



Waiting  
times  
*forward*  
not back

**The coming election represents a big choice: whether Britain moves forward or back. It will be a choice about whether our economy and public services work in the interests of all hard working families, or only a privileged few. These are our values. They drive our policies.**

**This document sets out how, if we win a third term, Labour will deliver the shortest waiting times for hospital treatment the NHS has ever seen. When we came to office in 1997, NHS patients were waiting up to 18 months – after an outpatient appointment – for a hospital operation. Since then we have halved that maximum waiting time. Now we have pledged to reduce the overall wait – from GP referral to hospital treatment – to a guaranteed maximum of just 18 weeks by 2008.**

This document focuses on how we will deliver Labour's 18 weeks pledge. Other aspects of our health policy will be detailed in other documents including our election manifesto.

We are determined to put policy substance at the heart of the coming election. Our detailed policy commitments provide a sharp contrast with the Conservatives, who are light on policy and who would take Britain back with a health system explicitly designed to provide those who can afford it with privileged access and treatment at the expense of those who cannot.

The British people support the values of fairness, compassion and justice. The NHS represents these values, which is why people so strongly support it. It is paid for by all of us and is there to serve all of us.

Thanks to Labour's investment and reform and the enormous efforts of NHS staff we have made significant progress since 1997.

The priority of our first two terms was to reverse the underfunding and neglect that damaged the NHS:

- Under the Tories, waiting lists went up by 400,000. With Labour they have come down by 300,000.
- Under the Tories, there was a shortage of nurses and doctors and a cut in training places for the future. With Labour, there are now 77,500 extra nurses than there were in 1997 and 19,000 more doctors.
- Under the Tories, hospital buildings

were in a deplorable state with over half of them being older than the NHS itself. Labour is building over 100 hospitals.

- With Labour, death rates due to the big killers of heart disease and cancer are down: with 27 per cent fewer people under 75 dying of coronary heart disease and 12 per cent fewer people dying of cancer – the fastest decline in Europe.

We have made major reforms to the NHS. Budgets have been devolved. New commissioning structures established. New standards put in place. New providers introduced. And, for the first time, NHS patients have been given choice over time and place of treatment. All these reforms have been based on the guiding NHS principle – equal access for all, free at the point of use, based on need not ability to pay.

If re-elected for a third term we will maintain those values and take forward the next stage of reform. We will continue to increase capacity in the NHS, including greater use of independent sector providers. With investment rising and standards improving, the NHS will put the individual patient at the centre of its services.

Hospitals will no longer choose patients. Patients will choose hospitals. Ensuring patients have far greater choice over the time and date of their treatment will be a key means to deliver our pledge that no patient should wait more than 18 weeks for hospital treatment.

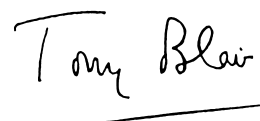
Putting patients at the heart of the NHS will not simply develop the NHS into a better service, it also makes medical sense. When patients are more engaged in their treatment, they are better able to work in partnership with health services to develop healthy lives.

The NHS is not perfect. In a service treating one million patients every 36 hours, mistakes sometimes happen.

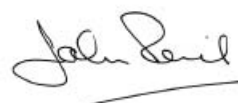
But the vast majority of NHS patients get good-quality care. There are still problems – MRSA is one of them, and we commend the progress that NHS staff have made in beginning to bring down rates of infection. There are far more things going right than going wrong. After decades of decline, progress and improvement have taken hold. The choice now is whether the NHS keeps going forward or whether it goes back.

Our ambition is for an NHS that is truly world class. One that improves year on year to give faster, better treatment and more choice to patients.

The contrast with the Conservatives could not be clearer.



**Tony Blair MP  
Prime Minister and  
Leader of the Labour Party**



**Dr John Reid MP  
Secretary of State for Health**

# Waiting times *forward* not back

## **Our values**

### ***Why the NHS matters to our people and their future***

The Labour Party believes in our National Health Service and will ensure that it is transformed to put patients at its core.

### **Fair to all and personal to you**

The NHS expresses the values of the British people. The idea that together we can achieve more than we can as individuals is the key to progress in the modern world. In a world where lifesaving medical care would be ruinously expensive for most family budgets, the founding principle of the National Health Service is that there should be equal access to a high-quality service for all, free at the point of need.

