

## MP CALLS FOR MORE PATIENT CHOICE IN NEW HEALTH BILL

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**David Tredinnick:** I am most grateful for being called to speak and for the opportunity to follow my colleague on the Health Committee, the hon. Member for Walsall South (Valerie Vaz), and my hon. Friend the Member for Hexham (Guy Opperman), and to say how pleased I am to see my hon. Friend in his place. I know from experience—not personal experience—just how tough that operation can be, so many congratulations to him on his recovery.

I want to make a short speech on just one issue—patient choice, which is one of the most important, if not the most important, aspects of the Bill—and to challenge my right hon. Friend the Secretary of State on one or two points. Chapter A1 13H sets out the duty that the board has, in the exercise of its functions, to “promote the involvement of patients, and their carers and representatives...in decisions about the provision of health services to...patients.”

That patient choice depends on clinical commissioning, the subject of the amendments before us, and that in itself hangs on the “any qualified provider” policy, modified recently from “any willing provider”. There I have some concerns.

The TUC brief summed up “any qualified provider” very well:

“Under AQP, patients will be able to choose which provider to use for their treatment, from a list of approved providers (private, public or voluntary sector) who perform the service in exchange for a locally or nationally set tariff.”

Where I have a slight problem is that although the categories of treatment that can be employed, certainly in the transitional year 2012-13, have been set out in the operational guidance, I think there is a strong case for the guidance to be in the Bill itself.

However, I am very pleased to see at the top of the list musculoskeletal services for back and neck pain, and I presume, although it is not set out, that that means greater use of osteopathy and chiropractic, both regulated by Acts of Parliament, in 1993 and 1994. I had the honour to serve on the Committees considering those Bills. As the public are to have greater choice, we must look at providing that choice, and they will be asking for those services. They will also want acupuncture for musculoskeletal problems. Acupuncture has been approved by NICE and there are now NICE guidelines supporting acupuncture for use in these services. I would like my right hon. Friend the Secretary of State to consider at some point making a more positive, more specific commitment to the use of those services in the provision for patient choice.

There is a strong case for the “any qualified provider” policy to be set out in the Bill too, although it is set out in the operational guidance. The problem that may occur is in the qualification process. I have no problem with its asking for safe, good-quality care or with the governing principle of qualification being that practitioners be registered with the Care Quality Commission and Monitor, but what about those therapies that do not have those badges in their passport? What about traditional Chinese medicine, which is about to be regulated by the Health Professions Council? May we have a specific assurance that its practitioners can be part of this patient system? Traditional Chinese medicine and

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acupuncture have increased in popularity dramatically—Chinese practitioners may now be found in any town in the country.

I suggest to my right hon. Friend the Secretary of State that other therapies should be included in the list. He has produced a second list of services to be introduced in 2013-14, which includes community chemotherapy and home chemotherapy. If we are to offer patients choice on those chemotherapy services, we really ought to consider those who can support people who are exhausted after chemotherapy and radiotherapy. I am thinking of not only those who practise traditional Chinese herbal medicine and acupuncture, but the healing fraternity and those who use therapeutic touch, many of whom now work in NHS hospitals to great effect.

I should also like to refer to homeopathic medicine, which I have discussed when you have been in the Chair before, Madam Deputy Speaker. I think I am right in saying that your constituency is not far from the Bristol homeopathic hospital, so perhaps you will not call me to order on this, especially as I am trying to stay in order. Many people use homeopathy every day to cure simple ailments, because it is cheap, easy to understand and very effective. Even if there are not umpteen double-blind placebo-controlled trials, there is a wealth of evidence that it works. I would draw my right hon. Friend's attention to the fact that the Royal London hospital for integrated medicine, which used to be called the Royal London homeopathic hospital, has the highest patient satisfaction rating of all hospitals in the United Kingdom.

There is a case for including in the Bill clearer direction about the services that will become available. I ask my right hon. Friend to smile on those other disciplines that do not have statutory regulation but perhaps have robust non-statutory, voluntary regulation, such as acupuncture, and ensure that when patients go to their doctors and say, "Doctor, this is what we've used; this is what we really want," they will not be turned away.