



TO: Oxfordshire Clinical Commissioning Group -

<https://consult.oxfordshireccg.nhs.uk/consult.ti/BigconsultationPhase1/consultationHome>

FROM: Oxfordshire Green Party

Date: April 2017

## Introduction

This is the Oxfordshire Green Party submission to the first phase consultation on the Sustainability and Transformation Plan for the NHS in Oxfordshire.

Larry Sanders, Health spokesperson for the Green Party of England and Wales, notes:

*“The Sustainability and Transformation Plan for Oxfordshire requires a 20% (£200 million) cut in services from the present level. There is no way that this can be done safely. We are already in a very pressured state. We have too few doctors, nurses, care workers and hospital beds. This should not be a party political question. People of all parties and none rely on the NHS. We can stop these cuts. In the US, President Trump, with control of the presidency and both Houses of Congress, failed to destroy Obamacare because of the huge opposition led by Senator Bernie Sanders. As people are becoming aware of the plans opposition is growing. We have to succeed!”*

## Contents

This submission is in three parts:

1. An annotated version of *Response to the Oxfordshire Clinical Commissioning Group’s ‘Big Consultation’ on Phase 1 of the Oxfordshire Transformation Programme* created by Keep Our NHS Public Oxfordshire for the attention of OJHOSC meeting of 07/03/2017. This allows Oxfordshire Green Party to stress areas of agreement with this campaigning group and to stress additional areas of concern.
2. The Health policy of the Green Party, with some specific insertions about relevance to Oxfordshire as a County.
3. The Social Welfare policy of the Green Party.

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**Annotated version of Response to the Oxfordshire Clinical Commissioning Group's 'Big Consultation' on Phase 1 of the Oxfordshire Transformation Programme**

NB Ordinary text within a box, in this section, is the original Keep Our NHS Public Oxfordshire submission. Oxfordshire Green Party additions are in italics.

**“Introduction**

From the outset, this ‘consultation’ is flawed and split. The current consultation is about the first phase of the local plan (Oxfordshire Transformation Programme), which itself is one third of the wider Buckinghamshire Oxfordshire and West Berkshire (BOB) Sustainability and Transformation Plan (STP). We believe that this wider BOB STP is more than the sum of its parts but that it is unlikely to be consulted on, despite its potential impact on health and social care in Oxfordshire.”

*We question the efficacy of consultations about NHS services that do not take travel distances, times of journeys especially in rush hours and the actual access of all sections of the public to transport into account. With the slow withdrawal of subsidised bus services, and the reduction of frequency in services, it is ever harder for people without access to a car to access health care. An uncertain patchwork of other forms of transport for the elderly has also been undermined by cuts. This strategic concern makes it imperative that consultations take the actual geography of Oxfordshire into account, including increases in traffic on key road routes in the recent past. Further development, if housing targets are attained, will add to problems in accessing the fewer sites that are still providing health services in what appears to be general planning for attenuated health care.*

“The current consultation (Phase 1) is based on a ‘Pre-consultation Business Case’, which we discuss below and find unconvincing as we expose its assumptions, lack of clarity, lack of sound evidence for its claims, and absence of financial detail. Although it is entirely based on an interdependency of Health and Social Care it does not include any evidence or future planning for Social Care, in the contents of either Phase 1 or Phase 2.”

*Green Party County Councillors in Oxfordshire have engaged in a long battle within the County Council and the community to maintain something approaching adequate Health and Social Care in the County. As beds for the homeless close, as Children’s Centres decline and in some cases close, as 2/3 of day centres for the elderly are under threat, these and many more cuts impact upon the health and quality of life of Oxfordshire residents. Costed options are essential in a consultation of this type, as are public recognition from all concerned that a growing County population with a sizeable increase in our ageing population requires significant increases in spending on health and social care, met from taxation.*

If the glossy ‘Big Health and Care Consultation’ and the Business Case were meant to pass the test of public accessibility through the use of plain language and simple evidence-based argument, they fail. Terms such as ‘ambulatory care’, ‘emergency multidisciplinary unit’, or ‘acute hospital at home’, and what the difference is between urgent and emergency treatment, are bemusing in a consultation, and for a family to grapple with in the heat of an emergency situation are also difficult. There is a telling phrase at 12.2 p. 217 in the Business Case: the consultation is to ‘create understanding of the need for change and the case for developing new models of care’. In other words - nothing more than a charm offensive.”

*The public are entitled to clarity rather than jargon in a consultation with profound implications for their future quality of life and lifespan.*



“The basis of our response: Examination of the Pre-consultation Business Case

We think that this Phase I document can only be properly understood and debated in the context of the ‘whole system’ STP footprint plan. We observe that it is one sixth of the plan for the full BOB footprint. We also note that though it is headed ‘Health and Care’ it does not contain the Care element, despite the proposals’ high dependency on the success of the care element.”

*The care sector is complaining it cannot afford to meet demand in relation to the costs it faces. The Royal College of Nursing has reported on the challenge of a doubling of demand for care in the period 2010-2030.<sup>1</sup> Given exceptionally low incomes for some health staff since the recession started and a variety of pressures on pensions, it is difficult to see how such a demand can be met. But the consultation offers no costings, even of an indicative nature. In Oxfordshire, 800 care worker vacancies exist at present. The Age UK outline of access to care paints a daunting picture already.<sup>2</sup>*

“We have noted that the Consultation Document is based on a 235-page ‘Pre-Consultation Business Case’ agreed by NHS England prior to the launch of the consultation itself on January 16<sup>th</sup> 2017 and have therefore responded to that document which underlies the widely available document the public have been sent, the ‘Big Health and Care Consultation: Phase 1’. All page numbers in this text refer to the Business Case document unless otherwise stated. We note that the business case had to satisfy four tests before NHS England would accept it, and that the final draft and addenda had been to and from NHSE more than once. The four tests are:

Test One: Strong public and patient engagement

Test Two: Consistency with current and prospective need for patient choice

Test Three: A clear clinical evidence base; and

Test Four: Support for proposals from clinical commissioners.

“We are unconvinced that the OTP passes any of these.

We also note that the appendices are not in the online document. We have responded to this as the most complete description of the OTP available to us.”

*In short, the consultation fails to meet the most elementary requirements to allow it to proceed unchallenged.*

“A phased approach falls at the first hurdle

Your chart on pp. 30-2 of the Business Case shows that a phased approach is not feasible. It shows the interdependency of every part of the patient’s treatment care for it to be effective, including self-care and social care, primary care and hospital care. We agree that the patient needs to be at the centre of a whole picture including self-care, decent housing and nutrition, social and primary care in the community, and appropriate access to the right level of specialist intervention. Therefore, to agree to proposals of one element of this picture without knowing what the rest of the picture is ludicrous – like agreeing to the roof of a building without knowing anything about the walls (or indeed if there was to be any money for walls).

“Weaknesses in the argument for the need to change

<sup>1</sup> [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0006/314547/Policy\\_Report-Care\\_Homes\\_under\\_pressure\\_final\\_web.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0006/314547/Policy_Report-Care_Homes_under_pressure_final_web.pdf)

<sup>2</sup> <http://www.ageuk.org.uk/home-and-care/care-homes/paying-for-permanent-residential-care/>



The detailed discussion about the need to change the services at the Horton (stroke, maternity, diagnostics, elective work) is predicated on:

a) Travel time evidence.

The source of most of the adduced evidence is the Oxford University Hospitals Trust and the Clinical Commissioning group CCG (pp. 92-3, 134-7). We would have expected evidence that had been tested to destruction before the public could trust it; the ambulance service, the volunteer drivers who take villagers to hospital, the Automobile Association might have been better places to begin if the purpose was to convince the public of the accuracy 40-minute 'blue light' travel time in the consultation. (p. 93)."

*There is a long history of under-estimation of projected traffic levels by what is now Highways England. In short, the failure to accept the phenomenon of induced traffic caused by increases in the number of roads and/or the capacity of roads<sup>3</sup> means that Highways England and its predecessors provide under-estimates of projected traffic levels. Consequently, it would be better to draw up plans recognising the traffic level increases of recent years in Oxfordshire and projecting them forward into future years. Clearly, they will not be evenly distributed. It is highly likely that wealthier areas with concentrations of employment, such as Oxfordshire, will attract more of this increase than areas that are less economically successful. With fewer locations providing a variety of health services, transport to and from such sites will become ever more problematic.*

"b) The desirability of separating elective from trauma work.

This is taken as a given in the proposals for rebranding the Horton as a diagnostic and elective care centre. There is no discussion by clinicians about the effectiveness or desirability of this separation for best practice. Yet specialists in the early days of Independent Sector Treatment Centre work argued coherently for the importance of i) giving surgeons a mix of every day and emergency work for better patient outcomes and ii) keeping them together so any quick escalation of treatment which might emerge could be done in the same setting – elective surgery which turns into an emergency, for instance. (pp. 76-90)

c) Declining need for services in the Horton.

Yet much of the evidence for stroke heart and maternity change comes because the OUHT has already been diverting patients by ambulance to Oxford over the past months, as is noted in the document (pp. 57-8).

d) The lack of any negative impact on the John Radcliffe and Churchill hospital facilities

In fact, the document suggests dropping the number of available beds by 194 through the closure of the Horton and other facilities. With bed occupancy climbing again, when the existing measures for 'safety' suggest hospital bed occupancy should be no more than 85%, we would assert that all the evidence points to growing waiting times, deaths, disasters in trauma care if the proposals are implemented.

