



ROBERT NEILL MP

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Thank you for taking the trouble to email me about the Care Bill and its provisions relating to the Trust Special Administration regime.

I appreciate the reasons behind your concerns - particularly in light of recent developments at Lewisham Hospital and a history of reconfiguration at Queen Mary's Hospital under the last Labour government.

I have personally discussed the particular impact of Clause 119 and the alternative New Clause 16 with the Health Minister, Dr Dan Poulter MP. It's worth adding that Dr Poulter worked as a Hospital Consultant in the NHS before entering Parliament and, as it happens, he spent some of that time practicing in the Princess Royal University Hospital. So he knows about his subject and our local health economy outside of the prism of politics.

After this discussion, I am satisfied that Clause 119 does not have the draconian effect claimed. Having looked carefully at the drafting, it is clear that the main purpose is to enable a trust special administrator to make recommendations about healthcare service provision beyond the boundaries of the trust in administration, rather than focusing solely on a failing provider in isolation. Having spent four years as a board member of a Strategic Health Authority before entering Parliament, I am convinced that we do need to be looking at the broader picture. No one piece of our NHS can stand in isolation, which is why I will be supporting this particular adjustment to the TSA regime. I am also mindful that Clause 119 is being introduced largely at the behest of NHS healthcare providers, responding to calls from organisations like the Foundation Trust Network and the NHS Confederation. As the Chief Operating Officer of the NHS Confederation has said: "No NHS trust is an island...the cause of failure in quality or finance can often be rooted in how the local health economy operates in its entirety, not just one hospital." The case for looking across Trust boundaries in these rare cases is driven by clinical, not financial, considerations.

Neither will this New Clause weaken the process of consultation or drive through wholesale closures against the wishes of local people. As a case in point, it actually puts the inclusion of local authorities and local healthwatch organisations on a statutory footing. It also lengthens the public consultation period to 8 weeks from 6 weeks.

Equally, I think it is worth adding that New Clause 16, although well intentioned, is not likely to be effective in practice. There is also a very real risk that, if it were to pass, New Clause 16 would undermine the purpose of the TSA regime. As we experienced only recently in South East London, the process must be thorough, but at the same time it is essential that an administrator is empowered to deliver a swift and binding set of proposals to rescue hospital services that are deemed unsafe and financially unsustainable. Clause 119 already requires consultation with other affected providers



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and commissioners, and Monitor and the Secretary of State must also be satisfied that the administrator has carried out their duties satisfactorily.

Thank you again for sharing your concerns with me. I hope this explains why I have chosen to support the Government later today, but please do not hesitate to get in touch if you would like further clarification.

Bob Neill MP