WHAT THE MANIFESTOS SAY
2017
HEALTH AND SOCIAL CARE
This document sets out the key commitments on health and social care policy in the 2017 Conservative, Labour, Liberal Democrat, UKIP and Green national manifestos.
Adult social care and carers

CONSERVATIVES

- Propose medium and long-term solutions to put elderly care in our country on a strong and stable footing. (p65)

- Align the future basis for means-testing for domiciliary care with that for residential care. This will mean that the value of the family home will be taken into account along with other assets and income, whether care is provided at home, or in a residential or nursing care home. (p65)

- Introduce a single capital floor, set at £100,000. (People will always retain at least £100,000 of their savings and assets, including value in the family home.) (p65)

- Extend the current freedom to defer payments for residential care to those receiving care at home, so no-one will have to sell their home in their lifetime to pay for care. (p65)

- Our forthcoming green paper will also address system-wide issues to improve the quality of care and reduce variation in practice. This will ensure the care system works better with the NHS to reduce unnecessary and unhealthy hospital stays and delayed transfers of care, and provide better quality assurance within the care sector. (p65)

- Reduce loneliness and promote technological solutions to prolong independent living, and invest in dementia research. (p65)

- Give workers a new statutory entitlement to carer's leave. (p65)

- Strengthen the entitlement to flexible working to help those with caring responsibilities for young children or older relatives. (p68)

- Ensure hospitals can discharge emergency admissions at a similar rate at weekends as on weekdays, so that when someone is medically fit to leave hospital they can, whichever day of the week it is. (p69)
MANIFESTO POLICY PROPOSALS
HEALTH AND SOCIAL CARE

- Support specialist housing where it is needed, like multigenerational homes and housing for older people, including by helping housing associations increase their specialist housing stock. (p71)

- Use digital innovation in conjunction with our social care reforms set out in chapter four. Support new providers seeking to use digital technology to monitor long-term conditions better, deploy carers to patients or support better domiciliary care away from hospitals. (p81)

LABOUR

- Increase the social care budgets by a further £8 billion over the lifetime of the next Parliament, including an additional £1 billion for the first year. (p71)

- Implement the principles of the Ethical Care Charter, already adopted in 28 council areas, ending 15-minute care visits and providing care workers with paid travel time, access to training and an option to choose regular hours. (p71)

- Increase the Carer’s Allowance for unpaid full-time carers to align the benefit with rates of the Jobseeker’s Allowance. (p56 & p71)

LIBERAL DEMOCRATS

- Finish the job of implementing a cap on the cost of social care. (p20)

- Move towards single place-based budgets for health and social care by 2020, allowing local areas to decide how best to provide the full spectrum of care for their community. (p20)

- Ensure those who work in the social care sector are properly trained, with accessible career pathways, and are suitable to practice by introducing a statutory code of conduct backed up by a care workers’ suitability register. (p20)

- Raise the amount people can earn before losing Carer’s Allowance from £110 to £150 a week, and reduce the number of hours’ care per week required to qualify. (p20)

- Give the NHS a legal duty to identify carers and develop a Carer’s Passport scheme to inform carers of their NHS rights, such as flexible visiting hours and access to support. (p20)

- Evaluate the valuable work of hospices with a view to putting them on a more sustainable financial footing and allowing them to expand their services. (p20)

UKIP

- An additional £2 billion for social care will fully utilise the savings we will make from the foreign aid budget. (p18)

- Reverse the cuts to care budgets. UKIP will put back money the Conservatives have removed, investing up to £2 billion every year into social care. (p30)

- Establish a Department for Health and Care, and create a sustainably funded social care system assimilated into the NHS. (p20)

- Prioritise early intervention schemes and community-based models of care that promote independence and wellbeing, such as supported living arrangements. Institutional and acute care models should be a last-resort. (p30)
• Continue to pay Attendance Allowance for all people over the age of 65 who need help with personal care, including new claimants, from central government funds. We reject Conservative proposals that this benefit should be funded locally for all new claimants. (p30)

• Address the culture of long hours, low pay and perceived low status that leads to high [care] staff turnover. (p30)

• UKIP will not allow the NHS, or third parties under contract to local authorities, to employ home care workers on zero hours contracts. Workers must also be paid for travelling time to prevent their being paid less than the minimum or living wage. (p30)

• Make sure those with on-going health care needs choose where they wish to live, unless they are unable to make that choice themselves, or care at home becomes unviable. (p30)

• Protect services such as meals-on-wheels, luncheon clubs, day care services and home care. (p30)

• Fund a pro-active co-ordinating service for older and disabled people in every county to combat loneliness, combining resources from across the NHS, social services and the voluntary sector. (p30)

• Introduce a legally binding Dignity Code to improve the quality and standard of care for older people in hospital, care homes or their own home, and protect whistleblowers. (p30)

• Give carers an extra five days’ paid holiday each year, and increasing Carer’s Allowance from £62.70 per week to £73.10 a week, to match the higher level of Job Seeker’s Allowance. (p31)

• Improve carers’ access to support by sharing information on benefit and social care entitlements and on support groups across all public services. (p31)

**GREEN PARTY**

• Major investment in social care for the elderly and all those who need it. (p11)