Lack of adequate clinical evidence

Over the different sections the interdependency of services is identified as a key issue; it is said that hospital beds cannot be closed without adequate care in the community; and yet there are 800 vacancies in domiciliary care with no concrete plans as to how these will be filled. (p.157)

<sup>3</sup> The key document on this topic can be found at:

<http://webarchive.nationalarchives.gov.uk/+/http://www.dft.gov.uk/pgr/economics/rdg/nataarchivedocs/t/runkroadstraffic.pdf>



- The chart at fig. 9.2 on p.158 should be full of information on community posts but much of the community post information is 'not available' (N/A).
- There is an arguably highly speculative chart of levers to encourage displaced staff to change their jobs at fig. 9.4 p.160 and although staff housing is identified as a problem (pp. 53-4), no concrete solution is offered.
- Some of the evidence is extremely thin. In fig. 10.4 p.176 where did the need for less than 800 beds come from? In the whole OUH?
- Figure 1.1, p.10 shows Social Care is a key component but Social Care is not included in the documents.

The growing contribution expected from carers in this 'pared to the bone' service is not mentioned."

*The limitations of cutting health services in the north of the County and expecting people and health professionals to manage regardless should not need stating.*

#### "Problems of geography

Where does the calculation that it is safe to have 30,000-50,000 population per GP practice come from? It cannot possibly have included problems of a scattered rural population. Looking at the map of Oxfordshire and hearing the stories of rural isolation would lead one to conclude there are not enough primary care facilities in the county, not that there could be fewer.

#### Over-reliance on self-help

There are many assumptions about the population improving its own health with timely support from community staff. Nothing about the increased numbers of staff necessary to make this work, and the costs and supervision needed."

*GP practices, like pharmacies, are struggling to meet demand under present conditions and with very limited funds. GP recruitment and retention were in crisis before the bombshell of the Brexit vote put the status of EU nationals working in the NHS and in social care in question.<sup>4</sup>*

#### "Staff recruitment and retention key problems

There are suggestions for new levels of staff in primary care – physicians' assistants, nurse practitioners. However the evidence is that these can increase costs and reduce timely accessibility – also that there are additional costs attached to recruitment, training, housing, and developing new systems.

#### Other issues

The proposals seem unimaginative. No thought seems to have been given to sharing estate with schools, or bold housing solutions."

*Oxfordshire is notorious nationally for its high housing costs, undermining retention of NHS workers who may well prefer to live somewhere cheaper. Oxfordshire Green Party recognises that the increasing population of the County and the consequent pressure upon*

<sup>4</sup> See: <https://www.theguardian.com/society/2015/jun/02/ian-cumming-health-education-england-gp-nurse-shortages> & <https://www.bma.org.uk/news/media-centre/press-releases/2016/march/vacancy-survey-shows-scotlands-gp-recruitment-problems-deepening> & <https://london.gov.uk/about-us/london-assembly/london-assembly-publications/gp-recruitment-and-retention-crisis-london>



*under-funded schools makes the use of school estate unlikely. Meeting actual housing demand, which should be distinguished from building for private landlords who will offer property at high rents, means increasing social housing and keyworker housing in Oxfordshire. Specifically, councils should buy homes on the open market to meet local demands. They should also work with alternative housing initiatives such as Co-housing, community land trusts, housing cooperatives, the residential boating community and others particularly to ensure brownfield sites are used. It is a dismal failure that long-term empty offices, shops and homes should exist in a County with obvious housing demand such as Oxfordshire.*

The suggestion that volunteers, and pharmacists could play a crucial part in implementing the proposals (fig.1.4, p.12) would only work if the CCG could provide funds for support. Support has Dr Foster, the healthcare intelligence firm formerly part-owned by the government, has said that when occupancy rates rise above 85% "it can start to affect the quality of care provided to patients and the orderly running of the hospital".

"A 1999 paper published in the BMJ argued that any occupancy rate over 85% risked bed shortages and periodic bed crises. Support has recently been withdrawn from a number of pharmacists, so evidence suggests that many will struggle to survive in the next few years. In view of the cuts to public transport and the withdrawal of subsidies to bus services and the as yet unknown distribution of car ownership (unknown but strongly suspected to be patchy disproportionately hitting the poor the elderly and the isolated) the access to specialist care under these proposal seem unlikely to be adequate. Where is the evidence that the proposed technologies will work (no evaluation given p.14)? Yet they are presented as a crucial part of the success of the proposals.

Funding is inadequate for these proposals

It is acknowledged that some of the problems identified with the current system are about inadequate equipment and unsuitable buildings. Much of the argument about proposals for the Horton is based on this. Yet the documents are reticent about how the necessary changes would be funded. One concrete figure produced at pp. 162-5 concerns changes to the Horton Hospital. The figure of £14.5million is produced with no indication of where this money will come from. On p. 196 the CCG says it will put £3.5 million aside: hardly enough to cover the costs of these changes."

*The suggested £150 million cost of implementing the full STP across the region, to allow a full £479 million cut in NHS spending in the whole region by 2020, is a colossal sum. How much of this will go to consultants, or elsewhere in the private sector? How much will be used to inflate the salaries of the highest paid in the NHS when retention of essential staff at lower levels is a major problem?*

"On February 21st this year the House of Commons Committee of Public Accounts published their damning report on 'the financial sustainability of the NHS' which has thrown even more doubt on the possibility of any of the 44 footprints developing a transformation plan at this time which is viable. The report shows that capital budgets earmarked for long-term capital funding have already been raided, severely compromising any major capital changes such as that envisaged for the Horton. The report goes on to develop the point that all the changes are predicated on well-funded social care and it challenges the government as follows: 'The Department and NHS England should assess the impact that financial pressure in social care is having on the NHS, so that it can better understand the nature of the problem and how it can be managed. It should publish the findings of its analysis by July 2017.



*Oxfordshire Green Party notes that tobacco, alcohol and sugar taxation – if applied in each Budget during the Coalition Government after 2010 and by the present Government – could have contributed substantially to both health promotion and resources to fund an adequate NHS. It would certainly have made the current shortage of funds for the NHS less prevalent.*

“We offer the same challenge to the Oxfordshire CCG. The CCG should assess the impact of financial pressures on Social Care in Oxfordshire. Meanwhile, the Phase 1 consultation should be halted until such time as an assessment has been carried out and published and the holes in the programme referred to above have been filled in. Phase 1 of the Oxfordshire Transformation Programme fails on all four counts demanded by NHS England and will deliver only cuts and confusion for the people of Oxfordshire. We deserve better.

Dr Ken Williamson  
Chair, Oxfordshire Keep Our NHS Public”

*We agree.*

## 1 The Health policy of the Green Party

NB The Health policies of the Green Party follow below, with comments in italics to stress relevance to Health needs in Oxfordshire.

### 1.1 Values and Principles

HE100 Health is the condition in which individuals and communities achieve their full physical, intellectual, social and spiritual potential. Health for individuals is only possible in the context of a healthy environment and society. The healthy society is one which guarantees a safe and clean environment; material security for all its citizens; good work; adequate housing; a balanced and unpolluted diet and clean water; appropriate education; a safe transport system; accessible and sensitive public services; equality of opportunity; and a secure present and hope for the future. All Green Party policies are designed to promote the health of individuals, communities and society. The Green Party supports the full implementation of the World Health Organization's Health2020 approach to health and we subscribe to the EU's 'Health in All Policies' approach, encouraging them to be adopted at all levels of government.

*Oxfordshire Green Party recognises that current work culture in our County, including the rigors of commuting and very high housing costs, creates a ‘toxic environment’ in which the quality of life of individuals is undermined by stress and overwork. In the absence of guaranteed full time work, people on zero hours contracts and low pay will inevitably suffer the most.*

HE101 Ill health exists at many levels: a diseased organ within a stressed person, a sick individual within an uncaring society, or a sick society within an overstrained and collapsing ecosystem. To achieve improved individual, social and environmental health, effective interventions at all levels are needed. Current theory and practice place too much emphasis on interventions at the biochemical and individual levels, too little on the social and ecological. Achieving better health requires a balanced, integrated and holistic understanding and approach.

*This implies placing health and social care issues within the schooling system. Health promotion begins there. However, radical cuts in education spending now contribute to*



*cutbacks in subjects, staffing and quality in our schools<sup>5</sup>. This places remaining staff under greater stress, in a professional environment where retention of teachers is already a major problem – not least in Oxfordshire due to housing costs as an added factor.*

HE102 The organisation and use of health care services is only one of the factors which impacts our health. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. However, willingness and ability to care for its vulnerable members are essential features of a compassionate society. Free market mechanisms cannot adequately meet health needs, or effectively constrain costs. Proper healthcare for all and the responsible use of resources both require the continued provision of well-financed and publicly-funded health services.

HE103 Health services can create dependence on the part of users, which is itself unhealthy. Individuals can through properly informed choice, and when adequately supported, acquire much greater responsibility for their own health, and the health of their families. However, true freedom of choice cannot be exercised without the economic and political power to choose, at present denied to the majority.

HE104 Healthcare is not a commodity to be bought or sold. The National Health Service must provide healthcare, free at the point of need, funded through taxation. It must be a public service funded by, run by and accountable to local and national government and devoid of all privatisation, whether privatised administration, healthcare provision, support services or capital ownership. The NHS is concerned with healthcare provision and should not be subject to market forces either internal or external.

