OUR PLAN FOR CHANGE

We can’t go on like this. We need change to get the country back on its feet. Our national finances are mired in massive debt. Millions are living the misery of unemployment. Communities are broken by crime and incivility. Families are falling apart at a record rate. There is a sense that our decline is inevitable—and people have lost faith that politics can fix any of it.

This is no time for business as usual. This is no time for more of the same. There is only one way out of this mess, and that is through massive change. Here we set out what that change needs to be.

The most urgent task is bringing the deficit down. Doing nothing is not an option. By the time you’ve finished reading this sentence we’ll have racked up £33,000 more in debt. That’s why we’ve set out our clear intention to spend less than Labour, immediately on taking office.

But it’s not enough just to deal with the debt. To have a hope of competing in the decades to come, our economy needs a complete overhaul. That must be led by a government that is unashamedly pro-enterprise and pro-aspiration. Inside our draft manifesto are plans for tax reform, welfare reform, deregulation, new infrastructure, stronger skills—plans to bring a new energy to this country so we can build an enterprise economy that gives everyone the chance to get on in life. Decline is not inevitable. If we take action now we can be one of the world’s leading economies again.
A strong economy gives us the foundation for a better life—but the mission that drives this party is building a stronger society. We believe there is such a thing as society, it’s just not the same thing as the state. We are progressive Conservatives. Our aim is to create a fairer, safer and greener country where opportunity is more equal. But Labour’s big government approach is making things worse not better and we need change—from big government to the big society. That’s why we’re going to strengthen families. That’s why we will restore discipline and rigour to our schools. That’s why we’ll get people off benefits and into real jobs. That’s why we’ll reform policing, sentencing and prisons. That’s why we’ll move from state action to social action—to encourage responsibility and score a clear line between right and wrong. We will use the state to help remake society.

These are the changes our country desperately needs—for prosperity, for community, for happiness. But we cannot make these changes without a political system that is strong and worthy of people’s trust. Building a new political system means much more than just reforming expenses. In the post-bureaucratic age people expect to be in control of their lives, not have their lives controlled for them by distant politicians and bureaucrats. We need a shift in power from the political elite to the man and woman in the street, through decentralising power, introducing a strong line of democratic accountability, and bringing in a new era of transparency to government. It is a future barely recognisable from the present, but this party is determined to take us there.

These plans are not timid. They cannot be. The problems of today demand more. They demand real change—and that can’t come soon enough. We need to bring down the deficit so we can start to regain our position as a world-leading economy. We have to strengthen families and reform schools so we can start to build the big society. And we need to give people real power and control over their lives so we can have a political system to be proud of.

We are impatient to get on with this work. We are determined to make a difference. We are all in this together, and we know that if we all pull together then this country can have great hope for the future.
OUR REFORM PLAN FOR THE NHS

Over three years ago David Cameron spelled out his priorities in three letters – NHS. Since then, we have consistently fought to protect the values the NHS stands for and have campaigned to defend the NHS from Labour’s cuts and reorganisations.

As the party of the NHS, we will never change the idea at the heart of our NHS—that healthcare in this country is free at the point of use and available to everyone based on need, not ability to pay. Labour promised to save the NHS but today, despite the massive increase in spending, the gap in health outcomes between the UK and the rest of Europe has actually widened.

A decade of top-down, bureaucratic mismanagement has consistently undermined the professionalism and motivation of NHS staff and skewed NHS priorities away from patient care, creating a culture where ticking boxes is more important than giving patients the treatment they need. We can’t go on with an NHS that puts targets before patients.

We understand the pressures the NHS faces. In recognition of its special place in our society, we are committed to protecting health spending in real terms—we will not make the sick pay for Labour’s Debt Crisis. But that doesn’t mean the NHS shouldn’t change. When you’re more likely to die of cancer in Britain than most other countries in Europe—and when the number of managers in the NHS is rising almost three times as fast as the number of nurses—the question isn’t whether the NHS should change, it’s how the NHS should change. We have a reform plan to make the changes the NHS needs.

