



Article

# Our general election manifesto

NRAS has set out 6 key priorities in our manifesto which we would urge the next UK Government to consider.

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On 4 July 2024, the UK will be holding a General Election. This means that 650 Members of Parliament (MPs) will be elected across England, Wales, Scotland and Northern Ireland.

NRAS has outlined 6 key priorities across the four nations and provided clear reasoning with defined calls to action. Whatever the formation of the next Government, we consider that these actions are a priority for people living with Rheumatoid Arthritis and Juvenile Idiopathic Arthritis.

**UK: Tackle health inequalities and prioritise prevention of comorbidities**

**Scotland: Improve digital inclusion**

**Northern Ireland: Reduce waiting times and improve time to diagnosis and treatment**

**England: Review the exemption criteria for Prescription Charges**

**Wales: Make care closer to home**

NRAS has sent out a briefing and manifesto document to Proposed Parliamentary Candidates to provide some key statistics for RA and JIA and to outline our key priorities for the next government. The 6 key priorities are:

## 1. Tackle health inequalities

- Health inequalities are factors which cause worse health outcomes for many patients. These could be geographic, demographic, socio-economic or wider determinants of health e.g. housing, education.
- We know that people living in the most deprived areas of the UK suffer poorer health outcomes than those in the least deprived, and spend more years lived with a disability than their counterparts.
- The UK needs to tackle the source of these inequalities to limit variation in care and outcomes for people.

- Focus on tackling health inequities at their source
- Strive towards an equitable health care service for all
- Reduce inequities of access to care and treatment due to geographical location

## 2. Prioritise prevention of co-morbidities

- Over 80% of people living with RA will be diagnosed with another condition.
- People with multi-morbidities are more likely to require repeated and lengthy hospital stays and urgent care services. More people need to be made aware of the risk of comorbidities and their own role in preventing and managing them.
- More emphasis on secondary prevention will reduce strain on overstretched hospital and emergency department resources.
- Ensure compliance with NICE QS33 to have an annual/ periodic review measuring for co-morbidities e.g. cardiovascular disease, mental health issues and osteoporosis
- Refocus strategy on preventative rather than reactive acute sector targets
- Long term policy shift to increase investment in both primary and secondary preventative services

## 3. England: Scrap the Prescription Charge

- England is the only nation to still charge for prescriptions.
- NRAS, in conjunction with the Prescription Charges Coalition, have been campaigning for the removal of the Prescription charge for people living with long term conditions.
- The exemptions list has not been fully reviewed since its creation in 1968.
- Scrap the Prescription Charge for those living with a long- term condition

## 4. Scotland: Improve digital inclusion

- Scotland's statistics show that nearly 20% of residents aged 65 and over do not have access to the internet and overall internet access is the lowest in the four nations.
- Scotland's Digital Inclusion initiative, started in 2018, was to close the digital divide and improve health and social care services. This has been limited in scope and should be broadened.
- Review the digital inclusion initiative and focus on most at risk groups including those with RA and over 65

## 5. Wales: Make care closer to home

- Wales: Make care closer to home. Powys, Wales' biggest county, does not have its own adult rheumatology department and all patients must travel for specialist care.
- Cardiff is Wales' only paediatric rheumatology centre, serving families across South Wales, opened in 2019 but there are still many young people and their families who have to travel considerable distances to attend vital appointments or potentially travel into England to access care.
- Increase rural access to specialist rheumatology services
- Commission another specialist paediatric rheumatology centre in Wales to provide specialist care for children and young people in the north

## 6. Northern Ireland: Reduce waiting times

- Waiting times in Northern Ireland are the worst of the 4 nations and this is impacting on care and patient outcomes. Patients with RA who are unseen and untreated can suffer debilitating long- term consequences, and have higher needs than their counterparts who are treated with critical medication in a timely manner.
- Urgent waiting lists in some areas are as high as 105 weeks.
- Reduce the backlog by prioritising patients with suspected inflammatory arthritis

NRAS will continue to campaign for people living with RA and JIA and look forward to working with the new MPs in a new UK Government.

If you want to hear more about this and the work we do, please look at our Campaigns section on our website [here](#) or email [campaigns@nras.org.uk](mailto:campaigns@nras.org.uk).

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