HE105 The Green Party will repeal the Health and Social Care Act 2012 in its entirety.

*We unreservedly condemn the Conservative-Liberal Democrat coalition for this appalling piece of legislation which has clearly led to the current crisis of under-funding and creeping privatisation in the NHS.<sup>6</sup>*

## 1.2 Aims

HE200 To promote public health through policies designed to secure a healthy urban and rural environment, healthy work, healthy agriculture and food, healthy education, a healthy transport system and healthy local economic development. ([FD300s](#))

HE201 To devise new economic models using quality of life and health indicators as the target variables to be optimised. Policies to achieve these targets will be integrated into overall economic strategy. Health-promoting policies will be mediated by social investment at national, regional and community levels.

HE202 To develop a new public health consciousness, which, through individual and collective action, will challenge vested interests and promote the personal, social and political changes needed to achieve improved states of health.

HE203 To develop health services which place as much emphasis on illness prevention, health promotion and the development of individual and community self-reliance as on the treatment and cure of disease. Such services will of necessity be empowering, participatory

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<sup>5</sup> <http://www.itv.com/news/2017-03-10/warning-over-schools-axing-courses-amid-funding-crisis/>

<sup>6</sup> SEE: Jacky Davis, John Lister, David Wrigley – *NHS for Sale*, 2015.



and democratic and their development will be guided by users' own perceptions of their health needs.

HE204 To ensure that health care services are delivered with compassion, taking into consideration patients full range of needs, health care will be delivered in an environment that promotes healing and care. This includes single sex wards in hospitals, ensuring that maternity care is of the highest quality, ensuring that care reflects people's needs and that care promotes the dignity of all patients.

HE205 The Green Party supports the continued development of national minimum standards of care across the entire range of health services. Local people should decide what and how services are provided and should have complete flexibility to meet local needs as long as services at least meet minimum standards.

HE206 All healthcare whether intended to promote wellbeing or treat illness will be provided equally to all people to all regardless of economic, social or cultural status. Organisations providing health services will be expected to monitor and improve any inequality in delivery of services. This will apply to levels of income as well as other equality and diversity strands including gender, sexual orientation, ethnic or cultural background, faith, disability including learning difficulties, trans people or age.

HE207 The Green Party recognises that the Health Service, and all public services, influence the life of the community and the country. It is important that there is no discrimination in employment and that the NHS is a leader in challenging racism, homophobia, transphobia, and prejudice and discrimination based on disabilities or faith.

HE 208 The health service should be managed as a "learning organisation" in which there is a clear responsibility for continual improvement and in which all staff are encouraged to comment on the systems in which they work and share learning in an open and fearless way.

### 1.3 Policies

HE300 This policy sets out how services will be delivered and regulated. It expands on our values and principles where necessary but it will not make judgements on individual treatments or medicines unless as a point of principle. All services will be available without charge at the time of need.

### 1.4 Prevention

HE400 Health education and health promotion will become central aspects of the practice of the majority of health workers, who should take part in health advocacy in all areas of local and national policy where health is at issue. In particular, health workers should promote community health initiatives. Closer working relationships will be developed between health workers, the voluntary sector, communities, families and individuals. (see [FD300](#), [DU410](#))

HE401 Where there is compelling evidence that incidence of an illness in society has a strong environmental factor, that illness shall be designated a notifiable disease. Cancer, asthma and ME/CFS shall be among those included on this list. This information shall form the basis of statistical research into the effects of polluting our air, water and food supply. As many synthetic chemicals bio-accumulate and are hazardous to health, a long-term strategy will be developed for stopping their production and use, beginning with the most dangerous, the most unnecessary and the most easily replaceable. This includes many fat-soluble chemicals, which become highly concentrated in breast milk, and are therefore a serious



health risk to infants. Where this conflicts with existing "Free Trade" treaties, we would press for change to the treaties or withdraw from them.

The Green Party proposes that the right to legal aid for personal injury cases shall be maintained, in the interest of public health and safety, and in accordance with the "Equality of Arms" clause in the European Convention on Human Rights.

HE402 The Green Party supports vaccination as a primary means of preventing many diseases. All children should have a right to receive vaccines. The Green Party supports the extension of current vaccination programs, including extending HPV vaccinations to young boys.

## 1.5 Pathways of Care

### 1.5.1 Maternity Services

HE501 All women should be entitled to the highest standards of care during pregnancy and birth, and post-natally. These standards will be maintained for all regardless of sexual orientation, gender identity, level of income, black and ethnic minority background, age or disability. We will ensure that women are given the information they need to make appropriate choices about how they wish to give birth, and that a full range of options, including home birth and a range of styles of hospital delivery, is made available to all women.

HE502 The incidence of medical intervention in childbirth has escalated in recent years, particularly the rate of caesarean sections, which are expensive and, when not medically required, risky. We will work to reduce the number of interventions in childbirth, and change the culture of the NHS so that birth is treated as a normal and non-medical event, in which mothers are empowered and able to be in control.

HE503 All women will be entitled to the care of a single midwife through prenatal care, birth and the first month of post-natal care, in line with the model of care currently provided by independent midwives. This will be made possible by initiatives to improve the recruitment and retention of midwives.

HE504 We will ensure that the NHS embraces the current quality and style of care as offered by Independent Midwives so that they are able to work within the NHS system and offer this type of care to all women in a single tier system. We shall ensure that midwifery training places are increased to meet medium and long term needs. This will be achieved by: ensuring that terms and conditions for midwives are improved, increasing investment in midwifery services to ensure that these policies are delivered, specific funding for midwife training along with targeted recruitment drives, and ensuring that the culture of midwifery services is supportive for both mothers and midwives.

HE505 All women and their partners will be offered a full range of psychological support after birth to help deal with trauma and post-natal depression. The Green Party will ensure that baby clinics are open for adequate hours, so that women can get access to health visitors and take their babies for regular check-ups at a location and time that is convenient for them.

HE506 Maternity units should be sufficient in number and located so that all women are within reasonable reach of one. Special Care Baby units will be expanded in line with the increasing number of babies that need intensive care, but special attention will also be given to preventative efforts to reduce the number of low birthweight and other problems that contribute to this need. Funds allocated for maternity services should be ring-fenced to ensure that they are used for the intended purpose.



HE507 Throughout maternity services the focus will be on compassion and on providing a safe, supportive environment. Complaints will be treated with sympathy, and systems arranged to ensure that complaints can be registered easily and are investigated properly, challenging the 'conspiracy of silence' that discourages women from speaking about their traumatic experiences for fear of frightening other women.

HE508 The Green Party recognises that breastfeeding has multiple short and long term health benefits for babies. Mothers who have breastfed also have lower risks of diabetes and some cancers. However, in the UK women who want to breastfeed often feel unsupported and most stop before they wanted to. Around a quarter of women feel unable to breastfeed for various reasons. For some people, there is still a stigma attached to breastfeeding in public. The law does not currently effectively stop attempts to discourage breastfeeding. Furthermore, artificial feeding products ('formula') are heavily promoted. These, along with the equipment they require, may interfere with the initiation or continuation of breastfeeding.

HE509 The Green Party will work to ensure that:

- i. Pregnant women are given the facts about how to breastfeed, and also the benefits and challenges of breastfeeding so that they can make an informed choice about how to feed their babies.
- ii. Hospitals provide the counselling and advice by trained NHS staff to enable breastfeeding to be established straight after birth, should the mother wish to breastfeed. Special help will be given to women immediately after birth if they are in pain, ill, or exhausted by a difficult labour. Disabled women and those with babies with special needs will be given specialist help to establish breastfeeding.
- iii. It becomes an offence to stop nursing mothers from breastfeeding their children in public places (including the breastfeeding of toddlers in premises where children are already allowed). Businesses that break the law, or whose employees break the law, will face significant fines.
- iv. Public buildings and shops are encouraged to provide breastfeeding facilities for women who wish to breastfeed in a private, comfortable, quiet place. Councils are required to provide breastfeeding facilities in all their significant buildings open to the public, such as town halls and libraries.
- v. breastfeeding mothers who return to work are made aware of, and encouraged to take advantage of, their legal right to take breastfeeding breaks.
- vi. Steps be taken in order to normalise breastfeeding, including improving education in schools, public awareness campaigns, and reassurances given by breastfeeding counsellors regarding the legitimacy of public breastfeeding.
- vii. The provision of enough around the clock breastfeeding counselling services to support women who have problems with breastfeeding, and expand the networks of breastfeeding mothers set up locally for women to be able to give each other help.

HE510 The Green Party will institute a complete review of the regulations regarding the promotion of artificial feeding products and the accompanying equipment to make it possible for families to make decisions about infant feeding without commercial pressure. We will support in full the implementation of the WHO International Code of Marketing of Breast-milk Substitutes and the subsequent WHA resolutions. Powers would be allocated to the appropriate bodies to enforce the regulations, with education as needed for Food Standards Agency and Local Authority staff.

HE511 The Green Party will regulate to ensure that all health care settings (hospital and community) achieve Baby Friendly status, as established by UNICEF



### 1.5.2 Occupational Health Services

HE600 The statutory requirements that workplaces provide occupational health services, with standards of training and equipment appropriate to their particular hazards, will be strengthened. The criteria for such provision will be made as clear and as simple as possible, and loopholes permitting unscrupulous employers to minimise provision will be closed. Particular support and attention will be given to the occupational health needs of employees in small organisations and firms. The role of Health and Safety inspectors in enforcing these requirements will be strengthened and enlarged. The provision of basic self-help medical training to all workers will be encouraged and we shall require employers to allow time off work for such training.

