

FROM CRISIS

TO CO-OPERATION

Co-operative Party Conference 2022

HEALTH

Annual Conference 2022
Policy Paper



**co-operative
party**

INTRODUCTION

The Co-operative Party's policy is member-led, and builds on the ideas, priorities and lived experiences of our members, movement, and communities. Local parties and individual members have taken part in the consultation and contributed their ideas and priorities for Britain's health care system. Improving patient voice, creating parity of esteem for mental health services, delivering a better work environment for NHS staff and increasing democratic, co-operative models were key themes raised by respondents to the consultation.



Daniel Monaghan
Policy Officer

The UK's healthcare system has come under severe strain in recent years, owing to a combination of austerity, Brexit and the Covid-19 pandemic. Years of chronic underfunding in many areas of the healthcare system has weakened capacity and worsened outcomes for patients. Since 2010, the NHS's funding has risen on an average of 1.4% per year, compared to 3.7% since its establishment in 1948. This leaves the UK with the second lowest healthcare expenditure per capita in the G7, with only Italy spending less.

Health inequalities pervade throughout the UK's nations. The scale of these inequalities was revealed by the Covid-19 pandemic, which demonstrated the disparities across a wide range of characteristics – including gender, race, socio-economic income, age and many more.

Patients often feel their voices go unheard in the current NHS system. Patients and service users have direct lived experience, which enables them to be experts in providing feedback on how high quality care should work and be delivered. At present, too many people feel the system does not receive, process and implement their feedback to deliver improved care outcomes.

Staffing shortages have risen to crisis levels within the NHS. The crisis has emerged after years of rising challenges caused by Brexit, the Covid-19 pandemic and wider Government decisions on the NHS workforce. Poor working conditions, low pay and over-working have created a workplace environment which has posed significant challenges to staff – harming staff wellbeing, patient outcomes and staff retention. Change is desperately needed to begin resolving these issues and creating a workplace which can deliver world-class care.

In recent years, the Welsh Labour Government and NHS Wales have delivered notable achievements, including world-leading child immunisation, HIV prevention and improving cancer survival rates. Though many challenges faced by the NHS are comparable across the four nations of the UK, as devolved systems with their own operational structures and funding mechanisms, the NHS in Wales, Scotland, and Northern Ireland each have differing priorities and challenges unique to their populations. Co-operators from Scotland, Wales and Northern Ireland have made important contributions which seek to provide solutions to these challenges.

New changes to NHS England are incoming through the Health & Care Act 2022, which replaced Clinical Commissioning Groups (CCGs) with Integrated Care Systems (ICSs). This removes some of the structures implemented by the Health & Social Care Bill 2012, which introduced the internal market in NHS England. While the marketisation of NHS England has been partially reversed due to the introduction of ICSs, there is still considerable concerns about private profit-making within the NHS. Private equity has increasingly taken over GP and dental practices, at a time when the availability and accessibility of these services is declining. The Co-operative Party believes change is needed to maintain an NHS which is free at the point of use, accessible and publicly accountable.



EXISTING POLICY

In 2021, the policy consultation focused on social care, providing an updated version of the Co-operative Party's policy on this important topic. The social care policy paper advocated for new co-operative solutions to social care and for greater integration with the NHS. As social care was covered extensively in 2021, we will not be reviewing these issues in detail within the current policy consultation.

On healthcare, there was broad support for the Party's existing policy platform in this area, including:

- Support for enhancing patient and service user voice throughout the NHS and healthcare system. The Co-operative Party has long promoted improving patient voice structures, as service users and care providers have an intimate understanding of what high quality care should look like. Care recipients and workers should be represented in positions on corporate boards.
- Increasing integration between health and social care must be a priority, in order to provide fully joined home to hospital care.
- Support co-operative provision in social care. The current system of mainly private profit-driven businesses has created a system of unaffordable, low quality and unaccountable social care which fails service users and workers. Co-operative models of ownership would help to create a more democratic system, which transfers control to care workers, social care recipients and their families.
- The Co-operative Party believes in the underlying principles of NHS Foundation Trust Hospitals, principally community-owned and controlled health services. The Party strongly believes in democratically accountable public services, but currently Foundation Trust Hospitals are too often unresponsive to members. NHS England should strengthen the regulatory framework to ensure members are effectively represented.

