<td>District nurse 1st level</td>
<td>7,091</td>
<td>5,115</td>
<td>-1,976</td>
</tr>
<tr>
<td>District nurse 2nd level</td>
<td>722</td>
<td>551</td>
<td>-170</td>
</tr>
</tbody>
</table>

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

**Reductions in nurse training places**

- The number of nurse training places has been cut by over 7,000 since 2010/11 compared to the number that would have been trained had the annual number of commissions been maintained at 2010 levels.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Nurse Commissions</th>
<th>Change on 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>20,092</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>17,741</td>
<td>-2351</td>
</tr>
<tr>
<td>2012/13</td>
<td>17,219</td>
<td>-2873</td>
</tr>
<tr>
<td>2013/14</td>
<td>18,009</td>
<td>-2083</td>
</tr>
</tbody>
</table>

*Source: Hansard, 7 May 2014, [link]*

- Analysis by the Centre for Workforce Intelligence, commissioned by the Government, has projected nurse numbers to fall by 2016, citing a reduction a ‘education commissions’ as a key reason.

"In the baseline scenario, supply is forecast to reduce by just over 5 per cent by 2016. This is due to the projected impact of reduced education commissions, attrition, rising retirements, net emigration of UK-trained nurses and trends in other leavers."

*Centre for Workforce Intelligence, Future nursing workforce projections - starting the discussion. June 2013, Pg. 4*
The Royal College of Nursing says that these training cuts are likely to cause undersupply for years to come

“the lower rates of newly registered nurses entering the workforce are likely to cause serious issues in undersupply for years to come”
RCN, Frontline First: Running the Red Light, November 2013

Fewer GPs

The Government’s own 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”

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

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.

<table>
<thead>
<tr>
<th>GP numbers, England</th>
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<tr>
<td><strong>Headcount</strong></td>
</tr>
<tr>
<td>Number</td>
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<tr>
<td>Sept 2009/10</td>
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<td>Sept 2013/14</td>
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Source: NHS Health and Social Care Information Centre, Workforce Survey and ONS mid-year population estimates. Figures calculated by the House of Commons Library.
What five more years of David Cameron means for patients

- Based on current trends, it is possible to see what five more years of the Tories could mean for the NHS.

- If the Tories were to continue with more of the same on the NHS, as is their current plan, this could see continued deterioration of the NHS standards and services, making it unrecognisable from that which the British public know and love.

- Five more years of David Cameron could put the NHS on course for:
  1. More waiting in Accident and Emergency: nearly two million people waiting longer than four hours at A&Es.
  2. Longer waiting lists: Four million people on waiting lists.
  3. Fewer people receiving social care: over half a million fewer older people receiving social care services.
  4. Average ambulance response times up: increasing to almost nine minutes.
  5. More waiting for GP access: over 20 million people waiting a week or more for a GP appointment or not getting one at all.

- The NHS as you know it cannot survive five more years of David Cameron.

Accident and Emergency: by 2020, nearly two million people waiting longer than four hours

- In 2009/10, 353,617 people waited longer than four hours across all Accident and Emergency departments. In 2013/14, this figure had risen to 939,186 people – an average annual increase of 146,000. If this trend was to continue, 1,963,932 people would be waiting longer than four hours in 2020/21.

Waiting lists: by 2020, four million people on waiting lists

- In May 2010, there were 2.57 million people on the English waiting list. In October 2014, NHS England estimated that there were 3.2 million on the waiting list. If this trend were to continue, there would be 3.99 million people on the waiting list in May 2020.

Social Care: by 2020, a further 514,000 fewer older people receiving care

- In 2009/10, 1,147,695 people over the age of 65 were receiving social care. By 2013/14, the number had fallen to 853,615. This means the average annual fall in the number of older people receiving care services was 73,000.