### 1.5.3 Health Promotion

HE601 Health education and health promotion will become central aspects of the practice of the majority of health workers, who should take part in health advocacy in all areas of local and national policy where health is at issue. In particular, health workers should promote community health initiatives. Closer working relationships will be developed between health workers, the voluntary sector, communities, families and individuals. (see [FD300](#), [DU410](#))

### 1.5.4 Abortion

HE700 The Green Party recognises that currently-available methods of contraception cannot prevent all unintended pregnancies, that not all intercourse is consensual and that pregnant people have the right to be treated with dignity and respect, regardless of their life situations and choices. The Green Party views the safeguarding of individual freedom and moral autonomy in making reproductive choices as fundamental for a progressive society.

HE701 The Green Party acknowledges that unintended pregnancies can be limited, but not eradicated, through compulsory comprehensive sex education, confidential and accessible contraceptive services and greater gender equality. The Green Party would implement medically-accurate abortion, pregnancy and childbirth education for all genders into its education policy. Nobody should leave school unaware of the medical realities of reproduction.

HE702 The Green Party believes that contraception and abortion are an essential part of healthcare and should be accessible, effective, safe and confidential for all through a publicly funded NHS. In the case of devolved powers, such as Northern Ireland, the Green Party supports advocacy for changes to reproductive health restrictions, and in the meantime calls for the transportation, accommodation and medical fees of abortion patients to be covered by the NHS.

HE703 The Green Party would support a change in the law to allow the procedure to be carried out by appropriately trained nurses and midwives up to three months of pregnancy.

HE704 The Green Party would ensure that all medical staff involved in publicly-funded counselling and healthcare involving a person's reproductive health are committed to providing unbiased, patient-led, and medically accurate advice, regardless of their personal moral convictions. The Green Party would allow private and charitable providers of abortion counselling to provide private 'anti-choice' advice, though this should be clearly stated in all advertising to prevent the misleading of persons at risk of exploitation. The Green Party would not allow these providers to be advertised on any publicly-funded health information or signposted from any state-funded institution e.g. prisons, schools.



HE705 The Green Party is aware that issues such as sex selection, time limits and disability screening have been raised in attempt to restrict the rights of pregnant persons. The Green Party acknowledges that these can be controversial, but ultimately believes that no socio-economic, cultural or other social group should be stigmatised and denied healthcare. The ultimate decision about whether or not to terminate a pregnancy is never taken lightly and should always lie with the pregnant person.

HE706 The Green Party believes that no person should face imprisonment for ending their own pregnancy. A Green government would ensure that abortion is removed from the 1861 Offences Against the Person Act and is instead governed by the same robust regulatory and ethical frameworks as all other medical procedures. As abortion is a devolved issue in Scotland and Northern Ireland, it is intended that this policy would apply to England and Wales.

### 1.5.5 End of Life Care

HE800 Existing UK expertise about palliative care should be a bedrock and springboard for further development and expansion of palliative care. All services - hospital, community, clinic and care homes - should promote the knowledge and understanding of the patient process of dying. Universal palliative care training is required for all clinical, care and ancillary staff, appropriate to each staff member's role.

HE801 Palliative care is holistic; high quality palliative care aims to support the physical, psychological, social and any spiritual dimensions of the patient's process of dying. Palliative care promotes dignity and respect. Palliative care should be based on the best clinical and ethical practice including conventional and complementary therapies. To ensure important aspects of palliative care do not get lost for any reason, this policy stresses that high quality palliative care aims to support any spiritual, religious or philosophical dimensions of the patient process of dying.

HE802 To ensure high quality palliative care, there needs to be awareness of bias and disadvantage that might arise associated with ethnic origin, disability, gender, gender identity, sexual orientation, religious or non-religious belief, age, body size, mental health diagnoses and other factors. Services should be planned and delivered in ways that avoid discrimination.

HE803 It is essential to promote rational, evidence based and ethical palliative care practice. Where a medically led multidisciplinary palliative care team is required, a team should be accessible whether by consultation in person or by communication media such as telephone or internet. All services should strive to ensure appropriate speed and coordination of palliative care services.

HE804 It is important to review, and re-evaluate, the availability of hospice and other palliative care to those with all diagnoses and conditions. Palliative care policy promotes provision of palliative care to all those with end of life conditions and diseases such as stroke, dementia, Alzheimer's, cancer, end stage heart disease, end stage lung conditions, Parkinson's disease, Huntington's disease and other terminal conditions and diseases. Palliative care should be available for deaths wherever they occur - in own home, care homes, hospital, hospices and wherever death occurs in the UK.

HE805 Sufficient emotional support should be available to those who surround people who are dying. This would include staff working in palliative care, friends, relatives and formal and informal carers.



HE806 The Green Party recognises that medical decisions taken towards the end of a person's life should never be undertaken lightly. We believe that when the quality of life is poor (e.g. due to severe dementia) life prolonging treatments such as influenza vaccines and antibiotics should not be given routinely without consideration of the whole situation including the wishes of the patient and relatives.

HE807 Many medical interventions provided at the end of a person's life will both relieve suffering and hasten death. We recognise that this can cause concern amongst health professionals and the public and will introduce clear guidance to protect all parties.

HE808 Assisted death presents moral and legal concerns to health care professionals and the public. We believe that people have a right to an assisted death within the following framework:

- The appointment of an independent advocate must be made when either diagnosis of terminal illness is made or the person receiving care expresses the desire to end their life
- Counselling must always be offered to every patient considering an assisted death
- Alternatives, such as palliative care must be discussed with the patient
- The patient's ability to make the decision must be established by joint assessment of two independent doctors, one of whom should ordinarily be the patient's GP, unless impractical in the circumstances, in which case it may be the patient's medical consultant, one of which must be a psychiatrist and a third independent registered health or social care professional who has undertaken approved training in this area and who has no prior knowledge of the patient.
- This decision must take into account evidence provided by the independent advocate.
- Treatable illnesses that may impinge upon the decision making ability, e.g. depression, must be treated and excluded from the rationale for requesting an assisted death
- The patient has the right to appoint individuals either during or prior to the process who will have access to their medical and other records and whom they wish to be involved in discussions
- The patient's informed consent must be clearly documented, full discussion of the outcomes of both the illness and the assisted death must also be provided in a language and form understandable to the patient
- The patient's close family should be involved in all discussions
- There should normally be a waiting period of at least 7 days, set by local policy, for the patient to reflect on their decision.
- Patients could orally revoke the request at any point
- Healthcare professionals can refuse to be party to any stage of assisted deaths for their own moral reasons
- Assisted death will be notifiable

We will introduce legislation based on this framework to ensure the protection of all parties

#### 1.5.6 Presumed Consent for Organ Donation

HE900 The Green Party supports a move towards a system of 'soft' presumed consent (opt-out) for organ donation. In the United Kingdom, current legislation is set out in the Human Tissue Act 2004, covering England, Wales and Northern Ireland and the Human Tissue (Scotland) Act 2006. Presently, both Acts state that if a person has, while alive and competent, given consent for some or all of their organs or tissue to be donated following their death, then that consent is sufficient for the donation to go ahead. Once consent is established, relatives or other relevant people should be advised of the fact and encouraged to respect the deceased's wishes. However, they reserve the right to refuse.



The Green Party recognises the distress of individuals with organ failure and that the United Kingdom remains some way behind the rest of Europe in deceased donation rates. The current system loses potential donors. Despite a long concerted effort by NHS Blood and Transplant to promote 'opt in' and registration, less than one third of people are on the organ donor register. The Green Party would implement a system of presumed consent (soft) where all individuals are registered as organ donors unless the individual has expressed a wish not to be and removed themselves from the register. It will be mandatory for health staff to discuss with family members in all cases. The 'soft' option will reserve the right of family members or legal guardian(s) to refuse.

The Green Party recognises the rights of the individual and particularly those with disability or capacity issues and those who may have a religious or cultural objection. A process of highlighting awareness of the change, which will be independent, will be put in place on policy implementation to ensure that all individuals have access to removing themselves from the register if they so wish and at any time, with no explanation necessary or required. This right will be inferred on the legal guardian(s) of individuals with capacity issues.

### 1.5.7 Mental Health

HE1000 The Green Party recognises that a wide range of factors contribute to mental health distress and difficulties. These include economic, social, psychological and biological factors. The Green Party recognises that evidence clearly shows that many of our economic and social policies would contribute to improved well-being for all, such as increased community participation, improved social justice and secure employment.

For individuals suffering from mental health distress, a range of evidence-based therapies and treatments will be readily available, based on the NICE guidelines. The Green Party would also ensure increased funding was made available for further research into the development of evidence-based therapies for provision through the NHS. Provision of talking therapies should be made more readily available, within 28 days either in addition to or as an alternative to medication.

The Green Party also recognises that there are health inequalities in terms of the groups of people who access talking therapies and other forms of NHS treatment. The Green Party would encourage more innovation within NHS services for reaching excluded and marginalised groups

The Green Party would encourage all Local Authorities to appoint a Mental Health Champion, to advocate on behalf of people with mental health issues with regard to housing provision, employment and education access and other local services. Their role will be also to represent the interests of those with mental health issues whenever decisions are made on a local level.

