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Election Swingers

The smaller parties could have a significant impact on the policies of our next government. Sunniva Davies-Rommetveit explores what this could mean for healthcare provision



There's no doubt about it, the 2015 election could be anyone's game. It has all the ingredients of the last election with the added frisson of being an even closer call due to the growing profile of the smaller parties.

The Liberal Democrat's 23% vote in 2010 must seem like a distant dream compared to their current 7% support level [at the time of going to press] in the ongoing YouGov 'Intention to vote' poll. UKIP's popularity has rocketed to about 14% in the poll, compared to a 3.1% share of the vote in 2010. The relatively unreported rise of the Green Party from 1% to a 7% vote share is similarly impressive. Furthermore who can rule out Labour leaking significant votes to the Scottish National Party in Scotland?

These figures demonstrate just how drastically British politics has changed in the past five years. With Labour and the Conservatives practically neck and neck on 33% and 32% respectively, the likelihood of another coalition or a weaker minority government beckons.

One thing that is certain about the upcoming election is that healthcare policy is going to be one of the biggest debating points. "As expected the NHS is again a campaigning issue, with the major parties each positioning themselves as the one that can best be trusted to ensure its future," says Ian Smith chairman at Four Seasons Health Care.

With the polls so close, being aware of the smaller parties' health policies will be vital because, as Westminster Advisers director Ian Targett explains, "getting any legislation through the next parliament could increasingly depend on the main parties paying extra attention to what the smaller parties want". But just how much common ground is there between the main and smaller parties?

Policies

A broad-brush overview of the health policies of the Green Party, the Liberal Democrats, UKIP and national parties' (see box) reveals a traditional, left-leaning approach to the NHS, social care and the privatisation debate. Many parties, therefore appear to share thoughts with Labour's official healthcare stance.

The Greens are the most staunchly public, stating on their website that 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... devoid of all privatisation, whether privatised administration, healthcare provision, support services or capital ownership," it continues.

UKIP has become increasingly left-wing in its bid to steal votes from Labour. Caught on video in September 2012, UKIP leader Nigel Farage said that British healthcare would have to think about moving to "frankly, an insurance-based system". He defended these comments this January, moreover, arguing that "as time goes on, this is a debate that we're all going to have to return to".

This could not contrast more from the official UKIP line in the run up to May 2015, with UKIP MEP Louise Bours saying exactly two years on that "the NHS works in spite of Labour, not because of it. UKIP will ensure that the NHS remains free at the point of delivery and of need".

Meanwhile the Liberal Democrats are arguably in the best position to be flexible with their health policies depending on who they have to negotiate with. "There's elements of both Labour and the Tories in the Liberal Democrats' health policies," Targett says. "They have never been explicit on independent providers in the NHS, and they're keen on integration, so that gives them wriggle-room to co-operate with Labour."

Indeed, Paul Burstow - the Liberal Democrat MP and former minister of state for care services - does not rule out collaboration with either of the main parties. "It's not about which party to go with come another coalition, it's about which policies we can work together with other parties to implement. We want a deal that delivers the maximum amount of our health policies, and policies more generally."



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Influencers

There are recent events which look set to influence all parties' healthcare ideas in one way or another before the election in May. For instance, when Monitor chief executive David Bennett said at the 'Five year forward view' (FYFV) launch that the NHS would require £8 billion in funding by 2020-21, NHS England "put its own tank on the multi-coloured political lawn" Candesic partner Michelle Tempest argues.

The FYFV has provided a framework which the parties - big and small - can work within when discussing funding. "There's now common ground that NHS funding is a problem - no one's saying NHS funding should be cut. There are of course questions about the availability of that money, how it's spent and how quickly it's provided. There's a slightly different emphasis with each party on this, but agreement that the problem exists." Targett says.

Burstow agrees that the document was "absolutely seminal" in determining recent decisions on the Liberal Democrats' health policy - including being the first party to pledge to meet NHS England's funding request in full by 2020-21 (there is a rather big caveat to this, though: that the national deficit must be eradicated by 2017-18).

Meanwhile the A&E crisis, and the record number of hospitals declaring 'major incidents' across England has been pretty damaging for the coalition - but especially the Tories - and could give Labour the edge with voters. It could also make smaller parties a lot more wary of aligning their health policies with the Conservatives than they otherwise would have been.

