Health Bill

THIRD MARSHALLED

LIST OF AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

The amendments have been marshalled in accordance with the Instruction of 13th October 2026, as follows—

Clauses 1 to 14	Schedule 7
Schedule 1	Clauses 45 to 55
Clauses 15 and 16	Schedule 8
Schedule 2	Clauses 56 to 65
Clauses 17 to 30	Schedule 9
Schedule 3	Clauses 66 to 70
Clauses 31 and 32	Schedule 10
Schedule 4	Clause 71
Clauses 33 to 36	Schedule 11
Schedule 5	Clauses 72 to 84
Clauses 37 to 39	Schedule 12
Schedule 6	Clauses 85 to 89
Clauses 40 to 44	Title

[*Amendments marked ★ are new or have been altered*]

Amendment No.

Clause 8

LORD SCRIVEN

30 Clause 8, page 5, line 7, leave out "relate to the health service" and insert "are public health functions"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, limits delegation directions to ICBs to public health functions.

LORD SCRIVEN

31 Clause 8, page 5, line 8, at end insert—

"(1A) A direction under subsection (1) may provide for a function of the Secretary of State, other than a public health function, to be exercised by an integrated care board only with the agreement of that board."

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires an ICB's agreement before it is directed to exercise any function other than a public health function.

LORD KAMALL
EARL HOWE

32 Clause 8, page 5, leave out lines 19 to 24 and insert—

"(5) Where the Secretary of State has given a direction under subsection (1) the Secretary of State must publish a statement before the end of the period of seven working days beginning with the day on which the direction is given.

(6) A statement published under subsection (5) must set out—

(a) the statutory function in respect of which the direction is given,

(b) the reasons for giving the direction,

(c) the period for which the direction is to have effect,

(d) the date by which the operation of the direction is to be reviewed,

(e) any payment which the Secretary of State has made, or intends to make, to an integrated care board under subsection (4) in connection with the direction,

(f) the Secretary of State's assessment of the financial and operational effects of the direction on each integrated care board to which it applies,

(g) the Secretary of State's assessment of the effect of the direction on the ability of each integrated care board to meet the needs and priorities of its local population, and

(h) the respective responsibilities of the Secretary of State and each integrated care board to which the direction applies for the exercise of the function and for any outcomes arising from its exercise.

(7) If the Secretary of State varies or revokes a direction under this section, the Secretary of State must publish—

(a) the variation or revocation before the end of the period of seven days beginning with the day on which a direction is made, and

(b) a statement setting out the reasons for the variation or revocation and its expected financial and operational effects."

Member's explanatory statement
This amendment would require a direction to an integrated care board to exercise a function of the Secretary of State to be set out in a statement published within seven working days.

Clause 10

BARONESS BENNETT OF MANOR CASTLE

33 Clause 10, page 6, leave out lines 14 to 21 and insert—

"12E Presumption in favour of public provision of health services

(1) In exercising functions in relation to the health service, the Secretary of State must secure, so far as reasonably practicable, that health services are provided by public bodies.

(2) A health service may be provided by a private-sector body only where the Secretary of State or other relevant public authority is satisfied that—

(a) no reasonable alternative is available for the provision of that service by a public body within a clinically appropriate timeframe, and

(b) the use of a private-sector body is necessary to ensure the provision of the service or to meet the healthcare needs of patients.

(3) A decision to arrange for a health service to be provided by a private-sector body under subsection (2) must—

(a) be supported by a published assessment of the available alternatives,

(b) explain why provision by a public body is not reasonably practicable, and

(c) be limited to the extent and duration necessary to meet the need identified."

Member's explanatory statement
This amendment establishes a presumption that NHS services should be provided by public bodies and restricts private-sector provision to cases where no reasonable public-sector alternative is available within a clinically appropriate timeframe and private provision is necessary to meet patients' needs.

BARONESS COFFEY

34 Clause 10, page 6, line 21, leave out "the health service" and insert "patients"

Member's explanatory statement
This shifts the emphasis by acting on what is in the best interest of patients' needs rather than the organisation.

LORD KAMALL
EARL HOWE

35 Clause 10, page 6, line 21, leave out "the health service" and insert "patients, where the Secretary of State is satisfied that the variation is necessary to improve patient outcomes"

Member's explanatory statement
This amendment would permit the Secretary of State deliberately to vary the balance between public, independent providers of health services only where the variation is necessary to improve patient outcomes. Its purpose is to prevent changes to the provider mix being made for ideological or political reasons.

LORD HUNT OF KINGS HEATH
LORD KAMALL
EARL HOWE
LORD PATEL OF BRADFORD

The above-named Lords give notice of their intention to oppose the Question that Clause 10 stand part of the Bill.

Member's explanatory statement
This is to probe the reasons behind this Clause and the Government's intentions with regard to private sector involvement in the NHS.

After Clause 10

BARONESS BENNETT OF MANOR CASTLE

36 After Clause 10, insert the following new Clause—

"Review of existing private-sector provision of health services

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, undertake and publish a review of existing arrangements under which health services are provided by private-sector bodies.

(2) The review must assess—
  (a) whether each arrangement remains necessary having regard to the presumption in favour of public provision of health services,
  (b) the feasibility of providing the service through a public body,
  (c) the financial, clinical and workforce implications of returning the service to public provision, and
  (d) the steps and timescale for bringing the service into public provision where private-sector provision is no longer necessary.

(3) Following the review, the Secretary of State must publish and lay before Parliament a plan for the progressive return to public provision of services for which private-sector provision is not necessary.

(4) The Secretary of State must publish an annual report on the implementation of the plan under subsection (3)."

Member's explanatory statement
This amendment requires the Secretary of State to review existing arrangements for the provision of NHS services by private-sector bodies, assess whether those arrangements remain necessary and identify opportunities to return services to public provision.

