

**5 MISSIONS FOR
A BETTER BRITAIN**



*BUILD AN NHS
FIT FOR THE FUTURE*



MISSION DRIVEN GOVERNMENT: BUILDING AN NHS FIT FOR THE FUTURE

Labour's third mission in government will be to: **Build an NHS fit for the future: that is there when people need it;** with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.

Each mission is built on the strong foundations of economic stability, national security, and secure borders.

THE CHALLENGE

Everyone, wherever they live, whatever they earn, should get healthcare that is free at the point of use.

That was the unique, founding promise of the NHS.

Seventy-five years on, that promise is why the NHS is still so loved by the British people.

The last Labour Government built on that promise by introducing a second one: that the NHS would always be there for the British people when they needed it.

After 13 years of Conservative Governments, the first promise is under threat, and the second is already broken.

Long waits for care and deteriorating services should not be tolerated. And under the last Labour Government, they weren't. But today, 75 years on from the creation of the NHS, they are the norm.

The NHS is facing both an unprecedented immediate crisis and an existential long-term challenge.

The immediate crisis is that the NHS is no longer there for people when they need it. Month long waits to see a GP, ambulances that can't get to people in time to save lives, dangerously long queues in A&E, and 7 million on the waiting list for hospital treatment - a system at breaking point.

Covid-19 put the NHS under huge strain, but the immediate crisis is not just a result of the pandemic. We went into it with record waiting lists, a workforce crisis in health and social care, and an NHS unprepared for the challenges of the future.

Now, it is because of this immediate crisis that our health system faces an existential long-term challenge: it is becoming a two-tier system, with creaking NHS care for those who can't afford to pay, and timely care only for those with the money to go private.

Many on the Right have always believed the NHS must break its founding promise to the British people. They do not believe in a health service that is free at the point of use because of their ideological commitment to a small state, and they treat their failure to ensure the NHS is there when people need it as proof that this promise cannot be kept.

For as long as the Right have had held that view, they have been at odds with the British public. But we have recently seen an explosion in private GPs, paid hospital treatment and mental health support, and a collapse in NHS dentistry. People are desperate and they are starting to look outside the NHS for the care they need. There is a danger that this reaches a tipping point, where people decide the NHS is only good enough for those who are hard up.

Some on the Left too often believe that problems within the NHS can be solved with more spending alone. And some are afraid to confront the failings in the current system for fear people might mistake reform for efforts to undermine the founding principle of the NHS.

The reality is that the NHS is still designed for the world of 1948, where people needed short term treatment for infectious disease or injury. Now, we are looking to the same system to provide more care for people with chronic long-term conditions and it is simply not set up for this.

Even if the NHS had not been plunged into the biggest crisis in its history, demographic change, an ageing population, and more people living with long-term conditions would have meant the service had to reform to meet the needs of the 21st century.

The country doesn't want or need the Right's approach of allowing the NHS to fail. But it can't afford the next Labour Government to leave the NHS unreformed, lurching from crisis to crisis. This is no way to run a health system.

Rather than waves of crises and rushed solutions that can't stop the tide, once more Labour must break the cycle. We have to build new, solid, long-term foundations for a resilient health and care system that can cope with growing demand and is strong enough to face disasters like Covid-19. An NHS fit for the future.

Despite how far things have deteriorated, Labour knows Britain can do this. We can fix the immediate crisis and address the long-term challenge by ensuring the NHS is there for all of us when we need it. But to do that will mean change.

To make our health and care services sustainable, we must deliver a 'prevention first' revolution.

In our reinvented system, patients will get rapid access to a seamless, personalised service from a multidisciplinary team of professionals, who care for them at home where possible.

People will have the power and information to stay well, supported by a proactive government that recognises the value of good health.

And care will be powered by groundbreaking technology, like the genomics revolution - so we are working towards a system where every baby can be screened for rare diseases or predisposition to the deadliest diseases, allowing the NHS to work out who is most at risk and to intervene before they become unwell. The more we know about our risk of future disease, the more important the NHS's principle of universal coverage becomes. A system where we share those risks as a society, where health is promoted and protected, where free at the point of use is the foundation, is the only system that can be fit for the future. That is our NHS.

To build an NHS fit for the future, we need to see three major changes:

1) Change so that more people get care at home in their community

When it was created, the promise the NHS offered was treatment for infectious disease and short-term illness in hospitals.

However today, most of the NHS's work is treating long-term ongoing diseases such as arthritis or diabetes. And as people are living longer, the relationship between care and support for elderly people to be treated at home and preventing long hospital stays has become more and more important. But the NHS has not changed to meet these new needs and structurally, we spend more money on hospital care relative to community-based prevention than any other European country.

The front door to the NHS is suffering because primary care is overwhelmed and inaccessible and the back door of the NHS - the discharge of patients from hospitals - is blocked by an inadequate and neglected social care system. The status quo is bad for patients, and unnecessarily expensive for the taxpayer. Both problems - people who are unable to access care and others who are stuck in hospital but don't need to be there - must be solved.

2) Change so that we have the workforce of the future, with the technology they need

Harnessing the latest technological advancements can put patients, in partnership with the NHS, in control of their own healthcare, make the most of staff's talent and time, and make the NHS more efficient for the taxpayer.

Britain has enormous advantages when it comes to adopting technology—we have a world-class life sciences sector, the best university system in Europe and as a system that serves tens of millions, the NHS dataset is unique. But we have not had the leadership or systems needed to take advantage of these strengths, and we are struggling to adopt the latest technologies and innovations fast enough.

Important as technology is, it will sit idle without the staff to use it. There are 124,000 vacancies across the NHS¹ and 165,000 in social care². We have lost 4,500 GPs over the last decade³, 3,776 district nurses since 2010⁴, and there is a shortfall of 5,000 health visitors⁵. We cannot go on like this.

3) Change so we focus on prevention

Secure jobs, fair pay, adequate housing, safe streets, clean air, accessible transport, the time and affordable facilities to exercise, nutritious food, and a fair society. These are the essential building blocks for a healthy life. And, as a result, they are the building blocks of reducing demand for the NHS. This mission, like the others, will not be achieved by one department, the department of health, working on it – it will require cross-Whitehall joined-up government and a proper partnership with local communities.

Any Government interested in supporting the NHS would put prevention front and centre of its agenda. But for 13 years there has been no joined-up plan for health. There has been an unwillingness to lead on issues like smoking, alcohol harm, gambling harm, or childhood obesity, and services and institutions that promote good health have been run down. The Government abolished Public Health England, a body that was world-renowned for its research and expertise with no strategic replacement. To continue like this, with a growing, ageing population who become increasingly unwell earlier in their lives, would risk totally overwhelming the health and care system.

OUR MISSION PLAN

As an immediate priority, Labour will grip the biggest crisis in the history of the NHS. We will do this by getting the basics right and taking long-term, pragmatic, common sense steps.

The last Labour Government reduced waiting times by using the private sector, increasing staff numbers and spreading good practice. We did this before. We will do it again.

To end the threat of a two-tier health system, we will use spare capacity in the independent sector to ensure patients are treated quicker.

To get more planned procedures done, we'll learn from areas that are already doing things most efficiently and support the system to spread this good practice. Some areas are getting more outpatient procedures done at weekends; and some neighbouring hospitals are working closer together, using a single waiting list, so if a nearby hospital has a shorter waiting time for a procedure, you will have the option to be treated there.

These steps won't be possible without giving the NHS the staff it needs to treat patients on time, which is why we will undertake one of the biggest workforce expansions in history and deliver a long-term workforce plan that addresses retention issues to keep the people we've got in the system now.

We'll reduce pressure on GPs and emergency care by recruiting thousands of mental health staff to give more people access to treatment before they reach crisis, and we will end the shortage of health visitors so parents can get advice on their child's health without having to use these routes into the NHS when they don't need to.

And we'll free up beds, avoid unnecessary hospital admissions and tackle delayed discharges by doubling the number of district nurses and improving pay, terms and conditions for care workers to give vulnerable patients more support and rehabilitation at home.

We know we can't go on with a crumbling NHS estate, but a responsible Government doesn't promise an imaginary '40 new hospitals' that they will never deliver, either.

¹ NHS Vacancy Statistics England April 2015 – September 2022 Experimental Statistics - NDRS (digital.nhs.uk)

² Recruitment and retention (skillsforcare.org.uk)

³ Warning over 'mass exodus' of 19,000 GPs - The Mail (mailplus.co.uk)

⁴ NHS workforce statistics - NHS Digital

⁵ State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf (ihv.org.uk)

So as a first step, before we commit to any more money, we'd make an assessment of all NHS capital projects to make sure money is getting allocated efficiently, that we are eliminating waste, and that we are prioritising the projects that will get the patients the care they deserve faster.

But we must go further. This is not just about getting the NHS back on its feet, it's about making sure it can never be pushed to the floor again.

Demographic change, an ageing population and more people living with long-term conditions means the service must change to meet the needs of the population today and be sustainable in the long-term. That's why we will work with the NHS to deliver a ten-year plan for reform and modernisation, to make it fit for the future. We have outlined the first steps we will take to meet this challenge and the next Labour Government will work closely with the NHS, arms-length bodies and health leaders to adapt operating models to meet the health challenges we face. We have chosen these ambitions not only to help build a healthy society, but a healthy economy too, with opportunities for all.

1) Change so that more people get care at home in their community

Labour will shift services out of hospitals and into the community, so that the NHS becomes as much a Neighbourhood Health Service as it is a National Health Service, with healthcare on your doorstep, there for you when you need it. For nearly every sick person the best bed for them to recover in is their own – in their home.

