Heidi Alexander MP

It is a real pleasure to follow the hon. Member for Erewash (Maggie Throup), who has made a characteristically well informed and thoughtful speech.

You do not need to be a brain surgeon, Mr Speaker, to have worked out that the NHS and care system are currently under enormous pressure. Anyone who has recently visited a hospital, sought a GP appointment or tried to arrange support for an elderly relative will tell you that the whole system is struggling. Inadequate funding, a workforce crisis and a failure to reshape services quickly enough to meet the needs of our ageing population mean that the men and women who care for our loved ones are simply running to stand still. This winter, we have seen the front pages of national newspapers covered by images of frail, older people stuck on trolleys in hospital corridors and a poorly toddler led on plastic chairs pushed together to create a make-shift bed.

If you happened to watch BBC2 on a Wednesday night in January or February, Mr Speaker, you would have seen the documentary "Hospital", which showed the reality of people working on the frontline and taking really difficult decisions about patients, beds and operations in a big and busy hospital. It was captivating viewing, which left me, as a politician, feeling sad and frustrated that we are failing to create the conditions in which the NHS can thrive.

Many of the current problems plaguing our health and care system relate to a lack of money. It is not the only problem, but it is the major one. While the NHS budget has inched up in recent years, it has been outstripped by rocketing demand. Next year, NHS funding per head of the population will fall in real terms. Social care budgets have been slashed, meaning that the support available to the elderly and disabled in the community has been reduced. Even with the changes that the Government have made to the better care fund and the social care precept, the Local Government Association still predicts a shortfall of £2.6 billion by the end of this Parliament.

We cannot escape the fact that our population is growing and we are ageing. There are now more retired people in the United Kingdom than there are children in our schools. As the decades pass, medicine advances. We keep more babies alive when they are born with complicated medical conditions; we successfully treat more and more people who have cancer; we perform ever more complex operations which can give people many happy years of life, but which contribute to the fact that as we age, many more of us have underlying frailties and multiple health needs.

This situation has not come about overnight, and it is one that all recent Governments have had to manage, but the present Government are not managing it, and that is the difference. This Government’s head has been in the sand. Between
1997 and 2010, the Labour Government increased real-terms spending on the NHS by an annual average of 5.7%. The equivalent figure for the coalition Government was 0.8%, the lowest increase under any Government since the world war two. Under the present Government, the figure is 1.75%. The Government may talk a good game on NHS spending, but the truth is that we are in the middle of a decade of austerity, and when we add to that a slash-and-burn approach to local government and the social care services for which it is responsible, it is little wonder we find ourselves in our current predicament.

So what now? As we heard from the Chair of the Select Committee on Health, the hon. Member for Totnes (Dr Wollaston), we must be honest about the scale of the challenge. When it comes to NHS spending, this year is meant to be the year of plenty, the one year in the current Parliament when there is a relatively significant increase in available funds, but those funds have already been used to pay off last year’s debts. Money that was meant to be used to repair buildings and buy new equipment is, in effect, being used to pay salaries, and funds that were meant to transform services are being used to deal with the flow of people turning up at A&E. Hospitals are likely to end the year in deficit again, more clinical commissioning groups are overshooting their budgets, and NHS England is struggling to stay within its spending limits for specialised services. So-called efficiency savings really equate to the freezing of staff pay.

People who work in the NHS and social care system need to be honest about their ability to cope. The junior doctors were honest about it last year, and now it is time for others to do the same. NHS managers need to be honest about the time that it will take to transform services, and about the funding that that transformation requires. Hospital beds cannot be closed if services in the community are not already up and running, and have been proved to reduce the demand for in-patient care.

We need to be honest, but we also need action. The Government must provide direct support for local authorities, with funds for social care, in the Budget. How they pay for that is obviously for them to decide, but they cannot continue to shove partial solutions on to local government and wash their hands of the problem. If they do not address the long-term problems in social care, they will be leaving the NHS to pick up the pieces.

However, even if the Government are persuaded of the case for additional funds, we must think carefully about where the money would best be spent. It is tempting to say that it should simply be reinvested in what has been taken away—that there should be more comprehensive care packages and social care for a wider group of people, and the cuts affecting community health nurses and mental health trusts should be reversed—but I think the position is more complicated than that.

The current short-term fix of taking money from the capital budget to prop up revenue is wrong. New scanners are less likely to need repair than old ones, which means cutting waiting times and improving outcomes. Well designed, well
maintained buildings can improve productivity and efficiency. Those who compare the new Guy’s cancer centre with the buildings at the Princess Alexandra hospital in Harlow will not believe that the two are in the same country. We should invest in new step-down care facilities for people who are well enough to leave hospital, but for whom care in the home has yet to be arranged.

There is also a massive need to invest in staff and build careers that people aspire to. This will take time as well as money. Perhaps we need to consider new roles in community health services that provide holistic care to older people in the home. Perhaps we need more GPs who are paid to dedicate time to residential homes, spotting problems among the elderly which would otherwise end up in a hospital admission. Perhaps the social care workforce needs a wholesale rethink. I will never forget the conversation I had with a senior A&E nurse who told me that the half-term holidays always result in more older people coming into hospital because the mums who do the part-time, zero-hours jobs in home care were looking after their children instead.

I fundamentally feel that the whole system needs to focus on how we provide care, in the broadest sense, to older people—the one in four people in a hospital bed with dementia, and the three in four people in care homes with dementia. We should focus on the real weekend effect—the one where if we happen to be in hospital on a Friday night, we are unlikely to make it out until Monday lunchtime at the earliest. Why do doctors talk of how it takes three minutes to admit a patient, but three days to discharge them?

I end by saying this: the Government might be absorbed by the complex task of trying to take us out of the European Union, but if they do not do something to address the scale of underfunding in the NHS and care system, the public will not forgive them. We need real answers to the real problems, and we need them quickly.