

NHS staff 'quitting to work in supermarkets because of poor pay'

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Denis Campbell

5/8/2017

NHS staff are quitting to stack shelves in supermarkets instead of caring for patients because they are so demoralised by years of getting pay rises of only 1% or nothing, hospital bosses have warned.

The health service is now so [understaffed that patient safety is being put at risk](#) and people with mental health problems are experiencing delays and setbacks as a result, NHS leaders say.

The intervention in the general election campaign comes from NHS Providers, which represents almost all of England's 240 NHS hospital, mental health and ambulance trusts. They told ministers bluntly on Monday that the government's longstanding policy of [holding down NHS staff pay is wrong](#) and is damaging the service by deepening its already [severe staff shortages](#).

"Years of pay restraint and stressful working conditions are taking their toll," said Chris Hopson, NHS Providers' chief executive. "Pay is becoming uncompetitive. Significant numbers of trusts say lower paid staff are leaving to stack shelves in supermarkets rather than carry on with the NHS."

He urged Theresa May to abandon her plan to [limit NHS staff's pay increases to 1% a year until 2020](#) and not pursue it during the next parliament as a way of making the NHS's books balance.

He added: "Trust leaders tell us that seven years of NHS pay restraint is now preventing them from recruiting and retaining the staff they need to provide safe, high-quality patient care. The NHS can't carry on failing to reflect the contribution of our staff through fair and competitive pay for five more years.

"Pay restraint must end and politicians must therefore be clear about when during the lifetime of the next parliament it will happen and how." He repeated the organisation's demand for £25bn in extra funding to help the NHS in England get through until 2020 and warned that staff are also leaving because they are exhausted from having to work so constantly to keep up with the unprecedented demand for care.

Hopson added: "We are getting consistent reports of retention problems because of working pressures in the health service causing stress and burnout."

Medical royal colleges, health trade unions and health charities such as Cancer Research UK have been highlighting in recent months the damaging effects on patient care of widespread shortages of doctors, nurses, GPs, paramedics and many other NHS staff groups.

[Norman Lamb](#), a former coalition government health minister, said NHS pay restraint – which had operated since 2010 – was "stupid" and had gone on so long that it was proving counterproductive.

"The Conservatives expect NHS staff to take year-on-year real-terms pay cuts in order to try to stave off financial disaster in the NHS," said the Liberal Democrat health spokesman. "You can't possibly justify this over such a long period. It is also stupid because great staff will vote with their feet and leave." s

He contrasted his [party's plan for a 1p increase in income tax](#) to generate extra funds for health and social care with [May's refusal to commit to any tax increases for that purpose](#). With the Tory majority set to increase, "this guarantees a bleak future for the NHS and for its staff under the Conservatives", claimed Lamb.

[Jeremy Hunt](#), the health secretary, repeated his pledge of more money for the NHS if the Tories are re-elected and said that nurses' pay should go up. Responding to a question from the BBC interviewer Andrew Marr about some nurses going to food banks, Hunt replied that average nurse's pay is £31,000.

“Is that enough considering the brilliant work that they do? I think many people would say they want to pay them more. I think they do an incredible job. If you want more money to go into the NHS – and this government recognises we will need to put more money into the NHS and the social care system because of the pressures we face – then the question is how you get there,” said Hunt.

He also insisted that key NHS waiting time standards, such as the [four-hour target in A&E and 18-week wait for planned hospital care](#), were not particularly useful measures of true NHS performance. Lives saved from cancer and heart disease as a result of better care showed the service was doing well, he added.

Jonathan Ashworth, Labour’s health spokesman, said Hunt’s agreement that it was unacceptable that the [A&E target had not been met in England](#) for more than two years was “an admission of failure straight from the horse’s mouth: the Tory-made A&E crisis is simply ‘not acceptable’”.

Responding to Hopson’s comments on NHS pay, Ashworth added: “This is a stark warning from NHS Providers about the Conservatives’ catastrophic management of the NHS workforce. It is incredible and disgraceful that NHS staff are leaving to work in supermarkets instead because NHS pay has been squeezed so far. The country’s shortage of paramedics, nurses and consultants now threatens a raft of NHS strategies to provide better services for patients.”

NHS Providers are also warning that understaffing is so serious in mental health services that patients are now suffering delays in receiving treatment, taking longer to recover and having a bad experience of NHS care. “We are particularly worried about the pressures in the mental health workforce,” said Hopson. “These are resulting in delays in treatment, people are taking longer to recover, and as a result their care is more expensive and their experience is worse.”

A Conservative spokesman declined to respond directly to Hopson’s warning. He said only that: “As NHS England say, outcomes for every major disease in this country are now better than they’ve ever been. But the truth is that in order to continue to invest in the NHS, grow staff numbers and pay, and improve patient care, we need to secure the economic progress we’ve made and get a good Brexit deal. That is only on offer at this election with the strong and stable leadership of [Theresa May](#).”

Election guru Lynton Crosby told the Tories to use the phrase strong and stable in all interviews.