Reform Primary Care

General practice is the bedrock of our NHS, acting as the front door of the health service. For most people, their local GP surgery is the first port of call when a health problem starts, so excellent primary care is the key to unlocking earlier diagnosis of progressive health conditions like dementia. But this model is becoming increasingly unreliable, with access to GP practices becoming more difficult. There are fewer GPs to care for a growing, ageing population with a high number of health conditions. This has knock on effects, with referral to diagnostic testing and specialist help delayed. It is bad for patients and poor value for money for the taxpayer.

We know patients need new and more varied opportunities to access the healthcare they need. This will speed up patient access and free up GP time to deliver the high-quality, expert healthcare that only they can.

To make primary care fit for the 21st Century, Labour will:

- **Improve GP access:** Right now, people's experience of accessing general practice is at an all-time low, and we are seeing widespread examples of GP partnerships being forced to close because fewer GPs want to take on the burden, leaving patients without access to vital services. Labour will make the future of general practice sustainable by ensuring we train more GPs, take pressure off those currently working in the system, and shift the focus of care out of hospitals and into the community. As well as this, Labour will modernise the way people book appointments to ensure that patients can easily book appointments in the manner they choose, by harnessing the power of the NHS App to end the 8am scramble, and by allowing people to book directly for routine checks like long-term condition reviews and cervical cancer screening tests.
- **Bring back the family doctor:** For those who would benefit from seeing the same clinician regularly (for example those living with chronic illness), Labour will improve continuity of care, which is associated with better health outcomes and fewer hospital admissions. We will support practices to effectively stratify appointments between those who need a quick opinion on a one-off health issue, and those who benefit from continuity. We will also include continuity of care in the framework used to assess the financial incentives given to GP practices.
- **Join up community health and social care services:** Labour will work with the NHS to bring together services in the community, learning from sites where this is already happening and working well, such as the Bromley-by-Bow Centre (where holistic, one-stop care provided by a multi-disciplinary team in the community has reduced hospital admissions, supported hospital

discharges and improved longer-term health outcomes). Labour will encourage Integrated Care Systems (ICSs) to identify opportunities to join up services, including by co-locating them on a single site where existing estate capacity allows and capitalising on the opportunity of closer working with voluntary organisations that are embedded in communities. The aim will be for more patients to have one point of contact for appointments with a range of professionals and services working together as part of a neighbourhood team, including their family doctor, carer, health visitor, physiotherapist, dentist, social prescriber or mental health specialist. This will make a particular difference to patients who have more than one condition, who often attend several very different clinics that each prescribe different medication or lifestyle changes, without coordination. To improve their experience of care, Labour will work towards ensuring everyone with complex multimorbidities has a named care coordinator in the community who can act as a single point of contact, stopping them from being pushed from pillar to post.

- **Open new referral routes:** Labour will instruct the National Institute for Health and Care Excellence (NICE) to make recommendations on expanding instances where someone can refer themselves to a specialist service or diagnostic test, and on simplifying existing referral routes (building on successful single point of access programmes). For example, all patients should routinely be able to be referred directly to hospital by their optician, and we should scale up innovative pilots like Greater Manchester's chest x-ray self-referral scheme, designed to improve lung cancer diagnosis rates.
- **Further expand the role of community pharmacy:** Whilst the Government has announced some sticking plaster proposals in this area, we will go further, accelerating the roll out of independent prescribing to establish a Community Pharmacist Prescribing Service covering a broad range of common conditions. Labour will also cut unnecessary red tape to allow pharmacy technicians to step up to some roles, ensuring pharmacists can work to the top of their license and focus on their expertise in prescribing and medicines management, rather than repetitive dispensing processes. Supported by greater digital interoperability, this will enable them to support GPs in the management of long-term conditions like hypertension and COPD and in tackling the serious issue of overprescribing, which is responsible for thousands of avoidable hospital admissions every year.
- **Free-up GP appointments by boosting mental health support:** Alongside recruiting thousands more mental health staff to cut waiting lists and ensure more people can access treatment, Labour will create an open-access mental health hub for children and young people in every community. We will also introduce professional support in every secondary school and bring in the first ever long-term, whole-Government plan to improve outcomes for people with mental health needs.
- **Create a Neighbourhood NHS Workforce:** Labour will double the number of district nurses and train 5,000 more health visitors. This will allow far more patients to be seen in the comfort of their home and provide a route to catching problems early and setting healthy habits. Doubling the number of district nurses will allow the NHS to expand 'hospital at home' services, like virtual wards, and they are also vital for delivering the healthcare of the future by bringing hospital standard care into the home using technology. Training 5,000 more health visitors will take pressure off GPs and A&E, end the postcode lottery families experience in getting support, improve continuity of care and ensure every child gets access to consistent healthcare.

Reform Social Care

At its best, social care can enable people who draw upon it to live flourishing, prosperous and independent lives. It empowers older and disabled people to live the life they choose, in the place they call home, with the people they love, doing the things that matter to them most. But this is far from the reality in Britain today.

Labour will reform social care so that it delivers on this potential, improving the quality and standards of social care for everyone who uses it. We will ensure that the views of users and families drive change throughout the system, as this is the only way to get reform right. This means building towards a National Care Service, which is locally delivered but underpinned by high national standards, where

people are helped to stay in their homes for as long as possible, and where disabled adults have choice and control over their support and more people are more independent than they are now.

End the workforce crisis in social care. Labour will recruit and retain more carers to give people support in the community by introducing better rights at work, decent standards, fair pay and proper training that offers opportunities for progression. Under Labour, adult social care will be subject to a fair pay agreement collectively negotiated across the sector. We will join up trained social care staff with community health workers in multidisciplinary teams who support people better at home. And we will task regulators with considering allowing social care workers to carry out simple health checks, like blood pressure readings, as part of our work on progression in the sector.

A ten-year plan for reform. Working in partnership with users and families, with a set of national standards based on existing minimum entitlements and legal rights, which national and local government would be required to apply.

Enshrining the principle of 'home first' in social care, as we are doing in NHS care, with a prevention-led approach. We will ensure people get the joined-up health and care services they need early on from a multidisciplinary team, backed with the right home adaptations, more housing options, better integrated NHS care, greater use of technology to support independent living, a clear point of contact for people who receive care and their families, and help from voluntary and community groups to tackle issues like loneliness and isolation.

Raise standards across the sector by requiring all care providers to demonstrate financial sustainability and responsible tax practices, to value their staff, and to deliver high quality care for service users before they are allowed to receive contracts from local authorities and before they can gain registration from the Care Quality Commission.

Develop local partnership working between the NHS and social care on hospital discharge, building on existing practice with respect to intermediate care and rehabilitation, such as the successful collaboration between the NHS trust and social care services in Leeds.

Support unpaid carers by giving them paid family carer's leave, join up services and support so families don't have to battle their way around the system, and give people in care homes a new legal right to see their loved ones.

2) Change so that we have the workforce we need, with the modern technology to deliver the best healthcare

Labour will expand capacity and capability in the NHS by tackling long-running workforce challenges and harnessing new technology.

NHS Workforce Expansion

The NHS and adult social care are services made up of dedicated, brilliant people, but they are facing the greatest workforce crises in their history. The failure to train and retain enough health and care staff means the UK has fewer practicing physicians and nurses per person than the EU average. The current, costly sticking plaster solution to this is to spend £3 billion of the NHS budget per year on agencies that supply temporary staff⁶. Meanwhile, as the population grows and ages, so too will the need for health and care staff. Modelling suggests that this means the vacancy crisis in health and social care will continue to grow by thousands every year.

Labour will tackle this challenge head on. We will ensure the NHS has the staff it needs to treat patients on time for years to come and take steps to address the workforce crisis in social care.

Labour will create 7,500 more medical school places and 10,000 more nursing and midwifery clinical placements per year. We will allocate a proportion of the new medical school places in under-doctored areas, to address inequalities in access to healthcare – because one of the strongest indicators of where doctors practice is where they train. We'll also train 700 more district nurses each year, 5,000 more health visitors and recruit thousands more mental health staff.

⁶ Desperate NHS pays up to £2,500 for nursing shifts - BBC News

With thousands more staff trained to join the NHS every year, fully funded by scrapping the non-dom tax status, the NHS will have both the doctors and nurses it needs in hospitals and the community-based staff it needs to provide care on people's doorsteps.

Retention is as important as recruitment, and if we want the workforce crisis not to become a chronic problem, we must treat the existing, highly skilled, and committed people who already work there better. Labour recognises the importance and value of positive and constructive industrial relations for everyone with a stake in the success of the NHS. We know that across the health and care sector pay, autonomy, work-life balance, and job flexibility are complex issues that seriously affect staff morale. Labour will act to improve public service workers' living standards and working lives. We will consider the case for looking more broadly at how public sector pay is set, without undermining existing collective bargaining arrangements to make sure our public services can recruit and retain the workers they need. As well as this, we recognise that the tax treatment of doctors' pensions has discouraged some senior clinicians from continuing in the workforce. While Labour is committed to reversing the sweeping changes made by the government to pension allowances at the March Budget 2023, we will introduce a targeted scheme for senior doctors across the UK to address retention issues.

Alongside this we need to plan better for the future. We will ensure that in future years comprehensive, independent workforce assessments are made so the NHS staffing can keep up with the demands of a growing and aging population, rather than falling behind. Working with health staff and their trade unions, this workforce planning will also cover issues that affect retention, so will review training quality, entrance routes, ongoing professional development roles and the skill mix needed to meet 21st century healthcare challenges. We will ensure that these assessments also cover adult social care so that staffing shortages in social care do not continue to harm the NHS and people who need support.

