

## NHS Risk Register 22 February 2012

**Mr Speaker:** In view of the extensive interest in this debate, I have imposed a seven-minute limit on Back-Bench contributions. That limit is based on the premise of reasonable self-discipline being shown in terms of the length of the opening Front-Bench speeches.

**Andy Burnham (Leigh) (Lab):** I beg to move,

That this House calls on the Government to respect the ruling by the Information Commissioner and to publish the risk register associated with the Health and Social Care Bill in order to ensure that it informs public and parliamentary debate.

These are extraordinary times for the national health service and, indeed, for our democracy. A top-down reorganisation that nobody voted for, which was ruled out by the coalition agreement and which Parliament has yet to approve, is happening anyway. From the moment the White Paper was published 20 months ago, the NHS began to change in every constituency represented in the House. From that very moment, the Opposition consistently argued that the Prime Minister was making a catastrophic error of judgment in allowing that to happen.

**Charlie Elphicke (Dover) (Con):** Will the right hon. Gentleman give way?

**Andy Burnham:** Not at the moment.

When the Government chose to combine the biggest ever financial challenge in the NHS with the biggest ever top-down reorganisation, they gave the NHS mission impossible. The £20-billion so-called Nicholson challenge was always going to be a mountain to climb—it is an all-consuming challenge on its own—but with this reorganisation the Government have effectively tied not one but two hands behind the NHS's back and taken away the maps and safety equipment. The Health Secretary began to dismantle the existing structures of the national health service across England before he had permission from Parliament to put new ones in their place. The result has been a loss of grip and focus at local level in the NHS just when it was most needed.

**Several hon. Members** *rose* —

**Andy Burnham:** Let me make this point, and I will give way in my own time.

People talk of confusion and drift, of a huge loss of experienced staff and established relationships and of an NHS in which no one knows who is making the decisions. That leads to concerns about the risks being run with our NHS—risks to patient safety, service standards and in relation to the efficiency challenge. The chief executive of the NHS confirmed that to the Public Accounts Committee when he said:

“I’ll not sit here and tell you that the risks have not gone up. They have.”

So, that is a fact. The Prime Minister who promised to protect the NHS has put it at risk. That much is clear, but what are the precise risks that the Health Secretary and the Prime Minister are taking with the NHS, and how serious are the risks? Does not the public have a right to know what they are? You would think so, would you not, Mr Speaker, given how much the NHS matters to people and how utterly so many people with long-term illnesses and disabilities depend on it?

**Graham Evans (Weaver Vale) (Con):** When the right hon. Gentleman was Secretary of State he refused a freedom of information request to publish risk registers in September 2009. Why was that? Was he aware of the request, and why did he not publish?

**Andy Burnham:** I will come to that in a moment. If the hon. Gentleman is patient, I will answer his point directly.

Given the risks that are being taken, and given how much the NHS matters to people and how utterly they depend upon it, particularly those with long-term illnesses and disabilities, one would think they had a right to know about the risks that the Secretary of State is running with their health service. Well, one would be wrong. Instead, Members of this House and of another place have been asked to approve the most far-reaching reorganisation of this country's best-loved institution by a Government who have not had the courtesy to give them the fullest possible assessment of its potential impact on the NHS.

**Brandon Lewis (Great Yarmouth) (Con):** The right hon. Gentleman is clearly arguing for transparency on risk registers. Will he outline how many risk registers he used when he was the Secretary of State, and how many of them were published?

**Andy Burnham:** I did not launch the biggest ever reorganisation of the national health service, but I will come to the hon. Gentleman's point in a moment, if he is patient.

The Government have not given the House the courtesy of their own assessment of the risks that they are running with the NHS before they ask us to approve the biggest ever reorganisation at a time of financial challenge. It is quite simply disgraceful.

**Chi Onwurah (Newcastle upon Tyne Central) (Lab):** I thank my right hon. Friend for giving way and for his excellent opening remarks. He knows that every year 37,000 people die earlier in the north of England because of health inequalities. Does he agree that as a result of the Government concentrating on a top-down reorganisation and making primary care trusts put aside billions for this reorganisation, risks to health inequalities can only grow?

**Andy Burnham:** Those on the Government Front Bench are laughing. They will not be laughing when I have finished my speech.

More than 150 experts in child health wrote to a newspaper last week to say that health inequalities among children will widen as a result of the Bill. Are Ministers listening? No. It is disgraceful that they behave as they do.

**The Minister of State, Department of Health (Mr Simon Burns):** Will the Secretary of State confirm—sorry, the shadow Secretary of State—that in clause 3 of the Health and Social Care Bill for the first time in the history of the NHS reductions in inequalities in health have been put on the face of a Bill as a duty to achieve?

**Andy Burnham:** I confirm to the Minister that I am the shadow of my former self, but it sounds as though he would like to have me back. Expert opinion says that health inequalities will widen. Is he listening to that opinion? That is the question he should answer today.

**Several hon. Members** *rose* —

**Andy Burnham:** I will give way later.

We called this debate today to give the House a chance to vote for the openness and transparency that the Government once promised. More specifically, in opening the debate, I have three clear purposes. First, I want to test the Government's argument for withholding the transition risk register and clear up the confusion about current Government policy on risk management and freedom of information. Secondly, I want the debate today to give people watching in the country the real picture of what is happening on the ground in the NHS across England. I know that Labour Members' contributions will bring that out.

Faced with a conspiracy of silence on the Government Benches to keep the risk register secret, it falls to the Opposition to tell patients and the public what this Government do not want them to know. Today I will reveal new information from locally held NHS risk registers about the real risks that the Government are running with patient care, public safety and the quality of NHS services in communities across England. Based on the information that I will reveal, my third purpose today is to

counter what seems to be the Government's main remaining argument in favour of their reorganisation—namely, that things have already gone so far that it is now better to carry on than to stop.

That argument will be demolished by the new information that the House will hear. It explains why so many professional organisations and royal colleges have already made the judgment that even now it is safer to drop the Bill and work back through the existing structures of the NHS than to proceed with the turbulent and risky experiment of introducing an entirely new legal structure for the NHS based on markets and competition. Indeed, the new information is so troubling that it raises a simple question for the Prime Minister and the Health Secretary: if they were aware of the risks on such a scale arising from their reorganisation, how could they possibly have allowed it to carry on so long?

Let me deal with the first point, testing the Government's reasons for their action and their policy on FOI and risk management. Let us recap the events leading up to today. We on the Labour Benches always said that it was dangerous to reorganise the NHS at a time of intense financial pressure.

**Harriett Baldwin (West Worcestershire) (Con):** Has the right hon. Gentleman read the article in *The Times* today by Stephen Bubb, which says:

"When in government . . . Labour's Shadow Health Secretary spoke of his vision for a preventive, people-centred NHS that would allow the maximum freedom for local innovation... And yet, to judge by the reaction that"

the Secretary of State's

"Bill has provoked, one would think that a centralised, bureaucratic and too often inefficient NHS is politically sacred and permanently untouchable"?

*[Interruption.]* Is that the impression that the shadow Secretary of State is trying to create?

**Mr Speaker:** Order. I remind the House that there is a lot to get through, many Members wish to contribute, and interventions in any event should be brief.

**Andy Burnham:** I have never believed in a free market in the NHS. I did not believe it then and I do not believe it now. That is why I oppose the Bill that the hon. Lady supports.

I was saying, before I was rudely interrupted, that we say it is dangerous to reorganise the NHS at this time. On the day the White Paper was published, I stood opposite the Secretary of State and described his plans as

"a huge gamble with a national health service that is working well for patients."—*[Official Report, 12 July 2010; Vol. 513, c. 663.]*

He never has explained why this successful NHS needs to be turned upside down. From day one we have asked the Government to be up front about the precise nature and scale of the risks that they are taking. Their failure to provide a full assessment of those risks to inform the House's consideration of their Bill led my predecessor, my right hon. Friend the Member for Wentworth and Dearne (John Healey), to initiate a freedom of information request for the transition risk register. I wish to point out that my right hon. Friend did not request the full departmental risk register, which was subject to a similar request in August 2009 at the height of the swine flu pandemic.

Let me now directly answer the question that the hon. Member for Weaver Vale (Graham Evans) asked. There are three crucial differences between that situation and the subject of today's debate. The first important difference—*[Interruption.]* The hon. Gentleman would do well to listen, as the Prime Minister got his facts wrong at Prime Minister's Question Time.

The first important difference is that the debate relates to a different document. This debate is about the transition risk register, not the strategic risk register held by the Department. They are different

things. The transition risk register relates solely to the reorganisation and the effects that the reorganisation could have. That brings me to my second reason why the situation is different. I did not initiate the biggest ever top-down reorganisation of the NHS. It is the policy of the hon. Gentleman's Government to do that. We on the Labour Benches who care about the NHS have a right to know what damage that reorganisation might cause. The Government are not just launching the biggest ever reorganisation; they are doing it at a time of the biggest ever financial challenge in the history of the NHS.

The third reason—

**Several hon. Members** *rose* —

**Andy Burnham:** Conservative Members should listen. The hon. Member for Weaver Vale asked for the reasons. The third reason the situation is different is that the request submitted in August 2009 was from a member of the public, not from a Front-Bench politician—

**Several hon. Members** *rose* —

**Mr Speaker:** Order. May I make it clear to Back Benchers that the shadow Secretary of State is clearly not giving way at present, and that in the circumstances they should exercise some self-restraint?

**Andy Burnham:** They do not want to listen because it does not suit their argument. This was meant to be their whole reason today, and we heard it from the Prime Minister earlier, but now they do not want to hear the reasons.

The third reason this situation is different from the one in August 2009 is that at that time there was not a precise ruling from the Information Commissioner, but there is a clear ruling from the commissioner in this case. Those are three important differences. Let me remind the House of that ruling. It stated:

“The Commissioner finds that there is very strong public interest in disclosure of the information, given the significant change to the structure of the health service the government's policies on the modernisation will bring.”

That is where one of the Government's key arguments for withholding the register falls apart. The Minister in another place has repeatedly defended the Government's action by saying that they had published a full impact assessment for the Bill—[ *Interruption.* ] “It's true”, says the Minister of State, Department of Health, the right hon. Member for Chelmsford (Mr Burns). Let me answer that point. Having had sight of the impact assessment and the transition risk register, the commissioner said that

“disclosure would go somewhat further in helping the public to better understand the risks associated with the modernisation of the NHS than any information that has previously been published.”

In other words, the impact assessment that the Secretary of State has published is not good enough and the public deserve to know the full truth about his reorganisation.

**Mr Alan Reid (Argyll and Bute) (LD):** I am pleased that the right hon. Gentleman has been converted to the cause of freedom of information but hope that it is not for a fourth reason: he was then in government but is now in opposition. Will he give a commitment that, should he ever again become Secretary of State for Health, he will grant every FOI request for a risk register?

**Andy Burnham:** They should be judged on their merits, but let me say that it was the Labour party that introduced the Freedom of Information Act, so we will take no lectures from the hon. Gentleman. As I will explain in a moment, we did publish risk registers under freedom of information rules, so let us keep the high horse out of today's debate, if he does not mind. We were used to hearing pious lectures from Liberal Democrat Front Benchers on openness, transparency and how the supremacy of freedom of information trumped everything else, and we heard from Conservative Front Benchers

that sunlight was the best disinfectant, but that all seems a long time ago. We now have the sorry spectacle of Government Members on both Front Benches defying a clear ruling by the Information Commissioner and taking it to a tribunal hearing early next month. This action raises serious questions on what precisely is the Government's policy on these matters, as there is a real danger that it will look confused and contradictory. A search of the Treasury website brings up a clear statement of policy on the Government's principles for risk management. It states:

"Government will be open and transparent about its understanding of the nature of risks to the public and about the process it is following in handling them. Government will make available its assessments of risks that affect the public, how it has reached its decisions, and how it will handle the risk. It will also do so where the development of new policies poses a potential risk to the public."

That is the statement of the Government's policy as it stands today. Why on earth are they not following it?

**Keith Vaz (Leicester East) (Lab):** I declare my interest. I remind my right hon. Friend that yesterday statistics were published showing that 1.3 million diabetics had not had their annual checks. It is important that we have this information on the risks posed to diabetics by the new commissioning arrangements. Does he not think that that is an argument for full transparency?

**Andy Burnham:** My right hon. Friend eloquently makes the point I made at the beginning of the debate: people with long-term conditions, such as diabetes, who depend utterly on the NHS have a right to know whether there is any risk to the continuity or integration of the care they receive. I understand that representatives of patient groups, who perhaps have not been heard enough in this debate, made that point directly to the Prime Minister on Monday. It is absolutely essential that their voice is heard. They say that the Bill represents a danger to the integrated care that they receive and depend upon. It seems pretty clear to me that the Government are not following their own policy—[*Interruption .*]

**Anna Soubry (Broxtowe) (Con)** *indicated dissent .*

**Andy Burnham:** I quoted from the policy, but the Secretary of State is not publishing the risk register—

**Mr Speaker:** Order. I am sorry to have to interrupt, but I must say to the hon. Member for Broxtowe (Anna Soubry), who no doubt is an immensely brilliant individual, that in her capacity as Parliamentary Private Secretary to the Minister of State, at this stage in her career her role is to fetch and carry notes and nod in the right places, not to conduct a running commentary on the debate. I trust that she will now exercise a self-denying ordinance for the remainder of the debate.

**Andy Burnham:** As I was saying, the Government clearly are not following the statement of policy set out on the Treasury website, but the strange thing, as the House will hear shortly, is that NHS bodies across the country at local and regional level are following the policy closely. As I understand it, the Treasury's theory is that the more widely the risks are understood and shared, the greater the ability to mitigate them. Indeed, I recall the Minister stating in a press release as recently as last October, the month before the commissioner's ruling, that an open and transparent NHS would be a safer NHS. Two simple questions follow: why is the Department for Health not following stated Government policy and what it said in October was its own policy; and is the Department in breach of Government policy, or has it secured an exemption from it? I hope that the Health Secretary will shed light on this point today, because at present it does not look too good.

Let me turn to the Government's other reasons for fighting publication. First, it is claimed that disclosure would

"jeopardise the success of the policy"

That is a moot point. The Information Commissioner said that it is a strange defence, given the Government's other statements on openness and scrutiny building more robust plans. Secondly, it is

claimed that it could have a chilling effect and that officials would be less frank in future. Given that risk assessment is a core part of all public servants' responsibilities, not an optional activity, that claim was not accepted by the commissioner. Thirdly, it is claimed that the names of junior officials could be disclosed, but the commissioner has said that he was satisfied that the register would identify only senior civil service or senior NHS officials.

Fourthly, it is claimed that disclosure would set a difficult precedent and could lead to the publication in future of information relating to national security. The weakness of this argument, as the commissioner pointed out, is that a precedent has already been set, and it was set by the Labour party when we were last in government. A comparable risk register linked to the specific implications of a particular policy—the Heathrow third runway—was released by the previous Government in March 2009 following a ruling by the Information Commissioner on a request from the current Transport Secretary. Why are this Government not following the clear precedent set by the previous Government? That is the answer to the hon. Member for Weaver Vale. In truth, these four reasons seem to me to be the desperate defences of a desperate Government who have something to hide and a desperate Secretary of State.

**The Secretary of State for Health (Mr Andrew Lansley):** Let me offer the shadow Secretary of State a view that has been put to the House previously:

“Putting the risk register in the public domain would be likely to reduce the detail and utility of its contents. This would inhibit the free and frank exchange of views about significant risks and their management, and inhibit the provision of advice to Ministers.”—[*Official Report*, 23 March 2007; Vol. 458, c. 1192W.]

Does he recognise that view?

**Andy Burnham:** The Secretary of State clearly was not listening. It is not a comparable situation. We are talking about a different document. Does he understand that? It is a different document. How more simply does he want me to say it? He was just talking about the strategic risk register. Today the House is debating the transition risk register, and I would be grateful if he did not continue to muddy those waters.

Why are the Government not following the precedent we set? I do not know whether they will try to produce any more desperate reasons today, but it looks to me as though they have no real defence, as the hon. Member for Cities of London and Westminster (Mark Field) has pointed out. People will be expected later to troop through the Lobby for the Government, without so much as a fig leaf of a principled argument to support their call. Liberal Democrats, who used to lecture us on the supremacy of freedom of information, will be exposed once again: spineless, co-conspirators against the NHS, acting out of nothing but gut loyalty to the suicide pact that is this coalition.

That brings me to my second point. What exactly are Government Members all so desperate to hide, and what precise risks are they running with the NHS? When the Prime Minister made his disastrous decision to allow the Health Secretary to break the promises that he had personally made to NHS staff—indeed, those promises were then enshrined in the coalition agreement—and to proceed with his top-down reorganisation, we warned that the hard-won improvements in waiting times over the Labour years would be placed at risk. That is exactly what has happened.

The Government inherited a strong, self-confident NHS, independently judged one of the best health services in the world, if not the best, and in just 20 months they have reduced it to a service that is demoralised, destabilised and fearful of the future. Throughout the country there are growing signs of an NHS in distress. A and E departments are under increasing pressure, with figures published last week showing that the Government missed their own lowered A and E target for the seventh week in a row.

Between December 2010 and December 2011, there was a 13% increase in the number of people waiting longer than 18 weeks and a 105% increase in people waiting longer than a year. The number

of patients waiting more than six weeks for their diagnostic tests has more than doubled, and the number waiting more than 13 weeks has more than trebled.

We have a habit in this House of reeling off such statistics, but every single one represents a family living with worry, a life on hold. On Monday the Health Secretary said that

“pressure on hospitals is reducing.”

If ever I heard it, there speaks a voice from the bunker: a sure sign of what happens when you surround yourself with people who say only what you want to hear.

**Mr Lansley:** We must proceed from facts and be accurate. The number of patients waiting more than a year for treatment in May 2010—the time of the most recent election—was 18,458. In the latest figures, published for December 2011, that figure had more than halved, to 9,190.

**Andy Burnham:** I will trade figures with the right hon. Gentleman. He quotes a different time frame from the one that I quoted. If he is going to resort—

**Mr Lansley** *rose* —

**Andy Burnham:** No, I have given way to the right hon. Gentleman. He resorts to those tactics and gives us the view that the pressure on hospitals is reducing, when all over the country hospitals are under intense pressure and A and E departments and wards are being closed, but, if he expects us to take those statements from him, he should know that we are not going to do so. This is not a man living in the real world, and he is not listening to the warnings that are coming from the NHS. It can be no surprise to people that the NHS is slipping backwards, because that is precisely what local and regional NHS bodies have been warning him. The fact is—

*[Interruption]*

I will not give way. The fact is—

**Mr Lansley:** On a point of order, Mr Deputy Speaker. For the purposes of accuracy, I understand the right hon. Gentleman to have said that 105% more patients waited longer than a year for their treatment in December 2011 compared with December 2010, when he should know that the figure—*[Interruption.]*

**Mr Deputy Speaker (Mr Nigel Evans):** Order. I wish to listen to this point of order.

**Mr Ronnie Campbell (Blyth Valley) (Lab):** It is not a point of order.

**Mr Deputy Speaker:** Order. I will decide whether it is a point of order, Mr Campbell.

**Mr Lansley:** Thank you, Mr Deputy Speaker. For the purposes of accuracy, the figures published by my Department for December 2010 were 14,671, and for December 2011 were 9,190, a reduction of almost 5,000.

**Mr Deputy Speaker:** That is not a point of order for the Chair, Mr Lansley. As—*[Interruption.]* Order. As you well know, that is a point of debate.

**Andy Burnham:** Even though it was not a point of order, Mr Deputy Speaker, let me just answer it. I was comparing December 2010 with December 2011. That is a different time frame from the one that the Secretary of State quoted, which involved a time frame since the election. The Government inherited an NHS in which those waiting times were going down, and that is why he quoted those figures. On his watch, they are going back up, and it is a disgrace that he does not have the courage to admit it.

The fact is, as I said a moment ago, that warnings have been coming from the NHS, and I want the House to listen carefully to this information. The right hon. Gentleman has not been listening. The Government will not publish the transition risk register, but we have a pretty good understanding of what is in it from the local and regional risk registers that have been made public in line with Government policy as expressed on the Treasury website. So what do they say about waiting times?

Let us take the risk register from NHS Bradford and Airedale. Its assessment warns of

“a risk of poor patient access and assessment within four hours at Leeds Teaching Hospital due to significant staffing pressures resulting in potential patient safety issues and delay”.

The likelihood of that happening is considered 4, likely to happen, and the consequences are rated 4, major, giving an overall risk register rating of 16, which is extreme.

**Mr Lansley:** It's not actually going to happen.

**Andy Burnham:** The Secretary of State says that it is not actually going to happen, but that assessment was made after mitigation. The assessment states that it is likely, that it is major and that mitigating effects have not taken the risk away. He should probably learn to understand the risk register before he refuses to publish it.

NHS Surrey warns of

“performance measures as set out in vital signs for 18 weeks are not met due to a loss of capacity or focus or availability of funding”.

The rating is 16: extreme, likely to happen, with major consequences. The risk has not been mitigated.

What do the local risk registers say about care for cancer patients? Worryingly, some predict—*[Interruption.]* The Secretary of State would do well to listen; he is not good at listening. He would do well just to listen to what I am saying. Worryingly, some predict poorer treatment for cancer patients.

NHS Lincolnshire's corporate risk register states:

“New risk in December—the continuation of the Cancer Service improvement, cancer network and the achievement of cancer waiting time targets”.

The risk rating is 16: extreme, likely to happen, with major consequences.

At NHS Bradford and Airedale again, there is a similar risk, with

“poor patient access to cancer waiting times 62 days urgent referral to first treatment, resulting in poor patient care.”

Its rating was 16: extreme, likely to happen, with major consequences.

**Julian Smith (Skipton and Ripon) (Con):** Will the right hon. Gentleman give way?

**Andy Burnham:** No, the House will listen to this information.

What do the risk registers say about patient and public safety and about staffing levels? South Central strategic health authority's risk register warns—

**Christopher Pincher (Tamworth) (Con):** He's frit.



**Andy Burnham:** The hon. Gentleman would do well to listen—[ *Interruption.* ] I have taken interventions, and he would do well to listen. I am trying to get through my remarks so that colleagues can speak. He should try listening for once. He is not doing a very good job of it at the moment.

South Central strategic health authority warns of a

“risk that the pace and scale of reform, if coupled with savings achieved through cost reduction rather than real service redesign, could adversely impact on safety and quality, with the system failing to learn the lessons from Mid Staffordshire and Winterbourne View.”

NHS London warns:

“There is a risk that women may be exposed to unsafe services which could cause them harm.”

NHS Northamptonshire and NHS Milton Keynes warn that

“failure to deliver national objectives, business continuity and statutory functions due to lack of capacity, capability, retention and availability across the workforce resulting from the proposed Health and Social Care Bill.”

Those are risks created by the Secretary of State and his Bill. It is utterly disgraceful.

**Mr Ben Bradshaw (Exeter) (Lab):** Given that this House and the other place are having to decide on the biggest upheaval in the NHS’s history, is it not absolutely essential that all the information and all the risks are in the public domain? In that context, and in the context of what my right hon. Friend has said, is it not absolutely imperative that the Francis report into the scandal at Stafford hospital is published before the Bill has completed all its stages in Parliament?

**Andy Burnham:** Of course, there are lessons to be learned for those in all parts of the House when the Francis report is published, and I can say, on behalf of Labour Members, that we will learn those lessons. However, this Bill goes to the heart of what happened in that case, because it is about autonomy in hospital services, and we know that when one makes an organisation autonomous it can sometimes fail as well as get better. I cannot understand how the Government can be legislating before they have even waited to hear the conclusions of the public inquiry that they set up. Surely that has implications for the Secretary of State’s Bill. Why has he not waited to hear what it says so that it can be properly reflected in the design of the service that he is creating?

**Jeremy Lefroy (Stafford) (Con):** Given that the right hon. Gentleman opposed the public inquiry at the time, will he now agree with Government Members, particularly the Secretary of State, that it was vital that it took place and that the lessons be learned?

**Andy Burnham:** One of my first acts as incoming Health Secretary was to commission Robert Francis QC to conduct an independent investigation into the events at Stafford on a local level. [ *Interruption.* ] Government Front Benchers are saying that it was not a public inquiry. They are right, but let me explain why. I did not commission a full public inquiry because, in my judgment, such an inquiry at that time, with all the glare and focus that it would bring to the hospital, would distract the hospital from its more immediate priority of making services safe as quickly as possible. I said to the chairman of the independent inquiry that if, at any time, he wanted to come back to me and ask for powers to compel witnesses, I would be well disposed towards receiving such requests. Given all the events that have taken place, to hear that the hospital is again having difficulties—that the A and E department is temporarily closed—gives me genuine cause for concern that the fundamental and far-reaching problems there have not been adequately addressed. That should concern us all.

I was talking about the risks identified by the NHS Northamptonshire and Milton Keynes risk register regarding the loss of capacity and problems in carrying out statutory functions resulting from the chaos caused by the Bill.

**Rehman Chishti (Gillingham and Rainham) (Con):** Will the right hon. Gentleman give way?

**Andy Burnham:** Not for the moment.

The risk rating in that risk register was 16—extreme. Let me focus on the phrase, “statutory functions”, because it is important that the House fully appreciates what that involves. One of the statutory functions of the primary care trusts that have been wound down before new structures are in place is the safeguarding of children and vulnerable adults. What does the NHS

London risk register say on this point?

*[Interruption]*

Government Members do not want to listen. I am sorry if it is inconvenient for the Parliamentary Private Secretary, the hon. Member for Broxtowe (Anna Soubry), but she will listen. The risk register makes the chilling prediction that the huge loss of named or designated professionals from PCTs across London, and the subsequent damage to information sharing, may lead to “preventable harm to children”. That risk was rated at 20 pre-mitigation and 15 post mitigation.

It is not just NHS London that is saying this. Let me quote again from the NHS Northamptonshire and Milton Keynes risk register; this time I ask the House to listen very carefully. It warns of a

“failure to deliver statutory requirements which leads to the significant harm or fatalities of children and vulnerable adults”.

That was originally rated as an extreme risk and, even after mitigation measures, it is still rated as “very high” with the possible frequency of occurrence being “monthly”.

This is what the national health service is telling the Health Secretary and the Prime Minister about the potential effects of their reorganisation. It is appalling and shocking. They are taking unacceptable risks with children’s safety and people’s lives. If this is what the NHS has been telling Ministers for 20 months, since the White Paper was published, how can they possibly justify pressing on with this dangerous reorganisation? Has not what remained of any justification for carrying on just collapsed before us? If this is what is published in local risk registers, that prompts the question of what on earth they are trying to hide in the national assessment. The simple truth is that they cannot publish because if people knew the full facts, that would demolish any residual support that this reorganisation might have.

That brings me to my third point—the Government’s claim that it is safer to press on with reorganisation than to deliver GP commissioning through the existing legal structure of the NHS. The evidence that I have laid out comprehensively dismisses that argument. If the Government were to abandon the Bill and work with the existing legal structure of the NHS, that would bring immediate stability to the system and, as the *British Medical Journal* has calculated, save over £1 billion on the cost of reorganisation. The Government’s claim that it is safer to press on is rejected by the overwhelming majority of clinical and professional opinion in England. The royal colleges and other professional organisations have given careful consideration to the pros and cons of proceeding and abandoning. Some disruption comes with either course of action, but given the terrible mess that we are now in, those royal colleges have concluded, one by one, that the interests of patients are best served by working to stabilise the system through existing structures.

It is not difficult to do that. PCT clusters could be maintained and the emerging clinical commissioning groups could simply take charge of the existing legal structure that is the residual PCT, and indeed any buildings and staff that they may still have. The painful truth is that delivering GP-led commissioning, which is where the Health Secretary began, could have been delivered without this Bill. Let me say to him again today that my offer still stands. If he drops the Bill, I will work with him to introduce GP-led commissioning using his emerging clinical commissioning groups.

However, that must be done in the right way. The local NHS risk registers raise concerns not only about reorganisation but about fundamental flaws in the policies that the Health Secretary wants to take forward. NHS Lincolnshire warns of a

“conflict of interest in CCG commissioning and provision: perceived or actual conflicts of interest arising from GPs as both providers and commissioners may impair the reputation of the CCG and, if not managed, may result in legal challenge.”

That has a moderate likelihood of happening but a consequence rated as catastrophic. A GP surgery in West Sussex has written to all its patients offering them

“private screening for heart and stroke risk”

from Health Screen First, for which, in return, the surgery receives a nominal fee from Health Screen First. In Haxby, GPs tried to restrict minor operations that are currently free on the NHS and at the same time launch their own private minor operations service, sending patients a price list. More broadly, stories are emerging around the country of plans by clinical commissioning groups to stop purchasing services from local hospitals, such as dermatology in Southwark and out-patients in south London. There are also plans to remove services from Stafford hospital, which we talked about earlier.

This unstable market in health care could have a very real effect on the viability and critical mass of essential hospital services, resulting in full or partial hospital closures. I have never heard of any plans from the Government to mitigate these risks other than the simple statement, “The market will decide.”

**Joan Walley (Stoke-on-Trent North) (Lab):** In view of what was said about Stafford hospital and the implications for patient care in North Staffordshire, may I say to my right hon. Friend and to the House that it is vital that we get the full information and full risk assessments that are required in order to be able to plan for the NHS that we need, and that this important debate is part of that?

**Andy Burnham:** What happened at Stafford gives us very important lessons about the dangers of autonomy, and this Bill is all about extolling the benefits of autonomy. As Health Secretary, I had to deal with that situation. In some ways, it was a legacy of problems with our own policy; I accept and acknowledge that before the House. Because of that situation, I proposed the power to de-authorise a foundation trust and brought it forward in the Health Act 2009. If a hospital gets into trouble, it cannot carry on being autonomous and unable to improve, but should be brought back and helped to improve. I proposed the duty of autonomy.

In fact, that duty was recommended by Robert Francis QC in the first stage inquiry that he delivered to me. I accepted his recommendation. The Health and Social Care Bill abolishes the power to de-authorise a foundation trust. A recommendation from Robert Francis is being abolished by the Bill before the Government even give him the courtesy of allowing him to report. I say again that I do not have a good answer to why they are legislating before hearing from his inquiry. As was said a moment ago, there are plans in Stafford for GPs to do more in the community. That might be a good idea, I do not know, but it might further destabilise that hospital. That should be a cause for concern.

**Julian Smith:** Will the right hon. Gentleman give way?

**Andy Burnham:** I will give way one last time to a Government Member, then I will close.

**Julian Smith:** Last week, I met Airedale NHS Foundation Trust, to which the right hon. Gentleman referred earlier. To clarify, neither the chief executive nor the chairman raised any of the points that he has raised. Not only that, but the local GP commissioning consortia are perfectly happy and are asking me and other local MPs to push ahead with the Bill. Why is the right hon. Gentleman such a scaremongering buffoon?

**Mr Deputy Speaker (Mr Nigel Evans):** Order. I ask the hon. Gentleman to withdraw that description.

**Julian Smith:** I withdraw it fully.

**Andy Burnham:** I do not know why the hon. Gentleman thinks that such an intervention is appropriate. Why did he not ask the chairman and chief executive about this matter? Why does it take me to go and research the risk register—[ *Interruption.* ] Listen to the answer. Why does it take me to research the risk register in his constituency and to tell him about the risks to the NHS in his constituency, which he clearly does not know about? I suggest that he goes away from this Chamber right now and searches online, where he will find that risk register. Perhaps he will learn something about his constituency.