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NHS

Jeremy Hunt ditches four-hour target as A&E crisis deepens

Royal College of Emergency Medicine says significant level of overcrowding at substantial number of hospitals jeopardises patient safety

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Denis Campbell and Rowena Mason

Monday 9 January 2017 22.11 GMT

Frontline doctors have issued an unprecedented warning that patient safety is at risk at many A&E units across the [NHS](#) because hospitals are overwhelmed, as the health secretary provoked controversy by suggesting the four-hour treatment target should exclude people who waste time by presenting with minor ailments.

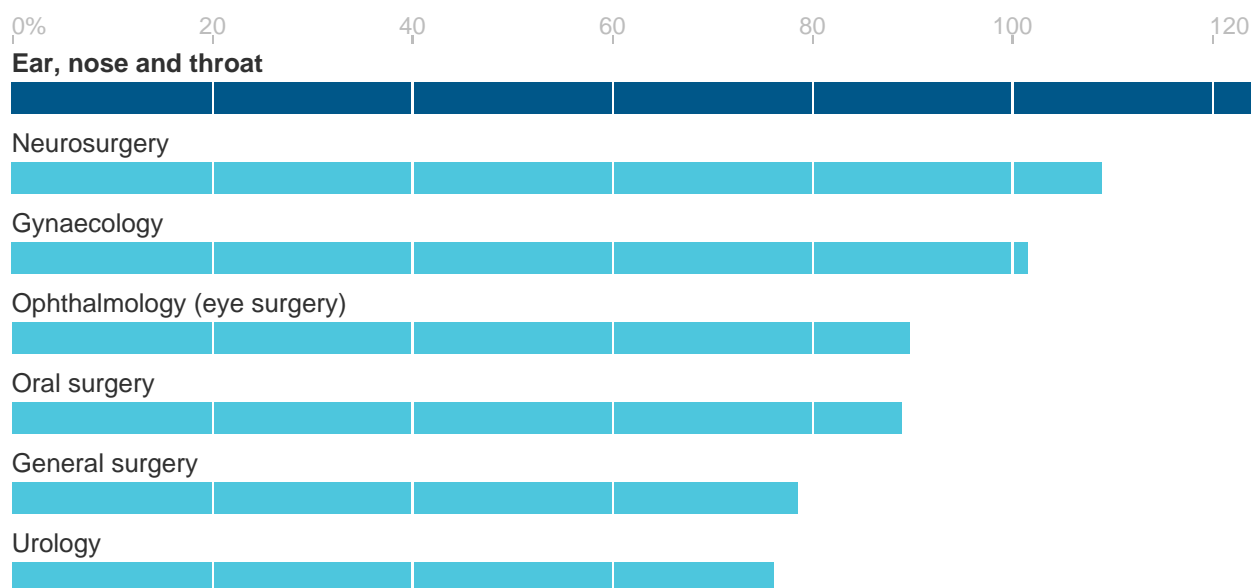
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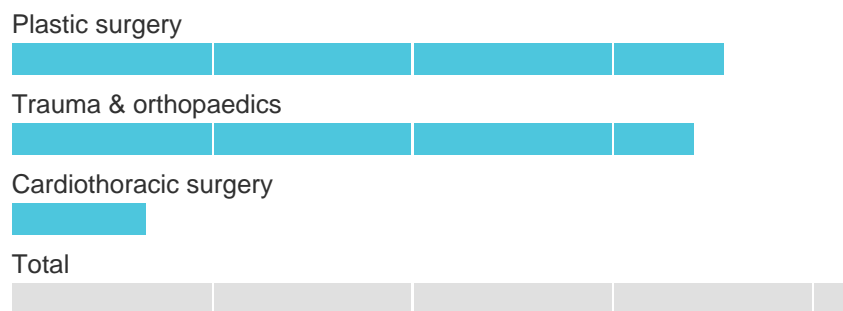
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The Royal College of Emergency Medicine said a substantial number of A&E departments were falling significantly short of the four hour standard – but [Jeremy Hunt](#) said that as many as 30% of those turning up were neither an urgent case nor a genuine emergency.

The college, which represents doctors in emergency care, warned: “In our expert opinion, when an emergency department falls below 75% against the four-hour standard, it shows a significant level of overcrowding and begins to put safety at risk. Present figures suggest a substantial number of departments are falling below this level.”

The number of patients waiting more than 18 weeks for treatment for ear, nose and throat surgery rose 124% between 2012-13 and 2015-16





Guardian graphic | Source: Royal College of Surgeons

The college believes that one in four A&E units are at risk of offering poor care, citing delays in assessing patients and administering pain relief.

In an emergency statement to the Commons prompted by reports of intense pressure at A&E units around the NHS in England, Hunt said that the four-hour waiting time had to be revised to remove non-urgent cases.

“This government is committed to maintaining and delivering that vital four-hour commitment to patients,” Hunt said. “But since it was announced in 2000 there are nearly 9m more visits to our A&Es, up to 30% of whom NHS England estimate do not need to be there. And the tide is continuing to rise.

