A Green New Deal for the NHS

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A Green New Deal for the NHS
Executive summary

S1. Inflicting neoliberal ideology on the health service has led to a downturn in care. We might almost describe PFI as a kind of toxic liability, as it has pushed more than one NHS trust into severe financial difficulties. So we need a recovery plan. The NHS needs an economic stimulus, but the money must be used for the right purpose – to benefit not the profiteers but the patients. To do this we need a Green approach, firmly grounded in the principle of care, putting people before profit. ***A Green New Deal for the NHS.***

S2. Private finance initiatives have led to such outrageous cases as a PFI consortium gaining a windfall profit of £95m at the expense of the taxpayer and the patient. PFI companies now hold around £12 billion of what should be public property, raking in over £1bn from the NHS every year. Also the health care market system, which increasingly follows the US model (which spends around 31% of its budget simply administering the system) diverts much-needed cash from front line care into unnecessary bureaucracy. So the ***Green New Deal for the NHS*** involves:

- An end to the health care market. Care is a service not a commodity.
- An end to the creeping privatisation of services and the sale of hospitals.
- A philosophy of health care as a service to those in need.

S3. It would cost £12bn to buy back the PFIs – but this would save around £1bn a year, based on the current unitary charge. Also we could save an estimated £1bn by getting rid of Independent Sector Treatment Centres, and a further £1bn or more from scrapping the health care market.

S4. On maternity services, we need a £500m stimulus to create a single-tier approach for all mothers:

1. A wider range of birth choices – including home birth for all women who want it.
2. All women to be entitled to support from a single midwife throughout each pregnancy.
3. A major recruitment drive for midwives.
4. Medical interventions to be significantly reduced.
5. Culture change throughout the NHS so that birth is treated as a normal event – not an illness – in which mothers is empowered and able to be in control.

S5. On dentistry, the ***Green New Deal for the NHS*** would input £1.8bn a year to restore the principle of dental care free at the point of access, with an end to the severe difficulties many people are now facing in attempting to find an NHS dentist.

S6. Improving the health service isn't just about wise spending and better access to services. The ***Green New Deal for the NHS*** would also improve the accountability of those services, along these lines:

- The NHS to be accountable to local government and thus to local people.
- An end to the purchaser/provider split so that public health, service planners and providers of care are under local government.
- The NHS to have centrally-defined minimum standards and national agreement on which treatments are available.
- Local people and clinicians to have a real say in how and where these services are delivered.

S7. Finally the Green New Deal for the NHS must restore and develop a culture of dignity and compassion in the UK's health service.

- Health services must meet the needs of patients, not the needs of the market and corporate shareholders.
- Maternity care must meet the needs of women and their babies.
- Patients suffering with poor mental health must get a real say in the way they are treated. They must be told their diagnosis and must be able to set advance directives that spell out what types of care they want when they are ill.
- There must be legislation to prevent discrimination against people with mental illness.

Introduction

I1. “24 hours to save the NHS” was the mantra chanted by New Labour in 1997 after years of underfunding by the Conservatives, yet, despite an increase of 50% in funding in real terms, few improvements have been seen and many services are declining.

I2. One of the biggest concerns for people is the lack of access to dentistry. Dentistry should be one of the most fundamental health services, yet fewer and fewer people have access to NHS dentists and research by the Green Party has shown the majority of NHS dentists are not taking on new patients. Even those people who have an NHS dentist still have to pay for care that should be provided ‘free at the point of need’. Rather than providing dental care and education, the NHS is starting its roll out of fluoride in tap water, mass medicating people against their will.

I3. The government has systematically destroyed the ability of local people to have a real say in their local healthcare services. They put an end to Community Health Councils, replacing them firstly with Patient Forums and then Local Involvement Networks, reducing their effectiveness. At the same time local health care organisations have made increasingly controversial changes which people feel have been imposed on them. Neither councilors nor MPs are able to stop the majority of these changes.