We are told that the market will decide. Last week, the Government received a specific warning from more than 150 members of the Royal College of Paediatrics and Child Health that the market-based approach envisaged in the Bill will have

“an extremely damaging effect on the health care of children”.

They went on to say:

“Care will become more fragmented, and families and clinicians will struggle to organise services for these children. Children with chronic disease and disability will particularly suffer, since most have more than one condition and need a range of different clinicians.”

They stated that:

“The Bill is misrepresented by the UK Government as being necessary”

and that it will

“harm those who are most vulnerable.”

Those are not my words, but those of clinicians. [ *Interruption.* ] If the hon. Member for Suffolk Coastal (Dr Coffey) wants to dismiss them, that is up to her, but she would do well to listen to them.

Warnings do not come any more serious than the one that I have just read out. It shows why the Government will not publish the risk register: they know that the case for their Bill would be demolished in an instant. People watching this debate will ask how it is possible to proceed when experts make such warnings and when NHS bodies warn of fatalities. To press on regardless would be utterly irresponsible and unforgivable. That is what the Prime Minister said today that he plans to do.

The truth is that the Government are not listening, as we have seen throughout this debate. The Prime Minister is surrounding himself with people who say what he wants to hear, while closing the door of No.10 Downing street in the faces of those who do not. He will not listen to the doctors and nurses with whom he was once so keen to have his photograph taken. It could not be clearer: he is putting his political pride and the need for the Government to save face before the best interests of the national health service. He is gambling with patients, with public safety and with this country's best-loved institution. The Prime Minister asked people to trust him with the NHS, but we have learned today that he is running unforgivable risks with it. What his Government are doing is wrong and they need to be stopped.

I call on Members across the House to put the NHS first tonight. Vote with us for the publication of the risk register so that the public can see what this reorganisation will do to their NHS. They deserve the full truth and tonight this House can give it to them and correct the Government who have got things so badly wrong. I say to people outside who are watching this debate, join this fight to save the NHS for future generations. The NHS matters too much to too many people for it to be treated in this way. People have not voted for what is happening. [ *Interruption.* ] Not a single Government Member who is shouting at me now can look their constituents in the eye and say, “I told you that I was going to

bring forward the biggest ever top-down reorganisation.” The more people who join this fight, the stronger our voice will become.

We promised this Government the fight of their life for betraying that trust and that is what we will give them. Tonight, this House has an opportunity to speak for the millions of people who care about the NHS and are worried about what is happening to it. I implore this House to take that opportunity and I commend the motion to the House.

**Mr Deputy Speaker (Mr Nigel Evans):** Before I call the Secretary of State for Health, I say to the House that in my time as Deputy Speaker, this is easily and by some margin the worst-tempered debate that I have chaired. I ask Members on both sides of the House to lower the temperature so that we can have a decent and full debate.

**The Secretary of State for Health (Mr Andrew Lansley):** Let me put a quotation to the shadow Secretary of State again:

“Putting the risk register in the public domain would be likely to reduce the detail and utility of its contents. This would inhibit the free and frank exchange of views about significant risks and their management, and inhibit the provision of advice to Ministers.”—[*Official Report*, 23 March 2007; Vol. 458, c. 1192W.]

I asked in an intervention on the shadow Secretary of State whether he recalled that quotation. It is what he said in an answer to this House in *Hansard* on 23 March 2007.

**Karl Turner (Kingston upon Hull East) (Lab):** Will the Secretary of State give way?

**Mr Lansley:** I will in a moment.

Frankly, this is a broken-bat debate in the first place, because the shadow Secretary of State is trying to suggest that this Government should do something that he as a Minister and then as a Secretary of State steadfastly refused to do, using exactly the same arguments that the present Government have used.

I am afraid that the shadow Secretary of State’s bat was broken before he came to the crease, because at Prime Minister’s questions the Prime Minister put it to the Leader of the Opposition that, as he was devoting a whole Opposition day to this debate, he might want to make some argument or put some question to him on this subject, but such a point from the Leader of the Opposition came there none. The shadow Secretary of State is standing at the Dispatch Box without the support of his own leader.

**Karl Turner:** Does the Secretary of State think that his job is at risk and that it should perhaps be on a risk register?

**Mr Lansley:** I do not know about the debate being bad-tempered, Mr Deputy Speaker, but we at least have jokers in the House.

The shadow Secretary of State is out on his own. I will be kind to him and say that at least opposition is coming naturally to him. Whatever we propose, he opposes it, even to the extent of directly contradicting what he and his colleagues said in government. His contribution today was another shameless example. We have seen this before. The last Opposition day debate on this subject was a travesty of his previous views about the role of the private sector, the need for the private finance initiative and the role of competition in the NHS that he espoused in government. He has done a U-turn on those matters and now holds the polar opposite views from those that he held before. That may be a luxury of opposition and he may enjoy it for the moment—actually, I am not sure that he did enjoy it that much—but that kind of inconsistency will keep him in opposition for a very long time.

The shadow Secretary of State spoke for about 50 minutes and I heard not a word of appreciation for the staff of the NHS. We are asking the staff of the NHS to live in financially challenging times, but it is

not mission impossible. He said that saving money in the NHS was mission impossible. That is certainly how the Labour party treated it in government. Spending money was about the only thing that it seemed to be capable of doing, but it never spent it well. We are asking the staff of the NHS to save and to reinvest, and to improve performance at the same time.

Did I hear one scintilla of appreciation from the shadow Secretary of State for what NHS staff are doing, or for the fact that we have the lowest number of hospital-acquired infections on record and the lowest ever numbers of patients waiting more than six months and more than one year for treatment? I did not. I put it on record again that whether we compare May 2010 with December 2011, during which time the number of patients waiting more than a year for treatment more than halved, or December 2010 with December 2011, in which time it went down from more than 14,000 to nearly 9,000, the number has gone down. For the shadow Secretary of State to stand at the Dispatch Box and say that it has doubled, which is transparently wrong, is a misrepresentation to the House and a travesty to the staff of the service. He ought to come to the Dispatch Box and withdraw it.

**Mr Edward Leigh (Gainsborough) (Con):** Of course the views of staff are desperately important, but this is our NHS, and what is really important is the outcome for patients. It is because of the catastrophic decline in productivity that I say to my right hon. Friend that we urge him to keep going, with no more watering down of the Bill. His parliamentary party is 120% behind him.

**Mr Lansley:** My hon. Friend is absolutely right, and when he was Chair of the Public Accounts Committee he constantly told the last Government that they should do something to ensure rising productivity in the NHS. He was not alone in that.

**Emma Reynolds (Wolverhampton North East) (Lab):** Will the Secretary of State give way?

**Mr Lansley:** I will in a moment. Perhaps the hon. Lady would like to explain the views of not only my hon. Friend the Member for Gainsborough (Mr Leigh) but his successor as Chair of the Public Accounts Committee, the right hon. Member for Barking (Margaret Hodge), who said:

“Over the last ten years, the productivity of NHS hospitals has been in almost continuous decline.”

*[Interruption.]* I hear Labour Front Benchers ask, “What about the risk register?” I will tell them what the risk to the NHS was before we came into government. It was that a Labour Government would carry on failing to increase productivity in the NHS. Productivity would have declined, and the NHS would have been unable to provide patients with the service and care that it should provide, because Labour wasted money on bureaucracy instead of spending it on patient care.

**Emma Reynolds:** I am proud of our record on the NHS, given that patient satisfaction with the NHS is at an all-time high. Does the Health Secretary agree with the analysis of Professor Black in his report in *The Lancet* that Tory Ministers’ claims that productivity declined between 2000 and 2009 is based on a myth?

**Mr Lansley:** I have just quoted what the Labour Chair of the Public Accounts Committee said on the basis of advice from the National Audit Office, which is precisely in line with data published by the Office for National Statistics. I think I will rest on that.

I want to make it absolutely clear that I appreciate what NHS staff do and the fact that they are delivering improving outcomes. We published 30 indicators of NHS outcomes just two months ago, and 25 of them showed that performance had been maintained or improved. They had not all gone up, but that is why we are focusing on those outcomes, and not just waiting times. However, the average time for which in-patients waited for treatment was 7.7 weeks in December 2011, down from 8.4 weeks at the last election. For out-patient treatment, the average is down from 4.3 weeks at the election to 3.8 weeks now.

**Andrew George (St Ives) (LD)** rose —

**Mr Lansley:** I know that my hon. Friend will join me in appreciating the success of the NHS in improving waiting times.

**Andrew George:** I do indeed welcome that news, and I do not question what the Secretary of State says about it. However, I am curious about the fact that on one hand the shadow Secretary of State says that it is all going terribly badly but opposes reform of the NHS, and on the other the Secretary of State says that outcomes have never been better but is pressing on with the Bill. Why is he doing so?

**Mr Lansley:** The curious thing, as I know my hon. Friend will appreciate, is that even the Leader of the Opposition says that reform is needed in the NHS because of the challenges that it faces. Of course we can debate what the nature of the reform should be, but the idea that we can simply stand still and that nothing in the NHS needs to change is not the view of NHS staff, patients, the Labour party or the Government. We therefore have to consider what the nature of that reform needs to be, and I believe in patient choice and empowering doctors and nurses on the front line to deliver care. I believe in cutting bureaucracy and removing whole tiers of management to enable that to happen, and in common with my Liberal Democrat friends and colleagues I believe in strengthening democratic local accountability in the NHS and strengthening public health services through local government operations.

The worst possible thing for me to do would be to say, "We need to reform the NHS because it is doing so badly." I do not believe that, but I do believe we have to root out poor performance. I was shocked to hear the shadow Secretary of State and the right hon. Member for Exeter (Mr Bradshaw), who has disappeared, talking about Stafford hospital. They were the ones who never appreciated the risk of what was happening there. They know that they went through reorganisations without ever addressing the risk. The dreadful things there happened on their watch, so they might at the very least have come here and apologised. The right hon. Member for Exeter came to the Dispatch Box when he was a Minister and said, "Oh, it's nothing to do with me, it's all to do with the management of the hospital."

I believe in foundation trust hospitals, which apparently the Labour party now does not. *[Interruption.]* The shadow Secretary of State is trying to have it both ways. He is trying to say that he is in favour of foundation trust hospitals, but that if they get into difficulties the best thing is for them to be run by the Secretary of State. He might talk to the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson), who was the Secretary of State when, in the Maidstone and Tunbridge Wells NHS Trust, dozens, perhaps hundreds of patients died of clostridium difficile infection at the Kent and Sussex hospital. That was an NHS trust, not a foundation trust. The Department of Health and the Secretary of State have no God-given ability to run hospitals directly and do so better than they can be run by the doctors, nurses and managers in charge. The point is that there must be proper accountability, and through HealthWatch, local government and the responsibilities of Monitor we will have a proper accountability structure in the Bill.

**Andy Burnham:** I said that we would learn the lessons of what happened in the Mid Staffordshire trust, and I apologised at the time on behalf of the Government.

The first-stage Francis inquiry recommended the de-authorisation of foundation trusts. Why is the Secretary of State removing that power in the Bill before Robert Francis has reported again?

**Mr Lansley:** It is because we are clear that the reason he said that was that there was no mechanism available to Monitor in legislation for the maintenance of services and interventions. The Bill will mean that there is.

I sometimes think that the shadow Secretary of State has not actually read the Health and Social Care Bill. He keeps saying that this or that is in it, or that it does or does not do this or that, but for the first time since 2003, when his predecessor's legislation stated that there should be a mechanism for dealing with hospitals that are failing, we are setting out a proper structure for the continuity of services. He says that it is just about de-authorisation, but it is not.

**Clive Efford (Eltham) (Lab)** rose —

**Grahame M. Morris (Easington) (Lab)** *rose* —

**Mr Lansley:** I am sorry, but unlike the shadow Secretary of State I have taken a lot of interventions. I will take more before I finish, but I need to say one or two things without trespassing too much on Back Benchers' time.

The shadow Secretary of State does not really have anything of substance to talk about, so he wants to talk about the risk register. Let me tell him about our approach to transparency. We are international leaders in openness and transparency in government. Across government, we publish business plans, departmental staffing and salaries, full details of departmental contracts and summaries of departmental board meetings. We are legislating for foundation trust boards to meet in public, which the Labour Government never did; they resisted it. We are opening up the workings of government in ways that Labour rejected outright.

We have set our sights higher than that. In the NHS, we have opened up more information about services than was ever done under the last Government, shining a light on poor performance and promoting better performance. The NHS atlas of variation has been published for the first time, exposing the variation in outcomes for patients in different parts of the country. That was covered up by Labour, which would have said, "Oh, no, that's the postcode lottery, we mustn't publish that information." We have set it out, because that is the route to improving performance.

I remember the shadow Secretary of State's predecessors as Health Secretary going on the "Today" programme and saying, "Oh, no, nobody's in mixed-sex accommodation any more. We've eliminated all that." Well, we have published data on that for the first time, showing that 12,000 patients a month were being put into mixed-sex accommodation. Now, because we published those data and acted, that figure has come down by 95% since December 2010. The previous Government covered that information up; we are publishing and dealing with it.

**Several hon. Members** *rose* —

**Mr Lansley:** I will give way in a moment.

We have published situation reports and real-time information on winter pressures, but the previous Government never did so. We are investing more in new information collections on A and E performance and new clinical quality indicators for A and E. We are collecting more data on ambulance performance and increasing the number of clinical audits. We are publishing the data on the things that matter to patients, all of which is helping the NHS understand the actual quality of care. We are open and transparent because we believe, as the previous Labour Government did not, that putting information out is in the public interest.

**Several hon. Members** *rose* —

**Mr Lansley:** I will give way to the right hon. Member for Wentworth and Dearne (John Healey).

**John Healey (Wentworth and Dearne) (Lab):** In January 2011, the Secretary of State's Department set up the audit and risk committee with a commitment to publish minutes of its meetings within three months. The last note of any meeting of that committee published on its website is from February 2011. Is that international leadership or the same cloak of secrecy that prevents him from publishing the transition risk register?

**Mr Lansley:** When the right hon. Gentleman was a Minister he and his colleagues never published such information, so I will not take any lessons on that. As a Treasury Minister, he refused to disclose a Treasury risk register.

Let me explain what risk registers are for, because an hon. Lady on the Opposition Benches keeps chuntering about them. A high-level risk register, such as those being considered by the tribunal on 5 and 6 March, is a continuously reviewed and updated document that enables officials, advisers and



Ministers to identify and analyse the risks of, and to, particular policies. Risk registers present a snapshot of the possible risks involved at any one time. Their purpose is to record all risks, however outlandish or unlikely, both real and potential, and to record the mitigating actions that can ensure that such risks do not become reality.

For such a register to be effective and for it to serve the public interest, those charged with compiling it must be as forthright as possible in their views. The language of risk registers must be forceful and direct. That is essential for their operation, to enable Ministers and officials fully to appreciate those risks and to take the steps to mitigate them, or to redesign policy to avoid them.

It is important to note that such high-level risk registers are different to the risk registers of the organisations from which the shadow Secretary of State quoted, such as the risk registers of strategic health authorities. The latter concern operational matters and not matters of developing and designing policy, and they are written with publication in mind—they are intended to be published. By contrast, there are very clear reasons why Departments—under not just this Government, but previous ones—do not publish their high-level risk registers while they are still active and while policy development is ongoing.

**Sir Alan Beith (Berwick-upon-Tweed) (LD):** The Justice Committee is currently inquiring into the workings of the Freedom of Information Act. It must identify where the proper boundary lines should fall to protect the ability of civil servants to advise Ministers, but that must be set in the context of legislation that the Government have committed themselves to supporting, and which the previous Prime Minister, Tony Blair, has now publicly disowned.

**Mr Lansley:** I entirely understand my right hon. Friend. My colleagues and I very much look forward to the conclusions of the Justice Committee's post-legislative scrutiny of the Freedom of Information Act.

**Simon Hughes (Bermondsey and Old Southwark) (LD)** *rose* —

**Mr Lansley:** Further advice from my right hon. Friend, not only to me but to the Prime Minister, is always welcome.

**Simon Hughes:** I defend the Government's record on the openness of information, and I am a clear believer that the Freedom of Information Act, which I and many Liberal Democrats supported, is the right way forward. Will the Secretary of State therefore confirm that the Government are doing nothing other than following the policy provided for in the Act, which is that when there is a dispute, including when the Government and the Information Commissioner have a different view, the matter properly goes to the tribunal, and the Government respond positively to the tribunal's decision?

**Mr Lansley:** I am grateful to my right hon. Friend, because I had not intended to quote the Information Commissioner, who wrote an article in *The Observer* in which he rightly states that he is not infallible. The Government have the right to appeal to the tribunal and we have exercised that right. The tribunal is a proper place in which the public interest test can be applied.

Let me return to the reasons why we do not publish high-level risk registers, the first of which is candour. To be effective, a risk register requires all involved—not necessarily the officials responsible for the policy, but others—to be frank and open about the potential risks involved. It is their job to think the unthinkable and to look at worst-case scenarios. It is vital that nothing is done to inhibit the process of identifying risk. If people are in doubt about the confidentiality of their views, they will inevitably think twice before committing themselves to such direct and candid language in future. Without full candour, risk registers across the Government would be bland and anodyne. In effect, they would cease to be of practical value. Inevitably as a consequence, that would lead to a reduction in the quality of advice given to Ministers.

The second reason is that disclosure can increase the likelihood of some risks happening—it is like a self-fulfilling prophecy. When some risks are made public, those potentially affected are likely to act in a way that could increase the likelihood of the risk actually happening. Let us imagine publishing the

risk registers of banks—no doubt the shadow Secretary of State would tell us that the risk registers of banks owned by the Government should be published. The consequence of publishing such risks would be to precipitate financial events.

Lord Turnbull, former head of the civil service, and not under this Government, said in another place:

“Managers might be reluctant to be frank in public about operational difficulties if that would undermine their ability to make contingency plans or could trigger an event before their plans are ready.”—[*Official Report, House of Lords*, 7 December 2011; Vol. 733, c. 729.]

The purpose of a risk register is to secure mitigation of those risks, not to precipitate them.

**Jack Dromey (Birmingham, Erdington) (Lab):** To see a sick baby survive in a specialist neo-natal unit is a joy; to lose a sick baby is a tragedy. Does the Secretary of State understand the concern expressed by Bliss, which represents the parents concerned, at more than 140 specialist nurses going, and at the risk and uncertainty inherent in the Government's proposals? Will he agree to meet Bliss and me so that he can hear first hand the concerns of the parents?

**Mr Lansley:** I hope the hon. Gentleman knows that I attended Bliss receptions under the previous Government, at which it raised exactly the same issue.

**Jack Dromey:** So you have never met Bliss.

**Mr Lansley:** I have met Bliss—I just said so—and we discussed exactly those kind of issues. I would happily do so again.

The objective of the NHS—this is precisely what we have set out in our focus on outcomes—is to ensure that we seek a continuously improving quality of service for patients. I have many times been on specialist neo-natal intensive care units precisely to understand that. I remember having a long discussion just last year with the staff, including the neo-natal staff, at my local hospital, Addenbrooke's, and hearing of the importance to them of recruiting an additional neo-natal nursing complement to ensure that they provide the right service. That is nothing to do with the Bill. It is about focusing in the service on delivering quality. That is why we are getting resources into the front line.

The third reason is that the publication of a risk register could take away directly or distract from policy development—the process that it is intended to support. Departmental officials and Ministers should work directly to deliver the policy rather than react to the risks associated with the development of policy before the policy has been agreed.

**John Pugh (Southport) (LD):** Will the Secretary of State give way?

**Mr Lansley:** I will give way in a moment.

Fourthly, the publication of the risk register would distort rather than enhance public debate. We should remember that a risk register does not express the risks of not pursuing the policy—[*Interruption.*] Hon. Members should think about it. A risk register does not include the risks of not pursuing a policy and ignores the benefits of a policy—it presents only one side of the cost-benefit equation and is deliberately negative. Effectively, it is a “devil's advocate” document, not a balanced one.

What is the balanced document associated the Bill? The impact assessment. I have with me a summary of the impact assessment, but there are hundreds more pages. We incorporate all relevant information in the impact assessment because it not only captures the same risks, but puts them alongside the benefits, costs and impacts, including the impact of not taking action.

The impact assessment is the proper evidential and informative basis for parliamentary and public debate. If any hon. Member is in any doubt about the public interest served by not releasing the risk

register, I remind them of the advice received by the House nearly five years ago from the shadow Secretary of State. The argument that he put was precisely the argument that we are now putting.

**Duncan Hames (Chippenham) (LD):** When pressed earlier, the shadow Secretary of State seemed to recognise some of the issues. He said that the publication of any document should be considered on its merits. May I invite the Secretary of State to stand by a simple principle and ensure that his Department always honours the full terms of the Freedom of Information Act?

**Mr Lansley:** We will, of course, fully abide by the terms of the Act. As my hon. Friend knows, and as the Information Commissioner himself said, we are proceeding precisely in line with the provisions of the Act.

**Andy Burnham:** Will the Secretary of State give way?

**Mr Lansley:** Let me make one additional point, and then I will give way to the right hon. Gentleman—again.

All the information was in the original impact assessment. Information was put into the revised impact assessment in September, as is customary on the introduction of a Bill to another place, but in recognition of the Information Commissioner's decision on 2 November, the Minister in another place, my noble Friend Lord Howe, described—*[Interruption.]* I will if I need to, but I do not intend to read it all out. He set out the issues covered by the transition risk register to make Members in the other place aware of precisely what those risks were.

**Andy Burnham:** As I mentioned, there is a precedent here under the terms of the Freedom of Information Act. I refer to the request for the risk register on the Heathrow runway. The Information Commissioner having ruled on it, the previous Government published the register. The Government are not following that precedent but instead fighting it in a tribunal. If, on 5 and 6 March, the tribunal does not find in the Government's favour, will he publish the risk register, or will he carry on fighting?

**Mr Lansley:** I heard the right hon. Gentleman mention his precedent, but it was not a precedent, because that was a risk register relating to an operational matter. I explained to him that the risk registers published by strategic health authorities relate to operational matters.

**Andy Burnham:** This is operational.

**Mr Lansley:** No, the risk register that the right hon. Gentleman is talking about relates to policy development, not an operational matter. It is a high-level risk register akin to others across Government that, if published, would be prejudicial to frank advice in policy development. *[Interruption.]* I am only repeating the position that he took when Secretary of State. Let me quote him:

"We have determined that the balance of public interest strongly favours withholding the information".

I will take his advice and stick to my view: the release of the risk register does not serve the public interest, even if it might serve his political interest to make a song and dance about it. I have been clear about it, as has my noble Friend. The information on which any debate about the Bill should be conducted is already in the public domain.

**Rehman Chishti:** Will the Secretary of State clarify something? The point made by the shadow Secretary of State is complete nonsense. For him to give a commitment on something that might happen at a tribunal is bizarre, because the Secretary of State can use the rules under section 59 of the Freedom of Information Act to appeal to the High Court on a point of law. So he cannot give that commitment.

**Mr Lansley:** I bow to my hon. Friend on the procedures under the Freedom of Information Act. We have made it very clear that we are proceeding as the Act provides, as the Information Commissioner himself set out. I want to make it clear to the House that there is no information that it would be proper for the other place to have access to when considering the legislation, that it does not already have

access to. The tribunal will be an opportunity not for politicians but for the likes of Lord O'Donnell, the former head of the home civil service, to set out clearly the process by which the free and frank expression of advice to Ministers in policy development needs to be protected under the Act.

I will tell the House about some of the risks that the NHS faced. It faced risks relating to the £67 billion private finance initiative repayment bill left to us by the right hon. Gentleman. He talks about hospitals being under threat, but we have had to offer exceptional financial support to seven hospitals to help them to back up their PFIs. Members might be interested to know that when I announced that decision on 3 February—just a fortnight or so ago—the shadow Secretary of State, who puts his view of these things on Twitter, wrote:

“I didn't sign them off.”

He did not even use 140 characters. He managed it in even fewer. He said he didn't sign them off—but oh yes, he did. What about Whiston hospital in St Helens and Knowsley? He signed that off. It is a pathetic attempt to escape responsibility for leaving the NHS in debt. *[Interruption.]* Oh, he is blaming his junior Minister now. It had nothing to do with him! When he refused to release the departmental risk register back in 2009, did he do that, or is he going to blame one of his junior Ministers? I have such excellent Ministers that I will never have to blame them for anything, but frankly I would never attempt to do so, and I hope they know that.

**Grahame M. Morris:** Will the Secretary of State give way?

**Mr Lansley:** No.

The NHS faced the serious risk under Labour of declining productivity, as has been so powerfully illustrated. Labour turned a blind eye to inefficiency. The reason why we have to plug a £20 billion productivity black hole in the NHS is that Labour let productivity fall year on year before the election. We are pushing productivity up, and already efficiency gains of £7 billion have been delivered.

**Mr Marcus Jones (Nuneaton) (Con):** My right hon. Friend cited the large PFI contracts that the Labour party landed us with. Does he agree that those contracts have put under threat not only the PFI hospitals themselves but wider health economies and smaller district general hospitals, such as the George Eliot in my constituency? They have been affected too.

**Mr Lansley:** My hon. Friend makes an important point that I understand precisely. He has been a strong advocate on behalf of not only George Eliot hospital but the whole health service in his constituency. I appreciate that.

I shall give a practical example. When I was at the Stobart centre meeting hundreds of general practitioners from across the north-west, those from St Helens said, “We're really worried about Whiston hospital”—a PFI approved by the previous Secretary of State—“and we can't deliver the service that we want to for our patients, because all the money will be eaten up by the PFI project at Whiston.” That is precisely why we are tackling the risks that we inherited from Labour.

The NHS also faces risks from Labour's failed approach to public health. Under Labour, public health budgets were raided and alcohol-related admissions to accident and emergency departments, and levels of obesity and sexually transmitted infections, all rose sharply. I was staggered to hear the Leader of the Opposition talking about fragmentation of sexual health services at the last election. The last Conservative Government—I hope that my coalition colleagues will forgive me for a moment, because I am talking about the Conservative Government before the Labour Government—acted on sexual health, not least in relation to HIV. As a consequence, not only were HIV rates among the lowest anywhere in Europe but sexual infection rates fell for a decade. After the 1997 election the Labour party failed on sexual health, and sexual infection rates rose for a decade. Labour's position has no basis. We had some of the highest HIV rates at the end of the previous Government's term. It is outrageous. The Opposition have completely wiped out their recognition of what went wrong under the Labour Government, including on sexual health matters. That is why we are dealing with those risks.

**Henry Smith (Crawley) (Con)** *rose* —

**Mr Lansley:** I will mention one more risk, and then give way to my hon. Friend.

There is one more risk: Labour's IT programme—not a small risk, but a risk of £7.4 billion-worth of contracts, and a risk not just of money not being spent properly or being wasted, but of the opportunity cost to the NHS of not getting high quality IT in place. This morning I had the pleasure of launching a "Maps and apps" event, showing how we are promoting the use of the latest technologies across the NHS, not on the basis of the Government saying, "Here's the single app that everybody must use in the NHS: it's a centralised system," but by allowing literally hundreds of people—enterprising people from across the NHS and beyond—to bring in new technology applications for the benefit of patients and clinicians across the service.

**Henry Smith:** I am grateful to my right hon. Friend for giving way. Going back to the Labour PFI burden that we have been left with, can he confirm a figure that I heard recently, which is that the burden on the NHS budget amounts to about £3,000 a minute?

**Mr Lansley:** I am sorry, but I cannot confirm that, short of being able to do that calculation very quickly in my head, but the simple fact is that a £67 billion commitment was made for the future. It is staggering that the right hon. Member for Leigh (Andy Burnham) and his colleagues used to say, "Look, we're spending more than ever on the NHS," and, "Look at all these brand new hospitals"—102 hospital projects. One might have thought that they were spending more than ever in order to build the hospitals. It turned out that they were not even building the hospitals with the money that the taxpayer was providing. The last Government left an enormous post-dated cheque for the NHS to deal with after the election, when they left a deficit for the whole of this country—a country mired in debt by a Labour Government and an NHS with a £67 billion debt around its neck.

There is one more risk that the Labour Government left us with: the escalating cost of bureaucracy. The right hon. Gentleman was in charge of the NHS in the year before the election. The cost of bureaucracy in the NHS in that year went up 23%. At the same moment that he was telling the NHS that there was going to be a £20 billion black hole, he launched the so-called Nicholson challenge, to save up to £20 billion. We did not launch it; it was launched when he was—[ *Interruption.* ] Actually, it was launched when the right hon. Member for Kingston upon Hull West and Hessle was the Secretary of State, but it was pursued when the right hon. Member for Leigh was the Secretary of State, and at the same time he allowed the cost of bureaucracy to go up by 23%.

**Ben Gummer (Ipswich) (Con):** There is a further risk to my constituents in Ipswich as a result of the PFI scheme in the east of England, which is that services had to be stripped out of Ipswich hospital in order to provide funding and patient flow through Norfolk and Norwich hospital, which was the largest PFI scheme at the time.

**Mr Lansley:** It was, and it was staggering—my hon. Friend will remember this—that all the difficulties associated with building the Norfolk and Norwich PFI were evident to the last Government and yet they carried on. They carried on signing up to PFI projects that were frankly unsustainable, including, for example, the project in Peterborough—which, sadly, we had to include in the support that we are offering to unsustainable PFIs—which was signed off although Monitor had written to the Department to say that it did not support the project. I do not know, but perhaps the shadow Secretary of State wants to say something about that.

From my point of view, that is why we need to reform the NHS. It is why we were in the position of undertaking the work as the risk register was being published, because we had to avoid all those risks, reform the NHS and move forward to put doctors and nurses in charge, give patients and the public more control, strengthen public health services and cut bureaucracy.

**Barbara Keeley (Worsley and Eccles South) (Lab)** *rose* —

**Charlie Elphicke** *rose* —

**Mr Lansley:** I had better give way now, and then that will be the end of it.

**Charlie Elphicke:** I thank my right hon. Friend for giving way; he has been very generous with interventions today. I am proud of what this Government have been doing for the NHS. Indeed, we can see what happens when we protect NHS spending and when we have a cancer drugs fund. We do not need a risk register to see the difference that that makes; we can just look at Wales, where waiting times are rising and cancer patients are being denied access to life-saving drugs and having to wait longer. That is the benefit of the Conservative policies in England.

**Mr Lansley:** My hon. Friend is safely in Dover, a long way from Wales, when he says these things, but I go to Wales and he is absolutely right. It is staggering. The right hon. Member for Leigh and his colleagues can stand there and say, “Oh, well, you know, it’s only”—what is it?—“8% of patients who are not being seen within 18 weeks.” In Wales it is 32% of patients who are not being seen—

**Emily Thornberry (Islington South and Finsbury) (Lab):** In Wales!

**Mr Lansley:** If the hon. Lady wants more, I will give her more. In this country—in England—we are increasing the NHS budget, despite the fact that her right hon. Friend the Member for Leigh said it would be irresponsible of us to do so. We are increasing the NHS budget in this Parliament in real terms each year. In Wales—

**Emily Thornberry:** Hooray!

**Mr Lansley:** Perhaps the hon. Lady ought to talk to her friends from Wales, because she is deriding Wales. The Wales Audit Office said that the Labour Government there were going to cut the NHS budget in Wales by over 6% in the course of this Parliament. The Wales Audit Office said that on present trends, by 2014-15—before the next election—expenditure on the NHS would be lower in Wales, under Labour, than in any other part of the United Kingdom. Come the next election, it will be Labour that has to defend its neglect of the NHS in Wales, while we in the coalition Government will be able, together, to defend and promote our stewardship of the NHS, including resources for the NHS.