Health care is central to improving our lives, and access to it should not depend on the ability to pay. Through sustained investment and strategic reform we are creating a quality health care system that is free at the point of use and that puts patients at the core of the service.

The Tory years of underfunding and neglect left the NHS unable to provide the security that the public expect. The NHS

is improving rapidly; waiting lists are falling, as are maximum waiting times. We will not turn the clock back by cutting budgets, abandoning standards and introducing hospital charges.

Having inherited waiting lists of over 18 months (and even longer in hidden waits) we will achieve a maximum start-to-finish wait of 18 weeks. This will be done by using three drivers for improvement:

- First, investment in capacity and an unerring focus on standards
- Second, freeing up supply through greater diversity, contestability and devolved power
- Third, putting patients in the driving seat through choice, personalisation and empowerment.

By combining the values of the NHS with performance that meets the needs and expectations of today's citizens we can secure the future of the NHS for a generation.

Our investment will see NHS funding treble in a decade (by 2008), with doctor and nurse numbers higher than ever before. We will increase capacity and effectiveness by increasing the range and diversity of providers. Capacity within NHS

trusts will expand. We will develop NHS Foundation Trusts. There will be a growth in new independent sector treatment centres. And we will make better use of existing private sector providers.

The needs and wishes of patients must be at the core of the NHS. We will ensure that individual choice and empowerment will improve the NHS without people having to pay for their operations out of their own pocket. With Labour, there will be no charges for operations.

People expect to have a bigger say in how they are treated. Expanding choice and developing a personalised service for patients depends upon giving patients more power, information and control over their treatment. For all the benefits that the NHS has brought to people in this country, power within the health service has historically rested with the provider rather than the patient. Not only have patients waited far too long for treatment, but they have not even had a guaranteed maximum wait.

Until relatively recently the patient has been told where to go, when to go and how long to wait – in some cases for years.

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### With Labour

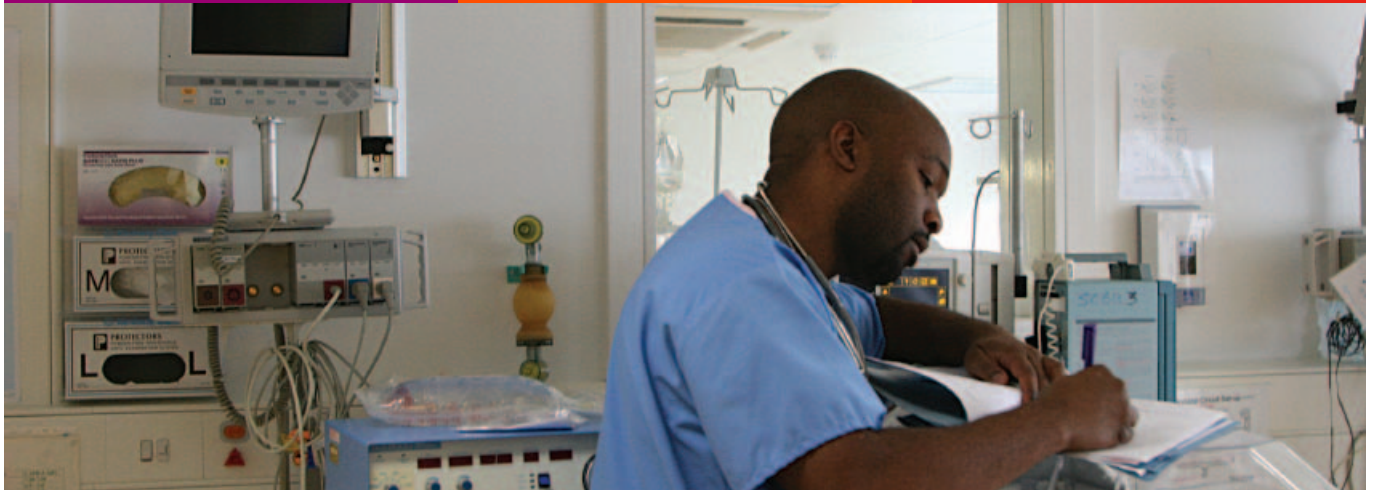
Maximum waiting times have fallen and continue to fall. No one waits longer than nine months for their operation; three months for heart operations and cataracts.