Clause 11

LORD KAMALL
EARL HOWE

37 Clause 11, page 7, line 6, at end insert—

"(3A) The Secretary of State may give a direction under this section only if satisfied that—

(a) the objective of the direction cannot reasonably be achieved by—

(i) the giving of guidance,

(ii) agreement with the integrated care board,

(iii) the exercise of existing oversight or performance management arrangements, or

(iv) any other means which would involve less restriction of the integrated care board's discretion,

(b) the direction is necessary and proportionate to the objective which it seeks to achieve,

(c) the benefits expected to arise from the direction, including any benefits arising from consistency between different areas, outweigh any restriction which the direction would place on the ability of the integrated care board to respond to the needs and priorities of its local population, and

(d) the integrated care board has been consulted in accordance with subsection (3C).

(3B) In deciding whether to give a direction under this section, and in determining the terms of any such direction, the Secretary of State must have regard to—

(a) the desirability of decisions relating to the provision of health services being taken at the most local level reasonably appropriate,

(b) the desirability of integrated care boards having sufficient autonomy to respond to the needs and priorities of their local populations,

(c) the importance of maintaining clear and identifiable responsibility for decisions and outcomes,

(d) the likely financial and operational effects of the direction on the integrated care board, and

(e) the availability to the integrated care board of the resources necessary to comply with the direction.

(3C) Before giving a direction under this section, the Secretary of State must—

(a) provide the integrated care board with a proposed draft of the direction,

(b) provide the integrated care board with a statement of—

(i) the objective of the proposed direction,

(ii) the reasons why the Secretary of State considers the conditions in subsection (3A)(a) to (c) to be satisfied,

(iii) the expected financial and operational effects of the proposed direction, and

(iv) any additional financial or other resources which the Secretary of State proposes to make available to enable the integrated care board to comply with the direction,

(c) allow the integrated care board a reasonable period in which to make representations, and

(d) have regard to any representations made by the integrated care board.

(3D) The Secretary of State may give a direction without complying with subsection (3A)(d) or (3C) only if satisfied that—

(a) there is an urgent need to protect the health or safety of the public or the continuity of essential health services, and

(b) the delay involved in complying with those subsections would create a serious risk of harm.

(3E) Where the Secretary of State gives a direction in reliance on subsection (3D), the Secretary of State must—

(a) consult the integrated care board as soon as reasonably practicable after giving the direction,

(b) provide the integrated care board with the information specified in subsection (3C)(b),

(c) have regard to any representations subsequently made by the integrated care board, and

(d) before the end of the period of 28 days beginning with the day on which the direction was given, decide whether to confirm, vary or revoke the direction.

(3F) A direction given in reliance on subsection (3D) ceases to have effect at the end of the period specified in subsection (3E)(d) unless, before the end of that period, the Secretary of State—

(a) confirms or varies the direction,

(b) publishes the reasons for that decision, and

(c) publishes an assessment of whether the conditions in subsection (3A)(a) to (c) continue to be satisfied.

(3G) A direction under this section must be no broader, and remain in effect for no longer, than is necessary to achieve its stated objective."

Member's explanatory statement
This amendment would provide that the Secretary of State may direct an integrated care board only where the objective cannot reasonably be achieved through guidance, agreement, existing oversight arrangements or another less restrictive means, and where the direction is necessary and proportionate.

LORD KAMALL
EARL HOWE

38 Clause 11, page 7, leave out lines 10 to 17 and insert—

"(5) Where the Secretary of State has given a direction under subsection (1) the Secretary of State must publish a statement before the end of the period of seven working days beginning with the day on which the direction is given.

(6) A statement published under subsection (5) must set out—

(a) the statutory function to which the direction relates,

(b) the legal basis for the direction,

(c) the reasons for giving the direction,

(d) the period for which the direction is to have effect,

(e) the date by which the operation of the direction is to be reviewed,

(f) the Secretary of State's assessment of the financial and operational effects of the direction on each integrated care board to which it applies,

(g) whether any additional funding or other resources are to be made available to an integrated care board for the purpose of complying with the direction and, if so, the amount or description of those resources,

(h) the Secretary of State's assessment of whether, and to what extent, the direction restricts the ability of an integrated care board to determine or meet the needs and priorities of its local population,

(i) the outcomes which the direction is intended to achieve, and

(j) the respective responsibilities of the Secretary of State and each integrated care board to which the direction applies for decisions taken and outcomes arising while the direction is in effect.

(7) Where a direction is given in reliance on subsection (3), the statement under subsection (6) must also—

(a) identify the opinion formed by the Secretary of State,

(b) set out the reasons for that opinion, and

(c) explain why the Secretary of State considers it appropriate for the integrated care board not to form its own opinion in relation to the exercise of the function.

(8) If the Secretary of State varies or revokes a direction under this section, the Secretary of State must—

(a) publish the variation or revocation before the end of the period of seven days beginning with the day on which it is made, and

(b) publish a statement setting out the reasons for the variation or revocation and its expected financial and operational effects."

Member's explanatory statement
This amendment would require a statement to be published within seven working days of a general direction to an integrated care board being issued, and would require the Secretary of State to publish the reasons for the direction, its duration, resources available for compliance, and intended outcomes.

BARONESS BENNETT OF MANOR CASTLE

39 Clause 11, page 7, line 33, at end insert—

"(5) A direction under section 14Z61 may not be given for the purpose of determining an individual decision by an integrated care board concerning the commissioning, organisation or provision of a particular local health service, including a decision concerning—

(a) the opening, closure or relocation of a particular NHS service or facility,

(b) the location at which a particular NHS service is provided,

(c) the selection of a particular provider to provide NHS services, or

(d) the allocation of resources to a particular local service.

(6) A direction under section 14Z61 in relation to specialised services may be given only for the purpose of—

(a) determining which services are to be commissioned as specialised services,

(b) securing compliance with national standards, service specifications or commissioning policies relating to those services, or

(c) requiring collaboration between integrated care boards in commissioning those services.

(7) Nothing in subsections (5) and (6) prevents the Secretary of State from exercising the powers conferred by section 14Z62A where the conditions in that section are met."

Member's explanatory statement
This amendment would prevent the Secretary of State from using the general power of direction to determine individual local commissioning decisions, while limiting directions on specialised services to defined national purposes. It would preserve the separate intervention powers that apply where an integrated care board has significantly failed, or is at significant risk of significantly failing, to discharge its functions.

LORD SCRIVEN

40 Leave out Clause 11 and insert the following new Clause—

"Outcomes for the health service and integrated care boards

(1) The National Health Service Act 2006 is amended as follows.