A revolution in technology

The explosion of innovation in health technology is where we have the opportunity to create a step change in people's health. The incredible advances of today would have been unimaginable 30 years ago and could enable the NHS to deliver truly personalised medicine, improve efficiency and back office functions, reduce administrative burdens on staff, and speed up care.

Take artificial intelligence (AI). Using newly-developed AI to interpret chest X-rays can save 15% of a radiologists' workload, 70% of outsourcing costs and, when combined with interpretation by a consultant radiologist, can reduce missed lung cancer cases by 60% - with life-saving implications⁷. Or take genomic medicine. Today, genomic screening can spot pre-disposition to big killers like cancer or heart disease in babies, diagnose rare diseases, and help personalise treatments. If every family could choose to screen their baby's genetic information, they'd be empowered to give their child the healthiest start in life.

There is no shortage of exciting innovation in UK universities and research centres. But the NHS is being left behind, because adoption and spread of new technology is notoriously slow and uptake is patchy, resulting in a postcode lottery for patients. For example, several ICSs are rolling out an at-home kidney test that uses a smartphone app to detect patients developing early signs of chronic kidney disease. Using an app on their phone and a urine test kit sent to their homes, it is designed to reduce unnecessary trips to the GP and hospital by encouraging more people to seek an early diagnosis. If this rollout was national, patients across the country would get access to the tech quicker but instead, the company is having to go area-by-area to get approval.

There have been countless reviews to describe what's wrong; we now need an active plan for change. Whilst we won't shy away from ambition, we also acknowledge that history shows us getting data and innovation right is not easy.

We don't want to repeat the mistakes of the past that have seen unnecessary bureaucracy trump common sense, or end up with too much micromanagement from the centre. Instead, we intend to work collaboratively across sectors to develop an approach that delivers for patients.

⁷ <https://www.behold.ai/our-solutions/red-dot-chest-x-ray/>

Learning from previous failures, we will develop a comprehensive innovation and adoption strategy, working with industry, patients and ICSs. Our strategy will align to the Life Sciences Vision and will include:

- **A plan for procurement, adoption and spread of new technologies:** so innovators have a clearer route to get their product into the NHS, identifying which goods and services should be procured centrally at volume, to get the best value for the taxpayer, versus where a local approach works better.
- **A better mechanism for accountability of commissioners:** ICSs are obligated by law to “foster and deploy research and innovations”. We will work with the NHS to define what this means in practice and how to better hold them to account for delivery, whilst allowing for greater flexibility where appropriate.
- **An approach to identify unnecessary bureaucracy and reduce it:** so NHS Trust Drugs and Therapeutic Committees do not unnecessarily re-evaluate products that have already been shown to be clinically and cost effective by NICE.
- **Reform to the incentives structure for adoption of technology:** using payment mechanisms that help teams implement new technologies successfully and quickly, whilst phasing out older options.
- **Work with the CQC to ensure regulation involves speedy adoption of new technology:** so that regulatory assessments of healthcare providers involve adoption of new technology to deliver improved care.
- **Better horizon scanning:** for emerging treatments, like new, revolutionary drugs for dementia, so that we can prioritise and prepare the NHS to implement at speed.

Harnessing the power of data and digital to join up different parts of the service

Data systems that are interoperable between providers (e.g. so a hospital doctor can easily see the medications your GP gives you or a domiciliary care worker knows the long-term conditions you are suffering from and the regular medication you need to take) will enable the different parts of the NHS and social care to work in a joined-up way. They have the potential to streamline a patient’s journey through the system, minimise expensive and inefficient variation between different areas, and assist with collaborative NHS planning and research.

Labour will take a two-pronged approach to getting information flowing better through different parts of the system:

- **We will drive inter-operability from the bottom up:** by making the NHS App a one-stop shop for health information. All health (and care) providers should publish into it, but all the data would be owned by the patient, who could see it in one place. This will act as a ‘single front door’ to personalised services that breaks down barriers between primary, secondary and tertiary care. As the first steps towards this, we will use the NHS Digital Transformation Fund to ensure that:
 - All patients can see their medical records through the app;
 - Patients can easily book appointments online, order repeat prescriptions and link to appropriate self-referral routes;
 - People receive age-related alerts to remind them of check-ups and screening eligibility;
 - Patients can read the latest NICE treatment guidelines for their diagnosed conditions;
 - Patients receive push notifications inviting them to apply to participate in clinical trials as per standard eligibility guidelines.
- **We will also set a clearer, centralised direction for future procurement of data systems:** so they are genuinely interoperable between providers and, ideally, with wider public services.

Two of Labour's Industrial Strategy will help spur on this work. We will harness Data for the Public Good. Labour will redefine partnering with the NHS for individuals and businesses. We will explore how to make datasets more open to business, researchers, and citizens (whilst protecting people's democratic, privacy and security rights) and we will ensure the UK is at the forefront of work on responsible Artificial Intelligence, by building the world's most competent regulatory environment for AI. We will do this with transparency and build trust, so people know what is happening to their information and can see the benefits to their life and health.

Put Britain at the front of the queue for new medicines and vaccines

Clinical trials are vital to patients for whom limited treatment options are available in routine care, such as the estimated 3.5 million people living with rare diseases in the UK, together with the 17.5 million living with long-term conditions and many cancer patients for whom current therapies are ineffective.

Clinical research involves many different players from across the economy and is a great example of how business, our brilliant academics and the NHS can work together for the benefit of everyone. Recruitment to clinical trials generated £2.7bn of Gross Value Added for the economy in 2018/19, while the NHS received an average of £9,000 per enrolled patient and a further £5,800 per patient where trial drugs replaced standard treatment⁸.

As a universal system that serves a population of tens of millions, our NHS is a unique environment that researchers and drug developers should want to conduct clinical trials in. We should be making the most of this massive opportunity, which would be good for patients, good for the NHS and good for the economy. But in recent years the industry has collapsed. The number of commercial trials in the UK decreased by 41% between 2017 and 2021 and the UK has dropped from 4th to 10th in global rankings behind Spain, France, and Italy⁹. In 2020/21 the NHS lost £447 million in revenue due to a drop off in commercial clinical trial activity¹⁰.

This drop-off puts patients in England at a disadvantage. For example, Novartis recently announced plans to scrap a major trial involving 40,000 UK patients focusing on an injectable drug (Inclisiran) that targets high cholesterol, a key risk factor for developing cardiovascular disease. They made the move "after a careful evaluation of several factors that drive investment decisions in research and development activities"¹¹. Instead, Novartis will now run a similar trial itself around the world.

As the country that invented CT scanners and unravelled the mysteries of DNA, Britain has a proud history in life sciences that with energy and leadership, we can build on. To provide this, Labour will:

Make it easier to conduct life-saving research in the NHS with a quicker, more transparent and less variable process so that our clinical trials environment is:

- **More competitive:** Unnecessary bureaucracy means it takes too long for trials to be set up in the UK, versus other countries. We can reduce the time setup takes with a standardised process, making sure we fully implement a national approach to costing for industry clinical trials as set out in the National Contract Value Review.
- **More efficient:** Minimising the number of contracts and bespoke agreements that need to be signed to deliver a clinical trial will reduce the administrative burden for everyone, including the NHS.
- **More accessible:** If we can get this right, it will also help make clinical trials possible in more community settings and GP practices.

Give everyone the opportunity to participate in research if they want to, so we can speed up recruitment and give patients access to treatments faster

Only half of industry trials are currently meeting their recruitment targets. Clinical trials registries, like the vaccine clinical trials registry that was set up during the pandemic, are an opportunity to change this.

⁸ Clinical research adds billions to UK economy, analysis shows | The BMJ

⁹ rescuing-patient-access-to-industry-clinical-trials-in-the-uk.pdf (abpi.org.uk)

¹⁰ NHS patients losing access to innovative treatments as UK industry clinical trials face collapse (abpi.org.uk)

¹¹ Novartis scraps drug trial in blow to UK life sciences ambitions | Financial Times (ft.com)

Several registries exist, but they're not joined up and they aren't always accessible to the public. Labour will bring these together to create standing national registries, making sure signing up is easy and working towards more data-enabled recruitment (including through the NHS app) to:

- **Speed up recruitment:** by making sure that patients who are interested in participating in research can be reached quickly and easily.
- **Give more people the chance to participate:** wherever they live in Britain, rather than having research opportunities concentrated on where the big centres are, by identifying patients who would benefit through NHS data and working with devolved nations so patients can access clinical trials regardless of which NHS they reside in.
- **Improve the diversity of people who participate:** so we test treatments on populations that better reflect the people who need them.

Train the workforce to do clinical trials with a culture in the NHS that values them

As long as the NHS has staff shortages, those who could be working on research will be diverted to support other areas of clinical care. We will:

- **Train the staff that the NHS needs:** to support more clinical trials in the future: with 10,000 more nurses and midwives and 7,500 more doctors training every year.
- **Ensure they have the right skills:** Our commitment to long-term workforce planning across the NHS and social care will review training and look at creating new types of health and care professionals that draw on a diverse skills mix. As part of this we will think about the skills staff need to support clinical trials and recruit patients.
- **Use research to help to retain staff in the NHS:** There is evidence that giving time for research to staff who are interested enhances recruitment and retention, and that some doctors use research as a mechanism to avoid burnout.

3) Change so that we focus on prevention

We know that with a relentless government focus on prevention, people could live healthier and happier lives, economic growth could improve, and there would be less pressure on the NHS. The last Labour Government's leadership on the smoking ban and cigarette advertising shows what can be achieved by a mission-focused government with a clear strategy and determination to succeed.

