

“Hospitals (Wakefield)”

2. **Mr. Bill O'Brien (Normanton)** (Lab): When he last met the chairman of the Mid Yorkshire Hospitals NHS Trust to discuss new hospital provision in the Wakefield, Pontefract and Dewsbury area; and if he will make a statement. [195000]

The Parliamentary Under-Secretary of State for Health (Miss Melanie Johnson): The Minister of State, Department of Health, my right hon. Friend the Member for Barrow and Furness (Mr. Hutton) met the chairman of Mid Yorkshire Hospitals NHS Trust and local MPs in July to discuss a number of issues, including the hospital development plan. Those discussions have continued since then.

Mr. O'Brien: I thank my hon. Friend for that reply. Does she accept, however, that we have particular problems with the new development, especially at the Pontefract general infirmary—the PGI? In a local press statement on 12 August, the chairman promised that there would be a review of the proposed bed reductions at Pontefract, because he was concerned about that. On 3 September, at a meeting of the health and social partnership, a promise of 100 beds at the PGI was made, but it was withdrawn in October. Patients who have received major surgery at the PGI are now being told that they might have to go to Dewsbury to complete their treatment, which would be a great imposition on their families, who might have to catch three or four buses to get there. Will my hon. Friend take an interest in the points that I have raised, and investigate them so that a more friendly service can be provided?

Miss Johnson: Of course I take an interest in the points that my hon. Friend has raised. As he is well aware, there is a need to get the trust back on track in regard to its financial deficit, and work is going on to achieve that. We are committed to finding a sustainable solution that will give affordable and appropriate health care to the local community, and of course I shall be interested to listen to any further points that my hon. Friend would like to make on this issue.

Jon Trickett (Hemsworth) (Lab) *rose*—

Mr. Speaker: Order. I say to the hon. Gentleman that Dorset is just a bit too far away from Dewsbury.

Patient Choice

3. **Hugh Bayley (City of York)** (Lab): What steps he is taking to give NHS patients more choice about which (a) doctor and (b) hospital treats them. [195001]

The Secretary of State for Health (Dr. John Reid): We are committed to giving patients greater choice within the national health service. We are already offering a choice of hospital to patients facing long waits for surgery, and we are extending choice to patients in regard to how they access treatment, advice and care within primary care, all of which is free at the point of need.

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Hugh Bayley: I am glad to hear what the Secretary of State says about primary care, because 80 per cent. of doctor/patient consultations in the NHS involve general practitioners rather than hospital doctors. Does he accept, however, that not all GPs are the same? They have different specialist interests and training, and they perform to different qualities of care. Meaningful choice for patients depends on the patient having reliable information about the clinical practice and quality of care of individual doctors. What steps are the Government

taking to provide better information to patients about primary care, so that they can have real power and a real choice about which doctor treats them?

Dr. Reid: My hon. Friend is absolutely right: if we are to give more power, information and choice to patients, we cannot restrict that to the secondary sector. Of course, we are now getting greater capacity in primary care: some 4,200 more doctors than previously; more specialisms, with some 1,300 doctors now specialising; new walk-in centres, which do not require an appointment; new commuter centres placed conveniently next to where people travel; and new roles for nurses, nurse practitioners, specialists and consultants. All of that opens up capacity, and therefore choice, in primary care.

Mr. Peter Lilley (Hitchin and Harpenden) (Con): Does the Secretary of State recall that one of the first acts of the incoming Labour Government was to abolish the last vestiges of the right to choose which NHS hospital one wanted to go to, which had existed since 1948? Does he now propose to rescind the regulation introduced in 1999, which stopped the funding of a person's choice to go to a hospital other than the one chosen for them by the bureaucracy? Does he recognise that the current talk about choice is a welcome whiff of a U-turn on his part, but unless the Government are prepared to allow genuine choice, rather than a limited choice among hospitals selected by the bureaucracy, there will be no real choice and no return to the choice that was endemic in the health service when it was set up?

Dr. Reid: There is no legislative bar to extending choice, and as from next December, patients will be able to choose from a range of five shortlisted by the primary care trust. Increasingly, as we put in capacity, that will be extended so that by 2008, as the right hon. Gentleman said, any patient in England will be able to choose from any hospital in England, whether in the independent, charitable or NHS sectors, provided that it meets NHS standards and prices. I merely make one point: that can only be achieved because of our investment in capacity. It is a cruel deceit to promise people that capacity will be taken out of the NHS and that a greater degree of choice will still be given. We have heard for centuries that we are all free to dine at the Ritz, and only the lack of money prevents us from doing it. It is the same in the NHS—his party taking money out of the NHS will reduce choice, not extend it.

Jim Sheridan (West Renfrewshire) (Lab): Does my right hon. Friend agree that if people are to have real choice in terms of which hospital they attend, accessibility must be a major factor in the criteria? Does

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he also agree that if people cannot afford to travel to hospitals, or there is no public transport infrastructure, they cannot have that choice?

Dr. Reid: Yes on both counts, which is why we provide both capacity and travel facilities. The truth is that most people want easy and quick access to quality services as locally as possible. But the fact is that after 60 years, that is not available to everyone, so we must extend it so that people can go where they choose. I merely say one thing: we do not extend choice by saying that it will be available only to those who can pay half of the cost of their operation. The charges for operations that the Conservative party would introduce represent the cruellest deceit ever perpetrated on people in this country, especially the old and most vulnerable.