I4. As we are all now well aware, Labour’s love affair with privatising services has been extended across the NHS. The Private Finance Initiative has seen billions of pounds of hospital buildings sold to private companies and then leased back to the NHS with huge profits for privateers. Core health care services have been given to private companies who make huge profits at the expense of local hospitals. The ‘Independent Sector Treatment Centres’ have seen local hospitals decline as ISTCs cherry pick profitable care. The country is now faced with GP practices being bought up by health care chains such as United Health, Virgin and Chilvers McRae.

I5. Dignity and compassion in health care has taken a battering. From the appalling state of maternity services with expectant mothers being turned away at the door, through to discrimination against people with mental health problems and against older people, the NHS lacks compassion and care across the spectrum of its services.

I6. This report examines these core aspects of health care and suggests how the NHS can improve its services to those in need.

1. Maternity services

1.1 It has long been a criticism of NHS maternity services that too little information about birth choices is available; that too few doctors are prepared to support home births; that the natural process of giving birth has been excessively "medicalised," to the point where many women feel disempowered, and potentially risky interventions that could be avoided have become far too commonplace.

In reviewing policy on maternity services, the Green Party's 2009 spring conference was told:

- In 25% of NHS trusts intervention rates are double the targeted rates.
- The proportion of women giving birth by caesarian section remains at twice the target rate suggested by the World Health Organization.
- The bill for medical negligence in childbirth rose almost 60% from 2005 and 2007.
- There is a severe shortage of midwives within the NHS.
- NHS maternity services need to change direction towards midwife-led, women-centred services that provides medical interventions only when necessary.

1.2 A Green government's approach to maternity care would start by empowering women. We must ensure that women are given the information they need to make appropriate choices about how they wish to give birth. We must make sure that a full range of options, including home birth and a range of styles of hospital delivery, is made available to all women.

On 15 April 2009, a study was published in the *British Obstetrics and Gynaecology Journal* showing that home-birth is no more dangerous than hospital birth, for "normal" pregnancies – something Greens had long claimed, and which was now demonstrated in a study of half a million births in the Netherlands.[1]

1.3 We must work to reduce the number of interventions in childbirth. This will mean changing the culture of the NHS so that birth is treated as a normal event, in which mothers are empowered and able to be in control.

1.4 It should not be the case that the proper degree of maternity care is available only to families who can afford to pay privately. All women must be entitled to the standard of care currently provided by independent midwives and the best practice recognised by midwives themselves. This must include the care of a single midwife through pre-natal care, birth and the first month of post-natal care.

1.5 To make this possible, we need strong initiatives to improve recruitment and retention of midwives. We must ensure that terms and conditions for midwives are improved; that we increase investment in midwifery services, including specific funding for midwife training along with targeted recruitment drives.

1.6 We must ensure that the culture of midwifery services is supportive for both mothers and midwives. All women and their partners should be offered a full range of psychological support after birth to help deal with trauma and post-natal depression. Baby clinics must be open for adequate hours, so that women can get access to health visitors and parents can take their babies for regular check-ups at a location and time that is convenient for them.

1.7 Maternity units should be sufficient in number and located so that all women are within reasonable reach of one. Special Care Baby units should be expanded in line with the increasing number of babies that need intensive care, but special attention must also be given to preventive efforts to reduce the number of low birth weight and other problems that contribute to this need. Funds allocated for maternity services should be ringfenced to ensure that they are used for the intended purpose.

1.8 Throughout maternity services the focus must be on compassion and on providing a safe, supportive environment. Complaints must be treated with sympathy, and systems arranged to ensure that complaints can be registered easily and are investigated properly, challenging the “conspiracy of silence” that discourages women from speaking about their traumatic experiences for fear of frightening other women.

1.9 The NHS document *Maternity Matters* promised big improvements to maternity services[2]. It appears almost none of the money envisaged has hit the front line. It would be reasonable to estimate that the improvements proposed here could be introduced for around £500m more, which must be ringfenced.

2. Dental Health

2.1 According the World Health Organization: “Oral health is integral to general health”[3], yet unlike most health care in the UK, access to dentistry is not free at the point of need and access to NHS dentists is poor and worsening.

2.2 Not only are most patients required to pay for dental health care, good dental health requires regular check ups for most of a person’s life. With even NHS dentists charging for care, we think this breaks the fundamental principle of the NHS by not being free at the point of need. Principle 1 of the NHS Constitution[4] states: “The NHS provides a comprehensive service, available to all” and Principle 2 says: “Access to NHS services is based on clinical need, not an individual’s ability to pay.” So why does Labour still think that we should pay for basic dental care?

