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Modernising the NHS

Why I will be voting for the Health Bill and why I shall not be voting in favour of todays abortion amendment.

Get the facts about the Health Bill at www.dh.gov.uk/en/index.htm .
Keep up to date with my work by checking out my web site www.annasoubry.org.uk

September 2011

If you are one of the people who have emailed me about the Health and Social Care Bill thank you for contacting me. I hope this email newsletter answers your questions and addresses the points you have raised.

THE VIEW FROM THE OPPOSITION!

LABOUR Shadow Health Minister, John Healey wrote about the Bill in January 2011.

"The general aims of reform are sound – greater role for clinicians in commissioning care, more involvement of patients, less bureaucracy and

Don't be fooled by misinformation and scaremongering.

Opponents of the Bill have used unacceptable tactics including misinformation and scaremongering. We all care about the future of the NHS but it is not right to prey on people's fears by making up stories.
The claims made by some opponents (for example that we are introducing an American style health care system) are so ludicrous that there is little more to be said, other than that the Government remains committed to an NHS funded by general taxation, free at the point of delivery and based on need not the ability to

greater priority on improving health outcomes – and are common ground between patients, health professions and political parties."

And on the need to reform the NHS

"Many staff are disillusioned and disempowered by the top-down, target-driven approach that has dominated much of the last decade of health policy. Patients and the public are deeply concerned about proposed changes to local services, yet feel powerless to influence decisions."

LABOUR Shadow Health Minister, Liz Kendall HSJ, 15 November 2007, who also wrote in 2007.

"PCTs' ability to commission high-quality primary and community services must be transformed. Next week's commissioning framework from the Department of Health must spell out how this will be achieved, including how PCTs can draw on the private and voluntary sectors." **The Guardian, 28 November 2007**

pay.
If people tell you otherwise they are not being honest with you!

Another example of the misinformation being circulated is the campaign organised by 38 Degrees; you may have seen their web site.

The reason I say this is because their summary of the legal advice which they have obtained (and which I have read) is not accurate. One of my colleagues who is a senior barrister (Queens Counsel) has read the advice and I agree with his conclusions.

The duties of the Secretary of State

The 38 Degrees summary of their legal advice , suggests that there is some fundamental change between what is proposed in the Health and Social Care Bill and the existing system.

In fact, however, as paragraph 2 of the legal advice makes clear , :

"Currently, the duty in section 3(1) has been delegated to Primary Care Trusts."

The Bill abolishes PCT's and creates consortiums of doctors and other health professionals and the duty (to provide certain health services) passes to them.

So, in other words, **there is no significant change between the current system and what is proposed** in the Bill. I would ask you to read the legal advice, especially paragraph 16 which concludes in relation to the duty of the Secretary of State,
"… there is no change at all in section 1(1) …".

The Bill will make changes to the structure of the NHS - taking power away from the top and returning it to patients and health professionals; these are changes to be welcomed in my opinion.

Competition Law and the NHS

LOCAL NHS NEWS

Stapleford Walk-in Centre Reprieve.

Notts County Council has refused to rubber stamp the PCT's decision to close the walk in centre at the end of September.

Anna Soubry met with the PCT last week and got assurances that GP's in Stapleford had improved their appointment systems and employed more practice nurses.

Anna said "We agreed it was important to improve services locally so people don't have to visit the QMC or City. I have specifically asked for dressings to be changed locally rather than in hospital. I know the West Nottingham Consortium is also keen to improve local health services and avoid patients having to travel and pay to park at the QMC or City Hospitlas."

Anna Soubry MP
Barton House,
Chilwell.
NG9 4AJ
0115 9436507

House of Commons,
Westminster,
SW1A 0AA

The summary provided by 38 Degrees states that, “the Bill contains a number of measures which will increase competition and integration and/or make it almost inevitable that UK and EU competition law will apply as if it [the NHS] were a utility like gas or telecoms.”

Competition law applies within the NHS now; it will apply in the future. For the 38 Degrees to suggest that it makes it almost inevitable that there will be an application of competition law which is not already present, misrepresents the content and conclusions of their legal advice and misstates the position.

The Executive Summary states:

, “the current procurement law contained in the Public Contracts Regulations 2006 … has always applied to NHS purchasing with the effect that any goods or services required by NHS health providers to enable them to provide health care themselves are subject to those Regulations where the value of the goods or services required exceeds the prescribed thresholds.”
The summary makes the same point in relation to the non-legislative commissioning reforms introduced by the last Government.
The barrister concludes “as regards the applicability of domestic and European competition law to the NHS, it is likely that, even as matters stand, and in view in particular of recent non-statutory reforms which increase the involvement of the private and third sector in health service provision [i.e. the reforms introduced by the last Government], competition law already applies to PCTs and NHS providers.”

It is right for people to ask how the Consortiums of doctors and other health professionals will manage the additional administrative burdens but that is a wholly different concern to the false claims made by 38 Degrees.

The amendment on counselling for

0207 219 7211

www.annasoubry.org.uk

women seeking an abortion

I will not be supporting the amendment to the Bill which seeks to restrict the counselling offered to women seeking a termination of their pregnancy from providers of abortion services.

The Health and Social Care Bill deals with the future structure of the NHS and not the many thousands of services it provides. So I don't think it is right to use the Bill as a device to look at abortion services.

I think it's important to state that, like everyone, I want to see a significant drop in the number of abortions. Britain has one of the highest rates and one third of women seeking a termination have had at least one abortion already. I want fewer unwanted pregnancies - that's the way to reduce the number of abortions. One way to achieve that is to ensure that women get good support and advice after a termination to make sure they don't have another unwanted pregnancy.

There is no evidence that the two main providers of abortion services, Marie Stopes and the British Pregnancy Advisory Service offer anything other than proper and good counselling and advice to women at what is a very sad and difficult time. I think it is wrong to imply that because they provide abortion services they are in some way pushing terminations on women who would otherwise chose to continue with their pregnancy.

I am not sure what "independent" counselling is; but given what BPAS and Marie Stopes currently offer in my view that independent counselling is already available. There are of course other organisations that offer advice and counselling to women though many of these are at their heart "anti abortion" so it is difficult to see how they can offer independent advice.

I have been a supporter of the 1967 Abortion Act for many years; I think there is a good argument that it needs to be revisited and like many people am deeply troubled at the legal limit of 28 weeks, 24 in practise. The amendment does

nothing to advance that debate.

Anna Soubry

anna.soubry.mp@parliament.uk

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