This is an enormously complex issue and we must not look at A and E in isolation. We also have to be very careful about the way we use data. I recommend that all Members look at the King’s Fund blog on this to see how the way in which the codings were changed and the data recorded to include walk-in centres and minor injuries units between 2003-04 gives a different perspective to the debate.

Given that complexity, we need to look at the solutions, which need to come by ensuring that people can see the right professional at the right time in the right place. That is key to this. But as my right hon. Friend Mr Dorrell said, we must also recognise that the key driver for demand in this is our ageing population. If we look at the impact within general practice, we see a 75% increase in the number of consultations during a 13-year period. This is not just within general practice. The patients who are arriving are much sicker and have much greater complexity, and that is the root of the problem. It is a cause for celebration that we are all living longer, but dealing with that needs detailed planning.

David Lammy (Tottenham, Labour)

I am grateful to the hon. Lady for giving way, given her expertise in these areas. Does she recognise the work of Sir George Alberti a few years ago and the establishment of emergency care collaboratives that were very engaged with social care and local councils, and that the further cuts expected in local authorities will make this worse for elderly communities throughout the country?

Sarah Wollaston (Totnes, Conservative)

The reality that we face is that there is a limited amount of public funding. We can spend that pot of public money only once, so we must spend it in the right place, and that often means that we need to spend more of it within social care. That is why I welcome the fact that some of the health budget has been shifted to social care, and that is very important. I also commend Torbay. My constituency covers Brixham and Paignton, and Torbay has been nationally and internationally recognised for its work on integrating health and social care. It is no coincidence that it does so well on A and E waiting times, and we should be looking at what it has achieved.

But how will we keep people out of our A and E centres? In the Health Committee, we heard evidence about the effect that paramedic crews have. If the paramedic crew in an ambulance are highly skilled, the person they treat is less likely to need to go to casualty in the first place because the expertise is there to keep them at home. There needs to be better access to records. We need to consider how we can improve IT so that the patient owns their record and every part of the system can safely access their drug and medical history with their consent, of course.

Ben Bradshaw (Exeter, Labour)
Given the hon. Lady's previous distinguished career as a Devon GP, does she, like me, deplore the comments made today by a Government Minister, who sought to blame the current crisis in the NHS on the growth in the number of women doctors?

Sarah Wollaston (Totnes, Conservative)

I commented on that on Twitter. The remark was unfortunate; I think women GPs contribute enormously, but there we are. I would say that, wouldn't I?

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