2.3 A recent survey by Which found that 8% of the population have had to resort to doing their own dentistry with one in four of these attempting to pull their own teeth with pliers[5]. This is simply not acceptable. The government claims that access to NHS dentistry is improving, but its own figures show otherwise[6].

2.4 NHS dentistry charges are a regressive tax, hitting the poor hardest and preventing many from getting dental care. A twice-yearly check up costs £32.80 assuming that no other intervention is needed. In 2007/08 people in England paid £531 million in NHS dentist charges[7].

2.5 The dental service received £2.1 billion of direct funding in 2007/08. If the current NHS dental service were provided free at the point of use, the total cost to the NHS would increase by £531m to a total of £2.6 billion.

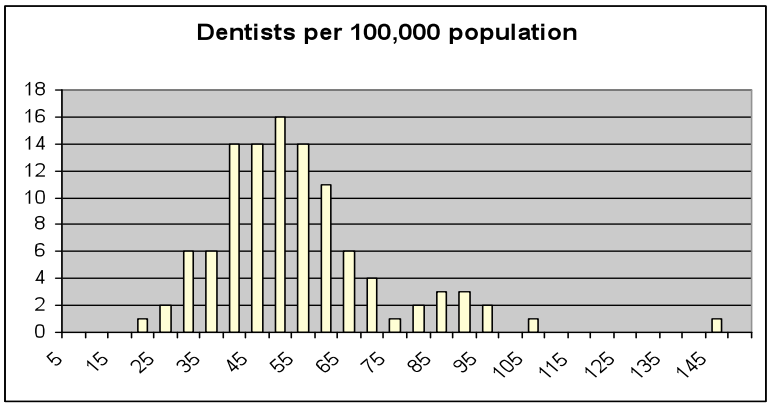
In January 2009, The Green Party sent Freedom of Information requests to every Primary Care Trust in England asking for the number of NHS dentists and how many dental surgeries are taking on new patients in their area. 114 out of 152 PCTs responded.

2.6 Even access to NHS dentistry is difficult. There is wide variation of access across the country, with evidence obtained by the Green Party under the Freedom of Information Act showing that:

- Between 55% and 60% of NHS practices are not taking new NHS patients
- A wide variation in access to NHS dentists across the country with some Primary Care Trusts having no NHS dentists taking on new patients.

2.7 Further research by the Green Party using the Freedom of Information Act has revealed a wide variation in the number of NHS dentists per 100,000 people. Table 1 below, shows just how varied provision is with most areas having around 55 dentists per 100,000 people, but some having as few as 25 and others over 100. We believe that access to dentists should not depend on where you live.

Table 1:



2.8 The percentage of adults who visited NHS dentists within the previous 24 months[7] has fallen from 51.6% in March 2006 to 48.3% in June 2008 (All patients, inc. children: 55.8% to 52.7%). This means that less than half of the adult population is accessing NHS dentistry and the numbers are continuing to decline.

2.9 The percentage of children who visited NHS dentists within the previous 24 months has fallen from 70.7% in March 2006 to 69.0% in June 2008. Only around two thirds of children are visiting NHS dentists.

2.10 While the very lowest percentages are found in affluent areas (in Kensington and Chelsea only 28.8% of adults use NHS dentists), there are areas of much higher deprivation with NHS dental access such as Hackney with 36.8% and Tower Hamlets with 44.1%.