- If this trend were to continue until 2020/21 then a further 514,640 fewer people would be receiving social care services. In 2020/21 just 338,975 older people could be receiving social care.
Ambulance response times: by 2020, increasing to almost 9 minutes

- In April 2011, the average (median) ambulance response time was 5.27 minutes. By October 2014 response times had risen by 1.37 minutes to 6.64 minutes. If this trend were to continue, the average ambulance response time in May 2020 would be nearly 9 minutes (8.83 minutes), an increase of nearly two thirds on 2010.

GP Access: by 2020, over 20 million people will wait a week or more for a GP appointment or won’t get one at all

- In the latest GP Patient Survey, 10.77 per cent of people say they were unable to get an appointment with a GP the last time they tried – 5.8 million people. This is up from 8.89 per cent (4.7 million people) in 2011/12, an average annual increase of 0.94 percentage points a year. On this trend, by 2020/21, 17.35 per cent of people, some 9.9 million people, will be unable to get a GP appointment.

- Also in the latest GP Patient Survey, 13.66 per cent of people say they waited a week or more for a GP appointment the last time they tried – 7.3 million people. This is up from 11.24 per cent (5.9 million people) in 2011/12, an average annual increase of 1.21 percentage points a year. On this trend, by 2020/21, 22.16 per cent of people, some 12.6 million people, will wait a week or more

- This means that, on current trends, by 2020/21, 22.5 million people could be waiting a week or more for a GP appointment or won’t get one at all.
The NHS as you know it cannot survive five years of the Tory plan to reduce the overall level of spending on public services to levels not seen since the 1930s, before there was an NHS

- Following the Autumn Statement 2014, we know that David Cameron wants to cut spending on public services back to the levels of the 1930s, when there was no NHS, and, as 91-year old Harry Smith told Labour Party Conference in 2014, when “rampant poverty and no health care were the norm”.

- The Tories’ plans would leave the UK with state spending at 35 per cent of GDP. Analysis of the healthcare systems in countries with similar levels of state spending, such as Mexico or Korea, shows their heavy reliance on private healthcare.

- The Tories want to cut spending on services to levels seen in countries where up to half of their health service is privately funded. This is not healthcare as we know it in the UK.

- The Tories refuse to set out how they can protect the NHS budget, but experts have questioned whether the Tories’ overall spending plans can be delivered without drastic reimagining of the state.

- The little the Tories have pledged falls far short of what NHS England says it needs and even that is full of smoke and mirrors. The promised £2 billion a year is in fact only an additional £1.2bn of one-off crisis cash. The funding for the NHS in 2015/16 is from the emergency Reserve. In future years, the pledge is unfunded and would require even deeper cuts to other departments.

The Tories want to cut spending on services back to the 1930s

- The Tories failed to clear the deficit in this parliament as they promised as a result of falling living standards, lower tax receipts, and higher benefit spending. In the Autumn Statement, George Osborne set out plans to compensate by cutting spending in the next parliament by much more than he had originally planned.

- These cuts will take overall spending as a percentage of GDP to its lowest rate since the 1930s, when the NHS did not exist.

“total public spending is now projected to fall to 35.2 per cent of GDP in 2019-20, taking it below the previous post-war lows reached in 1957-58 and 1999-00 to what would probably be its lowest level in 80 years.”

Office for Budget Responsibility, Economic and Fiscal Outlook, December 2014, p.6-7

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2 Office for Budget Responsibility, Economic and Fiscal Outlook, December 2014, p.6-7
• To achieve this, the Tories plan to cut public services by over £50 billion in the next parliament. The independent Institute for Fiscal Studies has reiterated this point saying that the Government is now planning “cuts on a colossal scale”.

“How do we get to this sunlit upland in which we have a budget surplus? Spending cuts on a colossal scale is how, taking total government spending to its lowest level as a proportion of national income since before the last war.”


What a 35 per cent state means for Britain: international comparisons

• The Tories’ plans would cut public spending to a 35 per cent share of GDP. Analysis of other countries’ health systems with a similar level of public expenditure shows the dangers of such a dramatic fall in public spending.