The Green Party recognises that there is much stigma surrounding mental health difficulties, and this adversely affects those experiencing these issues. Working alongside charities and organisations that work to challenge stigma, we would encourage several measures, including mental health awareness training within the public sector, workplace mentorship frameworks in order to support employees experiencing mental health difficulties, and would support people with lived experience of mental health difficulties sharing their experiences, encouraging a more open dialogue on the issue in wider society.

The Green Party recognises that there is a real value in the service user, wherever possible, having a degree of control over their treatment options, for example through personal budgets. This system needs to be improved through more information being made available about personal budgets to service users, carers, advocates and staff. Whilst personal



budgets can play an effective role in empowering service users, they should not replace the core funding of key services, such as day centres and inpatient care.

Accordingly, the Green Party would provide funding for research into the optimal ways for mental health services to be delivered.

The Green Party would also continue to encourage the co-production agenda within the NHS, in which opportunities are utilised for the employment or participation of service users and other experts by experience in creating, delivering and monitoring preventative and treatment services.

The Green Party recognises that many people working with those with mental health difficulties, such as mental health nurses, social workers and support staff, work long hours, in difficult conditions, on relatively low pay and often with insecure job tenure. We would seek to improve the conditions and pay as well as the status of these important roles. This would aid in the retention of staff and, as a result, in providing continuity of care.

The Green Party would legislate so that psychotherapists would be brought under the governance of the Health Care Professionals Council (HCPC). We would also oversee the setting up of an independent body that would investigate any deaths which occur under mental health detention.

The Green Party recognises that mental and physical health problems often go together.

For example, 40% of the tobacco smoked in the UK is smoked by those with mental health problems. Holistic care and 'joined up' services are vital for better outcomes. We would increase the focus on partnership working and integrated care pathways. This would also aid early interventions when problems arise, which is also essential in improving outcomes.

The Green Party recognises that health services need to be sensitive to the needs of individuals on the basis of age, ethnicity, gender, sexuality and cultural and socioeconomic background. We would encourage mental health practitioners to take leadership on these issues. For instance, reviewing the effectiveness of how services are structured, such as the transition age of 18 and how services are accessed.

Early Years Intervention has a vital role in securing good mental wellbeing throughout life. Parent and infant psychological services, along with peer support networks, should be available throughout the country to aid better and more enjoyable parenting. Schools should provide a supportive environment where mental health issues are discussed, stigma and discrimination is challenged and emotional and social education is central. We would stress the importance of a curriculum that includes ways of preventing emotional distress, such as teaching about healthy relationships.

[See also [ED042](#)].

Schools would also be encouraged to employ suitably trained counsellors, to whom children could talk in confidence. Overall, the Green Party aim will be for health and educational services to be more integrated both at a local and national government level.

LGBTIQ people are more likely to have contact with the mental health system and are at much higher risk of mental health issues, self-harm and suicidal ideation than heterosexual people. They are also more likely to come up against negative reactions from mental health staff. The Green Party would therefore ensure that guidance for good practice is included in staff training. We would also ensure that LGBTIQ community specific health programs are funded and able to identify and support at risk individuals.



BME individuals are another identified group that is also more likely to have contact with mental health services. Certain communities are more at risk of developing certain mental health conditions, like psychosis. The Green Party would fund initiatives to reduce barriers into receiving care, by instituting community specific outreach programs, focused upon raising awareness and reducing stigma of mental health problems. Equally we would more clearly make the link that deprivation and exclusion of certain communities is linked to prevalence of mental health problems, and addressing those issues is key to addressing mental health issues.

The Green Party recognises also that refugees, asylum seekers, and vulnerable migrants can be just as marginalised within mental health services as within other services in the UK. These groups are under-represented in terms of receiving mental health support, whilst at the same time Black males are over-represented in the UK's inpatient wards. The Green Party recognises the rights of all people using mental health services for whom English is not the first language to interpreters where needed, preferably carefully chosen (to be sure there is no tribal/cultural clashing) and face-to-face rather than by telephone.

The Green Party recognises that talking therapies are particular to western models of thinking, and will encourage and support the training of counsellors in mother tongue languages. The Green Party will work to ensure that marginalised groups are able to access services through allocating funding to specialist services where it is clear that there are groups who are under-represented in accessing services.

The Green Party would recognise the crucial, unpaid and difficult work done by those who are carers for people with mental health difficulties. We would improve the benefits system for carers as well as put systems in place to ensure they are supported and advised, as well as ensuring they get adequate respite from their caring responsibilities.

The Green Party recognises the high levels of mental health need within the population that come into contact with the Criminal Justice System. For example, one in three young offenders have an unmet mental health need at the time of offence. Young people who become involved in gangs are at further risk of suffering mental health distress.

Both social and health inequalities are correlated with contact with the Criminal Justice System. This further demonstrates the need for our social justice and early intervention policies. In addition, the current structure and delivery of NHS mental health services are limited in their ability to engage and reach this group.

The Green Party would support the use of innovative programmes and services to improve the health outcomes of people involved in (or at risk of) the Criminal Justice System and work to improve national access to such evidence-based programmes. We would also emphasise the importance of training staff working within the Criminal Justice System, such as the police, civil servants, judges or probation, on mental health issues and the underlying causes of these difficulties. We would ensure that health, policing and community safety are working together at a local and national level to meet the social, occupational and emotional needs of this group as a means of reducing crime and distress.

The Green Party would commit to ensuring everyone has safe and speedy access to quality crisis care 24 hours a day, 7 days a week, whatever the circumstances in which they need help, regardless of where they turn to first. [See also [CJ345](#) and [CJ381](#)].

HE1001 The Green Party recognises the importance of child and adolescent mental health and will ensure that services to support this are properly funded and accessible close to the people who need them. We will ensure that looked after and adopted children are properly supported by child and adolescent mental health services when needed.



HE1002 The Green Party recognises that suicide is the biggest killer of young men in the UK. We would ensure that local authorities took preventative action in terms of well-known suicide spots. For example, installing barriers and anti-suicide nets on bridges where suicides have taken place. Research shows that when such action is taken, suicides from other surrounding high structures do not increase. In addition, we would support organisations and services aimed at reaching out to young men.

The Green Party recognises that mental health services in the UK are overstretched, that people are not being assessed quickly enough and many people needing treatment are not getting access to services at all. In addition, mental health inpatient services are being reduced by 1000 beds a year. We recognise that some people need inpatient care and we would work to reverse the decline in bed numbers. We would also stress the need to review treatment length, recognising that some patients require longer treatment programmes than others, and that fixed-term treatments are not always appropriate. In addition, we could ensure that people are aided in their re-integration into the community after a stay in inpatient care, such as through protecting funding for supported living environments.

The Green Party recognises that the current isolation that many people face contributes greatly to mental health problems. We would tackle this by protecting facilities such as community centres, which aid social cohesion, and could be used to provide specific resources for those faced with mental health difficulties.

The Green Party recognises the important role that Primary Care has in mental health services. We would encourage General Practitioners' Practices to employ a mental health specialist such a mental health nurse. They would be there to provide help and support not only to the person experiencing the mental health difficulties but also to the carers and families of those affected. There would also be an emphasis on increasing the mental health training of General Practitioners who currently act as gatekeepers to many services.

HE1003 The Green Party opposes the advertising, funding and practice of any form of therapy that aims to cure the sexuality or gender identity of an individual. These forms of therapy are often referred to as 'Reparative' therapy, 'Conversion' therapy, 'Gay Cure' therapy or 'Gender Conversion' therapy. The Green Party recognises that these practices are unethical and harmful and believes that such practices should be illegal, particularly for minors and vulnerable adults.

### 1.5.8 Dentistry

HE1100 Essential dentistry, including check ups, is necessary basic healthcare, and should be provided free under the NHS.

HE1101 The Green Party recognises the great loss of dentists to the NHS in recent years, and so we will discuss with the Royal College ways of encouraging dentists back into NHS practice.

HE1102 The Green Party will support measures to prevent dental health problems including:

1. the promotion of good oral hygiene
2. fast, free access to NHS dentists and hygienists
3. a reduction in the consumption of high sugar content foods and drinks

HE1103 The Green Party is opposed to the artificial mass fluoridation of drinking water which is being promoted by the Government. There is conflicting evidence on the benefits to dental health of this practice and major concerns on the cumulative negative wider health effects of total ingestion levels of fluoride. There are further concerns on the links with the



chemical industry that supplies artificial fluoride and the compulsory nature of its addition to drinking water that denies consumers choice.

### 1.5.9 Sexual Health

HE1200 Sexual Health is a core provision of the NHS. The Green Party would provide more funding for sexual health awareness campaigns, provide greater access to free condoms and sexual health clinics.

HE1201 A Green Party would reprioritise the fight against HIV. More funding is required for public health campaigns, HIV prevention and support for those living with HIV. The Green Party would introduce Pre-Exposure Prophylaxis (PrEP) on prescription on the NHS.

HE1202 Early diagnosis of HIV is a vital part of curbing new cases of HIV and protecting the health of those diagnosed with HIV. The Green Party would invest money in enabling all sexually active adults to regularly undertake sexual health screenings. This can include new modes of testing like home screenings.

HE1203 Fighting HIV stigma is vital to curbing new cases of HIV as well as improving the wellbeing of those living with HIV. Raising awareness and fighting stigma should be a part of compulsory sexual education in schools as well as public awareness campaigns.