NEW POLICY

STATEMENT ONE: EMPOWERING PATIENT VOICE

Patient voice was identified by members as an area which needed to be strengthened in order to create a healthcare system which was truly accountable. Health service users felt the current system of feedback was inadequate and did not produce outcomes which helped to improve the service and level of care provided. Patient voice can be a powerful tool for health services, as it enables them to understand patient needs, improve care and harness the experience of service users. Patient voice organisations have operated within the NHS since the introduction of the Community Health Councils (CHCs) in the early 1970s, with the current patient voice body being Healthwatch. Introduced in the Health & Social Care Act 2012, Healthwatch now has over 150 groups in English local authorities. Healthwatch groups are funded by NHS England and governed by local authorities. The Co-operative Party believes more could be done to make local Healthwatch groups be directly accountable to the public they serve through a co-operative model.

- Reorganise local Healthwatch groups as co-operative membership organisations. Members should be able to vote on governance and strategy, with the assets remaining under local authorities. By having local members have a greater democratic say in their Healthwatch, they can help to set priorities, be adaptive to local health needs and be more accountable to member users.
- Healthwatch England – the national body - should continue to be operated by the Care Quality Commission (CQC). Membership to local Healthwatch co-operatives should be promoted through awareness campaigns at a local level by local authorities and public institutions, so local membership is reflective of the local community and its disparate health needs.
- The NHS should aim to improve internal feedback systems by introducing feedback forms for hospital appointments, stays, and procedures. Short feedback forms – delivered through a variety of mediums (written, telephone and online) to help accessibility – should be provided for patients to respond. This feedback data should be analysed by NHS Digital to help improve outcomes and care provision.

STATEMENT TWO: TACKLING HEALTH INEQUALITIES

The UK experiences a shocking level of health inequalities across a range of geographies, demographics, and health conditions. The King's Fund found a 9.4-year gap in life expectancy between men and an eight-year gap between women in the least deprived areas of England and the most deprived. Considerable inequality is prevalent in both the occurrence of long-term health conditions and severe mental health disorders – demonstrating the consistent impact socio-economic inequality has on health outcomes. Health inequalities are not inevitable, and evidence shows a comprehensive, strategic approach can reduce disparities. The NHS has a pivotal role to play in delivering improvements across these measurements and demographics. Longer term, the Co-operative Party believes creating a more equal economy, where power and wealth are shared, will be central to reducing the socio-economic disparities which drive health inequalities.

- A new overarching national health inequality strategy should be developed for NHS England and each devolved administration. Within NHS England, regions should create individual health inequalities strategies– which provide a place-based approach to tackling the specific health issues and inequalities within their region. For NHS England, a region, e.g., the North West, should comprise a group of Integrated Care Systems (ICSs), which should collaborate to develop the health inequalities strategy. Strategies should be informed by NHS Digital data and local authority datasets, with direct input from regional stakeholders, such as GP practices – so that they can help in the delivery of reduced health inequalities. The regional and devolved nation's health inequalities strategies need to incorporate in-built performance targets and should be subject to regular evaluation.
- Local authorities should work with NHS bodies to help implement health inequalities strategies and help to improve services which inform the 'Social Determinants of Health' – including environment, education and early years. Cuts to local government funding through austerity helped to deepen health inequalities. Restoring local government funding will help build capacity to deliver essential services and tackle health inequalities.
- A competitive health inequalities innovation fund should be created. The fund should award funding to competition winners with innovative concepts of how to reduce health inequalities.



STATEMENT THREE: CO-OPERATIVE SOLUTIONS TO HEALTHCARE CHALLENGES

Public ownership ensures the democratic accountability and universal access which should underpin public health services. This should always remain the guiding principle of the NHS, Labour's finest achievement.

During the creation of the NHS, several areas of healthcare provision, mainly primary care, remained out of the publicly owned structure. This includes GP practices, dentistry, optometrists, physiotherapists and pharmacists, with the majority of these functioning as private contractors to the NHS. While this has been a long-term arrangement, accessibility to these services has continued to deteriorate for NHS patients. In particular, this has been significant concern regarding the availability of dental care under the NHS. Co-operative models could provide solutions to these challenges which work for both the primary care provider and the NHS patient.