(2) After section 1CC (inserted by section 6 of this Act) insert—

"1CD National outcomes for the health service

(1) The Secretary of State must publish a statement of the outcomes which the health service in England is to achieve in the period specified in the statement.

(2) The outcomes must be expressed as results to be achieved for patients and populations, and may relate to—

(a) health and wellbeing;
(b) the safety, quality and effectiveness of care;
(c) access to services, including waiting times;
(d) the reduction of inequalities;
(e) the sustainable use of resources.

(3) The Secretary of State may revise the statement.

(4) Before publishing or revising the statement, the Secretary of State must consult—

(a) integrated care boards, and
(b) such other persons as the Secretary of State considers appropriate.

(5) The Secretary of State must lay before Parliament—

(a) the statement and any revised statement, together with the reasons for any revision, and
(b) in respect of each financial year, a report on the progress made towards achieving the outcomes."

(3) For sections 14Z61 and 14Z62 and the italic heading before those sections substitute—

"Outcomes, accountability and intervention

14Z61 Outcomes for integrated care boards

(1) The Secretary of State must, in respect of each financial year, specify by notice given to each integrated care board the outcomes which that board is to achieve ("ICB outcomes").

(2) ICB outcomes—

(a) must be consistent with the most recent statement published under section 1CD,
(b) may differ between integrated care boards, and

(c) must specify results to be achieved, and not the means by which any function is to be exercised.

(3) In specifying ICB outcomes for an integrated care board, the Secretary of State must have regard to—

(a) any assessment of relevant needs under section 116 of the Local Government and Public Involvement in Health Act 2007 (health and social care: joint strategic needs assessments), and

(b) any neighbourhood health plan under section 116A of that Act (health and social care: joint local health and wellbeing strategies), which relates to the whole or any part of the board's area.

(4) Before specifying ICB outcomes for an integrated care board, the Secretary of State must—

(a) consult the board, and

(b) consider any representations made by a relevant local authority or by the mayor of a relevant mayoral strategic authority.

(5) The Secretary of State must publish each notice given under subsection (1).

(6) An integrated care board must exercise its functions with a view to achieving its ICB outcomes.

(7) In this section and sections 14Z61A to 14Z62B—

"relevant local authority", in relation to an integrated care board, means a local authority (within the meaning given by section 2B(5)) whose area coincides with, or includes the whole or any part of, the board's area;

"relevant mayoral strategic authority", in relation to an integrated care board, means a mayoral strategic authority (within the meaning given by paragraph 8(7) of Schedule 1B) whose area coincides with, or includes the whole or any part of, the board's area.

14Z61A Accountability for ICB outcomes

(1) The Secretary of State must publish a framework ("the accountability framework") setting out—

(a) how progress towards achieving ICB outcomes is to be measured,

(b) the information which integrated care boards must provide for that purpose, and

(c) how often progress is to be assessed.

(2) The Secretary of State may require an integrated care board—

(a) to provide such information as the Secretary of State considers necessary for the purposes of the accountability framework, and

(b) to publish a report on its progress towards achieving its ICB outcomes.

(3) Where a performance assessment under section 14Z59 shows that an integrated care board is not achieving its ICB outcomes, the Secretary of State may—

(a) require the board to publish a plan for achieving them, and

(b) provide assistance or support to the board under section 12DA.

(4) Nothing in this section confers power to give directions to an integrated care board.

14Z62 Intervention: appointment of commissioners

(1) The Secretary of State may by order appoint one or more persons ("commissioners") to exercise specified functions of an integrated care board in place of the board if satisfied that—

(a) the board is seriously and persistently failing to achieve its ICB outcomes and, as a result, there is a serious risk to the safety or quality of care or to the proper management of public funds, or

(b) an emergency has occurred or is imminent which makes the appointment necessary.

(2) Before making an order on the ground in subsection (1)(a), the Secretary of State must—

(a) have conducted a performance assessment under section 14Z59 which shows the failure,

(b) give the board written notice of the proposed order and the reasons for it,

(c) allow the board a period of not less than 28 days, beginning with the day on which the notice is given, to make representations, and consider any representations made,

(d) consult each relevant local authority and the mayor of each relevant mayoral strategic authority, and

(e) consider what assistance or support has been provided to the board and what action the board has taken to address the failure.

(3) Where the Secretary of State makes an order on the ground in subsection (1)(b), the Secretary of State must give the board written notice of the order and the reasons for it as soon as practicable.

(4) In subsection (1)(b), "emergency" has the meaning given by section 1 of the Civil Contingencies Act 2004 (meaning of "emergency").

(5) An order under subsection (1) must—

(a) name the commissioners,

(b) specify the functions to be exercised by them, and

(c) set out the reasons for the order, and has effect for such period, not exceeding 12 months, as is specified in the order.

(6) The Secretary of State may by order extend the period for which an order under subsection (1) has effect, on one occasion only, by a further period not exceeding 12 months.

(7) An order under subsection (6) may not be made unless a draft of the statutory instrument containing it has been laid before, and approved by a resolution of, each House of Parliament.

(8) Within 7 days of making an order under subsection (1), the Secretary of State must publish the order and the reasons for it and lay a copy of each before Parliament.

(9) The Secretary of State must—

(a) review each order under subsection (1) at intervals of not more than 3 months,

(b) publish the outcome of each review, and

(c) revoke the order if satisfied that neither of the conditions in subsection (1) continues to be met.

(10) Commissioners appointed under this section—

(a) must exercise the specified functions with a view to achieving the board's ICB outcomes,

(b) are subject to the duties of the board in relation to those functions,

(c) must consult the chair of the board and each relevant local authority, and

(d) must report to the Secretary of State at intervals of not more than 6 months.

(11) The Secretary of State must publish each report made under subsection (10)(d).

(12) The integrated care board must co-operate with the commissioners.

14Z62A Intervention: exceptions

An order under section 14Z62 may not authorise commissioners to exercise a function in relation to—

(a) the appointment or employment of a particular individual,

(b) a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness, or

(c) the provision of any drug, medicine or other treatment, or the use of any diagnostic technique, in a manner inconsistent with a recommendation or guidance given by NICE.