• In Mexico, Chile and Korea, where state spending is below 35 per cent, approximately 50 per cent of national healthcare is privately funded. Even in Australia, where state spending is just over 35 per cent, almost one third of healthcare is privately funded. This compares to the current level of 16 per cent in the UK.

• In those countries with public spending below 37.5 per cent of GDP in 2012, the average proportion of health spending funded by public sources was 64 per cent, while the OECD average was above this at 72 per cent. In the UK it was 84 per cent.

• For OECD countries with public spending below 35 per cent of GDP in 2012, the average for health spending funded by public sources was just 55 per cent.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total government expenditure as a percentage of GDP*</th>
<th>Share of healthcare funding which is publicly provided**</th>
<th>Share of healthcare funding which is private (not publicly provided)**</th>
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<td>Figures from 2012 unless otherwise stated</td>
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<tr>
<td>United Kingdom</td>
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<td>16</td>
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<tr>
<td>Australia</td>
<td>36.8</td>
<td>68</td>
<td>32</td>
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<tr>
<td>New Zealand***</td>
<td>36.4</td>
<td>83 (2011)</td>
<td>17 (2011)</td>
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<tr>
<td>Turkey</td>
<td>36.3</td>
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<td>Switzerland</td>
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<td>Korea</td>
<td>20.6</td>
<td>55</td>
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* Source: International Monetary Fund, World Economic Outlook Database, October 2014
*** New Zealand cannot be considered a direct comparator given the difference in expenditure on defence, housing and social protection, seen in OECD Structure of central government expenditures by function http://statlinks.oecdcode.org/302012021T081.XLS
• If the UK were to fall to having public health spending at 55 per cent of health spending rather than 84 per cent, this would represent a reduction of £40 billion across government funding sources, at 2012 prices.³

• The Tories want to cut spending on services to levels seen in countries where up to half of their health service is privately funded and which could result in huge cuts to health funding. This is not the NHS as we know it.

The Government’s claims on health spending can’t be trusted

• The Tory plans are incompatible with the protection and enhancement of the NHS as we know it.

• NHS England has said that the NHS faces a major funding gap.

  “In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.”


• Yet the Tories want to go further: to reduce the overall levels of spending back to the 1930s, to a time when there was no NHS.

• Experts have already raised doubts about the Tories’ plans, asking how they plan to achieve them and what the impact will be on major Government Departments.

Experts call Tory plans in to question

• The IFS have also made clear that the scale of the cuts which George Osborne has set out are so deep that he must set out exactly how they will be achieved and that the public are justified in asking whether this is a “a fundamental reimagining of the role of the state”.

  “One cannot just look at the scale of implied cuts going forward and say they are unachievable. But it is surely incumbent upon anyone set on taking the size of the state to its smallest in many generations to tell us what that means. How will these cuts be implemented? What will local government, the defence force, the transport system, look like in this world? Is this a fundamental reimagining of the role of the state?”


• Economists have also said that these plans are undeliverable. Sir Howard Davies, a former MPC member, said the government would “find it very hard to achieve the cuts forecast”.

“I suspect a Conservative government would find it very hard in practice to achieve the cuts forecast in the Autumn Statement, which are a statement of political aspiration rather than a workable plan.”

• Sir Christopher Pissarides, Regius Professor of Economics at the London School of Economics, and Nobel laureate, said they would be “difficult”.

“The deficit reduction plans combined with the planned tax policies are deflationary and will be difficult to implement, partly because of economy-wide deflationary pressures and partly because of the needs of the NHS and other mandatory spending programmes.”

• Dame Kate Barker, a former MPC member, says the plans could have “unwelcome consequences” for public services.

“Yes, as the public spending plans look very hard to deliver. Yes, it does matter as the present plans could have unwelcome consequences for a range of public services, especially those delivered by local authorities.”