**Alun Cairns (Vale of Glamorgan) (Con):** I am grateful to the Secretary of State for giving way. As Opposition Front Benchers mock the statistics about Wales, my constituents, sadly, have to experience the performance of the NHS in Wales. Is it not the case that the ultimate risk to the NHS is Labour management of it, which is what my constituents have to put up with?

**Mr Lansley:** My hon. Friend is absolutely right, and that is why, according to the latest work force data, we have increased the number of clinical staff since the election by some 4,500 and reduced the number of administrative staff by some 15,000, including 5,800 fewer managers. The risks of not modernising the national health service are the greatest risks. Without clinical leadership, patients sharing in decision making or a relentless focus on improving outcomes, patients would have received worse care, and the changes needed to save and reinvest £20 billion across the NHS budget over four years would never have been achieved.

**Barbara Keeley:** Will the Secretary of State give way?

**Mr Lansley:** In a moment.

The Health and Social Care Bill underpins those reforms. We need to safeguard the NHS for future generations. The Bill does simple things—many things, but simple things. It cuts out two tiers of bureaucracy. It empowers the NHS Commissioning Board, which we promised in our manifesto. It empowers clinical leaders in local commissioning groups, which we promised in our manifesto. It empowers patient choice and voice, which we and Labour promised in our manifestos, but which only we are doing and Labour is now against. The Bill supports foundation trusts, which Labour said it was in favour of, but which we are going to act on. It introduces local democratic accountability, which the Liberal Democrats promised in their manifesto. It creates new, strong duties to improve quality

continuously, reduce health inequalities, promote research and, yes, integrate services around the needs of patients. No fragmentation, no failure to connect up; for the first time, integration as part of the responsibilities, including those of Monitor; no change to NHS values; no undermining of the NHS constitution; strengthening the NHS constitution; free at the point of use, based on need; no privatisation, no charging—

**Barbara Keeley** *rose* —

**Mr Lansley:** I will give way shortly.

The only change in the legislation in relation to the private sector is that the Health and Social Care Bill outlaws discrimination in favour of the private sector, which is what happened under the Labour Government, when the private sector treatment centres got 11% more cash for operations and £250 million for operations that they never performed. Perhaps the hon. Lady will explain that.

**Barbara Keeley:** I thank the Secretary of State for giving way—eventually. I want to get back to the risk register, which is the topic of this debate. I understand that staff from McKinsey and Co. attended meetings of the extraordinary NHS management board, which was set up to implement the Health and Social Care Bill. Can the Secretary of State tell us what parts of the transition risk register McKinsey and Co. has been given access to?

**Mr Lansley:** I am not aware of McKinsey getting any access to it, and I have to tell the hon. Lady that since the general election, I can personally say that I have not met McKinsey, so if it is involved in any of this stuff, it is not involved in it with me.

**Barbara Keeley** *rose* —

**Mr Lansley:** No, I am not giving way again.

I asked about expenditure by the Department of Health on contracts with McKinsey, because I read about it in the paper and I thought, “Well what’s this all about?” I was told, “Ah, well, £5.2 million was paid to McKinsey in May 2010,” because it related to work done before the election—work done for Labour.

**Phil Wilson (Sedgefield) (Lab):** Will the Secretary of State give way?

**Mr Lansley:** No.

I asked, “How much money has the Department of Health spent on contracts with McKinsey since the election?” The answer is £390,000. Well, I know McKinsey well enough from the past to know that we do not get an awful lot of advice for £390,000.

**Grahame M. Morris** *rose* —

**Barbara Keeley** *rose*—

**Mr Lansley:** No, I am not giving way.

Before the election, in 2009-10 when the right hon. Member for Leigh was Secretary of State, more than £100 million a year was spent by the Department of Health on management consultants; now less than £10 million is being spent on them, so we will take no lessons from the right hon. Gentleman.

We are managing the risks to the NHS. We have delivered £7 billion of efficiency savings and recruited 4,000 extra doctors, and there are 896 more midwives in the NHS than there were at the last election. We have cut the number of managers, 900,000 more people have gained access to an NHS dentist, and nearly 11,000 patients have had access to cancer medicines through the cancer drugs

fund, which they would not have had under Labour. As I have said, waiting times are down, mixed-sex accommodation is down, and hospital infections such as MRSA and C. difficile are at record lows.

That is the progress we are seeing in the NHS today, but instead of celebrating it, the right hon. Member for Leigh has brought us a pointless debate. He talks about risk registers, which he himself refused to release. The debate is pointless, as the issue will come before the tribunal on 5 and 6 March, which is the proper place to examine these issues. It is a waste of Labour's parliamentary time in an opportunistic attempt to divert attention from its lack of any alternative to the reform processes that the coalition Government are putting forward for the NHS. It is a futile motion, a pointless debate on Labour's part, while we are supporting the NHS with reform through a Bill that has had unprecedented scrutiny. It has been consulted on through the NHS Future Forum, and through other routes continuously with thousands of NHS staff across the country, and we have listened and responded to everything they said. We are taking the responsible route by taking the NHS away from Labour risks towards a stronger future. I urge the House to reject the Labour motion.

**Several hon. Members** *rose* —

**Mr Deputy Speaker (Mr Nigel Evans):** Order. Will Members please resume their seats? I am introducing a seven-minute limit, with the usual injury time for up to two interventions. Clearly there is a lot of interest in this debate, and if Members do not use up their full seven minutes, I am sure it will be greatly appreciated by Members towards the end of the list of speakers.

**Alan Johnson (Kingston upon Hull West and Hessle) (Lab):** The last time we saw the Government circling the wagons like this, it was in defence of the poll tax. Those present at the time will remember the fanaticism of the Conservative Back Benchers supporting a policy that was ultimately doomed. It is impossible not to feel sorry for the Secretary of State for Health. Nobody has ever coveted the position of Health Secretary for so long and then failed in it so quickly. The publication of the transition risk register will, I am sure, make his position even more untenable, but I doubt whether it will change anybody's mind about this Bill.

For Government Members, I am afraid that the die is cast. They have a millstone around their neck called the Health and Social Care Bill, and they have to decide whether to carry on with the millstone or to take the difficult decision of unburdening themselves of it. As my former right hon. Friend, Alan Milburn, said in possibly the best description of this Bill, it is

“a patchwork quilt of complexity, compromise and confusion”.

Conservative Members will, I am sure, have deep concerns about how this issue has been handled. Some of them might agree with the Tory matinee idol, Daniel Hannan, who said that the NHS was a 60-year mistake, but I doubt whether that is the view of the majority of them. Indeed, I think they would have signed up to the principles set out in the coalition agreement. There is not much wrong with those principles, including that of no further top-down reorganisations. Now, however, they are forced by the political incompetence of their Secretary of State to turn this argument into a touchstone issue—if someone is in favour of the Bill, they are in favour of reform in the NHS; if someone is against the Bill, they are against reform of the NHS. Nothing could be further from the truth. *[Interruption.]* I see the nodding dogs on the Parliamentary Private Secretary Bench agreeing with that proposition.

I do not oppose this Bill because it aids reform. I do not oppose it because it will make no difference. I oppose it because it will hamper the reforms that the NHS badly needs at this stage of its development, and I suspect that the risk register will reinforce that belief.

**Charlie Elphicke:** On 31 July 2008 and on 17 September 2008, the right hon. Gentleman decided not to release risk registers or risk assessments. Why was he right then and the Secretary of State wrong now?

**Alan Johnson:** I see that the Whips' brief dragged up something I did in a previous life. *[Interruption.]* The risk register is, with respect, a second-order issue. I cannot understand why the Health Secretary



does not publish it. He is in enough trouble already, and the Government are in enough trouble already without adding an issue of transparency that simply makes the situation worse.

**Sajid Javid (Bromsgrove) (Con)** *rose* —

**Richard Graham (Gloucester) (Con)** *rose* —

**Alan Johnson:** I will give way again later.

The most important reforms that are necessary now are to integrate health and social care, to improve care for people with long-term conditions and to move from a hospital-based service that was designed for a different age. All three reforms—

**Richard Graham:** On a point of order, Mr Deputy Speaker. As the business of the day is specifically focused on the publication of the NHS risk register, is it in order to describe the register as a secondary issue?

**Mr Deputy Speaker (Mr Nigel Evans):** May I advise all Members that they should not resort to a device such as this, as it is an argument in continuation of the debate. Many Back Benchers want to get into the debate, so Members should not misuse points of order. That was not a point of order for the Chair.

**Alan Johnson:** Thank you, Mr Deputy Speaker.

I believe I heard the Secretary of State say that he did not really want to talk about the risk register, and neither do I, but I think it is important to the Government's basic problem and the threat to the national health service.

Three important and interlinked reforms can be summed up in five words: "better outcomes for lower costs". Does the private sector have a role? Of course it does.

Let me say a word about the introduction of independent treatment centres, which seem to have been used by some in this debate to suggest that this Bill simply carries forward policies pursued by the Labour Government. ITCs were introduced to deal with the perennial problem in the NHS—long waiting lists. We should remember that in the late 1990s about one in 25 people on the cardiac waiting list died before they were operated on. Rudolf Klein, in his seminal history of the NHS, said that ever since it was created, there has been a tail of around 600,000 people on waiting lists. He said that the captain shouted his order from the bridge and the crew carried on regardless.

In 1995, after 16 years in power, the Government before the last one decided to reduce the guaranteed in-patient waiting time under the citizens charter from two years to 18 months. That was the best they could do after being so long in power. For us, it was an absolute priority. Let me say to Members of all parties that independent treatment centres transformed behaviour in the NHS. Suddenly, it became possible for surgeons to operate on Fridays and on Saturday mornings as hospitals reacted to the threat of competition.

**Hugh Bayley (York Central) (Lab):** Does my right hon. Friend agree that performance in the NHS was transformed only because the NHS published clear data on the costs and outcomes of procedures in independent treatment centres, compared with those in other NHS hospitals? If the present Government do not publish comparable information from all providers, including private providers, we will get chaos, confusion, declining standards of care and rising costs.

**Alan Johnson:** My hon. Friend makes an important point.

As Health Secretary, I cancelled ITC contracts where there was sufficient NHS capacity, and I approved them where there was not. I recall a visit to the Derwent centre in Bournemouth, where the NHS had taken over a hospital from BUPA and was doing knee and hip replacements more quickly than the private sector. That transformed elective surgery, but although competition is good for

elective surgery it is far less important than collaboration in managing chronic disease. I agree with the NHS Future Forum, which said in a report last year:

“The place of competition should be as a tool for supporting choice, promoting integration and improving quality. It should never be... an end in itself.”

The NHS is not a collection of separate and autonomous units of varying degrees of independence, responding to the invisible hand of the market. It is, above all, an integrated health care system. The fear of the vast majority of clinicians is that the Bill will damage that crucial principle.

**Richard Graham** *rose—*

**Alan Johnson:** I shall not be taking an intervention from the hon. Gentleman.

When it comes to integrating social care with health, people want an adult social care system that resembles the NHS, not an NHS that resembles the current adult social care system. The very real fears about the Bill, particularly in respect of commissioning, were highlighted recently by the Health Committee. If the necessary economies are to be made, the provision of health and social care must be planned together, and, despite its title, the Bill is hindering that process. Yes, it includes the word “integration”, at a late stage, but the word just sits there doing nothing more than suggest that this is the spirit that the Bill will introduce, and it is not.

The one sensible decision made by the Health Secretary was the one to retain the services of Sir David Nicholson as chief executive of the NHS. The goal of achieving efficiency savings of 4% a year to reinvest in patient services is a noble one, but its achievement will be particularly difficult for the acute sector. What seems to be happening at present is that hospitals are cutting services to save money. What needs to happen, and what the Nicholson challenge envisaged, is the transformation of services to eliminate waste by, for instance, reducing readmissions and bringing care much closer to the patient. Of the £80 billion spent by PCTs in 2009-10, nearly half went to hospitals, the most expensive form of care, while primary care received only a quarter.

When I asked the distinguished colorectal surgeon Ara Darzi to lead 2,000 clinicians in moving the NHS to the next stage of its development by focusing remorselessly on quality, he produced a report that was radical in its concept if a little boring in its detail. Government Members could do with a bit of “dull and boring” on the NHS at the moment. The proposals required no reorganisation and very little legislation.

At that time, the Conservative party was promising a bare-knuckle fight to defend the district general hospital, and siding with the British Medical Association to stop patients accessing GP surgeries later in the day and on Saturday mornings. If the Nicholson challenge is to work, it must be accepted that the vision of the district general hospital as all-singing, all-dancing, and capable of providing all clinical procedures must change. There is no political leadership on that, there is no leadership from the Government—

**Mr Deputy Speaker (Mr Nigel Evans):** Order. I call Mike Freer.

**Mike Freer (Finchley and Golders Green) (Con):** The issues underpinning the debate are purely ideological, and no amount of amendment—*[Interruption.]* Exactly. It is not about making the NHS better; it is about purely ideological opposition to reform.

**Richard Graham:** I am very grateful to my hon. Friend for giving way, which the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson) did not do.

Does my hon. Friend agree that the speech we have just heard from the right hon. Gentleman had nothing whatsoever to do with the motion under discussion? He did not mention the NHS risk register once, except to say that it was a “secondary issue”. To all the rest of us here, it is “the” issue under discussion. Was not the right hon. Gentleman’s speech simply a whitewash of his own time as Secretary of State for Health?

**Mike Freer:** My hon. Friend has made a very good point. The issues that have been raised have nothing to do with the risk register. This is simply a new stick with which to beat the Government. No amount of amendment and no amount of rational argument will appease those who are simply philosophically opposed to reform of the NHS.

**Jack Dromey:** Will the hon. Gentleman give way?

**Mike Freer:** I will give way later. I want to make a little progress first.

I do not believe that the Opposition's call for publication is remotely to do with transparency. If it were, they would themselves have published risk registers in the past. The right hon. Member for Leigh (Andy Burnham) said earlier that the present was not the same as the past, and that the past had not involved major reorganisations. Let me refresh his memory. In 2008 and 2009, in London, there was a major reorganisation of hyper-acute stroke units and a major reorganisation of major trauma centres. When the clinicians and the public opposed that action, what did NHS London do? It did not make the risk register public; it did not make details of all the risks fully available so that we could make an informed judgment, as the Opposition are trying to persuade us to do. It simply rewrote the consultation results, and what did it say? "The consultation results from the people of Barnet were inconvenient, and we are therefore inserting a new chapter so that we can ignore the clinicians and the patients." That is the track record of the Labour party.

The Opposition may come to regret—

**Frank Dobson (Holborn and St Pancras) (Lab):** Will the hon. Gentleman give way?

**Mike Freer:** I said earlier that I would give way to the hon. Member for Birmingham, Erdington (Jack Dromey).

**Jack Dromey:** I am grateful to the hon. Gentleman. When he stood for election and went to the good people of Finchley and Golders Green—the doctors and the nurses in the constituency that he now represents—did he say to them, "Vote for me, and we will undertake a top-down reorganisation of the national health service"?

**Mike Freer:** I will tell the hon. Gentleman what I did say. When I met GPs, I said that I would support putting patients first. Moreover, reform of the NHS was clearly specified in the Conservative manifesto on which I stood.

The previous Government sought to involve the private sector. Where was the risk register then? Was it published when the private sector was involved in the NHS? No, it was not. Will we get to see that risk register now? I doubt it.

Risk registers are, by definition, meant to explore everything that could possibly go wrong. They never make happy reading. The Secretary of State has already published more information than has ever been published before. He has already published relevant risks connected with the Health and Social Care Bill in the combined impact assessments, which consist of 400 pages of detailed analysis. The Opposition see the release of the risk register as simply an opportunity to cherry-pick the doomsday scenarios that it may contain. It is no more than a charter for shroud-waving. Every risk register contains such scenarios, and opponents would present them as fact.

I oppose the publication of risk registers because it would be impossible to pick and choose which were to be published and which were not. Once the Pandora's box has been opened, it is open. The Opposition may argue that the publication of this risk register is in the public or the national interest. No doubt Department of Health risk registers examine what could go wrong, as in the case of other threats. What about threats relating to terrorism or outbreaks of infectious diseases?

**Clive Efford:** Will the hon. Gentleman give way?

**Mike Freer:** I have already given way twice.

There are clearly good reasons why the details of such threats should not be open to public scrutiny. Some might argue that their publication too is in the public or national interest, but we are not hearing that argument today; we are hearing only about this register, and not about the others. The Opposition's stance is strong on opportunism and weak on intellectual coherence.

Let us look at their record in government. In 2009, when the shadow Health Secretary was Health Secretary, he refused a freedom of information request for publication of the Department's strategic risk register. According to the Department,

"a public authority is exempt from releasing information, which is or would be likely to inhibit the free and frank provision of advice or the free and frank exchanges of views for the purpose of deliberation".

There was also reference to the neutering of the free exchange of opinions between Ministers and advisers. That held then, and it holds now.

There is another issue, which was touched on by my right hon. Friend the Secretary of State. If the Department of Health is forced to issue all risk registers, what about other Departments? Will the Treasury have to release all risk registers involving the economy? Would that not cause financial havoc in the international markets? That explains why past Administrations have also refused to publish such documents. From a governance perspective, the Government's stance is entirely right.

One of the problems of risk registers is that they are meant to be frank about what could go wrong. Any Member who has served on a project board will know how valuable such registers can be and how invaluable completely blank ones can be, and will also know that if the authors of risk registers are afraid to be open because of what might be misinterpreted, routine publication will cause them to become bland and anodyne and will render them useless.

The motion is simply posturing at its worst, and I will be voting "No" this evening.

**Dame Joan Ruddock (Lewisham, Deptford) (Lab):** I should like to tell the hon. Member for Finchley and Golders Green (Mike Freer) that it is hard to take seriously all the points that he made, as the strategic health authority in London has published a risk register. I want to devote my contribution to that issue.

That risk register lists 18 areas of risk. It describes the risks to the improvement programmes agreed by the strategic health authority, including London's contribution to the Government's £20 billion efficiency savings, and to the public health transition programme, in which some mitigating actions would be beyond the direct control of NHS London. It goes on to list the risks involved in the transition to the reorganisation that the Government plan for the NHS. It makes devastating reading. I shall highlight a few of the 18 risk areas. On the risk to the efficiency savings and improvement plans, it says that they

"may not be realised in full or are delayed, thereby undermining significant improvements in the health of Londoners."

On the public health transition, which involves NHS public health staff dispersing into local government, it says:

"The consequence of this risk would be a negative impact on the leadership and structure of the public health workforce, and thereby delivery of public health services."

On the abolition of primary care trusts next year, it says that the result

"may be poor, both in securing the best health outcomes for London's population and in maximising value for money."

In all cases, I am quoting directly from the reports.

**Sajid Javid:** We have heard from two former Labour Health Secretaries, both of whom refused to release the risk register. Does the right hon. Lady think that they made the right decision?

**Dame Joan Ruddock:** The decision that was made was about strategic health risks, and reference was made to things such as nuclear war, climate change and pandemics. We are talking about the transition, and we want to see a risk register on that. As my right hon. Friend the Member for Leigh (Andy Burnham) said, the London risk register goes on to describe risks to the safeguarding of children and maternity services as creating possible harm to patients. On patient safety and clinical quality, it concludes that the risks are such that the consequence

“could be poor or unsafe care for patients and loss of public confidence in healthcare in London.”

I understand the argument made by Members from all parts of the House that the point of a risk register is to enable mitigation measures to be applied to those risks. That is exactly what the London document does, but in half the risk areas the original red risk is still red after the mitigation measures are proposed. In all areas, the risks after mitigation are still amber. That is an extraordinarily serious matter of which we have to take account when we look at how the planned reorganisation will affect the health of Londoners and of my constituents.

How is it possible, I ask the Secretary of State, for staff already under pressure to deliver more with less, to carry on doing their job against the change programme that their strategic managers believe poses such risks? With so many issues raised by the London risk register, is it any wonder that the British Medical Association, the Chartered Society of Physiotherapy, the Royal College of Midwives and the Royal College of Nursing have all called on the Government to publish their risk register, which, as my right hon. Friend the Member for Leigh pointed out, relates specifically to the transition required by the Health and Social Care Bill and, presumably, the very changes already under way that are forcing people to wait longer and most definitely undermining confidence in the service.

In Lewisham alone, nearly £21,000 has been spent reorganising the PCT, and now the number of those patients waiting more than 18 weeks has gone up by 73%. How can that be the improvement of which the Secretary of State speaks? Even more worrying for my constituents are the difficulties faced at Guy's and St Thomas' foundation trust, where the latest available figures showed that over 20% of patients urgently referred by their GPs and subsequently treated for cancer in those hospitals waited more than two months for hospital admission. I tell the Secretary of State that if I had a diagnosis of cancer, I would be terrified of waiting more than two months to begin my treatment.

I do not blame the Guy's and St Thomas' foundation trust, where I myself have had excellent treatment in both hospitals, but I do blame this Government. I blame them for this top-down reorganisation that is already under way at a time of straitened financial circumstances.

I could not end without paying tribute to two of my constituents—Jos Bell and Dr Brian Fisher—who have mounted a superb local campaign, with thousands and thousands of people signing their petition. In 2010, the NHS was shown by the World Health Organisation to be the most efficient health service, and one of the best health services in the world. Patient satisfaction in that year was at its highest ever rating. We now face rising waiting lists; a fragmented service; a focus on finance, profit and private patients; and poorer health outcomes for those of us who cannot pay or who refuse to pay for private health insurance. The Secretary of State, I suggest, faces two challenges: he should either publish that risk register and let us make our own decisions or, frankly, he should just drop the Bill.

**Andrew George (St Ives) (LD):** It is a pleasure to follow the right hon. Member for Lewisham, Deptford (Dame Joan Ruddock). In fact, I approach this debate in many of the same ways as the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson). I will not speak for seven minutes on the suggestion that the debate is a sideshow, but if the information were published it would, as the right hon. Gentleman suggested, be unlikely to change a single mind on the issue. That

reflects our heated debates and the entrenched positions that people inevitably take. It is the nature of the process of politics—

**John Healey** *rose*—

**Andrew George:** I will give way in a moment. I want to make my philosophical point first. In contrast to academia, which begins with a question or inquiry, gathers evidence and comes to a considered opinion, the pity of politics is that we begin with a prejudice and backfill with the evidence that suits our case.

**John Healey:** The hon. Gentleman said that the publication of the transition risk register would not change one mind, but does he not accept that the Information Commissioner, who has read and studied the risk register, is of the view in his decision notice that it would aid public understanding of the reforms and help to reassure the public that all the risks have been properly considered?

**Andrew George:** I agree with the right hon. Gentleman and I have signed the early-day motion supporting the release of the register. The biggest ever reorganisation of the NHS is being undertaken and it is best not to do that in the dark. It is best to have as much information available as possible. I am not suggesting that we are completely in the dark—*[Interruption.]* I am just saying that it is best to cast as much light as possible upon the information, so that we can have an informed debate, rather than a semi-informed one. He makes a good point about that.

I guess that publication will eventually result from this process, and I do not think it will help the Secretary of State or the Government if it is dragged out rather than conceded. If and when that happens, the Opposition and people who oppose the Bill will inevitably highlight worst-case scenarios and throw them at the Government, and the Government will inevitably look at the best-case scenarios. The nature of political debate will not be improved by this process, but I hope that debate will be better informed.

Much of the debate throughout the course of the Bill's progress, a process in which I have been involved through the Select Committee and elsewhere, has been about trying to anticipate the effects of the reforms. It would be far better to try to anticipate these things on the basis of the best information given by people who are inside the service and providing that advice. That is why I believe the risk register should be published. The impact assessment perhaps represents the selected highlights of that process. *[Interruption.]* The Secretary of State may intervene on me, if he wishes to do so.

The underlying core concern—this is in the nature of how we examine these issues—is about whether publishing the risk register will negatively affect the technical delivery of Government policy and services or whether it will affect the political prospects of a party or those in government. The nature of this debate means that we assume that if publication is being resisted, it will have political rather than technical consequences. Obviously, if we thought that the risk register's publication would have technical consequences for the effective delivery of government—that is the primary point that the Secretary of State is advancing—we would clearly need to think carefully about the release of such information.

**David Rutley (Macclesfield) (Con):** Will the hon. Gentleman remind the House of the criteria the former Secretary of State used when he rejected publishing the register in 2009?

**Andrew George:** I am grateful for that intervention, because it plays into my next point, which is on my general concern about the nature of Opposition day debates. It is not that I think that Opposition parties should not have the opportunity to debate issues, but such debates tend to over-dramatise the political tribalism of this House. It is in the nature of government that when in government people tend to have to face up to and take unpopular decisions, whereas in opposition they tend to avoid them. Equally, on this issue, those in opposition tend to say that they would be more open, because they look at the matter from a different perspective and take the view that they would have more open government. When people come into government, they tend to err on the side of seeing good technical reasons for why they cannot engage in the process of open government.

**Clive Efford** *rose* —

**Andrew George:** I will give way, although I am going to lose time.

**Clive Efford:** I shall be brief. This transition risk register refers specifically to the Bill, about which there is widespread concern. The register is unprecedented in that regard so, with due respect to the hon. Gentleman, his argument really does not hold.

**Andrew George:** I am cantering around the issues. I have signed the early-day motion, so I judge that disclosure is better than non-disclosure. However, I wish to make a further point about the kid psychology of this whole thing. We all tend to want what we cannot have and if we obsess about this issue, we might take our eyes off the ball of what the debate ought to be about. That brings us back to the point made by the former Secretary of State.

I ask the Minister who is winding up: when has the disclosure of such documents actually harmed Government public services? If we were given examples of where disclosure of information has actually harmed the delivery of effective government, we could begin to mount a case for trying to define the lines of where and when such documents should be published. On the basis of the debate so far, I am not sure that we have demonstrated that if we were given the new toy in this political playground—the publication of the risk register—it would necessarily improve the quality of the debate.

Of course, the main show, rather than the sideshow, is the Bill itself. I am concerned that if the risk register were to be published soon, and we were to have information that would perhaps help to change people's minds and enable a more informed debate, it would not be possible to come to a considered conclusion that it would be best to withdraw the Bill because of the nature of the prism of the Westminster village. Given the virility context in which such decisions are taken, the climbdown needed for a Secretary of State to withdraw a Bill such as this would be catastrophic both for himself and for the Government. So we end up continuing on with something that I believe could be catastrophic for the NHS—I have put my views in the public domain on many occasions on this issue.

The right hon. Member for Leigh (Andy Burnham) may want to win over Liberal Democrats, but describing us as “spineless” will not necessarily get many of us into the Lobby with him. If he does not want to contaminate his party with people he believes are so infected with such a disabling condition, I am not sure that it will help.

**Valerie Vaz (Walsall South) (Lab):** It is always a pleasure to follow my hon. Friend the Member for St Ives (Andrew George), a fellow member of the Select Committee on Health.

**Mr Simon Burns:** Friend?

**Valerie Vaz:** I thank the Minister for making his sedentary intervention.

Obviously, I rise to speak in favour of the motion and I humbly request the Secretary of State for Health to publish the risk register, as recommended by the Information Commissioner. I thank my right hon. Friends the Members for Wentworth and Dearne (John Healey) and for Leigh (Andy Burnham) for taking up this issue. As most people will know from their e-mail inbox and their postbag, and from letters that have gone into various newspapers, the professionals are behind us, as are the public.

I have an image of the Cabinet sitting round the table singing the classic Irving Berlin song, “Anything you can do, I can do better”, as each Secretary of State tries to please the Prime Minister by showing how far they can go beyond what was agreed in the manifesto and the coalition agreement. The Secretary of State for Health, who obviously does not want to hear a good argument, is not so much nudging the NHS—to use his favourite phrase—but giving the NHS a great big shove off the end of the cliff; this is more about the chaos theory than the nudging theory. There is a fundamental flaw at the heart of his reasons not to publish the risk register, which is that it contains the information that

the public need to see whether the decision that he has reached in the Bill is without risk to the NHS. The Information Commissioner has deemed this to be in the public interest but the Secretary of State chooses to hide it from the public. The public have a right to know that when a decision is taken in their name the relevant considerations have been taken into account. If this reorganisation goes wrong, as it is doing—the good people in the NHS who are working hard are leaving now—could that possibly amount to misfeasance in public office?

In the Health Committee, we have seen what can be done with co-operation. We visited Torbay and saw public sector leadership at its best. I have absolutely no idea who the staff there voted for—nor do I particularly care—but I know that they saw a system for elderly people that was not working, and they worked hard, not thinking about their pensions or asking for overtime, to devise a system in which there was one point of contact for elderly people. Under the system, the risk is shared, 50% with the NHS and 50% with the local authority. They devised a system with consistency of leadership and long-standing good relations across the system. A care package that might take eight months to deliver elsewhere can now be delivered in two hours. By spending £1 million on community care, they saved the hospital £3 million. A seven-step referral is now down to two steps. All of that is at risk, however. The NHS and local authorities could learn from that good practice and evolve in that way.

Some people say that, as a result of the Bill, the people around the table will be the same; they will just have different titles. People need to know that the risk is not just about getting rid of managers. The Secretary of State might say that he is reducing the number of managers by making them redundant, but the NHS still needs some managers—so step forward McKinsey and KPMG to help the GPs who do not have, or might not want, management skills. Members of the public need to know the risk associated with the loss of expertise that has stayed in the public sector for the common good, but which will now be lost by the dismantling of structures.

**Steve McCabe (Birmingham, Selly Oak) (Lab):** My hon. Friend says that there is a danger that we will end up with the same people sitting around the table. Does she agree that the Government should publish the number of people who have been made redundant and received redundancy payments from PCTs, only to be re-engaged to work for clinical commissioning groups? What has that cost the NHS so far?

**Valerie Vaz:** I absolutely agree with my hon. Friend. I have asked about this in a written question, and I have not had an answer. This is fiscal incompetence.

The public need to know that this is not GP fundholding revisited. They also need to know that, when they visit their GP, as my constituent Inayat did, the decision whether to prescribe antibiotics will be made on the basis of clinical need, not as a result of financial pressures. When Mrs Bennett needs to go to the Manor hospital, she needs to know that she will be next on the list, and that she will not be giving her place to someone who is able to pay, as a result of the cap being raised to 49%.

People need to know that when Nick Black wrote in *The Lancet* that productivity in the NHS had risen in the past 10 years, he ended his article by saying that he had no conflicts of interest. He was right, and the Secretary of State is wrong. The Secretary of State might not have taken into account relevant considerations when he declared that productivity had fallen. The public need to know of the risk that the Bill will be taking in replacing lines of management. At the moment, we have the Secretary of State, the Department of Health, strategic health authorities and PCTs. We are going to have the Department of Health, the National Commissioning Board, clustered SHAs, 50 commissioning support groups, 300-ish clinical commissioning groups, clinical senates, Health Watch—and, I could add, a partridge in a pear tree.

Thanks to the House of Commons Library and the Public Bill Office, I can tell the House that the Bill has had 1,736 amendments: 474 in Committee, 184 on recommittal and 1,078 on Report. The Bill Committee divided 100 times—the first time that that has ever happened. This is a bad piece of legislation. The public need to know the risks to the taxpayer. They need to know that costs have been saved, and not just shifted to another level or outsourced.



