

Opposition Day Debate
Acute Hospital Services
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Nicholas Soames intervened during the Secretary of State for Health's speech

[Columns 308-9]

Mr. Nicholas Soames (Mid-Sussex) (Con): It is very kind of the Secretary of State to give way, even from behind her papers. I agree entirely with the point that she makes about the requirement for a serious, grown-up conversation about the services. The point that my hon. Friend the Member for Upminster (Angela Watkinson) made, however, applies in constituencies throughout the land, where serious grown-up conversations are taking place and people acknowledge that changes need to be made, but where local people know that lines in the sand are needed to protect services that are vital for local people, such as proper A and E and maternity services. When vast numbers of those people, after serious conversations, object to what is proposed, what then should happen?

Mrs Hewitt: Thanks to the changes that we have made in the whole statutory framework for consultation, there is now a very clear process of initial involvement with the public and staff to generate the options and formal consultation on those options, with the involvement throughout the entire process of the local overview and scrutiny committees. In many cases—it is probably the majority of cases in which reconfigurations take place—the issues are settled through the process with the support of the local councillors on the overview and scrutiny committee. It is only if the committee is not happy with the outcome, the consultation process or both that the matter even comes to me as Secretary of State. Depending on the strength of the clinical case and the nature of the objections that are being made, what I am able to do—I have done it in a number of cases—is bring in an independent panel of clinicians to take a further look from outside the area at the decisions that are proposed locally. I think that that is the right way to deal with decisions that are often difficult, but need to be made in a way that ensures the best care possible for everybody in every part of the country.

<http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070221/debtext/70221-0011.htm#07022149001182>

Main Speech

[Columns 327-330]

Mr. Nicholas Soames (Mid-Sussex) (Con):

It is a privilege to speak again in a health debate after my right hon. Friend the Member for East Hampshire (Mr. Mates). He and I share a number of things in common, especially the fact that both our constituencies have been burdened since 1997 by several reviews of their local areas' hospital services. In

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Mid-Sussex alone, there have been four such reviews since 1997, each with a more ludicrous name than the last. The penultimate one, "Best care, best place", took place in 2004, and 18 months on, the whole health service in West Sussex has been thrown into confusion by another paper, "Creating an NHS fit for the future".

Those reports were subsequent to a document commissioned by the West Sussex health authority, which, in 2000, faced growing fragmentation in health care provision, escalating and disproportionate management costs, and rapidly accumulating debts. The authority turned to Michael Taylor, a senior executive at the Oxfordshire health authority, and asked him to report back to it. Taylor exposed a series of top-heavy management structures in expensive premises, and duplication, replication and wastefulness. No one paid any attention to his warnings and the wilful mismanagement of the NHS in West Sussex continued, leading to colossal debts of over £100 million.

We have discussed the subject before in similar debates, but the Minister of State, Department of Health, the hon. Member for Leigh (Andy Burnham) has given no answer on the issue. Sadly, as many colleagues would agree, when the "Best care, best place" consultation began in November 2004, it was regarded as a total sham in my constituency and elsewhere. Regretfully, West Sussex county council's scrutiny committee failed to do its duty, and did not call it in. I want the Minister to understand that the management of the strategic health authority, and most specifically the primary care trust, represented the paper to my constituents and to me as the way ahead for the foreseeable future. Many of my constituents were deeply cynical about the Government's motive, but they went along with it.

On 7 June 2005, at my suggestion, Professor Sir George Alberti, the Department of Health's so-called accident and emergency tsar, came to a meeting in the boardroom of the Princess Royal hospital to discuss the changes put forward in "Best care, best place", the penultimate reconfiguration that my constituents have been obliged to endure. In that meeting, he persuaded me, against my better judgment, that it was right to

make the proposed changes to the accident and emergency services, and particularly to switch major trauma cases from Haywards Heath to a hospital in Brighton, because of the necessity of treating major traumas on a site where all the main services were present. I still believe that to be the case, but at the end of the meeting he made it absolutely plain—I have it in the minutes—that

“had he taken a blank piece of paper to design the services for the given location with the same geography, patient flows, he felt that the presented solution was the best fit and would have been the one that he came up with.”

Sir George went on to state in the same minutes that there were

“significant benefits to be gained from the reconfiguration,”

particularly for the Princess Royal hospital.

Many of my friends, and colleagues of all parties, who attended that meeting were deeply cynical about what Sir George Alberti said, but I supported it. I must report to the House, however, that, not 18 months later, it is probable that a further significant upheaval will be proposed. There will be further substantial changes, which may include the removal of an essential accident and emergency service at the Princess Royal hospital, to be replaced by a walk-in centre.

