I beg to move, that this House recognises and supports the contribution of community hospitals to the care of patients within the National Health Service; requests the Secretary of State for Health to commission a comprehensive database of community hospitals, their ownership and current roles; and believes that the assets of community hospitals should remain for the benefit of their community while allowing them greater freedom to explore different ownership models.

I warmly welcome my hon. Friend the Minister to her new role. She will know that there are more than 300 community hospitals in England. I used to work at one of the very smallest at Moretonhampstead in the heart of Dartmoor, so I know just how important community hospitals are, especially to isolated rural communities. I may have lost one, but I fortunately gained four, and I am happy to represent Brixham, South Hams, Dartmouth and Totnes.

Community hospitals vary in size and function—some are urban, some are rural, for instance—but they share a common theme: they are deeply rooted in their communities and provide an extraordinary level of support with volunteering and charitable giving through leagues of friends. The reason for that support is clear: people value their personalised approach and want to be treated closer to home. Community hospitals score well on things such as dignity, respect and nutrition. We should be treasuring and enhancing their role because, although small is beautiful, unfortunately it can make them a tempting target for cuts.

The need for efficiencies in the health service is nothing new. I remember reading in 2009 about the Nicholson challenge. We have known for some time that we have to make £20 billion of efficiency savings over the next four years—that is 4% efficiency gains year on year—but there is a misunderstanding about what this means. It is not about doing less of the same; it is about spending what we spend more efficiently and looking at the needs of our population. Over the next 20 years, the number of over-85s in our country will double.

Nicola Blackwood (Oxford West and Abingdon, Conservative)

In my constituency, Abingdon community hospital has played a fascinating role in supporting the wider NHS in Oxfordshire. It has assisted with the problem of bed blocking by supporting early and late-stage rehab and preventing patients from needing acute beds. I do not think that community hospitals should face cuts, given the role they can play in easing pressures on acute hospitals. Does my hon. Friend agree?

Sarah Wollaston (Totnes, Conservative)

I agree absolutely. Their role in so-called step-down care and rehabilitation is vital, and I am glad to hear that it is happening well in Abingdon.

Seventy per cent. of the total spend on health and social care goes on people with long-
term conditions. We should all understand that the burden of disease in England has completely changed from tackling life-threatening emergencies to managing people with long-term, complex condition.

Anne McIntosh (Thirsk and Malton, Conservative)

I congratulate my hon. Friend on securing this timely debate. She mentioned the growing elderly population, and nowhere is that more of an issue than in north Yorkshire. Does she agree that the Government and this is a good opportunity for me to congratulate our new Minister, whom I hope will respond positively should not be obsessed only with home care, which has its place, and that there will always be a place for community hospitals in our health care structure?

Sarah Wollaston (Totnes, Conservative)

I wish to make the case for reinvigorating community hospitals as hubs for delivering the right care at the right time and in the right place. Of course, the right place, where possible, will always involve helping people to be independent in their own homes, but community hospitals have a vital role, through both step-up and step-down care, in helping to maintain that independence.

We should look at what community hospitals are capable of, because they are not just about in-patient beds: they provide a full range of diagnostics, minor injuries units, therapies—physiotherapy and occupational—and mental health care. In my constituency, people with cancer can access chemotherapy at Kingsbridge hospital, saving them a long roundtrip to Derriford hospital. Kingsbridge hospital supports a triangle centre helping people and their families living with cancer, while organisations such as Rowcroft hospice are looking to expand their care-at-home system through hubs in community hospitals and, at times, by utilising their beds and support. We can get so much more from community hospitals if we reinvigorate them.

We should not think of community hospitals as backwaters; they can be centres of great innovation. The nationally recognised Torbay pilot, which provides care based in the community, started at Brixham community hospital in my constituency and is now being considered for nationwide roll-out. That is a very good model.

Guy Opperman (Hexham, Conservative)

I congratulate my hon. Friend on securing this important debate. She mentions the Torbay model, which is rightly a pilot and flagship for the integration of services, but does she envisage a situation in which not only are medical services integrated in one location but other emergency services can come together? The result could be enhanced training for people, such as firemen and policemen, who could qualify as paramedics and assistants to the medical services.

Sarah Wollaston (Totnes, Conservative)

Indeed I do, and there are many community hospitals that support first responders in the way my hon. Friend describes. That is an important role, and there is perhaps even an extended role in housing, where step-down housing can enable people to make the transition back to full independence. Indeed, there are many such roles.