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“So, if we are to protect our four-hour standard, we need to be clear it is a promise to sort out all urgent health problems within four hours, but not all health problems, however minor.”

NHS Providers, which represents hospital bosses, welcomed the change as “potentially helpful” in relieving the record levels of strain A&Es are experiencing. But Jonathan Ashworth, the shadow health secretary, said: “Is he now really telling patients that rather than trying to hit the four-hour target, the government is now rewriting and downgrading it?”

The four-hour target, introduced by [Labour](#) in 2004, initially obliged hospitals in England to see and either admit, transfer or discharge 98% of A&E patients within that period. The coalition relaxed that to 95% in 2010 – but the NHS's latest figures

show that some hospitals are only dealing with 50-60% of A&E arrivals within the supposed maximum four hours.

Between November 2015 and October 2016, on average in any one month, there were 193,405 instances of patients awaiting surgical treatment for more than 18 weeks

Monthly average between November and October, thousands

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Guardian graphic | Source: Royal College of Surgeons

Hunt's move came as growing numbers of hospitals were forced to declare an alert because they had run out of beds and did not know where to put the large numbers of patients who needed to be admitted.

The medical director of Kettering general hospital said the situation at his hospital was serious. Dr Andrew Chiltern texted colleagues at lunchtime on Monday to say: "On the verge of significant internal incident. Situation is dire. We need to achieve discharges. May need to take action of cancelling all two-week waits tomorrow and outpatient department activity if we can't get control."

Croydon university hospital in south London said it began looking after adult patients on a ward that is usually reserved for children who have had surgery. It has moved the people it normally cares for there into extra beds it has opened up on one of its children's wards. It made the temporary switch last week in response to the huge difficulties hospitals are having finding enough beds for patients who are so sick that

they need to be admitted for treatment.



Jeremy Hunt said the current target is 'a promise to sort out all urgent health problems within four hours'. Photograph: Dan Kitwood/Getty Images



The health secretary also told MPs that hospitals may have to cancel operations and outpatient appointments so that staff can concentrate on the sickest patients. GPs may also be drafted in to help hospitals cope with record demand for medical care.

NHS Providers also voiced its fears that the overload facing A&Es could endanger patients. It said: “Persistently large number of trolley and 12-hour waits is a proxy for significantly elevated risk to patient safety and potential for significant harm. The same applies to persistently large numbers of long ambulance waits [outside an A&E with a patient unable to be handed over to busy hospital staff].”

The warning has prompted concern because the three triggers it identifies for patient safety being compromised are all now found fairly regularly at some hospitals.

In November, 237 patients waited more than 12 hours to get a bed at the Royal Stoke university hospital, while some ambulance crews were stuck outside hospitals in Merseyside last week for up to eight hours, unable to hand over their patients to A&E staff. A number of trusts – including Lewisham in London, Mid Essex, Addenbrooke’s in Cambridge and East and North Hertfordshire – had to declare a red or black alert on Monday because they were so hard-pressed.

NHS Providers denied that the NHS was in meltdown and rejected the British Red Cross’s claim that [the NHS is experiencing a “humanitarian crisis”](#) as an exaggeration.

It said that the “vast majority” of trusts were coping, but added that a “small number of trusts are failing to cope and have seen persistently large trolley and 12-hour waits” and some hospitals have seen the demand for A&E care soar by 20% in a year. While NHS personnel have been working flat-out recently to maintain services, “this level of staff goodwill is becoming unsustainable”.

The Liberal Democrat former health minister Norman Lamb warned that it could lead to some patients being left to wait indefinitely in A&E.

“This is a slippery slope towards the downgrading of standards of care across the NHS,” he said. “The government cannot just keep moving the goalposts as the health service struggles to cope with rising demand.”

Hunt, who spoke hours after Theresa May gave a keynote speech on mental health, said that Tuesday 27 December had been the busiest day in the NHS’s 69-year history. Pressures may intensify further later this week with the arrival of very cold weather, he warned.

“We need to have an honest discussion with the public about the purpose of A&E departments”, he added. However, NHS experts said that inadequate GP and social care services were partly to blame for the relentless rise in A&E attendances.

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NHS

Health unions and MPs condemn 'derisory' 1% pay rise for NHS staff

Cap on salary increases will see some staff earn just £5 extra a week while facing soaring costs and greater workload



The NHS pay review body concluded that the cap may exacerbate already serious understaffing. Photograph: Medic

Image/Getty Images/Universal Images Group

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Denis Campbell and Holly Watt

Tuesday 28 March 2017 16.10 BST

About 1.3 million [NHS](#) staff are to receive a 1% pay rise that will see nurses, midwives and radiographers earn barely £5 a week more next year, in a move that prompted a furious reaction from health unions.

The government's decision to limit NHS wage increases to 1% a year or freeze them for the seventh successive year led its own advisors to warn that the policy must end. Salary caps could exacerbate already serious understaffing in the NHS by making it less attractive to work for, especially as workloads are growing, the NHS pay review body (PRB) concluded.