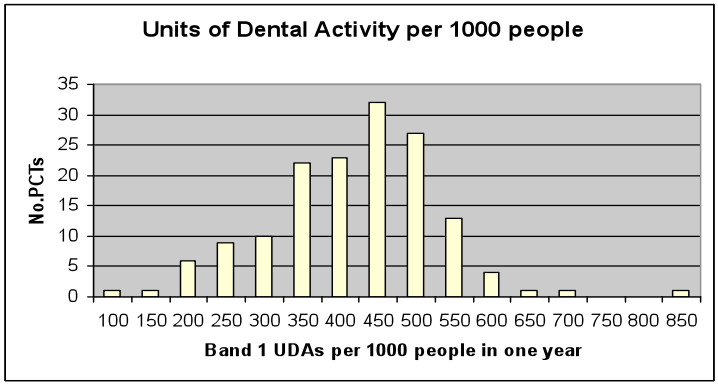
2.11 If the NHS wanted to provide free dentistry to 75% of the population (from the current 50% on the assumption that some people will want to remain private) the total level of funding would need to increase from £2.6 billion to £3.9 billion. As the NHS currently provided just £2.1 billion, an increase in funding of £1.8 billion would be required for patients to have dentistry free at the point of access.

2.12 NHS Dentistry is paid using three bands relating to types of activity, Units of Dental Activity (UDA). Band 1 is simple treatment including check ups. Assuming that people would normally expect to have two check ups each year, a rate of 2000 UDAs per 1000 population would be the top level to aspire to.

2.13 Comparisons using the Quarter 1 2008/09 UDA activity data[7] by Primary Care Trusts show further wide variations in access. The England average for Band 1 UDAs was just 396 per 1000 people per year (based on Q1 08/09), suggesting that much less than 40% of the population will have a Band 1

treatment (many people will have more than one if they have two check ups in a year). Table 2 shows the variation in Band 1 UDAs.

Table 2



2.14 It is clear that NHS dental provision across the country is shambolic and where it exists, regressive taxation prevents people accessing dentistry in contradiction to the NHS's founding principles of care being free at the point of need. Some areas have opted for the addition of fluoride to tap water in a bid improve dental health.

2.15 The Green Party views the use of fluoridated water to improve dental health as a "sticking plaster with side effects"[8] solution. The recent decision by Southampton to fluoridate water supplies against widespread local opposition and with only one in four NHS dentists accepting patients in the city, it is clear they have failed to tackle the underlying problems of dental health.

2.16 Any benefit of fluoride has to be weighed against the increased risk of osteosarcoma and fluoridosis of the teeth, and importantly, mass medication probably breaches the European Convention on Human Rights and Biomedicine

2.17 Dental health needs a radical overhaul, real investment and proper access for all. It must stop being a health care choice for the rich.

The Green Party wants:

- Free basic dental care for all
- Proper access to NHS dental services
- An end to fluoridation of our tap water

3. A local voice in local services

3.1 Since the inception of the NHS over 60 years ago, local people have had less and less say in how our health care is run and where it is provided. Patient involvement has been incrementally weakened with first the abolition of Community Health Councils, which were replaced with Patient and Public Involvement Forums. These in turn were replaced in 2008 by Local Involvement Networks (LINKs) which, after 11 months have failed to demonstrate any real presence in many areas.

3.2 The NHS's new constitution[4] states that the NHS should be: "accountable to the public, communities and patients that it serves". Sadly the NHS fails dismally.

3.3 The NHS responds to centrally driven targets and initiatives at the expense of the needs and wishes of local people. Local services are accountable to Primary Care Trusts (PCTs) that have unelected boards; these in turn are accountable to Strategic Health Authorities, who are accountable to the Department of Health. The Department of Health is accountable to the Secretary of State who reports to parliament. The NHS is a centrally controlled mammoth where local people have almost no influence.

Worthing and Southlands

10,000 people attended a rally against the closure of services at Worthing and Southlands Hospitals in 2006.
Consultants, nurses and other health workers and many grateful patients all spoke brilliantly and movingly at the public meeting outlining just why it would be madness to not have a general hospital with A&E in a town of more than 100,000 people. For the old, the poor, and the disabled having to travel to Brighton or Chichester would not be possible.[9]

3.4 Having to set up campaign groups and organise protests in order to have a say in where health services are provided should not be necessary. The Worthing and Southlands campaign was successful but should not have been necessary if local people had a voice in their local NHS.

3.5 Foundation Trusts claim to be accountable to their members, local people who have joined the Trust, and these members elect a board of governors. While this moves towards local accountability, the reality is different. Foundation Trusts have been created to be businesses and have been set outside the main strands of NHS accountability; they are only really accountable to MONITOR, the body set up to oversee them. The boards of governors still have no real say over services.