### With Labour

Investment decisions have put the NHS on a sound footing. Spending has doubled since 1997, and will treble by 2008.

### With Labour

There are over 19,000 more doctors and 77,500 more nurses employed in the NHS since 1997.



For new Labour, providing patients with more power lies at the centre of the modern NHS. The power of patient preference within the NHS means that hospitals will know that if the patient wants to go to their hospital then they will attract the resources for their health care. Patient power will help improve the quality of the service hospitals provide.

Our mission is to extend to all the choice and quality of care previously available only to a minority. This requires continuous investment, the commitment of doctors, nurses and all NHS staff, and the will to modernise both the way we work and the treatment we provide.

There will be no going back on patient power. It is not only right, it is necessary to ensure the NHS survives as the central, fair and quality provider of health care in this country.

## Progress

**More investment, more hospitals, more doctors and nurses, less waiting**

In 1997, Labour inherited a neglected and underfunded National Health Service with thousands of people waiting more than 18 months for their operations. More than half of the hospitals were built before the NHS was founded, there were too few doctors and nurses and there was no focus on driving up standards.

We have made improvements in all of these areas.

### Shorter maximum waiting times

We are ending the long waits that were the story of the NHS under the Tory government.

With Labour, maximum waiting times have fallen and continue to fall. No-one waits longer than nine months; three months for heart operations and cataracts. And we will go further.

### Investment

Labour's investment decisions have put the NHS on a sound footing. Spending has doubled since 1997, and will treble by 2008.

### Expanding capacity – buildings

- 132 new hospital schemes worth £17.6 billion are going ahead, 121 of which are PFI financed. 82 are already open or being built.
- The Private Finance Initiative (PFI) has enabled us to progress the largest hospital building programme in the history of the NHS.

	March 1997	November 2004
Number of people on the hospital waiting list	1,158,000	<b>843,923</b>
Number of people waiting more than 18 months for inpatients	143	<b>0</b>
Number of hospital in patients waiting more than 12 months	30,000	<b>140</b>
Number of hospital in patients waiting more than 6 months	283,866	<b>61,975</b>
Number of hospital outpatients waiting more than 13 weeks	338,957	<b>62,671</b>
% being seen in Accident and Emergency Departments within 4 hours	77% (Summer 2002)	<b>96%</b>

**With Labour**

Today **27% fewer people die after a heart attack and 12% fewer people die of cancer since 1996.**

**With Labour**

Nearly two million children are receiving a free piece of fruit on every school day, setting them up with a healthy start in life.



### **A modern NHS needs a modern workforce**

*There are now many more doctors*

- Since 1997, over 19,000 more doctors are employed in the NHS.

*There are now many more nurses*

- As of March 2004, there were 396,359 NHS nurses, an increase of 77,500 since 1997.
- In the last five years over 18,500 former nurses, midwives and health visitors have returned to work in the NHS.

*We need more allied health professionals*

- Over the last five years the number of therapists and other health professionals employed in the NHS increased by 9,026.
- Over the last three years over 1,450 former allied health professionals and over 450 healthcare scientists have returned to work in the NHS.

*We need to ensure that there are more doctors and nurses in the future*

- We are making a significant investment in extra medical school places, and establishing new medical schools. Latest figures show that in 2004-05, the intake of medical school students in England rose to 6,326, a rise of 2,577 (69 per cent) since 1997 – the highest ever level.
- The number of UK applicants to study

medicine at UK universities is also at its highest since 1986 (the earliest figure we have). There are currently 85 per cent more applicants to medical schools for 2005-06 entry than for entry in 2000-01.

- The number of doctors training to be GPs has reached record levels in the past few months and there are now 1,068 (79.5 per cent) more GPs in training than in 1997.
- There has been a 62 per cent increase in the number of nurses entering training between 1997 and 2003.

### **Better treatment and outcomes for people with coronary heart disease**

Services have improved for people who discover they have problems with their blood pressure or their heart.

- 2.5 million people in England are protected with cholesterol lowering drugs, compared to about 300,000 in 1997
- Well over 90 per cent of people experiencing chest pain for the first time are seen by a specialist clinic within two weeks.