- Support co-operative models in GP practices and dentistry – converting from current private ownership models. New membership co-operatives from GP and dental practices would be more democratic and more accountable than the current private provision. Co-operative models help to foster longer-term decision making and provide greater opportunities for skills investment and training.
- Create a new national body to support the creation, development, and maintenance of co-operative providers to the NHS. This body should work as a co-operative development agency – providing start-up advice for new co-operative providers and assisting in the conversion of existing private providers into co-operatives.
- Where products are not able to be produced or manufactured in-house, progressive procurement should be implemented by NHS Integrated Care Systems (ICSs). Progressive procurement and community wealth building strategies can help deliver social value from NHS external purchasing. Procurement from local co-operatives and social enterprises, providing high quality employment, will help retain wealth locally and improve social outcomes from NHS procurement expenditure.
- Education and awareness material should be provided to staff in order to help NHS England bodies engage in progressive procurement practices and community wealth building.

CASE STUDY: GP CO-OPERATIVES IN THE UK

Prior to the opt-out of out-of-hours services in 2004, GP co-operatives were commonplace within the NHS across the UK. At its peak, the National Association of GP Co-operatives represented 300 organisations comprising of 30,000 doctors. These co-operatives, owned and controlled by medical staff, delivered 24 hours access to GP services from the early 1990s until 2004 when the GPs contract changed. The South East London Doctors' Co-operative (SELDOC), established in 1996, is an example of a long-term GP co-operative initially formed to deliver out-of-hours care.

“An increase in Co-operative business should be promoted in healthcare, removing profit-driven providers. Promoting GP co-operatives would be a good first step.”

Greater Manchester

STATEMENT FOUR:

A NEW SETTLEMENT FOR NHS STAFF

Over the last few years, the NHS has been under unprecedented stress and strain. The health service's response to the Covid-19 pandemic was laudable, with staff going above and beyond to save lives across the UK. Since the last Labour Government left office, the working conditions of NHS staff become characterised by long hours, low pay, and little reward. This was most epitomised by the former Health Secretary Jeremy Hunt's hostility to junior doctors requesting better pay and conditions, leading to the Junior Doctors' Strike in 2015 and 2016. To create a health service which makes staff feel respected, valued and listened to, we need meaningful change and action.

- An incoming Labour & Co-operative government should commit to improving pay for all NHS staff, which has seen substantial real terms cut since the Global Financial Crisis. Increasing and restoring pay packages will be a key part of boosting productivity, staff retention and increasing recruitment to fill shortages. We support the work of trade unions representing NHS staff in negotiating pay settlements.
- The current doctor's pension scheme includes punitive measures which incentivise doctors to retire early or cease working for the NHS. If we are to retain our world-class doctors, consultants and clinicians, we must rectify the pension scheme and encourage them to continue working in the NHS. The rectification of the pension scheme should extend to other affected staffing groups – including senior nurses and senior non-clinical staff.
- Provide subsidised childcare provision for NHS staff – facilitated through a payroll deduction scheme. NHS staff wanting to use the childcare service should be able to join as members, with the childcare service ran as a co-operative.
- Reinstate free parking for NHS England hospital staff. The NHS should encourage and support hospital workers to travel to work in a healthy way (via cycling or walking) where this is a possibility. Public transport links to NHS facilities should be improved, with new innovative delivery systems – such as co-operative bus provision for NHS staff and patients – considered for implementation.
- Greater mental health support services should be available to NHS staff in order to deal with stress and pressure as a result of challenging working conditions. A mental health practitioner should be available within a NHS hospital to provide care for staff. Improved mental health services for staff will help reduce burnout, improve wellbeing, and increase retention.

“Important to focus on staff pay and conditions – the NHS is currently woefully understaffed and dreadfully underappreciated for the role it plays; retention of good people is crucial for the very survival of the service, let alone to ensure it thrives and flourishes into the future.”

Derby Central

STATEMENT FIVE: ACHIEVING PARITY OF ESTEEM FOR MENTAL HEALTH SERVICES

For too long, mental health services have not received parity of esteem in funding, resources, and attention. The UK is currently facing a mental health emergency, with more demand than ever for mental health services. In 2021, 4.3 million people were referred to specialist mental health services – indicating the scale of the problem. In recent years, the incidence of mental health issues has risen in many groups, including young people, BAME and LGBTQ+ communities. Over the last 10 years, government action has not matched rhetoric, with mental health services and beds being cut and underfunded consistently during this period. People seeking mental health services often experience worse accessibility and lowering quality of care than patients accessing physical health services. Mental health problems account for 28% of the incidence of illness but only 13% of NHS spending, demonstrating parity of esteem is far from being achieved. Without urgent action to improve funding, increase resources and enhance preventative care, the situation will continue to worsen the mental health crisis. Members were clearly in their desire for a new settlement to be implemented, which finally gave mental health staff and patients the care and resources they need.