• Bring energy, water, railways, buses, the Royal Mail and care work back into public ownership to give communities real control of the public services that has been lost over the past 30 years. (p11)

• Redress pension injustice, with a pensions system for everyone and action to enable older people to continue to be active members of society. (p11)

**Public health**

**CONSERVATIVES**

• Support NHS dentistry to improve coverage and reform contracts so that we pay for better outcomes, particularly for deprived children. (p68)

• Empower patients, giving them a greater role in their own treatment and use technology to put care at their convenience. (p68)

• Continue to take action to reduce obesity and support our National Diabetes Prevention Programme. (p69)

• Set new standards in some priority areas and also improve our response to historically underfunded and poorly understood disease groups. (p69)

• Continue to take action to reduce childhood obesity. (p72)
• Promote efforts to reduce unhealthy ingredients and provide clearer food information for consumers, as our decision to leave the European Union will give us greater flexibility over the presentation of information on packaged food. (p72)
• Continue to support school sport, delivering on our commitment to double support for sports in primary schools. (p72)

LABOUR
• Ensure that everyone with a long-term condition, such as those with diabetes, will have the right to a specialised care plan, and access to condition-management education. (p66)
• Ensure that NHS England completes the trial programme to provide PrEP (pre-exposure prophylaxis) as quickly as possible, and fully roll out the treatment to high-risk groups to help reduce HIV infection. (p67)
• Take action to significantly reduce infant deaths and to ensure all families who lose a baby receive appropriate bereavement support. (p67)
• Invest in children’s health, bringing in a new government ambition for our children to be the healthiest in the world. (p67)
• Fight health inequalities to break the scandalous link between child ill-health and poverty. (p67)
• Introduce a new Index of Child Health to measure progress against international standards, and report annually against four key indicators: obesity, dental health, under-fives and mental health. (p67)
• Set up a new £250 million Children’s Health Fund. (p67)
• Increase the number of health visitors and school nurses. (p67)
• Publish a new childhood obesity strategy within the first 100 days, with proposals on advertising and food labelling. (p67)
• Make a concerted effort to address poor childhood oral health in England. (p68)
• Implement the Soft Drinks Industry Levy. (p68)
• Implement a strategy for the children of alcoholics based on recommendations drawn up by independent experts. (p68)
• Implement a Tobacco Control Plan, focusing on issues of mental health and young smokers. (p68)
• Work with communities, civil society and business to reduce loneliness. (p68)
• Address historic public health injustices. (p68)
• Hold a public enquiry into contaminated blood. (p68)
• Maintain our commitment to improve sexual-health services, especially HIV services which will include reducing the rates of undiagnosed and late diagnosed HIV, ending the stigma of HIV in society, and promoting the increased availability of testing and treatment. (p68)
• Invest in new public-health driven research and development to find effective and affordable treatments for diseases in the developing world, including fighting TB, malaria, HIV/AIDS and neglected tropical diseases. (p123)
**LIBERAL DEMOCRATS**

- Remodel the health care funding system to eliminate perverse incentives, by moving away from payments for activity and introducing tariffs that encourage joined-up services and promote improved outcomes for patients and better preventive care. (p20)
- Move towards a health and social care system that empowers and encourages people to better manage their own health and conditions and to live healthier lives. (p21)
- Publish a National Wellbeing Strategy, which puts better health and wellbeing for all at the heart of government policy. (p21)
- Make Pre-Exposure Prophylaxis (PrEP) for HIV prevention available on the NHS. (p22)
- Support effective public awareness campaigns such as Be Clear on Cancer and learn from what works when designing new health promotion campaigns to change behaviour. (p21)
- Keep public health within local government, where it is effectively joined up with preventive community services, and reinstate the funding cut from public health budgets by the Conservatives. (p21)
- Develop a strategy to tackle childhood obesity, including restricting the marketing of junk food to children, restricting TV advertising before the 9pm watershed and closing loopholes in the sugary drinks tax. (p21)
- Encourage the traffic-light labelling system for food products and publication of information on calorie, fat, sugar and salt content in restaurants and takeaways. (p22)
- Introduce mandatory targets on sugar reduction for food and drink producers. (p22)
- Reduce smoking rates, introducing a levy on tobacco companies so they fairly contribute to the costs of health care and smoking cessation services. (p22)
- Introduce minimum unit pricing for alcohol, subject to the final outcome of the legal challenge in Scotland. (p22)
- Develop a public health campaign promoting the steps people can take to improve their own mental resilience – the wellbeing equivalent of the ‘Five a Day’ campaign. (p22)
- Support good practice among employers in promoting wellbeing and ensure people with mental health problems get the help they need to stay in or find work, with a ‘wellbeing premium’ to reward employers who take clear action to measurably improve the health of their employees. (p22)
- Address period poverty by providing free sanitary products to girls at school. (p71)

**UKIP**

- Remove VAT from women’s sanitary products. (p11)

**GREEN PARTY**

- Push for a public health system free for all. (p1)
- Improve young people’s access to basic but vital health needs, by providing more funding for sexual health awareness campaigns, providing greater access to free condoms and sexual health clinics. (p15)
• Removing VAT from sanitary products and ensuring that they are provided free of charge to those in extreme financial need. (p15)
• Help end the public health crisis caused by air pollution by increasing incentives to take diesel vehicles off the roads. (p23)