If you have a heart attack, services have improved.

- 54 per cent of people who experience a heart attack are treated with clot-busting drugs within an hour of dialling 999, compared to just 24 per cent when we started out – up to an extra

22,500 patients treated within the 'golden hour'.

- Waiting over three months for bypass surgery or angioplasty will soon be a thing of the past. In 1997 well over a thousand patients waited more than a year, and waits of up to two years were not unheard of. By the end of March 2005, we expect that no one will wait more than three months.

The outcome of these service improvements is that now 27 per cent fewer people die after a heart attack than in 1996.

We are also working to help prevent coronary heart disease.

- Today, nearly two million children are receiving a free piece of fruit on every school day, setting them up with a healthy start in life. In our third term, we are committed to every child receiving two hours of quality school sport per week as part of the curriculum, and access to an additional two hours per week beyond the school day.
- A national network of smoking cessation services has helped hundreds of thousands of people to kick the habit. Over 621,000 people have successfully quit smoking through NHS smoking cessation services since April 2000. In 1997 there were no smoking cessation services.

## 4 Waiting times *forward not back*

### **Better treatment and outcomes for people with cancer**

#### *Screening*

- Since April 2001, 280,000 more women have been invited to be screened as a result of the expansion of the breast screening service for 65- to 70-year-old women.
- Nearly 10,000 breast cancers were detected in 2002-03 (a 15 per cent increase on previous year).
- Liquid Based Cytology is being introduced into cancer screening programmes, helping to improve the accuracy of cervical testing.
- Bowel cancer screening is being rolled out from 2006. This will result in a 15 per cent reduction in deaths in the age-screened group.

#### *Waiting times*

- Over 99 per cent of people with suspected cancer are now seen by a specialist within two weeks of being referred by their GP
- Over 97 per cent of women with breast cancer are receiving their first treatment within one month of diagnosis.
- Over 96 per cent of women with breast cancer are receiving their first treatment within two months of being referred by their GP

#### *Treatment*

- 31,000 cancer patients can now benefit from the newest cancer drugs appraised by the National Institute for Clinical Excellence.
- Patients with cancer, regardless of where they live, can now benefit from 15 of the newest drugs which have been positively appraised by NICE.

#### *Workforce*

- There are 1,182 extra cancer consultants since 1997 (a 38 per cent increase) and 2,800 (55 per cent) extra consultants in other specialties who spend a significant amount of their time caring for cancer patients.

#### *Outcomes for patients*

- We have some of the fastest-falling death rates from cancer in Europe. The latest figures show that cancer mortality in the under-75s has fallen by over 12 per cent in the last six years. This equates to around 33,000 lives saved over this period.

## **Goals**

### ***Quicker access, more patient choice, healthier lives***

The NHS is serving more people to a higher standard than at any time since its creation. Our goal for 2010 is a national consensus behind a health care system free at the point of use. We want a health service that is fair for all of us and personal to each citizen. We will close the health gap that effectively condemns some citizens to an early death. We must also help people improve their own health through much better health promotion.

One principle underpins our reforms. Putting patients centre stage, and organising provision around them.

### **Our plans for improving access to the NHS with more choice for patients**

Our pledge for the future is that by 2008 we will achieve:

*'No one waiting more than 18 weeks guaranteed for hospital treatment, with choice of where and when in an NHS free at the point of need.'*

To achieve this we need to expand capacity throughout the patient journey through the NHS.

### **Reducing the maximum waiting time to 18 weeks**

Under the Tories, the maximum waiting time was over 18 months, under Labour it will be 18 weeks.

With Labour, the 18 weeks pledge covers the entire patient journey from the GP's surgery to the hospital operating theatre.

Therefore by 2008, Labour will provide a waiting time that covers:

- diagnostics tests
- pathology tests and
- hospital operations.

#### *Increasing capacity in diagnostics*

Investment in and procurement of improved diagnostic services from both public and private providers are vital. Patients will be offered greater choice in where, when and how they access diagnostic services. Where appropriate, GPs will also be able to refer patients directly to a diagnostic facility cutting out patient waiting times.

