

Access to Care

Most people's experience of the NHS is their local GP, or the nurses and support staff who visit them at home or work in community clinics. We know that people want care closer to home and that this is better for patients and helps to reduce pressure on hospitals. The Conservatives have demoralised the community health workforce and failed to maintain outdated premises and equipment. Our health and social care services' greatest resource is their staff, but we know the NHS and social care workforce are subject to immense pressure, causing too many to leave. Liberal Democrats will take the action needed to recruit and retain the staff needed to deliver services. We will:

- End the GP shortfall by 2025 by both training more GPs and making greater appropriate use of nurses, physiotherapists and pharmacists, and also phone or video appointments, where clinically suitable. The Conservative government has created a scandalous situation where the average wait for a routine GP appointment is now more than two weeks. They have again promised to train more GPs, but it is difficult to put faith in this when they have completely failed to deliver their previous similar pledge, because of their approach to NHS workforce planning, Brexit, NHS funding and morale generally. We will tackle all these problems. We want health professionals to have time to talk and to offer holistic care that is linked in with social prescribing within local communities. We must also make sure they are based in premises that are fit-for-purpose and equipped with modern technology and well-connected to other parts of the healthcare system.
- Support GPs, nurses, physiotherapists, mental health and other professionals to work together across their local areas to provide multi-disciplinary health and care services, to improve appointments outside of normal working hours, including mobile services.
- Review the NHS's future needs for all staff, and produce a national workforce strategy, taking the long view and matching training places to future needs. We need to do more to retain staff as well as to train them. We will take a 'what works' approach to improving retention including continuing professional development, better support, and more flexible working and careers. This will help to retain staff through more flexible working, so that we never again experience a shortage of the GPs, hospital doctors, dentists, nurses and other professionals that the NHS needs. We will listen and act on the pensions crisis that is driving away our most experienced clinicians and worsening waiting times and the workforce crisis.
- Target extra help for nursing students, starting with bursaries for specialties where shortages are most acute such as mental health and learning disability nursing, linked to clinical placements in areas that are particularly under-staffed.
- Attract and support talented professionals from countries with developed health systems, with an ethical recruitment policy in line with World Health Organization guidance, and make the current registration process more flexible and accessible without lowering standards. In particular we will look to attract staff back from EU member states, encouraging them to once again come and work in our public services.

- Encourage healthcare professionals to work in areas where there are shortages, especially inner city and remote rural areas, through our Patient Premium – which would give incentive payments to clinicians.
- Implement the recommendations of Roger Kline’s report into the lack of diversity in senior management in the NHS and commission a strategic analysis of racial discrimination in the NHS.
- Address continuing inequalities in health services access faced by same-sex couples, and continue to improve LGBT+ healthcare overall.

We need services that fit around people’s lives, not ones that force them to fit their lives around the care they need. This will become increasingly important as our population ages and the number of people living with long-term conditions continues to grow. We must move away from a fragmented system to an integrated service with more joined-up care, so that people can design services for their own individual needs. Services for local people should be accountable to them, and the NHS needs to do more to achieve this. As local areas continue to develop new ways of partnership and joint working suitable to their area, we will encourage them to develop ways to become more accountable to local people. We will:

- Support the changes to the Health and Social Care Act recommended by the NHS, with the objective of making the NHS work in a more efficient and joined-up way, and to end the automatic tendering of services.
- Move towards single place-based budgets for health and social care – encouraging greater collaboration between the local NHS and Local Authorities in commissioning. We will particularly encourage Clinical Commissioning Groups and Local Councils to collaborate on commissioning, including further use of pooled budgets, joint appointments and joint arrangements, and encourage emerging governance structures for Integrated Care Systems to include local government, and be accountable to them.
- Support the creation of a new Professional Body for Care Workers, to promote clear career pathways with ongoing training and development, and improved pay structures.
- Introduce a new requirement for professional regulation of all care home managers, who would also be required to have a relevant qualification. For care staff, we will set a target that 70 per cent of care staff should have an NVQ level 2 or equivalent (currently levels are around 50 per cent). We will provide support for ongoing training of care workers to improve retention and raise the status of caring.
- Provide more choice at the end of life, and move towards free end-of-life social care, whether people spend their last days at home or in a hospice.

The number of family carers is rising. Carers are unsung heroes; we need to do more to help them. We will:

- Introduce a statutory guarantee of regular respite breaks for unpaid carers, and require councils to make regular contact with carers to offer support and signpost services.
- Provide a package of carer benefits such as free leisure centre access, free bus travel for young carers, and self-referral to socially prescribed activities and courses.

- Raise the amount people can earn before losing their Carer's Allowance from £123 to £150 a week and reduce the number of care hours per week required to qualify for it.