As I hope the Minister is aware, we are talking about a part of the United Kingdom that already suffers from serious infrastructure fatigue. The hon. Member for Staffordshire, Moorlands (Charlotte Atkins) spoke about the health service in her constituency, but what she describes sounds like Versailles compared to what we have in my constituency, and compared to the investment that has been made in health and wider infrastructure in Sussex. Mid-Sussex alone has a statutory duty to accommodate 7,000 new homes between 2006 and 2016, and that equates to about 45,000 extra people, yet there is talk of closing an accident and emergency department in a hospital not 5 miles from a major motorway. Gatwick airport—a major international airport—is up the road, and there is only one accident and emergency centre anywhere near it.

There is appalling traffic on the roads into Brighton, and the infrastructure and public transport system are entirely inadequate to support the change. That change was proposed despite the assurances that I was given on the Floor of the House in an Adjournment debate that I secured on 16 March 2005 by the Minister's predecessor, the right hon. Member for Barrow and Furness (Mr. Hutton), who stated in volume 432 of *Hansard* at column 383:

“There is no question of A and E services being downgraded or becoming a minor injuries unit. That is not going to happen.”—[*Official Report*, 16 March 2005; Vol. 432, c. 383.]

I urge the Minister to repeat that assurance on the Floor of the House. The removal of a full accident and emergency service is not right for my constituency or for my constituents and, between us, we will not permit it to happen. The “Support the Princess Royal hospital” campaign commands enormous local support, and it is an all-party cross-community effort that has attracted nearly 60,000 signatures. People have signed a petition to the effect that they will not tolerate the removal of their A and E, as they believe that it would be wrong to end that service. They want to preserve proper maternity services for a growing population, so it is essential that the Government listen to the clearly expressed views of large numbers of local people who believe that the proposals are completely wrong.

The “Keep Worthing and Southlands hospitals” campaign has attracted more than 100,000 signatures, and the St. Richards campaign in Chichester has attracted 134,500 signatures. Will the Minister confirm that consultations will be held in good faith and that the strong views of local people will be accorded the respect that they deserve, as failure to do so would be a recipe for profound resentment and indignation? My hon. Friend the Member for Arundel and South Downs (Nick Herbert), who has played a detailed and effective part in that campaign, and I both accept that change is required. Changes can and should be made, provided that the infrastructure is in place. We will support those changes, but we do not support the removal of A and E and maternity services.

It is the perception in our local health service and, I believe, in many other local health services, that our magnificent, hard-working nurses are engaged in a constant struggle to look after patients as a result of inadequate resources and facilities, yet local trusts appear to have limitless resources to hire more bureaucrats. Local people know that the local NHS operates in an Alice and Wonderland world of twisted targets and distorted figures, and I would not care to be the auditor who has to sign off NHS accounts. Doctors should play a far bigger role in patient care—it is they who should be in charge of that care, not managers. The proposals in the “Fit for the Future” document are not better for patient care, as they constitute an effort directed from London to resolve the appalling mismanagement with which people failed to deal with or get to grips with in the past, and to absolve them of responsibility for the grotesque financial problems that have arisen as a result.

Finally, I have two important points to make. First, the accumulated historic deficits resulting from poor management over the years and a lack of grip, together with the merger of the Princess Royal hospital and the Royal Sussex county hospital in Brighton, inevitably led to a large overhanging debt. I have

referred to that problem on many occasions in the House, and we need a better, more constructive and imaginative approach to deal with those debts, quite apart from the necessity of making sure that the hospital is run prudently and effectively. The trust management is doing its very best to meet those demanding targets, but the Minister should meet it halfway, and I urge him to meet a delegation to discuss the matter. Secondly, the Government must review the funding formula in West Sussex—a subject on which my hon. Friend the Member for Chichester (Mr. Tyrie) has consistently made a detailed case. I know that the Minister discussed the matter the other day with my hon. Friend the Member for Arundel and South Downs.

The Princess Royal hospital is a first-class establishment and it has a highly skilled and dedicated work force that plays a vital role in the local NHS, in an area with vastly expanding requirements and inadequate general health infrastructure. There should be more services at the PRH to utilise fully this excellent local hospital, which would be in the best interests of local people and patients. Everyone knows that the hospital does an exceptional job, and with the right support and without the dead hand of Government with their arbitrary targets, that outstanding hospital could do even more. That is what I want to see, and I know that local people in Sussex share my view.

In conclusion, we understand the need for change, but local people know when change is going too far. Patient care must not be compromised for financial considerations.

<http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070221/debtext/70221-0014.htm#07022149001240>