Mental health

CONSERVATIVES
• Address the need for better treatments across the whole spectrum of mental health conditions. (p57)
• Make the UK the leading research and technology economy in the world for mental health, bringing together public, private and charitable investment. (p57)
• Reform outdated laws to ensure that those with mental illness are treated fairly and employers fulfil their responsibilities effectively. (p57)
• Introduce the first new Mental Health Bill for thirty-five years, putting parity of esteem at the heart of treatment. (p57)
• Transform how mental health is regarded in the workplace. (p57)
• Amend health and safety regulations so that employers provide appropriate first aid training and needs assessment for mental health, as they currently do for risks to physical health, and extend Equalities Act protections against discrimination to mental health conditions that are episodic and fluctuating. (p57)
• Consider the findings of the Stevenson-Farmer Review into workplace mental health support, working with employers to encourage new products and incentives to improve the mental health and wellbeing support available to their employees. (p57)
• Train one million members of the public in basic mental health awareness and first aid to break the stigma of mental illness. (p57)
• Introduce new services for employees to give them the support they need, including quicker access to mental health and musculoskeletal services. (p68)
• Recruit up to 10,000 more mental health professionals. (p69)
• Require all our medical staff to have a deeper understanding of mental health and all trainees will get a chance to experience working in mental health disciplines. (p69)
• Ensure medical exams better reflect the importance of this area. (p69)
• Improve the co-ordination of mental health services with other local services, including police forces and drug and alcohol rehabilitation services. (p70)
• Publish a green paper on young people’s mental health before the end of this year. (p72)
• Introduce mental health first aid training for teachers in every primary and secondary school by the end of the parliament and ensure that every school has a single point of contact with mental health services. (p72)
• Every child will learn about mental wellbeing and the mental health risks of internet harms in the curriculum. (p73)
• Reform Child and Adolescent Mental Health Services so that children with serious conditions are seen within an appropriate timeframe and no child has to leave their local area and their family to receive normal treatment. (p73)

LABOUR
• Ringfence mental health budgets and ensure funding reaches the frontline. (p73)
• End the scandal of children being treated on adult mental health wards and stop people being sent across the country, away from their support networks, to secure the treatment they need by bringing forward the ending of out-of-area placements to 2019. (p73)
• Bring an end to the neglect of children’s mental health. (p73)
• Invest in early intervention by increasing the proportion of mental health budgets spent on support for children and young people. (p73)
• Ensure that access to a counselling service is available for all children in secondary schools. (p73)
• Ask the National Institute for Health and Care Excellence (NICE) to evaluate the potential for increasing the range of evidence-based psychological therapies on offer. (p73)

LIBERAL DEMOCRATS
• Ringfence funding from within the one penny Income Tax rise, to provide additional investment in mental health. (p18)
• Continue to roll out access and waiting time standards for children, young people and adults. This will include a guarantee that people will not wait more than six weeks for therapy for depression or anxiety and no young person will wait more than two weeks for treatment when they experience a first episode of psychosis. (p18)
• Increase access to clinically- and cost-effective talking therapies so that hundreds of thousands more people can receive this support. (p18)
• Examine the case for introducing a dedicated service for children and young people based on the Australian ‘headspace’ model and building on many excellent youth information, advice and counselling services. (p18)
• Transform mental health support for pregnant women, new mothers and those who have experienced miscarriage or stillbirth, and help them get early care when needed. (p18)
• Continue to promote and invest in the Frontline programme to fast-track exceptional graduates into children’s social work, as well as the Think Ahead scheme aimed at encouraging high-achieving graduates to pursue a career in mental health social work. (p18)
• Ensure that no one in crisis is turned away, with new waiting time standards and better crisis care in accident and emergency departments, in the community and via phone lines. (p18)
• End the use of police cells for people facing a mental health crisis. (p18)
• End out-of-area placements, ensuring those admitted to hospital for mental ill-health are able to be treated close to home. (p19)
• Ensure that all front-line public service professionals, including in schools and universities, receive better training in mental health. (p19)
• Roll out the Liaison and Diversion programme nationally, helping to identify people who have mental health problems, learning disabilities, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system. (p19)

• Tackle stigma against mental ill-health, including by building on the good work done by organisations such as Heads Together and changing the standard of proof in suicide conclusions in the Coroner’s Court. (p19)

• Ensure that LGBT+ inclusive mental health services receive funding and support. (p19)

• Accelerate the roll-out of Individual Placement and Support, a proven approach to getting people with mental ill-health back into work. (p59)

UKIP

• Increase planned spending on mental health services by at least £500 million every year. This sum could fund 6,000 clinical psychologists to see 500,000 more adults and young people every year. (p5 & p21)

• Cut [mental health] waiting times – 28 days should be the maximum. (p22)

• Close the gaps between child and adult, and physical and mental care services – there should be a smooth transition between these sectors with professionals sharing best practice and having a central point of communication. (p22)

• Get [mental health] funding to the right place – National funding earmarked for mental health services is often being diverted to other NHS services. This must stop. (p22)