## 1.6 Administration

HE1300 The Green Party believes it is wrong in principle that private health care companies and agencies should be able to employ or use staff who have been expensively trained by the NHS without contributing something to the cost of that training. Therefore companies, including pharmaceutical companies, employing or using NHS-trained healthcare professionals outside the NHS will have to pay an additional training tax. This will take the form of a levy for each person-hour during which they employ or use NHS-trained staff outside the NHS. The proceeds from this levy will go directly into the NHS Tax which the Green Party is going to create.

### 1.6.1 Funding

HE1301 Health spending in the UK needs to reflect the needs of the country and should be maintained at around the average in the European Union. The party will continue to support the principle that the NHS is a national service, free at the point of entry and fully funded by taxation.

HE1302 We recognise that some people will want to pay for treatments that are not deemed sufficiently cost-effective to be provided by the NHS. We will ensure that NHS patients are not prevented from accessing these, or denied any NHS treatment, as a consequence of paying for such non-NHS treatments. However, we will also ensure that the NHS does not subsidise these either directly or indirectly.

HE1303 An NHS Tax, earmarked to increase direct funding of the NHS, shall be introduced as part of general income and other taxation. We believe this will have wide support.

HE1304 Health Service spending will be reviewed regularly, with a view to increasing the resources invested in health promotion, illness prevention, community care and community development, relative to spending on curative interventions.



### 1.6.2 Internal Market / NHS Trusts

HE1305 The creation of NHS Trusts erased the democratic accountability of local NHS services. The rights of those who work in the NHS, especially to participate in its development and improvement, were widely undermined. Market forces cannot allocate healthcare fairly, nor even efficiently. The internal market has wasted badly needed resources on administration, and reduced the efficiency and morale of the whole system. The internal market opens the long term possibility of further privatisation of the NHS. The internal market should be wound up and replaced with clear financial and service accountability of decentralised service units to regional assemblies within a single corporate whole.

HE1306 The Green Party believes it is wrong in principle that private health care companies and agencies should be able to employ or use staff who have been expensively trained by the NHS without contributing something to the cost of that training. Therefore companies, including pharmaceutical companies, employing or using NHS-trained healthcare professionals outside the NHS will have to pay an additional training tax. This will take the form of a levy for each person-hour during which they employ or use NHS-trained staff outside the NHS. The proceeds from this levy will go directly into the NHS Tax which the Green Party is going to create.

### 1.6.3 Access and Choice of Treatments

HE1400 To promote decentralisation and accountability, Clinical Commissioning Groups will be supervised by, and accountable to, elected Local Government. Co-operation between CCGs to improve services will be encouraged. The role of Patients' Forums as users' advocates will be developed to provide greater assistance to individuals in difficulties or disputes with the health services. Legislation will be introduced to allow individuals access to their medical records.

### 1.6.4 Choice of Treatments

HE1401 The Green Party will set up within legislation the practice of patient empowerment, with the right of individuals who are to receive treatment to have full and detailed knowledge as to their condition and the range of treatments available.

### 1.6.5 Research

HE1402 The Green Party will support research into healthcare at all levels, but especially into public health, epidemiology, nursing and community care, and particularly in the community and primary care settings. The Green Party will prioritise research and appropriate funding into the environmental causes of cancer.

The Green Party will set in place methods whereby statistics necessary for research into assessment of health risks (particularly in areas where heavy, chemical and nuclear industries are located), are available with the maximum accessibility for all academic, commercial or individual use. All existing health statistics to also be made freely available. The Green Party will introduce procedures for dealing with medical/scientific personnel whose positions in the research and/or licensing system give rise to conflicts of interest. Steps shall be taken to ensure that medical research should meet the identified medical needs of society, and to make medical research institutions democratically accountable. We shall seek to end the situation whereby commercial investment determines research programmes in universities and public institutions. Attention shall be given to basic health research areas which have been neglected in the past.



Rigorous assessment, monitoring and audit of new technologies will be undertaken prior to their general application.

Policy on animal experiments is contained in the Animal Rights section. While animal experiments continue to be used in medical research, the Green Party will press for a thorough evaluation of animal tests used to predict safety and effectiveness of medicines and treatments, based on a comparison of existing research and data using animal tests with equivalent human biology-based tests, to determine the best means to predict the safety and effectiveness of medicines and treatments for patients

The Green Party acknowledges the existing and potential future benefits to humans and other animals from stem cell technologies, using both adult and embryonic cellular material. These benefits include direct medical advances, improved non-animal testing methods for new medical treatments, and the advancement of knowledge. However, we also emphasize the importance of continuing ethical regulation, adequate government funding, and transparency of research in the areas of embryonic and adult stem cell technologies, to protect donors and the public health.

#### 1.6.6 Assessment and Regulation of Medicines

HE1403 The safety and regulation of medicines will be controlled by a single agency. This agency will ensure that medicines meet minimum safety standards, provide clear labelling of both ingredients and side-effects. The agency will cover existing synthetic medicines as well as those considered as natural or alternative medicines.

HE1404 We shall improve the protection provided under the law to users of medicines. Prescribed and over-the-counter medicines will be monitored more rigorously with regard to both efficacy and toxicity. Appropriate methods of assessment will be developed for both synthetic pharmaceuticals and natural medicines, involving practitioners expert in their respective uses. Assessment will not be dependent on commercial interest in production. (see [AR407](#)) All information gathered during the process of assessment and licensing shall be publicly available.

HE1405 The Green Party will further introduce procedures for assessing existing research which has led to licensing of drugs where there is a case for stating there has been a conflict of interest affecting such original research which in turn led to licensing of drugs.

HE1406 The Green Party recognises the huge profits made by the drug companies out of the NHS. This is often through a form of cartel pricing, and we do not believe it is right that the National Health Service as a public health service should have to pay unfair prices. Therefore the medicines agency ([HE703](#)) will have the power to set the price of drugs provided to the NHS. This arm of the medicines agency will be composed of doctors, healthcare professionals, economists, and a legally trained chairperson, which will look at the cost of research and development in drugs and their manufacture, and receive evidence from chemists, the pharmaceutical companies, and other countries' health services. The pricing arm will then decide what is a fair price for a drug which is to be provided to the NHS by the manufacturer, and that will be the price which the NHS will pay for the drug.

HE1407 Novel compounds will not be introduced into general use unless they can be shown to have significant advantages over existing drugs. Limited list prescribing will be extended across the full range of pharmaceuticals. The direct advertising of prescription- only medicines to the medical profession will cease. Information to the medical profession will be the responsibility of medical schools and independent authorities with no vested interest in companies which manufacture or market pharmaceuticals.



### 1.6.7 Assessment of Treatments

HE1408 The assessment of the effectiveness of treatments in relation to the cost of their provision is fundamental to the provision of high quality, cost effective healthcare. The Green Party would ensure that an independent healthcare treatment agency provides assurance on the effectiveness of treatments and recommendations for new treatments to the NHS.

The effectiveness of treatments will be assessed by the agency using the best clinical evidence available. The agency will use independent panels of experts to assess treatments. The agency will assess the effectiveness of treatments across the entire health care spectrum, from synthetic pharmaceuticals and surgical procedures to public health interventions and complementary therapies.

We recognise that the assessment of treatments is a lengthy and ongoing process that should be driven by clinical need rather than either political or commercial influence. The agency will produce recommendations that compare effectiveness against cost allowing the NHS to decide which treatments are required to meet the needs of the service within its budget.

HE1409 Whilst assessment of treatments must be evidence based, an holistic approach will generally be taken. This will take into account the range of factors in health and disease, wider benefits and health outcomes than addressing a single illness and a full assessment of side effects and risks to the patient and to society. Treatments that target the causes of ill-health will be favoured over treatments that simply target symptoms.

HE1410 We shall identify health areas where existing treatments available under the NHS are either so expensive that they are unsustainable, where existing treatments have a poor record of restoring patients to health or where existing treatments pose a significant health risk in themselves. These shall become designated priority areas for assessing the comparative benefits of current health service practice and other treatments, currently available privately. This knowledge shall be used to draw safe, effective, treatments into NHS provision.

HE1411 When donors of organs or blood are assessed for suitability, only characteristics that are empirically backed to be relevant should be considered. The Green Party supports moving to a system of individual risk assessments that does not discriminate against, for example, men who have had sex with men, their partners, trans people, and sex workers.

### 1.6.8 Prescription Charges

HE1412 Prescription, and other charges, are wrong in principle, unfair in practice, and generate little income for the Health Service. They will be abolished as soon as possible. The taxation system will require adjustment to compensate the Health Service for the revenue lost.

HE1413 Sanitary Products will no longer be classed as a 'luxury' product, and VAT will no longer be added to their retail price. In addition, homeless people and other people in extreme financial need will be provided with Sanitary Products at no charge.

## 1.7 Health care professionals

### 1.7.1 NHS workers

HE1500 For too long the workers in the NHS have been underpaid, undervalued and ignored. They remain some of the most overworked in our society despite the importance of their day-to-day decisions and actions. The multitude of local staff contracts and conditions



will be simplified within a clear regional structure. Privatisation of ancillary services will cease and be reversed, so that all NHS workers of a particular grade can expect the same terms within the same region. Collective bargaining arrangements will be strengthened and honoured. A particularly urgent commitment will be to reduce all staff working hours to a maximum in line with the Working Time Directive.

