

- Require NHS staff to declare *financial interests* that conflict with their role.
- Stop further *private finance initiative (PFI) contracts* and end the inappropriate sale of NHS assets.
- Seek ways to *buy out existing PFI contracts* where that would represent good value for money, and set aside up to £5 billion over the Parliament to do so.
- Restore the *public sector ethos* of partnership between staff and patients.

### Caroline Lucas opposing the Health and Social Care Act 2012 in Parliament:

‘The Bill opens the way for private companies to determine much of English health care and takes away the government’s duties and powers, which is why I believe it should be opposed.’

‘Either we want an NHS free at the point of delivery and with free eye tests and so forth or we do not.’

Caroline has since introduced the NHS Reinstatement Bill.

## WE WILL END HEALTH SERVICE AUSTERITY

The Coalition government has not increased funding to keep up with inflation and increasing demand – indeed it has continued ‘efficiency savings’. And money has been diverted into the cost of reorganisation and into profits for the private companies now running many services.

The result is one in four people going to crowded A&E Departments because they could not see a GP quickly enough, and a crisis in mental health care.

International comparisons underline that we can spend more – we spend just 9.6% of GDP on health (including private healthcare), the French 11.7%, the Germans 11.5% and the USA an astonishing 17.6%.

We would:

- Immediately increase the overall *NHS budget by £12 billion a year* to overcome the current funding crisis, increase investment in mental health care and provide for free dentistry, chiropody and prescriptions in England.
- Thereafter, *increase the overall NHS budget annually* in real terms by 1.2% to take account of our ageing population. Together with the previous item this will raise NHS budgets by about £20 billion by 2020.
- Increase *alcohol and tobacco* taxes to help fund the annual increases in NHS spending over the Parliament.
- Provide *free social care as well as free healthcare for older people* along the lines of the report from the Commission on the Future of Health and Social Care in England (Barker report), at an additional cost of around £8 billion a year initially but rising to £9 billion by the end of the Parliament.
- Provide free social care at the *end of life*, enabling dying people to choose where they die.

We would also:

- Provide accessible, *local community health centres* that provide a wide range of services, including out-of-hours care. These will help people access healthcare quickly rather than being a replacement for GPs.
- *End phony patient choice*. For most of us patient choice is much less important than getting good treatment at our local hospital or health centre – which is often, for many, the only practical choice.
- Listen to and work in partnership with *third sector organisations* that are championing patient care.
- Ensure that all *cost-effective treatments* are available to all patients who need them.
- Work to ensure that *cancer* outcomes in the UK are as good as the best in Europe.
- Build systems to measure and improve the *ecological impact* of healthcare, from carbon costings of treatments (building them into the National Institute for Health and Care Excellence guidelines), to setting targets on recycling in NHS Trusts, and the issue of waste disposal. A colossal amount of material waste is produced through the disposable culture that has taken hold in the fight against hospital-acquired infections.