Health and Care Bill

AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

Clause 20

LORD CRISP

Page 22, line 8, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 10, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 14, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 23, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 27, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 32, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 22, line 35, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 3, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 5, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 9, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 10, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 37, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 42, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 23, line 44, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 24, line 6, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 24, line 8, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 24, line 19, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 24, line 21, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Page 24, line 25, leave out "and NHS foundation trusts" and insert ", NHS foundation trusts and primary care services"

Member's explanatory statement
This amendment would require Integrated Care Boards to work with the four primary care services listed in schedule 3 (Primary Medical Services, Primary Dental Services, Primary Ophthalmic Services and Pharmaceutical Services) when preparing and revising their five year plans, in the same way they are required to work with NHS trusts and NHS foundation trusts.

Clause 69

LORD HUNT OF KINGS HEATH

Page 62, line 26, at end insert—

"(1C) Before regulations which include a patient choice requirement may be made under this section, the Secretary of State must consult the following bodies—

(a) Healthwatch England;

(b) the Patients Association;

(c) such other persons as the Secretary of State considered appropriate."

Member's explanatory statement
The amendment would ensure that before any regulations are laid on patient choice, the Secretary of State must consult Healthwatch England, the Patients Association and other relevant bodies.

Clause 83

LORD HUNT OF KINGS HEATH
LORD CLEMENT-JONES

Page 74, line 16, at end insert—

"(2A) In section 253(2) (general duties of the Information Centre), at the end of paragraph (b) insert ", and

(c) allow any patient with a verified NHS Login to see a personalised data usage report containing detail of every use of data about them for purposes beyond direct care, and showing how the balance of duties upon the public body were applied in decisions permitting those uses.""

Member's explanatory statement
The amendment adds an obligation on the public body to show each verified patient how data about them is used, and how the duties of the Health Services Information Centre have been implemented.

Clause 142

BARONESS FRASER OF CRAIGMADDIE

Page 121, line 39, at end insert—

"(d) in paragraph 9 (preliminary procedure for making Orders), after sub-paragraph (1) insert—

"(1ZA) When making and consulting on a draft Order, the Secretary of State must have regard to the following criteria—

(i) the maintenance of regulatory independence;

Clause 142 - *continued*

(ii) the maintenance of professional identities;
(iii) the encouragement of collaboration between regulators;
(iv) improved efficiency in professional regulation; and
(v) any other considerations deemed relevant.""

Member's explanatory statement
This is probing amendment to explore what criteria the Government intends to use in making an Order under Clause 142 to alter the professional regulatory framework.

After Clause 148

BARONESS MERRON

Insert the following new Clause—

"UK Health Security Agency

(1) There is to be a body corporate known as the UK Health Security Agency.

(2) The UK Health Security Agency has the function of—

(a) acting as the country's permanent standing capacity to prepare for, prevent and respond to threats to health;

(b) advising the Secretary of State and such bodies as may be prescribed about arrangements for preparing, preventing and responding to threats to health;

(c) planning for, preventing and responding to the risk of future infectious disease pandemics and other major health threats;

(d) working with partners around the world, and lead the UK's global contribution to global health protection research;

(e) holding responsibility for health security scientific capabilities including those at Porton Down and Colindale;

(f) other duties set out by regulations.

(3) The Secretary of State may by regulations provide for—

(a) the establishment and constitution of the board of the Agency;

(b) the financing of the Agency;

(c) duties of the Agency.

(4) The Agency must prepare and submit an annual report of its activities to Parliament."

Member's explanatory statement
The amendment is intended to place the successor to Public Health England on a statutory basis to enhance transparency and accountability.

LORD HUNT OF KINGS HEATH

Insert the following new Clause—

"Appropriate consent to transplantation activities when travelling abroad

(1) Section 32 of the Human Tissue Act 2004 (prohibition of commercial dealings in human material for transplantation) is amended in accordance with subsections (2) to (6).