Christine McAnea, the head of health at Unison said: "This deal amounts to less than five pounds a week for most midwives, nurses, cleaners, paramedics, radiographers and other healthcare staff.

Tax changes could cost UK public sector workers 30% of salary

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"It's a derisory amount in the face of soaring fuel bills, rising food prices and increasing transport costs.

"The government's insistence on the 1% cap has tied the PRB's hands. As the PRB itself admits, it can no longer prevent health employees' pay falling way

behind wages in almost every part of the economy.

"Without the cash to hold on to experienced employees, the NHS staffing crisis will worsen as people leave for less stressful, better rewarded jobs elsewhere. This can only be bad news for patients."

The 1% pay cap is due to stay in place until the current parliament ends in 2020. Next year's 1% limit will also apply to doctors and dentists in the NHS.

The settlement for 2017-18 is the sixth year in a row in which NHS staff's annual pay rise has been lower than the cost of living. Inflation, as measured by the Retail Prices Index, is running at 3.2%

In its latest annual report to ministers, the PRB, an independent body, said: “It is clear that current public sector pay policy is coming under stress. There are significant supply shortages in a number of staff groups and geographical areas. There are widespread concerns about recruitment, retention and motivation that are shared by employers and staff side alike.”

The report said that NHS staff pay will also be eroded even more than was expected during the coming year because “inflation is set to increase during 2017 compared to what was forecast, leading to bigger cuts in real pay for staff than were anticipated in 2015, when current public sector pay policy was announced by the new UK government”.

Warning that action was needed to tackle severe staff shortages, the PRB added that “local pay flexibilities to address recruitment and retention issues are not being used to alleviate the very shortages they were designed to address. Our judgment is that we are approaching the point when the current pay policy will require some modification, and greater flexibility, within the NHS.”

The case for change was even stronger because “pay matters for the attractiveness of the service”, so giving staff too little could deter potential future staff from joining the NHS, and also because the impact of axing bursaries for student nurses “is still uncertain”, it said. “Take-home pay is important for existing NHS staff and many saw a cut in their take-home pay in cash terms in 2016-17, whilst at the same time their workloads were increasing.”

The 138,930 members of the armed forces will also have their pay rise pegged at 1%, despite their pay review body cautioning that doing so risks causing recruitment problems, damaging morale and even the services' future capacity.

The armed forces pay review body (AFPRB) noted in its report that service personnel were concerned about a “perfect storm” of increasing national insurance, changes in tax credits and higher rental charges for military housing.

It said: “If the private sector continues to recover and if inflation continues its upward trajectory, we could foresee recruitment becoming more challenging and morale being adversely impacted.”

Janet Davies, chief executive and general secretary of the Royal College of Nursing, condemned the 1% rise as “a bitter blow” that “will deter new people from joining the nursing profession at the very moment it is failing to retain staff and European colleagues in particular head for the door.”

Justin Madders, the shadow health minister, said extending the cap by another year was “totally self-defeating and unsustainable” and could force hospitals to spend even more on agency staff. Tim Farron, the Liberal Democrat leader, said ministers were treating the NHS and armed forces personnel “like dirt”. Public sector staff had done enough in recent years to help get the UK back on track, he said.

The Department of [Health](#) said: “The dedication and sheer hard work of our NHS staff is absolutely crucial to delivering world-class care for patients. We are pleased to announce that all NHS staff will receive a 1% pay increase.”

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Midwifery

UK midwife shortage leaves women feeling like cattle, report finds

Half of women surveyed experienced at least one 'red flag' event during labour such as lack of timely access to pain relief

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The report found 17% of women did not get continuous one-to-one care from midwives. Photograph: David Jones/PA

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Hannah Summers

Tuesday 17 January 2017 00.01 GMT

A chronic shortage of midwives across the UK means women in labour are left feeling unsafe and frightened or as if they are being treated “like cattle” or “on a conveyor belt”, a new report has found.

In a study of 2,500 women who have given birth since 2014, half were found to have experienced at least one “red flag” event such as not getting timely access to pain relief due to insufficient staffing levels.

The research conducted by the National [Childbirth](#) Trust (NCT) and the National Federation of Women’s Institutes (NFWI) found that since a similar report four years ago there has been “scant progress” in women’s experiences of giving birth under the NHS.

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A red flag problem is defined by the National Institute for [Health](#) and Care Excellence (Nice) as a “warning sign that something may be wrong with midwifery staffing”.

Problems include delays of up to an hour or more in washing or suturing, medication doses being missed, delays of 30 minutes or more in getting pain relief, or when one midwife is not able to provide continuous one-to-one care and support to a woman during established labour.

The report found 17% of women did not get such one-to-one care from midwives, while more than a third who required or received pain relief experienced a delay of 30 minutes or more. Some even reported suffering post-traumatic stress as a result of the way they were treated while giving birth.