• Integrate mental health training into the teacher-training syllabus and develop a national school-based counselling strategy for England, on a par with Wales and Northern Ireland. Specialist counselling services will be available in all secondary schools. (p22)

• Introduce emotional health and wellbeing into the Ofsted inspection framework. (p22)

• Encourage schools to invite specialist support organisations into school. (p22)

• To encourage serving personnel and veterans to report mental health issues, receive a diagnosis and access services, UKIP will integrate mental wellbeing monitoring into existing medical examinations for serving armed forces personnel in potentially traumatic or ‘at risk’ roles [and] extend the period during which discharged service personnel are able to access the specialist DMHS scheme from six months to two years. (p23)

• Provide direct access to specialist mental health treatment for all pregnant women and mothers of children under 12 months of age. (p23)

• Address and treat the strong link between addiction and mental illness. (p23)

• End the postcode lottery for psychiatric liaison services in acute hospitals and A&E departments. (p23)
GREEN PARTY
• Bring mental health care in line with physical health care and ensure people experiencing mental health crises are supported close to their home and support networks. (p11)
• Introduce mental health awareness training within the public sector and encourage a more open dialogue on the issue in wider society. (p11)

Sustainability and Transformation Plans

CONSERVATIVES
• Back the implementation of the plan at a local level, through the Sustainability and Transformation Plans, providing they are clinically led and locally supported. (p67)

LABOUR
• Halt and review the NHS ‘Sustainability and Transformation Plans’. (p69)
• Ask local people to participate in the redrawing of plans with a focus on patient need rather than available finances. (p69)
• Create a new quality, safety and excellence regulator – to be called ‘NHS Excellence’. (p69)

GREEN PARTY
• Scrap NHS Sustainability and Transformation Plans. (p11)

Funding, staffing and structure

CONSERVATIVES
• Means-test Winter Fuel Payments focusing assistance on the least well-off pensioners, who are most at risk of fuel poverty. The money released will be transferred directly to health and social care, helping to provide dignity and care to the most vulnerable pensioners and reassurance to their families. (p66)
• Increase NHS spending by a minimum of £8 billion in real terms over the next five years, delivering an increase in real funding per head of the population for every year of the parliament. (p66)
• Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs. (p66)
• Make it a priority in our negotiations with the European Union that the 140,000 staff from EU countries can carry on making their vital contribution to our health and care system. (p66)
• Continue investment to ensure the increase in the number of students in medical training of 1,500 a year. (p66)
• Ensure that the NHS has the buildings and technology it needs to deliver care properly and efficiently. (p67)
• Enable more care to be delivered closer to home, by building and upgrading primary care facilities, mental health clinics and hospitals in every part of England. (p67)
Recover the cost of medical treatment from people not resident in the UK. (p67)

Ensure that new NHS numbers are not issued to patients until their eligibility has been verified. (p67)

Increase the Immigration Health Surcharge, to £600 for migrant workers and £450 for international students, to cover their use of the NHS. (p67)

Reform medical education, including helping universities and local health systems work closer together to develop the roles and skills needed to serve patients. (p68)

Further expand the use of personal budgets. (p69)

Retain the 95 per cent A&E target and the 18-week elective care standard so that those needing care receive it in a timely fashion. (p69)

Work towards a new model of community care that takes into account not only primary care but also social care and mental health. (p66)

Increase funding to GP services to ensure patients can access the care they need. (p66)

Halt pharmacy cuts and review provision to ensure all patients have access to pharmacy services, particularly in deprived or remote communities. (p66)

Fund free parking in NHS England for patients, staff and visitors – by increasing the tax on private medical insurance premiums. (p67)

Invest in our health and care workforce. (p68)

Scrap the NHS pay cap, put pay decisions back into the hands of the independent pay review body and give our NHS workers the pay they deserve. (p68)

Protect patients and legislate to ensure safe staffing levels in the NHS. (p68)

Re-introduce bursaries and funding for health-related degrees. (p68)

Invest in the training, education and development of doctors throughout their careers. (p68)

 Guarantee the rights of EU staff working in our health and care services. (p68)

Support NHS whistleblowers to make sure health service staff are able to speak up in support of the best possible standards for patients. (p68)

Make it an aggravated criminal offence to attack NHS staff. (p68)

Reverse privatisation of our NHS and return our health service into expert public control. (p69)

Repeal the Health and Social Care Act that puts profits before patients, and make the NHS the preferred provider. (p69)

Reinstate the powers of the Secretary of State for Health to have overall responsibility for the NHS. (p69)
• Introduce a new legal duty on the Secretary of State and on NHS England to ensure that excess private profits are not made out of the NHS at the expense of patient care. (p69)

• In their first term, Labour will lay the foundations of a National Care Service for England. The National Care Service will be built alongside the NHS, with a shared requirement for single commissioning, partnership arrangements, pooled budgets and joint working arrangements. We will build capacity to move quickly towards a joined-up service that will signpost users to all the appropriate services at the gateway through which they arrive. (p71)

• In its first years, the [National Care] service will require an additional £3 billion of public funds every year, enough to place a maximum limit on lifetime personal contributions to care costs, raise the asset threshold below which people are entitled to state support, and provide free end of life care. (p71)

