

HEALTH PLAN



ZERO WAITING LISTS

2021



CURRENT POSITION

- ❑ **We appreciate and value frontline care by surgeons, doctors, nurses and others in our NHS.** The NHS is the most loved healthcare system in the world, but no one thinks it is the best managed or most efficient.
- ❑ **Healthcare should always be free at the point of delivery.**
- ❑ **The NHS has become a national religion. Any criticism of it is seen as heresy.** But our clinical outcomes are WORSE than major competitive countries. We are not even in the top 10 performers.
- ❑ **Why do we accept waiting lists?** They barely exist in most comparable nations in Europe. We have been brainwashed to accept them.
- ❑ **Health spending as a percentage of GDP is the 3rd highest in the G7.**
- ❑ We have the **2nd lowest number of nurses and an average number of doctors** per 1,000 of the population (3/1,000 and 8.46/1,000) when compared to G7 countries.



CURRENT POSITION

- ❑ **We rank bottom in the number of hospital beds per 1,000 of population in the G7.** Beds have halved since 1989 from 300K down to 140K but at the same time the population has increased by 10 million.
- ❑ We have **fewer MRI scanners** than Estonia and Slovenia. Many scanners and operating theatres are only used in office hours Monday to Friday.
- ❑ **GPs and the BMA opposed the creation of the NHS.** Most felt it would destroy their private practices. They were incentivised to vote for it and today GPs remain private businesses contracted to NHS under a tax efficient partnership legal structure.
- ❑ **The NHS should be the backbone of the country's health offering.** Lots of healthcare providers have an important role to play to ensure zero waiting lists, fast efficient care.



PROBLEMS

WAITING LISTS

Spiraling lists have become a clinical norm which is unacceptable. There are currently 6 million people waiting for elective procedures in the UK. Some expect to rise to around 12 million.

STAFFING

Medical Staff are under severe pressure and burdened by insane levels of bureaucracy. There are not enough doctors and nurses in the system and retention is a major problem. There are far too many administrators and managers. There are far too many targets imposed which have no bearing on clinical outcomes.

CAPACITY

Severe lack of capacity in the NHS System. Very low numbers of beds per capita. The system is being run very hot and there is no slack. This explains why every winter there is a crisis.



PROBLEMS

❑ CLINICAL OUTCOMES

Clinical outcomes are often great and much appreciated but are not as good as they should be. We should be targeting the very best. Clinical outcomes are a result of multiple factors including geographical location.