To achieve the 18 weeks maximum wait for the time between GP referral and hospital operation by the end of 2008, it is our expectation that there will be an average wait of about three weeks for an MRI scan with emergencies will be seen more quickly. This will require several million more procedures. These will be provided both through the better utilisation of NHS capacity and through the procurement of these services from independent providers.

The provision of additional diagnostic services under this procurement will bring English levels of provision more in line with international levels by bringing in new specialist staff to provide the services.

We need additional capacity to be closer to where patients live. So we will develop diagnostic facilities in community settings with a strong primary care focus.

This programme will bring additional benefits as they spread new ways of working, spur NHS providers to increase their responsiveness to patients and, as a result of increased contestability, drive down the level of inefficient spot purchasing.

All these new diagnostic tests will be provided with equal access for all, free at the point of need.

#### *Increasing capacity with a new generation of pathology tests to secure much quicker treatment*

Pathology provides up to 70 per cent of all diagnoses and is vital for patients to get the services they need at the time and in the place they need them. To meet the 18 weeks access target we need to expand and improve pathology services and modern technology gives us the opportunity to do this.

NHS pathology services are generally of a high standard but face the challenge of adopting new technologies and new ways of working.

Diagnostics are developing rapidly and some tests can now be carried out in many different locations, even in patients' homes. We need to modernise services and ways of working in labs – as well as elsewhere in the NHS – to make sure that we provide what patients need, when they need it.



For people fearing they may have a serious condition, waiting for pathology results can be a very worrying time. We need to shorten times that patients have to wait and over the next five years, we will do so.

We will shortly be making further announcements in this area.

#### *Increasing capacity by procuring more elective operations*

To meet the 18 weeks target we need to increase capacity in elective operations.

The 2001 Labour Party Manifesto pledged to develop a new set of providers of operations – treatment centres. These were to be provided both by NHS resources and by the independent sector.

The creation of new independent providers has had a dramatic impact upon the way in which all secondary health care is provided.

This development has had a number of effects:

- The increase in capacity has helped to cut waiting lists. For instance, nobody now waits longer than three months for cataract operations. The contracts to date will provide the equivalent of over 350 new doctors.
- The increased and different sort of capacity has begun to provide patients

with the choice of a different place to have their operation.

- The different way of working in treatment centres has meant that, for example, in cataract operations productivity is higher – in some cases eight times higher – and stays in hospital are shorter.

Independent treatment centres are therefore a crucial part of our plans for NHS patients.

We will therefore procure for NHS patients, a further 250,000 operations a year from the independent sector, rising to a total of operations provided by independent sector treatment centres of 500,000 by 2008. This represents roughly about seven per cent of the operations that will be carried out for NHS patients by that time. It will provide the NHS with a choice of providers and quicker access.

As a result:

- From December 2005 patients will be able to choose from four to five providers for planned hospital care.
- By 2008 patients will have the right to choose from any healthcare provider which meets the Healthcare Commission's standards and which can provide the care within the price that the NHS will pay.

So this means that by 2008, we are committed to providing patients with the free choice of where they have their operation – whether by an NHS or independent sector provider, and when to have their operation. Choice will lie with patients, not the provider.

All these new elective operations will be provided with equal access for all free at the point of need.

This is in contrast to the Tories who are committed to cutting money from the NHS to subsidise Private Healthcare for the privileged few.

#### *Increasing capacity through the workforce*

Delivering world-class services with improvements in quality and responsiveness will require an expansion in the numbers of staff working in and with the NHS. Over the last five years, the work force of the NHS has increased by 3.6 per cent a year. These increases will continue over the next four years. We will do this through a range of measures including:

- increasing the supply of healthcare workers
- working to retain existing staff
- more flexible retirement and extending the productive life of staff
- planned and ethical international recruitment to supplement key skills

# Forward to waiting times of 18 weeks

## Under the Tories, the maximum waiting time was over 18 months. With Labour it will be 18 weeks.

- developing and working with other providers to develop additional staff for working for NHS patients.

More staff alone will not deliver high-quality and responsive services. We will take steps to ensure that staff work where they are needed. The NHS will continue to develop and implement policies to make it a 'model employer'.

Finally, we shall not only achieve our pledge in acute care but we will go beyond it. We shall explore the extension of patient choice and empowerment in other areas including mental health and community services.