• Seek consensus on a cross-party basis about how it [the National Care Service] should be funded, with options including wealth taxes, an employer care contribution or a new social care levy. (p71)

• Ensure all frontline health and social care professionals receive ongoing training to understand and meet the needs of LGBT patients and service users. (p111)

**LIBERAL DEMOCRATS**

• An immediate 1p rise on the basic, higher and additional rates of Income Tax to raise £6 billion additional revenue, which would be ringfenced to be spent only on NHS and social care services. (p16)

• Direct this additional investment to the following priority areas in the health and care system: social care, primary care (and other out-of-hospital care), mental health and public health. (p16)

• In the longer term and as a replacement for the 1p Income Tax rise, commission the development of a dedicated health and care tax on the basis of wide consultation, possibly based on a reform of National Insurance contributions, which will bring together spending on both services into a collective budget and set out transparently, on people’s payslips, what we spend on them. (p16)

• Establish a cross-party health and social care convention, bringing together stakeholders from all political parties, patients groups, the public and professionals from within the health and social care system to carry out a comprehensive review of the longer-term sustainability of the health and social care finances and workforce, and the practicalities of greater integration. Devolved administrations would be invited to be a part of this work. (p17)

• Introduce a statutory independent budget monitoring agency for health and care, similar to the Office for Budget Responsibility. This would report every three years on how much money the system needs to deliver safe and sustainable treatment and care, and how much is needed to meet the costs of projected increases in demand and any new initiatives. (p17)
MANIFESTO POLICY PROPOSALS
HEALTH AND SOCIAL CARE

- The Longer-term objective will be to bring together NHS and social care into one seamless service – pooling budgets in every area by 2020 and developing integrated care organisations. (p17)
- Guarantee the rights of all NHS and social care service staff who are EU nationals to stay in the UK. (p17)
- Support innovation in how organisations can empower staff and patients, including learning from innovative social enterprises delivering community and mental health services. (p17)
- Produce a national workforce strategy, ensuring that we never again experience a shortage in the numbers of GPs, hospital doctors, nurses and other professionals that the NHS needs. (p18)
- Remodel the health care funding system to eliminate perverse incentives, by moving away from payments for activity and introducing tariffs that encourage joined-up services and promote improved outcomes for patients and better preventive care. (p20)
- Use innovation funding to promote GP-led multidisciplinary health and care hubs, including mobile services to keep people out of hospital. (p21)
- Improve links between Jobcentres and Work Programme providers and the local NHS to ensure all those in receipt of health-related benefits are getting the care and support to which they are entitled. (p59)

UKIP

- The NHS desperately needs additional funds. UKIP will provide NHS England with an additional £9 billion a year by 2021/22. (p18)
- Lift the cap on medical school training places from 7,500 to 10,000 and make sure no suitable ‘A’ grade student fails to get a place. Provided medical students commit to working within the NHS for at least ten out of the fifteen years after they qualify, we will cover the cost of all their tuition fees. (p19)
- Raising the cap on medical school places will help deliver the 10,000 additional GPs the profession needs by 2025. (p19)
- Fund the cost of streamlined ‘return to practice’ training, and encourage retired GPs or GPs with small children to work part-time or in job-share schemes. For doctors who have worked overseas, we will make re-registering with the UK General Medical Council much easier by recognising comparable qualifications, experience, and accreditation. (p19)
- Fund additional support staff such as physician associates, clinical pharmacists and health visitors in GP surgeries, and allow practices to operate a wider range of clinics, including minor surgery, where feasible. (p19)
- Increase the number of nurse training placements, reinstate funding for bursaries to cover nursing, midwifery and allied health professions’ tuition and accommodation costs, and cover the cost of re-training for nurses who have taken career breaks. (p.19)
- End the use of PFI contracts within the NHS. (p20)
- Some 167,000 EU nationals work in the health and social care. UKIP has no hesitation in guaranteeing their right to remain here, whatever the EU decides with regard to the rights of British citizens overseas. (p20)
• Establish a Royal Commission to find a way forward that allows the NHS to hold fast to its values while meeting the challenges of the future. (p20)
• Scrap EU Legislation that has hindered the NHS such as the Clinical Trial Directive and the Working Time Directive. (p20)

GREEN PARTY
• Stand up for the NHS - we want it to be protected not privatised. (p11)
• Roll back privatisation of the NHS to ensure that all health and dental services are always publicly provided and funded, and free at the point of access, via the introduction of an NHS Reinstatement Act. (p11)
• Close the NHS spending gap and provide an immediate cash injection, to ensure everyone can access a GP, hospitals can run properly, and staff are fairly paid. (p11)
• Increase funding for local authorities so they can provide good quality public services and invest in our communities, creating thousands of jobs. A single budget covering health and social services, to make life easier for people who need to access several types of service. (p11)
• Review the effectiveness of how public services are structured, sensitive to the needs of all people, including assessment of how care is provided at the transition age of 18. (p11)