What are the current barriers to providing the right care at the right time and in the right
place? I would like the Minister to deal with five points. First, the biggest challenge we need to address is the tariff and tariff reform. She will know that most acute hospitals are paid through a system known as payment by results, which creates some perverse incentives, whereby acute hospitals want to hoover up as much activity as possible. Often, people are treated in an acute setting when they could be more appropriately cared for in a community hospital setting or at home. Can the Minister update the House on the progress we are making on reforming the tariff, by, say, working towards a "whole year of care" model or looking at other ways to remove the incentive in the system that means that people cannot be transferred into community hospitals or provided with the right care in the right place?

Neil Carmichael (Stroud, Conservative)

I congratulate my hon. Friend on securing this debate and I entirely agree with her important point about the tariff and acute hospitals. I hope she agrees that it is also important to signpost patients to the right place, which, because we are talking about a caring issue, is in many cases a community hospital.

Sarah Wollaston (Totnes, Conservative)

I thank my hon. Friend for making that important point. Quite often patients are not aware of the full range of services available in their community hospitals. We can do far better in signposting them. It is also important that GPs understand and support those services and make referrals to the right place.

The second issue I would like the Minister to address is the community hospital estate. She will be aware that many community hospitals around the country are being pushed into ownership by NHS Property Services. However, there are examples around the country of community hospitals that are owned by their communities, for example, or by a social enterprise. If those hospitals are unable to have ownership of their premises, that can hold them back if they have ambitions to expand their roles in future. Obviously we want to reassure the public that these valuable community assets remain in public ownership, as it were, but we also want to ensure more flexibility in their ownership model. I would therefore be grateful if the Minister addressed that point.

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Thirdly, there is an accountability issue. There are occasions where having multiple providers operating out of a community hospital can cause confusion. Situations can arise where, because everybody is responsible, nobody is responsible, and accountability can end up being shunted around the system. Does the Minister agree that it would make more sense to have a single body, or even individual, with overall responsibility for what happens to patients and the way in which care is organised in a community hospital?

Fourthly, I want to raise an important point that goes beyond community hospitals to the whole way in which we look at a primary care based system, namely the looming crisis in general practice numbers. For the first time we now have a vacancy rate for GPs of 12% in the south-west. On top of that, in about four or five years we will have a retirement bulge, and we are also moving, quite rightly, from a three-year period for general practitioner training to a four-year period. All that coming together means that across the country, the south-west included, we will face a shortage of skilled practitioners both to deliver commissioning and to staff our community hospitals. We need their support. It would be a great shame if GPs who were enthusiastic about getting involved in commissioning and helping out in their community hospitals were unable to do so.
so because of their clinical commitments. Can the Minister therefore update the House on how we are going to stop the problem, which has been going on for years, of too many medical students going into training in acute hospital specialties? We need more of them to go into general practice.

Finally, will the Minister support the Community Hospitals Association? It does a tremendous job. In 2008 it received a £20,000 grant to help set up a detailed database that documented not only where community hospitals are but what they do. At this time of change I hope she agrees that it is particularly important that we keep track of what they are doing. The CHA has also highlighted innovation and helped to spread best practice, so I hope that she will give it further support.

No debate about community hospitals would be complete without thanking the leagues of friends, which around the country have provided millions of pounds. They do not provide luxuries; we are talking about major building projects, equipment, funds for care, volunteers who come into the hospital—an extraordinary level of support. We could not manage without them in our community hospitals. I know that the whole House will want to join me in paying tribute to our leagues of friends.

This is a call to arms to people listening to the debate. If you value your community hospital, let your GPs know, let your commissioners know, let HealthWatch know, let your local health and wellbeing boards know. If we want community hospitals to be treasured, as we all do in the House, we need to make that very clear.

Anna Soubry (Broxtowe, Conservative)

Let me begin by congratulating my hon. Friend Dr Wollaston on securing the debate, and congratulating not just those who added their names to her motion but all who have spoken in what has been a very interesting and, indeed, passionate debate. In fact it has not really been a debate, because there has been an outbreak of agreement, certainly on the Government Benches, as so many speakers have spoken with such passion about the community hospitals in their constituencies.

I should also say thank you to all who have congratulated me on my appointment, and have said some rather kind things. I am sure that normal service will soon be resumed. Sadly, my right hon. Friend Mr Burns, the former Minister with responsibility for health services, has now departed from that post and gone to another place, as it were, to another Department. We all miss him and thank him for his great service and his commitment to the national health service. He explained to Tom Blenkinsop during a debate in June about community hospitals in the north-east that this Government support improvements in community hospitals across the country. That is because we know that community hospitals make it easier for people to get care and treatment closer to where they live. They allow large hospitals to discharge patients safely into more appropriate care. They free hospital beds for people who need them. Community hospitals allow many patients to avoid travelling to large hospitals and many of those large, acute hospitals are in cities, with all the attendant problems of transport, parking and so forth.
Our community hospitals provide a wide range of vital services, including minor injury clinics and intensive rehabilitation, on patients’ doorsteps. They can also help save the local NHS money by moving services out of acute hospitals and closer to the people who use them. People are often rightly very protective of their community hospitals, as we have heard from many Members this afternoon. They deliver essential services, and provide employment for people who live nearby and spaces for community groups. It is therefore understandable that community hospitals are fiercely defended and inspire such loyalty.