### **Within our pledge, we will provide patients with a choice of where and when they have their treatment.**

We will do this by reducing waiting lists, increasing capacity, and allowing patients to choose from different providers in primary and secondary care – Labour will be putting NHS patients in charge. In the past, it has been patients who have had to deal with the worry and anxiety of wondering when and where they will be treated. That will change because with increased capacity they will be able to choose where and when they will be treated. Increasingly, NHS services will be personal to each patient.

The GP practice or the hospital will have

to attract the patient rather than the patient deal with the worry and anxiety of waiting.

Through practice-based commissioning and the new NHS electronic booking system, GPs will help patients choose where and when to have their elective operations. Practice-based commissioning will help facilitate choice in other areas, such as community services and mental health.

By 2008, choice will drive where and how elective operations and other services are delivered. It will be the choices that millions of patients make, not planning from Whitehall, that will develop the way in which the NHS delivers its services. The organisations that thrive will be those that patients want to go to. The organisations that fail to attract patients will have to improve their ability to do so.

Under these circumstances, the task of central government is to ensure that there is a range of diverse choices for patients to choose from and to ensure that those choices are of high quality and are safe.

All of this choice is open to everyone as part of the NHS.

Contrast this with the Tories who will use NHS money to provide wider choices for those people who can afford to pay for their operations.

### **The third element of our pledge is that we maintain the principle that the NHS will remain free at the point of need.**

With Labour, all NHS money will be spent on services that are equally accessible for everyone and are free at the point of need.

With our 18 weeks pledge, everyone in the country will have an equal guaranteed right to get his or her care within that timescale. NHS resources will be spent on giving everyone that equal right.

Under the Tories, NHS resources will be used to help the better off jump the queue. The Tories will encourage hospitals to charge and will subsidise those hospital charges with NHS money.



### The Tories would take Britain back

The Tories are committed to hospital charges: 'If an independent hospital requires a payment from patients themselves, half of the value of the NHS tariff may be used... allowing 50 per cent of the NHS tariff to be used where hospitals charge patients...'

*Conservative Right to Choose: Health Issue, June 2004*

## The Tories would take Britain back

### A failed Tory past

The Tories' record on health is one of failure. When in power they failed to invest in our NHS and neglected its progress. In 1997, there was a shortage of doctors and nurses and the Tories had cut training places for the future.

On any one day, hundreds waited over 18 months for an operation. Thousands waited 15 months. Tens of thousands waited over 12 months. More than one hundred thousand waited over nine months. There was no systematic approach to reducing deaths from cancer or coronary heart disease.

In 2002 when the Conservatives had the chance to vote for extra resources for the NHS, they voted against the increase.

### The Tories would take Britain back

The Conservatives have a manifesto commitment to introduce charges for patients to have basic operations performed more quickly. Put simply, the Tories have reversed the founding principle of the NHS and have placed a patient's ability to pay above their clinical need.

Conservative policy is to provide vouchers worth 50 per cent of the cost of treatment

for the few who can afford to pay to go private. The effect of the voucher is to divert public money from the NHS to subsidise queue jumping for those who can afford to pay privately.

Page six of the Conservative manifesto on health states: 'Private patients have paid their taxes like everyone else. If they choose to go private and free up NHS space for other patients, they should not be punished but helped. If an independent hospital charges more for an operation than the NHS, patients will be entitled to 50 per cent of the NHS cost as a contribution towards their bill.'

### The cost of Tory charges for operations

Those prepared to pay extra will be given vouchers worth 50 per cent of the cost of treatment to go private. For example, patients could still be left to pay more than £5,750 for a heart bypass operation, or £3,250 for a hip replacement operation under Tory plans. Those who cannot afford these prices – the vast majority of Britain's hard working families – will face the prospect of unlimited waits.

Tory policy turns the fundamental principle of the NHS on its head. Under the Tory plans, access to timely operations will be on the basis of ability to pay, not patient need.

The Tories do not want shorter maximum waiting times for NHS patients because they know that waiting for operations is one of the main reasons that people choose to use private care. The Tories want longer waits to encourage people to go private.

