ANDREW MARR:

David Cameron’s biggest political battle since he entered Downing Street has been getting the health service reform through parliament. Such was the level of opposition, including deep hostility from some within the coalition, that the original plans had to be totally redrafted. Looking ahead in hard times, can the government stick to its pledge to retain real spending and the number of frontline staff? As we all live longer, isn’t the pressure to care properly for the elderly going to become increasingly impossible to sustain? The Health Secretary Andrew Lansley joins me now. Some rather large questions I was asking there, Mr Lansley.

ANDREW LANSLEY:

Good morning.

ANDREW MARR:

Good morning. Let me start with the financial side. You have to make something like £5 billion of efficiency savings every year, I think, for the next four years to keep on track. That’s a lot. Isn’t the effect of that, the actual effect (although your budget is ring-fenced) going to feel like cuts?
ANDREW LANSLEY:
Well of course it’s made a big difference that as an incoming coalition government, we were very clear about our priorities and we said we are going to increase the NHS budget in real terms each year. The need to save resources within the NHS budget to reinvest those to meet additional demand and rising cost was something that my predecessors said. They said it way back in May 2009. The difference of course is they didn’t do it. And since the election, so far the figures we’ve already got clear is that we’ve saved £8 billion, all of which has been reinvested, and it’s actually precisely because of that that we’ve been able, for example, to have an increase since the election in the number of clinical staff - that’s doctors, midwives, scientists, radiographers.

ANDREW MARR:
(over) Yes, but …

ANDREW LANSLEY:
The number of administrative and support staff has gone down by some 20,000.

ANDREW MARR:
But a survey by the Royal College of Nursing suggested that in quite a lot of hospitals, the sort of bad old days of people lying sometimes for many, many hours on trolleys waiting to be seen or being treated in corridors, those are coming back. Now if you’re protecting frontline, why is that happening and what would your message be to health trusts where it’s happening?

ANDREW LANSLEY:
(over) Well it’s not right for patients to be left on trolleys. Patients should be looked after and the standard of care that we provide to patients is absolutely central to what we do. We measure trolley waits. We publish them, you can see the figures. We started publishing trolley waits back in November 2010 for the first time. What is interesting is that one of the consequences of the changes that are happening in the NHS of course is that more patients are being looked after closer to home with community services, and what that has meant is that instead of (as in the past) we had increasing numbers of patients being admitted to hospital as an emergency, over the
course of this last year the number of emergency admissions to hospital has actually gone down. Now what that means is that in hospital, if you measure the relationship between the number of nurses employed in hospitals and the number of beds with patients in, actually that ratio has improved. We’ve gone an equivalent actually, Andrew …

ANDREW MARR:
Yes, yes.

ANDREW LANSLEY:
… the equivalent of about two hours extra time, nursing time with patients in beds per week.

ANDREW MARR:
Right. And yet you know anyone who’s been into general hospitals will have observed the very, very worrying increase in people, very elderly people, often with dementia, who in many ways shouldn’t be in hospital. They should be somewhere else, but they end up in hospital and they’re very hard to care for a lot of the time. The nurses are under terrible, terrible pressure trying to deal with them …

ANDREW LANSLEY:
(over) Yes, surely.

ANDREW MARR:
… and this is a problem with an ageing population that’s going to get worse and worse and worse.

ANDREW LANSLEY:
Yeah. Well of course I do spend a lot of time in hospital and I do see exactly the kind of pressures that nurses work under; and increasing numbers of older people who very often are very frail are exactly the kind of pressures that they have to deal with. But I would just say this. At any one …

ANDREW MARR:
(over) I mean there’s no social care bill in the Queen’s speech for instance, I don’t think. You know there isn’t … there doesn’t seem to be a plan for this.