• Ray Barrell, from Brunel University, has warned of “unsustainable” shrinking of the state.

“The current deficit reduction plans involve parts of the state shrinking to unsustainable levels. Deficit reduction plans will change.”

• John van Reenen, director of the Centre for Economic Performance at the London School of Economics has spoken of an “ideological choice” behind the “unnecessarily harsh” plans.

“Second, current plans for deficit reduction through 2020 the Chancellor is proposing are unnecessarily harsh. The implied cuts in unprotected DEL spending (transport, justice, local government, etc) are on the order of 26%, even greater than they have been over the previous 5 years. The shrinking of the state to this size is an ideological choice.”

If the Tories do as they say, central support for local government could become a thing of the past

• George Osborne’s cuts will take overall spending as a percentage of GDP to its lowest rate since the 1930s, when the NHS did not exist.
• To achieve this, the Tories plan to cut public spending by over £50 billion in the next parliament.\(^4\) If these spending cuts are distributed across government departments in the same way as they happened in this parliament, the Communities and Local Government budget from central government would cease to exist.

• In this parliament, the CLG budget has been cut by 40 per cent – a reduction of £22 billion.

• If the CLG budget in the next parliament bears the same proportion again of the overall cuts to public services, this would amount to a cut of £16 billion. The CLG budget from central government is currently only just over £16bn.

**Tory health plans aren’t funded**

• The Tories have form when it comes to misleading claims on NHS funding.

• In the Autumn Statement, George Osborne claimed to be spending an additional £2 billion on the NHS.

  “And because of careful management, we can afford to put part of that underspend money into our National Health Service to cope with the pressures it faces. £2 billion every year to the frontline of the NHS.”


• However it was soon revealed that far from this being new money, £750 million is from the existing Department of Health budget for 2015/16.

  “Speaking on the Marr show, Osborne confirmed Sunday newspaper reports that he would be putting an extra £2bn a year into the NHS, starting from April next year. Government sources subsequently confirmed that £750m of that was coming from internal health department savings – “essentially moving money from [the back office] to the NHS front line” – while the rest would come from underspends in other government departments.


• The remaining money has been allocated from the Government’s Reserve, and is for 2015-16 only.

  “NHS funding from the Reserve, reflected in 2015-16 spending numbers”


• In future years, therefore, the pledge is unfunded and threatens even greater cuts to other departments.

• In tough fiscal times only a party that sets out how it will raise additional funds for the NHS can have its plans taken seriously. Just as with their £7 billion of unfunded tax cuts, the Tories claim to have a plan for funding the NHS cannot be trusted.

\(^4\) In 2015-16 prices, DELs will fall from £364.7 billion in 2015-16 to £313.1 billion in 2019-20. This is a real cut of £51.6 billion.
The NHS as you know it cannot survive five years of the Tory plan to put privatisation before patient care

• The Tories' Health and Social Care Act puts profit before patient care. The Act introduced enforced marketisation of NHS services and opened up the service to the full force of competition law.

• As a result, more and more NHS services are being broken up and contracted out to the private sector. Competition is increasing costs within an already hard-pressed service as millions are being spent on tendering and competition lawyers, and NHS hospitals are increasing their focus on treating private patients, risking NHS patients being pushed to the back of the queue. Healthcare professionals are warning of “creeping privatisation” and “privatisation by the back door”.

• If the Government are allowed to continue as they are the NHS is set for more enforced tendering, more waste as millions in public money is spent on competition lawyers and competition administration, and more NHS hospitals focusing on private patients.

• Based on the past five years, if the Tories are allowed to carry on as they have been, another five years would set us on course for:
  o levels of privatisation in the NHS doubling;
  o £10bn of the NHS budget spent on private providers by 2020/21; and
  o over 4,000 private sector contracts awarded.

• The NHS as you know it cannot survive five more years of David Cameron.

