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Party pieces

Party conference season fever has subsided, but what will the aftermath of the parties' health policies mean for operators? **Sunniva Davies-Rommetveit reports**

If there was a phrase to summarise the health stances during party conference season 2014, it would have to be the oxymoronic honest deception. Honest because many pledges were made with a somewhat genuine aim to meliorate the UK's healthcare system. Deceptive because the pledges were still politically motivated to an extraordinary degree.

Promises were made by all three main political parties to increase accessibility to GPs and to pump more money into the NHS. Moreover, the heated debate around NHS privatisation reached new heights. However, some experts say their arguments only scratched the surface of the challenges that the NHS is going to face in the near-future.

NHS Band-Aid?

Indeed, much time seemed to be spent honing speeches that detailed how much more money would be spent on the NHS. Senior researcher at Reform, Cathy Corrie, thinks that this is reminiscent of "the monetary input rhetoric that the sector's tried to move away from" as opposed to encouraging efficiency-based output in the sector.

Labour leader Ed Miliband, for instance, said a Labour government would provide an annual £2.5 billion 'Time to Care Fund' which would "save and transform" the NHS by 2020. The Liberal Democrats pledged an extra £1 billion of real term funding in 2016-17 and 2017-18. Prime minister David Cameron, meanwhile, promised another ring-fenced NHS budget – which presently stands at £109 billion – next parliament if the Conservatives were re-elected.

Corrie points to the fact that a Labour £2.5 billion funding pledge is only going to plug the £2 billion funding gap which the NHS could face by 2015 with £500,000 to spare; the Liberal Democrats pledge won't even cover that. "Monitor has suggested the funding gap could be as much as £30 billion by 2021 so if this is the case, already the figures don't add up."

The parties are simply going the wrong way about addressing the NHS's funding issues. More money or ring-fencing is not going to make a difference if no efficiency improvement measures are taken. For instance, there was no talk about increasing investment in telehealth to improve self and preventative care, or in making procurement more efficient. "If they revert to a rhetoric that supports propping up a broken system, this will be very negative for the health system going forward," Corrie warns.

Health and social care integration

An interesting Labour argument announced by Andy Burnham which could improve the sector's efficiency, though, was that of integrating health and social care. This 10 year plan would see a single commissioning organisation for what are presently separated health and social care sectors. "We will ask hospital trusts and other NHS bodies to evolve into NHS integrated care organisations, working from home to hospital coordinating all care - physical, mental and social," Burnham said.

Some points Labour made about having more care at home, as opposed to focusing on "the expensive end of the system" – the hospital – had resonance for some experts. Ian Targett, director of Westminster Advisers, agrees that the "pooling of funding and a collaborative approach to commissioning could be one way to make money go further". Labour also envisages a role for hospitals to drive this integration, Targett says. However, he points out that much debate still exists around just how quickly these savings could be freed up.

HC-One chairman Chai Patel agrees that merging the budgets would be a positive step, provided that more money is then pooled to, not away from, social care. "Social care funding is on the brink, and has been throughout this parliament. We don't want more money going from social care to healthcare."



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For other experts, Burnham's claim that there will be no restructuring required to make this integration possible is unrealistic. Partner at Bevan Brittan David Owens speculates that merging the systems could result in changing the structure of health and wellbeing boards. Clinical commissioning groups (CCGs) could also be relegated to a more advisory role, while local government would have more influence over both health and social care.

The fact that there could be another major system overhaul if Labour were to win next May has disappointed those just getting used to the



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