Access, accountability and transparency

CONSERVATIVES
• Support pharmacies in rural areas. (p26)
• Ensure that commissioners sit on local health and wellbeing boards, enabling better co-ordination of crime prevention with local drug and alcohol and mental health services. (p45)
• Implement the recommendations of the Accelerated Access Review. (p67)
• Hold NHS England’s leaders to account for delivering their plan to improve patient care. If the current legislative landscape is either slowing implementation or preventing clear national or local accountability, we will consult and make the necessary legislative changes. (p67)
• Review the operation of the internal market and, in time for the start of the 2018 financial year, we will make non-legislative changes to remove barriers to the integration of care. (p67)
• Support GPs to deliver innovative services that better meet patients’ needs, including phone and on-line consultations and the use of technology to triage people better so they see the right clinician more quickly. (p67)
• Support more integrated working, including ensuring community pharmacies can play a stronger role to keep people healthy outside hospital within the wider health system. (p68)
• Ensure patients have the information they need to understand local services and hold them to account. (p68)
• Make clinical outcomes more transparent so that clinicians and frontline staff can learn more easily from the best units and practices, and where there is clear evidence of poor patient outcomes, we will take rapid corrective action. (p68)

• Extend the scope of the CQC to cover the health-related services commissioned by local authorities. (p69)

**LABOUR**

• By guaranteeing access to treatment within 18 weeks, we will take one million people off NHS waiting lists by the end of the next Parliament. (p66)

• Guarantee that patients can be seen in A&E within four hours. (p66)

• By properly resourcing ambulance services, we will end the scandal of slowing ambulance-response times. (p66)

• Guarantee and uphold the standards of service to which patients are legally entitled under the NHS constitution. (p66)

**LIBERAL DEMOCRATS**

• Ensure that any changes to the way pharmacies are funded do not leave local areas without reasonable access to a community pharmacist. (p21)

• Review the rules for exemption from prescription charges to ensure they are fair to those with long-term conditions and disabilities. (p21)

**UKIP**

• Launch the toughest ever crackdown on ineligible foreign nationals using our NHS. Only British citizens or foreign nationals who have paid UK taxes for at least five consecutive years will be eligible for non-urgent NHS care. Anyone else must provide evidence of comprehensive medical insurance before being allowed to enter Britain and maintain that insurance for the duration of their stay. Urgent care will continue to be provided to all in need. (p20)

• Limit the amount that can be spent on an external management consultancy contract to £50,000. The annual £589 million cost is far too high. (p20)

• Scrap hospital car parking charges in England. (p20)

• Abolish the Care Quality Commission, which has caused a vicious circle of misery. We aim to foster a culture of openness, honesty and challenge, not one of blame, shame and sanction. Our new inspection regime will include greater public accountability, extra protection for whistle-blowers, and increased scrutiny. (p20)

**GREEN PARTY**

• End the sale of personal data, such as health or tax records, for commercial or other ends. (p21)
Disabilities

**CONSERVATIVES**

- Improve standards of care for those with learning disabilities. (p70)
- Reduce stigma and discrimination and implement in full the Transforming Care Programme. (p70)
- Build on the proud Conservative record in supporting those with disabilities, including the landmark Disability Discrimination Act of 1995. (p57)
- Want to see attitudes to disability shift as they have for race, gender and sexuality in recent years: it should be completely unacceptable for people with disabilities to be treated negatively. (p57)
- Get 1 million more people with disabilities into employment over the next ten years. (p57)
- Harness the opportunities of flexible working and the digital economy to generate jobs for those whose disabilities make traditional work difficult. (p57)
- Give employers the advice and support they need to hire and retain disabled people and those with health conditions. (p57)
- Continue to ensure a sustainable welfare system, with help targeted at those who need it most. We will legislate to give unemployed disabled claimants or those with a health condition personalised and tailored employment support. (p57)
- Review disabled people’s access and amend regulations if necessary to improve disabled access to licensed premises, parking and housing. (p58)
- Work with providers of everyday essential services, like energy and telecoms, to reduce the extra costs that disability can incur. (p58)
- For businesses employing former wards of the care system, someone with a disability, those with chronic mental health problems, those who have committed a crime but who have repaid their debt to society, and those who have been unemployed for over a year, we will offer a holiday on their employers’ National Insurance Contributions for a full year. (p54)

**LABOUR**

- Make sure that autistic people are able to access the whole of their community and to put an end to social isolation – set the ambition to make our country autism-friendly. (p66)
- Remove the barriers in society that restrict opportunities and choices for people with disabilities. (p56)
- Incorporate the UN Convention on the Rights of Persons with Disabilities into UK law. (p56)
- Strengthen access to justice for people with disabilities by enhancing the 2010 Equality Act, enabling discrimination at work to be challenged. (p57)
- Ensure that under the Istanbul Convention, disability hate crime and violence against women with disabilities is reported annually, with national actions plans to address these issues. (p57)
- Push sports authorities to make rapid improvements on access provision for fans with disabilities. (p99)
• Act to tackle discrimination, remove barriers and ensure social security delivers dignity and empowerment, not isolation and stigma. (p113)
• Work with employers, trade unions and public services to improve awareness of neurodiversity in the workplace and in society. (p113)
• Give British Sign Language full recognition as a recognised language. (p113)