We are in this place to serve the people of this country. History does not judge kindly those who do not act in the public interest, and people will not forgive those who save face by continuing with the Bill only for reasons of vanity. The risk register associated with the Health and Social Care Bill should be published. The Information Commissioner has decided that that is in the public interest. The people want it and should have it. I support the motion.

**Chris Skidmore (Kingswood) (Con):** It is a pleasure to follow two of my fellow Health Committee members. The Chairman of the Committee wrote to the Secretary of State on 16 November 2011 to ask for the Government's reasons for not publishing the risk register. In response, the Secretary of State wrote:

"It is important to understand that the risk register sets out all of the potential risks identified by the Department of Health for the entire range of areas for which it is responsible. These include financial risks, policy risks and sensitive contractual risks. It is a means by which the Department focuses on risks and acts to mitigate them. If the Department were to release risk registers in the future, there is a genuine possibility that the most significant risks will no longer be recorded, and no solution or mitigating action will therefore be identified. Any action that could deter staff from articulating and addressing business risk to their senior management and ministers carries with it the potential for highly damaging consequences."

That is remarkably similarly to an answer given in *Hansard* on 23 March 2007 by the right hon. Member for Leigh (Andy Burnham) in response to a parliamentary question tabled by my hon. Friend the Member for South Holland and The Deepings (Mr Hayes). The right hon. Gentleman stated that the Department's risk register dealt with

"emerging risks to the Department's programme and the national health service, and what can be done to control and mitigate these risks. It also informs discussions between the Department and top management in the NHS about addressing key issues in policy, resourcing and service management. Putting the risk register in the public domain would be likely to reduce the detail and utility of its contents. This would inhibit the free and frank exchange of views about significant risks and their management, and inhibit the provision of advice to Ministers. We therefore cannot agree to place a copy of the current version of the register in the Library."—[*Official Report*, 23 March 2007; Vol. 458, c. 1191W.]

We had a similar example on 31 July 2008, when the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson) responded to a freedom of information request by stating:

"Putting the risk register in the public domain would be likely to reduce the detail and utility of its contents. This would inhibit the free and frank exchange of views about significant risks and their management, and inhibit the provision of advice to Ministers."

The Department of Health also refused a freedom of information request for copies of any presentations given by the director of public health concerned with the risk of not delivering on targets to reduce health inequalities, so it is not only risk registers that the Department has previously refused to reveal.

Members have talked today about the risk register in apocalyptic terms, as though it were a document that should remain within the confines of MI5 or MI6. The Health Minister, Earl Howe, has revealed details of the broad issues that are covered by this risk register. I should like to read them out, so as to set the debate properly in context. They include:

"how best to manage the parliamentary passage of the Bill and the potential impact of Royal Assent being delayed on the transition in the NHS; how to co-ordinate planning so that changes happen in a co-ordinated fashion while maintaining financial control; how to ensure that the NHS takes appropriate steps during organisational change to maintain and improve quality; how to ensure that lines of accountability are clear in the new system and that different bodies work together effectively, including the risk of replicating what we already have; how to minimise disruption for staff and maintain morale during transition; how best to ensure financial control during transition, to minimise the costs of

moving to a new system, and to ensure that the new system delivers future efficiencies; how to ensure that future commissioning plans are robust, and to maximise the capability of the future NHS Commissioning Board; how stakeholders should be engaged in developing and implementing the reforms; and finally, how to properly resource the teams responsible for implementing the changes".— [Official Report, House of Lords, 28 November 2011; Vol. 733, c. 16.]

**John Healey:** The hon. Gentleman is right to draw the House's attention to that fact, but does he accept that that is information that has not been published elsewhere and that the Secretary of State's argument that the impact assessments that have been published are sufficient therefore simply will not wash?

**Chris Skidmore:** It is interesting that the right hon. Gentleman raises that point, because Earl Howe was mentioning the transition risk register, which is continually updated. That is an important point, because the appeal to the Information Commissioner to release the risk register was made on 29 November 2010, in the autumn when the register was live. The Information Commissioner made his ruling based on the fact that there was an issue of public interest at the time of the request. If the risk register is released today, it will be the risk register from autumn 2010 rather than that from February 2012. That is the moment when the wheels come off the bandwagon. The Opposition are asking the Information Commissioner to release the risk register from autumn 2010, not the risk register from February 2012. The risk register that would be released is that from the time of the White Paper, before the changes were made and before the listening exercise. It is complete nonsense. If the document was released, it would be out of date, inaccurate and would scaremonger among the population.

**John Healey:** So the hon. Gentleman agrees with Lord Henley, the Minister in the House of Lords, who told that House in January that if the Government lose the appeal next month they will publish not only the risk register from November 2010 but the updated risk registers, too?

**Chris Skidmore:** The Government do not have to publish the updated registers on the basis of the Information Commissioner's verdict, which was on the autumn 2010 register. That is the Information Commissioner's advice that is referred to in the motion. The Opposition are asking for an out-of-date document—we might as well give up and go home.

**Rosie Cooper (West Lancashire) (Lab):** Is the hon. Gentleman aware of the comments made by David Nicholson, the chief executive of the NHS Commissioning Board, who said:

"I'll not sit here and tell you that the risks have not gone up. They have"?

**Chris Skidmore:** I am, as I have the parliamentary Labour party brief—I can see that that is on the back of it.

**Mr Robert Buckland (South Swindon) (Con):** My hon. Friend's point about the Information Commissioner's decision is vital, because the public interest test is the test applied at the time of the request. That makes the decision interesting but, frankly, historical rather than relevant to the issues raised by Members today.

**Chris Skidmore:** Absolutely. We are debating whether we should release a register that is no longer relevant and that was written in autumn 2010, at the time of the request on 29 November. The topic is completely irrelevant, as the debate has moved on. We ought to be talking about reform and why we need it. We have wasted six hours of parliamentary time today discussing an out-of-date risk register.

**Margot James (Stourbridge) (Con):** Does my hon. Friend envisage that some of the amendments and changes to the Bill that the Government have introduced since that time would deliberately have taken account of some of those risks and that the situation would therefore have moved on?

**Chris Skidmore:** Yes, the situation has moved on. We have had the listening exercise under Steve Field and various Select Committee on Health reports. The name of the commissioning bodies, which

were called consortia, has changed. Nurses have been added and we have opened things up so it is not just about GP commissioning.

**Yasmin Qureshi (Bolton South East) (Lab):** If the register is as irrelevant as the hon. Gentleman says, why not publish it?

**Chris Skidmore:** The Opposition are asking—[ *Interruption.* ]The shadow Secretary of State has already said that risk registers should not be published because they are confidential documents that must be used by policy makers. The Opposition are asking for a risk register that is out of date when what we should have been discussing today was reform of the NHS and how we can deal with an ageing population at the same time as dealing with a rise in chronic diseases.

I thought that it was striking that the shadow Secretary of State said at the end of his remarks that he would put the NHS first, without any mention of the patients. That is what these reforms are here for. They are allowing patients to be put in the driving seat and to sit down with their doctor, to understand what treatments they need and to have a choice of treatment through the opening up of providers. We could have had that debate—we could have spent six hours discussing that instead of this irrelevant document that you want to have a look at, which is out of date and from November 2010 when it is now February 2012. You are two years out of date, you are out of time and you are out of touch. I urge everyone to vote down the motion, simply because it falls outside the point.

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. I remind the hon. Gentleman that I am not out of touch, and I am sure that he was not suggesting that I was. Others might think so, but I want to reassure him that I am not.

**Grahame M. Morris (Easington) (Lab):** May I start by placing on the record my appreciation for all the staff who work in the national health service? I also want to make a declaration, unashamedly, that I love the NHS and will campaign tooth and nail to prevent any fragmentation, privatisation or postcode lottery or any diminution in the service to patients.

I tabled early-day motion 2659 calling on the Health Secretary

“to respect the ruling by the Information Commissioner and to publish the risk register associated with the Health and Social Care Bill reforms in advance of Report Stage in the House of Lords”

so as to inform that debate. The motion we are debating in today’s important debate echoes the wording in my early-day motion, which almost 100 people have signed, including 15 Lib Dem MPs at the last count. I hope they will back up their signature with their vote in the Lobby today. Many Members on both sides of the House have received letters about this issue and there has been an e-petition from 38 Degrees, which has had tremendous support in very few days. In case Government Members need any encouragement, let me refer to a poll from this week showing that 70% of Lib Dem supporters trust NHS professionals more than the Prime Minister and the Health Secretary on the Health and Social Care Bill.

**Mr Marcus Jones:** The health professionals will be in charge.

**Grahame M. Morris:** Most of the health care professionals—indeed 90%; the ones who were not invited to the summit—oppose the changes in one form or other. Also, 80% of Lib Dem voters want the risk register published—an even bigger percentage than that of Labour voters.

**Ian Lavery (Wansbeck) (Lab):** Does my hon. Friend agree with the Secretary of State about the huge support for the Government from GPs over these reforms?

**Grahame M. Morris:** A number of Members on the Government Benches have referred, in Health questions and at other times, to the huge support among clinicians and GPs in their area, but Clare Gerada, the chair of the Royal College of General Practitioners, has said that just because GPs are compelled to man the lifeboats does not mean they agree with the sinking of the ship. That sums things up.

Hon. Members on the Government Benches should be particularly concerned by some recent polling figures. According to a poll by ICM, the over-65s—the category of people who are most likely to use the NHS and most likely to vote—want to drop the Bill by a margin of 56% to 29%, or two to one, which is the largest such margin. Sadly, not one Conservative Member, as far as I am aware, has had the courage to sign the early-day motion or to call publicly on the Health Secretary to publish the risk assessment. I know that, privately at least, some of the more thoughtful Conservative Members have been advising the Secretary of State to publish, but he seems to be flatly ignoring them. The risk register contains an objective list of the Department's view of the risks, an estimation of the likelihood of each specific risk occurring and an estimation of its severity if it did occur. To be clear, what the Health Secretary is determined to conceal are the severe and likely risks of his own reckless attack on the NHS.

The Prime Minister must also be held to account for his broken promises on the NHS, for allowing his Health Secretary to put the NHS at risk and for standing by him while he tries to cover up the mess that is the Health and Social Care Bill. I remind the House that the coalition agreement that was signed by the Government parties stated:

“The Government believes that we need to throw open the doors of public bodies, to enable the public to hold politicians and public bodies to account.”

How does that statement square with this decision? Where is the accountability now? No one in the country voted for these health reforms, the Health and Social Care Bill has no mandate and we in the House will be asked to vote on reforms in the knowledge that the Department of Health and the Health Secretary are complicit in hiding the associated risks.

**Charlotte Leslie (Bristol North West) (Con):** Will the hon. Gentleman give way?

**Yasmin Qureshi:** Will my hon. Friend give way?

**Grahame M. Morris:** I am only going to give way twice, so I shall give way to the hon. Lady.

**Charlotte Leslie:** That is very kind; I thank the hon. Gentleman. Does he agree that if we want to debate the health reforms, this is not the place to do it because we are talking about the risk register? Also, does he agree that all this is slightly disingenuous because Governments do not publish risk registers for good reasons, in that it would be far more risky for patients, whom we should all be considering, if Government Departments could not have frank and open discussions? The risks we should really be looking at are those to patients.

**Grahame M. Morris:** I thank the hon. Lady for her intervention, but if she had been present for the whole debate, she would know that we have covered much of that in discussing the nature of a fundamental change—the biggest ever shake-up—in the national health service since it was established. We are not calling for the nationalisation of the railways or the abolition of the House of Lords. We are simply calling for the risk register to be published, in the interests of openness and transparency, to identify the risks associated with the changes proposed by the Government.

The changes are a matter of the most serious consequence. If the Health Secretary is suppressing a report that shows that the reforms could put patients at risk and worsen the functioning of the NHS—if that is in the report, which I do not know, as I have not seen the strategic risk register, at least the national one—he would be guilty of the biggest political cover-up in a generation.

As my right hon. Friend the Member for Leigh (Andy Burnham) mentioned, in his ruling back in November the Information Commissioner, Christopher Graham, said of the Secretary of State's reasoning:

“Disclosure would significantly aid public understanding of risks related to the proposed reforms and it would also inform participation in the debate about the reforms.”

But almost three months on, we as parliamentarians are still being kept in the dark. We were told that releasing the risk register would jeopardise the success of the policy, but the Information Commissioner refuted that and said it would only enhance the quality of the debate and allow for greater scrutiny of the policy.

We were then told by Ministers that they had published the relevant risks associated with the reforms in the impact assessment. If that was the case, why would the Information Commissioner rule that they should be published to inform debate and why would the Health Secretary fight tooth and nail to prevent that?

Finally, we were told that publication would risk the frankness of future risk registers, another point that the Information Commissioner specifically ruled out. Before the general election, the Conservatives promised to “unleash an information revolution” in the NHS, yet in government they are giving us the biggest cover-up in the history of the NHS. The Prime Minister once described his priorities in three letters: NHS. So we should not be shocked by the professional and public outcry of “OMG!” since he has broken his promise of

“no more top-down reorganisation”

and deployed WMD—weapons of mass deception—to conceal the true nature of his reforms.

Opposition Members know the dangers for the future of the NHS with up to 49% of work carried out in NHS hospitals being done by the private sector, and every service provided by the NHS, whether it be radiotherapy or speech therapy, put out for competitive tender, making it vulnerable to private sector takeover. It is no wonder we are debating the threat to the NHS when so many pre-election promises have been broken.

I conclude by offering some advice to the Health Secretary. I leave him with this thought: history is littered with examples of people who have fallen from grace, not for their crimes, but for the cover-up. He should end his terrible attack on the NHS and have the courage to be open about his plans to fragment and privatise our beloved national health service.

**Mark Simmonds (Boston and Skegness) (Con):** I draw the attention of the House to the Register of Members’ Financial Interests. The only thing on which I agreed with the hon. Member for Easington (Grahame M. Morris) was the commitment that he has, I have and all Members on the Government Benches have to the national health service and its future as a taxpayer-funded service, with access based on need, not on ability to pay.

I think I speak for everybody on the Government Benches when I say that I would not vote for any Bill that privatised the national health service. The Health and Social Care Bill is not about that.

I can also confirm that my personal experience of using the national health service recently, both at Pilgrim hospital in my constituency in Boston and at Peterborough hospital—which, as the Secretary of State said, is highly indebted because of the previous Government’s PFI scheme—was first class and excellent.

**Mel Stride (Central Devon) (Con):** Does my hon. Friend agree that the Labour party’s suggestion that we are privatising the health service is not only utterly disingenuous, but extremely cruel and frightening for elderly and vulnerable individuals, of whom there are many in my constituency, who are perturbed by what is being said, which is untrue?

**Mark Simmonds:** I am grateful to my hon. Friend for that intervention. He is absolutely right. Certainly, some of the communicating that both Government parties need to do will be myth-busting on what is being portrayed as the future of the NHS and its services. They will be improved and enhanced, as will patient outcomes and services, as a direct result of the reforms that we hope to implement through the Health and Social Care Bill. They will not go backwards, as Opposition Members suggest.

Two distinctions can be drawn between the Government and Opposition sides of the House on this matter. First, we on the Government side are committed to increasing resources and investment in the NHS—in contrast to the Labour party. We can see that distinction in the enhancement of services in England and the deceleration and paucity of services in Wales. Secondly, Government Members understand the necessity of reform, whereas Labour Members do not. I accept that there are some exceptions, such as the previous Health Secretary, the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson), who I think understands the importance of reform. Maintaining the status quo in the NHS is the greatest risk; it is not an option.

I think that today's debate is a red herring and a cloak. My hon. Friend the Member for Kingswood (Chris Skidmore) completely destroyed the argument about the necessity of publishing the risk register, because it is no longer relevant. I am sure that the ministerial team would have been looking at that risk register and changing policies in order to mitigate and negate the initial impact of the risks recorded in it. Every former Government Minister who has spoken from the Labour Benches today, whether in a speech or an intervention, has form in refusing to put risk registers in the public domain when they had a chance to do so in office, and they know very well that risk registers can be misleading. Even the Information Commissioner, in his judgment, said that safe space was required.

**Hugh Bayley:** The hon. Gentleman said a few moments ago that he believed that increased competition, with private providers competing against NHS providers within the NHS, would improve outcomes. Does he therefore agree that there should be a common standard by which all care providers paid for with NHS money report on the cost and outcome of procedures? If so, why is that not in the Health and Social Care Bill?

**Mark Simmonds:** I am grateful to the hon. Gentleman for his intervention. That is not exactly what I said, but I will get to the nub of what he is talking about. I do think that comparable information is needed to inform patient choice, and not just on cost, but on outcomes and patient satisfaction and experience, so that it is on a comparable level—

**Hugh Bayley:** Why is it not in the Bill?

**Mark Simmonds:** I am sure that the information centre in Leeds is working on that as we speak, because I know that it is important to the ministerial team.

**Charlotte Leslie:** Will my hon. Friend give way?

**Mark Simmonds:** I will not give way, because I have done so twice already.

Finally, it was made clear in an earlier intervention that the shadow Secretary of State, were he ever to be Health Secretary again, would not by necessity publish all risk registers, so it is nonsensical to suggest that this out-of-date risk register either informs debate or is necessary for discussing the future reforms of the NHS. Of course, that is not really what this debate is about. It is a cloak to try to put obstacles in the way of what I believe is necessary reform. We know why reform is necessary: a growing and ageing population; increasing levels of co-morbidities and long-term conditions; rising health care costs; and the impact of lifestyle choices. However, listening to the shadow Secretary of State, one would think that the NHS was falling apart. It absolutely is not. It is performing very well at the moment. We are reducing in-patient and out-patient waiting times. The backlog of patients waiting more than 18 weeks is going down, and the number of patients waiting more than a year is half what it was in May 2010.

**Gloria De Piero (Ashfield) (Lab):** Will the hon. Gentleman give way?

**Mark Simmonds:** I will not, because I have done so twice already.

I could go on with the achievements that the national health service has delivered since the election, but while progress is being made we need to put in place the policy architecture that will enable the national health service to deliver improved patient outcomes, satisfaction and experience and to continue as a free taxpayer-funded service.

So what are these reforms that get Opposition Members so excited? First:

“Patients...will have the right...to choose from any provider.”

Interestingly enough, that was in the 2010 Labour party manifesto. Secondly:

“All hospitals will become Foundation Trusts”.

Interestingly enough, that was in the 2010 Labour party manifesto. Thirdly, there is the plan to

“support an active role for the independent sector”

in providing services. That too was in the 2010 Labour party manifesto. Fourthly,

“Foundation Trusts...given the freedom to expand...their private services”.

That was in the Labour party 2010 manifesto, as was the proposal to ensure that family doctors have more power over their budgets.

Who was the man in charge of putting that in the Labour party manifesto? It was the current shadow Secretary of State, which just shows how far the Labour party has moved to the left since the May 2010 election. If there is one thing that he and his supporters behind him need to understand, it is that general elections are won from the centre ground, not from the extremes of either left or right.

In the time remaining to me, I shall mention two key areas and bust some myths. The first area is competition and choice, which have always been part of the national health service. The original 1948 NHS leaflet stated that patients must choose their own GP. We should be discussing the benefits that choice can bring to patients, and how we can facilitate innovation and better patient outcomes. The evidence is clear: competition based on choice and quality, not on price for elective care, drives and improves not just efficiency and shorter hospital stays, but better management and, most importantly, patient care and outcomes.

The second area, which both the shadow Secretary of State and the Secretary of State mentioned, is integration, and it is absolutely key if we are to improve patient pathways and outcomes. Care is currently fragmented, and the state monopoly is under little pressure to deliver integrated care or new models of care. The national health service to date has been poor at integrating services, and the Secretary of State and his team need to be careful to ensure that the health service understands that the merger of organisations is not the same as integration, which is about integrating care pathways, and must not be used as an excuse to protect poor providers and weak management, or to block clinically led reconfiguration.

The successful integration of patient care, and in particular of chronic disease management, will, however, dramatically improve quality and outcomes. The Secretary of State also needs to address the issue of funding flows, moving them away from episodic care to year-of-care funding to enable integration to take place properly.

In conclusion, the national health service deserves our wholehearted support, but if it is to survive as a taxpayer-funded service free at the point of use, it must evolve and reform.

**Rosie Cooper (West Lancashire) (Lab):** I congratulate my right hon. Friend the Member for Leigh (Andy Burnham) on his persistence with these Opposition day health debates. I am sure that he shares with me a deep-seated hope that the Secretary of State will soon see the light, publish the risk register and drop the Bill.

“The public can be forgiven for being bewildered by the latest round of plans to reform the National Health Service in England. The set of proposals is large, many are highly technical, why they are needed is not clear and the protests from key respected groups are loud.”

Those are the words of Jennifer Dixon of the Nuffield Trust in her most recent paper for “The Political Quarterly”, and I am sure that many in the Chamber will agree wholeheartedly with them; I certainly do. They are an incisive analysis of the state of play with regard to the Health and Social Care Bill and the planned NHS reforms. The short opening paragraph of the paper begins to explain why it is essential that the Department of Health publish the transition risk register, as ordered by the Information Commissioner.

As each day passes, there are ever more reasons why the British people need to be able to see for themselves the risks associated with the Bill and how the Department of Health proposes to mitigate them. This is about a broader, more fundamental and more important issue than publication in itself. Many people are fearful about what the Secretary of State’s plans really mean for them and their families, and for the health service that so many people rely on. I cannot understand what is in the risk register that the Government are so frightened of revealing to the people who are actually paying for this.

The message of what the public think is loud and clear: they simply do not believe and do not trust the Government, the Prime Minister or the Health Secretary. A ComRes poll says that 69% of respondents do not trust the Government to get it right on health, while YouGov says that six out of 10 people think that the Prime Minister has failed to deliver.

**Gloria De Piero:** Perhaps one of the reasons why there is such a lack of trust is what is going on in our own constituencies. In my constituency of Ashfield, waiting times have gone up and the NHS walk-in centre has closed. That is the reality of what is happening on the ground.

**Rosie Cooper:** I am dreadfully sorry that my hon. Friend is able to say such a sad thing, and Government Members do not hear any of it.

People have listened to what the Secretary of State has said and they are telling the Government clearly that they think that their proposals are complex, muddled and expensive, and that they do not trust what they have been told. I wonder why they have such difficulty in accepting the Secretary of State’s words of reassurance, but perhaps there is a clue in the track record of the Government, the Prime Minister and the Secretary of State in making promises. They promised no top-down reorganisation and then did it anyway with no mandate, no mention of huge reform having been made by the coalition Government. We have a so-called Government of openness and transparency who will not publish the transition risk register despite being ordered to do so by the Information Commissioner. So much for “No decision about me without me”; these decisions seem to be about us without us—all of us. The Government say that there will be no cuts to front-line services, whereas we have just heard about cuts to front-line staff and the down-banding of members of staff. They say that waiting times will not increase, but they have increased. Yet the Government still press on.

This reminds me of a story about a man who is stranded as flood waters rise. The water is getting higher and higher, and he prays to God to save him. He refuses help from a neighbour in a rowing boat, from someone in a speedboat, and even from someone in a helicopter, saying, “No, thank you—I have faith that God will save me.” Of course, he is washed away.

Standing before his maker, he says, “I had faith that you would rescue me,” and is told, “I sent you two boats and a helicopter. What more did you want?” In this case, the Secretary of State has been sent the Royal College of General Practitioners, the Royal College of Midwives, the Royal College of Nursing, the British Medical Association, the physiotherapists and other professions allied to medicine—need I go on? Those are just a few of the signals to the Secretary of State that he has got it wrong.

If the Secretary of State continues with the Bill, before long he will be meeting the Prime Minister on the day of a reshuffle, but by that time the people in the NHS will have suffered hugely for these silly mistakes. The risk register is so potentially damaging that the Department of Health refuses to publish it, thereby spending taxpayers’ money on preventing taxpayers from knowing what it is doing with their money. That is absolutely ridiculous. It is imperative that the transition risk register be published.



The Government have been the architect of their own problems by breaking their promises, failing to demonstrate the need for such extensive reform of the NHS, and not listening to the people who use the service and the people on the front line who deliver the service—the very patients and staff whom the Government keep telling us that we forget about, and who are at the core of this matter.

When the Secretary of State assumed responsibility for the NHS there had been a sustained period of increased funding, lower waiting times had been achieved, the quality of care had improved significantly, and there were some of the highest levels of public satisfaction in the history of the NHS. In a little under two years, that situation is being reversed. I would put it to the Secretary of State, if he were here, that surely even he can see that now is the time to be honest and up front with the people of this country. It is time for the Government to take another deep breath, publish the risk register and put their trust in the people.

**Gareth Johnson (Dartford) (Con):** It is a pleasure to follow the hon. Member for West Lancashire (Rosie Cooper), although I disagreed with much of what she said. If we had listened to organisations such as the British Medical Association in the past, we would not even have a national health service. The BMA opposed the very creation of the national health service, so we should take no lessons from such organisations. What we have heard from Opposition Members today shows their culture of saying, “Do as we say, not as we have done.”

Although I disagreed with much of what the hon. Member for West Lancashire said, I did agree with something that the shadow Secretary of State said when he was in charge of the Department of Health in September 2009. He said that Ministers and their officials need space in which to develop their thinking and explore options, and that the disclosure of the risk report may deter them from being as candid in the future, which would lead to poorer quality advice and poorer decision making. The right hon. Gentleman was absolutely right then and that ethos has run through Governments across the ages.

Like most Members in this House, I support the principle of open government. I support the fact that the Department of Health has divulged far more information since the general election. We all want open and free government, but that will inevitably always be up to a point. No Government since the dawn of time have felt it prudent to publish a risk register and divulge it in the public domain, whether it be a transitional register, a strategic register or any other kind of register.

**Bob Stewart (Beckenham) (Con):** I have used risk assessments or risk registers in a different way. The military used them as a management tool to look at the worst-case situation and the best-case situation. We did not publish them or make them public for the simple reason that they would have worried people too much. They set out “what if” scenarios. That is why the previous Government did not publish them and why we do not want to publish them.

**Gareth Johnson:** My hon. Friend makes a valid and correct point. Governments need such registers to function efficiently and to cover every eventuality. As he pointed out, a risk register is a mechanism by which civil servants can candidly present a worst-case scenario to Ministers. It is not about what is expected to happen, but about what is the worst that can happen. Risk registers are therefore not Government policy, but preparatory documents.

**John Pugh:** Would the hon. Gentleman be surprised to know that I have here a national risk register that was published by a Department in 2012?

**Gareth Johnson:** Yes, I would be surprised if that had happened.

It would be wrong for there to be routine publication of risk registers without any kind of control. The beauty of risk registers is that they enable civil servants to think the unthinkable.

The hon. Member for St Ives (Andrew George), who is no longer in his place, made the point that there is a difference between the approaches of the Government and the Opposition. If we are honest with ourselves, we must recognise that every Opposition in this place has been guilty of some

scaremongering. There is no doubt about that, so let us be mature about it. Whether it has been my party, the Labour party or the Liberal Democrats, we have all been guilty of a certain amount of scaremongering. Presenting a pessimistic view as a real likelihood is part of the game of political football. However, there is a huge danger that information from the risk register could end up misleading the public and giving them inaccurate information.

**Andy Burnham:** May I remind the hon. Gentleman that the words of mine that he referred to related to the strategic risk register? We are debating a different document today. He seems to misunderstand risk registers, because he described them as presenting a worst-case scenario. They do not, and I can provide him with the material showing that right now if he would like to see it. The examples that I read in my speech were given a likelihood rating. They were said to be likely to happen and not mitigated by the steps that had been taken. I am afraid he has not grasped that point, and he needs to.

**Gareth Johnson:** Risk registers play devil's advocate and ensure that there are contingency plans for every eventuality. The shadow Secretary of State has mentioned the transitional document, but nothing in the motion mentions a transitional or strategic document. Those words are not used in the motion.

When information on doomsday scenarios is released in an uncontrolled manner, it is easy to see how it can be viewed as being what is expected to happen. If a best-case scenario is released in an uncontrolled manner, that can raise unwarranted optimism. Ministers need to be able to plan for the best and worst-case scenarios without being seen as either overly complacent or doom merchants. Good government is about examining theoretical risks and assessing potential problems and hypothetical scenarios.

The last thing we want is for a Government to tone down their risk planning through fear of propagating alarm or panic. We want civil servants to feel that they can fully paint the picture of the extremes that need to be prepared for, without tempering their advice. We do not want them to have to keep one eye on risk management and the other on how the information will be perceived by the public when it is divulged.

Governments need to consider the commercial ramifications of publishing risk registers. Will the sales of certain products collapse unjustifiably? Are there potential unforeseen consequences? We literally need a risk assessment of the publication of risk registers.

Darent Valley hospital, only the second private finance initiative hospital to be built, is in my constituency. The disabling effect of the agreement is only now being dealt with, thanks to the decisions of Ministers. I do not recall the previous Government rushing to disclose the risk register that was drafted in connection with that commercial decision. Perhaps they were wise not to do so.

Although we all instinctively want transparency to prevail in what we do, we need to think through the repercussions carefully. If the Government lose their appeal against the decision, they will have to disclose the information required, and I believe that there could be serious consequences. Disclosure of the risk register would herald not a new era of open government but rather an end to proper, full risk management. Proper transparency is about the Government publishing what they believe will happen, not what they do not believe will happen but are making contingency plans for. Open government will always be desirable to a point, but as with all previous Governments we should not be in the business of publishing every scenario for which every Department is preparing.

**Frank Dobson (Holborn and St Pancras) (Lab):** I think the Government will conclude that it is foolish of them not to publish the register, because everybody assumes that they must have something to hide—something to do with policy development.

In the absence of publication, we can only speculate on what the register contains. I should like to know, for instance, whether there is any reference to the risk that is being taken by inviting American health corporations to bid for services in this country. After all, all the leading American health corporations have, at one time or another, been indicted for defrauding either patients, doctors or

taxpayers. I asked the Secretary of State whether he would ensure that no contracts are given to any American corporation that has been indicted for fraud. He refused to ban them, so we can expect them to come in.

There is also the question of marketisation and of putting things out to tender. We have an example in my constituency. The Camden road practice was put out to tender in 2008 and the existing practice doctors put in a bid that met all the requirements. According even to the stuff that was published, they did better than the private sector bidder in respect of the requirements, but the private sector firm bid to provide the services at a lower cost to the NHS and got the contract.

When I asked for details of all the bids and considerations, I was told that they could not be disclosed because they were commercial and confidential. I warn all hon. Members who think they will get the details of what happens in their areas—we can safely bet that the words, “No you can’t have the information. It is commercial and confidential”, will come up time and again.

As it happens, a US company, UnitedHealth primary care, got the contract. I admit to having a touch of cynicism in my make-up and rather assumed it would do a rattling good job to demonstrate what a wonderful outfit it is, but it was not so. It did not even bother to act as a loss leader. It reduced the amount of time patients had with doctors and at one time suggested that patients could raise only one topic with their GP. Opening hours were changed. It closed a baby clinic, but because there was a great row, it reopened it. The PCT contemplated taking legal action to enforce compliance with the contract but was advised by its lawyers that the contract was not enforceable.