Our reform plan is based on the methods of the post-bureaucratic age—decentralisation, accountability and transparency. Applying these ideas to the NHS will help us improve it for everyone and allow us to meet people’s rising expectations. Instead of bureaucratic accountability there will be democratic accountability. We will decentralise power, so that patients have a real choice. And by publishing information about the kind of results that healthcare providers are achieving, we will make sure there is no hiding place for failure. If patients don’t like what they are offered, they will be able to find something better. This will drive up standards by allowing people to choose the best providers and by encouraging hospitals to compete for patients. Making doctors and nurses accountable to patients, not to endless layers of bureaucracy, will also save billions that are currently spent on needless bureaucratic checks—meaning we can spend more on the frontline services that make a real difference.

When patients not only have the power to choose where they get treated but also the information to make an informed choice, then hospitals and GPs that don’t provide good care will have to raise their game. Doctors and nurses will need to use their new-found freedom to meet the needs of the most important people in the NHS—patients.

We are the party of the NHS today because we not only back the values of the NHS, we back its funding and we have a vision for its future.
1.1 A PATIENT-CENTRED NHS

Given the huge pressures faced by the NHS over the coming decades, our pledge to protect health spending will not be enough on its own to deliver the rising standards of care that people expect and deserve. The gap between what we will have to do and what we can afford to do presents an urgent need for reform. We have to make the supply of healthcare more efficient, and that means introducing reforms which, through decentralisation, accountability and transparency, will help us achieve our ambition for the NHS to deliver some of the best healthcare in the world.

We will scrap all of the politically-motivated process targets that stop health professionals doing their jobs properly, and set NHS providers free to innovate by ensuring they become autonomous Foundation Trusts.

With power comes responsibility, and it is essential that doctors and nurses are properly accountable to patients for their performance. We will unleash an information revolution in the NHS by making detailed data about the performance of trusts, hospitals, GPs, doctors and other staff available to the public online so everyone will know who is providing a good service and who is falling behind.

We will focus on the health results that really matter, like improving cancer and stroke survival rates or reducing infections. We will measure our success against those countries with the most effective systems of healthcare, and enable patients to rate hospitals and doctors according to the quality of their care.

The next step is to create an NHS where patients are in the driving seat. We will give everyone the power to choose any healthcare provider that meets NHS standards. These choices should include not only hospitals, but also community health services – including allowing patients to use local pharmacists and make access to the NHS more equal.

To give patients even more choice, we will open up the NHS to include new independent and voluntary sector providers – if they can deliver a service that patients want, to a high standard and within the NHS tariff, then they should be allowed to do so. To make sure all providers have the right incentives to succeed, we will implement a ‘payment for results’ system throughout the NHS.

Meeting your healthcare needs can be complicated. That is why we want the family doctor to be a patient’s guide throughout the NHS. So we will give GPs the power to hold patients’ budgets and commission care on their behalf – either in hospitals or using other forms of treatment and therapy in GP surgeries or specialist clinics. And we will link GPs’ pay to the quality of the results they deliver.

Our reforms will devolve decision-making closer to patients, removing the need for expensive layers of bureaucracy to oversee the NHS. As a result, we will be able to cut the cost of NHS administration by a third and transfer resources that Labour is currently wasting on bureaucracy to support doctors and nurses on the frontline.

To make sure the NHS is funded on the basis of clinical need, not political expediency, we will create an independent NHS board to allocate resources to different parts of the country and make access to the NHS more equal.

1.2 A MORE ACCESSIBLE AND ACCOUNTABLE NHS

Our reform plan for the NHS will put patients first. They will be choosing the care they receive, and when and where they receive it. This will drive up quality, bring down waiting lists and improve cleanliness and infection control – because patients will choose to go to the best and safest hospitals where they can be seen most quickly.