Health experts said the findings should serve as a warning to the government that staffing levels are at crisis point. Elizabeth Duff, a senior policy adviser at the NCT, said: “Our research has exposed a crisis in maternity care. No woman should have to suffer a red flag event when bringing a baby into the world. Severe staffing shortages must be acted on so that every family receives an acceptable level of care.”

The study found that 89% of women saw between one and six midwives during their pregnancy with most seeing between one and four. While 88% of women had never met any of the midwives who looked after them during their birth, just over half of those said it did not make a difference to them, mainly due to the professionalism of the midwives caring for them. But 12% said this made them feel alone and vulnerable and 6% said it made them feel unsafe.

Some women wrote about feeling like cattle or a machine, while others reported that a negative birth experience had had a lasting impact on them. One said: “I received a very ‘robotic’ care. It wasn’t very personal and I felt like just another person on the conveyor belt.”

Another said: “I wasn’t treated as a human. I was just a product on a conveyor belt. I was not respected and my birth has left me suffering post-traumatic stress disorder.”

One pointed to staffing issues, saying: “My chosen hospital ward and adjoining birth centre were extremely busy, or so I kept being told on the phone, which resulted in me having an unplanned home birth.”

Another new mother expressed her disappointment at being unable to have the labour she wanted because of “staffing issues”. She said: “There was no room for me on the

delivery ward. I ended up giving birth in the antenatal ward, which meant I couldn't get either a water birth or an epidural."

Once women had given birth, almost one in five (18%) said they had not seen a midwife as often as they needed, with 36% saying this had caused them great concern. More than a third of women said the diagnosis of a health problem had been delayed due to lack of postnatal care.

Marylyn Haines Evans, the chair of public affairs at the NFWI, said: "The findings from this report show that chronic midwife shortages, an estimated 3,500 in England alone, continue to undermine the delivery of high-quality care for women and their families."

Louise Silverton, the director for midwifery at the Royal College of Midwives, said the report should be a "red flag event for this government". She said: "The fact that half of women have experienced a red flag event is hugely worrying. It is a sign of services under too much pressure, with too few resources and not enough staff."

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Budget 2017

BMA calls for extra £10bn a year for NHS in Hammond's budget

Increase would bring health spending in line with 10 leading economies in Europe as proportion of GDP, says doctors union



The increase could pay for at least 35,000 extra beds every day, the union argues. Photograph: Peter Byrne/PA

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Haroon Siddique

Monday 6 March 2017 00.01 GMT

The British Medical Association has urged the government to increase health spending by £10bn a year to bring funding into line with other leading European economies and shore up the [NHS](#).

The union for doctors said increasing health spending to a proportion of GDP that matched that of the 10 leading economies across Europe could pay for at least 35,000 extra beds a day and several thousand more GPs.

In a letter to the chancellor, Philip Hammond, before Wednesday's budget, the BMA council chair, Dr Mark Porter, wrote: "Our members report that services are truly at breaking point, with unprecedented rising patient demand met only with financial restraint and directives for the NHS and social care to make huge, unachievable savings through [sustainability and transformation plans \(STPs\)](#) across England.

NHS poll finds public think service getting worse

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"We are not calling for more than other comparable nations, we are simply calling for you to match the average spending of other leading European economies. Based on our analysis of the figures available, this would, in 2015, have equated to an increase of £10.3bn for NHS funding; an increase which is desperately needed."

The BMA's call for substantial extra investment comes at a time when the NHS is feeling the strain amid rising demand, staff shortages and pressures on its finances. The service is supposed to be seeking to achieve £22bn in efficiency savings by 2020, which NHS England chief Simon Stevens said [would still leave the service with an £8bn funding gap](#).

However, the health service in England is on course to overspend by £1bn by the end of the current financial year after running up a deficit of £2.45bn in the previous 12 months.

The BMA has been a vocal critic of the STPs, claiming they are unworkable and will not

secure the sustainability of the NHS as they are intended to do but [threaten it by reducing services on a drastic scale](#).

The reference in the letter to Hammond to the number of beds that could be funded is particularly emotive as several thousand beds in acute district general hospitals [face being axed under STPs submitted by 44 areas](#).

Additionally, lost bed days due to patients being unable to be discharged because of constraints on community or social care, have hit record levels in recent months.

[They were also partially blamed for a deterioration in NHS finances in England in the last three months of last year](#) as providers lost income from elective operations because of a lack of capacity.

The BMA's analysis suggests that the 10 leading economies across Europe spend an average of 10.4% of their GDP on health in comparison with the UK's 9.8%, using the current definition from the Organisation for Economic Co-operation and Development. According to this, the UK's spending on health in 2015 should have been £10.3bn higher than it was.

Porter said if the government matched its peer group it could recruit an extra 10,000 GPs, along with other healthcare professionals, and improve surgeries so that practices could host more staff and deliver additional appointments to patients.

It could also reverse cuts already made to the public health budget rather than introduce further reductions of almost 4% up until 2020, he added.

“The crisis currently facing the NHS and social care is well known and becoming increasingly severe – the government cannot remain a bystander any longer,” Porter wrote.