**LIBERAL DEMOCRATS**

• Roll out the Liaison and Diversion programme nationally, helping to identify people who have mental health problems, learning disabilities, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system. (p19)
• Increase accessibility to public places and transport by making more stations wheelchair accessible, improving the legislative framework governing blue badges, setting up a benchmarking standard for accessible cities, and bringing into effect the provisions of the 2010 Equality Act on discrimination by private hire vehicles and taxis. (p71)

**UKIP**

• Fund a pro-active co-ordinating service for disabled people in every county to combat loneliness, combining resources from across the NHS, social services and the voluntary sector. (p30)
• UKIP will not cut disability benefits. (p31)

• Reform [Work Capability Assessments] in consultation with disabled people and disability charities. They must accurately assess the barriers faced by disabled people to enter employment, and indicate what specialist employment support will be needed for those who are ready for work. (p31)
• All disabled learners must have the legal right to attend either mainstream courses in mainstream education settings, or schools exclusively tailored to their needs. It should be their choice. To this end, we will reverse the policy of closing special schools, and ensure all other schools are accessible to disabled learners and that individual support is in place for each child. (p26)

**GREEN PARTY**

• Redress benefits injustice with a social security system that gives everyone confidence they will get support when they need it, including disabled people. (p11)
• Ensuring that every child with Special Educational Needs or Disability has access to a mainstream education, in accordance with the UN Convention for Persons with Disabilities. (p13)
• Significantly improve housing choice for D/deaf, disabled and older people by requiring all councils to appropriately plan for their housing needs and significantly increase the numbers of homes built to lifetime home and mobility standards over the next 5 years. (p17)
Cancer, diseases, new medicines and technologies

CONSERVATIVES

- Reduce loneliness and promote technological solutions to prolong independent living, and invest in dementia research. (p65)

- Give patients, via digital means or over the phone, the ability to book appointments, contact the 111 service, order repeat prescriptions, and access and update aspects of their care records, as well as control how their personal data is used. (p68)

- Continue to expand the number of NHS approved apps that can help monitor care and provide support for physical and mental health conditions. (p69)

- Pilot the live publication of waiting times data for A&Es and other urgent care services. (p69)

LABOUR

- Deliver the Cancer Strategy for England in full by 2020, helping 2.5 million people living with cancer. (p66)

- Tackle the growing problem of rationing of services and medicines across England, taking action to address ‘postcode lotteries’. (p66)

- Ensure all NHS patients get fast access to the most effective new drugs and treatments, and insist on value-for-money agreements with pharmaceutical companies. (p66)

- Hold a public inquiry into medicines, including Valproate, medical devices and medical products licensing and regulation. (p68)

LIBERAL DEMOCRATS

- Fight the threat Brexit poses to medical research funding. (p219)

- Support the principle that all medical trials using public facilities or resources should comply with the Open Trials standards and that a fair proportion of all public funding for medical research should be focused on research into mental ill-health. (p19)

- Favour the further development of open access academic journals. (p19)

- Move the departmental lead on drugs policy to the Department of Health. (p77)

- Invest to eliminate within a generation preventable diseases like TB, HIV and malaria and explore new ways to support research and development into vaccinations and treatment to combat these and other deadly diseases and infections. (p85)

UKIP

- Roll out a National Dementia Plan to recommend research and treatment priorities, and co-ordinate expertise. This plan will be developed in cooperation with multi-discipline dementia specialists to identify spending priorities and deliver a bold new programme of research, treatment, care and understanding. (p30)
• Treble the amount we allocated to dementia research and treatment in 2015, taking our total fresh funding pot to £400 million each year over the course of the next parliament. (p30)

End of Life Care

CONSERVATIVES
• Improve the care we give people at the end of life. (p70)
• Fulfil the commitment we made that every person should receive attentive, high quality, compassionate care. (p70)

LABOUR
• Ensure high-quality, personalised care for people approaching the end of their life, wherever and whenever they need it. (p67)

LIBERAL DEMOCRATS
• 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. (p20)
• Evaluate the valuable work of hospices with a view to putting them on a more sustainable financial footing and allowing them to expand their services. (p20)

UKIP
• Abolish the annual assessment process for continuing healthcare funding in respect of those suffering from a degenerative, terminal illness. (p30)

Armed Forces Covenant

CONSERVATIVES
• Support former members of the armed forces, who were willing to risk their lives for us, as they move into civilian life. We will maintain and strengthen the Armed Forces Covenant. (p42)
• Help veterans to start new careers by ensuring that the skills and qualifications they gained in service are recognised by civilian employers and by introducing a one year holiday on Employer National Insurance Contributions for firms hiring service personnel after they leave service. (p42)
• Improve the co-ordination of government services to veterans, including housing, employment and mental health services, by introducing a Veterans Board in the Cabinet Office. (p42)

LABOUR
• Ensure they [armed forces] get the pay and living conditions that their service merits. (p121)
• Drive up standards in Service Accommodation, and take action where private companies have failed to deliver. (p121)
• Consult with service personnel, giving them greater autonomy over their housing choices, and review and improve the Forces Help to Buy scheme. Personnel who are injured while serving should have prompt access to support and compensation. (p121)
• Resist any Conservative proposals to abolish the right to seek legal redress against the MoD where compensation claims cannot be otherwise settled. (p121)