The Conservative Party will scrap all NHS national targets, spending billions of pounds of public money while abolishing the central levers for delivering priorities in improving the nation's health. When in power, long Tory waits were caused by decades of underinvestment and neglect as the Tories encouraged people to go private and opt out of the NHS. They now argue that for NHS patients there should be no maximum waiting times at all.

This proposal is unfair, inefficient, and illegal, it will involve cuts in NHS resources, and it will increase waiting lists for NHS patients.

- Unfair – patients who need basic operations will no longer have equal access to treatment. Those few that can afford to pay for their operations will be subsidised by the rest of us to jump the queue. This breaks the basic principle of the NHS to give everyone equal access to care based upon need and not ability to pay. Patients who want their operation more quickly will have to pay a charge.

## The Tories would take Britain back

# The Tories are committed to undermining the NHS principle of equal access to health care free at the point of need.

As Niall Dickson CEO of the Kings Fund has said:

*'The Conservatives' choice proposals would mean the NHS subsidising large numbers of patients who would have gone private anyway. This is not a good use of public funds. It's the relatively wealthy who are more likely to benefit and in a sense it undermines the concept of a service free for all regardless of ability to pay.'*

- Inefficient – it is costly because this commitment would encourage private providers to increase their costs rather than reduce them. Rather than encouraging private hospitals to reduce their prices towards those offered by the NHS, it would encourage price increases.
- It is illegal – as the founding 1948 NHS Act, as amended in 1977, clearly states in the very first clause:

*"1(2) The services so provided shall be free of charge except in so far as the making a recovery of charges is expressly provided for by or under any enactment, whenever passed".*

To introduce their charging regime the Tories would therefore need to amend the original legislation something that Margaret Thatcher never even tried to do.

- It removes resources from the NHS. The Tories' charging proposal will instantly remove £1.2bn from the NHS to fund the cost of operations for those who already pay to go private. Because the money will not be available to the NHS, there will not be as much money for NHS operations and so waiting lists will start to go up again.
- It will increase waiting lists for people who cannot afford to go private. Longer waiting lists won't just be the result of this short-sighted policy. They will also be the product of the Tory pledge to abandon targets for maximum waiting times for NHS operations. They would remove the main lever of government to continue reducing waiting lists, as this Labour Government has done successfully, while denying patients the confidence that delays are being tackled. The result seems certain to be more people choosing to go private and an increased flow of money out of the NHS. The Financial Times went further. It warned that the Tory plan would provide "every incentive for NHS surgeons to encourage long waits in order for the business to transfer to their (subsidised) private practice.

The Tories have broken the consensus that has existed around the NHS for the last 60 years – that there should be equal access for all, based on clinical need and not ability to pay. It highlights the Tory preference for people having to pay for

private health care over public provision. This means that, for the first time, they have made clear that people will have to pay to get the basic operations they need quickly and so represents the introduction of charging for healthcare.

The NHS provides security for our people. It reflects their values of fairness for all. Increasingly it will provide a service that is not only fair for all but is personal to each of us. We have started the process of improving... The debate about the future of the NHS is how we extend to every person in the country a level of service that has previously only been available to those who can afford to pay.



## Waiting times *forward* not back



**The coming election represents a big choice: whether Britain moves forward or back. It will be a choice about whether our economy and public services work in the interests of all hard working families, or only a privileged few.**

This document sets out how, if we win a third term, Labour will deliver the shortest waiting times for hospital treatment the NHS has ever seen. When we came to office in 1997, NHS patients were waiting up to 18 months – after an out-patient appointment – for a hospital operation. Since then we have halved that maximum waiting time. Now we have pledged to reduce the overall wait – from GP referral to hospital treatment – to a guaranteed maximum of just 18 weeks by 2008.

This document focuses on how we will deliver Labour's 18 weeks pledge. Other aspects of our health policy will be detailed in other documents including our election manifesto.

We are determined to put policy substance at the heart of the coming election. Our detailed policy commitments provide a sharp contrast with the Conservatives who are light on policy and who would take Britain back with a health system explicitly designed to provide those who can afford it with privileged access and treatment at the expense of those who cannot.

**If you would like to find out more about our policies, join the Labour Party or make a donation to Labour's election fund, please call **08705 900 200** or visit our website at **[www.labour.org.uk](http://www.labour.org.uk)****

Images: Richard Maude, Diane Allard  
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