The next Labour government will shift the focus of government departments, the NHS, and wider public services to prevention by embedding long-term planning. We will amplify the approach of 'Marmot Cities' like Greater Manchester and Coventry by making England a Marmot country, tackling the social inequalities that influence health. We will ensure that children have the best start possible to give them the building blocks for a healthy life, build on Labour's legacy towards a smoke-free Britain, and empower people to take responsibility for their own health. These are the first steps, and we know that there will be more to do to stop people getting ill and catching it early when they do – including improving screening programmes and boosting capacity in local public health teams.

Labour will:

Embed long-term planning to ensure there is health in all policies: Cross-departmental working is vital to improving the wider determinants of health – the social, economic, and environmental factors that affect people's ability to lead healthy lifestyles. Labour will create a national framework that ensures focus and innovation across government, business, public services, and civil society is targeted towards delivering this long-term goal. We will establish a mission delivery board at the heart of Government to bring together all departments with an influence over the social determinants of health, a mission accountability body akin to the Climate Change Committee. We will ensure this flows through to local government and ensure that devolution agreements are designed to reward delivery of our mission outcomes at a combined authority level.

Give every child a healthy start in life with a Children's Health Plan: Today, two in every five children in England are overweight or obese by the time they finish primary school. This has lasting consequences for their health.

Schools will have a big role to play in tackling this problem. To give all children a healthy start to the day, we will establish fully-funded breakfast clubs in every primary school in England, serving healthy and balanced food to start the day and embed healthy habits and boosting children's concentration and development. We will also implement a balanced and broad national curriculum with a wide range of physical activities compulsory for all schools.

As well as ensuring children learn healthy habits at school, Labour will take action to end the promotion of junk foods targeted at children. We will restrict adverts of foods high in fat, sugar and salt, in favour of healthier options, improve children's diets by finally implementing the 9pm watershed for junk food advertising on television and ban paid-for advertising of less healthy foods on online media. We know this can work as it has on the TFL transport network. Public service broadcasters should continue to be encouraged with their focus on promoting healthy lifestyles in their programming and food producers will still be able to advertise their products by switching those which are high in fat, sugar, and salt for healthier options.

We will also end the scandal of children being brought up in environments that could give them life-threatening illnesses. Labour will bring in a legally-binding 'Decent Homes Standard 2' to end impunity for irresponsible landlords and will oversee retrofitting of 19 million homes to keep families warm rather than living in damp, mouldy conditions that give their children asthma.

We will pass a Clean Air Act with stricter statutory targets on air pollution that match World Health Organisation recommendations, to protect our children from the serious respiratory illnesses they cause. We will take firm regulatory action to tackle sewage discharges which pose a serious risk to health, giving people more safe places to swim and enjoy leisure time.

The last Labour government lifted more than a million children out of poverty. Now, Labour will once again work to tackle child poverty and to ensure families can afford to feed their children and keep them warm and well. We will fundamentally reform Universal Credit so that it makes work pay, supports people back to work, and allows those who cannot work to live their lives in dignity. To support parents and caregivers to find jobs that are a route out of poverty, Labour will reform Job Centres to provide proper employment support and will make health-related benefits more flexible so that it's easier to move from them into paid work.

Create a smoke-free Britain: Smoking is still one of the leading causes of cancer and lung disease. We will build on the success of the last Labour government with a roadmap to a smoke-free Britain. The first steps of this will be to make all hospital trusts integrate 'opt-out' smoking cessation interventions into routine care, making every clinical consultation count in health improvement, report on progress in their annual reports, and have a named lead on smoking cessation. We will also legislate to require tobacco companies to include information in tobacco products that dispels the myth that smoking reduces stress and anxiety. And we will ban vapes from being branded and advertised to appeal to children and we will work with local councils and the NHS to ensure they are being used as a stop smoking aide, rather than a new form of smoking.

Boost health in the workplace: workplaces have a big impact on people's health and wellbeing. Labour's New Deal for Working People will uplift workers' wellbeing by tackling insecure work. We will ban zero-hour contracts, end fire and rehire, and give all workers rights at work from day one, including the right to sick pay, which will stop illnesses spreading between workers who are forced to come in, so they don't miss any pay.

Empower citizens: Ultimately, people want to take responsibility for their own choices and want to decide for themselves to live a healthy lifestyle. Government's role is to ensure they have the power and information to do so – making the healthy choice, the easy choice. Labour would train 5,000 more health visitors to make sure every parent has the information and skills they need to give their child the best start in life. And we will make it as easy as possible for each person to see their health records and understand the choices that are available to them to improve their own health through the NHS App.

Tackle health inequalities: the UK has stark health inequalities. The next Labour government will build a fairer Britain by tackling the structural inequalities that contribute to poor health for disadvantaged groups. For example, we will set an explicit target to end the Black maternal mortality gap, which sees Black women in the UK four times more likely to die whilst pregnant, giving birth, or as new mothers than white women. By training more midwives and health visitors, incentivising continuity of care, and improving course content on the presentation of illness and pain amongst different groups, we will make sure the NHS is squarely focused on tackling this shocking disparity.

OUR MISSION GOALS

Labour is setting three long-term, measurable goals for this mission that we will work towards and be held accountable for. The goals are:

- 1. An NHS that is there when people need it**
- 2. Fewer lives lost to the biggest killers**
- 3. A fairer Britain where everyone lives well for longer**

These goals are underpinned by the ambitious but achievable reforms set out above.

1. An NHS that is there when people need it

The most urgent challenge facing our health system is that the NHS is not there for people when they need it. The frontline entry points to the NHS – ambulances, A&E, GPs, and hospital appointments – are not working.

In government, Labour's immediate priority will be to address the urgent threat of these delays and once again provide the minimum standards that people in this country deserve from our health service. The last Labour Government achieved it, working with the NHS, and the next Labour Government will do it again.

By training the staff we need to get patients treated on time, reforming primary care so patients can be seen quicker in the community and fixing social care so elderly and vulnerable patients don't end up in hospital when they don't need to be there, we will:

- ▶ Ensure ambulances get to people in time to save lives
- ▶ Get people seen by a GP when they need
- ▶ Stop people facing dangerously long waits in A&E
- ▶ Guarantee shorter waits for hospital appointments when people need specialist care

We will measure progress towards these targets using NHS performance data and the annual reports of the national GP patient survey. We will aim to achieve all relevant waiting times standards (Annex 2) and to increase the proportion of people who get a GP appointment when they want or sooner within five years of entering government.

2. Fewer lives lost to the biggest killers

In the UK, far too many lives are lost to avoidable causes – ones that are preventable, or would be treatable if the health system was working as well as it should be. Each one of these deaths is a tragic, avoidable waste that has a devastating and long-term impact on those left behind.

Ensuring the NHS is there when people need it will mean that people with serious health problems get the care they need and deserve, improving survival rates from avoidable killers. To drive progress on this even further, Labour will explicitly target three of the biggest. These are:

Cancer: which is the leading cause of avoidable deaths (those that are treatable and/or preventable) in England. UK survival rates are lower than the European average for nine out of ten cancers and the

NHS standard of 93 per cent of patients to wait no longer than two weeks to see a hospital specialist after being referred for suspected cancer has not been met since 2018.

Cardiovascular disease (CVD): which causes one in four deaths, mostly from heart attacks and strokes, though also indirectly from conditions like vascular dementia. 6.8 million people in the UK have CVD, but it is highly preventable through lifestyle changes and treatment of risk factors like high blood pressure. Despite this, England loses 50 percent more life years to coronary heart disease than France or Spain.

Suicide: is the leading cause of death in adults under 34, and around three quarters of those who take their own lives are men. It is the leading cause of death for women who die within a year of giving birth, and suicide during pregnancy or in the early weeks of motherhood is increasing. Suicide is extremely complex, but it is preventable. The rate of lives lost to suicide had been declining from the early 80s to the late noughties, but since 2008 has been steadily rising again.

By reforming primary care, getting the NHS the new medicines and technology it needs to diagnose and treat cancer and heart disease earlier, helping people live healthier for longer, and delivering mental health support in the community, Labour will:

- Improve cancer survival rates by hitting all NHS cancer waiting time and early diagnosis targets within five years, so no patient waits longer than they should
- Reduce deaths from heart disease and stroke by a quarter within ten years
- Reverse the rising trend in the rate of lives lost to suicide so they are declining within five years

We will measure progress towards these targets using annual ONS statistics and NHS data.

3. A fairer Britain where everyone lives well for longer

A responsible government, healthy society, and functioning health system shouldn't only support people to live for longer and reduce deaths from the biggest killers, but should also ensure they can enjoy their life to the fullest without major health issues holding them back. To drive progress on this, Labour will set a goal to improve people's chances of living well for longer, in a fairer Britain.

In health policy 'living well' is best captured by the concept of 'healthy life expectancy', which is the amount of time an average person can expect to live without a major health condition. Evidence shows the UK is no longer making progress on people living well and there are huge inequalities. Right now, the poorest 60 to 64-year-olds have the same level of bad health as the richest 90-year-olds. This is a waste of 30 healthy years for poorer people. 30 years not spent playing with grandchildren.

The impact of poverty on health also means that people who live in different parts of the country have very different chances of living well - a little girl who is born and brought up in Blackpool can expect to live well until she is 54, whereas a little girl born and brought up in Winchester can expect to live healthily until she is 66.

By tackling wider inequalities that lead to poor health, focusing on prevention and early childhood intervention, and shifting more care into the community, Labour will:

- Improve healthy life expectancy for all and halve the gap in healthy life expectancy between different regions of England

We will measure progress towards these targets using ONS statistics on Health State Life Expectancies at the national and regional levels.

