



UK Independence Party

Head Office PO Box 408, Newton Abbot, Devon TQ12 9BG

The Rt. Hon. Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London
SW1A 2NS

25th February 2013

Dear Secretary of State,

The UKIP response to the government's receipt of the "Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry" (the "Francis report") and its recommendations.

UKIP's welcome of the Francis report was published on the 6th February 2013. Having considered the report's findings and HM Government's responses to it I take this opportunity to comment on the recommendations made and actions taken thus far.

The horsemeat issue dominated the mainstream media for over a week whereas the publication of the Francis Report barely made it beyond the first day. We are concerned that the harm done to patients at Stafford far exceeds any harm done by the consumption of horsemeat and yet is in danger of being forgotten very quickly.

Appalling suffering and indignity was inflicted on those least able to speak out for themselves. Poor training, lack of supervision and a move away from traditional health care roles left frontline clinical staff unable to fulfil their duties to those entrusted to their care. It has never been so important to hold those involved in healthcare to account and it is, therefore, concerning, that the government announced a Chief Inspector of Hospitals immediately upon receipt of the Francis report. It is hoped this is not intended to be an end to the matter.

The Health and Social Care Bill 2012 was introduced with good intentions yet notably did not engage relevant stakeholders in its goal of decentralising commissioning. The concept of introducing another centralised body that overlaps and even duplicates the roles of a great many other centralised bodies is risible.

This Inspectorate not only adds to the Byzantine management of the NHS but runs against the grain of the above bill by explicitly mistrusting healthcare professionals to work together to highlight areas of concern within the hospitals where they work to deliver care.

freephone 0800 587 6 587 **fax** 01626 831 348 **e mail**@ukip.org **w** www.ukip.org

After decades of centralised procurement, the HSC Bill has devolved commissioning to healthcare professionals. It is extraordinary and insincere to now blur the roles of these same clinicians by removing from them the ability to assess the quality of services they are commissioning.

UKIP believes that clinicians and patients are best placed to evaluate quality of care and that government should facilitate them in delivering their findings to the Clinical Commissioning Groups that the HSC Bill established. To quote directly from the report,

"The reality is that it is not the setting of national standards in itself which will "catch" a Mid Staffordshire but having effective methods of policing those standards. It is important that such policing is not confined to one method applied by a single organisation, but is undertaken in as many different ways as possible, through provider internal leadership, external but local public scrutiny, commissioning, and the regulator all working to a common set of values, standards and priorities."

In the wake of the report's findings it seems government is reverting to type by mistrusting those stakeholders that are key to improving care.

The report calls for a culture of candour and a common culture of putting the patient first. This is consistent with the collective responsibility that UKIP believes will be essential in ensuring this appalling collapse of care never happens again.

It is clear that many reorganisations around patient involvement failed to deliver the desired outcome of making health care more accountable to the local public. UKIP calls on the Department of Health to ensure the local community is represented in commissioning services.

The protection of whistle-blowers is essential to highlighting areas of poor practice. By devolving care evaluation, CCGs can be made directly aware of clinical incidents raised by concerned staff. We ask that all such clinical incident reports be serialised to ensure each is available for external independent audit.

It is accountability that has most troubled the public in the wake of the report's findings. Though many senior NHS managers neglected their duty it must be highlighted that the appointment of Sir David Nicholson, in October 2011 as Chief executive of the NHS Commissioning Board SHA was fundamentally unsound.

Given that the role of leadership is to inspire, it can be seen that Sir David Nicholson lacks both ability and public confidence in his ability to provide leadership anywhere within healthcare in the UK and should resign, and if not we call for his dismissal.

UKIP supports Robert Francis QC in his assertion that,

"... there are cases which are so serious that criminal sanction is required, even where the facts fall short of establishing a charge of individual or corporate manslaughter..."

UKIP also agrees that,

"Non-compliance with a fundamental standard leading to death or serious harm of a patient should be capable of being prosecuted as a criminal offence."

Nursing is a vocation that delivers care, the quality of which is very difficult to measure with charts and graphs. We have seen this traditional role attacked from many angles in recent years and the time has come to support a return to established, proven, nursing roles.

The abolition of state enrolled nurses and the introduction of unqualified health care assistants to replace them happened at the same time as a drift towards nursing being taught in the universities and not on the wards.

The result has been to squeeze professional nursing towards an academic stream overseeing an unqualified cohort of generic health care workers. This is anathema to a great many nurses who have seen their caring yet professional vocation change beyond recognition.

UKIP believes the time has come not simply to improve the training of generic healthcare workers but to embrace the chance to restore enrolled nursing and ensure all nurses, enrolled or registered, begin their training on hospital wards to ensure we are selecting the right people at the onset.

The top-down bureaucratic management of the NHS led directly to a disastrous collapse of care inside our NHS and it will not be remedied by more bureaucracy, no matter how tempting.

I will be very interested in hearing your thoughts on these matters and your plans for addressing the widespread failures in our NHS.

Yours faithfully,

Stephanie McWilliam

UKIP Health Spokesman