Last year, that triumphant outfit suddenly sold all its GP contracts, including the one at the Camden road practice, and said it would concentrate on offering support to GP commissioning boards because that is easier and more profitable than supplying a GP service. It sold the Camden road surgery contract to an outfit called The Practice plc. The contract was not put out to tender and nobody was consulted about the transaction—not the NHS or the staff, or least of all patients.

Patients—my constituents—were chattels in that transaction, but they might have been reassured when they saw the publicity for The Practice plc, which states:

“At The Practice we offer clinical services to NHS patients who need to be sure of the very highest standards. But it’s how we do what we do that makes the difference. We aim to deliver genuinely caring and thoughtful patient centered services, minimise waiting times and make the whole experience one to remember with satisfaction. From first referral through diagnosis to effective treatment we promise true professionalism...At The Practice, patients come first.”

Not any more they don’t. It has been announced that the practice in both centres is closing down because the lease has run out. The patients have been left bereft and bewildered. It is not a question of integrated care between primary care and social services. There will be no integrated care at the practice because people will be spread around half a dozen neighbouring practices. And why? It is because this commercial organisation, dedicated to profit and lining the pockets and handbags of its shareholders—the sacred shareholders, whose interests must always come first—has decided that it cannot find alternative premises. What is the risk of that happening when the Government spread this practice right across the country? Is the risk of that happening mentioned in this famous risk assessment? I doubt it very much.

A constituent of mine wrote to me:

“Before United Health took over...we had an excellent surgery with excellent...doctors. They knew their patients’ medical histories and the patients trusted them.... What are we left with? A Surgery which started to deteriorate almost as soon as the original doctors left/were forced to leave, one which continued to deteriorate... So much unnecessary disruption and upset... Totally ridiculous and unprofessional and with no sensitive consideration or understanding being afforded to patients.”

We hear a lot about patients from Government Members. They need to consider what will happen to their patients when this is all marketised.

**Rehman Chishti (Gillingham and Rainham) (Con):** It is a pleasure to follow the right hon. Member for Holborn and St Pancras (Frank Dobson), although given that the Order Paper reads,

“this House calls on the Government to respect the ruling by the Information Commissioner and to publish the risk register associated with the Health and Social Care Bill”,

I wondered whether he was in the right debate. He spent most of his time not mentioning the Information Commissioner, although he mentioned risk in the last minute.

I want to focus on the argument over the risk register. I support the Secretary of State’s decision to challenge the Information Commissioner’s decision ordering the release of the Department of Health risk register. It is important to consider the procedure followed by the commissioner in determining whether it was the right decision to make. The Secretary of State’s decision to challenge the commissioner’s ruling is, procedurally, absolutely correct. The procedures set out in the Freedom of Information Act, as amended—*[Interruption.]* It is important to set the tone and background.

**Andy Burnham:** It’s not a court.

**Rehman Chishti:** The shadow Secretary of State does not understand the legislation. That is why he is making these assumptions. Section 35(1) makes it clear that:

“Information held by a government department...is exempt information if it relates to...the formulation or development of government policy”.

*[Interruption.]* Opposition Members do not like what they are hearing, but I hope that they will show the same common courtesy that I have shown them in the past. Section 35(1) makes it clear that the procedures applied by the Secretary of State were in line with the Freedom of Information Act, which was enacted by the previous Labour Government. Under that procedure and statute, he is entirely within his rights, using the correct procedure, to apply section 57 to appeal the ruling to the tribunal. That is absolutely right and proper.

It is important to say that we have the right—*[ Interruption. ]* I will come to the point on which the shadow Secretary of State keeps interrupting me—I am sure that he is not doing so to put me off making the point that he does not want to hear. Under the procedure in section 57, the Secretary of State can challenge a decision. It is important in our system—whether the criminal justice or the civil system—to have checks and balances on decisions that are made, whether by the Information Commissioner or by judges. If the shadow Secretary of State is now saying that the Information Commissioner’s ruling should be final, with no right of appeal, he should have said that when the Freedom of Information Act was being passed. However, he did not do so, and there is a right of appeal, where cases go to the tribunal. Even beyond that though, he asked earlier whether the Secretary of State could give us an assurance that he would not challenge the decision of the tribunal. Being realistic, how can the Secretary of State give that guarantee? The right hon. Gentleman knows, and I know, that the Secretary of State does not know what the judgment of the tribunal will be. He also knows that the rules that his Government passed, in section 59 of the Act, enable a referral to the High Court where there might be a wrong point of law.

**Andy Burnham:** Briefly, does the hon. Gentleman not accept that there is a big difference between the Secretary of State being within his rights and his being right not to publish? We accept that he is within his rights, but is he right? The precedent was set by the previous Government. We published a risk register after receiving a ruling from the Information Commissioner. That is the precedent.

**Rehman Chishti:** I am grateful to the shadow Secretary of State for that point, to which I shall return. In my view, the Secretary of State is absolutely right to use that discretion. The shadow Secretary of State knows the Department of Health well because he has been there, but I should point out to him that a spokesman for the Department of Health said:

"We have never previously published our risk registers as we consider them to be internal management documents. We believe that their publication would risk seriously damaging the quality of advice given to Ministers and any subsequent decision-making".

I would say to the shadow Secretary of State—[ *Interruption.* ] He asked the question; I would be grateful if he listened to the answer. The reason why I say that the Secretary of State is within his powers and is right to do what he did is that never before have any Government or Secretary of State released that information. Being a sensible, considerate and fair man—which the Secretary of State is—he is right to challenge the decision, because that information has never been released before, as stated by the spokesmen for the Department of Health and made clear on page 2 of the information pack provided by the Library.

I also want to refer the shadow Secretary of State to another point. He has previously used the exemptions in section 36. Either we have exemptions or we do not, but the current exemptions, whether in section 36 or section 35, were put in place by the previous Government. If they did not want those exemptions—if they had said that everything should be in the public domain—they should have made that clear. I remind the Opposition of the saying "What's good for the goose is good for the gander". The fact is that you applied similar provisions, whether in section 35 or section 36, to withhold information. If you were able to do that in the public interest, then this Government, applying the same procedures and the same rules, can do so too. There is simply no point having legislation, in the form of the Freedom of Information Act, and now suddenly, when you are in opposition, you move the goalposts. In my view, that is totally and utterly unacceptable. It is also important to note that the Department of Health—

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. May I gently remind the hon. Gentleman that I am not responsible? He keeps saying "you", and I assure him that I will not and do not want to take responsibility for the NHS.

**Rehman Chishti:** I am grateful, Mr Deputy Speaker, and I am sorry to put the previous Government's legacy on you.

Moving on, it is important to bear in mind the previous Secretary of State's decisions in 2008, to which I referred earlier. However, it was not just him who acted in that way; the Secretary of State for Health before him, the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson), made similar decisions, under section 36 of the Act. In view of the procedure provided under the Freedom of Information Act and the similar decision taken by previous Labour Health Secretaries on public interest grounds, I feel that the Secretary of State is absolutely right to challenge the current Information Commissioner's ruling.

On such an important issue, it is absolutely right to say that in the interest of fairness and transparency, the matter should be looked at by a higher authority. If a point of law is at stake, I would say that section 59 should be used to refer the matter to the High Court. The debate has touched on the excellent work going on—whether in respect of the cancer drugs fund or the reduction of viruses in hospitals—so I endorse the view of my constituent, Mr Thomas, sitting in the Public Gallery, who says that the Government are doing an excellent job.

**Barbara Keeley (Worsley and Eccles South) (Lab):** I support the motion calling on the Government to publish the transition risk register because I think it is vital to ensure informed public and parliamentary debate on the Health and Social Care Bill. As other Members have experienced, 40 of my constituents have written to me about this issue in the last two days. They rightly worry that the Government's reforms will damage the NHS. They want to see the risk register released to inform them and to let them make up their own minds about the issues. My constituents also believe that Members here and in the other place should have all the available facts and information when debating and voting on legislation.

The proposed top-down reorganisation of the NHS is unnecessary, costly and a threat to our current health and social care services. As we have to consider these costly and unnecessary proposals, we

at least need to know the threats and concerns that exist, about which the risk register might inform us.

Risk registers—like other local registers we have heard about—are routinely published by the North West Strategic Health Authority and other regions to communicate risks about the transition to new NHS structures and to ensure that those risks are understood and managed. Let me point out some of the risks mentioned in a recent risk register report for the North West Strategic Health Authority. The transition might mean a loss of grip on current performance or that organisational and system instability during transition could adversely affect corporate performance. Furthermore, corporate and individual capacity and capability might be diminished by uncertainties arising from transition. Those are all rated as high risk.

I believe that we are already starting to see some of those issues arising in the north-west and nationally. The Health Select Committee recently dealt with some of those issues in its report on public expenditure. The Foundation Trust Network had told the Committee that

“in the short to medium term there is significant disruption in relationships as experienced people leave the NHS or are redeployed.”

It also said:

“With the financial pressures on commissioners, combined with the changes in personnel and disruption of historic relationships, there is growing evidence that commissioners are making unsophisticated attempts to reduce costs.”

Based on all the evidence we heard, the Select Committee concluded:

“The reorganisation process continues to complicate the push for efficiency gains...we heard that it more often creates disruption and distraction that hinders the ability of organisations to consider truly effective ways of reforming service delivery and releasing savings.”

I can provide a local example. Salford primary care trust was running an effective service of active case management for people with long-term conditions, but it ended that a few months ago. That is a counter-productive change—the sort of change being made by NHS bodies as they rush to meet the pressures of making savings and reorganisation. I know that ending that service was to the detriment of my constituents and other Salford people living with long-term conditions. I have raised the issue in debates with the Minister of State, Department of Health, the hon. Member for Sutton and Cheam (Paul Burstow), who is in his place on the Front Bench.

The Bill brings competition into the NHS at a level that I believe is unhealthy and unwanted. What are the potential risks to patients of a massive increase in the use of private clinics, private surgery and other private treatments? Much is said about choice, but what about the risks? We know that tens of thousands of women with PIP breast implants are sick with anxiety; they understand the risks of using private surgeons who then refuse to follow their duty of care to their patients. These are women who fear that they might have industrial-grade silicon leaking into their bodies, giving them immune system problems. They are finding that their surgeons are either untraceable or do not want to know about their problems with the implants.

**Dr Sarah Wollaston (Totnes) (Con):** Does the hon. Lady accept that GPs will not be commissioning private breast surgery?

**Barbara Keeley:** In fact, there is a link, or a crossover, with the NHS. I have received letters from women who have had breast cancer and whose breast augmentation has been carried out in the private sector. I think that the hon. Lady attended the Select Committee meeting at which the issue was discussed, so she should understand the risks.

Many private clinics that were keen enough to sell surgery now want to charge their past patients just for a scan to check an implant. Women who have undergone surgery in those clinics have told me

that the videos and brochures selling the surgery made no mention of the risks, or even of the fact that implants last only up to 10 years and that they would have to repeat the surgery every 10 years of their lives in order to keep replacing them. That was never mentioned.

Some clinics have gone into administration. My right hon. Friend the Member for Holborn and St Pancras (Frank Dobson) described what happens in such instances. The new owners—if there are new owners—tend not to want to know anything about the problems of past patients. Questions of capacity are involved. The largest private medical company undertaking implants dealt with some 14,000 of the 40,000 patients who were given PIP breast implants, and thus could be seen immediately to be liable for 14,000 removal and replacement operations. However, it now says that it has the capacity to deal with only 4,000 operations of this type per year. Having created a problem, that group of private clinics is now saying that it does not have the capacity to solve it. The Committee was worried about the capacity of the NHS to deal with it, but the capacity of the private clinics who sold all those operations is much smaller.

The problem of PIP implants is on a huge scale, and I still believe that far too little is being done to help the women who are sick with anxiety about their implants. As I have said, the private clinics and surgeons do not want to deal with the problems, cannot deal with them because they do not have the necessary capacity, or deal with them only if the patient pays again, often when she cannot afford to do so. As we have seen, the Secretary of State has no power to compel private clinics or private surgeons to meet what we say are the moral obligations and their duty of care to former patients.

We also, sadly, have a regulator for devices such as implants—the Medicines and Healthcare products Regulatory Agency—which seemed to be incapable of conveying to the 40,000 patients with PIP implants the message that the product was faulty and could be toxic, thus causing 21 months of delay before the patients even knew about the new risk to them. Much surgery, including much private surgery, involves various medical devices and implants, and that situation is not acceptable. Given that we have seen such regulatory failure in the case of one sort of implant, I want to know what risk is posed by private surgery involving other devices. It is possible that in future we will see further scandals involving replacement knees and hips.

We need to know what risks, at national level, are inherent in the proposals in the Health and Social Care Bill, particularly the competition proposals. We need to know that in the House, as the Bill progresses, and we need to know it more widely. I support the motion.

**George Hollingbery (Meon Valley) (Con):** I want to begin by challenging something that was said by the shadow Secretary of State, the right hon. Member for Leigh (Andy Burnham), when he opened the debate. He has also shouted it several times from a sedentary position, and indeed he intervened on my hon. Friend the Member for Dartford (Gareth Johnson) a moment ago to make the same point. He keeps saying “It is a different register”.

Let me quote, at some length, what the right hon. Gentleman said earlier: “This led my predecessor”—the right hon. Member for Wentworth and Dearne (John Healey)—“to initiate a freedom of information request for the transition risk register. I wish to point out that my right hon. Friend did not request the full departmental risk register, which was subject to a similar request in 2009”, which was, indeed, released by the right hon. Gentleman. The right hon. Member for Leigh went on: “There are three crucial differences between the situation and the subject of today’s debate. They would do well to listen because the Prime Minister got his facts wrong at Prime Minister’s Question Time. The first important difference is that this relates to a different document. This debate is about the transition risk register, not the strategic risk register”.

I may have misinterpreted this, because it is not my key area, but let me refer briefly to the decision notice issued by the Information Commissioner. Paragraph 16 about the “Scope of the request” states:

“At the internal review stage the public authority referred to two separate risk registers which it said were relevant to the request and held by the department – the ‘risk register centred on the Health and Care Bill’ and the ‘strategic risk register’... For the avoidance of doubt, the Commissioner wishes to

state that he agrees with the public authority...and that it is the strategic risk register which should properly be seen as falling within the scope of the request.”

In short, the document that is requested now, and the one that the right hon. Member for Leigh refused to release in 2009 are, as adjudged by the Information Commissioner, exactly the same document. The right hon. Gentleman may wish to refer to that later, and I am entirely happy for him to do so. If I have got it wrong, I am happy to be corrected.

**John Healey:** I am grateful to the hon. Gentleman for giving way because, uncharacteristically, I think that he has got it wrong. The Information Commissioner’s notice considered two different freedom of information requests: one for the transition risk register from me, and one for the strategic departmental register from a journalist from the *E vening Standard*. The decision notice was a decision on both those registers. My right hon. Friend the Member for Leigh (Andy Burnham) is absolutely right: in our motion and the debate, we are talking about a different document—different in nature—from the one to which he referred and the one which was relevant in 2009.

**George Hollingbery:** I am grateful to the right hon. Gentleman for clearing up part of this, but I think that the decision that was made by the Information Commissioner was on the strategic risk register and its release. No doubt we can discuss that later, but I am grateful to him for his intervention and for clearing that up.

More generally, we must consider whether the Bill has been properly assessed both in the House and outside by many people. There are 443 pages of closely worded analysis on the impact of the Bill, and the impact assessments cover every possible aspect imaginable, including risk management and the risks associated with the new Bill. That information has been in the public domain for many months, and I do not honestly believe that there is anything to be gained by issuing further risk registers that may scare a number of people about the things that they have to consider. The risk register would add very little. The answer, basically, is that it is an expedient hook on which to hang a debate: to raise again in the House a topic that has been raised a great many times—quite rightly, in many ways, as many amendments have been made to the Bill. However, the quality of speeches from the Opposition demonstrates to me at least that the point of the debate was not to discuss the risk register but to use it as a hook on which to hang a particular viewpoint.

It is well known that when the right hon. Member for Leigh was Secretary of State he refused to release the risk register. I have examined that, and I was going to quote him further at length, but the House has heard that quote several times today, so I will not trouble hon. Members with it again. The argument that he made then was a sensible one, and it remains sensible now. Do we really believe that it is good for the Government to make public all their plans for the management of every conceivable risk that they might encounter? Some of those risks will scare people rigid, and I do not honestly believe that that is the right use for the strategic risk register.

**Charlotte Leslie:** Does my hon. Friend agree that the Opposition should be careful about what they wish for in setting a precedent of publishing every single risk register? It may seem unlikely at the moment, but one day, they might be in government.

**George Hollingbery:** That is a fair point. As we have heard again today, Tony Blair says that he very much regrets parts of the Freedom of Information Act. We have all come to regret parts of the Act, and setting such a precedent could be awkward for the Opposition. When, inevitably, they return to power, they will find that equally difficult to manage.

If officials are inhibited in any way from having full and frank discussions with Ministers on challenging issues for the Government, that is a retrograde step, and we cannot afford to take it. I have no argument with the Information Commissioner, as it is his job to make assessments based on rational arguments made to him in the light of documents under review and, as he explained in his judgment, on the timing of the initial request. It is germane, however, to point out that in paragraph 29, the judgment discusses exactly the issues to which I have referred, and cites



“the ‘safe space’ and ‘chilling effect’ arguments which are well understood and have been considered in a number of cases before the Information Tribunal.”

In paragraph 35 the commissioner makes his judgment and states:

“The Commissioner finds that the factors are finely balanced in this case”.

It was not an open and shut case; he had to make a fine judgment. The Information Commissioner himself clearly found that a difficult decision to make.

As I have said, it is entirely right and proper that the Information Commissioner should make his judgment as he sees fit. That is what he is there for, but for my part, I believe that that is a dangerous precedent to set. We have to wait for the result of the Government’s appeal and any further iterations of the statutory process before we receive the final answer. I recognise the shadow Secretary of State’s challenge, asking why the Secretary of State would not simply acquiesce and open up the information to all. The simple answer is that there are very good reasons for not doing so, and I have just talked about those.

What of the Opposition’s plans for the national health service? Will the shadow Secretary of State publish the likely contents of the NHS risk register for and the relevant impact assessments of his own plans for the service? That might be tricky because, other than the fact that they want to cut the NHS budget, we have absolutely no idea of the Opposition’s plans, and, as far as I can tell, neither do they. I trawled the party’s website today and I could find literally nothing about Labour’s plans for the future of the NHS; as is the case in a great many policy areas for the Labour party, confusion seems to reign on the Labour Benches. At a time when there is an exponential increase in demand on NHS services and a huge increase in available treatments, and when money is in very short supply for the Government, the Opposition’s response, judging by today’s debate, is nothing, except what seems to me to be naked opportunism.

I shall offer a final thought. Perhaps political parties should also be forced to publish impact assessments and maintain risk registers on their internal musings at election time, in the interests of transparency. Had Labour had to do that in 1997, it would have been extraordinarily unlikely that the party would ever have been elected.

**John Healey (Wentworth and Dearne) (Lab):** It is good to follow the hon. Member for Meon Valley (George Hollingbery), although he is wrong to say that this debate is simply a device for having a bigger debate. The motion is very simple and I had hoped that it would command wide support across this House, because this is not about being for or against the NHS Bill, or about being for or against the NHS reorganisation. The matter before us is whether we are for or against good government and the proper accountability of government to the public and to Parliament. A more open Government—a Government required to be more accountable—must raise their game and are more likely to be a better Government.

The Prime Minister said as much in the first month after the last election. He said that

“we’re going to rip off that cloak of”—

Government—

“secrecy and extend transparency as far and as wide as possible. By bringing information out into the open, you’ll be able to hold government and public services to account.”

Not for the first time, people are looking to the Prime Minister now to honour the promises he made, especially on the NHS. I have to say that 15 months after I made the original freedom of information request and 13 months after the Government introduced the NHS Bill, they are now dragging out the refusal to comply with the Information Commissioner in a way that prevents the public from getting a better understanding of the plans and prevents Parliament from doing our proper job of legislating well and legislating wisely.

**George Hollingbery** *rose* —

**John Healey:** I will give way to the hon. Gentleman, as I have followed his speech.

**George Hollingbery:** I wonder whether the right hon. Gentleman could provide the House with a single example of where, in the transition of a Bill, a risk register of this sort has been used to inform the House's debate. He may well be able to do so, and I would be grateful if he could.

**John Healey:** There is the precedent of releasing a programme risk register connected with the third runway at Heathrow, but the principle of the Freedom of Information Act is that each case is different—every risk register is different. The reason why this case is important and exceptional and why the Information Commissioner has, on balance, required the Government to disclose rather than withhold the risk register is that the Government's health reforms are the biggest ever reorganisation in NHS history; that the legislation is the longest in NHS history; and that it has been introduced at a time of unprecedented financial pressure.

**Mr Simon Burns:** Will the right hon. Gentleman confirm for the House that, on behalf of Lord Boateng, he refused to release a risk register when he was a junior Treasury Minister?

**John Healey:** I do not think that the Minister was listening to the point that I just made: on the Freedom of Information Act, the decisions that Ministers make—I hope—as we did, and the decisions that the Information Commissioner would make on a challenge, depend on the specific information and, in this case, the risk register at stake. This case is unprecedented and exceptional and the Information Commissioner has come to this view because we are faced with such huge upheaval. It involves the biggest reorganisation and the longest legislation, at a time of the tightest financial squeeze for 50 years. Furthermore, this reorganisation was explicitly ruled out in the Conservative manifesto and in the coalition agreement. That is why, less than two months later, the huge upheaval of the White Paper was so unexpected, and why the NHS and the civil service were so unprepared for what they are now being forced to implement.

**Ben Gummer** *rose* —

**John Healey:** I will not give way again; I have given way twice. The hon. Gentleman has spoken and has not been here for the whole debate.

Risk has been at the heart of the concern about the NHS reforms right from the outset. When I led an Opposition day debate from the Dispatch Box in November 2010, I described the reorganisation as

“high cost and high risk; it is untested and unnecessary.”—[*Official Report*, 17 November 2010; Vol. 518, c. 908.]

The lack of evidence and lack of confidence in how well the Government were prepared to manage the risks was the major cause of the growing concern among the public and professionals and in Parliament in the late autumn of 2010 and the winter of 2011. That alarm has only grown. It was first expressed by the all-party Select Committee report of December 2010, and reiterated in its January 2011 report, which concluded:

“The Nicholson challenge was already a high-risk strategy and the White Paper increased the level of risk considerably without setting out a credible plan for mitigating that risk.”

Not only is this reorganisation unprecedented and therefore exceptional; the NHS as an institution is exceptional. We all need the NHS. We trust it when we are most fearful, and we utterly depend on it when we are most vulnerable. That is why it matters so much to people, and why there is an unprecedented and exceptional level of public interest in any changes to the NHS and especially any risks to the NHS. The plans are unprecedented in their nature, their scale, their pace and their timing. That means that there is exceptional concern over the risks associated with their implementation.

That is why there is an exceptional case for releasing this transition risk register. The Information Commissioner has had the benefit of assessing the risk register, and he has stated:

“There is a very strong public interest in disclosure of the information, given the significant change to the structure of the health service”.

There are two other factors that reinforce the case for, and the public interest in, the publication of the transition risk register. First, the story of this reform is a masterclass in poor policy making. It has been misjudged and mishandled from the outset. Good policy making normally involves policy consultation, followed by legislation and implementation. The Government have turned that on its head. First, we had implementation ahead of any legislation, followed by a forced pause to consult on the policies when they encountered so much resistance. That all adds to the risks and to the public interest in and the case for the disclosure of the risk register.

The Department of Health has a poor track record on risk assessment, on the use of evidence in policy making and on policy delivery. When the Cabinet Secretary did his first capability review of the Department, he concluded:

“Management of risk across the delivery chain is weak. There is no formal linkage between risk registers and mitigation strategies held by the Department and those in the delivery chain.”

Two years later, when the capability review was repeated, many of the same problems still applied, and the Department was again flagged in the review as at an amber state of concern—[ *Interruption.* ] Yes, that was under the previous Government. My point is that the Department of Health has a poor track record on planning and dealing with management risk, which is why it is so important to publish the risk register.

Clearly, in a short debate such as this, we cannot nail all the arguments that the Government are trying to put up. Suffice it to say that the Information Commissioner has heard them and has judged that the register should be released. The arguments will be tested in court on 5 and 6 March at the Information Tribunal and I shall give evidence to that tribunal. All I am asking for—and all the motion is asking for—is what the Government have promised. Today, on the Treasury website, one can see the Government’s principles for risk management:

“Government will make available its assessments of risks that affect the public, how it has reached its decisions, and how it will handle the risk.”

That is what we are asking for.

**John Pugh (Southport) (LD):** Another day, another health Bill debate: it is a groundhog day, déjà vu experience for many of us. On these occasions, I often find myself sounding like that irritating little man with the flat cap and glasses who was in Harry Enfield’s programmes and went around all the time saying, “You don’t want to do that.” It is a matter of record that I have described the Health and Social Care Bill as a huge strategic mistake and that I have from the start publicly and privately—but, I hope, politely—tried to discourage the Government from progressing with it. Even though it is Ash Wednesday today, I do not intend to repent of my ways, although I do agree with the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson) that the onus is now on critics to come up with a viable alternative to what the Government propose to implement.

Regardless of the merits of the Bill, the politics of it have turned into an absolute nightmare, to the extent that there are now two clearly defined schools of thought in Parliament. There are two opposed camps: those who think that the Bill is very problematic and that we should drop it, and those who think that it is a problematic but that we are stuck with it. All that is despite the good intentions of Ministers, the constructive amendments of both Houses and the work of the NHS Future Forum. I essentially agree with Tim Montgomerie, who publicly acknowledged what some Cabinet Members privately acknowledge: it is toxifying for the Tories and detrimental to the Liberal Democrats, which is sad.

Over the past 20 months, I have tried—possibly ineptly—to get that message across. I even e-mailed the Prime Minister’s advisor on strategy, Andrew Cooper, a man for whom I have appreciable respect. On 14 April last year I wrote to him saying that over the previous 10 months I had

“watched the coalition in terms of health policy cheerfully prepare to be driven over the cliff by the”

Department of Health. On 4 May of the same year I told him that the Government risked ending up in a no-win situation, and on 6 September that the Bill was unnecessary and would create uncertainty, divide the coalition, lower morale and harm Government ratings—which it has. There are no happy endings, I said.

I get no satisfaction from being proved right. After all, nobody welcomes a know-all. However, nobody likes gigantic Government schemes that do not come off—especially not, as the right hon. Member for Wentworth and Dearne (John Healey) said, in the Department of Health. That is why it would have helped so much to have had a gateway review of Connecting for Health, the Government IT project. That was not published by the Blair Government, and blew £12 billion of taxpayers’ money. A review was demanded by my hon. Friend the Member for South Norfolk (Mr Bacon), but Blair decided to press on bravely through the signals of danger, aided and abetted by a report from McKinsey. I was relieved to find out that the Government do not rely on advisers to the extent mooted in the press, at any rate, because their advice has not always been solid or sensible.

Would not we all have really liked, however, to see a gateway review of Connecting for Health, and would it not have saved the country an appreciable amount of money? Why did we have to wait nine years—and spend £12 billion—before the NHS essentially settled on the position mapped out by my hon. Friend the Member for South Norfolk in a paper in 2006? Should we not have seen the review? Perhaps Labour should adopt an “I’ll show you mine if you show me yours” policy as the best way forward, for in truth there are not many good arguments against transparency in the case of this NHS risk register—and I have heard some pretty bad arguments, both today and in recent days.

One particularly poor argument has been that Members should not support this call because that would endorse the Labour party’s position. I think that is called political tribalism, which is not attractive and which poisons this place. It is always wiser to agree with people when they are right and to disagree with them if they are wrong, regardless of party. Another bad argument that has been made several times this afternoon is that the Labour Government did the same thing and refused to publish risk registers. That is a pretty weak argument in terms of its general logic. Just because the Labour Government fought an illegal war in Iraq, that would not justify the coalition’s fighting another war in a country of its choosing. Then there is the weak argument that publishing the register would create a precedent, but what is the precedent? Surely, it is that risk registers may be released when the Information Commissioner—a role that was set up by our legislation—so decrees when interpreting our legislation. It appears that most of the arguments that were presented quite cogently by the Secretary of State were attended to by the Information Commissioner at the time.

Some risk registers are voluntarily released, but it has been suggested, including in the other place, that the risk register might unduly alarm the unwitting public, who apparently cannot understand risk, or the difference between the unlikely and the probable. That rather patronising view is hard to square with the fact that risk registers are already published on many subjects, including on more alarming subjects than NHS reorganisation. I am talking not just about local risk registers such as that for NHS London. I have here the risk register on civil emergencies published by the Cabinet Office in 2012. It is not bland or anodyne, as has previously been suggested, and one can download it from the internet. It tells of the possibility of catastrophic terrorist incidents, major pandemics, volcanic eruptions, cyber attacks, floods, pestilence, and even the dangers of rabies and cosmic rays. I think it also gives the probability of all such events occurring. I cannot help thinking that if the public can already find out the chances of being blasted with cosmic rays, they can cope with knowing about the marginally disruptive effects of the abolition of strategic health authorities. I cannot help thinking that if the public have already grappled with the possibilities of being buried under volcanic ash or bitten by rabid dogs, they will not be too hysterical about the potential consequences of setting up health and wellbeing boards.

There is a virtue to transparency, which the Government accept. They have made substantial progress on this issue and it is unfortunate that this episode is going to blot the copybook. I am reminded of the futile attempts that were made by the previous Speaker to block the commissioner regarding our expenses. We risk a replay of that, and I urge all Members, before they troop into the Lobby tonight, to consider what they will say in 10 days' time when the Government either win or, more probably, lose their appeal.

**Several hon. Members** *rose* —

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. A lot of Members still want to speak and time pressure is on. I shall have to reduce the limit to five minutes, and people will have to restrain themselves from making interventions. Those who continue to intervene must recognise that they might end up being dropped down the list accordingly.

**Diana Johnson (Kingston upon Hull North) (Lab):** I want to start by praising the tenacity of my right hon. Friend the Member for Wentworth and Dearne (John Healey) in pursuing this issue, which is another unfortunate aspect of the Health and Social Care Bill. From its start until today, this botched Bill has been an unmitigated disaster. The Secretary of State has said many times, “No decision about me without me,” but when we listen to the arguments being put forward by Government Members we see that that is not what is happening. They are saying that patients cannot be given information or told what is in the risk register. That is all very poor. Also, when Parliament has so little business to deal with on the Floor of the House we ought to have proper pre-legislative scrutiny of major Bills such as this one. There was no opportunity at the outset to look carefully at each clause, but that might have been a much better way of dealing with this and coming up with something that all Members of the House could get behind.

I am also concerned that the only voices to which the Government seem to be listening in this whole debate are the private health care providers. When we see that £8.3 million has gone into Tory coffers and £540,000 has gone into the Lib Dem coffers from private health care providers, we wonder why we are hurtling at such a breakneck speed towards a free-market NHS.

I agree with the Secretary of State when he said:

“Where the NHS embraces a culture of transparency, of learning from its mistakes and constantly striving for higher performance, it is a world-beater.”

I fail to understand the argument that he makes about why the risk register cannot be produced to allow Parliament to scrutinise properly the Bill that is before it. It is disappointing that we need to have this debate today.