The A&E crisis is also likely to drive party policies to centre on the much needed pooling of health and social care budgets. Chai Patel, chairman at care operator HC-One, says: "We are now at a point where all the major parties are talking about integration, and this must be an urgent priority."

One of the biggest factors influencing the healthcare debate though will doubtless be the sudden derailment of the Circle-Hinchingbrooke franchise. Circle's decision to walk away from its contract will be harnessed by Labour as proof that private firms and the Tories who back private-public partnerships (PPPs) cannot be trusted with NHS services. However, as Tempest aptly puts it, it is "a plague on both houses" for Labour and the Conservatives. "Labour's Andy Burnham played a role in instigating the franchise in the first place," she adds.

Nevertheless the potential election swingers could have increasingly left-leaning, anti-private sector feelings as a result of Hinchingbrooke. Experts fear that no party will be willing to touch another such project.

Lib Dem Burstow says that he is "sad that the experiment was terminated so early", but still believes there'll be space for PPPs: "Optimism, though, will likely be replaced by caution around PPPs in the near-future". He also points to private contracted services forming 6% of the NHS total budget but seeming "more like 50%", because of negative media coverage.

Should the private hospital sector be concerned about the election and the left-leaning rhetoric of the smaller parties then? On a practical level, the likelihood of the private sector being pushed out of NHS acute care completely is improbable to say the least - if, for no other reason, than the NHS being unable to manage without it. 70% of Ramsay Health Care's revenues in 2013 came from NHS work, for instance.

A final thing to remember is that political parties have a tendency of electioneering just before, well, elections. "The Conservatives promised they wouldn't order a top-down restructuring of the NHS before May 2010," Tempest says. "Everyone believed them, but they still went ahead and did it in their first hundred days in office." A lot of this somewhat toxic 'anti-privatisation' rhetoric, therefore, could be exactly that.

Health policies of the potential coalition partners

Liberal Democrats

- £8 billion to NHS England by 2020-21
- A £1 billion increase in NHS funding in real terms in 2016-17 and 2017-18
- £500 million for mental health services
- NHS mergers no longer under the jurisdiction of the Competition & Markets Authority. Therefore commissioners will not have to put all services out to tender
- Increase size and power of health and wellbeing boards; allow them to hold budgets
- All patients to be issued with a 'care footprint' which details their care costs

Plaid Cymru

- Keep health free and stop the "privatisation agenda". Increase healthcare funding for Wales
- Welsh NHS should provide a "comprehensive" primary GP and nurse service within communities
- Merge health and social care budgets
- Create 1,000 extra doctors in Wales
- Improve ambulance services in rural areas
- Increase the Welsh NHS's role in clinical trials

UKIP

- Have NHS-approved medical insurance as a condition of entry for migrants
- Introduce a General Medical Council equivalent for the NHS
- Abolish Monitor and the Care Quality Commission, and introduce local county health boards in their place
- Reintroduce the "state enrolled nurse" and make matrons or "nurse managers" responsible for "ward cleanliness, nurse training and the efficient operations of their ward"
- Ambiguous about role of private sector. Accuses Labour of privatising the NHS "under our very noses". (Louise Bours, UKIP MEP, speaking at UKIP party conference, September 2014)

Democratic Unionist Party

- Shift the 25-30% of care currently carried out inappropriately in hospitals into the community. Don't rely on the most specialised and expensive services
- Have 80% of domiciliary care provided by charities and other non-statutory organisations by 2015
- Allocate to public health an increasing percentage of the overall health budget with a view to increasing spend on health promotion and disease prevention beyond £100 million
- Review the bonus system for senior clinicians and management

Scottish National Party

- Protect the NHS budget in Scotland for the next parliament



- Keep health free by maintaining free prescriptions and free parking in all Scottish hospitals etc.
- Direct resources to frontline care by reducing the numbers of senior managers in the NHS by 25% over the next parliament (among others)
- Lower waiting times

Green Party

- The NHS should be a public service, funded in full by taxes
- No role for private sector: "[The NHS must be]... devoid of all privatisation, whether privatised administration, healthcare provision, support services or capital ownership." (Green party website)
- Opposed to development of foundation trusts because these go against its desire to see "the public health service remaining fully funded by public taxation".
- Funding should be diverted away from "centralised facilities" towards community healthcare, illness prevention and health promotion.
- Community Health Centres will be the "focal points for self-help and community-based initiatives". Accident & Emergency services will be for "emergencies only".
- Increased focus in particular on midwifery, obstetrics, family planning, counselling and psychiatry.



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