- Establish parity of esteem for mental health services equivalent to the incidence of illness. This should include increases for funding, commissioning, and training – with the goal of improving quality of care, accessibility, early intervention, and preventative care. Increasing mental health beds, reducing waiting times and encouraging health workers to go into mental health provision are important targets which would improve overall quality of care.
- We support the new NHS provision for community mental health practitioners within GP services and primary care networks (PCNs). There should be at least one mental health practitioner employed in every GP practice as standard. Specialist mental health practitioners – including psychiatric nurses and clinical psychologists should be available as the first responders to patients seeking mental health treatment, to ensure early intervention, diagnosis and specialist expertise.
- Additional funding should be provided with the Student Nurse Bursary to encourage new nurses to go into mental health and psychiatric care – helping to fill the mental health staff shortage which is currently affecting the NHS.

“The status and funding of mental health services is woeful. One member has a great deal of experience and spoke of the services being the Cinderella of the NHS.”

Chelmsford Star



STATEMENT SIX: IMPROVING PREVENTATIVE CARE

‘Prevention is better than a cure’ has long been a trusted wisdom in the health profession. Maintaining high levels of population health enables us to reduce strain on health services, reduce the economic impact of illness and have longer with our loved ones. Currently, preventable illnesses such as heart disease and lung cancer are the leading causes of premature deaths in the UK. Action is needed to create a health system which reduces these deaths and helps people live longer, healthier lives.

- Build preventative provision by having a representative from public health take part on ICS boards and within primary care networks.
- Encourage healthy living campaigns (anti-smoking, nutritional diet, etc.) and mental health awareness within the co-operative movement, particularly the co-operative retail sector. The Co-op Group has already made a big impact through its mental health campaign, providing support to over 3,000 people through its mental health service partners.
- Implement a new National Food Strategy which improves public health, reduces obesity and delivers food justice. Achieving food security and ending hunger through a National Food Strategy will help to improve people’s mental health, deliver a healthy start for children and increase overall wellbeing for all.
- Pharmacists should be supported to increase their work signposting and recommending patients towards preventative care services, such as smoking cessation, drug rehabilitation and nutritional treatments.

STATEMENT SEVEN: SECURING THE FUTURE OF THE NHS THROUGH EDUCATION

Educating the future NHS workforce is crucial to the sustainability and success of the health service. The UK is currently experiencing shortages in a wide variety of healthcare professions – most prominently within GPs and nurse numbers which have thousands of vacancies. The UK has become reliant on importing medical staff from across the developing world, depriving these nations of highly skilled medical professionals and causing a brain drain. This practice needs to end, to help developing nations populations receive the healthcare treatment they need and to permanently address the chronic NHS shortages within the UK.

- Return the Student Nurse Bursary back to previous rate of £10,000 a year – the rate it was prior to its abolition in 2015. The additional funding will help incentivise greater numbers of nurses to train at a time of acute shortage.
- Abolish university tuition fees for domestic medicine students. This will help to ensure medicine is a viable career for students from all socio-economic backgrounds.

“The decision to cut student nurse bursaries was terrible and needs to be reversed by a future Labour & Co-op government.”

Tees Valley



NEW POLICY FOR WALES

Welsh Co-operative Party members were supportive of the existing devolved health and social care policy for Wales. This includes:

- Supporting social care co-ops and a publicly funded National Care Service. Member groups reiterated their strong support for expanding co-operative provision in social care – putting patients, their families and staff interests first.
- Recognise and encourage an active role for all members of the community in the design and control of services.
- Examine new and innovative ways to improve primary care, such as clinician co-operatives for the provision of out-hours-services and social enterprises such as community benefit societies rather than private practices for NHS dental services.