ANDREW LANSLEY:
No there is entirely a plan and there’s a numb… there’s a range of aspects to it. Number one, of course, is being much more aware of where patients have dementia, identifying it and responding to it. That’s why when David Cameron and I launched the dementia challenge just a few weeks ago, one of the central parts of that is that hospitals themselves should be incentivised to identify where patients have dementia and respond to it. And it’s how we look after patients with dementia. So, for example, a few weeks ago I was at New Cross Hospital in Wolverhampton where they’ve got a team of nurses who not only have a ward where some of the patients who’ve been admitted for a fall or with a stroke, who actually have severe dementia and are well looked after on that ward, and they reach out to others. But sometimes the best thing is for patients not to be in hospital …

ANDREW MARR:
Yuh.

ANDREW LANSLEY:
… and that’s why we’ve got - working with local authorities …

ANDREW MARR:
Sure.

ANDREW LANSLEY:
… we’re investing hundreds of millions of pounds a year directly in supporting local authorities to have the kind of support at home people need.

ANDREW MARR:
I’d like to come back to hospitals if we’ve got time in a moment, but you’ve got a scheme that you’re going to be announcing as well because an awful lot of people do have trouble getting appointments from their GPs, finding out what’s going on, getting repeat prescriptions and so on.
ANDREW LANSLEY:
Well of course. From the patient’s point of view, one of the principles that we’ve set out is that for every patient it should be a sense of no decision about me without me. Well how do you get to really feeling you have more control of the healthcare that’s provided to you? And the answer is information. People often say information is power. Well we are going to empower people. We’re going to give them better information. So for patients, it means that you can access your GP practice online, that you can make appointments online, that you can get hold of your test results, you can get repeat prescriptions. Every patient …

ANDREW MARR:
(over) And everybody will be able to do this by when?

ANDREW LANSLEY:
By 2015 we’re looking for every patient to have this kind of access and for every patient to be able to access their own patient record; and if they want to, to be able to take control of their patient record, use it and of course interact with the health service and others using it.

ANDREW MARR:
And will this be compulsory for GPs?

ANDREW LANSLEY:
GPs have signed up to it.

ANDREW MARR:
Alright, okay.

ANDREW LANSLEY:
And that’s what I think is most encouraging - is that we’ve got a partnership, the Future Forum set out for us working with people across the service that this can happen, should happen.
ANDREW MARR:
Yeah.

ANDREW LANSLEY:
About one per cent of GP practices do this now. The Royal College of General Practitioners are going to be our partners in making this happen in the future.

ANDREW MARR:
The Sun this morning had an absolute blast at the department for the terrible quality of food in hospitals. And they’re absolutely right - a lot of food in hospitals remains pretty disgusting - and they were arguing that you know there’s all the bureaucratic reforms, there’s all the kind of complicated political changes, but unless you can get simple, basic things like decent food right in hospital, people are not going to get better.

ANDREW LANSLEY:
Yeah it’s terrifically important. And actually we saw over the course of the decade, you know 2000 to 2010, the number of patients leaving hospital malnourished went up and it shouldn’t have happened. Part of it is of course individually …

ANDREW MARR:
(over) Do you accept there is a problem?

ANDREW LANSLEY:
I accept we need to ensure and we are increasingly going to ensure that patients who are in hospital get the right nutrition. To some extent it’s personalised because what you need as a patient in terms of your diet often is very personal. But it’s also about things … For example, we’re working with DEFRA, our colleagues on environment and food, on a range of projects to demonstrate precisely how the buying standards in hospitals can be used in order to deliver better nutrition for patients.

ANDREW MARR:
Doctors are voting on some kind of industrial action at the moment - not strike, but action. There is still a problem with the profession, isn’t there? I mean you’re not yet
trusted as a government by the professionals whether they’re nurses or whether they’re the doctors’ organisations?

ANDREW LANSLEY:
Well I don’t think you should confuse what trade unions are doing for trade union purposes with what people are doing across the country in the NHS. And frankly I don’t see it as … I’m not asking doctors and nurses to trust me, although I hope they do. What I’m asking them to do is to really have trust in themselves …

ANDREW MARR:
Right, okay.

ANDREW LANSLEY:
… because the reforms increasingly are about taking ownership - the professionals in the health service taking ownership of the service they provide to patients and, as I say, sharing with patients in decisions about their care.

ANDREW MARR:
For now, thank you very much indeed Andrew Lansley.

INTERVIEW ENDS