❑ PATIENTS ARE IMPOTENT

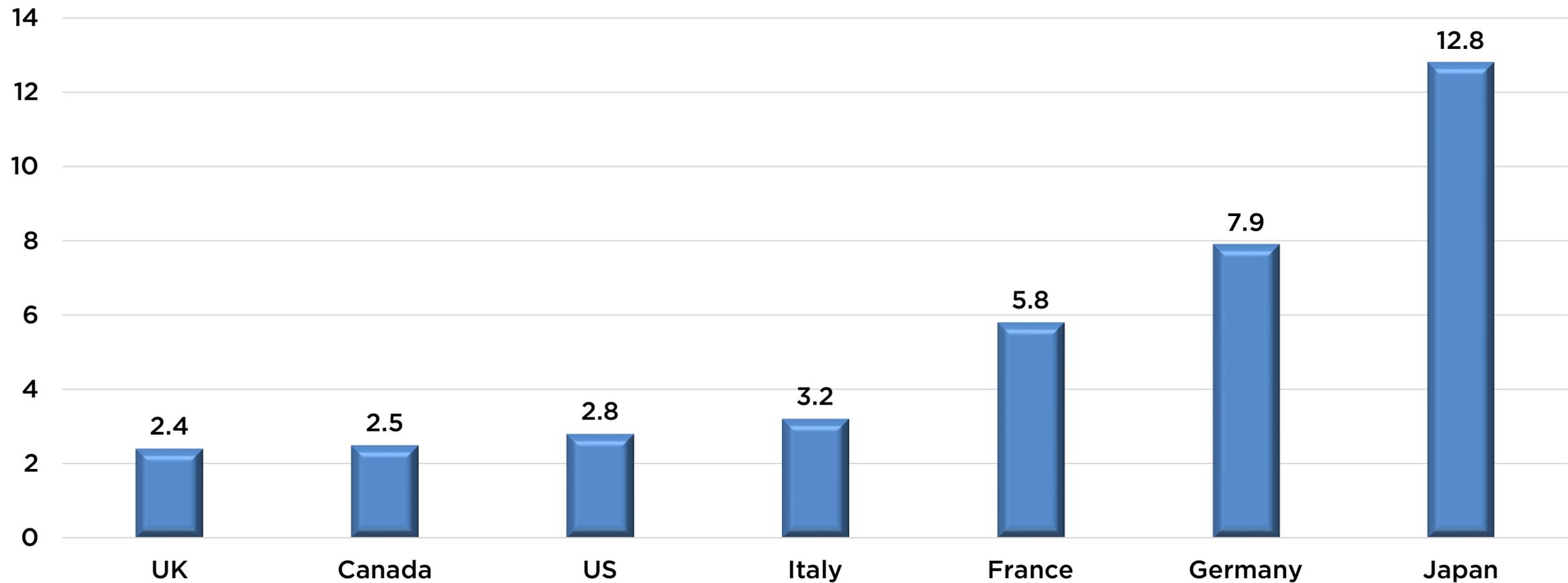
Patients are passive in this process and subject to the whims of the monopoly provider. The patient should be able to take charge of their healthcare.



THE EVIDENCE

❑ The UK ranks the lowest in the G7 for hospital beds per 1,000 of population.

HOSPITAL BEDS PER 1,000 OF POPULATION



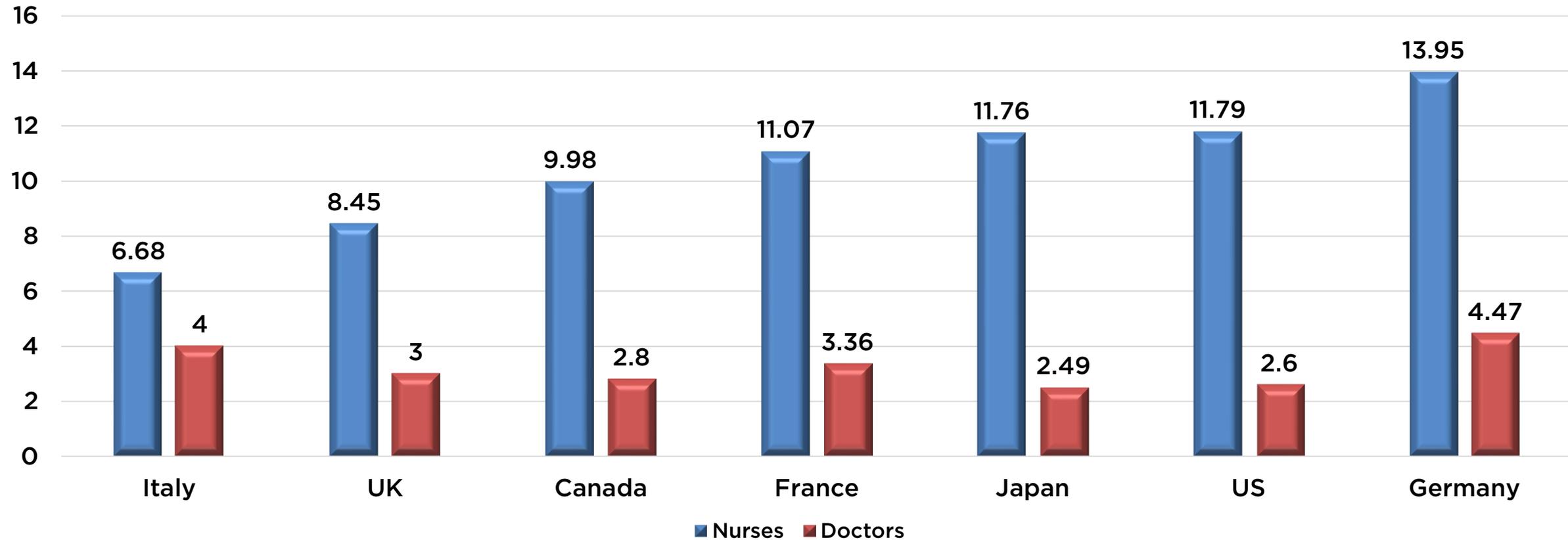
Source: OECD (2021), Hospital beds (indicator).