• Promote greater awareness of the Armed Forces Covenant, seek greater consistency in its implementation by public authorities, and promote increased participation in the Corporate Covenant. (p121)

• Roll out a Homes Fit for Heroes programme that will insulate the homes of disabled veterans for free. (p121)

**LIBERAL DEMOCRATS**

• Support the Armed Forces Covenant and ongoing work to support veterans’ mental health. (p84)

• Improve the quality of service housing by bringing the Ministry of Defence into line with other landlords, giving tenants the same legal rights to repair and maintenance as private tenants. (p84)

**UKIP**

• Sign a new military covenant with our brave heroes. (p44)

• Create a new Veterans’ Administration, organisationally independent and financially separate from the Ministry of Defence. The Veterans’ Administration will have its own minister and work with existing veteran services and charities. It will provide a single point of contact for veterans in a range of fields: health care, housing, counselling, education and training, rehabilitation, hospital care, access to financial services, benefits and memorials. The department will also have responsibility for issues such as bereavement support, homelessness, drug and alcohol abuse and veterans’ mental health. (p46)

• The Veteran’s Administration will issue a veterans’ service card to ensure fast-track access to NHS and mental health care. (p46)

• No veteran should be homeless, let alone have to sleep rough on the street, yet this is happening because the Government is not enforcing a law stating military heroes must be offered homes. UKIP will enforce this law, and build eight halfway house veterans’ hostels, each with 200 rooms and modelled on similar hostels already in operation. We will also assign 500 affordable rent homes every year to ex-forces personnel. (p46)

• Guarantee a job in the police service, prison service or border force for anyone who has served in the Armed Forces for a minimum of 12 years. Our ‘Boots to Business’ policy will help ex-service personnel set up their own businesses by offering loans, grants, free professional advice and mentoring to any veteran who wishes to pursue an entrepreneurial career after leaving the forces. (p46)

• Revise the Armed Forces’ terms of service, to ensure personnel on operational duty overseas do not pay income tax. (p46)

• To encourage serving personnel and veterans to report mental health issues, receive a diagnosis and access services, UKIP will integrate mental wellbeing monitoring into existing medical examinations for serving armed forces personnel in potentially traumatic or ‘at risk’ roles [and] extend the period during which discharged service personnel are able to access the specialist DMHS scheme from six months to two years. (p23)
• Offer swift access to vital mental health services for patients diagnosed with debilitating long-term conditions and terminal illnesses. (p23)

Asylum and refugees

CONSERVATIVES
• Ensure Britain remains a place of sanctuary for refugees and asylum seekers. (p40)
• Wherever possible, the government will offer asylum and refuge to people in parts of the world affected by conflict and oppression, rather than to those who have made it to Britain. (p40)
• Work to reduce asylum claims made in Britain and increase the number of people we help in the most troubled regions. (p40)
• Continue to work with other countries in Europe, and the United Nations, to review the international legal definitions of asylum and refugee status. (p40)
• Make sure our councils get the help they need to deal with people as they arrive, and establish schemes to help individuals, charities, faith groups, churches and businesses to provide housing and other support for refugees. (p40)

LIBERAL DEMOCRATS
• Apply the asylum system fairly, efficiently and humanely, including the process for those who have no right to be here. Offer safe and legal routes to the UK for refugees to prevent them from making dangerous journeys, which too often result in the loss of life, for example via reform of family reunion rules to make it easier for refugees to join relatives already living in safety in the UK. (p78)
• Expand the Syrian Vulnerable Persons Resettlement Scheme to offer sanctuary to 50,000 people over the lifetime of the next parliament. (p78)
• Re-open the Dubs unaccompanied child refugee scheme, ensuring Britain meets its responsibilities by taking in 3,000 unaccompanied refugee children. Liberal Democrats would offer these children indefinite leave to remain, meaning they will not be deported once they turn 18. (p78)
• End indefinite immigration detention by introducing a 28-day limit. (p78)
• Speed up the processing of asylum claims, reducing the time genuine refugees must wait before they can settle into life in the UK. (p78)
• Expect working-age asylum seekers who have waited more than six months for their claim to be processed to seek work like other benefit claimants, and only to receive benefits if they are unable to do so. (p78)

• Offer asylum to people fleeing countries where their sexual orientation or gender identification means that they risk imprisonment, torture or execution, and stop deporting people at risk to such countries. (p78)

**UKIP**

• All new migrants to Britain will be expected to make tax and national insurance contributions for at least five consecutive years before they become eligible to claim UK benefits, or access non-urgent NHS services, save for any exceptions stipulated by the Migration Control Commission, or if reciprocal healthcare arrangements are in place with their country of origin. All new entrants to the UK must have and maintain comprehensive private medical insurance for the duration of their stay, as a condition of their visa. (p33)

• Comply fully with the 1951 UN Convention Relating to the Status of Refugees, and honour our obligations to bona fide asylum seekers. (p33)

**GREEN PARTY**

• A humane immigration and asylum system that recognises and takes responsibility for Britain’s ongoing role in causing the flow of migrants worldwide. (p19)
For a copy in Braille, larger print or audio, please contact us on 020 7664 3000. We consider requests on an individual basis.