Hospital-acquired infections like MRSA now kill more than three times as many people as are killed on the roads every year. So hospitals will not be paid in full for a treatment which leaves a patient with an avoidable infection.

Single rooms are needed to control infection and provide safety and privacy. We will end the scandal of mixed-sex accommodation and increase the number of single rooms in hospitals, as resources allow.

British patients should be among the first in the world to use effective treatments, but under Labour they are among the last. The current system lets Ministers off the hook by blaming decisions on unaccountable bureaucrats in NICE, the agency which approves drugs for the NHS. We will reform the way drug companies are paid for NHS medicines so that any cost-effective treatment can be made available through the NHS, with drug providers paid according to the value of their new treatments.

People want an NHS that is easy to access at any time of day or night. Labour’s plans to centralise the NHS have meant services closing and confusion about where to go for advice. We will reform NHS Direct and introduce a single number for every kind of urgent care to run in parallel with the emergency number 999. We will give people access to a doctor or nurse when the local family doctor’s surgery isn’t open, and we will stop the forced closure of A&E wards.

We want to give every mother and mother-to-be world-class care, and to ensure that every child gets the best possible start in life. So a Conservative government will give mothers a real choice over where to have their baby, with NHS funding following their choices, and allow new providers to deliver maternity care – especially services like ante- and post-natal support. And we will introduce local ‘maternity networks’ to ensure that mothers can safely access the right care, in the right place, at the right time.

Under Labour fewer people are able to see an NHS dentist. So we will introduce a new dentistry contract that will tie newly-qualified dentists into the NHS for five years, allow dentists to fine people who consistently miss appointments, and stop paying dentists to carry out unnecessary appointments. These changes will allow us to give one million more people access to an NHS dentist and give every five year old a dental check-up.

One in four British adults experience at least one mental health problem in any given year and poor mental health costs the economy £77 billion each year. So we will remove the rules preventing welfare-to-work providers and employers purchasing services from Mental Health Trusts so that many more unemployed people and at-risk workers can be helped.
1.3 IMPROVING THE NATION’S PUBLIC HEALTH

Today, the NHS faces unique upward pressures on spending. Lifestyle-linked health problems like obesity, smoking and alcohol abuse are putting huge demands on health services and are harming people’s quality of life. Our population is ageing, meaning more people living longer with chronic conditions and requiring regular treatment on the NHS. On top of this there is the pressure of infectious diseases like TB, HIV, Hepatitis C and pandemic flu. Each of these factors is leading to soaring costs for the NHS.

At the same time, health inequalities are growing wider – the difference between the life expectancy of the richest and poorest in our country is now greater than at any time since the 19th century. We can’t go on like this. By creating an NHS that is accountable to patients not politicians, a Conservative government will be able to focus on public health and preventable disease – the surest route to improving the health of the nation.

With less political interference in the NHS, we will turn the Department of Health into a Department of Public Health so that the prevention of illness gets the attention from government it needs.

Prevention is better than cure, so we will provide separate public health funding to local authorities, which will be accountable for – and paid according to – how successful they are in improving their local communities’ health. And, as a progressive government, we will weight public health funding so that extra resources go to the poorest areas with the worst health outcomes through a new ‘health premium’.

It is essential that the parents and carers of terminally ill children get the support they need to make life liveable, comfortable and fun. We are extremely concerned that the government is not planning to renew the grant given to hospices to help support these children and their families. A Conservative government will provide £10 million a year funding beyond 2011 to support hospices in their vital work with children. In the long run, we will introduce a new per-patient funding system for all hospices and other providers of palliative care so that proper support for sick children and adults can continue.

Many patients with long-term health conditions want greater control over their care. We will preserve disability living allowance and attendance allowance and give patients with chronic illnesses or a long-term condition access to a single budget that combines their health and social care funding which they can tailor to their own needs.

The means test for social care leads to people being forced to sell their family homes to pay for care. For the first time, we will allow everyone – on retirement – to protect their homes from being sold to fund residential care costs by paying a one-off insurance premium of £8,000.