THE EVIDENCE

- ❑ The UK ranks the second lowest in the G7 for nurses per 1,000 of population.
- ❑ We perform better in terms of doctors per 1,000 but we can still do better.

NURSES AND DOCTORS PER 1,000 OF POPULATION



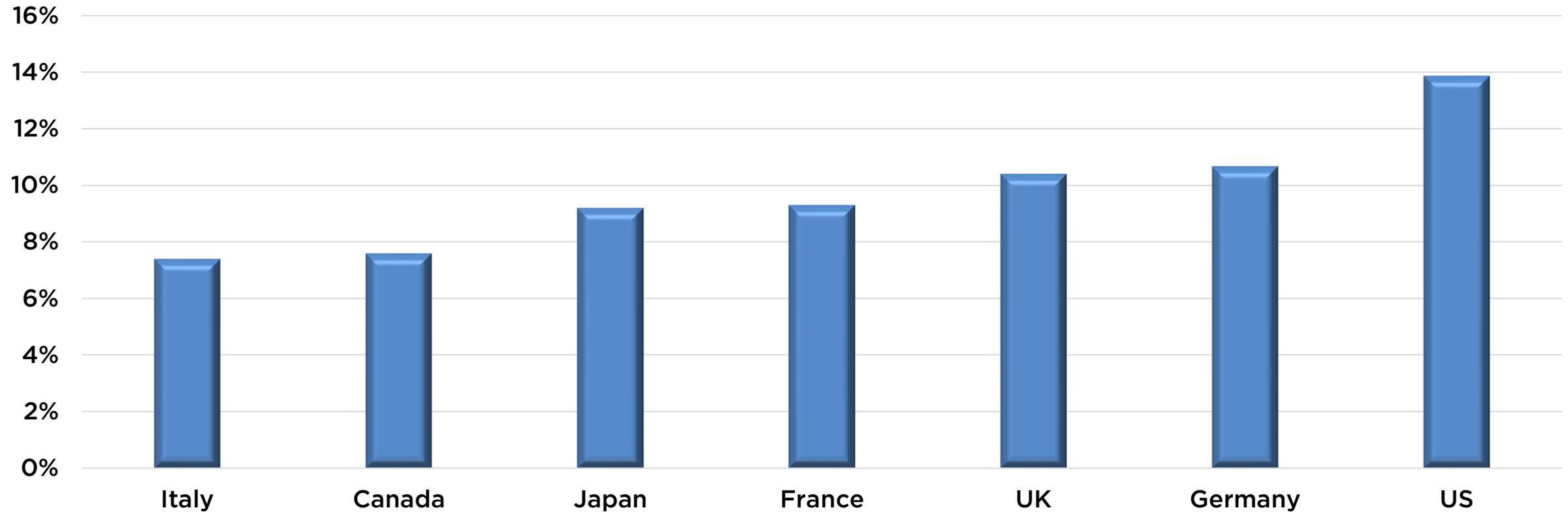
Source: OECD (2021), Doctors (indicator).
OECD (2021), Nurses (indicator)



THE EVIDENCE

- ❑ In terms of percentage of GDP spent on healthcare, the UK is the third highest despite performing badly on other indicators such as nurses and beds.
- ❑ This proves our NHS is poorly managed in terms of value for money on key indicators.