HE1501 We will ensure that sufficient training places for all types of clinician are available to support future health care needs and that people are able to access this training. We will keep training places and the delivery of training under continuous review to ensure that it meets changing needs.

HE1502 The Green Party deplores the poaching of healthcare professionals from other less privileged countries. Conditions and wages of nurses, and also doctors, need to rise to encourage more British people to train as nurses and doctors. The NHS will not be allowed proactively to recruit non-British healthcare staff overseas by any means, including overseas advertising or direct approaches. The Green Party will actively seek ways of ensuring that healthcare skills are shared between countries including by offering exchange opportunities to students and qualified staff.

HE1503 Senior staff who are in a position of influence are required to declare interests that may conflict with their role in the NHS.

### 1.7.2 Regulation of Practitioners

HE1504 To protect patients from poor practice, negligence and fraudulent practice, all healthcare practitioners who have a direct responsibility for care or therapy delivered to patients should be registered with an appropriate professional body recognised by government. This will apply to practitioners providing therapies to NHS and private patients. These professional bodies will provide, as a minimum, assurance that:

- A minimum set of standards for practice are maintained
- Practitioners have demonstrated adequate expertise in their field and hold a relevant qualification
- Appropriate and confidential documentation is maintained
- Treatment, or non-treatment, and advice should be determined, as far as is possible/practical, by the patient's best interests.
- Practitioners ensure that other healthcare practitioners are informed of therapies/care where appropriate, especially a patient's GP.
- Practitioners do not make demonstrably false claims as to the effectiveness of treatments.
- There are processes for removing practitioners who do not meet minimum standards or who breach regulations

The Green Party will actively seek ways of ensuring that healthcare skills are shared between countries including by offering exchange opportunities to students and qualified staff.

HE1505 Senior staff who are in a position of influence are required to declare interests that may conflict with their role in the NHS.



## 1.8 Service Delivery and Settings of Care

### 1.8.1 Community Health Centres

HE1600 Funding will be diverted away from centralised facilities towards primary and community healthcare, illness prevention and health promotion.

HE1601 Community Health Centres will be the focal points for self-help and community-based initiatives and will also provide a wide range of services including primary healthcare, and health education and health promotion programmes. A variety of specialist services, in particular midwifery, obstetrics, family planning, counselling and psychiatry, will also be available. The midwifery and obstetric service will be such that a real option of home delivery is created. To permit the availability of the widest possible range of services and interventions, staff will be organised into multi-disciplinary teams. The public will be provided with easier direct access to nurse practitioners and other non-medical health and social care workers.

HE1602 Community Health Centres will provide walk-in facilities for patients with minor injuries and illnesses.

### 1.8.2 Community Services

HE1603 Increased and protected funding of community services will enable healthcare as far as possible to be provided at home or in community-based facilities. Community services for frail elderly people and disabled people, including those with enduring mental and physical health problems or with learning difficulties will be increased. This will ensure that everyone who needs it will receive high quality care and support, and will put them in the position to lead as independent and self-determined a life as possible based on their individual needs and circumstances. Transfer of patients from hospital to community care will be matched by an appropriate allocation of resources.

### 1.8.3 Hospitals

HE1604 Primary and hospital care will be more closely integrated. District staffing structures will be reviewed, with the aim of integrating hospital-based specialists into primary care and community health workers into hospital practice. The hospital programme will emphasise the development of appropriately sized district and community hospitals, with a reduced role for larger regional centres. However, some specialised services will continue to be provided on a regional or sub-regional basis.

HE1605 Hospitals will focus on services for patients needing inpatient care. Accident and Emergency Departments will be for emergencies only with care for minor illnesses and injuries provided for by community health centres. We will require adequate night and weekend cover from consultants and diagnostic facilities in all hospitals dealing with emergency admissions.

HE1606 The Green Party is opposed to the development of "Foundation Hospitals" which, although argued to be locally controlled, could actually result in reduced democratic accountability given that they will be unanswerable to parliament or local authorities.

Foundation Hospitals are in fundamental opposition to the Green Party policy of the public health service remaining fully funded by public taxation (see [HE104](#)), given that they are required to produce a profit and are able to seek commercial partnerships. This is likely to result in charging for ancillary services (disadvantaging the worse off), the reduction of medical education and training, the non-treatment of specialist or rare illnesses and early discharges. Foundation Hospitals risk undermining the principles of the NHS, creating a two-



or multi-tier system of uneven provision. This also threatens de facto privatisation because the amount of commercial borrowing and diversification away from key NHS functions will be governed only by the interpretations of the regulator and not by clear rules. We would abolish Foundation status, fully reintegrating any such hospitals into the NHS system.

#### 1.8.4 Health in Schools

HE1607 The Green Party believes much more can be done in schools to prevent illness by caring for children and educating children about health. We lament the disappearance of the School Nurse and would therefore bring back a dedicated NHS School Nurse in every school, both at primary and secondary level. Qualified nurses would be specially trained to give lessons in health awareness, including diet, as well as providing an on-site primary healthcare service to all pupils and students.

HE1608 The Green Party believes a good diet is so important in the promotion of good health that all schools will be obliged to have their own kitchen so as to be able to provide for each child a freshly prepared lunch each day, using fresh, organic and local produce wherever possible. Food provided by schools must include both vegetarian and vegan options. We would continue the school Fruit and Vegetable Scheme, with a strong preference for organic and local produce. Such meals will be free to all children and will be paid for out of increased taxation: we believe that the consequent improvement in health will dramatically reduce the costs of illness and social care to the NHS and other public services. Junk foods and vending machines will become unavailable in state schools."

HE1609 We believe physical exercise is beneficial to the promotion of good health development, and so more time and resources will be made available to allow children to participate in sports and games at school, ideally on a daily basis.

#### 1.8.5 Primary Care

HE1610 General Practices are predominantly run as small businesses and therefore are insufficiently accountable to local people and government. The Green Party will introduce a new model of General Practice to be adopted when new practices open. This new model will be based on practices being co-owned by patients and medical professionals in a multi-stakeholder co-operative model. This will enable professionals, patients and communities to be partners in provision of care. Sufficient safeguards and training of members would be put in place to ensure evidence-based and high quality decisions being made. Patients and staff will be able to have a strong voice in the primary care provision in the practices and they will be directly accountable to each other. Primary care co-ops will be open to all potential patients to join and we will ensure that there are appropriate safeguards around membership, governance and provision.

#### 1.8.6 Demand and Supply Management

HE1700 We are mindful that approximately one fifth of the NHS clinical budget is devoted to treating illness caused by unemployment, inequality, poor housing and pollution, and that Green reforms in these sectors of the economy will reduce the load on the health service.



## 2 The Social Welfare policy of the Green Party

### 2.1 Introduction

SW100 The Green Party will implement policies to promote social welfare for all.

SW101 The Green Party knows that we are all interdependent and that many people need support at some stage in their lives. The basic aim is that all people should be able to lead an empowered and fulfilled life. We believe that every individual in society has an equal right to food, water, warmth and housing (see [Responsibilities and Rights](#) section).

SW102 Policies cover those areas currently addressed by social services departments - including children and families, older people, mental health, physical disabilities and learning disabilities.

SW103 To make life easier for people who need to access several types of service, the Green Party would work towards having a single budget covering health and social services.

### 2.2 Citizen's Income (CI)

SW200 In so far as it is possible to remedy social problems purely by financial means, the Green Party's Citizen's Income (see [Economy](#)), when implemented will enable people to have a more flexible approach to work, retirement and caring for others.

SW201 CI is designed to cover the basic needs of an able-bodied person. Since 1979 the level of benefits for the able-bodied has fallen well below this level; consequently the supplements necessary to bring payments for those with disabilities or health problems up to an adequate level are considerably larger than they will need to be in conjunction with CI when that is fully implemented. (See Econ esp. [EC732](#))

### 2.3 Children and Families

SW300 All children should be treated with respect and given full opportunity with whatever support may be required to live in a caring and nurturing environment. (See [RR410](#))

SW301 However, although families are often thought of as the ideal social institution to bring up children, many children do not live in nuclear families and sometimes a child's parents cannot or do not want to look after them.

SW302 The Green Party recognises the many challenges and stresses that parenting can bring and will support and encourage a wide range of community and self-help services for children and their carers e.g. Homestart, family centres, adopt-a- grandparent schemes.

SW303 The Green party believes that services for children need to be holistic and integrated, recognising both the needs of the child and their families and carers. This may involve increased expenditure over current levels, but effectively meeting the needs of children and their families and carers will produce a healthier, more balanced and secure society, with reduced costs in criminal justice, social services and other areas of spending.

SW304 Childminders will continue to be registered and monitored, with free training, including training in nutrition, given to all. We recognise that childminders often have a low income and are seen as having a low social status. We believe that bringing up children is a very important job, and would seek to improve the standing of childminders whilst making



sure that they earn a living wage for what is a demanding job, while maintaining the affordability of care.

SW305 Nurseries and children's centres will be monitored for quality of care and the information made readily available. Special attention will be given to ratios of adult carers to children. Nursery staff will be given adequate training, including training in nutrition.

SW306 Nannies will be registered on a national register, enabling families to check the suitability of their potential employee. The treatment of au pairs will be regulated to stop them from being exploited by their employers.

SW307 Working grandparents will be given the same right to request flexi-work as parents if caring for grandchildren.