“An entire system under such strain is not due to frontline financial mismanagement, or individual chief executives' poor decision making, it is due to the conscious underinvestment in our health service.”

A Department of [Health](#) spokeswoman said: “We are committed to the NHS, which is why total health spending is above the OECD average as a percentage of GDP, and why we are investing £10bn in the NHS's own plan for the future, including almost £4bn this year.

“What's more, the NHS was ranked the best and most efficient healthcare system in the world by the independent Commonwealth Fund, showing that we make every bit of spending count.”

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NHS

Lib Dems call for 1p income tax rise to provide NHS funding boost

Norman Lamb calls for interim measure while working on long-term solution such as a dedicated health and social care tax



Lamb said that while he supported a tax-funded health system, European social insurance models had kept better

pace with demand. Photograph: Robert Ormerod for the Guardian

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Jessica Elgot

Thursday 16 March 2017 22.00 GMT

Income tax should be increased by 1p to deliver a £4.6bn boost to the struggling NHS while a long-term funding solution is found, the former Liberal Democrat health minister [Norman Lamb](#) has said.

As the Lib Dems seek to woo traditional Labour voters and win back public trust, after being reduced to just nine MPs, Lamb will urge his party's spring forum this weekend to back higher taxes to pay for health and social care.

"You have to be straight with the public about what you say you will raise and then do it," he told the Guardian, in the wake of a [government U-turn over the national insurance contributions rise](#) that was proposed by Philip Hammond in last week's budget.

He would like to see income tax increased by 1p immediately while a new system is phased in. Lamb has asked a committee of health experts to make recommendations, but he suggests rebranding national insurance and earmarking it for health and social care is likely to be his preferred solution.

"You can have a mature discussion about why this is necessary," Lamb said. "The bottom line is: it comes down to our loved ones. That hour of need when there is that real anxiety that there may be a cancer and you are not sure if you will get treated on time – that is something most people will find intolerable. That stake we all have in a system that works properly is very powerful."

Dying patients waiting hours for pain relief in NHS funding shortfall

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Lamb leads a cross-party group of Lib Dem, Labour and Conservative MPs, including the chair of the health select committee, Sarah Wollaston, who recently met the prime minister and pressed her to put the funding of the [NHS](#) and social care on a more sustainable footing.

Theresa May has agreed the group can consult her health adviser, Dr James Kent – a former medical doctor turned management consultant. Lamb said he will make the case

for a cross-party investigation, lasting roughly a year, into long-term reforms.

Though Lamb said he ultimately believed the solution to the health crisis would be found in cross-party collaboration, he said his party had to be “audacious” with their own policy proposals, “because if we don’t, we’re nothing, there’s no point to us”.

He said Labour had failed to say where it would find the money to fund the NHS more generously, despite its leader, Jeremy Corbyn, regularly making the issue a key theme at prime minister’s questions.

“They are crushed by caution because this is difficult and they are worried about saying people will pay more tax under Labour,” Lamb said. “That is everybody’s fear about Labour, that they will expect everyone to pay loads more tax. So they, the leadership, resort to shouting.”



Norman Lamb MP, a former health minister. Photograph: Linda Nyland for the Guardian



Though he stressed his support for the NHS as a tax-funded health system, Lamb said it was an “uncomfortable truth” that European social insurance models had kept better pace with demand.

“In Germany they just put the premium up and it doesn’t feel the same as increasing tax,” he said. “I think a dedicated health and social care tax, independently assessed, would work as a hybrid, a tax-funded health system which you see going into the care system.”

Lamb, who has devised the new proposals with a panel of health advisers including

David Nicholson, the former chief executive of NHS England, will also propose an “OBR for mental health” to make independent assessments either once a year or the start of a parliament, of the funding the health service needs.

That approach would echo George Osborne’s creation of the Office for Budget Responsibility, which checks the Treasury’s economic forecasts and tax and spending plans.

The MP admitted that any new system would take several years to implement and that tax rises would be necessary in the interim. “My view is that we as a party should make the case for a 1p increase in income tax, raising about £4.6bn,” he said. “That would make a massive difference.”

Lamb said the extra funds raised should be ringfenced for health and social care, with an emphasis on investment on prevention, particularly in digitisation of systems. “It’s unbelievable we still have faxes flying around the NHS,” he said.

Other priorities should be improving general practice and investing in social care – giving people better treatment at home rather than deterioration, which results in hospital admissions, he said.

The Treasury has traditionally been sceptical about hypothecation – the practice of earmarking the revenue from particular taxes for one purpose. But former permanent secretary Nick Macpherson recently advocated five-year budgets for healthcare, paid for by a dedicated tax.

The Lib Dem vote collapsed in the 2015 general election, after the party joined the Conservatives in coalition and broke a manifesto pledge not to increase tuition fees.

The leader, Tim Farron, hopes his party can make a comeback as the champion of pro-remain voters, but believes it must be upfront about the need to raise taxes.

Lamb, who has been a vigorous campaigner for mental health during his time in politics and as a health minister during the coalition, has spoken out about his family’s struggles to get swift treatment for his son’s mental illness.