New Policy Recommendations:

- The Welsh Labour Government should promote community wealth building (CWB) initiatives within NHS Wales, implementing regulatory changes and developing a strategy to help develop CWB from the health care system. This should include NHS Wales Local Health Boards & Trusts working as 'Anchor Institutions' and undertaking progressive procurement schemes to promote local co-operatives and social enterprises to help retain wealth locally. Under the well-being of the Future Generations Act, Health Boards and Trusts in Wales have a duty to promote initiatives which achieve the wellbeing goals of a more prosperous, fairer nation.
- Improve pay levels for staff within NHS Wales, supporting trade union negotiations with the Welsh Government. Aim to include appropriate compensation package to help staff retention and fill shortages.
- Ensure the new Citizen Voice Body for Health and Social Care, scheduled to start in Spring 2023, operates in a democratic manner that delivers accountability and service user satisfaction.





NEW POLICY FOR SCOTLAND

The Scottish Co-operative Party wanted to see the health system in Scotland become more democratic, accountable to service users and properly funded to deliver high quality care. Members were concerned by the long waiting lists in the system, forcing many to rely on private health care. The Scottish Co-operative Party believed a new settlement was required which improved funding, provided greater accountability, and rewarded workers adequately. Members highlighted the need to tackle drug deaths in Scotland, which was the highest in Europe per capita.

- Increase funding to all parts of NHS Scotland – to help reduce the backlog, improve quality of care, and deliver improvement throughout the NHS. Members were concerned the health system had been chronically underfunded over the last 10 years, leading to greater numbers of people being forced to rely on private healthcare due to waiting lists and backlogs.
- Improve pay levels for staff within NHS Scotland and ensure agency workers are adequately paid. Provide access to mental health services and wellbeing support for all NHS Scotland staff.
- Improve patient voice within the Scottish healthcare system by introducing a new co-operative model for patient voice bodies. There should be a co-operative patient voice organisation for all 14 NHS Regional Boards.
- New approaches are required to tackle Scotland's high drug death rate, including preventative and community-based care, such as adequate housing, education and social services. This could include Overdose Prevention Centres (OPCs) to help save lives of people suffering addiction across Scotland, as proposed by Paul Sweeney, Labour & Co-operative MSP for the Glasgow region.



NEW POLICY FOR NORTHERN IRELAND

The Northern Ireland Co-operative Party believed the devolved health care system in Northern Ireland, delivering by health & social care, could be improved in several areas.

- Patient voice mechanisms needed strengthening in order to deliver a system which was accountable to the public. Currently, the Patient & Client Council is viewed as ineffective in delivering this accountability. The Patient & Client Council could be transformed into a membership co-operative, with the democratic governance to help ensure members voice is heard.
- As is the case in other nations of the UK, mental health has often been the 'Cinderella' service in the health system – overlooked and underfunded. The Co-operative Party in Northern Ireland believes the Department for Health must deliver parity of esteem in resources, funding and education.
- The social care system should be run exclusively in the interests of patients and their families, not for the profit of shareholders. With the social care system in Northern Ireland increasingly demarked by private provision, we must promote democratic co-operative models of social care which put staff, patients and their families in the driving seat.
- A new pay settlement is required for health and social care staff, to help improve the system in Northern Ireland. A review should be conducted by the devolved administration on pay and salary levels, conditions of service, contracts and the use of agency staff.

CONTRIBUTING GROUPS TO THE HEALTH POLICY PROCESS 2022

Thank you to the following parties, networks and branches for submissions to this year's policy consultation:

Northern Ireland Co-operative Party	York & District
Co-ops & Mutuals Wales	Norfolk
North Wales	Islington
Broxbourne & East Hertfordshire	Harlow & Epping Forest
Chelmsford Star	London
Central England Eastern & Southern	Richmond (Yorkshire & Humber)
Dartford & District	Bristol
Tees Valley	Sunderland
Youth Network	Chesterfield, Bolsover & North East Derby-shire
Greater Manchester	Eastern & Southern Central England Society
Plymouth	Tyneside
Chorley West Lancashire	East Lancashire
Gorton & Stockport	Jarrow
Derby Central (Derby, Burton & South Derbyshire)	Exeter & Devon
South Hams, Teignbridge & Torbay	Midcounties Gloucestershire & Swindon
LGBTQ+ Network	Scottish Co-operative Party

Individual Co-operative Party members have made invaluable submissions to the Policy Process 2022, helping to shape party policy in key areas for both health and international development. We would like to thank everyone who took part and engaged in this year's consultation.

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