ANNEX 1: WHAT THIS PLAN WILL MEAN FOR PATIENTS

Labour's changes will result in a different health service, one fit for the future, ready to meet the next generation of health challenges. The immediate crisis of unacceptable waiting times will be abated and the long-term existential challenge to the NHS seen off. That is the mission of the next Labour Government.

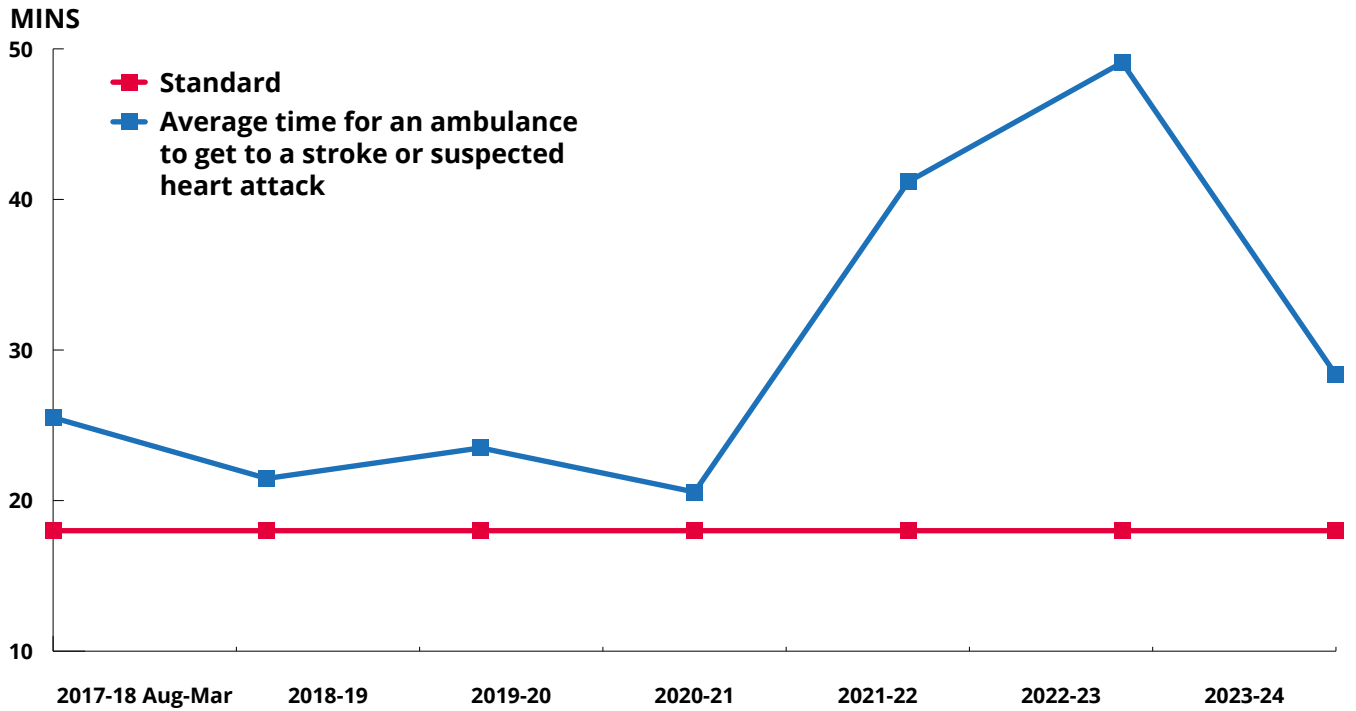
	Today	Labour's Plan
Access to primary care	Patients wait on the phone at 8am to try to get a GP appointment when they have a health problem.	GP access made easier with a service that has time for more complex needs.
Access to urgent care	Long waits in A&E.	Shorter wait times because A&E is no longer burdened by those who cannot access care earlier and hospital departments no longer blocked by those who should be able to be discharged.
Being referred to a specialist	Having a GP appointment before referral and having to go back to the GP if not the right specialist.	Referral from other professionals, such as opticians, allowing self-referral where clinically appropriate.
Monitoring and managing your own health	No real ability or knowledge to manage long-term health conditions or predispositions.	Technology-enabled monitoring available to more patients at home and population data used effectively to monitor health risk trends and give people more control over their health.
Understanding what your treatment should look like	No real information to give patients control.	More information for patients on the NHS app, giving patients real control over their health and democratizing access to knowledge on the system.
Getting a diagnostic test	Long waits between referrals and requiring to go into a hospital.	Appropriate testing done at home, more testing in the community and technologically enabled speedier diagnostic tests rolled out to catch problems quickly.
Having a planned operation or treatment in hospital	Long waits for appointments for acute care.	More staff to treat patients quickly, a focus on bringing down wait times, new innovative surgeries rolled out quickly that could reduce pain and recovery time.
Receiving care, treatment, or support at home	Too few staff to provide enough home visits, forcing patients into hospital settings.	More community-based staff able to deliver care, and small-scale treatment in the comfort of patients' homes.
Receiving care	1 in 7 beds in England occupied by people who do not need to be there but unable to leave without appropriate care in place.	Quality social care available for all, providing dignity and independence at home for all those who need it.
Being able to live a healthy life	Minimal support to build healthy habits and live a healthy life.	A focus on preventing ill health by tackling major public health issues like smoking and a focus on young people building healthy habits. Working to improve the wider determinants of health and reduce the inequalities that drive poor health.

ANNEX 2: WAITING TIMES STANDARDS

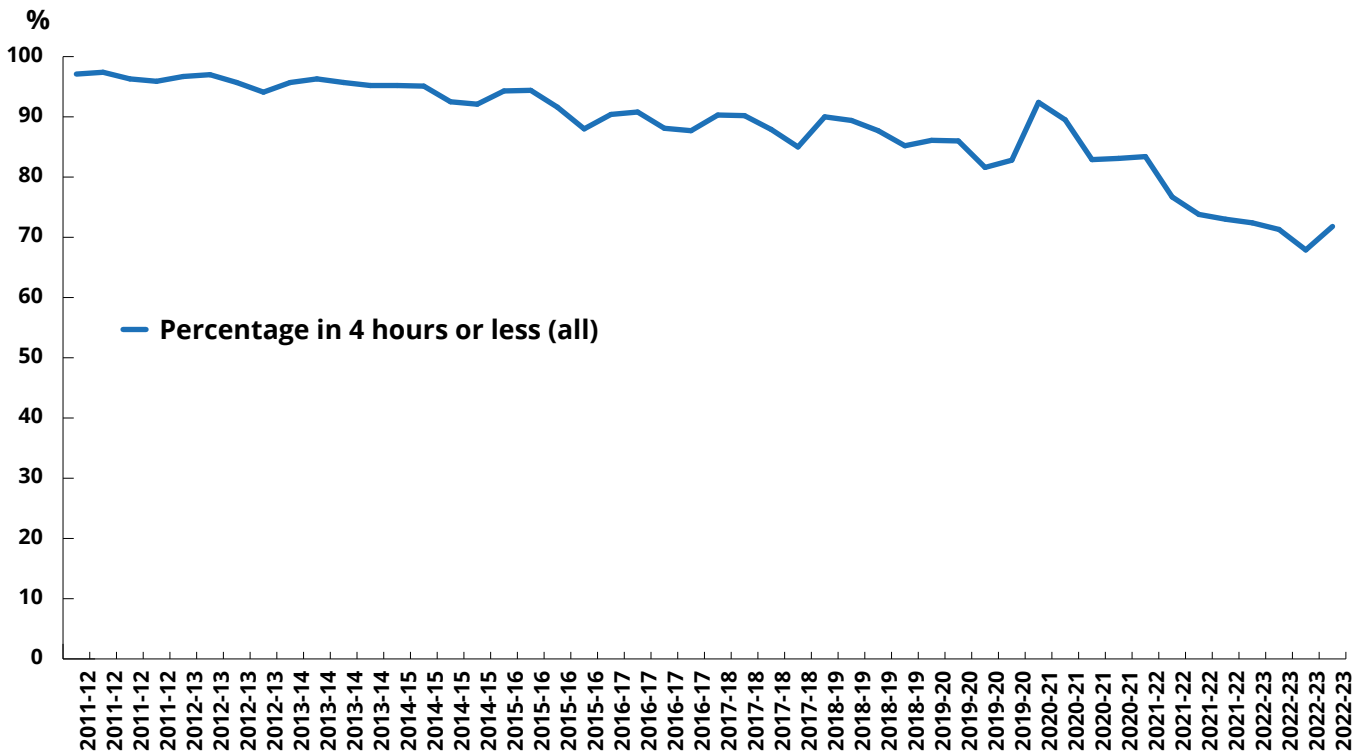
Commitment	Standards
Ambulance response times	<p>We would meet the following pledges as set out in the NHS constitution, which is for all ambulance trusts to:</p> <ul style="list-style-type: none"> ▶ Respond to Category 1 calls in 7 minutes on average and respond to 90% of Category 1 calls in 15 minutes. ▶ Respond to Category 2 calls in 18 minutes on average and respond to 90% of Category 2 calls in 40 minutes. ▶ Respond to 90% of Category 3 calls in 120 minutes. ▶ Respond to 90% of Category 4 calls in 180 minutes.
GP appointments	<p>The most recent GP appointment survey data found that when patients last tried to get a GP appointment, the proportion who secured one when they wanted or sooner has fallen to its lowest level for five years – 51.2%.</p> <ul style="list-style-type: none"> ▶ We would rapidly improve upon this performance, and use the GP appointment survey to monitor our progress.
A&E waiting times	<p>We would meet the following NHS performance pledge on A&E waiting times:</p> <ul style="list-style-type: none"> ▶ 95% of patients have a maximum 4-hour wait in A&E from arrival to admission, transfer or discharge.
Hospital appointments	<p>We would meet the following NHS performance pledges related to appointments and treatment:</p> <ul style="list-style-type: none"> ▶ 92% of patients will start consultant-led treatment within 18 weeks from referral for non-urgent conditions. ▶ 93% of patients will be seen by a cancer specialist within 2 weeks from GP referral for urgent referrals where cancer is suspected. ▶ 96% of patients will have a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers. ▶ 94% of patients will have a maximum 31-day wait for subsequent treatment where the treatment is surgery. ▶ 94% of patients will have a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy. ▶ 98% of patients will have a maximum 31-day wait for subsequent treatment where the treatment is an anti-drug regimen. ▶ 85% of patients will have a maximum 2-month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers. ▶ 93% of patients will have a maximum 2-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected. ▶ 99% of patients should wait no more than 6 weeks for a diagnostic test from referral.

