

Action Cerebral Palsy

Political & Parliamentary Monitoring

Week Commencing 9th April 2018

With Parliament in recess, Jeremy Hunt [has come under fire](#) for failing to disclose his purchase of several luxury flats in Southampton. The Health Secretary has been referred to the parliamentary standards commissioner, as he failed to follow House of Commons regulations which require all MPs to register any business holding higher than 15% within 28 days of purchase. Hunt has apologised, whilst the Cabinet Office insists he has not breached the ministerial code.

The Health Secretary's difficulties come in a week in which the [BBC revealed](#) that A&E waiting times have reached their highest levels in England since records began in 2004. 88.4% of patients across the country were seen within the 4-hour target, below the 95% level set in the NHS constitution. The worst performing hospital against this metric was the Princess Alexandra hospital in Essex, where only 71% of patients were seen within the target time.

The 95% national standard was reached for the best part of a decade from 2005, but performance has dipped below this mark and declined exponentially since 2014/15. Philippa Hentsch, from NHS Providers, said the figures "underlined the urgency of the problems facing the NHS", while a Department of Health and Social Care spokesperson said the Prime Minister has committed to releasing a long-term funding settlement for the NHS later this year.

Overview

- [NEU survey finds funding cuts are disproportionately affecting SEND pupils](#)
- [Majority of voters back tax rise in aid of the NHS](#)
- ["Ghost wards" revelation causes anger amidst bed crisis](#)
- [Primary care staff "left behind" as patients wait for appointments](#)

NEU survey finds cuts disproportionately affecting SEND pupils

A National Education Union survey has found that half of schools are [cutting support for children with special educational needs and disabilities](#). The NEU poll of over 900 staff working in schools across England also found that nearly a quarter have cut funding for SEND support staff. Furthermore, it is taking longer for pupils to be referred for diagnosis of conditions like autism, which the NEU says will also cause the children to miss out on extra support from elsewhere.

Joint general secretary of the NEU said, “if the true measure of a country is how it treats its most vulnerable, then this Government is failing big time”, adding that the safety of SEND pupils requires the Government to “wake up to the facts and urgently make more money available”. In response, the Department for Education said that “core school funding will rise to a record £43.5 billion” by 2020 and noted that “the high needs budget for pupils with special educational needs is £6 billion this year – the highest on record”.

In response to ongoing funding cuts, families of children with special needs are [joining forces](#) to fund legal action against local authorities. A [CrowdJustice campaign](#) has raised £2,850 to help pay for a judicial review of Surrey County Council’s proposals to cut its SEND budget by £20 million.

Majority of voters back tax rise in aid of the NHS

Most UK taxpayers would be willing to pay more to support the NHS, according to a [British Social Attitudes Survey](#). The poll found a significant shift in attitude among Conservative voters, with 56% now supporting such a policy, up from 49% in 2016. In total, 61% of respondents supported the premise that they would either “pay more through the taxes I currently pay” or “pay more through a separate tax that would go directly to the NHS”, with the latter option proving slightly more popular.

Equally significant findings from the survey included the remarkably low number of respondents who said they would favour paying small amounts to visit their GP or local A&E department, or for non-medical costs in hospitals. Three times as many people said they felt the NHS has got worse than those who feel it has improved: a gap not seen in the survey since the late 1990s. Commenting in [The Times](#), King’s Fund Chief Executive, Chris Ham, said the results should act as “a wake up call”, adding that he had not seen “anything as dramatic as this over such a time period.”

The Treasury has reportedly ruled out using a dedicated NHS tax to fund spending increases, however it may seek to use national insurance rises instead. Director of the Health Foundation, Anita Charlesworth, said this option would raise about £11 billion “but it would take twice that to fill the gap of over £20 billion facing the NHS by the end of the current parliament”. Whilst Theresa May is set to release a new long-term funding settlement for the NHS later this year, *The Times*’ story quotes an unnamed government source who says “there are some in the cabinet who think (the NHS) shouldn’t get more”.

Whilst polls have frequently found Britons favouring higher taxes to fund greater investment in the NHS, this survey significantly reveals that a majority of taxpayers are personally willing

to pay more to ensure a better service. Upon taking the reins at Number 10, Theresa May was initially determined not to treat the Department of Health as a special case for funding and would've counted herself among the section of the population which feels the NHS needs to "live within its means" (15% still believe this is the right approach).