The Health and Social Care Act has resulted in increased privatisation

• The Tories' Health and Social Care Act exposes the NHS to greater privatisation and the full force of EU competition law. It lays down regulations on competitive tendering, allows hospitals to raise up to half of their income from treating private patients and establishes Monitor as an economic regulator to enforce competition in the NHS, along with the Competition and Markets Authority (CMA).

• The impact of the Act has been to further entrench the Tory drive to greater privatisation.

Increased tendering

• Analysis by the British Medical Journal found that “Private sector providers have secured a third of the contracts to provide NHS clinical services that have been awarded in England since the Health and Social Care Act came into force in April 2013”.

“Private sector providers have secured a third of the contracts to provide NHS clinical services that have been awarded in England since the Health and Social Care Act came into force in April 2013, an investigation by The BMJ has found.

“Its analysis of 3494 contracts awarded between April 2013 and August 2014 disclosed to it under requests made under freedom of information legislation showed that, in total, non-NHS
providers (including private sector, voluntary sector, and other providers) have secured 45% of contracts awarded since April 2013 (fig 1). The analysis of the data supplied by clinical commissioning groups (CCGs) showed that 1149 contracts (33% of the total) were awarded to private sector providers, 335 (10%) to voluntary and social enterprise sector providers, and 100 (3%) to other types of provider, such as joint ventures or local authorities.

BMJ, 10 December 2014, http://www.bmj.com/content/349/bmj.g7606

• Many GP-led local NHS bodies are being forced to put health services out to tender despite Government assurances that that would not happen.

New research by Health Service Journal shows that 29.1% of the leaders of 93 clinical commissioning groups (CCG) which responded to a survey said had opened up, or were opening up, services to competition which they would not have done if they were not concerned about the impact of new rules contained in the controversial Health and Social Care Act. They included contracts for out-of-hours GP care, older people's services, audiology, ultrasound and podiatry.

In 2012, the health secretary Andrew Lansley wrote to all the 211 CCGs pledging unequivocally that they individually would be able to decide, rather than ministers or the NHS regulator, Monitor, when to put contracts out to tender. But HSJ found that 20% of CCGs had encountered a challenge under the new competition rules to a decision they had taken about the commissioning of services, while 57% had experienced "informal challenge or questioning".

In addition, 65% of the 103 bosses of the 93 CCGs said that they had incurred extra costs related to commissioning as a result of the regulations, while 36% said they had hampered plans for local hospitals to merge or become foundation trusts.


• Last year, it was revealed that GP commissioners had put three quarters of all new contracts out to competition since taking over in April.

GP commissioners have put three quarters of all new contracts out to competition since taking over in April, potentially opening up huge swathes of the health service to take-over by the private sector.

Figures obtained by Pulse reveal that 63% of the contracts offered by CCGs since April were put to full competitive tender and 9% out to Any Qualified Provider.

The figures are the first to show the effect of the controversial section 75 regulations on the procurement of new services by CCGs since they came into force in April.

Pulse, 23 September 2013, http://www.pulsetoday.co.uk/news/commissioning-news/majority-of-new-contracts-have-been-put-out-to-competition-since-april-by-ccgs20004426.article#.VJ77E14gAA

Competition increasing costs as millions spent on tendering

• Freedom of Information requests by the Labour Party show NHS hospitals are now spending in excess of £60 million per year just on tendering exercises or assessing tenders for bids. In addition to this, Clinical Commissioning Groups will also be spending millions on putting services out to tender.

• Freedom of Information requests by the Labour Party show NHS hospitals are now spending in excess of £20 million per year on navigating the Government’s competition law requirements for NHS reconfigurations and mergers & acquisitions

• Last year, the Chief Executive of the NHS, Sir David Nicholson, said competition law was increasing costs in the system:
“You’ve got competition lawyers all over the place, causing enormous difficulty...We are getting, in my view, bogged down in a morass of competition law which is causing...significant cost in the system”

*Sir David Nicholson, Financial Times, 5 November 2013*

**Increased private income in hospitals**

- Freedom of Information requests by the Labour Party have revealed that the Tory-led Government’s reforms including the lifting of the PPI cap have seen NHS hospitals increase their private patient income by some 10 per cent since 2010 – at the same time as waiting times for NHS patients have increased.

