Health and Care Bill

AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

Clause 16

BARONESS FINLAY OF LLANDAFF
LORD HUNT OF KINGS HEATH
BARONESS HODGSON OF ABINGER
THE LORD BISHOP OF CARLISLE

Page 14, line 23, at end insert—

"3ZA Further provision in relation to palliative care

(1) For the purposes of section 16 "specialist palliative care services" must include the provision of—

(a) support in every setting including private homes, care homes, hospitals, hospices and other community settings, working with local clinical teams,

(b) hospice and other palliative care beds when required, including admission on an urgent basis,

(c) specialist palliative care advice, available at all times of day every day,

(d) support to ensure the right, skilled workforce, equipment and medication is available to deliver this care,

(e) support by telephone from specialist healthcare professionals,

(f) a point of contact, available for people with palliative and end of life care needs if their usual source of support is not accessible,

(g) appropriate systems to share information about the person's needs with all professionals involved in their care, provided they give consent for this;

(h) support for advance care planning development in all services to ensure patients are able to have open conversations about their needs and concerns;

(i) support the education and training of the health and social care workforce, and

(j) support to enable staff to participate in relevant research and advance innovations in palliative care.

(2) Palliative care is an approach that—

Clause 16 - *continued*

(a) improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness,
(b) prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems,
(c) prevents and relieves suffering of any kind, including physical, psychological, social or spiritual, experienced by adults and children living with life-limiting health problems, and
(d) promotes dignity, quality of life and adjustment to progressive illnesses, using best available evidence."

Member's explanatory statement
This amendment is consequential to the amendment at page 13, line 38. It defines palliative care as stated by the World Health Organisation and stipulates the specific services provided by specialist palliative care to support the health and care system to achieve the aims set out in the WHO definition.

Clause 20

LORD SHARKEY
LORD KAKKAR

Page 17, leave out lines 16 to 19 and insert—

"Each integrated care board must—
(a) ensure that those eligible organisations for which the integrated care board is responsible conduct research on matters relevant to improving patient outcomes and health care delivery and promote the use in health and care of evidence obtained from research,
(b) co-produce with place-based partnerships research aims to meet the needs of their local communities and ensure diversity of participation, and
(c) transparently publish via their annual reports and joint forward plans the steps they have taken or plan to take to deliver clinical research."

After Clause 80

BARONESS HOLLINS

Insert the following new Clause—

"Definition of "carers"

In this Act, any reference to carers includes—

(a) carers as defined by sections 10(3) and 10(9) of the Care Act 2014,
(b) parents of disabled children with reference to section 97 of the Children and Families Act 2014,
(c) any unpaid carers of disabled children as in section 1 of the Carers (Recognition and Services) Act 1995,

After Clause 80 - *continued*

(d) any young carers with reference to section 96 of the Children and Families Act 2014, and

(e) any young carers with reference to section 63 (6) and section 63 (7) of the Care Act 2014."

After Clause 148

BARONESS FINLAY OF LLANDAFF

Insert the following new Clause—

"Dispute resolution in children's palliative care

(1) This section applies where there is a difference of opinion between a parent of a child with a life-limiting illness and a doctor responsible for the child's treatment about—

(a) the nature (or extent) of specialist palliative care that should be made available for the child, or

(b) the extent to which palliative care provided to the child should be accompanied by one or more disease-modifying treatments.

(2) Where the authorities responsible for a health service hospital become aware of the difference of opinion they must take all reasonable steps—

(a) to ensure that the views of the parent, and of anyone else concerned with the welfare of the child, are listened to and taken into account;

(b) to make available to the parent any medical data relating to the child reasonably required to obtain evidence in support of the parent's proposals for the child's treatment (including obtaining an additional medical opinion); and

(d) where the authorities consider that the difference of opinion is unlikely to be resolved entirely informally, to provide for a mediation process, acceptable to both parties, between the parent and the doctor.

(3) In the application of subsection (2) the hospital authorities—

(a) must involve the child's specialist palliative care team so far as possible; and

(b) may refuse to make medical data available if the High Court grants an application to that effect on the grounds that disclosure might put the child's safety at risk having regard to special circumstances.

(4) Where the difference of opinion between the parent and the doctor arises in proceedings before a court—

(a) the child's parents are entitled to legal aid, within the meaning of section 1 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (Lord Chancellor's functions) in respect of the proceedings; and the Lord Chancellor must make any necessary regulations under that Act to give effect to this paragraph; and

(b) the court may not make any order that would prevent or obstruct the parent from pursuing proposals for obtaining disease-modifying treatment for the child (whether in the UK or elsewhere) unless the court is satisfied that the proposals—

After Clause 148 - *continued*

(i) involve a medical institution that is not generally regarded within the medical community as a responsible and reliable institution, or

(ii) pose a disproportionate risk of significant harm to the child.

(5) Nothing in subsection (4) requires, or may be relied upon so as to require, the provision of any specific treatment by a doctor or institution; in particular, nothing in subsection (4) —

(a) requires the provision of resources for any particular course of treatment; or

(b) requires a doctor to provide treatment that the doctor considers likely to be futile or harmful, or otherwise not in the best interests of the child.

(6) In this section—

"child" means an individual under the age of 18;

"health service hospital" has the meaning given by section 275 of the National Health Service Act 2006 (interpretation);

"parent" means a person with parental responsibility for a child within the meaning of the Children Act 1989.

(7) Nothing in this section affects the law about the appropriate clinical practice to be followed as to—

(a) having regard to the child's own views, where they can be expressed; and

(b) having regard to the views of anyone interested in the welfare of the child, whether or not a person concerned within the welfare of the child within the meaning of this section."

BARONESS CUMBERLEGE
LORD HUNT OF KINGS HEATH

Insert the following new Clause—

"Schemes for those affected by treatment

(1) Within 6 months of the passing of this Act, the Secretary of State must bring forward proposals to establish separate schemes to meet the cost of providing additional care and support to those who have experienced avoidable harm and are eligible to claim in respect of—

(a) hormone pregnancy tests (HPTs),

(b) sodium valproate, or

(c) pelvic mesh.

(2) The Secretary of State may by regulations provide for the establishment and administration of the schemes."

Member's explanatory statement

The amendment would mandate the Secretary of State to establish schemes to meet the cost of providing additional care and support to those who have experienced avoidable harm and are eligible to claim in respect of hormone pregnancy tests (HPTs), sodium valproate and pelvic mesh as identified in 'First do no Harm', the report of the Independent Medicines and Medical Devices Safety Review.

BARONESS GREENGROSS

Insert the following new Clause—

"Hospital rehabilitation accommodation

(1) The Secretary of State must ensure that each hospital has sufficient accommodation to allow a bed for any patient who is rehabilitating and no longer needs to be in hospital but cannot be discharged back to their own home.

(2) As part of the duty under subsection (1), the Secretary of State must ensure hospitals use any spare land owned by the NHS to build any new accommodation required."

Member's explanatory statement

This accommodation would be available to people who are rehabilitating and no longer need to be in a hospital ward, but cannot yet return to their own home. This proposal is intended to save the NHS money through reducing hospital stays whilst providing more suitable accommodation for people rehabilitating.

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23 December 2021