Archie Lamb, who subsequently founded a music label that launched the careers of stars including rapper Tinchy Stryder, had obsessive compulsive disorder and the family paid for private treatment after being told the waiting list for the NHS would be too long.

“If you can pay, you’re not going to watch your child deteriorate, but there are families who can’t pay and I can’t tolerate that,” he said. “That’s what makes me very driven. I came across so many cases as a minister where families are desperate and being

completely let down by the system, with teenage girls with eating disorders told their BMI wasn't low enough, so basically go away and get sicker.

“It is morally wrong and economically stupid but this is happening in our country and we have to confront it.”

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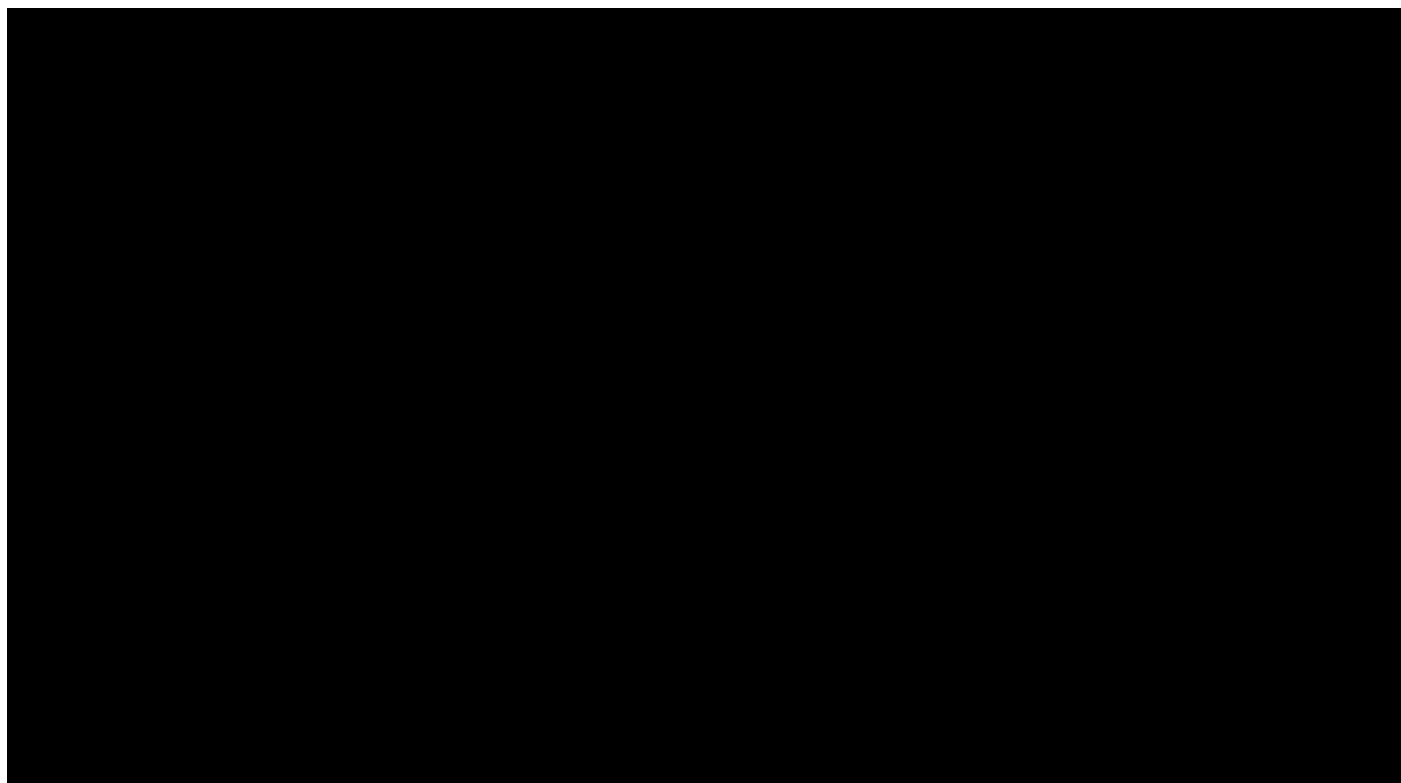


Theresa May

General election: May paves way for end to pledges on NI and income tax

PM vows not to raise VAT, but refuses to commit to Cameron's 'tax lock' promise or triple-lock formula for state pension increases

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'Voters deserve no soundbites', Marr tells May

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Anushka Asthana and Rowena Mason

Sunday 30 April 2017 21.48 BST

[Theresa May](#) is likely to abandon the Tories' "triple tax lock" commitment and has ruled out increases to VAT, but signalled that she could allow a future Conservative government to raise national insurance and income tax.

The prime minister, whose government was recently forced into an embarrassing U-turn over plans to raise national insurance for the self-employed, said she did not want to make promises that she would be unable to keep. As such, she would not commit to renewing her predecessor's policy that prevented the government from increasing any of the three major taxes: VAT, national insurance and income tax.

