

Health and Care Bill

AMENDMENTS TO BE MOVED IN COMMITTEE OF THE WHOLE HOUSE

Clause 3

BARONESS WHEELER
LORD SHARKEY

Page 2, line 8, at end insert –

“(ba) after subsection (2) insert –

“(2A) The Secretary of State must specify in the mandate maximum waiting times for access to NHS services, including –

- (a) a maximum waiting time standard of 18 weeks from GP referral to first treatment;
- (b) a waiting time standard for the time it takes to diagnose rare and less common conditions following a GP referral.””

Member’s explanatory statement

This amendment would require the Secretary of State to deliver the existing 18 week waiting time target and ensure a maximum waiting time standard for the diagnosis of rare and less common conditions is introduced.

After Clause 4

LORD RENNARD

Insert the following new Clause –

“NHS England: duty to promote self-management

After section 13F of the National Health Service Act 2006 insert –

“13FA Duty to promote self-management

- (1) NHS England, in the exercise of its functions, must promote the self-management of long-term conditions through investment in technological, interprofessional, and public educational innovation.””

Member’s explanatory statement

This amendment would ensure that NHS England promotes active patient self-management for long-term conditions, where clinically suitable, through greater investment in technological innovation, and workforce and public education on its merits.

Clause 8

LORD SHARKEY
BARONESS WHEELER

Page 5, line 4, at end insert –

“(3A) A condition under subsection (3)(b) must, in particular, relate to –

- (a) the ability of integrated care boards to commission specialised services in line with national standards;
- (b) the need for an integrated care board to publish its performance in relation to the commissioning of specialised services;
- (c) the circumstances in which any responsibility that an integrated care board may have for commissioning specialised services can be removed.”

Member’s explanatory statement

This amendment would allow for national safeguards when delegating specialised commissioning responsibilities from NHS England to an integrated care board.

Clause 20

LORD RENNARD

Page 21, line 3, at end insert –

“(1A) The guidance relevant for the purposes of subsection (1) include, in particular, key performance metrics on the uptake of innovative technologies among diabetes patients.”

Member’s explanatory statement

This amendment would require NHS England’s System Oversight Framework for integrated care systems to include a metric on the percentage of diabetes patients in their area accessing diabetes technology.

Clause 26

BARONESS WHEELER
LORD SHARKEY

Page 37, line 35, at end insert –

“(4A) The indicators of quality set by the Commission under subsection (4) must include –

- (a) whether national standards in the care of people with rare and less common conditions are being met;
- (b) whether the views of patients with rare and less common conditions are being represented;
- (c) whether people with rare and less common conditions have access to a named clinical nurse specialist.”

Member's explanatory statement

This amendment would require integrated care boards to be assessed by the Care Quality Commission on the provision of care for people with rare and less common conditions, in particular.

After Clause 40

LORD SHARKEY
BARONESS WHEELER

Insert the following new Clause—

“Access to innovative medicines and medicinal products review

- (1) The Secretary of State must undertake and publish a review of the use by the NHS of innovative medicines and medicinal products.
- (2) A review must—
 - (a) conclude before 31 December 2022;
 - (b) consider ways to improve the use of innovative medicines and medicinal products within the NHS in England.
- (3) A review must consider—
 - (a) the creation of a specific pathway to assess medicines and medicinal products for rare and less common conditions;
 - (b) improvements to the way in which patient and clinical experience is accommodated when considering the adoption of new medicines and medicinal products.”

Member's explanatory statement

This new Clause would require the Secretary of State to carry out a review of the assessment and use of innovative medicines and medicinal products, and to consider how to improve access to medicines and medicinal products for people with rare and less common conditions in particular.

Clause 142

LORD SHARKEY
BARONESS WHEELER

Page 121, line 6, at end insert—

“(da) after subsection (2) insert—

“(2ZZB) The regulation of health professions and social care workers must be used where possible to raise professional awareness of rare and less common conditions.””

Member's explanatory statement

This amendment would require professional regulators to support improved awareness of rare and less common conditions amongst health and care professionals.

After Clause 148

LORD WARNER

Insert the following new Clause –

“Office of Health and Care Sustainability

- (1) There is to be a body corporate, independent of the Government, called the Office of Health and Care Sustainability (“the Office”) to safeguard the long-term sustainability of an integrated health and adult social care system for England.
- (2) The Office must be established within six months of the passing of this Act and must publish a report of its initial findings relating to its main functions within a year of its establishment.
- (3) The role of the Office to continually assess the outlook for the health and care system over the coming five, 10 and 15 years.
- (4) The Office has no function in operational or service delivery aspects of the health and care system.
- (5) The Office must –
 - (a) monitor and publish data relating to demographic trends, disease profiles and the likely pace of change relating to future service demands,
 - (b) assess the workforce and skills mix required to respond to those changes and publish regular reports on those matters, and
 - (c) consider the stability of health and adult social care funding relative to changing demographic and disease trends, including the alignment between health and adult social care funding, and publish regular reports.
- (6) The functions of the Office are to be exercised on behalf of the Crown as if it was a public department.
- (7) The Office is to consist of –
 - (a) an executive chair appointed by the Secretary of State with the consent of the Public Accounts and Health Select Committees of the House of Commons,
 - (b) two other members appointed by the Secretary of State with the consent of the Public Accounts and Health Select Committees of the House of Commons, and
 - (c) two other members nominated by the Office and appointed by the Secretary of State.
- (8) The initial appointments under subsection (7) are for a term of five years and no more than two terms may be served.
- (9) The remuneration of the executive chair is to be agreed by the Secretary of State but may not be less than that paid to the Permanent Secretary of the Department of Health and Social Care. All other salaries and gratuities for members may be agreed by the Office with the consent of the Secretary of State for Health and Social Care.

After Clause 148 - continued

- (10) The Office may employ staff on terms and remuneration consistent with that of the civil service.
- (11) The Office may –
 - (a) establish such Committees and sub-Committees as it deems necessary,
 - (b) determine its own procedures and those of its Committees and sub-Committees, and
 - (c) do anything calculated to facilitate, or conducive or incidental to, the carrying out of any of its functions.
- (12) The annual budget of the Office is to be provided by the Secretary of State after consultation with the Public Accounts Committee of the House of Commons.
- (13) The Office must keep proper accounts and records in relation to its accounts, and must prepare and publish each year an audited statement of accounts.
- (14) The Office must prepare an initial report on its work within one year of its establishment, and thereafter annually, and may at any time publish a report on its functions when it considers that this assists safeguarding the long-term sustainability of an integrated health and adult social care system in England.
- (15) The Secretary of State must lay any report prepared by the Office before both Houses of Parliament.”

Member’s explanatory statement

This amendment implements recommendations 33 and 34 of the 2017 report by the House of Lords Select Committee on the Long-term Sustainability of the NHS and Adult Social Care. It draws on the legislation setting up the Office for Budget Responsibility.

Schedule 17

LORD MOYLAN

Page 234, line 31, at end insert –

- “(2A) A brand may continue to advertise, or provide sponsorship, if the advertisement or sponsorship does not include an identifiable less healthy food and drink product.”

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21 December 2021