Dr. Jenny Tonge (Richmond Park) (LD): Does the Secretary of State agree that patient choice would be enhanced if patients held their own records? Patient-held records would remove the need for complicated IT systems, because the doctors whom the patient had chosen would always have access to the information that they needed about that patient.

Dr. Reid: In theory, that sounds like an advance from the current position, in which big files often get lost. Were we all asked to keep such big files, I suspect that the same thing might

happen. Now that this country is at the forefront of information technology, surely the answer is to reduce such large files to a format that can be transferred easily between providers, so that when a patient decides to go to that hospital rather than this hospital, or that doctor rather than this doctor, there are no excuses and no physical bars to that transfer. Information technology will therefore become a source of information, power and choice to patients in a modern national health service.

NHS Dentistry

4. Mr. Parmjit Dhanda (Gloucester) (Lab): If he will make a statement on the availability of NHS dental services for (a) children and (b) older people. [195002]

The Minister of State, Department of Health (Ms Rosie Winterton): Approximately 6.5 million children and 2.9 million adults aged over 65 are registered with NHS dentists. We will improve on those figures by making an additional investment of £368 million in NHS dentistry, and by recruiting an extra 1,000 dentists over the next year.

Mr. Dhanda: I thank my hon. Friend, and invite her to visit Gloucester and see why we need some of that generally much-needed investment. Does she know about my constituent Terri Selby and her daughter Eleanor? My constituent was recently told that for her daughter to be given NHS dental treatment at a local practice, she herself would have to sign up to become a private patient there. Will my hon. Friend take measures to ensure that such blackmailing of people to join the private sector is prevented in my constituency and, indeed, in constituencies throughout the land?

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Ms Winterton: My hon. Friend is absolutely right: that is unacceptable behaviour. When such offers are made, there is rarely anything in writing. Moreover, some dentists are telling patients that they must pay a registration fee of about £40 before being taken on by the NHS. That too is unacceptable. Dentists are independent contractors and have the right to refuse to accept NHS patients if they wish, but we will discuss with the General Dental Council whether further action can be taken, in particular by means of the section 60 order that we are presenting to the House.

My hon. Friend's area is one of those receiving special support from the Department. I should be delighted to go there to see how matters are progressing.

Dame Marion Roe (Broxbourne) (Con): Given the recent announcement of an increase in the number of places at dental schools, is the Minister confident that there are enough academic dentists both to train students and to engage in research?

Ms Winterton: I have had discussions with the chairs of dental schools about how we can handle the academic side. I am very confident that our announcement of 170 extra training places, backed up by £20 million of extra investment, sends a clear message about our commitment to NHS dentistry and to training more dentists. I am also confident that it will play a big part in attracting academics to training and teaching.

Jim Dobbin (Heywood and Middleton) (Lab/Co-op): I thank my hon. Friend for her recent visit to the Langlely dental practice in my constituency, where Mr. Tariq Drabu provides 100 per cent. NHS dentistry for young and old. She will have noted the close working relationship between Heywood and Middleton primary care trust and the practice.

Mr. Drabu conducts outreach surgical sessions at the local clinic, with the support of local staff. Would my hon. Friend consider encouraging other dentists to emulate that model? It might return dentists from the private sector to the NHS.

Ms Winterton: Visiting the Langley clinic and meeting local dentists was a very encouraging experience. I know that my hon. Friend's PCT has received about £83,000 in extra support this year, and is using it to give some 5,000 more patients access to NHS dentistry. I agree with what my hon. Friend says about that practice. It is increasing the number of patients who register, while also ensuring that dentists go into the community to reach those who do not want to register—for there will always be such people. Outreach services are important. The PCT's way of dealing with some local access difficulties is certainly impressive, and should be passed on to those in other areas.

Dr. Andrew Murrison (Westbury) (Con): What success has the Minister had in recruiting dentists from European Union accession states, and how many dentists have been recruited internally as a result of her Department's £100,000 advertising campaign?

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Ms Winterton: **The first 30 Polish dentists will arrive in January 2005.** Recruits have already come from Spain, and have been allocated to specific areas. Following discussions with the GDC, everyone from outside the EU who was on the waiting list to take the international qualifying examination to start work as dentists will have been offered a place before the end of the year.

In terms of responses to the recruitment campaign, I do not have the figures on me. I think that, about a month ago, there were about 180 responses to the initial campaign and they were being followed through at individual PCT level. It is a start, but we have a long way to go. I certainly would not deny that but, as the hon. Gentleman knows, we are also moving towards local commissioning—more than 2,500 dentists have already moved to that—with additional capacity being provided too. As we have said, we will recruit 1,000 extra dentists by October 2005, which will go a long way towards solving many of the problems that we inherited from the previous Administration.

Anne Picking (East Lothian) (Lab): Does my hon. Friend agree that we need to find some mechanism that places an obligation on dentists to provide NHS dentistry? After all, it is the NHS that trains those people and supports them through their training. It is time that they gave something back. We need to introduce a quota system to do that.

Ms Winterton: My hon. Friend is right. People feel strongly that, when training is provided out of the public purse, there should be a commitment to the NHS. As I am sure she is aware, there are difficulties in doing that because dentists are independent contractors and there are issues around restraint of trade, but we have tried to look at other ways, for example, golden handshakes, to organise commitment to the NHS. As we move towards local commissioning, there is the ability within the new contracts to specify longer time limits for dentists who work for the NHS to remain within it. “