3.6 Legislation dictated that Local Involvement Networks were to be set up from April 2008 to provide a voice for patients and the public about local services.

Money was provided centrally to local government to set up and run this service as well as pump priming money to cover transitional arrangements. A recent report by the National Association of LINK Members found that many local authorities were using significant proportions the money to cover their own costs rather than the costs of the LINKs service and that there was considerable variation in the understanding of the role of local authorities in setting up LINKs.

3.7 Local government has a small say in the NHS through its Overview and Scrutiny Committees. These can stop major changes and ask for a review by the Independent Review Panel (IRP) a panel made up of predominantly senior NHS managers. An analysis of recent decisions by the IRP suggests that they back the NHS around nine times out of ten[10].

3.8 The Local Government Association[11] recommends a range of approaches to align NHS Commissioning bodies (PCTs) with local government, including a trial of NHS commissioning moving to local government. They also suggest PCT membership and governing arrangements similar to Foundation Trusts. The Democratic Health Network[12] (part of the Local Government Information Unit) also backs the concept that commissioners of health care services and public health departments should be moved to local government.

The Green Party wants:

- The NHS to be accountable to local government and therefore local people
- An end to the purchaser / provider split so that public health, service planners and providers of care are under local government.
- The NHS to have centrally defined minimum standards and national agreement on which treatments available.
- Local people and clinicians to have a real say in how and where these services are delivered.

4. Care not profit

4.1 Principle 6 of the NHS Constitution[4] states: "The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves."

4.2 Despite the new NHS Constitution claiming that public funds are solely for the benefit of people it continues to plough billions into private companies' hands, supporting private profit and shareholders. This is a scandalous situation with private companies making huge profits at the expense of both the tax payer, and more importantly patients.

4.3 Each shareholder dividend that is paid out from profits made by providing healthcare funded by the NHS could have been spent providing more care or improving quality. The Green Party sees no place for private profit in the NHS.

4.4 Years of NHS reforms have increased the ways in which private companies have managed to gain stakes in the NHS cake.

Norfolk and Norwich Hospital

The Norfolk and Norwich hospital was the first to be built using PFI, and is worth £158 million. The NHS Trust currently pays around £46 million to lease the hospital facilities back from its owners.

Despite these enormous sums, the PFI consortium refinanced the money that they had borrowed to build the hospital initially gaining a windfall profit of £95m.

This refinancing deal meant that the Octagon consortium - a collaboration by Barclays, Serco, John Laing, 3i and Innisfree – was able to treble its rate of return, from 19% to 60%[13]. Norfolk and Norwich has turned out to be a nice little earner for Octagon.

4.5 Hospitals are no longer built using public money; they are funded through Private Finance Initiatives (PFI). This means that PFI hospitals do not belong to the NHS; they belong to private companies who lease them to the NHS. PFI companies now hold around £12 billion[14] of what should be NHS property,

leasing it back to hospital trusts at a healthy profit and therefore extra cost to the NHS. The current yearly lease cost of NHS PFI is over £1 billion and the total lifetime lease cost of the current PFI schemes to the NHS is £59.5 billion[14]. If the government invested money directly into building new hospitals rather than paying over the odds for PFI, the NHS would save many billions of pounds. Sadly the extra cost of PFI to the NHS is found by cutting services and staff.

4.6 PFI was simply a method of raising cash for a very short-term benefit that will have long term consequences.

4.7 In 1990, the then Conservative government introduced the internal market into the NHS, creating competition in health care. This competition was opened up more widely when Labour took control of the NHS, private healthcare providers were invited to take work away from NHS hospitals in the name of 'choice'.

4.8 These Independent Sector Treatment Centres (ISTCs) were paid lump sums to treat large numbers NHS patients and they were to be paid whether the patients were treated or not. This national scandal involved contracts valued at over £1 billion and there is still around £200 million paid to these ISTCs each year for which they do no work. The NHS currently contracts out almost £3 billion of NHS care to ISTCs each year, money that previously went to local hospitals.[16]

Brighton' ISTC

The Sussex Orthopaedic Centre gets a single fee to treat NHS patients regardless of the number of procedures they conduct, in the words of a Department of Health officer "Payment would be made in full even if the defined number of procedures had not been undertaken". If they are contracted to undertake 5,000 a year but only do 500, they will be paid as if they had done all 5000. But the corporations aren't just paid the 'standard' NHS fee for a procedure used for internal accounting with NHS Trusts; in fact they are paid a premium of at least 11.2%.

