

My Speech on the NHS Long-term Strategy – Opposition Debate

Rt Hon Sir John Redwood MP (Wokingham) (Con): No one can deny that the health service is under extreme pressure. No one can look at it and not realise that there has been a big surge in extra demand, that there are problems from the hangover of covid when a large waiting list for less urgent treatments built up, and that we are short of doctors and nurses, not because Ministers will not authorise their appointment but because there are vacancies to be filled. As one of those who has been urging for some time to see a published workforce plan, I welcome the decision of Ministers to insist on that, and the sooner we get it the better. However, I am quite sure that there are a whole series of workforce plans already in the many dozens and hundreds of working trusts and quangos that constitute the NHS. It is about aggregating and making sense of those plans.

Yes, indeed. From my hon. Friend's own expertise, I am sure she is right. When people talk about productivity, they do not believe that hard-pressed staff have to work harder; they are saying there must be smarter working, making jobs more manageable or enabling them to concentrate on the things they are most skilled at, with more relief for the other necessary record keeping, which may indeed need slimming.

Dr Caroline Johnson (Con): We often talk about the shortage of doctors. We know we cannot create a doctor overnight. It takes a substantial amount of time to train them. The Chancellor, a former Health Secretary, invested in five new medical schools to increase the number of doctors in training. Does my right hon. Friend agree that the Chancellor, with the Health Secretary, needs to invest more money in more medical schools and medical school places, but also look at how we increase the number of doctors by reducing the amount of bureaucracy and paperwork they have to fill in, so that they can spend more time doctoring and less time filling in forms?

Rt Hon Sir John Redwood MP (Wokingham) (Con): My hon. Friend is right that we could expand our training places further, but as we have heard there has been a big increase in educational provision and it takes seven years for it to flow through. I am glad we are getting to the point where we will see some benefits from that. We need more homegrown talent. Many people are attracted to the privileged career of being a doctor and the more we can allow to do that, the better. However, given the immediate urgency of needing more capacity, and therefore more doctors and nurses, the most obvious place is to look at all those who have already had the training and have left the profession or the NHS for one reason or another. Some may be in early retirement. That is probably not something my hon. Friend wants to change because she enjoys her new job, but there are many others who are not in a very important job like her who might be attracted back. I hope the Treasury will be engaged in the review, because I hear from doctors, as many do, that the quirk in the tax system at just over £100,000 where some of the better paid doctors are resting, producing a more penal 60% rate, is an impediment

to extra working. I also hear about the pension problems that have been cited on both sides of the House. The Government need to take those issues more seriously if they wish to accelerate returns.

Ministers have very clearly set out that they want more NHS staff and have obtained much larger budgets in the last three years to help bring that about. They have also said very clearly that the public's priority—and indeed the Opposition's priority—is to get more treatments and get those waiting lists and waiting times down for those needing more urgent or emergency care. Those Ministers must translate that through the senior health service managers into ways of spending that extra money. If it needs a bit more extra money, there is always some extra available—every time we meet another additional sum is announced—but it has to be well spent. It has to be spent on motivating and recruiting the medical workforce.

I had better not, because we are very short of time for colleagues.

The money has to be well spent and I hope that senior managers, as they give us a published workforce plan, will share more of their thinking. It is not good at the moment that there is such a breakdown in relations with talented and important staff in the health service. There is a complex system of pay reviews, increments, promotions and gradings of activities. All those things have flexibility within them. I look to the senior managers

We need more supply because there is excess demand, for understandable reasons. Huge sums of money were tipped into the system to deal with covid. Not all of it was well spent, but that was understandable given the unknown nature of the beast at the beginning, and the obvious pressures in this place and elsewhere to get instant results with personal protective equipment, testing and so forth. That is now behind us, but unfortunately it disrupted normal hospital work and normal GP work and created backlogs.

I urge the Government to understand that part of the answer is having more bed spaces in hospitals, with the staff to back them up. I do not know why so many senior health executives never want to admit that. They always say that there are lots of bottlenecks and other issues. Yes, of course we need to move people on from hospital as soon as it is safe to do so, and of course we need more capacity in social care, but I say to Ministers that it would be great to have a bit more capacity in the main hospitals to give us extra flexibility and take some of the pressure off. Could not some of the extra £20 billion, £30 billion, £40 billion or £50 billion that has been found in recent years be spent on the combination of physical capacity and the staff to support it that we so need?