However, she insisted that overall her party would reduce the taxes on working families, with possible plans to further raise the personal allowance threshold, the level at which income tax kicks in. The [Conservatives](#) are also considering tax breaks to help people fund care for elderly relatives.

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They could also save billions by weakening the triple lock on pensions, which protects the rate of increase, to a double lock, and reinvesting the money into long-term spending on social care. Sources have suggested that the party is also considering taxes on highly expensive homes that would hit the wealthiest

families.

The Guardian understands that internal Tory figures have May polling well ahead of the party as a whole, which is why she is being asked to be "front and centre" of the election campaign.

In her first major broadcast interviews of the general election, the prime minister made a specific pledge on tax. "We won't be increasing VAT," she told ITV's Robert Peston. The prime minister said her "instinct and what I absolutely want to do is to be able to reduce taxes on working families", but she did not make the same pledge on either national insurance or income tax.

The unexpected promise on VAT came after the shadow chancellor, [John McDonnell](#), made the same pledge, with a promise to “protect middle and low earners”.

“I will say also, we will not increase VAT, and I want you to ask Theresa May that question as well because if you remember, last time the Tories promised no increase in VAT, and then they increased it afterwards. That’s a regressive tax that falls on some of the poorest and middle earners as well, so that’s one guarantee we’re giving.”

A Labour source claimed that McDonnell had intended to “lay a trap” for the prime minister, and said she had been “bounced into an unplanned VAT commitment” that she had not raised earlier in the morning. They said the plan was to push her to make similar commitments in other areas. The Conservatives strongly denied the suggestion, making clear that the prime minister had simply been asked about the issue.

May had earlier appeared on the BBC’s Andrew Marr Show, where she said: “We have absolutely no plans to increase the level of tax ... It would be my intention as a Conservative government and a Conservative prime minister to reduce the taxes on working families.”

She was also asked about stories of nurses being forced to go to food banks because of an effective 14% pay cut since 2010 reported by the Royal College of Nursing (RCN). The prime minister insisted that she wanted a “country that works for everyone, not just the privileged few”.

When pushed by Marr, she argued that NHS workers had seen a pay increase of 3% if you combined basic pay with progression pay and insisted that her government was putting an additional £10bn into the health service. She added: “There are many complex reasons why people go to food banks.”

The response led to an angry reaction from nursing chiefs. The RCN’s chief executive, Janet Davies, said the 1% cap on basic pay increases in the public sector was “fuelling a recruitment and retention crisis” that was risking patient safety.

“Theresa May was explicitly asked to admit that it is wrong for nurses to be forced to use food banks in 2017. Not only did she fail to acknowledge it is wrong, she failed to even mention nurses or their work in her reply,” she said.

“Nurses should not have to fund the NHS deficit from their own pay packets. Too many are struggling to make ends meet, turning to food banks and hardship grants in desperation.”

The Labour MP Yvette Cooper posted on Twitter: “This is Theresa May’s style – rigid rhetoric far from reality, from school budgets to nurses pay, Brexit to tax.”

McDonnell said his party would demonstrate “item by item” how it would pay for

spending commitments. However, he promised not to raise income tax for “middle and low earners”. He also vowed to overhaul workers’ rights with a 20-point plan that would outlaw zero-hours contracts and double paternity leave.

Speaking to Peston, McDonnell also talked about a return to collective bargaining in the workplace and a return to pay deals being set on an industry-wide basis. “What’s happened in this country over the last 20-odd years is collective bargaining has declined. Eighty per cent of our workforce used to be held by collective bargaining. It stands at about 20% now, and that’s eroded wages overall,” he said, in a move that was described by parts of the media as a return to the 1970s.

May’s decision not to commit to the tax lock, which was a key policy for Cameron in 2015, came after her chancellor, Philip Hammond, said the policy had tied his hands.

Tories promise 'tax lock' in latest move to combat Labour

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[Hammond was forced to reverse](#) a budget decision to raise national insurance for self-employed workers as part of an effort to close the gap between that group and other workers. He signalled the change of heart in a letter to the Tory MP Andrew Tyrie, who chairs the Treasury select committee, after anger among the party’s MPs.

The chancellor said the policy had not breached the tax lock in technical terms but admitted it had gone against the “wider understanding of the spirit” of the party’s 2015 manifesto. However, he has made clear that he would like to revisit the issue after a review of the rights of self-employed workers by the former Labour adviser and Royal Society of Arts chief, Matthew Taylor.

May will continue her election tour on Monday with a visit to a northern Labour seat, as polls tighten a small amount but still suggest a strong Tory lead, including among working-class voters.

One policy that she hopes will reach beyond the core Conservative vote is a promise to strengthen the pensions regulator to be able to block corporate takeovers if they are used to strip pension funds. Tories said the policy was formulated as “employees of large, household-name companies have found their pensions put at risk by irresponsible behaviour of bosses”, in an apparent reference to Philip Green and the BHS scandal.

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