Brighton & Sussex University Hospitals NHS Trust admitted that they were losing £2-3 million a year on orthopaedic procedures alone. This was due to the SOTC taking only the most straightforward procedures (which would cost less than the notional fee) leaving the hospitals to take the complex cases which would cost more than the internal fee they would be paid by the NHS.[15]

4.9 The market for health care has expanded rapidly since its inception in 1990, and increasing follows the US health care market system. The US system has been repeatedly shown to be flawed and expensive, spending around 31% of its budget simply administering the system[17]. The cost of administering the UK system is growing each year, and estimates are hard to find and agree, however the certainty is that it is expensive and diverts much needed money from front line care. With a total budget of over £100 billion, the NHS certainly spends billions on managing a market that is unnecessary.

The market reforms have been scrapped in both Scotland and Wales where the Assemblies control the NHS.

4.10 Not content with privatising hospitals and planned care, the government has widened the market to primary care services. GPs and polyclinics (a type of community hospital that provides a wide range of health care services) are being snapped up by private companies such as Care UK and Virgin who are keen to make even bigger profits. Health care fares moderately well in an economic downturn, making it even more attractive to companies.

Cresswell Primary Care Centre

The debacle over the Cresswell Primary Care Centre hit the news when North Eastern Derbyshire PCT decided that it would put the GP practice out to commercial tender. Initially it selected United Health to run the practice overlooking a bid from a neighbouring GP – United Health are the US's biggest health care company.

Following judicial review United Health pulled out and the practice contract was awarded to another large private company, ChilversMcCrae who now own over 36 primary care centres in the UK. [18]

4.11 The health care model of using polyclinics to deliver a wide range of services close to where people live has been shown to work well in other countries and is a model that is needed in the UK. Labour have recently decided to push ahead with setting up new polyclinics, however they have decided that 25% of these will be run by private companies[19] and that they will replace existing services rather than complimenting them. Polyclinics are a good idea as long as they are publicly owned and run, and as long as they are introduced as an additional tier of health care rather than simply centralising GP surgeries.

The Green Party wants:

- An end to the health care market, care is a service not a commodity
- An end to the creeping privatisation of services and sale of hospitals
- A philosophy of health care as a service to those in need

5. Dignity and Compassion

5.1 Principle 4 of the NHS Constitution[4]: "NHS services must reflect the needs and preferences of patients, their families and their carers."

5.2 While recognising that health care will never be perfect for everyone, the lack of dignity and compassion in the NHS needs to be addressed urgently. There are a steady stream of stories hitting the press about how individuals have been badly treated by the NHS, from having to be cared for on mixed sex wards, turned away from maternity units (let alone having maternity care provided by one midwife throughout the pregnancy), to a complete lack of dignity in the care of older people.

5.3 Willingness and ability to care for its vulnerable members are essential features of a compassionate society; however the NHS is sadly failing many patients.

5.4 Health care has become a market commodity since the inception of the health care market in 1990. Recent changes have pushed the "health care as widgets" approach even further forward with a set prices paid for health care episodes. We believe that health care should be a service not a commodity. The free market approach drives down quality at the expense of consumers, in this case patients.

5.5 Compassion and dignity in health care is failing across the health care spectrum and across people of all ages, from birth to death.

5.6 The NHS failures start from childbirth, with the government's own health watchdog, the Healthcare Commission[20] stating that staffing levels were inadequate, communication between staff was poor, and there is a lack of beds. The proportion of women giving birth by caesarian section[21] remains at twice the target rate suggested by the World Health Organization and the Royal College of Midwives[22] suggests that this is a sign of low staffing levels in maternity units. This high rate represents a medicalisation of a natural process and a failure of the NHS to provide basic care to women.