After Clause 148 - *continued*

(2) In subsection (1), after paragraph (e) insert—

"(f) travels outside the United Kingdom to a country or part of a country where explicit consent is not required for the legal donation of controlled material which does not meet the criteria in subsection (1A)(a) to (c) and receives any controlled material, for the purpose of transplantation, without—

(i) the free, informed and specific consent of a living donor, or

(ii) the free, informed and specific consent of the donor's next of kin, where the donor is unable to provide consent;

(g) travels outside the United Kingdom to a country or part of a country where explicit consent is required for the legal donation of controlled material and receives any controlled material for the purpose of transplantation where the material was obtained without—

(i) the free, informed and specific consent of a living donor, or

(ii) the free, informed and specific consent of the donor's next of kin, where the donor is unable to provide consent;

(h) travels outside the United Kingdom to a country or part of a country and receives any controlled material for the purpose of transplantation for which, in exchange for the removal of controlled material—

(i) the living donor, or a third party, receives a financial gain or comparable advantage, or

(ii) where the controlled material comes from a deceased donor, a third party receives financial gain or comparable advantage."

(3) After subsection (1) insert—

"(1A) The Secretary of State must publish an annual assessment of countries where, explicit consent is not required for the legal donation of controlled material, determining whether each of those countries—

(a) provides a formal, publicly funded scheme for opting out of deemed consent for donation of controlled material,

(b) provides an effective programme of public education to its population on the deemed consent system and the opt-out scheme which delivers a high level of public understanding of both, and

(c) is not considered to be committing Genocide by resolution of the House of Commons.

(1B) In paragraph (h) in subsection (1), the expression "financial gain or comparable advantage" does not include compensation for loss of earnings and any other justifiable expenses caused by the removal or by the related medical examinations, or compensation in case of damage which is not inherent to the removal of controlled material.

(1C) Subsection (1E) applies if—

(a) an act which forms part of an offence under subsection (1) takes place outside the United Kingdom, but

After Clause 148 - *continued*

(b) the person committing the act has a close connection with the United Kingdom.

(1D) For the purposes of subsection (1C)(b), a person has a close connection with the United Kingdom if, and only if, the person was one of the following at the time the acts or omissions concerned were done or made—

(a) a British citizen;
(b) a British overseas territories citizen;
(c) a British National (Overseas);
(d) a British Overseas citizen;
(e) a person who under the British Nationality Act 1981 was a British subject;
(f) a British protected person within the meaning of that Act;
(g) an individual ordinarily resident in the United Kingdom;
(h) a body incorporated under the law of any part of the United Kingdom;
(i) a Scottish partnership.

(1E) Where this subsection applies, proceedings for the offence may be taken in any criminal court in England and Wales or Northern Ireland."

(4) In subsection (3), after "subsection (1)" insert "(a) to (e)".

(5) In subsection (4), after "subsection (1)" insert "(a) to (e)".

(6) After subsection (4) insert—

"(4A) A person guilty of an offence under subsection (1)(f) to (h) shall be liable—

(a) on summary conviction—
(i) to imprisonment for a term not exceeding 12 months,
(ii) to a fine not exceeding the statutory maximum, or
(iii) to both;
(b) on conviction on indictment—
(i) to imprisonment for a term not exceeding 9 years,
(ii) to a fine, or
(iii) to both."

(7) In section 34 of the Human Tissue Act 2004 (information about transplant operations), after subsection (2) insert—

"(2A) Regulations under subsection (1) must require specified persons to—

(a) keep patient identifiable records for all instances of UK citizens who have received transplant procedures performed outside the United Kingdom; and
(b) report instances of transplant procedures performed on UK citizens outside the United Kingdom to NHS Blood and Transplant.

(2B) Regulations under subsection (1) must require NHS Blood and Transplant to produce an annual report on instances of UK citizens receiving transplant procedures outside the United Kingdom.""

Member's explanatory statement

The Amendment is aimed at ensuring that in relation to organ tourism, there must be informed consent with no coercion or financial gain for the donation of organs. Thus prohibiting organ tourism which involves either forced organ harvesting or black market organ trafficking.

Health and Care Bill

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17 December 2021