ANNEX 3: LONG-TERM TRENDS

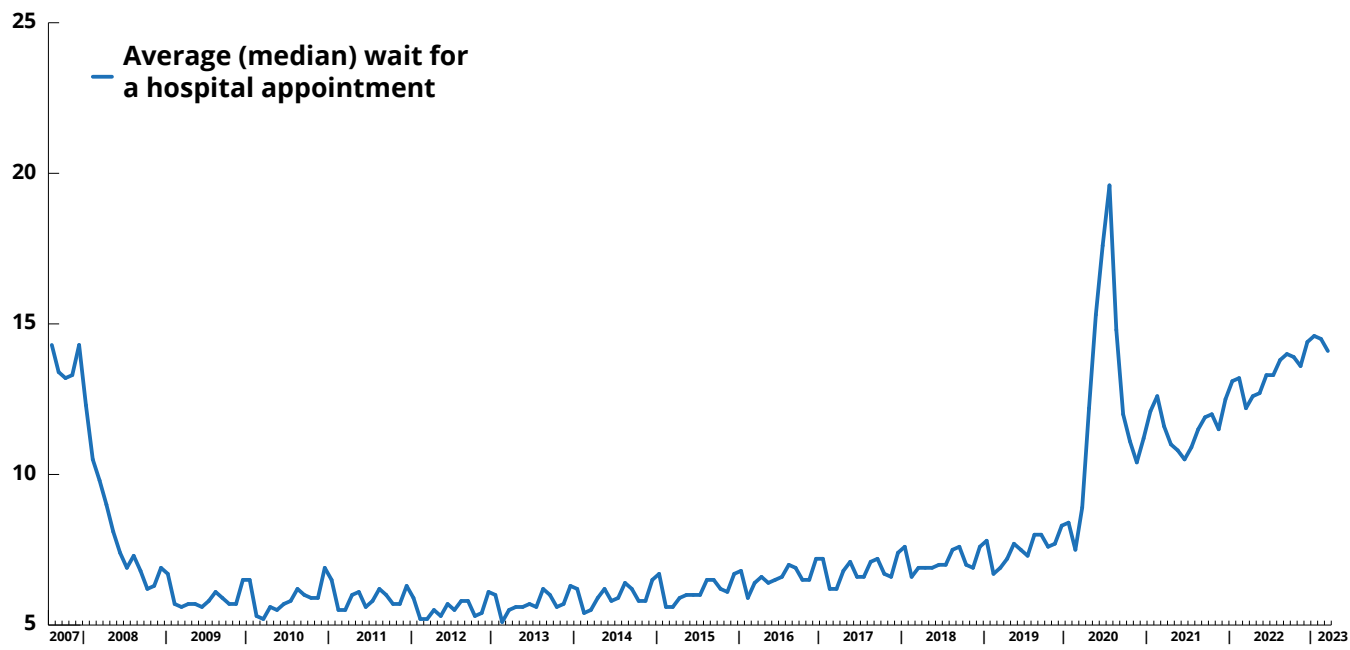
Graph 1 - Average time for an ambulance to get to a stroke or suspected heart attack (Category 2)



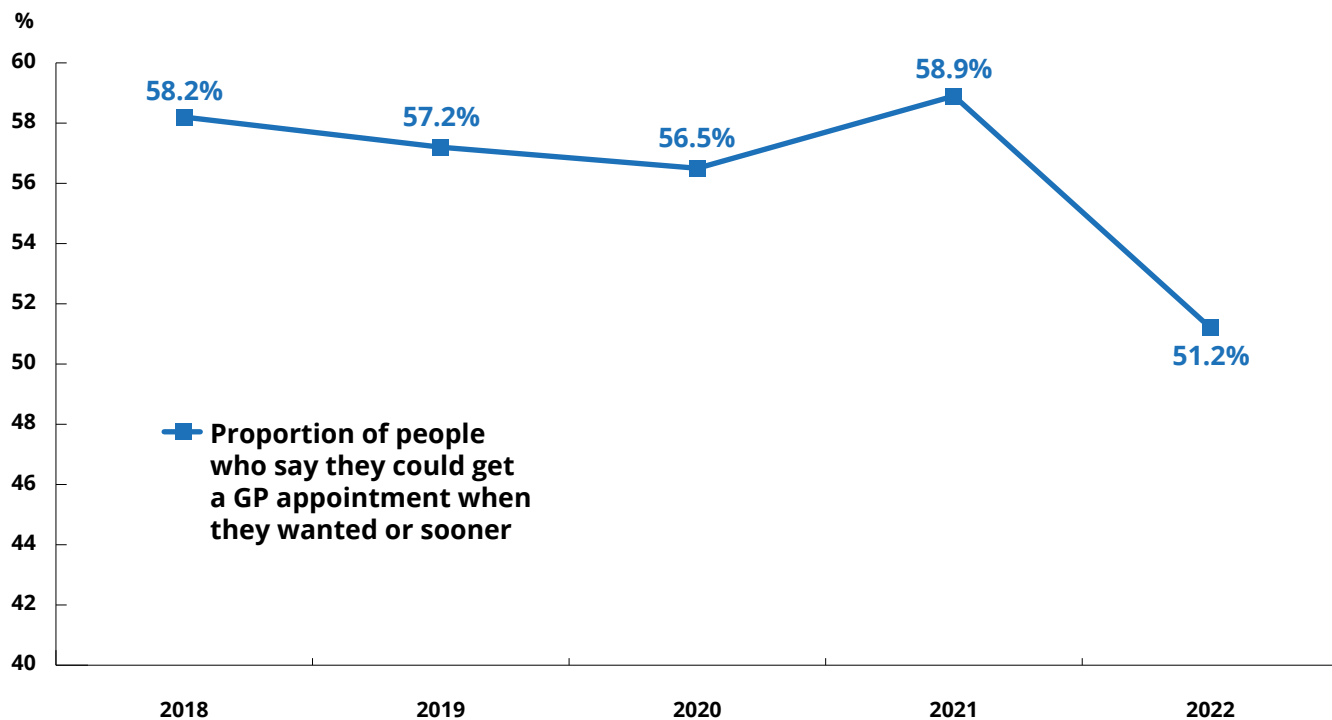
Graph 2 –The proportion of people who wait less than 4 hours in A&E



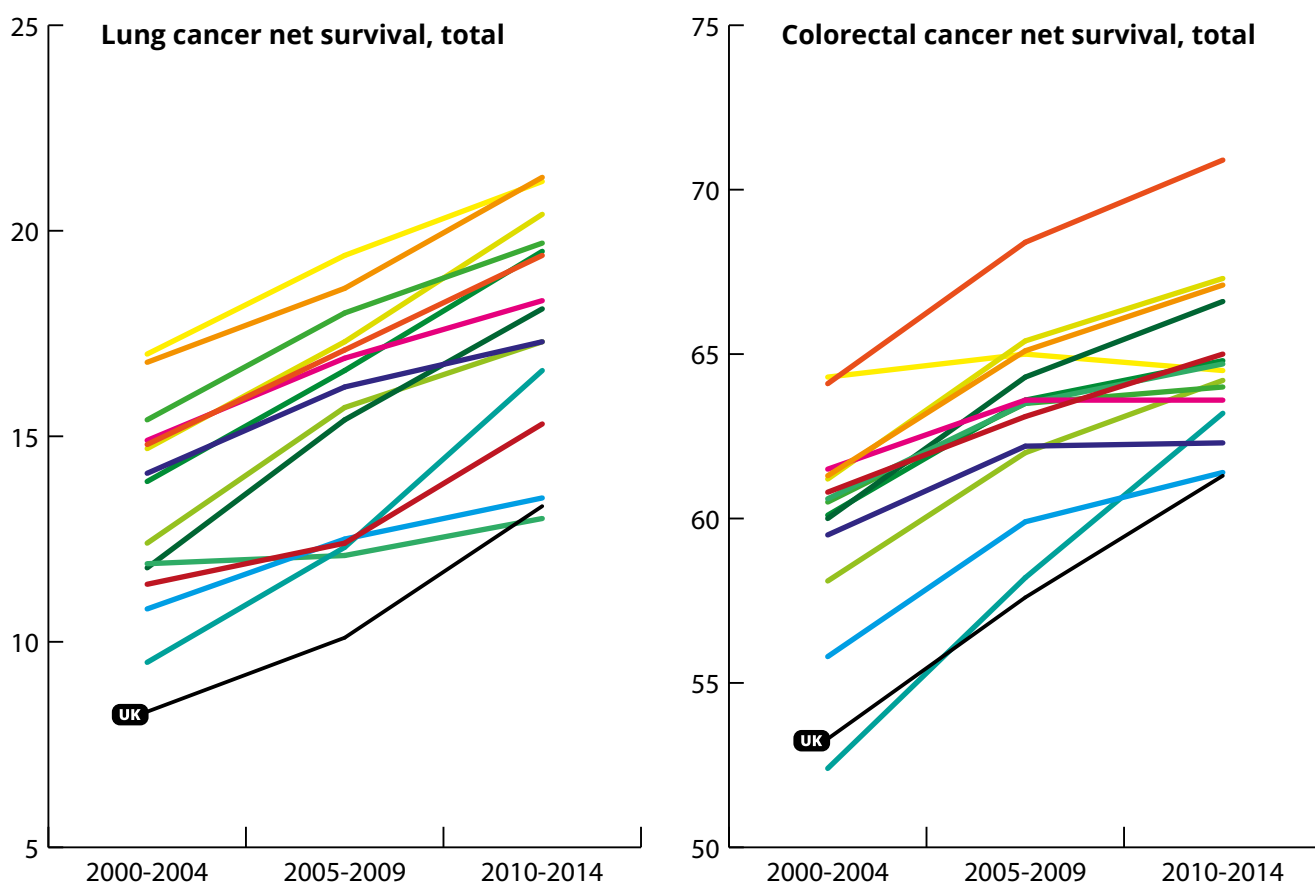
Graph 3 – Average (median) wait for a hospital appointment in weeks