14Z62B Restriction on directions to integrated care boards

The Secretary of State may not give directions to an integrated care board about the exercise of its functions except under—

(a) section 133 (inadequate provision of pharmaceutical services);

(b) section 223GA (directions about use and management of resources);

(c) section 253 (emergency powers).""

Member's explanatory statement
This probing amendment would replace the Secretary of State's new power to direct integrated care boards (ICBs) with national and ICB outcomes. The only intervention power would be to appoint commissioners where an ICB is seriously and persistently failing, or in an emergency, as with a failing local authority.

After Clause 11

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN
LORD PATEL

41 After Clause 11, insert the following new Clause—

"Cancer outcomes

In the National Health Service Act 2006, after section 1GA insert—

"1GB Cancer outcomes

In exercising functions relating to the health service, the Secretary of State must treat objectives relating to cancer outcomes as having priority over any other objectives relating specifically to cancer.""

Member's explanatory statement
The Secretary of State is currently required to set cancer outcome objectives for NHS England, with those objectives taking priority over other cancer goals. The Health Bill removes this provision. This new clause would place a new duty on the Secretary of State to prioritise cancer outcomes such as survival.

BARONESS TYLER OF ENFIELD
BARONESS WATKINS OF TAVISTOCK

42 After Clause 11, insert the following new Clause—

"Ministerial responsibility for social care

In section 1(3) of the National Health Service Act 2006 (ministerial responsibility to Parliament), after "service" insert ", and the promotion of social care,"."

Member's explanatory statement
This amendment would extend the Secretary of State's ministerial responsibility to Parliament under section 1(3) of the National Health Service Act 2006 to the promotion of social care, alongside the provision of the health service.

BARONESS NEVILLE-ROLFE
BARONESS GERADA
LORD PATEL

43 After Clause 11, insert the following new Clause—

"Promoting continuity of care

In the National Health Service Act 2006, after section 1A insert—

"1AA Duty to promote continuity of care

In exercising functions in relation to the health service, the Secretary of State must promote continuity of care for patients by health professionals.""

Member's explanatory statement
This amendment seeks to ensure continuity of care for patients by health professionals, including by GPs and in hospitals.

BARONESS TYLER OF ENFIELD
BARONESS WATKINS OF TAVISTOCK

44 After Clause 11, insert the following new Clause—

"Secretary of State's duty as to social care

(1) Section 1 of the National Health Service Act 2006 (Secretary of State's duty to promote comprehensive health service) is amended as follows.

(2) In the heading, at the end insert "and social care".

(3) After subsection (1) insert—

"(1A) The Secretary of State must promote in England social care designed to secure improvement in outcomes for those who receive it.""

Member's explanatory statement
This amendment would extend the Secretary of State's core duty in section 1 of the National Health Service Act 2006 to cover social care, so that the duty matches the ministerial title. It reflects section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

BARONESS COFFEY

45 After Clause 11, insert the following new Clause—

"Promoting palliative care equitably

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to promote palliative care equitably

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure provision of palliative care across England accessible to all regardless of wealth or geography.""

BARONESS COFFEY

46 After Clause 11, insert the following new Clause—

"Support for older patients

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to support older patients

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure adequate care for older patients, considering the prevention of ill health by the provision of health visitors focused on people aged 75 and above.""

LORD PATEL
LORD KAKKAR

47 After Clause 11, insert the following new Clause—

"Duty of Secretary of State to obtain appropriate advice

The Secretary of State must obtain advice appropriate for enabling the Secretary of State to discharge effectively the Secretary of State's functions in relation to the health service from persons who (taken together) have a broad range of professional expertise in—

(a) the prevention, diagnosis or treatment of illness, and

(b) the protection or improvement of public health."

Member's explanatory statement
This new clause would place on the Secretary of State an equivalent statutory duty to that currently imposed on NHS England by section 13J of the National Health Service Act 2006, requiring appropriate professional advice to be obtained in the discharge of the Secretary of State's functions.

BARONESS COFFEY

48 After Clause 11, insert the following new Clause—

"Support for helping people stay and get back into work

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to support people to stay and get back into work

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to offer workplace health provision support to—

(a) small and medium sized employers, and

(b) institutions and providers within the National Health Service, considering the need to support the workforce of—

(i) small and medium sized employers, and

(ii) the National Health Service

in order to tackle ill health and reduce work days lost to sickness.""

BARONESS COFFEY

49 After Clause 11, insert the following new Clause—

"Promoting access to dentistry equitably

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to promote access to dentistry equitably

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure provision of dentistry across England accessible to all regardless of wealth or geography.""

BARONESS COFFEY

50 After Clause 11, insert the following new Clause—

"Promoting access to ambulance services equitably

In the National Health Service Act 2006, after section 1C insert—

"1CA Duty to promote access to ambulance services equitably

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to ensure provision of ambulance services across England accessible to all regardless of wealth or geography.""

BARONESS BENNETT OF MANOR CASTLE

51 After Clause 11, insert the following new Clause—

"Duty to provide NHS services publicly

In section 1 of the National Health Service Act 2006 (Secretary of State's duty to promote comprehensive health service) for subsection (2) substitute—

"(2) The Secretary of State must discharge the duty under subsection (1) by ensuring that services forming part of the health service in England are provided by public bodies.

(2A) For the purposes of subsection (2), a service is not provided by a public body where its provision is contracted or otherwise arranged to be carried out by a private body.

(2B) In this section, "public body" means the Secretary of State, an integrated care board, an NHS trust, an NHS foundation trust, a local authority or

another body established by or under an enactment to perform public functions.""

Member's explanatory statement
This amendment places a duty on the Secretary of State to ensure that NHS services are provided publicly, rather than arranging for their provision by other bodies.

