Sarah Wollaston (Totnes, Conservative) (Click here to see Sarah speaking live)

It is a pleasure to follow Keith Vaz.

I want to speak on behalf of community hospitals, both locally in my own constituency and nationally on behalf of CHANT—Community Hospitals Acting Nationally Together. Before coming to the House, I worked as a GP in rural Dartmoor, covering the smallest hospital in England at Moretonhampstead. I was privileged to see first hand how a personal and compassionate service transformed the care and saved the lives of so many of my former patients.

We know that we need to change the way that health care is delivered. As we all live longer and with multiple complex medical problems, we need to focus on preventing admissions to acute hospitals in the first place. Community hospitals are ideally placed to deliver that care. There are four in my constituency: Totnes, Brixham, South Hams in Kingsbridge, and Dartmouth. I pay tribute to all their staff, and to the volunteers in the leagues of friends.

The leagues of friends are a vital resource in all our constituencies. They raise an incredible amount of money—between £7 million and £8 million has been raised in south Devon alone over the last decade—and are made up entirely of volunteers who co-ordinate fundraising events as well as managing donations and legacies, and then plan how those projects should be managed in the future.

As a direct result of voluntary contributions, patients in South Hams hospital are able to have their chemotherapy locally rather than making the long, arduous journey to Plymouth, and in Brixham, the league of friends has donated £200,000 towards the new hospital ward. There have been numerous projects in Dartmouth and Totnes, all improving dignity, privacy and comfort and raising money for equipment. However, the contributions go way beyond funding. Local residents volunteer their services on the wards for both patients and visitors, and directly improve the quality of care.

I am delighted that the coalition has repeatedly expressed its commitment to community hospitals, and has recognised the vital role that they play in rural areas in particular. However, I should like the Department of Health to respond to a number of concerns and uncertainties so that these much-loved community resources can be put on an even stronger footing. The issues that I wish to raise are the ownership of the community hospital estate and the operation of the current tariff system.

I have heard from some leagues of friends that they are holding back funding of projects as a result of concerns expressed by some of their members about the future ownership of community hospitals. They are afraid that money raised by local communities and invested in local services could end up being lost to those communities should the ownership of the estates pass elsewhere. I know that the ownership of the premises in South Devon will pass to Torbay Care Trust, but concern is still being expressed at a high level in my local NHS about the possibility that the future ownership arrangements will inadvertently decouple community infrastructures from the communities that they serve. Those communities seek
reassurance that if for any reason the provider trust that owns a community hospital relinquishes ownership of a building, selling it without reinvesting in an improved and equally local facility, the funds raised by local communities will be returned to them in full.

Harriett Baldwin (West Worcestershire, Conservative)

There are three fine community hospitals in my constituency: Pershore, Tenbury and Malvern. My hon. Friend may wish to invite her constituents to visit the Pershore hospital, which is owned by the district council and operated by the NHS care trust. It is an interesting model.

Sarah Wollaston (Totnes, Conservative)

I thank my hon. Friend for that intervention. There is an understandable fear that many premises in the most stunning locations, which have been bequeathed to their communities by local benefactors, could end up being sold off with communities powerless to intervene. I want to touch on some of the alternative models. Communities are reassured that for the time being there is a clear directive providing that in future only NHS organisations may own the estate, but I agree with my hon. Friend that local models can provide alternatives. NHS ownership may, in some circumstances, create difficulties, and inhibit the development of hospitals' full potential. For example, the Community Hospitals Association is concerned that in some areas management may pass to mental health organisations with little experience of managing community hospitals. There is also a concern that passing management to predominantly secondary-care-focused trusts could cause the hospitals' interests to be sidelined.

In many parts of the country, social enterprises have been formed to provide community services, but currently they cannot own and invest in premises, and nor can GPs acting as commissioners. May I ask the Minister to look into how ownership arrangements could be made more flexible in order to provide local solutions, while at the same time guaranteeing to local people that the value of their assets will be safeguarded for their communities? I hope that all our leagues of friends will then feel confident enough to continue to invest for the future.

Let me briefly raise the issue of the system of tariff payments. As the Minister will know, currently the tariff is not fairly distributed, which means that community hospitals are often not funded for the provision of step-down care. The acute hospital receives all the funding irrespective of how long the patient remains in its care, although community hospitals are ideally placed to provide safe step-down services. I therefore that hope the Minister will give an update on how and when the tariff will be reformed to assist community hospitals to offer the full range of services they wish to provide.

The main focus should be on avoiding the need for acute hospital admissions in the first place. Community hospitals have a key role to play in providing many services, not just in-patient and palliative care. I join the Community Hospitals Association in calling for more investment in research and evaluation of their role and contribution to high-quality care and the wider social care economy.

Finally, I wish all Members and staff of the House a very happy Christmas.

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