- The lifting of the PPI cap has seen some hospitals increase their private income by up to 40 per cent.

Some of Britain’s leading hospitals stand accused of exploiting the coalition's controversial lifting of the cap on the number of private patients they can treat to increase their income as part of a “creeping privatisation” of the NHS. As new figures show that some hospitals have seen a big increase of up to 40% in their private income since the cap was lifted, Labour accused ministers of presiding over a scandal of declining standards for NHS patients while allowing paying patients to enjoy high standards of care ... New figures released under the Freedom of Information Act show that six trusts in London and the south-east have hugely increased their private patient income since the passage of the Health and Social Care Act in 2012. The figures, released to the shadow minister for London, Gareth Thomas, showed an increase in private patient income at:

- University College Hospital Trust in London by 39.63% – from £7.3m in 2010-11 to £10.3m in 2013-14.
- Royal Brompton Hospital Trust in London by 37.7% – from £24.3m to £33.6m.
- Moorfields Eye Hospital in London by 31.84% – from £16.1m to £21.3m.
- Papworth Hospital Trust in the South Cambridgeshire constituency of the former health secretary Andrew Lansley by 29.9% – from £4.9m to £6.4m.
- Royal Surrey County Hospital Trust, which serves the South West Surrey constituency of the health secretary, Jeremy Hunt, by 25.6% – from £3.6m to £4.6m.
- Chelsea and Westminster Hospital Trust in London by 20.99% – from £10.7m to £13m.


**Warnings from professionals**

- The BMA have warned about the risk of “creeping privatisation in the NHS” as a result of the Health and Social Care Act.

“Responding to an investigation by the BMJ which found that a third of NHS contracts have been awarded to private sector providers since the Health and Social Care Act came into force BMA council chair, Dr Mark Porter, said:

“These figures show the extent of creeping privatisation in the NHS since the Health and Social Care Act was introduced. The Government flatly denied the Act would lead to more privatisation, but it has done exactly that.

"Enforcing competition in the NHS has not only led to services being fragmented, making the delivery of high-quality, joined-up care more difficult, but it has also diverted vital funding away from front-line services to costly, complicated tendering processes."


- The Royal Colleges have warned that the NHS could be privatised through the back door.
“The Health and Social Care Act caused an unnecessary and chaotic reorganisation. It also introduced a level of enforced competition, and a lack of clear strategic coordination, which has been an unnecessary distraction from patient care. Since 2012, the RCN has been calling for the legislation to be scrapped.  
Dr Peter Carter, Royal College of Nursing, 7 November 2014,  
http://www.rcn.org.uk/news/events/news/article/uk/not_too_late_to_remove_unnecessary_focus_on_competition_from_nhs_rcn_responds_to_efford_bill

“The RCN has warned repeatedly that unless health services are exempt, the NHS could be vulnerable to privatisation through the backdoor.”  
Dr Peter Carter, Royal College of Nursing, 7 November 2014,  
http://www.rcn.org.uk/news/events/news/article/uk/not_too_late_to_remove_unnecessary_focus_on_competition_from_nhs_rcn_responds_to_efford_bill

- 85 per cent of GPs believe NHS will be privatised within ten years.

“Almost 85% of GPs believe the NHS will be privatised within ten years, with 45% predicting it will occur within five years, a survey of 1,137 NHS staff has revealed.”  
Pulse, 10 September 2014,  
http://www.pulsetoday.co.uk/commissioning/85-of-gps-believe-nhs-will-be-privatised-within-ten-years/20007870.article#.VJ8IIF4gAA

Five more years of the Tories risks ever greater privatisation

- If the Government are allowed to continue as they are over the next five years the NHS is on course for more enforced tendering, more waste spent as millions in public money is spent on competition, more hospital income generated from private patients and more private sector contracts awarded.