BARONESS HAYMAN
LORD CRISP
BARONESS RITCHIE OF DOWNPATRICK
BARONESS SHEEHAN

52 After Clause 11, insert the following new Clause—

"Duties as to climate change etc

In the National Health Service Act 2006, after section 1CC (inserted by section 6 of this Act) insert—

"1CD Duties as to climate change etc

(1) In exercising functions in relation to the health service, the Secretary of State must have regard to the need to—
  (a) contribute towards compliance with—
    (i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and
    (ii) section 5 of the Environment Act 2021 (environmental targets: effects), and
  (b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

(2) The Secretary of State may publish guidance about the discharge of—
  (a) the duty imposed on the Secretary of State by subsection (1) of this section;
  (b) the duty imposed on integrated care boards by section 14Z44 (duties as to climate change etc);
  (c) the duty imposed on NHS trusts by section 26B (duties in relation to climate change etc);
  (d) the duty imposed on NHS foundation trusts by section 63B (duties in relation to climate change etc).

(3) In discharging their duty under section 14Z44, integrated care boards must have regard to guidance published under subsection (2).

(4) In discharging the duty under subsection (1), the Secretary of State must have regard to guidance published under subsection (2).""

LORD TARASSENKO
BARONESS KIDRON

53 After Clause 11, insert the following new Clause—

"Duty as to UK suppliers and sovereign capability

In the National Health Service Act 2006, after section 1CC (inserted by section 6 of this Act) insert—

"1CD Duty as to UK suppliers and sovereign capability

(1) The Secretary of State must take into account the matters mentioned in subsection (2)—

(a) in setting the award criteria for a relevant contract under section 23 of the Procurement Act 2023, so far as those matters relate to the subject matter of the contract, and

(b) in having regard, under section 12(1)(a) of that Act, to the importance of delivering value for money in connection with the award of a relevant contract.

(2) The matters are—

(a) the extent to which the data, control and support of the system concerned will remain within the jurisdiction of the United Kingdom,

(b) the risks to the security and resilience of the health service arising from any respect in which they will not, including the risk that access to NHS patient data could be compelled under the law of a country or territory outside the United Kingdom, and

(c) so far as consistent with the international obligations of the United Kingdom, the contribution of the contract to developing and maintaining capability within the United Kingdom to design, deliver and support technology and information systems which handle NHS patient data.

(3) Subsections (4) and (5) apply to a material relevant contract under which—

(a) the data, control or support of the system concerned will not remain wholly within the jurisdiction of the United Kingdom, or

(b) the supplier, or any subcontractor with access to NHS patient data, is subject to the law of a country or territory outside the United Kingdom under which access to such data could be compelled,

(a "jurisdiction-risk contract").

(4) Before entering into a jurisdiction-risk contract, the Secretary of State must consult—

(a) the National Cyber Security Centre,

(b) persons representing the interests of patients, and

(c) trade unions representing health service staff,

on the proposed contract, and must, before, or as soon as reasonably practicable after, entering into the contract, lay before Parliament a report on that consultation.

(5) As soon as reasonably practicable after entering into a jurisdiction-risk contract, the Secretary of State must lay before Parliament a statement setting out—

(a) the reasons for the award, including how the matters in subsection (2) were taken into account, and

(b) whether the Government is taking, or is planning to take, steps to develop or support long-term domestic alternatives to the systems provided under the contract.

(6) The Secretary of State must, at least once in every period of 12 months, lay before Parliament a report setting out—

(a) the number and total value of relevant contracts entered into during that period, the proportion of each awarded to UK suppliers, and the number and total value of jurisdiction-risk contracts entered into during that period; and

(b) how the award of those contracts has contributed to the objectives of any NHS Digital Sovereignty Strategy published under section (*NHS Digital Sovereignty Strategy*) of the Health Act 2026 (NHS Digital Sovereignty Strategy).

(7) A report or statement under this section may omit information the publication of which would be reasonably likely to prejudice national security or the commercial interests of any person, but must state that information has been omitted.

(8) This section is without prejudice to the national security exemption under paragraph 25 of Schedule 2 to the Procurement Act 2023.

(9) In this section—

"material relevant contract" means a relevant contract with an estimated value, determined in accordance with Schedule 3 to the Procurement Act 2023, of more than the threshold amount that applies under Schedule 1 to that Act to a contract of that kind awarded by a central government authority, including a contract awarded under a framework and a renewal or extension of a relevant contract;

"NHS patient data" means patient information (within the meaning given in section 250E(7)) relating to persons who have received health care or social care in England;

"relevant contract" means a contract entered into by the Secretary of State for the provision of technology or information systems which—

(a) form part of the single patient record, or hold or process patient information for its purposes, or

(b) are provided for use across the health service in England as national systems and hold, process or provide access to NHS patient data;

"the single patient record" means the system for making patient information available referred to in section 250E(1), whether or not established by regulations under that section;

"UK supplier" means a company incorporated in the United Kingdom which either has no parent undertaking or each of whose parent undertakings (within the meaning of section 1162 of the Companies Act 2006) is incorporated, and has its head office, in the United Kingdom.""

Member's explanatory statement
This new clause would require procurement of the single patient record and national systems handling NHS patient data to weigh UK jurisdiction over data, control and support, and UK capability, with consultation and statements to Parliament for higher-value contracts outside UK jurisdiction, and an annual report on the UK share.

LORD RENNARD

53A After Clause 11, insert the following new Clause—

"Duty as to a smoke-free England

In the National Health Service Act 2006, after section 1CC (inserted by section 6 of this Act) insert—

"1CD Duty as to a smoke-free England

(1) In exercising functions in relation to the health service, the Secretary of State must act with a view to England becoming smoke-free as defined in section 7(1) of the Health Act 2006 (offence of smoking in smoke-free place).

(2) The Secretary of State must, within 12 months of the day on which the Health Act 2026 is passed, publish a roadmap setting out how the health service will contribute to England becoming smoke-free, including interim targets and the stop smoking services to be commissioned by integrated care boards.

(3) The Secretary of State must lay before Parliament an annual report on progress against the roadmap.""

Member's explanatory statement
This amendment would add a duty as to a smoke-free England to the Secretary of State's health service duties, and require a roadmap and annual progress reports.

Clause 12

LORD LANSLEY

54 Clause 12, page 9, line 8 at end insert—

"(za) in subsection (1), after paragraph (j) insert—

"(k) such other services and facilities as are required for persons with a primary health need arising from a progressive or deteriorating disease which is reasonably expected to continue for the remainder of the person's life, including where the person's condition is intermittent or fluctuating, and without regard to the rate of such progression or deterioration or whether a person is entering a terminal phase of their life.""