If I am to retain responsibility for community hospitals, I shall be a busy Minister. I shall be going up to the north-east to Middlesbrough and Cleveland, to South East Cornwall, Bracknell, Newton Abbot, Cannock Chase, West Worcestershire, South Dorset, Penrith and The Border, Halesowen and Rowley Regis, Hexham, North Dorset, Wells, Tiverton and Honiton, including Seaton, and Denton and Reddish—although not to Southport as it does not have a community hospital. I am grateful for all those invitations, and if I can, I certainly will accept them.

My hon. Friend delivered a speech that was, as ever, thoughtful, inspiring and well-informed, and she asked a number of questions of me. If I do not answer all the points she raised, I hope she will forgive me, and she will certainly get a letter from me answering all of them. Let me state at the outset, however, that she has made a very powerful case in relation to the Community Hospitals Association and its database. Funding for that database was stopped. I cannot promise that it will be restored, but I can say this: I have asked my officials to look at that decision again with great care.

I anticipate that we will not have a vote on this motion, and it is of interest that the two Opposition Members present will abstain if there is a vote, because we have rightly heard a cacophony of voices from the Government Benches in support of community hospitals.

My hon. Friend asked about tariffs, as did Andrew Gwynne. It may be of some assistance, especially to my hon. Friend Rory Stewart, for me to state that work is under way in the Department, looking at a payment system for patients suffering from long-term conditions. That includes services delivered in community settings. I trust that provides some hope. From 2013 and into 2014, tariff settings will be decided by Monitor and the NHS Commissioning Board. My hon. Friend the Member for Totnes made a powerful point about the potential importance of tariffs in ensuring the future of our community hospitals.

A good point was made about the decline in the number of GPs in some areas. I hope my hon. Friend will take comfort from the fact that my information is that there is a 50% target in respect of medical trainees going into general practice—I do not much like targets, but this could be a good one—and a taskforce has been set up to try to achieve that.

The future of community hospitals will, I hope, be secure in many of our communities, but it has to be said that many of the concerns Members have raised relate to local decisions, and it would not be right for me, as the Minister, to interfere in any of those decisions. My door is always open and I am always happy to meet hon. Members and any of their constituents. I may not be able to help in Cannock Chase, in Rowley, where there is difficulty, in Wells or in some other places, but I am happy to provide such support, assistance or advice as I am able to give.

Hon. Members have rightly discussed the future of the estate. I am conscious of the time, Madam Deputy Speaker, so I hope you will forgive me if I read out this part of my speech. It
is important that hon. Members know and understand that the Health and Social Care Act 2012 required new ownership arrangements for current PCT estates. That means that providers such as community foundation trusts, NHS trusts and NHS foundation trusts will be able to take over those parts of the PCT estate that are used for clinical services. That includes the community hospital estate, but “this is an important but” we have put safeguards in place so that providers cannot just sell off newly acquired land and make a quick profit. Estates must be offered back to the Secretary of State for Health if, for example, the provider fails to keep the service delivery contract associated with the property or if the property becomes vacant. In addition, where any former estate becomes surplus to NHS requirements 50% of any financial gain made by the provider must be paid back to the Secretary of State and will go straight to front-line NHS services.

A Department of Health-owned limited company called NHS Property Services Ltd, to which reference has been made, will take on the remaining estate, as announced in January this year. Its key objective will be to provide clean, safe and cost-effective buildings for use by community and primary care services. I would like to assure every hon. Member, and every member of the public, that any community hospital building taken on by this company will be well looked after. Local clinicians will decide how those estates are used; whether new buildings are built or existing ones are closed will be up to them, as will all decisions about local patient services. As I have said, it is right that these decisions are taken locally. In reality, patients and the public will not notice any difference, at least in the short term. In the longer term, they will see that the NHS estate is managed more efficiently, by people who know what they are doing; that money will go to improve properties and front-line services.

