I have just been reading a kind of risk register—the risk register for Ibuprofen—and I have been reading it in the British National Formulary, which is kind of recipe book and technical how-to-do manual for doctors and nurses. When I read it, I see that it is scary stuff. If I take this medicine, I might develop a fatal skin reaction, I might bleed to death from a stomach ulcer, I might develop kidney failure, I might collapse with pancreatitis, hepatitis and all sorts of things. Why on earth did I take this medicine—this potentially dangerous Ibuprofen?

Listening to Labour and seeing the extreme shroud waving that has been going on is, frankly, enough to give anyone a headache. I took the Ibuprofen because of what I read in the impact assessment. The impact assessment presents a sensible, balanced portrayal of the realistic risks and benefits, and warns me of many points of which I need to take heed. It is far more likely that I am going to develop indigestion from taking Ibuprofen than that I am going to collapse from a fatal skin reaction.

I am not trying to trivialise the issue; believe me, I understand how vital the NHS is to all our constituents and to patients. My view is that the transition risk register has been elevated to a status far out of proportion to what it merits. I completely understand the points made by Lord Wilson and Lord Armstrong—very experienced civil servants who tell us that they would feel constrained in giving full and frank advice. However, we have seen how any detail can be taken out of all proportion in this House; we are all partly responsible for that. As I said, some of the shroud waving over this Bill has been disgraceful, and I know of patients who have been genuinely frightened by it. I would be prepared to see the risk register published, but I accept the point of my right hon. Friend Mr Dorrell that it has to be done on the basis of a clear understanding.

There we go—a deliberate misrepresentation. After I made those comments, I wrote to senior colleagues and told them that what I had said was completely different. I was deliberately misquoted on that statement and have been consistently misquoted by Labour Members. They should go back and look at the original.

I feel that it would be reasonable to present all the risks, but it would be crucial for Members of all parties to recognise that we are talking about a lasting change. We would also need to see a change in how risks are extrapolated out of all proportion to what they represent and an end to the deliberate frightening of patients into believing that they will have to pay for health care, which has been a consistent feature of how this Bill has been misrepresented by Labour Members.
Grahame Morris (Easington, Labour)

In the context of her medicinal anecdote, does the hon. Lady not accept that members of the public at least have the right to read the little inserts in books of pills before they take them? Should we not have the same right to read the risk register?

Sarah Wollaston (Totnes, Conservative)

The equivalent of that is actually the impact assessment. However, as I have said, I would be prepared to allow the publication of the register, because, in this internet age, the misrepresentation of the Bill, and the extrapolation out of all proportion to the risks, has been a complete disgrace.

John Pugh (Southport, Liberal Democrat)

Does the hon. Lady recall saying that the absence of an intermediary body between small GP commissioning and the National Commissioning Board was a serious flaw in the legislation? Clearly that flaw is still there.

Sarah Wollaston (Totnes, Conservative)

I believe that by the time of the next election, our patients will still be going to see GPs. They will still be being referred to the hospitals of their choice, that referral will still be free at the point of use, and it will still be based on their needs and not on their ability to pay. The only thing that will be missing will be an apology from the Labour party.