Member's explanatory statement
This amendment would ensure that a wider range of serious chronic diseases, such as severe dementia, would qualify for NHS Continuing Care and not have eligibility restricted on grounds that the condition is fluctuating or is not deemed to be in a terminal phase.

LORD SCRIVEN

55 Clause 12, page 9, line 14, at end insert ", and,

(b) must have regard to the most recent statement published under section 1CD (national outcomes for the health service)"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires ICBs commissioning under section 3 of the National Health Service Act 2006 to have regard to the national outcomes statement.

LORD SCRIVEN

56 Clause 12, page 9, line 22, at end insert ", and

(b) must have regard to the most recent statement published under section 1CD (national outcomes for the health service)"

Member's explanatory statement
This amendment makes the same change as the amendment to clause 12, page 9, line 14 in the name of Lord Scriven in section 3A of the National Health Service Act 2006.

BARONESS GREY-THOMPSON
BARONESS CHISHOLM OF OWLPEN

57 Clause 12, page 9, leave out lines 33 to 39 and insert—

"(2) Before prescribing a service or facility under subsection (1)(b), the Secretary of State must publish an assessment of the likely impact of such a prescription on—

(a) patient safety,
(b) clinical outcomes,
(c) equality of access to services,
(d) workforce capacity and specialist expertise,
(e) service sustainability, and
(f) geographical variation in access to, and outcomes from, services.

(2A) The Secretary of State must lay the assessment under subsection (2) before both Houses of Parliament.

(2B) In deciding whether it would be appropriate to prescribe a service or facility under subsection (1)(b), the Secretary of State must have regard to the assessment published under subsection (2).

(2C) Where regulations made under subsection (1)(b) prescribe a service or facility for commissioning other than by the Secretary of State, the Secretary of State must publish and maintain a national service framework for that service or facility.

(2D) A framework under subsection (2C) must include provision relating to—

(a) service standards,
(b) care pathways,
(c) workforce requirements,
(d) rehabilitation and long-term follow-up,
(e) collection and publication of outcome data,
(f) coordination between specialist, community and neighbourhood services, and
(g) coordination of care for persons receiving treatment through multiple clinical pathways."

Member's explanatory statement
This amendment would require the Secretary of State to publish an impact assessment before they make a decision to prescribe a service or facility under subsection (1)(b) of section 3B of the National Health Service Act 2006 and maintain a national service framework for any specialised service no longer commissioned directly by the Secretary of State.

LORD HUNT OF KINGS HEATH
BARONESS FINLAY OF LLANDAFF

58 Clause 12, page 10, line 10, at end insert—

"(5) Before making regulations under subsection (1)(b) which would have the effect of transferring responsibility for the commissioning of services for the

diagnosis, treatment or management of allergic disease from the Secretary of State to integrated care boards, the Secretary of State must—

(a) assess the adequacy and geographical distribution of specialist allergy services in England;

(b) assess the capacity of integrated care boards to commission appropriate allergy services;

(c) consult persons with relevant clinical expertise, integrated care boards, patients and organisations representing people affected by allergic disease.

(6) The assessment under subsection (5) must have particular regard to—

(a) access to specialist allergy expertise,

(b) the integration of allergy services across primary, community and secondary care, and

(c) unwarranted geographical variation in access to allergy diagnosis and treatment."

Member's explanatory statement

This amendment would require the Secretary of State to assess the adequacy of allergy provision and consult relevant bodies before transferring responsibility for commissioning allergy services to integrated care boards, with regard to specialist provision and geographical variation in access to care.

After Clause 12

BARONESS PIDGEON
BARONESS CASS
LORD HUNT OF KINGS HEATH

59 After Clause 12, insert the following new Clause—

"Specialised commissioning: children and young people

(1) Before any decision to delegate, transfer or otherwise devolve responsibility for commissioning specialised services, the Secretary of State must have regard to—

(a) the need for age-appropriate specialised services for children and young people,

(b) the need for equitable access to those services across England,

(c) the impact of the decision on the quality, safety, sustainability and clinical effectiveness of those services,

(d) the effect of the small and geographically dispersed population of children and young people requiring those services,

(e) the impact on patients from Wales, Scotland and Northern Ireland who use those services in England, and

(f) the benefits of retaining national commissioning or oversight where this supports sufficient patient volumes, clinical expertise, service standards or equitable access.

(2) Before making a decision under subsection (1) that relates to specialised services for children and young people, the Secretary of State must publish an impact assessment setting out the likely effect on—

(a) access to services,
(b) clinical outcomes and patient experience,
(c) health inequalities,
(d) clinical expertise and service sustainability,
(e) service integration and continuity of care,
(f) patients, families and carers, and
(g) the quality, consistency and equity of services.

(3) In preparing an impact assessment under subsection (2), the Secretary of State must consult such persons as the Secretary of State considers appropriate, including children and young people who use specialised services, their families and carers, clinicians, and relevant provider and support organisations.

(4) The Secretary of State must lay before Parliament an annual report on the provision, accessibility, quality and outcomes of specialised services for children and young people.

(5) In this section—

"children and young people" means persons under the age of 25;

"specialised services" means services commissioned under regulations made under section 3B of the National Health Service Act 2006 (regulation-making power to require Secretary of State to commission services)."

Member's explanatory statement
This amendment would require the Secretary of State to consider the needs of children and young people before devolving specialised commissioning, publish an impact assessment, and report annually to Parliament.

After Clause 14

LORD SCRIVEN
LORD HOLMES OF RICHMOND

60 After Clause 14, insert the following new Clause—

"Sight tests: people with learning disabilities

In regulation 3(1) of the Primary Ophthalmic Services Regulations 2008 (S.I. 2008/1186) (sight tests: eligibility)—

(a) at the end of paragraph (h), omit "or",
(b) at the end of paragraph (i), for the full stop substitute "; or", and
(c) after paragraph (i) insert—

"(j) who is eligible for registration as having a learning disability with their GP or is already registered as having a learning disability with their GP.""