NHS Property Services Ltd will own and manage buildings that are needed by the NHS. However, it will also be able to release savings from its properties that are declared surplus to NHS requirements. That money will be used further to improve property provision in the NHS. All PCT properties will transfer to either NHS providers or NHS Property Services Ltd on 31 March 2013. Until the provisional lists of property transfers have been finalised later in the year, I cannot confirm whether any particular community hospital will transfer to either an NHS provider or NHS Property Services. In the latter case, the community hospital services provider will become a tenant of NHS Property Services, in the same way that it is currently a tenant of the PCT.

Anna Soubry (Broxtowe, Conservative)

I am grateful for that question, but I shall be blunt and say that I do not know the answer. I will make inquiries and I will certainly make sure that the hon. Gentleman gets a full report in response.

Under the statutory provisions, while a building is needed to deliver NHS services, no NHS organisation will be allowed to sell it off. So there is no question of useful NHS property being sold to or transferred to organisations outside the NHS. At the same time, this means that a league of friends “a number of hon. Members have spoken with great fondness and admiration in support of leagues of friends, and I am sure that they will relay this to their local league of friends and their community hospitals” is unable to own the freehold of an operational NHS property. A league of friends is able to bid to become an owner of a community hospital only when it is declared surplus to NHS and public sector requirements. Current Government policy is that surplus property should normally be sold by auction or competitive tender. In such cases, the hospital league of friends would be given the opportunity to bid for the property along with all other interested parties. A league of friends
could form a social enterprise to compete to provide services from a community hospital but, even then, as a social enterprise rather than an NHS body it could not take ownership of the assets of the community hospital. That might disappoint some, but I hope that in many ways it will give people comfort for the future and go some way towards addressing many of the points raised by my hon. Friend the Member for Totnes.

In conclusion, the Government have taken steps to secure the assets of community hospitals and ensure they are used for the benefit of their community. Those decisions will be made by people qualified to do so. That is the best thing for the hospitals and it is certainly the best thing for the communities that they serve. It is quite clear why so many people speak out so strongly and forcefully about community hospitals; it is because of the great work that they do. On behalf of the Government, I want to pay tribute to everybody who works in community hospitals and all the organisations that support them. I thank everybody who has contributed to the debate, which has been a very good exposition of the fine qualities of our community hospitals and, in particular, the organisations, such as the leagues of friends, that do so much to make them the great hospitals that they invariably are.

Sarah Wollaston (Totnes, Conservative)

I thank the Minister for her reply.

Who could forget the passionate cry from the heart from my hon. Friend Richard Drax and the invitation to take cake in Swanage hospital? How wonderful it was to hear an alternative vision for the future from my hon. Friend Guy Opperman and to hear how we could see community hospitals as the heart of community care provision. I hope that the commissioners in south Dorset will see the light and see that that is a much better alternative.

Many Members have contributed to the debate and I am grateful to them all. We heard from Tom Blenkinsop and from my hon. Friend Sheryll Murray, particularly about the difficulties of rurality and transport. We heard likewise from John Pugh. We want to tackle rural health inequalities and the speech made by my hon. Friend the Member for South East Cornwall clearly made the point that if we do not have transport, that contributes to health inequalities. We heard from my hon. Friends the Members for Bracknell (Dr Lee) and for Penrith and The Border (Rory Stewart) about the need for leadership and how we can deliver the right care at the right time and in the right place.

My hon. Friend Harriett Baldwin made a knowledgeable contribution about different ownership models in her constituency. My hon. Friend Anne Marie Morris, whose constituency neighbours mine, paid tribute to the marvellous stroke service that operates out of her community hospital. She also spoke knowledgeably about the problems with PFI in the NHS that have dogged so many hospitals and burdened the NHS with unnecessary debt. My hon. Friend James Morris spoke about the campaign to keep in-patient beds at Rowley and it is clearly disappointing that we will not be able to see more direct intervention on unnecessary closures in parts of the area.

It was good to hear the speech from the shadow Minister, Andrew Gwynne, but Labour Members are not so much abstaining as absenting themselves from the debate, which is clearly disappointing. I assure him that I fully understand that there must be reassurance for the future that community hospitals will always stay for the benefit of their local communities and that it is good to hear the Minister reiterate that very important point. If we
are going to see the contribution from leagues of friends continuing for the future, they must have absolute confidence that those valuable community assets will always stay for the benefit of local communities.

I thank all Members for their contributions and pay tribute to all the staff and leagues of friends of our wonderful community hospitals.

Question put and agreed to.

Resolved,

That this House recognises and supports the contribution of community hospitals to the care of patients within the National Health Service; requests the Secretary of State for Health to commission a comprehensive database of community hospitals, their ownership and current roles; and believes that the assets of community hospitals should remain for the benefit of their community while allowing them greater freedom to explore different ownership models.

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