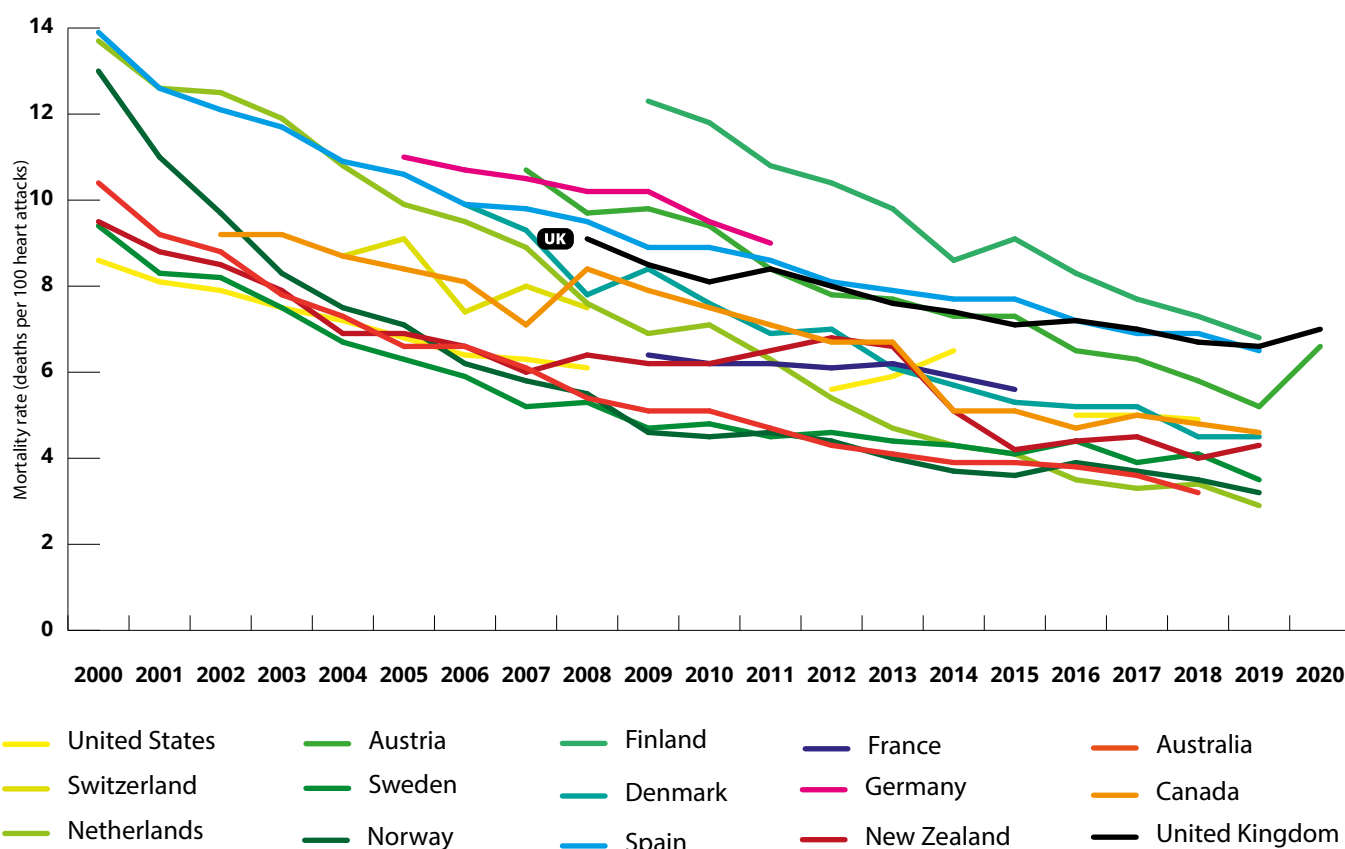
Graph 4 – Proportion of people who could get a GP appointment when they wanted or sooner



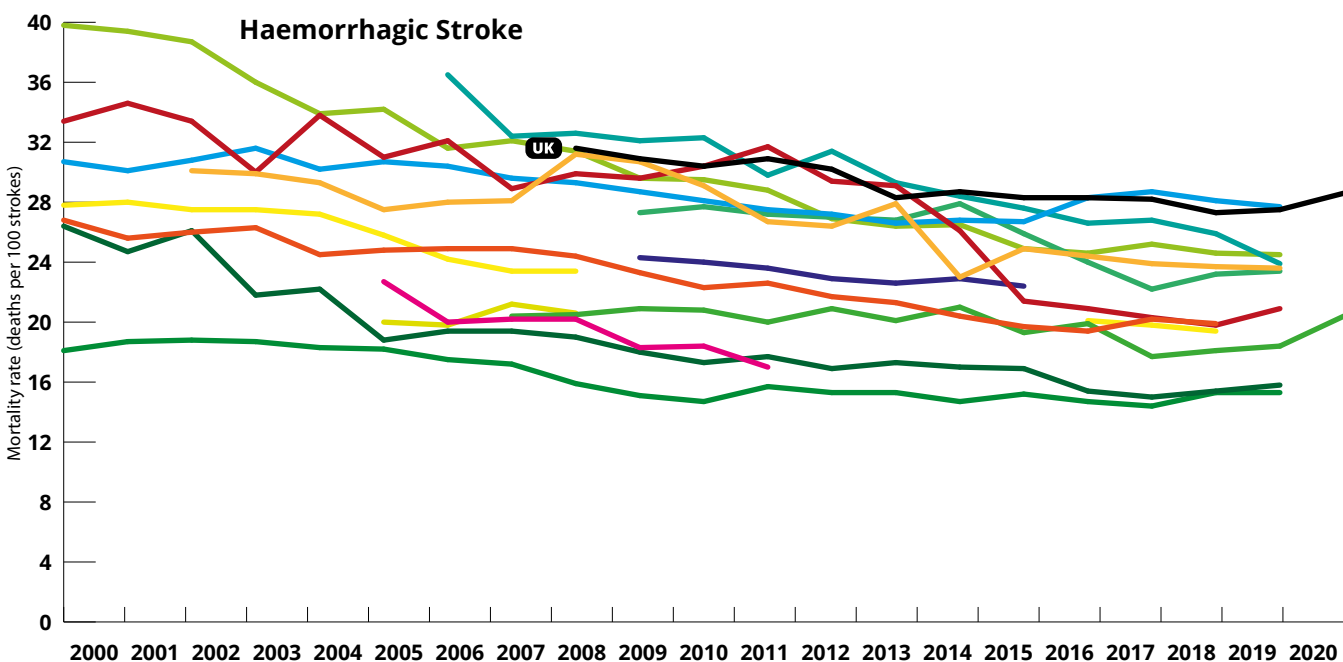
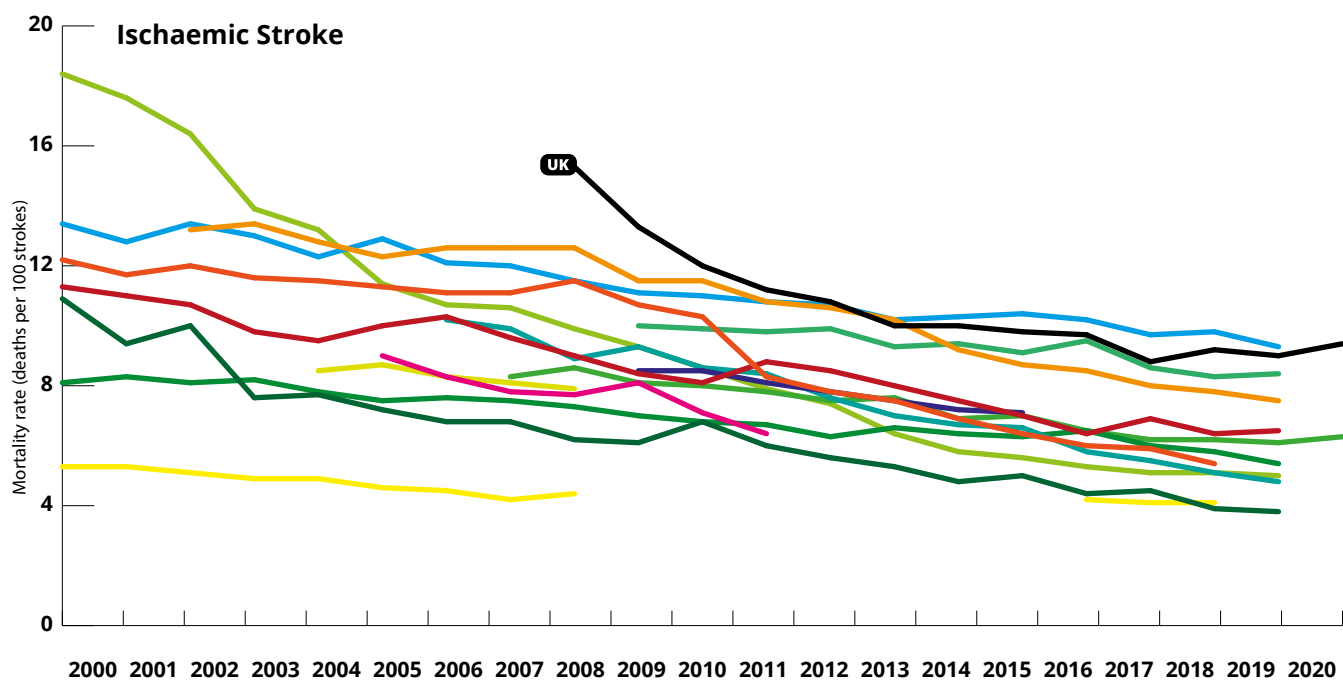
Graph 5 – Cancer survival rates by gender (age standardised, patients over 15, 2000 – 2014), with comparable countries