SW308 We will provide free universal early education and childcare from age 1 up to age 6 (5 while that remains the age of formal education starting), with parental participation strongly encouraged for younger children. Universal provision will be designed to give parents and carers as much flexibility as possible in terms of times and locations. The provision of occasional 'ad hoc' care will be encouraged and facilitated. Special attention will be paid to the needs of disabled children. This will be overseen by a cabinet-level, cross-departmental minister for childcare.

SW309 Children's centres will engage in active outreach work to make contact with socially excluded families to ensure that their children's development is not endangered and to encourage the parents and carers to access free local activities for children.

SW310 Parents and carers in a community will be encouraged to set up networks of babysitters and playgroups. This would aid both children's development and community cohesion.

SW311 Children with special needs will have the enhanced level of care they need, with all of their carers given up-to-date disability equality training so that they can care for the child in the way that suits him/her best.

SW312 Family courts and mediation should help to find the right solution for each child in the event of family breakdown with children being given a say in their future.

SW313 The Green Party supports the broadened criteria for fostering and adoption that now includes all types of relationships- single, married, co-habiting and homosexual couples. A Green government will ensure that a wide range of support services will accompany any fostering arrangement, including financial help, respite care and emergency phone-line.

SW314 The Green Party would develop and implement a comprehensive national strategy for the prevention of child sexual abuse which would include, but not be limited to, the following components:

- Funding research into the causes of child sexual abuse, and also the possible treatment of abusers. The emphasis would be on preventing those who are sexually attracted to children from abusing in the first place, as well as rehabilitating offenders who wish to change their behaviour. There would be a big increase in the funding of effective treatment programmes for offenders in prison and support for prevention focussed projects such as the Quaker-supported Circles of Support and Accountability programme.



- Running an on-going government public education campaign encouraging discussion of what is a taboo subject and a hidden problem, encouraging both perpetrators and victims to come forward for help.
- Ensuring that organisations providing help to the victims of sexual abuse, such as the National Association of People Abused in Childhood , receive Government funding, meaning they will no longer need to devote much of their valuable time to chasing funding.
- Ensuring that those coming into contact with children (such as teachers and medical staff) are effectively trained to spot the possible signs of sexual abuse and early, sensitive intervention will be encouraged as well as training on signs to look out for in adults who may be at risk of abusing.
- Ensure children receive relationships and sex education including information about good and bad touch, good and bad secrets, knowing how to get help if something is worrying them and developing healthy relationships.
- Develop and ensure consistent delivery of appropriate education for children through primary and secondary schools and youth services at key transitional stages about personal boundaries, emotional literacy and body safety in order to increase knowledge, improve self-esteem, influence behaviour and increase confidence in seeking help.

[See also ED042]

As 'institutional sexual abuse' is a well-known problem, the Green Party would encourage institutions such as schools, businesses and faith groups to develop abuse prevention strategies, to include a structured and well-publicised process whereby abuse victims can report their concerns, be listened to and for appropriate action to be taken.

SW315 In some cases, such as after abuse, children may be unable to live in the intimate and emotionally demanding environment of a family. Small homes should be provided by the public sector, run by highly qualified, supported and well paid staff. These should provide therapeutic and 'normalising' care required to enable children to reach their potential and become fully participating members of society.

## 2.4 Older People

SW400 Ageism is rife in our society. To those over 50 our society seems to be designed and organised for the needs and benefit of youth.

SW401 Many industries and companies are not interested in employing people despite their knowledge, stability and reliability.

SW402 Retirement means that people no longer get paid for the work they do but that does not mean they stop working. The Green Party's Citizen Income scheme would enable retirement age to be completely flexible recognising that some want to retire as soon as possible and others want to continue working. (see [EC732](#))

SW403 Many voluntary organisations depend on the work and commitment of people who have retired from paid work. Traditional economics ignores such contributions but Citizen's Income will enable people to work part-time, flexible hours and home working.

SW404 People of all ages will be encouraged to study and take up new activities and hobbies.

SW405 Treatment for illnesses will be based on the condition not the age of the person or the region where they live.



SW406 If residential care is needed then it will be provided free and house owners would not be required to sell their home to pay for such care.

## 2.5 Mental illness and emotional vulnerability

For mental health policy see HE350

## 2.6 Disabled People

SW600 The Green Party has endorsed the social model of disability ([DY200](#)) where there is a recognition that society has put up barriers which prevents disabled people with different impairments from becoming and being full and active citizens. The Green Party is strongly committed to valuing, empowering and supporting people with illness and disabilities.

SW601 Equal opportunities must start from day one and to this end the green party supports the purpose of the Disability Discrimination Act (DDA) which is to ensure disabled people have the same opportunities as non-disabled people to participate in civic life.

SW602 The Green Party will seek to strengthen the disability rights commission (DRC) and laws that help to enforce the DDA.

SW603 The Green Party recognises all disabled people, including people with sensory, learning, physical and mental health impairments, should be able to live in the community with appropriate support if desired.

SW604 Social services tends to be institutionalised and inflexible and based on non-disabled peoples' perception of what disabled people need. This has prevented disabled people from determining their own lives.

SW605 It is important for people with disabilities to be part of the socialisation process that their able-bodied peers experience. Children with disabilities should be given support to do activities independently of their parents. They need support and opportunities for personal development.

SW606 Every individual should participate in a comprehensive assessment and a support package be developed to meet the agreed needs. Peoples' needs change and care packages must reflect this.

SW607 Assessments covering all aspects of disabled people lives will be undertaken on a self-assessment basis by disabled people and facilitated by the social workers using a person-centred process. The disabled person can be supported by other persons if they desire. Where support is needed, advocates will have the right to represent the disabled person throughout the assessment and review process.

SW608 Care packages need to provide one-to-one support for any activity or task needed to facilitate the disabled person's functioning. This allows the disabled person to access the same political, social, leisure and work opportunities available to non-disabled people. To facilitate the process, local authorities will have single budgets where individualised care packages will be paid for.

SW609 Personal care and support for disabled people should be provided free, so that they can operate from a financial foundation equal to their peers. This includes any expenses incurred from having a disability, such as communication aids, interpretation and accommodation adaptations, mental health support, personal mobility aids, learning support, counselling, psychotherapy, art and music therapy or other therapies as appropriate.



SW610 These services should be available both on professional and self-referral basis. The person should be able to choose the service providers as the success of such support will depend on the personal relationship between the service provider and recipient. 'Support' may mean groups, day and drop-in facilities, counselling, supported working and /or living environments.

SW611 The Green Party would always seek to ensure the emphasis is placed on enabling and empowering people to make choices about their lives. Skills training for job or independent living will be provided.

SW612 Some disabled people need support to manage their own care packages. Each local authority will fund independent living services (Centres for Inclusive Living) to provide advice, advocacy, and support to help people manage their care packages.

SW613 Funding of individual care packages should be provided through a number of mechanisms such as via direct payments, trusts, or third party schemes, all permitted under the NHS and Community Care Act and Community Care (Direct Payments) Act.

SW614 Where there is a dispute between the local authority and the disabled person on the care plan, then a free, independent appeals process will be available and their decisions would be legally binding. When a disabled person moves to another local authority, the individual care package will be guaranteed by that local authority.

SW615 The Green Party recognises there are occasions where a disabled person will be supported by their relatives. Where this is the case, the local authority will ensure that the disabled person has access to independent advocacy. Regular reviews will be undertaken to ensure living with family member(s) will not inhibit the disabled person's autonomy

SW616 Respite care should be provided in a person's home. They should not be forced to vacate their home and go to day centres. Other carers can be brought in the home to enable the usual carer to have time-off.

SW617 For those who are unable to live alone or with their families, the Green Party would seek to achieve staffed housing in communities with trained permanent staff.

SW618 The Green Party will ensure that staff working with people who have severe and multiple needs are adequately trained and remunerated. This will ensure the retention of staff and should reduce the damaging need to employ a changing procession of temporary 'agency' staff.

SW619 Outreach workers need to be available to visit people where they are rather than making appointments which he or she may be unable to keep.

## 2.7 Carers

SW900 Unpaid carers play a vital role in supporting disabled people, older people and people suffering from ill health. Their contribution must be recognised and they must be properly supported, otherwise their own health and the health of the people they are caring for will suffer.

SW901 A Green Party government will significantly increase investment in social care and support for carers.

SW902 The Green Party will introduce a new legal duty on the NHS to identify carers and signpost them to support.



SW903 A Green Party government will ensure unpaid carers have the right to an annual health check.

SW904 The Green Party will invest in local authorities to ensure that they have the funds they need to meet their full duties to support unpaid carers.

SW905 The Green Party recognises that Carer's Allowance is too small to provide unpaid carers with enough to live off. We would introduce a carer income guarantee to ensure carers' benefits do not fall further behind the cost of living and encourage local schemes for granting free public transport to carers. A Green government will, in addition to granting everyone a Citizens' Income, look at supplementing this amount for unpaid carers.

SW906 The Green Party will create 'carer passports' to enable carers to carry their rights with them from one neighbourhood or workplace to another.

SW907 The Green Party will ensure that young carers and young adult carers are given support through their education. The Green Party will extend the Pupil Premium to include young carers and we will develop policies to ensure that young carers in schools and young adult carers in colleges and universities are identified and supported.

SW908 In line with our policies on Workers' Rights and Employment ([WR348](#)), the Green Party will champion the extension of flexible working in order to support unpaid carers who have additional employment roles