John Howell (Henley) (Con): It is a great pleasure to follow the hon. Member for Halton (Derek Twigg). I congratulate him on securing this debate, which highlights a very important subject.

Over the past few months, I have had discussions with GP practices across my constituency. I have had a number of meetings with GPs, usually during their lunch hour, and we have covered a wide range of topics, some relating to the new hospital being built in Henley as a re-provision of the old one, and some relating to the individual situation of GPs. These discussions arose out of my speaking to a conference of GP practice managers. It is important to stress the crucial role of managers in running GPs’ practices. There was a lot of agreement between myself and the right hon. Member for Oxford East (Mr Smith) about how the health service is organised. My meetings with GPs have also come about as a result of talking to patient groups.

GPs are excited at the possibility of providing a range of services, through new methods, in the hospital in Henley, and are very much part of the discussion with the CCG on this. There is a real possibility of an emergency multidisciplinary unit there.

When talking to GPs, I have raised the subject of access to GPs and services. In my constituency, access is not an issue. If people need urgent appointments, GPs will make themselves available. People can ring for an appointment and be given one very quickly. I have found that to be the case with my own surgery, for example, and I applaud the dedication and the willingness to work in co-operation that have been shown by GPs in these circumstances. Sometimes, though, if people ask to see a specific GP urgently, that may not be possible, but these are small practices where there is good communication and discussion of medical issues between the limited number of doctors there. Access does become a problem when practices are essentially outposts of another practice. This occurs in the north of my constituency in a village called Chinnor, where the practices are outposts of practices across the border in Princes Risborough. Managing that can create certain problems for GPs.

The major problem put to me by GPs is patient expectations. I would not want to limit patients’ genuine expectation of good service provided in a timely manner, but we expect things without a wait, so the issue is the expectation, rather than the GP’s availability.

Michael Fabricant (Lichfield) (Con): Does my hon. Friend agree that another problem facing GPs and the NHS in general is patients who make appointments with GPs and consultants and do not turn up?

John Howell: If my hon. Friend will give me a chance, I will come to that very point, which is one that I discussed with GPs and patient groups.

There is also the expectation of what a GP can do. The number of visits per patient may be up, which is increasing demand, but the causes, according to GPs, are, first, the desire for an instant cure. People are not giving minor ailments time to heal themselves, but expect medicine on tap for everything. Thus going to a GP as soon as symptoms occur is part of the expectation. Secondly, people are motivated to see their GP by advertisements listing symptoms and encouraging people to go to a GP if they have them.

Liz McInnes (Heywood and Middleton) (Lab) rose—
Duncan Hames (Chippenham) (LD) rose—

John Howell: I give way to the hon. Member for Heywood and Middleton (Liz McInnes).

Liz McInnes: The hon. Gentleman talks about patient expectations, but in the Heywood, Middleton and Rochdale CCG, which serves my constituency, 16% of patients report that they are unable even to speak to somebody to get an appointment. I do not think it is an unreasonable expectation that patients should be able to contact somebody who can get them an appointment with a GP.

John Howell: I will give way to the hon. Member for Chippenham (Duncan Hames) and then respond to both interventions.

Duncan Hames: I do not find fault with the patients, but does the hon. Gentleman agree that a significant difference between the funding patterns for primary and secondary care is that in secondary care the more treatment provided and the more patients seen, the more funding provided by commissioners to the provider, yet the same pattern, where funding is proportionate to the amount of activity undertaken, is not typically seen in what we ask of general practice?

John Howell: I will talk a bit about funding later. I say to the hon. Member for Heywood and Middleton that we are trying to put together a picture on the basis of individual constituencies. It is no use taking an overall, theoretical picture and then trying to work out what is happening in individual constituencies; it has to be done the other way around, by individual constituencies saying what is happening with them. I am setting out precisely the situation in my constituency.

Richard Graham (Gloucester) (Con): On that point, in Gloucester we had exactly the same problem that Members have referred to, so our clinical commissioning group managed to arrange funding for 300 additional hours in GP surgeries a week, which is proving very effective. That is the sort of thing that can be done locally by using the budget creatively. Does my hon. Friend agree that others might be able to explore that?

John Howell: I agree that that is a very good local initiative that could be spread across general practice.