Graph 6 – 30-day mortality rate following a heart attack (age standardised, per 100 patients aged 45 and over), with comparable countries

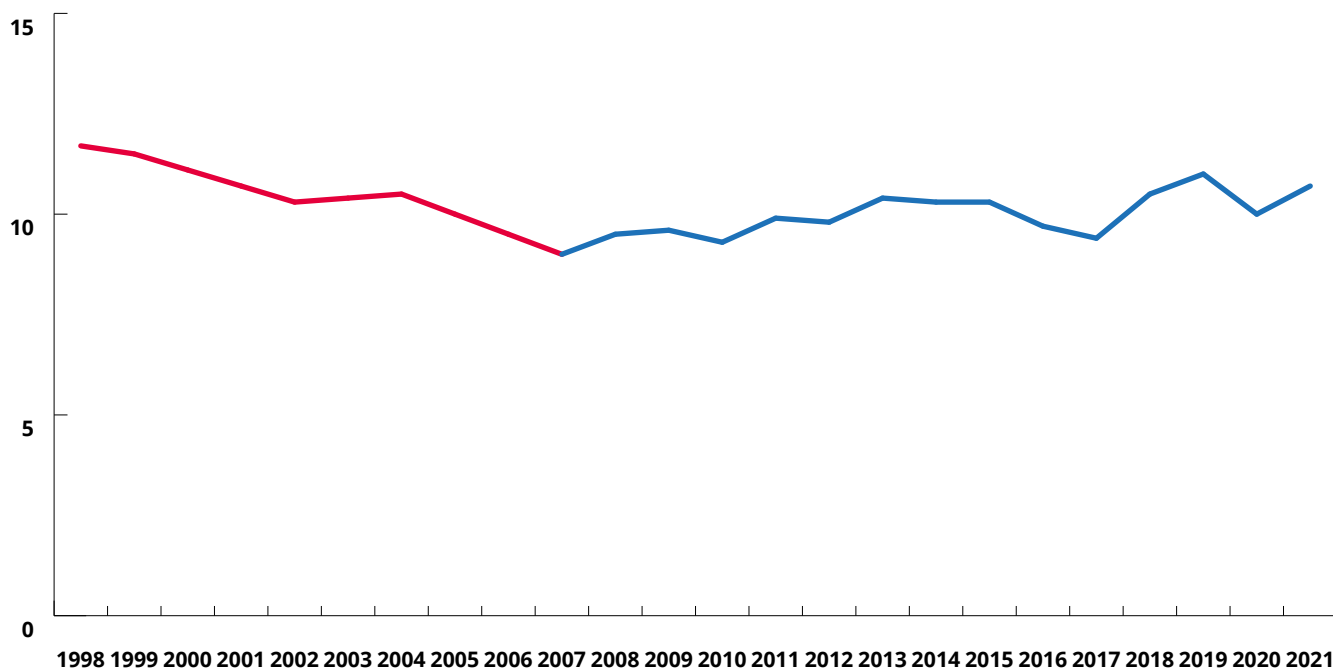


Graph 7 – 30-day mortality rate following a stroke (age standardised, per 100 patients aged 45 and over), with comparable countries

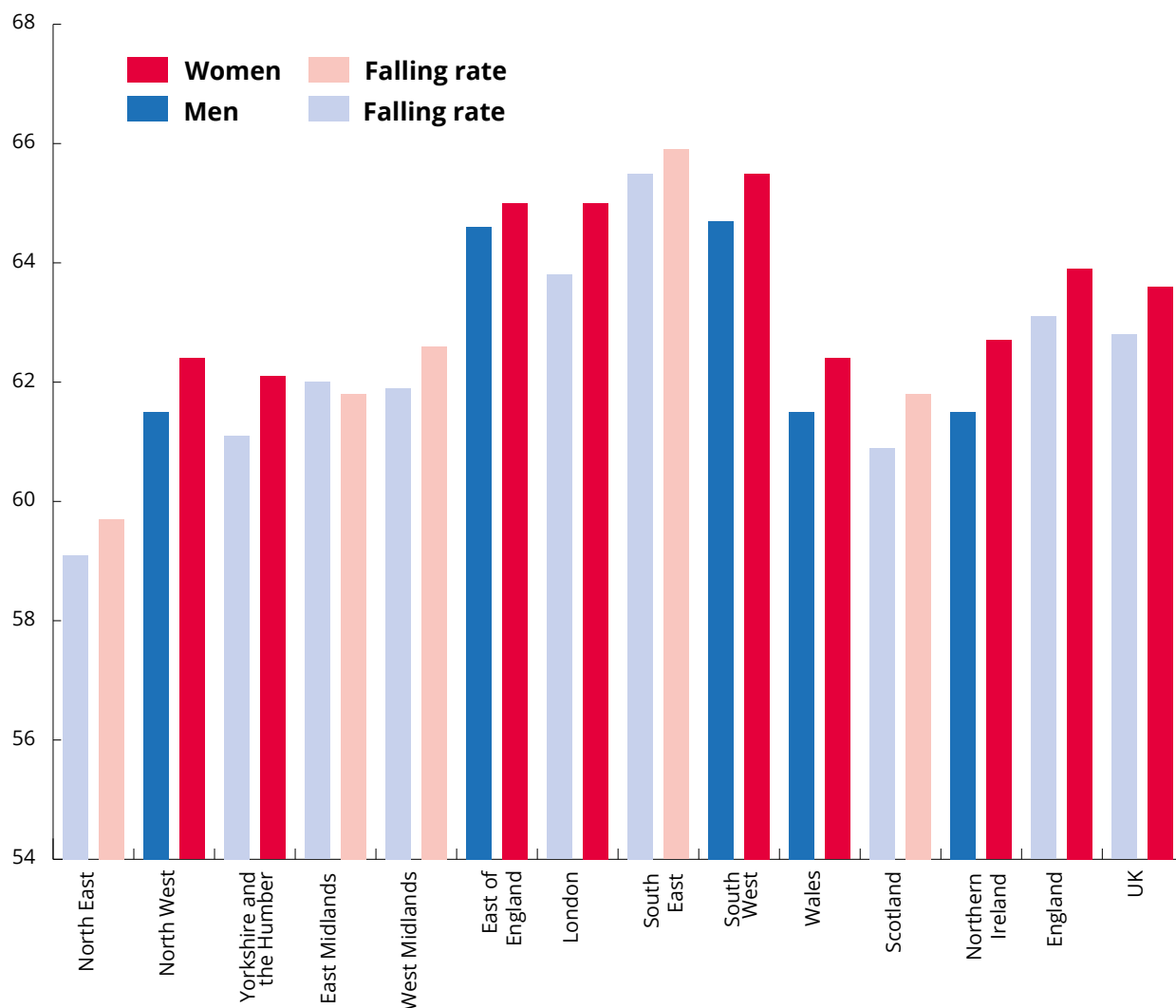


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|---------------|---------|---------|-------------|----------------|
| United States | Austria | Finland | France | Australia |
| Switzerland | Sweden | Denmark | Germany | Canada |
| Netherlands | Norway | Spain | New Zealand | United Kingdom |

Graph 8 – Age standardised suicide rates, England and Wales, registered 1998 - 2021



Graph 9 – Healthy Life Expectancy at birth by sex, UK, devolved nations, and English regions



HOW CAN YOU HELP?

We have set out the first steps we will take and the substantial policy levers to help achieve our mission. However, mission-driven government means working across society, with a broad pool of organisations, and taking on a variety of views to refine and deliver our plans. We welcome further discussions, in particular on the following questions:

- What needs to be in place to create community-based multidisciplinary teams that support people in their own homes, catch problems early, and deliver care that suits the needs of individuals?
- Given the health challenges and opportunities of today and the coming decades, how does the skills mix in health and social care need to change?
- How can we change the NHS to make it quicker at adopting new technology and treatments and to ensure that patients around Britain get equal access to them?
- What will reinstate Britain's position as a world leader in life sciences?
- How should the government support people to take better responsibility for their own health, and how can the government best step in to protect people from public health risks?
- How can we each adapt our modern lifestyles for better health?