The Prime Minister's approach has changed in recent months, underlined by the increased funding provided in the last budget for the NHS and the promise of a new long-term settlement. The cabinet ministers opposed to the Prime Minister's new direction are out on their own on this issue, with the public clearly tiring of declining standards in the NHS, particularly over the past 3-4 years.

“Ghost wards” revelation causes anger amidst beds crisis

Hospitals across England have closed entire wards, despite the decreasing availability of hospital beds. In September 82 “ghost wards” were recorded around the country, containing almost 1500 empty beds, according to trust data [obtained by the Guardian](#). This level of ward closure is significantly higher than that recorded four years ago, when 32 wards and 502 beds went unused, according to statistics the newspaper obtained from freedom of information requests.

The wards closures are most likely the result of staff shortages and a lack of supporting resources across the board. North Tees and Hartlepool NHS FT said a lack of doctors and nurses meant it had 270 beds empty in 2017. A spokeswoman for the trust said “the shortage of specialist medical staff to fill vacancies and our unwillingness to compromise on patient safety meant that we feel this was the right decision to make”.

Leading medical representatives and Labour party figures reacted with disdain to the news. Shadow Health Secretary, Jonathan Ashworth, called the revelation “a scandal” and the President of the Society for Acute Medicine, Dr Nick Scriven, said the situation is “amazing”, whilst adding the findings would “not surprise any clinical staff in the NHS”. BMA Chair of Council, Dr. Chaand Nagpaul, said “it is illogical for hospitals to have extra beds available but also unavailable.” The Department of Health and Social Care said *The Guardian's* claim that hospital beds are being “mothballed” was misleading, adding that it is the responsibility of trusts to control the number of beds to meet demand from patients.

Primary Care staff “left behind” as patients wait for appointments

Health unions have warned that primary care staff are set to miss out on the benefits of the new NHS pay deal, [provisionally agreed](#) between workforce bodies and the Department of Health and Social Care in late March. DHSC confirmed that more than 80,000 staff across the sector in England will not receive pay rises of at least 6.5% over three years as they are employed directly by GP practices, and not on the [Agenda for Change](#) terms presented to staff officially employed by the NHS.

NHS Employers, which negotiates pay and conditions on behalf of DHSC, said that whilst GPs have the option of employing staff through equivalent contracts, the new national deal does not apply to these agreements. Marie-Therese Massey, Chair of the Royal College of Nurses General Practice Nurse Forum, said there is currently a “wide variation” in terms and conditions for GP nurses across the country, arguing that standardisation would be welcomed in order to bring primary care staff in line with colleagues working in other parts of the NHS. Massey said practice nurses feel “left behind”, particularly given that there is no evidence “that our employers will be reviewing GP nurse pay in light of the new pay award”.

The British Medical Association’s GP Committee Chair, Dr. Richard Vautrey, agreed there is a need to increase pay for primary care staff, arguing “if practices don’t do this it could further impact on recruitment and retention problems”. Vautrey, who represents GP partners responsible for setting staff pay within their practices, said it is “imperative” that the government provides the necessary additional funding for practices to pay all staff fairly.

Meanwhile, a [Daily Mail/Populus survey](#) released this week found that 42% of people over the age of 50 are waiting over a week to see a GP, with one in seven saying they’ve had to wait longer than a fortnight. These figures are consistent with previous findings: [a Pulse survey with a smaller sample size](#) last year revealed that 40% of patients of all ages were waiting over two weeks for routine appointments.

The Government and senior NHS officials have consistently insisted that primary care is a priority, with the Department of Health and Social Care pledging to have recruited 5,000 new GPs between 2014 and next year. It is increasingly clear that efforts in this challenging area are failing to make the desired impact, with GPs across the country struggling to cope with increased patient demand for appointments and a system-wide change supporting a shift of activity into primary care settings.

While the 5,000 new doctors target will be missed, the Department and RCN would both have helped this cause by more closely considering other primary care staff in negotiations over a new pay deal, particularly given the widespread acceptance of the need for more practices nurses.