5.7 Patients with mental health problems are some of the most vulnerable patients that the NHS has to care for and some of the most victimised people in society. According to a survey by MIND[23], 71% of people with a mental health problem had been victimised in their community in the previous two years. MIND also found that 60% of people who reported victimisation felt that they had not had their complaint taken seriously by the authorities. A survey by Time to Change[24] found that 87% of people with mental health problems had been affected by stigma and discrimination.

5.8 Even in hospital, crimes against people with mental health problems are not being reported, with MIND[23] suggesting that 45% of crimes going unreported, and cite 'crimes being downplayed' as a barrier.

5.9 The most recent report on attitudes to mental illness by the Department of Health[25] found that people's views of mental illness were affected by the media with "TV news, national and local newspapers were most likely to have had a negative effect". It is clear that our society is failing people with mental health problems.

5.10 Despite promises by Labour and the Conservatives to phase out mixed sex wards, thousands of people are treated in mixed sex areas every day[26]. The number of hospital beds has fallen drastically over the past 20 years and continue to fall. PFI hospitals have far fewer beds than the hospitals they replace and staffing levels are low. There is no real investment being made to increase hospital capacity to allow single sex wards.

Mixed sex wards do not protect vulnerable people

Placing vulnerable people together is always risky and in June 2007 it led to an elderly woman being sexually assaulted by a 41 year old man on a mixed sex ward at the Royal Bolton Hospital[4].

In Orpington a 64 year old woman was assaulted by a 47 year old schizophrenic man on a mixed sex ward[27].

5.11 Older people are still being discriminated against according to the British Geriatric Society (BGS)[28], the association of doctors, nurses and other clinicians who specialise in the care of older people. The BGS found that 66% of doctors who specialise in care of older people think that older people are less likely to have their symptoms properly investigated and 72% say that older people are less likely to be referred for essential treatment. 55% were worried about how they themselves would be treated by the NHS when they reach old age.

5.12 This damning survey shows that the NHS is institutionally ageist and needs fundamental reform about the way in which clinicians and managers regard older people.

5.13 In 2008 Age Concern highlighted the vast disparity in funding for long term health care for older people across the country. The NHS must provide for long term health needs but rules are applied different across the country with a sixteen fold difference in the number of people being funded between the highest and lowest Primary Care Trusts[29].

5.14 Even the basics of care are failing older people. The provision of foot care, from basic nail cutting to podiatry / chiropody, by the NHS has declined over the last 12 years and older people face another postcode lottery of provision. Age Concern's research[31] has shown that some PCTs have withdrawn foot care

services by stealth making this essential service no longer free at the point of need – breaching this founding principle of the NHS. Basic foot care one of the most important aspects of health for older people and can help maintain independence.

Even the NHS website[30] admits that chiropody is important, but patchy:

"Chiropodists work with people of all ages, but also play an important role in helping older people, and disabled people, to stay mobile and independent.

"Chiropody is available on the NHS free of charge in most areas of the UK, although the availability in your local area will depend on your Primary Care Trust (PCT)."

5.15 Compassion has many levels and getting the basics of care right and removing discrimination and disparity are all desperately needed.

5.16 Being allowed to make the decision to avoid a slow and undignified death should be a right, but is denied to us. We are not allowed to make choices about how and when our life ends. Our loved ones are forced to endure suffering and those who assist them to end their lives face prosecution. Any legislation that allows assisted suicide must have a strong framework to ensure that decisions are not born of depression or coercion.

Dignitas

Debbie Purdy, who suffers from primary progressive MS[32], has been fighting for the protection of her husband against prosecution if he helps her travel to Switzerland to end her life at a euthanasia clinic.

In October 2008, the Court of Appeal failed to back her bid to get protection for her husband. The only way forward is legislative change.

The Green Party wants:

- Health services that meet the needs of patients, not the needs of the market and corporate shareholders. Good basic services for all!
- The right to an assisted death within a framework that protects people from decisions borne from depression or coercion
- Maternity care that meets the needs of women and the baby
- To ensure that patients suffering with poor mental health get a real say in the way they are treated, get told their diagnosis and are able to set advance directives that spell out what type of care they want when they are ill.
- To legislate against discrimination of people with mental illness.

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