I am struck by the tone that the Liberal Democrats are taking. I understand that 15 Members signed the early-day motion that mirrors the motion before the House, and I know the Liberal Democrats have always championed transparency and information being made available to the public, so I hope that those 15 Liberal Democrats will join the Opposition and vote for the motion. I know that at the general election in 2010 the Liberal Democrats were not arguing for a top-down reorganisation of the NHS. As I recall, what they wanted was elected representation on PCT boards. The person who stood against me in Hull argued that to save the NHS, the next Government must end the break-neck pace of NHS reforms. That was what he stood on in 2010, yet the party that he stood for is now arguing in the House of Commons for reforms of the NHS at break-neck speed. Just as we have seen with tuition fees, armed forces pay, VAT and police numbers, there is likely to be another Lib Dem betrayal on this subject as well.

I shall focus on my major concerns about what might be in the risk register. I am extremely concerned about poorly performing doctors and how that will be dealt with. I know that PCTs, especially my own PCT in Hull, were taking positive action to deal with such doctors, and I am worried that with the chaos that will be created by the new structure, we will not be able to tackle those GPs. I am also concerned about Haxby Group, which has GP practices in my constituency. We have heard from my right hon. Friend the Member for Leigh (Andy Burnham) about what was happening in York. At

present the PCT can keep an eye on what is happening with Haxby in Hull, but as I understand it, in future there will be five different NHS regulators involved in controlling the position that Haxby takes on offering private health care to its patients.

I am concerned about medical education. Hull and York medical school is in my constituency. How will we get a planned approach to medical education for the future? How does it fit with the NHS Bill? I am also concerned about social care. The acute trust in my constituency has the fourth highest number of bed-blockers. How will we deal with that under the new structure? Finally, on health inequalities, the Under-Secretary of State for Health, the hon. Member for Guildford (Anne Milton), has said that northerners are “boozed-up smokers who are addicted to unprotected sex”. That is a paraphrase, but I am worried that the good work that the primary care trust has done through collaboration and co-operation on health inequalities will be lost because of the Bill.

**Henry Smith (Crawley) (Con):** I am grateful to have the opportunity to take part in the debate. As I have said in the House before, every right hon. and hon. Member feels passionately about the NHS. We have legitimate disagreements about the best way forward for the national health service, but we all know that it is something that each and every one of our constituents, almost without exception, and each and every member of our families, cares about. We have all relied on our health service at one time or another. It is therefore understandable that debates about the future direction of the NHS should arouse the sort of passion articulated earlier today.

It is important in the debate to reiterate what my right hon. Friend the Secretary of State said, which has been repeated by other hon. Members—that as a result of the Health and Social Care Bill, the national health service will remain free, regardless of the ability to pay, and universally available to all citizens of this country. When we discuss improvements to the health service, it is outcomes that we need to focus on.

I believe that the biggest risk to the NHS—which, as the shadow Secretary of State has said, is one of this country’s most respected institutions—is allowing it to continue with inertia and carry on as it has done in the past. At best that is a sentimental and quaint way of looking at the future of our health service. At worst it is dishonest and dangerous for the future health care of each and every one of our constituents.

Certainly, the experience in my constituency shows that the health service desperately needs change, and that without it we risk the quality of care. In 2001 maternity services were removed from Crawley hospital, and in 2005 we lost our accident and emergency department. The risks that have been experienced since those events have increased immeasurably, but since we have started to move towards the provisions of the Health and Social Care Bill we have seen considerable improvements. Waiting times have reduced for my constituents. Local GPs and clinicians very much support the provisions of the Bill and have already joined together in a GP commissioning consortium. The elected local authorities, which are a welcome addition to local health debates, are engaged, which is great for improving future health care provision and ensuring the involvement not only of patients and clinicians but of elected councillors. Only last week I was delighted to open a new digital mammography unit at Crawley hospital and a new day unit being expanded there, so already there are improvements.

In my concluding remarks I want to talk about the inconsistency we have heard from the Labour party on the release of the risk register. As we have heard, the right hon. Member for Leigh (Andy Burnham), the former Health Secretary, and his predecessor in that job, the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson), rejected making the risk register available on a total of three occasions. The argument that things are now different is just nonsense; the only thing that is different is that Labour are now in opposition. They are using precious time in this place to call for the release of a risk register that, as my hon. Friend the Member for Kingswood (Chris Skidmore) has said, is now over a year old and no longer relevant, because we have moved on with—

**Madam Deputy Speaker (Dawn Primarolo):** Order. I call Hugh Bayley.

**Hugh Bayley (York Central) (Lab):** I believe that the Government should publish the risk register relating to the Health and Social Care Bill, and I wrote to the Secretary of State last year to urge him to do so. I received a reply from a junior Minister in the Lords that gave the arguments that were advanced to the Information Commissioner about why it would be dangerous, including the suggestion that civil servants would pull their punches if their risk assessments were made public. The commissioner rejected those arguments, but even after he made his decision they were still being advanced by the Government, and we heard them advanced once again in the Chamber today.

The Government have got themselves into an utterly impossible position. Dozens of constituents have written to me, and I have been told by people with very high posts in the NHS, including senior clinicians, senior managers and professors of health policy, that the Government ought to publish the register. Underneath this all is a growing belief that the only reason the Government can possibly have for not publishing the register is that it would be politically embarrassing for them to do so. [ *Interruption.* ] The Minister shakes his head, but the hon. Member for Southport (John Pugh) drew an interesting parallel. When the former

## 22 Feb 2012 : Column 951

Speaker in the previous Parliament sought to overturn the Information Commissioner's decision that the information on MPs' expenses should be published, I tabled a motion stating that we should publish the figures for second-home allowances. This was before

*The Daily Telegraph*

exposed what it did, and, had the House published at that stage there would have been a public outcry, but there would not have been the loss of public trust in this House, which came when we were seen to be hiding the data and seeking to overturn a reasonable decision, made by the Information Commissioner, that it should be made public.

The Government have got themselves into precisely that position because if, after the tribunal, they are told that the information has to be published, the embarrassment that they know they will face, they will face, but they will face it against a background of public cynicism that would not have existed if they had published in the first place. If, however, they win their case and the information on the register is not published, the public will still believe that the Government have something to hide, so my advice to them is, "You're in a hole, stop digging and publish."

The Secretary of State said in his speech to the House that all the information that is relevant to the debate about the Bill is in the impact assessment so there is no need to publish the risk register. But if all that we—and the public—need to know about the Bill has already been published, the Government have nothing to lose by publishing the risk register.

If we look at the impact assessment, we see that from time to time the Government have redacted certain figures, so if one or two things, for some particular reason, had to be kept secret, they would still be able to publish 99.99% of the risk register, and they would satisfy this House and public opinion and build greater confidence.

There is public fear because there are inevitably risks to increasing competition in the provision of NHS services. Increasing competition is not in itself a bad thing. The Labour Government increased competition between acute London hospitals in coronary care and achieved better coronary care outcomes, but when we contract to private providers we inevitably create risk. I should not need to tell Government Members that risk is what private companies take, and that it is given as a justification for making profit and reward, but if risk applies to profit it can and does apply to the quality of patient care.

Several Government Members have said that they want to drive up the quality of patient care and to drive down the cost of care, but they will do so only if they publish comparable data on outcomes and cost for every supplier of service to the NHS. The Government need to commit to do that and to include it in the Bill; otherwise, members of the public will fear that the consequence of the reforms,

forcing competition on the NHS, will mean that some care standards will fall, which is what happens when we have unregulated—

**Madam Deputy Speaker (Dawn Primarolo):** Order. I call Ben Gummer.

**22 Feb 2012 : Column 952**

5.13 pm

**Ben Gummer (Ipswich) (Con):** Your predecessor in the Chair, Madam Deputy Speaker, noted that this has been an intemperate debate, and so it has, reflecting a wider debate about the NHS that has become increasingly intemperate with every day that has passed. The reason is in large part the terrible myths, put about by the Opposition and their co-agitators in the health care unions, which we have heard again perpetuated in the leadership, and in the sponsor and proposer of the motion today.

As any demagogue will know, it is always difficult to present a travesty of the truth in a calm and reasonable voice, and that is precisely why the manner in which the Opposition have conducted this debate, and the entire debate about the NHS, belies the fact that they are interested not in a calm and reasonable debate, but merely in smearing the Government and in bringing into disrepute this long-needed reform of the NHS.

The inconsistency of the Opposition's position is evident even in the motion, which asks for the Government to respect the decision of the Information Commissioner, yet that is based on an Act, the Freedom of Information Act, which the previous Government brought in, and on which I have to say the Conservative party was wrong. This is not just about the decision of the Information Commissioner; the Act describes a process that must be respected in its entirety. We are in the middle of a quasi-judicial tribunal, and it would have been right and respectful to the spirit of the Act if the Opposition had waited until the decision-making process was complete before making this point. Far from dragging it out, as the former shadow Health Secretary, the right hon. Member for Wentworth and Dearne (John Healey), claimed earlier, and as the current shadow Health Secretary says from a sedentary position, the Government have brought forward the tribunal date to expedite it. That is entirely consistent with the Government's track record on transparency.

Yesterday, in the Justice Committee, we took evidence from Maurice Frankel, who is well known to Labour Members as a champion of freedom of information. He said that we as a Government are doing reasonably well, and that we are certainly ahead of Australia, Canada, the United States and Sweden. When the hon. Member for Kingston upon Hull East (Karl Turner), for whom I have great respect, asked how FOI in England and Wales compares with that in similar jurisdictions, Professor Hazell of the UCL constitution unit said that we compare very well and have a rather more generous regime than in Australia and Canada. We are now improving on that as a Government.

**Karl Turner (Kingston upon Hull East) (Lab):** Would the hon. Gentleman say that the question was put in relation to this particular issue? He is rather suggesting that it was, but it certainly was not.

**Ben Gummer:** The hon. Gentleman is entirely correct. I am trying to put in the round the position of this Government on freedom of information—that is, respecting the Act brought in by the previous Government in going through the necessary process, and in the meantime showing greater transparency in their dealings with the public than any previous Government. One need not look only at the transparency inherent in departmental

**22 Feb 2012 : Column 953**

business plans and departmental spending above £5,000. The risk registers quoted by the shadow Secretary of State, which he revealed with a flourish as though he were some latter-day Carl Bernstein, came from the websites of local PCTs and were revealed as a result of transparency initiatives by this Government. In their motion and in their attack on the Government, the Opposition have shown inconsistency that reveals their true intent.



The shadow Secretary of State repeatedly called into question the Government's motivation for not releasing the risk register. Their motivation is precisely the same as that which drove him to refuse to release a risk register in 2009. In turn, I question his motivation for calling this debate and picking a fight on this matter. It is not, as the motion might suggest, to inform the public debate, but to fuel the misinformation campaign that has been the basis of the Opposition's attack on the NHS reforms; to take out of context statements from a document that, by its very nature, considers risks rather than benefits; and to use that in an effort to undermine a programme of reform that has the support of increasing numbers of health care professionals in my constituency to whom I have spoken, and is showing real results.

**Jonathan Ashworth (Leicester South) (Lab):** Will the hon. Gentleman give way?

**Ben Gummer:** I will not, if the hon. Gentleman does not mind.

That is not responsible opposition; it is dangerous opposition. The Leader of the Opposition goes around lecturing everyone about responsible capitalism, but he might like to start at home and have a look at responsible opposition. In undermining the ability of the machinery of government to operate correctly, the Opposition undermine not only this Government's, but successive Governments', ability to make decisions on our constituents' behalf. Wiser colleagues of the shadow Secretary of State might rue the day that they wanted all risk analysis by Departments to be made public, thereby unbalancing our debates. That would have made impossible even the timorous reforms of Tony Blair in academies and in foundation trusts.

Let me inform the shadow Secretary of State of the effects that these health reforms are already having in my constituency. We have better care for the elderly that stops them going into hospital and allows them to be treated at home, and a drugs budget that is being kept under control for the very first time. He turned down a heart unit in my local hospital; we are now having it built at a cost of £5 million. The reforms will deliver real benefits to my constituents in Ipswich, and I wish that his constituents could have received them too.

5.19 pm

**Jim Shannon (Strangford) (DUP):** As a Northern Ireland MP, I will give a Northern Irish perspective. The need for the publication of the risk register is clear in my mind and in the minds of my constituents. My constituents tell me that they have concerns over the reform of the NHS and how it will affect them. It is therefore important for the risk register to be made public.

When one inquires into what a risk register entails, one is pointed to the guidance in the NHS paper,

**22 Feb 2012 : Column 954**

"Making it Happen: A Guide for Risk Managers on How to Populate a Risk Register". A telling paragraph states:

"Managing risk effectively and embedding internal control into the processes by which objectives are pursued is extremely important for the NHS. The external driver in the form of a Statement on Internal Control, places a public disclosure obligation on individual boards of directors. That responsibility includes ensuring that the system of internal control is effective in managing risks. The production of a 'live' Risk Register is considered to be an integral element of good risk management practice by the Controls Assurance Team and NHS Litigation Authority and is a key feature of the Australian/New Zealand Risk Management Standard. It is hoped that this document will help NHS organisations progress this agenda."

What has changed in that need to ensure that good risk management practice is carried out by the NHS for the benefit of the organisation? Why is this risk register not being published so that front-line NHS workers can understand the risks and give their input?

I want to give an ordinary perspective on this matter. One of the major hospitals in Northern Ireland, the Ulster hospital, is on the border of my constituency. Its catchment area includes some 200,000 potential patients. It is a fantastic hospital with friendly and helpful staff, from the porters up to the consultants. I have been in contact with a large number of its staff who have concerns over this matter. They are clamouring for openness and transparency. People from my constituency work in that hospital every day in their various roles. They want to ensure that they are part of any decision-making process, because they know that their experience and expertise should be considered in any debate. They are not being given such an opportunity at this time.

I and many Members on the Opposition Benches—and, I suspect, some Government Members—believe that there must be transparency so that people know whether the savings are worth the risk. Our health service is a priority. For many people it literally means the difference between life and death. It is essential that those on the front-line of the service are aware in advance of what the changes could bring so that they can prepare for them.

I have been contacted by the British Medical Association and many other bodies that have asked me to speak on their behalf and on the behalf of doctors, midwives and staff in the NHS. The letter from the BMA, which I am sure all Members have received, bears repeating:

“Health professionals are already seeing fairly chaotic and complex implementation of the reforms ‘on the ground’ which has already begun within the NHS. The challenges and potential risks identified with this process should be contained within the register. Furthermore, the staff currently trying to balance the implementation of the reforms with the drive to find £20 billion of efficiency would benefit greatly from the Government’s view of the risks associated with this difficult twin challenge.”

That must be put on the record in this House, as it has been by many Members today, to bring clarity on this matter. The opinions of those who are working on the ground must at least be considered, but they cannot give a full opinion without possessing the full facts.

I am not someone who believes that every aspect of public service should be disclosed. Defence matters clearly should not be disclosed, because it would put the lives of soldiers at risk. As a Northern Ireland MP, I know that from the time of the troubles up to the present day, there have been security matters that cannot

## **22 Feb 2012 : Column 955**

be disclosed and that should be kept secret. However, it is my opinion that the reverse could happen if we do not release the risk register. I believe that not releasing it could cause danger and harm. I therefore support the disclosure of the risk register.

The NHS, although far from perfect, is something that we can have pride in because of the dedication of those who work in our hospitals: the doctors who take on extra shifts to ensure that every patient has access to care, the nurses who stay for an extra 10 minutes or more to finish changing people’s dressings, the auxiliary workers who ensure that the elderly patients eat all of their dinner, the porters who transport patients slowly enough so that they are not hurt, and the cleaning staff who work later than necessary to ensure that the wards are clean. Those people are part of the NHS, have knowledge of the NHS and have an interest in the NHS. My constituents tell me that they want the publication of the NHS risk register. I urge Members to consider that very carefully. The publication of the risk register is a single issue. I ask Members to support it tonight.

5.24 pm

**Mr Marcus Jones (Nuneaton) (Con):** I rise as a Member who is completely and utterly committed to, and supportive of, our NHS, and completely committed to transparency and openness in government. In that vein, I applaud the Government’s recent moves to extend transparency in the Department of Health, with probably more information being provided than ever before. There is more information on

IT projects and departmental spending, to name but two of the many examples of the progress that the Department is making. A similar exercise is going on across government, which I applaud.

Although it can be a ghastly system to administer, I also fully support how the Independent Parliamentary Standards Authority expenses regime is made public. I probably will not get too many cheers for saying that, but I am completely and utterly committed to transparency.

However, we have to recognise that there are often situations in which all risk scenarios are discussed, including doomsday scenarios. We need to consider carefully whether to put all that information directly into the public domain, for fear of the panic and problems that it may cause. For example, if Members saw a copy of the Treasury's risk register and the wrong information were put out, suggesting an increase in interest rates, growth problems, problems with the banking system and the austerity measures that may be needed in a doomsday scenario, that information would be in the public domain within seconds. It would probably mean the markets going into freefall, and we would all be rushing to the nearest cash machine to take our money out, if we had any left. No Government have released such information in the past, for obvious reasons. The doomsday scenarios that we have to consider are real risks, but they rarely occur.

There is no doubt that the risk register covering the Health and Social Care Bill will include certain such scenarios, and the Government's approach is critical to developing policy not just on health care but across the piece. That was certainly the Labour party's view when it was in government and when the shadow Secretary of

## **22 Feb 2012 : Column 956**

State was in charge at the Department of Health. Under his stewardship, a very similar request to see the risk register was refused, and section 36 of the Freedom of Information Act was cited as the reason.

*[Interruption.]*

**Madam Deputy Speaker (Dawn Primarolo):** Order. Let us not have shouting across the Chamber. We need to hear the Member who is speaking. If other Members disagree with what is being said, that is what the debate is for.

**Mr Jones:** The same practice was followed by the shadow Secretary of State's predecessor as Health Secretary, the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson).

**Glyn Davies (Montgomeryshire) (Con):** Does my hon. Friend agree that the Opposition know perfectly well that what they are asking for is unreasonable, and that the case that he is making is absolutely sound? They are seeking to discredit the Government rather than support the NHS, and they are taking a completely irresponsible position.

**Mr Jones:** I absolutely agree. The points that they are making today are just as confused and incoherent as the rest of their policies. They seem to just cut and paste their policy with some frequency to suit the bandwagon that they wish to jump on at a particular point.

**Karl Turner:** Will the hon. Gentleman give way?

**Mr Jones:** I will continue, if I may.

The motion is something of a red herring, in that it does nothing to meet my constituents' concerns about the delivery of health care. When I speak to them, it is quite obvious that they want choice about where they are treated and access to high-quality health services that can be provided locally. They want less management and bureaucracy in the NHS and more money to go to the front line.

My constituents certainly do not want to go back to the PCT-type commissioning that we had under the previous Government, because Nuneaton was completely disadvantaged under that system.

Nuneaton is one of the most disadvantaged areas of Warwickshire and has one of the worst health inequalities. Despite that, NHS Warwickshire did not support Nuneaton and health funding dissipated elsewhere in the county. The huge PFI scheme in Coventry drained the life out of the Warwickshire health economy and caused a threat to constant service reorganisation, which could have caused the loss of A and E and maternity, and other women and children's services, in the George Eliot hospital in Nuneaton.

We need to battle and fight against the problems that we encountered under the PCT, but at least under the new system, the local GP commissioning consortia are helping. They want to work with the George Eliot hospital and are making efforts to support and maintain those services in Nuneaton.

5.30 pm

**Siobhain McDonagh (Mitcham and Morden) (Lab):** I wish to share with the House a cautionary tale and to suggest that the publication of the risk register might be in the best interests of all hon. Members and all parties, because it will allow us to stand back and look at the consequences of the changes.

## **22 Feb 2012 : Column 957**

The London experience—certainly the south London experience—is that the changes will lead to a wholesale closure of general hospitals in urban settings because they confuse the roles of providers and commissioners of services. I am in a fortunate position. After 13 years of argument, one of the last acts of the previous Labour Government was to agree to spend £219 million on the rebuilding of St Helier hospital. Thankfully, the current Government agreed those plans—it was one of only three capital programmes of its size in the country.

St George's hospital in Tooting, which is known to many, was to merge with St Helier to make St Helier large enough to become a foundation hospital. After those years of argument, the programme was going well until St George's hospital looked at the GP commissioning plans in my area, which suggested that they would reduce services at St Helier hospital by £40 million over the next five years. St George's, the only hospital interested in merging with St Helier, backed away immediately, because it knew it could not make the figures stack up.

We now have a £219 million capital programme for a hospital that, as it stands, is completely unviable. I should not be admitting that to the Government because they might think that they do not want to spend that money. I want them to spend it, but I want them to spend it on a viable hospital, because the demand and the need are there.

I can understand why GPs, who are private practitioners, want to provide more services. My argument is in favour of the consumer—the patient. Patients might not want to get up every morning to try and make a GP appointment and not get in that day. They might not want or be able to take a day out of their working lives or sustain the consequences of doing so to get a GP appointment. They might not want to wait a fortnight for a blood test, as I am doing. They might choose to go their local hospital for that service. I believe it is the right of NHS patients to make those choices, but they are the choices that we will deny to people if the Health and Social Care Bill is passed, because it imposes a 19th century health model on the 21st century. Our experience in London is that walk-in clinics provide for many, but not for everybody, better services than GPs.

We have heard about the relationship between the patient and the GP. In south-west London, people are grateful to see any doctor when they go to the GP service. That relationship does not exist. I appreciate that the experience of people in market towns outside London might be entirely different, but from a London perspective, the changes will have an enormous impact on patients, including the most disadvantaged patients who live in our capital city. As a consequence, enormous numbers of hospitals in suburban areas will face reductions and closure. MPs of all parties must consider whether that is what they want. It is beginning to happen. On a BBC regional programme recently, the medical director of NHS North West London said, quite openly, "Yes, we will see the closure of many

hospitals.” Is that what we want? Are we prepared to support that? Is it in the best interests of our constituents? I do not believe so.

5.35 pm

**Jeremy Lefroy (Stafford) (Con):** The subject of this debate is risk within the NHS, specifically that associated with the Health and Social Care Bill. I want to address

**22 Feb 2012 : Column 958**

the matter with specific reference to Stafford hospital. My constituents, whether patients, relatives, loved-ones or NHS members of staff, have been through a great deal over the past few years. There is tremendous support for a quality acute hospital and the services that it provides in Stafford, including full-time emergency care, which it currently does not provide. The existence of that support is evidenced by a petition signed by 20,000 people. Those people need to know that the Bill will not hinder but support their ambition. I would like to show why it will support it.

The other great legislative influence on the future provision of NHS care in the coming years will be the report from the Robert Francis public inquiry into all the aspects of the troubles that surrounded the hospital. I am glad that the Secretary of State ordered that inquiry. He deserves credit for doing so. Indeed, his predecessor as Secretary of State, the right hon. Member for Leigh (Andy Burnham), also deserves credit for ordering the previous inquiry, which drew many valuable conclusions. Since those came to light, they have had a great impact on the Health and Social Care Bill. I will give three examples.

First, the Bill places a duty on the Care Quality Commission—the successor to the Healthcare Commission—and Monitor to work together closely. As Francis said, the absence of that duty was one reason for the troubles at Stafford and why the trust got the authorisation that it should not have got. Secondly, clause 2 places a duty on the Secretary of State to improve and promote quality throughout the NHS, which is vital. Thirdly, the Bill will strengthen local accountability for health services.

Francis will report soon—possibly while we are still considering the Bill—and as the right hon. Member for Exeter (Mr Bradshaw) said, we have to ensure that as many of those recommendations as possible are addressed in the Bill or very soon afterwards, perhaps in other legislation. A senior member of the Royal College of Physicians described the report to me as undoubtedly the most important review of the NHS in the past two decades, so it is vital that its recommendations are carried through.

In Stafford, we have seen at first hand the risks within the NHS. These risks, and their consequences, predate the Bill. The greatest risks that any health care system has to address are the safety of patients, the quality of care and the financial sustainability of services. The three are inextricably linked.

**Mr Marcus Jones:** Does my hon. Friend agree that part of the problem with Stafford hospital is the same as the problem at the George Eliot hospital in Nuneaton, Warwickshire? A PFI hospital built in close proximity has been a huge drain on the local health economy and has starved smaller district general hospitals of resources.

**Jeremy Lefroy:** I want to come to that point, although I should point out that people are grateful for the new hospitals built under PFI. I would not take anything away from that. It is the financial arrangements around them that have caused problems in some cases.

Much more work needs to be done on tackling the risk of harm to patients and ensuring patient safety. Local accountability, which the Bill strengthens, is

**22 Feb 2012 : Column 959**

important. Clinical commissioning groups will not commission services for their patients if they do not have confidence in them, but they have a responsibility to work with those providers so that confidence can be restored—they should not just ditch them. Transparency in the reporting on and reaction to adverse and serious incidents is improving, but under the Bill, with the health and wellbeing boards, HealthWatch and the CCGs, there will be groups taking a direct interest in what is happening in their local area.

Since the troubles at Mid-Staffordshire, all parties have focused on quality of care. I welcome the improvements at Stafford. There is still much more to do, but the staff have done a tremendous job moving things forward. However, there is a serious problem nationally, as was highlighted by the recent CQC report commissioned by the Secretary of State. We would all agree that it is not acceptable that elderly and vulnerable people are left unattended when they need help in hospital. We still get such cases, even today. That is why the Health and Social Care Bill's requirement for the Secretary of State to improve the quality of services is so welcome. Making that a requirement will not in itself solve the problem, but it will ensure that the Secretary of State has a legal duty to deal with problems in the quality of care.

Then there is the question of financial risk. In Stafford, we face the problem at first hand, with a £20 million deficit this year. I am grateful to the Government for supporting us in that, and for their support in so many other places. However, we face great challenges, along with many other small acute trusts across the country, and we would under any Government. Let me make it clear: acute district general hospitals are an essential part of the health economy of this country, wherever they are. For the sake of towns and smaller cities across the country, we must, as a Parliament, find a model for them that works. Clause 25 of the Bill enhances local involvement in the commissioning of services. That will help the process, but it will need to be a robust process. When the consultations that are envisaged take place, they must be real, and they will be real: CCGs live in the communities for which they will be commissioning and they should know more than anybody about what their patients need.

The final risk cannot be legislated for, and no risk register will ever deal with it. If compassion for patients is lacking—if they are seen as numbers, not as people; if the elderly and vulnerable are considered a burden and somehow less important than the young and fit—we will have failed, however well funded our services are, however strong and shiny our new hospitals are, and however complete our risk register is. However, I am confident that we will not fail.

**Several hon. Members** *rose* —

**Madam Deputy Speaker (Dawn Primarolo):** Order. There are still 17 speakers who wish to participate in this debate and we have under an hour to go. May I ask Members not necessarily to take the full five minutes if they can possibly avoid it? [*Interruption.*] You can all sit down while I am speaking. May I also ask those who have already spoken to observe a self-denying ordinance and not intervene? They have had their chance.

**22 Feb 2012 : Column 960**

**5.42 pm**

**Catherine McKinnell (Newcastle upon Tyne North) (Lab):** My inbox and postbag, like those of my colleagues, have been flooded with e-mails and letters calling for the publication of the risk register. Without it, MPs will be voting on changes to the NHS without knowing the full facts. I am overwhelmed, although not surprised, by the concerns of my constituents. I want to use today as an opportunity to express those concerns.

One key issue that I feel has not received enough attention to date is the level of risk posed to children by the proposed NHS reforms. Concerns about that have been expressed by more than 150 paediatricians, who have called on the Government to scrap the Health and Social Care Bill. First, they quite rightly question the Government's assertion that this top-down reorganisation is even necessary. More importantly, however, they say:

“We believe that the bill will undermine choice, quality, safety, equity, and integration of care for children and their families.”

My colleagues have already described the shameful saga of the release of the risk register, so I will not go any further into that. However, we should be grateful for the interim insight given by NHS London’s assessment of the risks of reorganisation, which makes for grim reading. By virtue of the fact that the Government are refusing to publish the risk register, I can only be concerned about what the national picture must be. In addition to the risk of all patients receiving “sub-optimal care”, the London assessment refers to the risks to safeguarding children, the “dilution of expertise”, and

“weaknesses in information sharing systems and processes,”

and says:

“The consequences of this may be preventable harm to children”.

There is clearly a fundamental problem with the reforms when it comes to child protection. In order to safeguard children effectively from abuse and neglect, various agencies need to communicate and work together. However, the result of the NHS reforms will be to substitute co-operation for competition, to the detriment of good safeguarding and, ultimately, to the children whom it is supposed to protect. Each month we see a higher incidence of children being neglected by their parents and taken into care. In that context, and against the backdrop of significant cuts to children’s services, the Government should not be focusing their energies on unnecessary reorganisation that could increase risks to an already vulnerable group.

The Government’s policy is completely confused in this area. The Department for Education is aware of the need and expresses support for providing early help to vulnerable children and families. We should be focusing on training midwives to identify vulnerable families before a child is born, getting them the support they need if they are at risk. The NHS London risk report, however, has expressed grave concerns about the capacity of maternity services and the capability of the work force—as a direct result of the proposed reforms. Similarly, general practitioners—a first port of call for many families—have a key role to play in identifying and reporting risks of abuse. This is hampered where, as shown in the London risk report, the reforms will render their performance variable and, in some cases, poor.

## **22 Feb 2012 : Column 961**

In the words of the 154 paediatricians who wrote to *The Lancet* last week, the safeguarding of children

“will become even more difficult when services are put out to competitive tender and organisations compete instead of co-operate. Children who are vulnerable, neglected or abused will inevitably slip through the net...The bill will be detrimental to the goal of integrating care for the most vulnerable children across health, education, social care and the criminal justice systems in order to deliver good outcomes”.

It defies belief that the Government are insisting on pursuing reforms that have been assessed as potentially and needlessly resulting in harm to children. How, faced with that, can the Government continue with this folly?

Even in the face of the public’s reaction to the Bill, we have seen more than 150,000 signatures on the “Drop the Bill” petition, while hundreds of my own constituents have contacted me on this issue. My constituents and others up and down the country highlight the Government’s lack of transparency and accountability on this matter. The Information Commissioner has said that there is a strong public interest in disclosure of the information. An important point is being made about the risk register, which reveals that the Government have abandoned principles of proper governance on this matter.

Time and again we have heard the Government promising openness and transparency in government and in the NHS—the Prime Minister, the Deputy Prime Minister, the Health Secretary and others have

extolled those virtues—but as the refusal to publish the register shows, those statements are nothing but platitudes. How can the Government claim transparency when they kept key critics of the Bill out of their meeting on Monday? It is a joke. The Government must publish the risk register, allowing proper and informed debate. We owe it to the people of this country who treasure our NHS—and we owe it especially to our vulnerable children.

**Steve Brine (Winchester) (Con):** I have sat in my place for a long time, and I must say that I find today's debate deeply troubling in many respects. It is troubling because I dread to think what some people watching our debate must think. It is troubling because, as many of my hon. Friends have said, we are once again not really discussing the principles of the Health and Social Care Bill or what it will mean on the ground in constituencies such as mine. It is troubling, above all, because this Opposition day debate—I note it has fallen rather flat yet again—is not about the NHS. As my hon. Friend the Member for Kingswood (Chris Skidmore) said, it is about politics and about the latest, almost embarrassing, bandwagon rolling out of what used to be new Labour. Today's Opposition day debate was clearly a Trojan horse for other issues; Labour has been successful in that respect. As has already been said this afternoon—and I suspect that it will be said again—the last Labour Government never routinely released risk registers. I enjoyed the analysis of my hon. Friend the Member for Kingswood, who demolished Labour's argument earlier.