Let me give the House an example. I happened to be visiting a surgery one afternoon, so I asked the staff what the problem with access was. I was told that a good example was a lady who had come in that morning to have her plaster changed. I imaged plaster being removed from a suppurating wound, but it was actually a small plaster on her hand. She was told to go away. I think that is an abuse of a GP practice by a patient.

Mr Bellingham: Will my hon. Friend consider the role of pharmacies in providing more cover and more care, for example for the type of complaint he has just mentioned? Surely those people should be going to their local pharmacy, rather than their GP practice.

John Howell: I completely agree. If I manage to get through my speech, I will say a few words about that.
The way forward is for patients to take responsibility for their own health, but there is a basic education point that stands in the way. I have a minor condition that requires my blood pressure to be monitored. I do that myself at home, and then send the results remotely to the surgery. We then have a conversation about it remotely, hopefully by e-mail. It is ironic that the internet is increasingly used by the over-50s, but the view of GPs providing a public service stands in the way of, and even contradicts, the over-50s being able to use the internet to achieve that result.

**Mr Simon Burns**: Is there not also a problem with some patients using the internet to self-diagnose, as there can sometimes be unpleasantness and arguments when GPs do not agree?

**John Howell**: That risk does exist, but I am talking about a treatment regime that I have agreed with my local practice, and this is the best way of dealing with it.

I have discussed the impact of no-shows with local practices. No-shows can affect surgeries by denying appointments that are the equivalent of up to one doctor each week. We looked with patient groups at various ways of dealing with that, including a ring-back system that allows surgeries to send text messages to remind patients not to forget an appointment the following day. What is missing, though, is an ability for the patient to ring back and say, “Yes, I’m coming”, or “No, I’m not coming.” I understand that the scheme that was going to put that in place centrally has been cancelled, and I ask the Minister to look at that carefully. Some practices use no-shows positively as a potential indication of symptoms; if someone is a consistent no-show, that might be a sign of dementia or something else. When I discussed charging for no-shows with patient groups, there was great hostility to this, tempered by the admission that it was administratively impossible and raised too many issues about access to services.

The hon. Member for Halton talked about the role of GPs in planning locally. I have asked about this in my area, where a whole lot of places are going for neighbourhood plans. I fully support them in doing that. It is the first time that communities have had the ability to determine where houses will go—and, indeed, what they will look like, because there is a very important design element. When I asked GPs what role they had in the neighbourhood planning process, the answer, basically, was none at all; they had not participated in the discussions. I sent them back to have those discussions with the people putting the neighbourhood plan together. This cannot be left to the CCG to determine for GP practices; GP practices have to do it themselves. The risk is that if they do not have their wish-list regarding what is to be done, they will lose out in the allocation of community infrastructure levy money that will eventually come through.

**Mr Prisk**: On the development of local plans, in east Hertfordshire and elsewhere, the problem is that our rather nice, but historical and inadequate, premises restrain the ability of practices to provide modern facilities. Is that my hon. Friend’s experience of the local planning process in his constituency?

**Mr Deputy Speaker (Mr Lindsay Hoyle)**: Order. May I make a suggestion? The Speaker suggested a time limit of about 10 minutes, and the hon. Gentleman has now had 13 minutes. I hope there will not be too many more interventions, and that the hon. Gentleman is coming to the end of his speech.
John Howell: Thank you, Mr Deputy Speaker. I am coming to the end, but let me answer my hon. Friend’s intervention. It depends on where the practice is and what its buildings are like. Some are quite modern, and one would not want to change their facilities. Even those practices may need to add an extra surgery, if the village is going to grow by several thousand people, so they need to plan for where it will go and for the doctor that will use it.

The trend in the population has been towards more elderly patients and more patients with long-term, chronic or multiple conditions. That leads to an increase in the number of patients per year. There is no doubt that the age profile is having an impact. The Government’s allocation of a named doctor to a patient is useful for the co-ordination of services, even though in an emergency the patient may not be able to see that doctor on the day when they require them.

Yes, there is a need for money to be provided for GP services, but this is possible only if we have a strong economy. The Government have evened out the payments between practices so that they do similar things in similar parts of the country and there are not wide variations between them. That has to be the right way to go. It also has to be right to increase the strength of the economy in order to provide these services.