Member's explanatory statement
This amendment would make people with a learning disability eligible for a free NHS sight test, in the same way as people with diabetes or a family history of glaucoma.

Schedule 1

BARONESS PIDGEON

61 Schedule 1, page 72, line 30, at end insert—

"(5) After subsection (2) insert—

"(2A) Eligibility for, and the scope of, the sight-testing service mentioned in subsection (2), and the fees payable for it, must be set nationally by the Secretary of State, and an integrated care board may not vary them in its area.""

Member's explanatory statement
This amendment would ensure that access to NHS sight tests remains nationally protected and is not subject to local variation once integrated care boards take on commissioning of primary ophthalmic services.

BARONESS GERADA

61A Schedule 1, page 73, line 6, at end insert—

"(2) The Secretary of State must by regulations prescribe matters in relation to which information is to be published including—

(a) the availability within the integrated care board's area of primary ophthalmic services provided in community settings for the assessment and management of urgent and minor eye conditions,

(b) the needs of the population within the integrated care board's area for such services and the extent to which those needs are met by the services commissioned by the integrated care board,

(c) any variation in the availability of, or access to, such services between different areas or population groups, and any resulting inequalities in access to, or outcomes from, such services,

(d) the reasons for any decisions by the integrated care board not to commission, or to discontinue, such services, having regard to the needs of its population, and

(e) steps taken or proposed by the integrated care board to address any identified unmet need or unwarranted variation in the availability of, or access to, such services.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require integrated care boards to publish information on access to community-based urgent and minor eye care services and how local need is being met.

LORD SCRIVEN
LORD HOLMES OF RICHMOND

62 Schedule 1, page 73, line 6, at end insert—

"116C Primary ophthalmic services for people with learning disabilities

The Secretary of State must—

(a) assess, or make arrangements for the assessment of, the need for primary ophthalmic services among people with learning disabilities,

(b) direct integrated care boards to commission primary ophthalmic services to meet those needs, and

(c) monitor and evaluate the effectiveness of those services."

Member's explanatory statement
This amendment would require the Secretary of State to assess the eye care needs of people with learning disabilities and direct integrated care boards to commission services to meet them.

BARONESS JANKE

63 Schedule 1, page 77, line 34, at end insert—

"45A After section 133 insert—

"133A Emergency intervention in pharmaceutical services

(1) Where an integrated care board considers that a person providing pharmaceutical services is failing, or is likely to fail, materially to comply with—

(a) a contractual obligation,

(b) a patient-safety requirement, or

(c) a workforce obligation,

the board must consider whether emergency intervention is required to protect patients or continuity of pharmaceutical services.

(2) Where the board considers that emergency intervention is required, it may—

(a) require the provider to take specified remedial action,

(b) suspend specified arrangements,

(c) terminate arrangements with the provider,

(d) make arrangements with another provider for the provision of pharmaceutical services, or

(e) take any combination of the steps in paragraphs (a) to (d).

(3) The powers in subsection (2) must be exercised with regard to the need to maintain continuity of medicines supply and protect patients from avoidable disruption.

(4) An integrated care board must not continue arrangements with a provider where it is satisfied that the provider is demonstrably unfit to provide pharmaceutical services safely and effectively.

(5) Before exercising a power under subsection (2), the board must, except in an emergency, give the provider a reasonable opportunity to make representations.

(6) Nothing in this section prevents an integrated care board from taking immediate action where delay would materially risk patient safety or continuity of medicines supply.""

Member's explanatory statement
This amendment would give integrated care boards powers to intervene where a pharmacy provider is failing to provide their required services to protect patients and medicines supply.

BARONESS JANKE

64 Schedule 1, page 82, line 40, at end insert—

"(3D) Regulations made under subsection (1) must ensure that the remuneration arrangements for pharmaceutical services take account of the costs of providing those services in rural and sparsely populated areas.

(3E) In making provision under subsection (3D), the determining authority must have regard to—

(a) rurality,
(b) the age profile of the population,
(c) transport and distribution costs,
(d) seasonal changes in demand,
(e) difficulties in recruiting and retaining staff, and
(f) the loss of economies of scale arising from sparsely populated areas.

(3F) The remuneration arrangements must be designed to support the financial sustainability of pharmacies providing essential NHS services in rural and sparsely populated areas.

(3G) The Secretary of State must review the operation of the remuneration arrangements periodically and make such changes as are necessary to ensure that the matters in subsections (3D) to (3F) continue to be reflected."

Member's explanatory statement
This amendment would require pharmacy funding to reflect the additional costs of providing services in rural and sparsely populated areas.

Clause 15

BARONESS SCOTT OF NEEDHAM MARKET

65 Clause 15, page 11, line 25, at end insert—

"(2A) The Secretary of State must take reasonable steps to ensure that arrangements under subsection (2) are accessible and inclusive, having particular regard to the needs of—

(a) persons with disabilities, and

(b) persons with long-term, complex or fluctuating health conditions."

Member's explanatory statement
This amendment would require the Secretary of State to take reasonable steps to ensure that arrangements for involving patients in commissioning are accessible to disabled people and people with long-term, complex or fluctuating conditions, including those who are housebound or bedbound.

Clause 16

BARONESS CASS

66 Clause 16, page 12, line 10, at end insert—

"(3) Regulations must impose duties on integrated care boards with respect to waiting times for treatments or other services provided to children which they arrange in the exercise of their commissioning functions.

(4) Regulations under subsection (3) must include provision as to the arrangements integrated care boards must make where a specified treatment or other specified service for a child is not provided within a specified period.

(5) The first regulations under subsection (3) must be made before the end of the period of 12 months beginning with the day on which section 16 of the Health Act 2026 comes into force.

(6) In this section "child" means a person under the age of 18."

Member's explanatory statement
This amendment would require the Secretary of State to make regulations imposing waiting-time duties on integrated care boards in respect of children including a requirement on integrated care boards to take action where a child does not receive a specified treatment or service within the specified period.

BARONESS PIDGEON

67 Clause 16, page 12, line 22, at end insert—

"(3) Regulations under subsection (1) must make provision for enabling people to choose the provider of appropriate non-consultant-led community services, including—

(a) optometry-led monitoring and management of low-risk glaucoma, and

(b) community urgent eye care services.