I am a member of the Justice Select Committee and Members will be aware that this week we began an inquiry into the Freedom of Information Act. The key things I want to understand from that inquiry are whether the shadow Health Secretary was right to refuse freedom of information requests during his time, and what some of the key people involved in the political birth of this Act think of it now. As luck would have it, I have some primary source material, so let us reflect on it.

There is a longer quote, but I will not spoil someone else's thunder. I will cite what Tony Blair said in his autobiography:

“Freedom of Information. Three harmless words...I quake at the imbecility of it.”

Now, far be it for me to disagree with a former Prime Minister, but that is putting it a little strongly, in my opinion. I do not share his views, but they are, by any standards, astonishingly candid words. He went on:

“I used to say...to any civil servant who would listen: Where was Sir Humphrey when I needed him? We had legislated in the first throes of power. How could you, knowing what you know have allowed us to do such a thing so utterly undermining of sensible government?”

Well, Mr Blair should not have been so hard on himself. He built in safeguards to protect against the very undermining of sensible government—the sensible government that so concerns him now—and I believe that that is the issue we are discussing today.

Were the last Government, and the present coalition Government, right to refuse FOI risk register requests? Let me turn to the wise words of the former Cabinet Secretary Gus O'Donnell, who, when, speaking to the BBC earlier this month, said:

“The problem we face with the way FOI is working is it's driving stuff underground or into non-FOI-able routes, as the jargon has it. You just don't know when you write something down whether that is eventually going to be decided by a tribunal of people who may have never worked in government whether or not that should be released.”

When asked if he could provide an example of the way in which the Freedom of Information Act was preventing proper discussion between Ministers and civil servants, he cited—yes, you guessed it—the topical example of the calls being made for the publication of Government risk registers, and the dangers, as he saw them, that it would have for contingency planning in the case of a nuclear Iran, when the Government might consider options which, if made public, would undoubtedly provoke an overreaction on the part of the media and the public. It could be said that today's call from the Opposition is deeply irresponsible.



Is the coalition arguing for secret government, or is this yet another example of the devil having the best tunes, and of our not allowing the facts to get in the way of the myth? The present Government are committed to transparency, and are publishing more information than has ever been published before to help patients to make the right choices about their care. That is at the heart of the Health and Social Care Bill. Governments of all political stripes have recognised that risk registers are specific policy tools that present risks in “worst-case scenario” terms. Releasing such documents would damage the ability of Ministers to receive accurate advice, it would mislead public debate, and be detrimental to the public interest.

Many Members have referred to myths surrounding the Bill, and I have no time to go into some of them now, but let me just say that the myth that annoys and upsets me most as a new Member is that perpetuated by Opposition Members that only they care about the national health service, that only they have ever used the national health service, and that Government Members have no idea about it. Let me, in the words of the Prime Minister, bust that myth. I care deeply about the national health service, and—in the words of the Deputy Prime Minister himself—if I thought for one minute that the Bill would damage the national health service or lead to its privatisation, I would not be supporting the Government, let alone the Bill.

**Mr David Anderson (Blaydon) (Lab):** I apologise for my earlier absence. I was speaking in a debate in Westminster Hall.

Today’s debate is not just about reform of the health service; it is about democracy, accountability and transparency. For long periods during the last Parliament, the Labour Government were challenged by Members then sitting on the Opposition Benches to initiate an inquiry into what had happened in Iraq. Those Members were right to challenge the Government over what they had done. Ultimately, after the troops had come home safe and sound, the inquiry took place, and we await the results. The Government were wrong to resist the calls for an inquiry at that time, and we should have got it right.

Similarly, as was pointed out earlier, the expenses debacle showed that Parliament as a whole had got it wrong in trying to hide information from the public. The public did not forgive us for that. One of the main reasons Members such as me are sitting on the Opposition Benches today and not over there is the fact that the public did not trust us because of the way in which we had mishandled that debate—and out of that debate came the position of the coalition in regard to transparency.

On 21 May, the Prime Minister said:

“Greater transparency across Government is at the heart of our shared commitment to enable the public to hold politicians and public bodies to account.”

The coalition agreement said:

“The Government believes that we need to throw open the doors of public bodies, to enable the public to hold politicians and public bodies to account.”

In December last year, the Deputy Prime Minister said:

“The third characteristic of an open society is the sharing of knowledge and information. In a closed society the elite think that, for the masses, ignorance is bliss. But in an open society there is no monopoly of wisdom. So transparency is vital.”

Why, then, are we having this debate? If transparency is so vital, why is the risk register not being published? The Government parties are aware of the strength of feeling in the country. The findings of a YouGov poll, published two days ago, showed that 68% of people in the country wanted the register to be released; that 80% of Liberal Democrat voters—that will be only a small sample, of course, because the Liberal Democrats do not have many supporters—wanted it to be released; and that 62% of Conservative voters wanted it to be released.

So what is this about? The hon. Member for Southport (John Pugh), who is sadly not in the Chamber now—although he has been present for most of the debate, unlike his colleagues—got it right when he said that, according to the

*Liverpool Daily Post*

last week,

“If the Conservatives had gone to the country at the last election and said ‘we want a market-based health system’ they would have lost the election badly.”

That is the truth. This is a smokescreen: it is about detoxifying the Tory brand on the NHS. To give credit where it is due, the public relations master, the Prime Minister, got it absolutely right: he sold the people of this country the PR view that everything would be okay, and said that the NHS would be safe in his hands. He sold the people of this country a pup. It was a PR stunt backed by the coalition partners, who must wake up and realise that they have a responsibility in the House to put that right. There is absolutely no mandate for this piece of work. They told the people of this country that there would be no top-down reorganisation, but that is what is going on.

The coalition partners told the people of this country that the previous Government had failed on the NHS, despite the fact that 1 million people are treated every 36 hours; despite the fact that people across the country are living much, much longer than they were 20 to 25 years ago; despite the fact that satisfaction was at an all-time high; and despite the fact that we had persuaded the people of this country that it was worth saving the health service and putting in three times the amount of money that was paid into it previously. The myth that productivity did not go up under the previous Government was blown away by reports in recent weeks, so at every level, the Government have been proved wrong.

What do the Government do when they are challenged? They begin to blame the trade unions. I want to tell the House something about the trade unions. By and large, the vast majority of people in them are front-line health-service staff, including full-time officials in the unions which I am proud to belong to: in Unison, the deputy general secretary is a theatre orderly. The head of the health section was a nurse for many years; the head of nursing was always a nurse. In the Royal College of Nursing, people have to be nurses to get a job. The important people, who make trade union policy, are hands-on people who, day in, day out, and night in, night out, go into hospitals and other places where care is delivered, so they know exactly when we get it wrong.

The Government got it wrong on something else. From 1992 onwards, the unions advised the last but one Government and my Government that they had got it wrong on the private finance initiative. Last year, it was proved by a national audit that PFI had been a disaster. If the then Government had listened to the unions in 1992, we would not be here, but the option now for the people in the bunker is not to discuss the matter with the trade unions. That is a disgrace, and we should all support the motion today.

**John Glen (Salisbury) (Con):** I welcome the opportunity to participate in this debate. I want to begin by echoing the views of many Members and put on record my affection and respect for the NHS and everyone who works in it. Contrary to the way in which the debate has been framed, it is not an honest attempt to examine the Government’s intentions for the future of the NHS. It is an opportunistic attempt to use the word “risk” in the context of health to mount a scare campaign. Releasing the risk register is not the key to improving the quality of debate on the Bill. A risk register is routine in all Government Departments, and it allows civil servants to assess measures fully and without fear, and to set out properly, with full candour, their observations when Ministers discuss policy intentions and they give advice.

I want Ministers to receive quality advice. I do not want decisions to be based on advice that is not candid or full, but that will be the consequence of this politically motivated debate if the motion is carried. Is that really the precedent that we wish to set? It would be helpful if many more of us acknowledged that we are not experts on the intricacies of the internal workings of the NHS. If we

were deluged with masses of technical comments and hypothetical situations, that would not inform the House or the general public. It would probably alarm the most vulnerable and lead to a complete loss of confidence in the NHS.

The real issue with which the whole House should be concerned is what this legislation is really about: putting this country's beloved NHS on a sustainable footing for the future. As I said at the outset, I believe in the NHS and I love the NHS, but it is totally wrong to say that money alone is the answer. Politicians need to level with the British public. We are putting more money into the NHS—we ring-fenced the budget, contrary to Labour's approach—but competition is not a disease. Even in the NHS, it is a legitimate way to drive up standards. The Bill means that providers compete on quality, not on price. The Bill provides a framework for competition to drive up quality according to need, regardless of the ability to pay. Some 75% of clinical commissioning groups attest that they are willing to continue to work constructively on this legislation.

It must be recognised that spending on the NHS accounts for £1 of every £7 spent by the Government—we are spending £100,000 million each year—so the idea that we can reliably and consistently reduce bureaucracy without legislation is unrealistic. By establishing clinical commissioning groups, we will save £4.5 billion by the end of this Parliament. It takes courage on the part of this Secretary of State and his Ministers to face up to this vicious campaign of vilification, misrepresentation and smear. The biggest risk faced by the NHS today lies in not facing up to the challenge of getting more resources to the front line as more people expect and need more from the NHS for much longer. That is the real risk, not the publication of a technical document to which few inside or outside this House could do justice.

**Seema Malhotra (Feltham and Heston) (Lab/Co-op):** Many right hon. and hon. Members have talked about the importance of the NHS and the need to safeguard its future. I am proud of Labour's record on the NHS, from its creation in 1948 to what happened under the previous Labour Government, when 119 hospitals were built, hospital waiting times were at a record low and satisfaction with the NHS was at a record high.

In the past few days I have received nearly 50 letters from residents in my constituency asking me to vote for the release of the NHS risk register; that is more letters than for any other campaign in my two months as a Member. This is obviously a matter of great importance to my constituents and to the wider public. They believe, as I do, that transparency about the proposed NHS changes is an issue of national importance.

I wish to share with the House some comments from the many letters that I have received. Nick from Hanworth says that he is

“worried that MPs will be voting on the changes to the NHS without knowing the full facts.”

Valarie from Feltham thinks:

“It is vital that MPs have the full facts about the risks to the health service before they have to vote”.

Kiran from Hounslow says that

“as the NHS is such a significant part of our lives, we the public have a right to know what the government is planning and why it is being so secretive.”

My constituents have also written passionately about the NHS, and what it does for them and their families. Alfred writes that

“getting the NHS was one of the greatest things that happened for health in this country...our NHS is the envy of many nations.”

Last night I replied to each constituent telling them that I share their concerns and those of health professionals, staff and patients, and will be voting for the release of the risk register. Under this

Government we have already seen 3,500 nursing jobs cut across the country. That, and other measures, have brought about a decline in the performance in the NHS. Since the previous election, 9% more patients are waiting longer than 18 weeks for their treatment, and accident and emergency waiting time figures published last week show that the NHS missed the target of seeing 95% of patients within four hours for the seventh week in a row.

It is interesting that the first question that I asked in Parliament, on 10 January, was on the impact on waiting times of the NHS reorganisation. The Minister replied that I had raised an extremely important point, but he did not answer my question. Taxpayers who fund the NHS deserve detailed answers about what would happen to the health service if the Government's proposals were implemented. Good change management has always involved the sharing of risks, so that they can be better understood and mitigated. Surely, when the issue at stake is the future of a national institution that this country holds so dear, it is more important than ever that good change practices should be adhered to, and that the transition risk register should be open to scrutiny. The Health Secretary's refusal to release the risk register prompts the question: what are he and the Government trying to hide?

My constituents deserve better than this. They deserve the shorter waiting lists that they were getting under Labour, not the longer ones that they are now experiencing. They deserve more front-line staff, not less. They also deserve openness and clarity from the Government, not the present situation in which the risks to their NHS are being kept secret.

**Mel Stride (Central Devon) (Con):** During my short time as a Member of the House, I have heard many speeches by Opposition Members. While I have often disagreed with what they said, I have found myself respecting them because their speeches have been based on conviction and, sometimes, on the lofty ideal of the pursuit of the truth. In today's debate, however, I have heard little other than naked political opportunism. It is the kind of opportunism that we see when Labour continually suggests that we are in favour of the privatisation of the health service and, by extension, that we are willing to attack the notion of health care being free at the point of delivery and universally available, irrespective of the ability to pay. That is not only disingenuous; it is a cruel deception, particularly on the elderly and the vulnerable, many of whom live in my constituency, who get very frightened as a consequence.

I am afraid that I see exactly the same game at play in this debate. Opposition Members know that risk registers think the unthinkable. They know that the game plans worked out in them are worst-case scenarios, and that if the information were to be made public, it is likely that it would be misinterpreted. They know that that would probably lead to Ministers and officials not having candid and meaningful discussions about the matters at hand. They also know that we have published a comprehensive impact assessment that ran to 436 pages, and that it was updated as recently as last September. They know that it is conceivable that exposing certain risks to the public domain could make them more likely, rather than less likely, to happen. They also know that if they get what they want, it could set a precedent not only for the Department of Health but for all Departments and for all future Governments.

How do we know that the Opposition know all those things? It is because they, as the previous Government, did exactly the same things that we are attempting to do when they were faced with broadly the same situations. I know that the shadow Secretary of State will quibble with the words "strategic" and "transition", but I listened carefully to the point made by my hon. Friend the Member for Meon Valley (George Hollingbery) that we might be talking about exactly the same strategic register. The reality is that Labour adopted that position then, but it is not prepared to do so now.

Opposition Members also know that our record on the health service has been good. We should be proud of that record. In contrast to the increasing health inequalities and the decreasing efficiency of health care that occurred under the previous Government, we have seen decreasing in-patient and out-patient waiting times and a 95% reduction in mixed-sex wards. We are the party, after all, that went into the election and honoured our commitment to increase expenditure on the health service in the years to come. We are the only party in this House that was prepared to do that.

In conclusion, I believe that it is unfortunate that we have had to commit so much parliamentary time in the Chamber to this issue. Surely the most important issue we face is not the risk register but getting the health service ready for the 21st century. On that point, I hope that the Government continue to show the courage to take the brickbats, the knocks and the game-playing that the Opposition throw at us, to stand up for the health service, to reform it and to ensure that it is there to deliver for millions of people in the years to come.

**Roberta Blackman-Woods (City of Durham) (Lab):** I, like my hon. Friend the Member for Easington (Grahame M. Morris), want to begin by paying tribute to the staff of the NHS. I regularly go out with the emergency services and they do a truly amazing job on our behalf in what are becoming much more difficult circumstances. I also want to pay tribute to 38 Degrees and other campaigning organisations, including the British Medical Association and the Royal College of Nursing, for what they have done to give the public more information about these reforms. I do not think that that absolves the Government of their responsibility to publish the risk register, but it is important to put on record the work that those groups have done.

I also want to pay tribute to Anne Hutton and her husband, Neil, two of my constituents who are leading the campaign against the Health and Social Care Bill in Durham. Their street stalls in Durham marketplace are becoming legendary, and I have joined them on a number of occasions. It is clear from the people who visit the stall that the more people know about the Bill, the less they like it. That is probably why the Government will not publish the register: people do not like the opening up of more of the NHS to the private sector, they are worried about fragmentation not only in commissioning but in delivery, and they want answers from the Government that they are clearly not giving.

The second issue that people raise is that they simply cannot understand why the Government are wasting money on a top-down reorganisation of the health service when we are living in such difficult economic times and the NHS is being starved of the resources it needs to meet need locally.

The third issue is that there is absolutely no mandate for either political party in the coalition to undertake such a reorganisation. Unlike those on the Government Front Bench, I have been out and about, talking to people about the reforms. That has included attending consultation events held by shadow GP consortia. The lack of information on the risk of moving to new commissioning arrangements has been a key feature of these discussions, however, as has been the likely negative impact on health outcomes of the fragmentation of services. People are getting increasingly angry that they are being asked to give an opinion on GP consortia and new commissioning arrangements without having access to information that will help them make an informed decision.

It will not have gone unnoticed by my constituents—many have written to me, just as many have written to other hon. Members—that Ministers on the Government Front Bench have today sought only to rubbish Labour's excellent record on the NHS, rather than explaining why they will not publish the register. I am sorry that the hon. Member for Winchester (Steve Brine) is not in his place, because I wanted to take him to task. I think he insulted those of my constituents who have written to me by saying that they were simply jumping on a bandwagon. Many of them have real concerns about the Bill that should be addressed, rather than the people who write to MPs being rubbished.

I am pleased that the parties in government have raised the issue of Labour's record, which I shall address in the short time remaining. We are proud of our record. We employed about 90,000 additional nurses and 40,000 extra doctors, and we built more than 100 additional hospitals. That is a good record. In my area we have a new hospital. In 2006, 94% of people were having their operations done in less than 13 weeks, but that waiting time is going up, with 90% now having them done in 18 weeks. Unfortunately, all that very necessary input into the NHS did not reduce health inequalities enough, but we did hit the target for the north-east of reducing health inequalities by 10%. I am really concerned that by not publishing the register we simply will not know how these reforms will exacerbate health inequalities.

**Madam Deputy Speaker (Dawn Primarolo):** Order.

**Penny Mordaunt (Portsmouth North) (Con):** I once found myself in the happy circumstance of being in conversation with the former BBC director-general, Greg Dyke, who expounded on the lengths he had to go to in order to change the culture at the Beeb. He told me that one had to have a vision and show leadership, and that one could not be afraid to challenge the status quo. He then described how he was idly playing with the top drawer of his finance director's desk while waiting for him to return to a meeting—he reassured me that this was absent-minded fumbling rather than a covert management technique—when the drawer happened to slide open to reveal a notepad emblazoned with the legend “Things that could go wrong!” Mr Dyke told me that he was puzzled at how differently that man's mind worked from his own, but he knew that his ambitions for the corporation were more likely to be successful because his colleague—by himself, unlikely to set the world on fire—was thinking through the possibilities and consequences of his plans.

Vision, leadership and a preparedness to change are vital to improving the NHS, but reform plans must be subject to scrutiny and revision. This Government have welcomed debate on NHS reform because our motivation is to improve health care. We have not embarked upon this reform for its own sake. What a shame that some do not wish to debate, but rather to carp and criticise without offering anything constructive. It is a matter of regret that this debate is about the risk register. That decision should be in the hands of the tribunal. The commissioner has made a judgment and the Government have appealed, as anyone in their position would be entitled to do. I understand that the decision is being fast-tracked at the Government's request. Good. That is the process, and I will be content with the outcome.

Apparently the Opposition support the Information Commissioner's decision, so one assumes that they also support the process, which prompts one to ask why they have alighted on this subject for today's debate. Why not instead set out a motion describing how they might improve the NHS? In choosing this motion the Opposition have ignored the long-term care of the elderly, the shocking amount of unmet need, the growing challenge of dementia and related conditions, opportunities to invest more in medical research and the clinical disengagement felt by many health care professionals. They have also ignored the Grey Pride campaign and the terrible divergence from National Institute for Health and Clinical Excellence guidelines by NHS trusts that means that Members of this House, health care professionals and councillors have to write hundreds of letters of appeal in order to secure for patients the treatment “guaranteed” under the NHS constitution.

Do the Opposition have a vision to tackle those problems? No. For all they have said today, there has been no alternative vision and no constructive criticism—just a lot of opportunism, scaremongering and misinformation. What makes matters worse is that through all that bluster, the shadow health team know that less than two years ago the Government they supported were trying and failing to accomplish many of the things that the Health and Social Care Bill will bring about. During the Labour Administration I was a director of Diabetes UK—the largest patient organisation in Europe—and I worked with the Department of Health and people such as Professor Paul Corrigan, who was then based in Downing street. That is why I find the political opportunism on show today so nauseating. I hope it is in order, Madam Deputy Speaker, for me to suggest that the shadow health team have today invented and taken a new kind of “Hippocratic” oath.

However, for better or worse, we are still debating the risk register, so I will play ball and reluctantly turn away from issues that will actually impact on patients and health care workers across the nation and address myself to Labour's lack of thought for the day. The risk register is an internal Department of Health document, the purpose of which is to enable Ministers robustly to test their ideas. Challenging and testing a Government's ideas is part of the role of the civil service and, for obvious reasons, civil servants value the licence to be forthright that confidentiality bestows. One might have thought the Opposition could see the value of that approach, having had so many shocking ideas themselves, but perhaps it is because the Labour party no longer has any ideas that it is now so relaxed about the erosion of good civil service practices.

The risk register is a red herring. Its publication will add nothing to the scrutiny process, and could be detrimental to the good governance of this country. Today's debate might have availed us nothing so far as the improvement of the NHS is concerned, but we are now at least far better informed about the

Opposition's agenda—not that it took us six hours to learn that the Labour party has nothing to say. A casual glance at the motion tabled by the Opposition for today would have told us that.

**Alex Cunningham (Stockton North) (Lab):** We have heard much hollow praise for the health service from those on the Government Benches. They say wonderful things about it, then they kick it in the teeth. The NHS is one of the best health care systems in the world, full of dedicated professionals. I am very proud of what Labour did when we were in government. We invested in health and we resuscitated the dying NHS that previous Tory Governments had left starved of resources and unable to meet people's needs.

When I predict decline, I do not think I have got it wrong, but if the Government want to correct me on that they could publish the risk register so that the medical profession, patients and the House can know the true extent of the potential damage that their Bill will do to our national health service. Perhaps the risk register says the Bill is a great idea. I do not know. Perhaps the Government could share it with us.

Yes, something can be done to build on Labour's legacy, but we do not need several billion pounds to change something that most people believe is an excellent service already. In November last year the Commonwealth Fund, an international foundation that supports independent research on health care issues, ranked the NHS as the best performer on a range of measures looking at how health systems deal with people with chronic and serious illness. It found that of the 11 high income countries surveyed, Britain was among those with the fastest access to GPs and the best co-ordinated care, and suffered from among the fewest medical errors.

UK patients reported more positive health care experiences than sick adults in the other countries—they were more likely to be able to get a same-day or next-day appointment when sick and to have easy access to after-hours care. They were less likely to experience poorly co-ordinated care. All that was in spite of the fact that per capita health spend in the UK is the third lowest of the 11, at just under £2,000 per head, almost two and a half times less than in the USA.

In the light of these fantastic achievements, it is all the more baffling why the Tory-led Government are so intent on causing such havoc in our wonderful national institution and undoing all the hard work that has gone into making our health care first class. Is it not sad that they are not prepared to reveal the details of their own risk study? Again, I ask what they are afraid of. We are the envy of the world when it comes to health care, most notably leading the field in ease of access, co-ordinated care and good patient-doctor relationships. Although we must not rest on our laurels, our first priority must be to preserve and build on the strengths of general practice by producing more GPs so that even more can be done to improve the health of their patients. The excellent work done by GPs is what makes the NHS safe, fair and value for money.

Instead of looking to us for inspiration, however, the world is now looking on in astonishment that the Tory-led Government are willing to dismantle such an innovative, effective and well loved system. Patients in my constituency, Stockton North, are already feeling the pain from the Tories' reckless policies. The number of admitted patients who have waited longer than 18 weeks for an operation rose by a staggering 49% between May 2010 and November 2011. James Cook hospital in nearby Middlesbrough serves many of them, and they tell me of mastectomies being cancelled. One patient had an operation cancelled four times owing to a lack of beds. Three patients were left on trolleys, again owing to lack of beds, and another constituent told of an out-patients department closed all afternoon because of a lack of staff. Sadly, I understand that their experiences are mirrored elsewhere in the country.

There are almost 500 fewer nurses in the north-east England strategic health authority area since the Tories came to power—500 fewer nurses who are not treating the sick, the elderly and the vulnerable at a time when health inequalities in the north-east are already unacceptably high. The gap was narrowed under Labour. Now we are seeing it widen again. In total, more than £3.5 million will be spent reorganising the NHS—an astonishing amount to spend when the economy is in such dire straits. That is all the more reason why the risk register should be published, so that we get the truth of these disastrous effects.

**Priti Patel (Witham) (Con):** Having listened to the majority of this afternoon's debate, I wish to start by paying tribute to my right hon. Friend the Secretary of State and his team for putting the interests of patients over the vested interests that we have heard continually try to vilify him this afternoon and over the past few weeks.

Many of my constituents have been concerned about the irresponsible spin being peddled day in, day out by Opposition Members and opponents of the Health and Social Care Bill. Frankly, they have become frightened by the rumours, rhetoric and misinformation emanating from Opposition Front Benchers. One constituent forwarded to me an e-mail, circulated by an NHS trust, that had been authored by the shadow Secretary of State. It referred to "our battle to save the NHS" and called on NHS workers to support Labour's campaign to drop the Bill and stop the "Americanisation" of the NHS. By sending out such a provocative e-mail, he is attempting to demean my constituents and insult their intelligence. The Opposition's motion refers to informing parliamentary debate—[*Interruption.*]

**Madam Deputy Speaker (Dawn Primarolo):** Order. The hon. Member for Broxtowe (Anna Soubry) has been told about shouting across the Chamber by Mr Speaker. Will she please stop doing it?

**Priti Patel:** Those misleading comments from the shadow Secretary of State do nothing to add credibility to the wider debate or the Opposition position. Let us not forget that they went into the general election with a commitment to cut the NHS budget.

The need for this Bill is nowhere more evident than it is in Witham town in the heart of my constituency. Witham has a chronic lack of health care provision, which leaves my constituents with no choice but to travel to either Chelmsford or Colchester for the many treatments they need. That is why the local town council, including Labour and Conservative councillors, and local residents are campaigning for better local services. That is at the heart of the Health and Social Care Bill and will emanate from it—[*Interruption.*] Opposition Members laugh and sneer, but my constituents have been affected disproportionately by the way the previous Government maladministered the NHS.

What is more, because of the efforts of local primary care trusts, bureaucracy and red tape has taken money from the front-line care that my constituents could have benefited from—[*Interruption.*] It has a lot to do with this, actually. Instead of investing in front-line health care, which is exactly what the Bill is about, the money is going to recruit bureaucrats and managers. They might be part of the wider back-room team, but I am concerned about front-line care for my constituents. My constituents might not be important to Opposition Members, but they really are important to me. This is exactly why the Bill needs to be passed. This layer of bureaucracy needs to be scrapped. There is no doubt about it.

I find it astonishing that this afternoon we have heard Labour Members preach about publishing the risk register. Let us not forget that when they ran the NHS they embarked on widespread, top-down reform on a nearly annual basis, yet they never furnished this House, Parliament or the public with confidential risk registers, analysis or data produced by Ministers and officials, so how genuine and sincere are they? If Labour Members were sincere about the NHS, they would stop their scaremongering and misinformation and recognise that the Bill is about patients' interests and putting patients first, not their own personal vested interests.

**Steve McCabe (Birmingham, Selly Oak) (Lab):** It really does not matter what vote the Government Whips are able to secure tonight, because the truth is that the Government have lost the argument. The Secretary of State has squandered whatever political capital the Prime Minister was able to accumulate on the NHS and lost the trust and confidence of the public and professions with this Bill. There cannot be a single person in the country who does not understand that there is secret information, pertinent to the passage of the Bill, that he is determined to withhold from Parliament and the public. That is the position we are in.

The vote does not matter, but I would not like to be a Government Back Bencher having to go back and explain the matter to my constituents. I certainly would not like to be one of the Lib-Dem Members having to do so, because whatever the arguments and posturing here in the Chamber



today, they will not cut any ice with a public who know that the facts are being withheld and feel they are being conned over a measure that they were promised would never be introduced by this Secretary of State.

I do not say this with any malice, but I think that it is too late to restore the Secretary of State's reputation. Even at this late stage he could agree to release the information, but more importantly he should pause again and, this time, really listen to what people are saying about the NHS. He is probably not keen to take advice from me, but I have consulted my constituents in Selly Oak quite extensively on the Bill, and it is important that he knows that 76% of the people whom I consulted said that it is the wrong priority at the wrong time. Their concerns are about faster diagnosis and treatment and shorter waiting times.

The Secretary of State cited waiting times earlier in his speech, and he will know that the 18-week waiting time in south Birmingham is rising steadily. In fact, I think it has gone up—

**Anna Soubry:** You think?

**Steve McCabe:** Off the top of my head. I can check the figure, because the Secretary of State wants to be accurate, but I think it is 36%—since he became Secretary of State. It is going up, and he must know that, because he was quite happy to cite other figures earlier.

The money should be spent on reducing waiting times; it should not be withheld by the SHAs to cover the cost of the reorganisation. The Minister of State says that that is not happening, but his own operating framework shows perfectly well that that is exactly what the money is being withheld for. It is spelt out in black and white in his own documents, and that is what is wrong at the moment.

The public feel that waiting times are rising, they have difficulty accessing GPs and they are worried about the confusion surrounding the measure. As my hon. Friend the Member for Mitcham and Morden (Siobhain McDonagh) said earlier, in some parts of the country it is already destabilising the NHS, but what we have today is the Government dismissing all those arguments while hiding behind a cloak, saying, "Everything's going to be okay, but we're not going to tell you the facts of the matter." It is disgraceful, and the Secretary of State knows perfectly well that during the years that he spent in opposition he would never have tolerated such behaviour. His behaviour since taking office has been to undermine the NHS and to waste every bit of political capital that the Tory party accumulated during its years in opposition.

That is what is fundamentally wrong with the measure. It does not matter how many times people try to deal with the minutiae of the risk register; the reality is that the report is there and the information is there. There is only one person hiding it, and he is sitting opposite me on the Government Front Bench at the moment. That is what the public know. This is no longer an argument confined to what happens in this Chamber; it has gone way beyond that. It has got to the stage where the Secretary of State's credibility is on the line, and I am afraid that it has been lost.

**Mr Speaker:** We are grateful to the hon. Gentleman. The winding-up speeches will begin at 6.38 pm.

**Simon Hart (Carmarthen West and South Pembrokeshire) (Con):** What an exasperating and frustrating afternoon it has been—for three reasons. First, for the past six hours we have been subjected to the absurd claim from Opposition Members that only they have a monopoly on good sense, compassion and organisational skills when it comes to the NHS. What a ridiculous claim to make. No party is able to make it—ours or theirs; this is a joint effort, and it demeans patients and NHS staff to claim otherwise.

The second frustrating thing about the debate is that I came here to hear about what we could do for patients, but all I have heard is what we can do about Labour party politics. That is no way for an Opposition day debate to be conducted. Those watching it will wonder why on earth we came to discuss that instead of the important reforms that the Bill contains.

Thirdly, and perhaps most importantly, I come here as someone who lives under a devolved Administration. If ever there was an example to demonstrate why reform of the NHS is required, it is Labour's record as an Administration in Cardiff, where the health service falls solely under their jurisdiction. In Wales, there is an 8.4% reduction in health spending during the lifetime of this Parliament, amounting to £534 million; 27% of people wait more than six weeks for diagnostic services, compared with 1% in England; the number of patients waiting to start treatment has risen by 45% since the election; and the number of patients waiting longer than 36 weeks to start treatment has more than doubled in the past 12 months. That is what one gets with a Labour Administration in charge of the health service, and that is why these reforms are necessary. The debate should have been about those statistics rather than the spurious subject of the risk register that was put before us.