Cost: £10bn spent on private contracts

- If the Tories continue to increase privatisation, up to £10 billion could be spent on private companies providing NHS services over the next five years.

- In 2009/10 4.4 per cent of the NHS budget was spent on independent providers. By 2013/14, following the passage of the Health and Social Care Act, this figure had already increased to 6.1 per cent.\(^5\)

- If this trend continues then by 2020/21 over nine per cent of the NHS budget will be spent on independent providers – on the basis of the budget in 2013/14 this would be equivalent to £10 billion.

Contracts: Over 4,000 contracts awarded to the private sector

- If the Tories continue to increase privatisation with a third of contracts to provide NHS clinical services going to the private sector, over 4,000 private contracts could be awarded over a five-year Parliament.

- BMJ analysis found that over a 17 month period, 1,149 contracts, went to the private sector.

“Its analysis of 3494 contracts awarded between April 2013 and August 2014 disclosed to it under requests made under freedom of information legislation showed that, in total, non-NHS providers (including private sector, voluntary sector, and other providers) have secured 45% of contracts awarded since April 2013.”

British Medical Journal, 10 December 2014, http://www.bmj.com/content/349/bmj.g7606

- That equates to 68 contracts going out to the private sector every month, or 811 per year.
- Over a five-year Parliament that would equate to 4,055 contracts going out to the private sector.

The risk of charges for treatment

- Five more years of the Tories could see an increased risk of charges for NHS treatments.
- The Tories have set out plans to cut spending on public services to levels seen in countries where up to half of their health service is privately funded while putting the NHS into a spiral of decline that is leading many to fear for its future.
- Already we are seeing fears amongst both NHS leaders and the public about the future risk of charging. A recent survey found that almost half (47 per cent) of NHS leaders believe the health service is under such strain that patients will be forced to pay for at least some services within 10 years.

“The survey findings raise questions about the confidence that health and social care leaders have in the long-term sustainability of the NHS, with only half of respondents believing that the NHS will be able to provide a comprehensive service, largely free at the point of use, in ten years’ time.”


- A recent survey by Health Service Journal found that the public fear for the future of free healthcare – and the party that they think poses the biggest threat to free healthcare is the Conservative Party.

“70% of UK voters feel that the future of the NHS is threatened, with the majority of these (65%) believing that that the private sector poses a danger, an HSJ/FTI Consulting poll has found…Of the major political parties, the Conservatives were considered most likely to endanger free healthcare, according to 44% of respondents.”

Labour’s plan to save and improve the NHS

• Labour rescued the NHS after years of Tory neglect before. We’ll do it again.

• Labour will:

  o **Create a £2.5 billion a year NHS Time to Care Fund** to support 20,000 more nurses, 8,000 more GPs, 5,000 more home care workers and 3,000 more midwives – funded by a mansion tax on homes worth £2 million or more, by ensuring that tax avoiders play by the rules and by a levy on tobacco companies.

  o **Guarantee a GP appointment within 48 hours**, and on the same day for those who need it.

  o **Guarantee a maximum one-week wait for cancer tests** and create a new Cancer Treatments Fund to improve access to drugs, radiotherapy and surgery.

  o **Repeal David Cameron’s NHS Health & Social Care Act** that puts private profit before patients, to ensure NHS professionals can focus on your care, not competition law.

  o **Give patients and the public a say** when changes to local services are proposed.

  o **Bring together physical health, mental health and social care into a single service** to meet all of a person’s care needs – whole person care, built around patients.

*Only with Labour will the NHS be better off.*
The NHS as you know it cannot survive five more years of David Cameron