% OF GDP SPENT ON GOVERNMENT/COMPULSORY HEALTHCARE



Source: OECD (2021), Health spending (indicator)



OUR FOUR POLICY AREAS

1. ZERO WAITING LISTS

2. REDUCE AND IMPROVE MANAGEMENT

3. PUT PATIENTS IN CONTROL

4. INCREASE FRONTLINE CAPACITY



BOLD AMBITIOUS PLAN : ZERO WAITING LISTS

- ❑ Pre and post Covid has led to record numbers of people waiting for hospital treatment in the UK. For England, this figure stands at 5.45 million. This will lead to thousands of unnecessary deaths.
- ❑ We will never catch up with the backlog unless we implement a bold plan to fix it.
- ❑ Reform UK plan: ZERO waiting lists within 18 months.

Reform UK Voucher Scheme

- If patient cannot be seen by GP in 3 days, they can get a voucher to go private elsewhere.
- If patient cannot be seen by consultant in 3 weeks, get a voucher to go private elsewhere.
- If patient cannot have operation in 9 weeks from day 1, get a voucher to go private elsewhere.
- This would increase substantially private capacity and slash waiting lists. Retired medics will come back to work part time in less bureaucratic non-NHS situations.
- Medical staff would be incentivised in private hospitals to do more clinical sessions.
- Outsourcing and use of vouchers not new concepts. Labour used a similar concept in early 2000s
- Overall efficiency will improve dramatically



SOLUTIONS: IMPROVE & REDUCE MANAGEMENT

- Currently 48% of the NHS workforce are non-clinical.
- The relentless bullying of medical staff by managers to meet artificial targets must stop. There is an ingrained culture of asking for huge amounts of clinical data that is totally unnecessary, it is incredibly time-consuming and serves no purpose. Significant reductions are essential to unneeded from filing, administration and bureaucracy.
- NHS must recruit skilled managers who are trained for the job. Currently, there is no formal structured training to be a hospital manager. Inexperienced people can end up managing £100 million budget with no clinical experience.
- Across the NHS there is a substantial waste of resources, duplication of effort or activity, and poor procurement practices.
- We can do so much better with reform and better management.



SOLUTIONS: PATIENTS IN CONTROL

❑ INSTILL A VALUE PROPOSITION

- Patients need to be more active in their treatment and understand how much treatment costs.
- This will slash misuse and misunderstanding.
- Patients should be given greater control over who they see and where.

❑ RANK CLINICAL OUTCOMES

- Patients should be able to leave 'trip advisor' style reviews for every clinical facility
- These reviews can be left by the patients themselves or the families of patients
- Reviews will include primary and secondary care
- Healthy competition = better results all round

❑ STOP THE COVER UP CULTURE

- The NHS has had its fair share of cover ups which is unacceptable as its taxpayer funded
- Patients deserve transparency and the NHS culture of learning from mistakes



SOLUTIONS: INCREASE FRONTLINE CAPACITY

TRAIN MORE DOCTORS AND NURSES

We simply aren't training enough doctors and nurses. Tuition fees should be written down gradually based on number of years served. Retention of staff is vital.

MORE HOSPITAL BEDS & POST CARE RECOVERY BED CAPACITY

LIBERATE CLINICAL CAPACITY

Fixed assets such as scanners are routinely only used between 9am and 5pm. We can slash waiting times by running these over longer hours and weekends.

BUILD RESILIENCE INTO THE SYSTEM

Create reserve medical army that can be called into action when an emergency situation arises. In the short term there are approximately 50K retired medics who could be put to work. The concept of the Nightingale Hospital should be reconsidered as winter contingency planning.



SUMMARY

- ZERO WAITING LISTS - DESIRABLE AND ACHIEVABLE WITHIN 18 MONTHS**
- IMPROVE MANAGEMENT AND REDUCE WASTE**
- PUT THE PATIENT IN CONTROL**
- INCREASE FRONTLINE CAPACITY**



**IT'S TIME FOR
REFORM.**

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