My hon. Friend the Member for Kingswood (Chris Skidmore) put his finger on the matter when he described the register as being out of date. There is nothing particularly new about risk registers. They occur across all Departments of Government, and similar things happen all over the private sector. They are tools of risk management, not tools of party political PR or political one-upmanship, or devices to prop up one leader or another in one political party or another.

There is a fine line between being open and transparent and being irresponsible. It would be irresponsible to put the morale of NHS workers at risk or to scare patients and their families. The Government are absolutely right to resist this proposal, and Members will be right to reject the motion.

**Liz Kendall (Leicester West) (Lab):** Today's debate has shown that we have a Government who refuse to be open about the risks of their health Bill and arrogantly reject the widespread concerns of patients, the public, and NHS staff. Instead of providing the leadership that the NHS needs, Ministers have left staff struggling to cope with the effects of their damaging Bill.

Unlike the Government, the NHS is facing up to its responsibilities by publishing local risk registers to try to mitigate the effects of the Government's plans. NHS North of England warns that the Government's reorganisation has a high risk of compromising patient safety, as knowledge about how to deal with mistakes and adverse patient events is lost. NHS Midlands and East says that there is a high risk that waiting times will suffer, primary care will be neglected, and joint working with councils will be undermined. As my right hon. Friend the Member for Lewisham, Deptford (Dame Joan Ruddock) said, NHS London warns that there is a high risk that clinical commissioning groups will not have the skills they need, and that the NHS will fail to deliver either the best outcomes for patients or the best value for taxpayers' money. NHS Milton Keynes warns that there is a high risk of failure to deliver its statutory requirements, leading to significant harm or fatalities of children and vulnerable adults. That point was raised by several of my hon. Friends, and particularly eloquently by my hon. Friend the Member for Newcastle upon Tyne North (Catherine McKinnell).

However, the Government are not concerned about the risks that the Bill poses to patients, only to their own political prospects. In the past few weeks, we have witnessed the unedifying spectacle of Conservative Ministers scrambling to distance themselves from the wreckage of their Bill and desperately pointing the finger of blame. An anonymous source in No. 10 told *The Times* that the Health Secretary

"should be taken out and shot."

Anonymous Cabinet Ministers have told ConservativeHome that the Bill is as bad as the poll tax, that it must be dropped and that the Secretary of State must be replaced. The *Financial Times* has said that the Chancellor is worried that the Bill will retoxify the Conservative brand. Apparently, the Deputy Prime Minister is furious that the Tory in-fighting is ruining his attempts to get his party and MPs on board. The Secretary of State accuses the British Medical Association of being "politically poisoned" in opposing the Bill; I say that the source of the poison is all on his own side.

**Mr Lansley:** Just so that the record is clear, when I referred to the phrase "politically poisoned", I was not saying it myself, but quoting Aneurin Bevan's description of the BMA.

**Liz Kendall:** I notice that the Secretary of State does not deny that members of his own Cabinet and Conservative and Liberal Democrat Back Benchers are concerned about the Bill.

Instead of fighting among themselves, the Government should be relentlessly focused on ensuring that the NHS meets the challenges of the future. Our ageing population, the increase in long-term conditions, and the huge medical and technical advances mean that the NHS must continue to change to improve patient care and deliver better value for taxpayers' money. As my right hon. Friend the Member for Kingston upon Hull West and Hessle (Alan Johnson) said, that means shifting the focus of services into the community and more towards prevention, so that people stay fit and healthy for longer. It means centralising some health services in specialist centres so that patients benefit from medical advances and get the best standards of care. It also means ensuring that local NHS and council services work together so that older and disabled people can stay living independently in their own home.

The NHS needs service reform, not structural reform. The Bill will make the changes impossibly hard to achieve. The recent Health Committee report on social care states that the best examples of integrated services have been achieved by care trusts, which were set up under the Labour Government, and yet those are being swept away by the Bill. In 2009, NHS London centralised stroke services into eight hyper-acute units. That decision was very controversial at the time, but within six months it had more than tripled the number of patients getting vital clot-busting drugs to the highest rate of any large city in the world. The Bill will put strategic service changes such as that at risk.

**Tony Baldry (Banbury) (Con):** What about the risk register?

**Liz Kendall:** I have outlined what local NHS services have said about the risk register. If the hon. Gentleman had been in the debate earlier, he would have heard Government Members saying that we are not focusing on patient care or setting out how the NHS needs to change. The point that I am making is that the Bill will prevent the strategic changes that the NHS needs.

There is no evidence that smaller, GP-led commissioning groups can deliver major changes to hospital services. The organisations that have done so, such as NHS London, are being abolished. The real risk is that the full, free and unfettered market that will be introduced by part 3 of the Bill will stop the NHS from making the changes that patients desperately need. It risks preventing hospitals from working together to centralise stroke or trauma care; it risks preventing hospitals from running local community services or working with GPs and local councils to better integrate care, for fear that they will fall foul of UK and EU competition law; and it risks putting power into the hands not of patients and clinicians, but of lawyers and the courts.

**Mr John Redwood (Wokingham) (Con):** I am delighted by the conversion of the Opposition to more transparency now that they are out of office. Can they show the Government how to do it by publishing the internal documents that are critical of their leader's strategy for change in the Labour party?

**Liz Kendall:** With the greatest respect to the right hon. Gentleman, I will not waste my time on that point when we have important issues about the future of the NHS to discuss.

Government Members should realise that GPs, nurses, midwives, health visitors, public health professionals, psychiatrists, physiotherapists, radiologists and Opposition Members are against the Bill not because we are against change, but because it will prevent the changes that the NHS needs.

Government Members do not want to talk about part 3 of the Bill, because they know that people do not want their NHS run like any other market. The Secretary of State and the Prime Minister claim that their Bill is all about cutting bureaucracy and putting patients and clinicians in control, yet the Department of Health now admits in its fascinating document, "Design of the NHS Commissioning Board", that there will be five layers of management in the Government's new NHS, except in the performance and operations directorate, in which

"an additional layer (or layers) will be required".

In place of strategic health authorities and primary care trusts, we will now have the NHS Commissioning Board, four commissioning sectors, 50 local offices, commissioning support units, clinical senates and clinical commissioning groups, as well as Public Health England and the health and wellbeing boards. Patients and staff have been left completely confused about who is responsible for running different services and how they will be held to account.

The Government say that the new structure will cost £492 million a year.

**Mr Lansley** *rose* —

**Liz Kendall:** Let me continue to explain this point. I have given way to the Secretary of State already and I want to finish my point.

According to the Government's own document, the cost of running commissioning support units and commissioning for Public Health England is not included in the costs that have been given. Indeed, it states:

"The costs of providing clinical advice to the wider system will be separately funded."

That prompts the question, what are all those different organisations doing if they are not helping to improve clinical care? The Government are not cutting red tape, they are increasing it, and they are not liberating clinicians but suffocating them—not my words but those of the NHS Alliance and the National Association of Primary Care, which used to champion the Bill.

Perhaps the Secretary of State should listen to the advice of Dr Peter Bailey, a GP and former chair of a commissioning group in his own constituency. He recently told *Pulse* magazine that GPs have

"been duped...set up to fail...We stand baffled in the wreckage...put down the sledgehammer. Get rid of the Bill."

The Secretary of State should listen to the good doctor's advice. He should grant the freedom of information request submitted by my right hon. Friend the Member for Wentworth and Dearne (John Healey) and publish the risk register. He should listen to the 78 Opposition Members and 15 Liberal Democrat Members who have signed the early-day motion tabled by my admirable hon. Friend the Member for Easington (Grahame M. Morris) calling for the register to be published.

Even today, as this debate has taken place, the Information Commissioner has told the *Evening Standard* that he thinks the Government should publish the risk register while peers are still debating the Bill. He has said:

"Where proposals are particularly contentious and with far-reaching consequences, it's better for more information to be available for a broader discussion about the pros and cons before everything's decided. By enabling people to express their views on proposals, the final decision will be better informed and better understood."

I say to Liberal Democrat Members that voting for the motion will show that they really support the early-day motion that they have already signed. It will show their constituents that on this issue, they mean what they say and are different from Conservative Members.

Parliament has a right to know the risks of the legislation that it is debating, and the public have a right to understand the true risks of the Government's reckless NHS plans. I commend the motion to the House.

**The Minister of State, Department of Health (Mr Simon Burns):** We have had an interesting debate. The number of right hon. and hon. Members taking part has shown the interest in it. I congratulate Opposition Members who have made speeches—unfortunately, so many spoke that I

cannot go through all their speeches—on sticking meticulously to the line in the parliamentary Labour party briefing. They repeated meticulously the mistakes and wrong information in it.

I have a degree of sympathy for the right hon. Member for Leigh (Andy Burnham), because very early in the debate his predecessor as Secretary of State for Health, the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson), seemed to hole his argument below the line when he came out with what was a rather surprising statement at the time, although having listened to the winding-up speech of the hon. Member for Leicester West (Liz Kendall) it does not seem that surprising. He said that the risk register was a second-order issue. Given that the debate is about the risk register, that struck me as rather odd.

I congratulate my hon. Friend the Member for Finchley and Golders Green (Mike Freer) on an excellent speech. As we listened to more Opposition speeches, his speech began to strike a strong chord that risk registers could be misinterpreted and become a charter for shroud-waving.

I congratulate my hon. Friend the Member for Kingswood (Chris Skidmore), who with great logic and clarity argued an overwhelming case, and I was delighted to hear yet again a speech from the hon. Member for Easington (Grahame M. Morris). A health debate without a contribution from him would be a severe loss. No doubt the news editor of the *Morning Star* will be fascinated with his comments. I also congratulate my hon. Friends the Members for Boston and Skegness (Mark Simmonds) and for Gillingham and Rainham (Rehman Chishti).

I am disappointed that the right hon. Member for Leigh has decided to politicise a topic that, at its core, is not really about health. The question of publishing risk registers has implications that will be felt across the Government. For the reasons I shall outline, risk registers have implications for the successful running of a parliamentary democracy.

The right hon. Gentleman knows that by heart already, but let me tell him again, in plain English, one last time. The reason why risk registers are not released is the same now as it was when he was in government: if their contents are taken out of context, they could be misleading for parliament and the public.

As many hon. Members have mentioned, the right hon. Gentleman cleared the line in a letter sent from the Department of Health on 1 October 2009, when refusing to publish a departmental risk register. He rightly said that there was a

“public interest in preserving the ability of officials to engage in discussions of policy options and risks without apprehension that suggested courses of action may be held up to public or media scrutiny before they have been fully developed.”

Releasing the risk register is directly contrary to the public interest he described. As he knows, risk registers outline any conceivable situation, however improbable, on the subject they are evaluating. Any risk at all, even the most minuscule or unlikely thing, is included. They help the Department to see the possible pitfalls and to ensure that they do not happen.

This case has implications not only for the Department and Whitehall, but across all levels of government. As hon. Members will know from the debate, risk registers are essential because they are records of frank discussions between Ministers and civil servants on policy formulation. If a precedent were set for those records to be made public, it follows that such discussions and conversations would be a lot less open and a lot more guarded. That would mean that policies might develop with a lot less candid thought and debate than they do now. That might have been the argument under the previous Government, but the reason prevails and the argument is the same today.

The right hon. Gentleman understood that argument when he was Secretary of State for Health. Similarly, the right hon. Member for Wentworth and Dearne (John Healey), who made an interesting speech, understands it. That is why, regardless of what he said in interventions today, during his time in the Treasury—

**Kerry McCarthy (Bristol East) (Lab):** Will the Minister give way?

**Mr Burns:** I will not give way. I am afraid I do not have time.

As a Treasury Minister, the right hon. Member for Wentworth and Dearne wrote to Mark Oaten, the then MP for Winchester, upholding the Chief Secretary to the Treasury's refusal to disclose information about gateway reviews and the identity cards scheme.

Tony Blair—a name that is not often heard with joy on the Opposition Benches now—understood that too. In his memoirs, he calls himself a fool, a nincompoop and an imbecile for introducing the Freedom of Information Act, because, in his words, Governments need to be able to discuss issues

“with a reasonable level of confidentiality”.

He said:

“If you are trying to take a difficult decision and you're weighing up the pros and cons, you have frank conversations...And if those conversations then are put out in a published form that afterwards are liable to be highlighted in particular ways, you are going to be very cautious. That's why it's not a sensible thing.”

Several hon. Members asked about the strategic health authorities that published their risk registers. I would like to clarify this point, because there seems to be considerable confusion about it, particularly among Opposition Members. The purpose of the Department of Health's risk registers is to allow civil servants to advise Ministers properly about the potential risks of a policy. SHAs, on the other hand, are further removed from Ministers, and are more concerned with operational issues—not policy formulation—and the more day-to-day business of health care. They are not concerned with providing objective guidance to politicians. Their risk registers are routinely published every quarter, and are written with publication in mind. That is evidently not the case with Department of Health registers, which, to remain useful, must be confidential.

Risks are inherent in any programme of change, and we have been open about them, having published a vast amount of detailed information, including the original impact assessment, in January 2011, and the revised impact assessment last September. In addition, the Public Accounts Committee's health landscape report was published in January 2011, and there has also been the annual NHS operating framework, and the oral and written evidence presented to the Health Select Committee and the PAC. The risks must be scrutinised, we have supported that scrutiny and the risks have been scrutinised. The Bill received 40 sittings and two stages in Committee, and as one hon. Member mentioned, there have been 100 divisions. Even the lead shadow spokesman said, on conclusion of the Committee stage, that the Bill had been thoroughly scrutinised. To claim otherwise is ludicrous.

**Julie Hilling (Bolton West) (Lab):** I wanted to ask the Secretary of State this question earlier because I was rather confused. The Information Commissioner has said that the risk register should be released. If the Government lose the appeal, will they publish it, given that it would be the right thing to do?

**Mr Burns:** I am grateful for this opportunity to clarify the situation. The hon. Lady is right that the Information Commissioner has taken a view, and under legislation my right hon. Friend the Secretary of State has the right to appeal to the tribunal. That appeal, which he lodged some time ago, will be heard on 5 and 6 March and a decision will be made according to a timetable set by the tribunal—we have no control over the timing.

Of all the topics that the Opposition could have chosen to debate for the past six hours, this is probably one of the most pointless. The tribunal for publishing the risk register sits in a fortnight's time, as I have just told the hon. Lady, so why not wait for it to report back and use this opportunity to talk about something more useful? Since they have chosen to race down this particular dead-end,

however, all I can say to them is this: wait until after the tribunal. There is nothing to add until then. We have explained which areas the risk register covers; we have subjected the Bill to unprecedented scrutiny and consultation; we have debated it for countless hours, and yet still the Opposition bleat that we have not been open. My advice to them is this: change the record. What they are doing is cynical, opportunistic and shallow. I urge my hon. Friends to vote against the motion.

*Question put.*

*The House divided:*

Ayes 246, Noes 299.

## Division No. 478]

### AYES

|                          |                      |                    |                        |
|--------------------------|----------------------|--------------------|------------------------|
| Abbott, Ms Diane         | Campbell, Mr Alan    | Dugher, Michael    | Hancock, Mr Mike       |
| Abrahams, Debbie         | Campbell, Mr Ronnie  | Durkan, Mark       | Hanson, rh Mr David    |
| Ainsworth, rh Mr Bob     | Caton, Martin        | Eagle, Ms Angela   | Harman, rh Ms Harriet  |
| Alexander, rh Mr Douglas | Chapman, Mrs Jenny   | Eagle, Maria       | Harris, Mr Tom         |
| Alexander, Heidi         | Clark, Katy          | Edwards, Jonathan  | Havard, Mr Dai         |
| Ali, Rushanara           | Clarke, rh Mr Tom    | Efford, Clive      | Healey, rh John        |
| Allen, Mr Graham         | Clwyd, rh Ann        | Elliott, Julie     | Hepburn, Mr Stephen    |
| Anderson, Mr David       | Coffey, Ann          | Ellman, Mrs Louise | Heyes, David           |
| Ashworth, Jonathan       | Connarty, Michael    | Engel, Natascha    | Hillier, Meg           |
| Austin, Ian              | Cooper, Rosie        | Esterson, Bill     | Hilling, Julie         |
| Bailey, Mr Adrian        | Cooper, rh Yvette    | Evans, Chris       | Hodge, rh Margaret     |
| Bain, Mr William         | Corbyn, Jeremy       | Farrelly, Paul     | Hoey, Kate             |
| Balls, rh Ed             | Crausby, Mr David    | Field, rh Mr Frank | Hopkins, Kelvin        |
| Barron, rh Mr Kevin      | Creagh, Mary         | Fitzpatrick, Jim   | Hosie, Stewart         |
| Bayley, Hugh             | Creasy, Stella       | Flello, Robert     | Howarth, rh Mr George  |
| Beckett, rh Margaret     | Cruddas, Jon         | Flint, rh Caroline | Hunt, Tristram         |
| Bell, Sir Stuart         | Cryer, John          | Flynn, Paul        | Irranca-Davies, Huw    |
| Benn, rh Hilary          | Cunningham, Alex     | Fovargue, Yvonne   | Jackson, Glenda        |
| Benton, Mr Joe           | Cunningham, Mr Jim   | Francis, Dr Hywel  | James, Mrs Siân C.     |
| Berger, Luciana          | Cunningham, Tony     | Gapes, Mike        | Jamieson, Cathy        |
| Betts, Mr Clive          | Curran, Margaret     | Gardiner, Barry    | Jarvis, Dan            |
| Blackman-Woods, Roberta  | Dakin, Nic           | George, Andrew     | Johnson, rh Alan       |
| Blears, rh Hazel         | Danczuk, Simon       | Gilmore, Sheila    | Johnson, Diana         |
| Blenkinsop, Tom          | David, Mr Wayne      | Glass, Pat         | Jones, Graham          |
| Blomfield, Paul          | Davidson, Mr Ian     | Glendon, Mrs Mary  | Jones, Helen           |
| Bradshaw, rh Mr Ben      | Davies, Geraint      | Goggins, rh Paul   | Jones, Mr Kevan        |
| Brennan, Kevin           | De Piero, Gloria     | Goodman, Helen     | Jowell, rh Tessa       |
| Brown, Lyn               | Dobbin, Jim          | Greatrex, Tom      | Joyce, Eric            |
| Brown, rh Mr Nicholas    | Dobson, rh Frank     | Green, Kate        | Kaufman, rh Sir Gerald |
| Brown, Mr Russell        | Docherty, Thomas     | Greenwood, Lilian  | Keeley, Barbara        |
| Bryant, Chris            | Donohoe, Mr Brian H. | Griffith, Nia      | Kendall, Liz           |
| Buck, Ms Karen           | Doran, Mr Frank      | Gwynne, Andrew     | Khan, rh Sadiq         |
| Burden, Richard          | Dowd, Jim            | Hain, rh Mr Peter  | Lammy, rh Mr David     |
| Burnham, rh Andy         | Doyle, Gemma         | Hamilton, Mr David | Lavery, Ian            |
| Byrne, rh Mr Liam        | Dromey, Jack         | Hamilton, Fabian   | Lazarowicz, Mark       |

|                           |                       |                       |                        |
|---------------------------|-----------------------|-----------------------|------------------------|
| Leslie, Chris             | Miller, Andrew        | Reynolds, Emma        | Timms, rh Stephen      |
| Long, Naomi               | Mitchell, Austin      | Reynolds, Jonathan    | Trickett, Jon          |
| Love, Mr Andrew           | Moon, Mrs Madeleine   | Robertson, John       | Turner, Karl           |
| Lucas, Caroline           | Morden, Jessica       | Robinson, Mr Geoffrey | Twigg, Derek           |
| Lucas, Ian                | Morrice, Graeme       | Rotheram, Steve       | Twigg, Stephen         |
| MacNeil, Mr Angus Brendan | <i>(Livingston)</i>   | Roy, Mr Frank         | Umunna, Mr Chuka       |
| MacShane, rh Mr Denis     | Morris, Grahame M.    | Roy, Lindsay          | Vaz, rh Keith          |
| Mactaggart, Fiona         | <i>(Easington)</i>    | Ruane, Chris          | Vaz, Valerie           |
| Mahmood, Shabana          | Mudie, Mr George      | Ruddock, rh Dame Joan | Walley, Joan           |
| Malhotra, Seema           | Mulholland, Greg      | Sarwar, Anas          | Watson, Mr Tom         |
| Mann, John                | Munn, Meg             | Seabeck, Alison       | Watts, Mr Dave         |
| Marsden, Mr Gordon        | Murphy, rh Mr Jim     | Shannon, Jim          | Weir, Mr Mike          |
| McCabe, Steve             | Murphy, rh Paul       | Sharma, Mr Virendra   | Whiteford, Dr Eilidh   |
| McCann, Mr Michael        | Murray, Ian           | Sheerman, Mr Barry    | Whitehead, Dr Alan     |
| McCarthy, Kerry           | Nandy, Lisa           | Sheridan, Jim         | Wicks, rh Malcolm      |
| McClymont, Gregg          | Nash, Pamela          | Shuker, Gavin         | Williamson, Chris      |
| McDonagh, Siobhain        | O'Donnell, Fiona      | Skinner, Mr Dennis    | Wilson, Phil           |
| McDonnell, John           | Onwurah, Chi          | Slaughter, Mr Andy    | Winnick, Mr David      |
| McFadden, rh Mr Pat       | Owen, Albert          | Smith, rh Mr Andrew   | Winterton, rh Ms Rosie |
| McGovern, Jim             | Paisley, Ian          | Smith, Angela         | Wishart, Pete          |
| McGuire, rh Mrs Anne      | Pearce, Teresa        | Smith, Owen           | Wood, Mike             |
| McKechin, Ann             | Perkins, Toby         | Spellar, rh Mr John   | Woodcock, John         |
| McKenzie, Mr Iain         | Pound, Stephen        | Stringer, Graham      | Wright, David          |
| McKinnell, Catherine      | Pugh, John            | Stuart, Ms Gisela     | Wright, Mr Iain        |
| Meale, Sir Alan           | Qureshi, Yasmin       | Sutcliffe, Mr Gerry   |                        |
| Mearns, Ian               | Raynsford, rh Mr Nick | Tami, Mark            | Tellers for the Ayes:  |
| Michael, rh Alun          | Reed, Mr Jamie        | Thomas, Mr Gareth     | Mark Hendrick and      |
| Miliband, rh Edward       | Reeves, Rachel        | Thornberry, Emily     | Susan Elan Jones       |

## NOES

|                        |                    |                            |                         |
|------------------------|--------------------|----------------------------|-------------------------|
| Adams, Nigel           | Berry, Jake        | Bruce, rh Malcolm          | Chope, Mr Christopher   |
| Afriyie, Adam          | Bingham, Andrew    | Buckland, Mr Robert        | Clappison, Mr James     |
| Aldous, Peter          | Binley, Mr Brian   | Burns, Conor               | Clark, rh Greg          |
| Amess, Mr David        | Birtwistle, Gordon | Burns, rh Mr Simon         | Clarke, rh Mr Kenneth   |
| Andrew, Stuart         | Blackman, Bob      | Burrowes, Mr David         | Clifton-Brown, Geoffrey |
| Arbuthnot, rh Mr James | Blackwood, Nicola  | Burstow, Paul              | Coffey, Dr Thérèse      |
| Bacon, Mr Richard      | Blunt, Mr Crispin  | Burt, Alistair             | Collins, Damian         |
| Baker, Norman          | Boles, Nick        | Burt, Lorely               | Colville, Oliver        |
| Baker, Steve           | Bone, Mr Peter     | Byles, Dan                 | Cox, Mr Geoffrey        |
| Baldry, Tony           | Bradley, Karen     | Cable, rh Vince            | Crabb, Stephen          |
| Baldwin, Harriett      | Brady, Mr Graham   | Cairns, Alun               | Crouch, Tracey          |
| Barclay, Stephen       | Bray, Angie        | Campbell, rh Sir Menzies   | Davey, Mr Edward        |
| Barker, Gregory        | Brazier, Mr Julian | Carmichael, rh Mr Alistair | Davies, David T. C.     |
| Baron, Mr John         | Brine, Steve       | Carmichael, Neil           | <i>(Monmouth)</i>       |
| Bebb, Guto             | Brokenshire, James | Carswell, Mr Douglas       | Davies, Glyn            |
| Benyon, Richard        | Browne, Mr Jeremy  | Cash, Mr William           | Davies, Philip          |
| Beresford, Sir Paul    | Bruce, Fiona       | Chishty, Rehman            | Davis, rh Mr David      |



|                          |                         |                           |                         |
|--------------------------|-------------------------|---------------------------|-------------------------|
| de Bois, Nick            | Hammond, Stephen        | Lefroy, Jeremy            | Ollerenshaw, Eric       |
| Dinenage, Caroline       | Hancock, Matthew        | Leigh, Mr Edward          | Opperman, Guy           |
| Djanogly, Mr Jonathan    | Hands, Greg             | Leslie, Charlotte         | Ottaway, Richard        |
| Dorries, Nadine          | Harper, Mr Mark         | Letwin, rh Mr Oliver      | Parish, Neil            |
| Doyle-Price, Jackie      | Harris, Rebecca         | Lewis, Brandon            | Patel, Priti            |
| Drax, Richard            | Hart, Simon             | Lewis, Dr Julian          | Paterson, rh Mr Owen    |
| Duddridge, James         | Harvey, Nick            | Liddell-Grainger, Mr Ian  | Pawsey, Mark            |
| Duncan, rh Mr Alan       | Haselhurst, rh Sir Alan | Lidington, rh Mr David    | Penning, Mike           |
| Duncan Smith, rh Mr Iain | Hayes, Mr John          | Lilley, rh Mr Peter       | Penrose, John           |
| Dunne, Mr Philip         | Heald, Oliver           | Lloyd, Stephen            | Percy, Andrew           |
| Ellis, Michael           | Heath, Mr David         | Lopresti, Jack            | Perry, Claire           |
| Ellison, Jane            | Heaton-Harris, Chris    | Lord, Jonathan            | Phillips, Stephen       |
| Ellwood, Mr Tobias       | Hemming, John           | Loughton, Tim             | Pickles, rh Mr Eric     |
| Elphicke, Charlie        | Henderson, Gordon       | Luff, Peter               | Pincher, Christopher    |
| Eustice, George          | Hendry, Charles         | Lumley, Karen             | Poulter, Dr Daniel      |
| Evans, Graham            | Herbert, rh Nick        | Macleod, Mary             | Prisk, Mr Mark          |
| Evans, Jonathan          | Hinds, Damian           | Main, Mrs Anne            | Raab, Mr Dominic        |
| Evennett, Mr David       | Hollingbery, George     | May, rh Mrs Theresa       | Reckless, Mark          |
| Fabricant, Michael       | Hollobone, Mr Philip    | Maynard, Paul             | Redwood, rh Mr John     |
| Fallon, Michael          | Holloway, Mr Adam       | McCartney, Jason          | Rees-Mogg, Jacob        |
| Featherstone, Lynne      | Hopkins, Kris           | McCartney, Karl           | Reevell, Simon          |
| Field, Mark              | Howell, John            | McIntosh, Miss Anne       | Rifkind, rh Sir Malcolm |
| Foster, rh Mr Don        | Hughes, rh Simon        | McLoughlin, rh Mr Patrick | Robertson, Mr Laurence  |
| Fox, rh Dr Liam          | Huhne, rh Chris         | McPartland, Stephen       | Rosindell, Andrew       |
| Francois, rh Mr Mark     | Hurd, Mr Nick           | Mensch, Louise            | Rudd, Amber             |
| Freeman, George          | Jackson, Mr Stewart     | Menzies, Mark             | Ruffley, Mr David       |
| Freer, Mike              | James, Margot           | Mercer, Patrick           | Rutley, David           |
| Gale, Sir Roger          | Javid, Sajid            | Miller, Maria             | Sanders, Mr Adrian      |
| Garnier, Mr Edward       | Jenkin, Mr Bernard      | Mills, Nigel              | Sandys, Laura           |
| Garnier, Mark            | Johnson, Gareth         | Moore, rh Michael         | Scott, Mr Lee           |
| Gauke, Mr David          | Johnson, Joseph         | Mordaunt, Penny           | Selous, Andrew          |
| Gibb, Mr Nick            | Jones, Andrew           | Morgan, Nicky             | Shapps, rh Grant        |
| Gilbert, Stephen         | Jones, Mr David         | Morris, Anne Marie        | Sharma, Alok            |
| Gillan, rh Mrs Cheryl    | Jones, Mr Marcus        | Morris, David             | Shelbrooke, Alec        |
| Glen, John               | Kawczynski, Daniel      | Morris, James             | Shepherd, Mr Richard    |
| Goodwill, Mr Robert      | Kelly, Chris            | Mosley, Stephen           | Simmonds, Mark          |
| Gove, rh Michael         | Kirby, Simon            | Mowat, David              | Simpson, Mr Keith       |
| Graham, Richard          | Knight, rh Mr Greg      | Munt, Tessa               | Skidmore, Chris         |
| Grayling, rh Chris       | Kwarteng, Kwasi         | Murray, Sheryll           | Smith, Miss Chloe       |
| Green, Damian            | Laing, Mrs Eleanor      | Murrison, Dr Andrew       | Smith, Henry            |
| Greening, rh Justine     | Lamb, Norman            | Neill, Robert             | Smith, Julian           |
| Grieve, rh Mr Dominic    | Lancaster, Mark         | Newmark, Mr Brooks        | Smith, Sir Robert       |
| Griffiths, Andrew        | Lansley, rh Mr Andrew   | Newton, Sarah             | Soames, rh Nicholas     |
| Gummer, Ben              | Latham, Pauline         | Nokes, Caroline           | Soubry, Anna            |
| Gyimah, Mr Sam           | Laws, rh Mr David       | Norman, Jesse             | Spencer, Mr Mark        |
| Halfon, Robert           | Leadsom, Andrea         | Nuttall, Mr David         | Stanley, rh Sir John    |
| Hames, Duncan            | Lee, Jessica            | O'Brien, Mr Stephen       | Stephenson, Andrew      |
| Hammond, rh Mr Philip    | Lee, Dr Phillip         | Offord, Mr Matthew        | Stevenson, John         |

|                       |                    |                       |                       |
|-----------------------|--------------------|-----------------------|-----------------------|
| Stewart, Bob          | Timpson, Mr Edward | Watkinson, Angela     | Willott, Jenny        |
| Stewart, Iain         | Tomlinson, Justin  | Weatherley, Mike      | Wilson, Mr Rob        |
| Stride, Mel           | Tredinnick, David  | Webb, Steve           | Wright, Jeremy        |
| Stuart, Mr Graham     | Truss, Elizabeth   | Wharton, James        | Wright, Simon         |
| Stunell, Andrew       | Turner, Mr Andrew  | Wheeler, Heather      | Yeo, Mr Tim           |
| Sturdy, Julian        | Tynie, Mr Andrew   | White, Chris          | Young, rh Sir George  |
| Swayne, rh Mr Desmond | Uppal, Paul        | Whittaker, Craig      | Zahawi, Nadhim        |
| Syms, Mr Robert       | Vaizey, Mr Edward  | Whittingdale, Mr John |                       |
| Tapsell, rh Sir Peter | Vickers, Martin    | Wiggin, Bill          | Tellers for the Noes: |
| Teather, Sarah        | Walker, Mr Robin   | Williams, Stephen     | Mr Shailesh Vara and  |
| Thurso, John          | Walter, Mr Robert  | Williamson, Gavin     | Mark Hunter           |

*Question accordingly negatived.*