(4) The Secretary of State must keep under review the services to which regulations under subsection (1) apply, with a view to extending patient choice for care in the community."

Member's explanatory statement
This amendment would extend patient choice to non-consultant-led community services, including optometry-led glaucoma care and community urgent eye care services.

LORD KAMALL
EARL HOWE

68 Clause 16, page 12, line 22, at end insert—

"14Z45BA Patient choice: community services substituting for consultant-led elective care

(1) Regulations under section 14Z45B(1) must make provision to enable patients to make choices in respect of non-consultant-led community services where those services are commissioned as a direct substitute for, or to prevent a referral to, consultant-led elective services.

(2) For the purposes of subsection (1), a service is to be regarded as a direct substitute for, or intended to prevent a referral to, consultant-led elective services if it—

(a) provides assessment, diagnosis, treatment or management for a condition that would otherwise be referred to a secondary care specialist, or

(b) is commissioned by an integrated care board for the purpose of reducing or managing demand on secondary or elective care.

(3) Services to which this section applies include but are not limited to—

(a) community adult audiology services,

(b) community glaucoma management and monitoring services,

(c) Minor Eye Conditions Services, and

(d) Community Urgent Eyecare Services.

(4) Regulations made by virtue of this section must make provision designed to ensure that—

(a) patients are offered a choice of any clinically appropriate provider commissioned under a qualifying NHS contract for the relevant service,

(b) no limitation on the number of providers from which a patient may choose is imposed solely on the grounds of cost or demand management, and

(c) patients are provided with information enabling them to make an informed choice, including information about waiting times and quality.

(5) An integrated care board must not commission a community service of a kind falling within subsection (2) in a manner which has the effect of restricting patient choice below the standard that would apply to an equivalent consultant-led elective service."

Member's explanatory statement
This amendment seeks to probe the choices open to patients of community services provided by non-NHS healthcare providers and whether patients have the choice of up to five providers for hospital care.

LORD SCRIVEN

69 Clause 16, page 13, leave out lines 1 to 3 and insert—

"(b) make an order under section 14Z62 on grounds relating to the discharge of the board's functions in relation to those matters,"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, updates a cross-reference to the direction powers which that amendment removes.

After Clause 16

BARONESS BARKER
LORD BLACK OF BRENTWOOD

70 After Clause 16, insert the following new Clause—

"Reservation and prioritisation of contracts for the voluntary, community and social enterprise sector

(1) In exercising their commissioning functions, integrated care boards must take reasonable steps to secure the participation of voluntary, community and social enterprise organisations in the provision of services.

(2) The Secretary of State must by regulations made by statutory instrument enable integrated care boards to reserve and prioritise contracts to be delivered by voluntary, community and social enterprise organisations as part of their commissioning process.

(3) Circumstances in which contracts may be appropriate to be reserved and prioritised under subsection (2) include—

(a) services that are, or could be, community-based,

(b) services that are intended to reach populations that are underserved, marginalised, or experiencing health inequalities, or

(c) where voluntary, community and social enterprise organisations are best placed to deliver person-centred or culturally competent care.

(4) In exercising functions under this section, integrated care boards must have regard to—

(a) the need to reduce health inequalities,

(b) the importance of securing equitable access to services across different areas, and

(c) the sustainability of voluntary, community and social enterprise provision.

(5) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require integrated care boards to take reasonable steps to secure the participation of voluntary, community and social enterprise organisations in the provision of services through the ICB commissioning process.

After Clause 17

LORD HUNT OF KINGS HEATH

71 After Clause 17, insert the following new Clause—

"Prescribed specialised services

(1) The Secretary of State must by regulations made by statutory instrument specify, based on clearly defined criteria, the services provided as part of the health service in England which are to be treated as specialised services ("prescribed specialised services"), and must publish the full list of such services.

(2) Prescribed specialised services include both—

(a) services for which commissioning responsibility is exercised by the Secretary of State, and

(b) services for which commissioning responsibility is exercised by one or more integrated care boards.

(3) The Secretary of State must make arrangements to ensure that all prescribed specialised services are informed by clinical involvement in the—

(a) planning of the commissioning arrangements;

(b) design of services and arrangements for service delivery;

(c) monitoring of the performance of specialised services.

(4) The Secretary of State is accountable for national oversight of all prescribed specialised services and must exercise functions in relation to those services with a view to securing equitable access for patients across England.

(5) Within 12 months of the day on which this Act is passed, and every 12 months thereafter, the Secretary of State must publish a report on the performance of all prescribed specialised services.

(6) A report under subsection (5) must include information relating to—
  (a) patient outcomes,
  (b) access to services,
  (c) waiting times,
  (d) workforce capacity,
  (e) service sustainability,
  (f) geographical variation in services,
  (g) compliance with national service specifications, and
  (h) arrangements for the coordination of specialist, community and neighbourhood care.

(7) A report under subsection (5) must be laid before both Houses of Parliament.

(8) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require all specialised services, whether commissioned by the Secretary of State or by integrated care boards, to be specified in regulations and make the Secretary of State accountable for national oversight and equitable access across England.

LORD PATEL OF BRADFORD

72 After Clause 17, insert the following new Clause—

"Commissioning functions: minimum waiting time prohibition

(1) An NHS commissioning body or an NHS provider must not apply any policy, contractual term, activity planning assumption or other commissioning arrangement which requires a patient to wait for a minimum period before receiving an assessment, diagnostic test or treatment, where that minimum period is imposed for administrative, financial or capacity-management reasons rather than on clinical grounds.

(2) In this section "NHS commissioning body" includes national bodies, integrated care boards and the Secretary of State."

Member's explanatory statement
This amendment seeks to prohibit NHS commissioning bodies and providers from imposing or implementing minimum waiting periods for assessments, tests or treatment for administrative, financial or management reasons, while preserving clinically justified decisions about the timing of care.

BARONESS GREY-THOMPSON
BARONESS CHISHOLM OF OWLPEN

73 After Clause 17, insert the following Clause—

"Annual report on specialised services

(1) Within 12 months of the day on which this Act is passed, and every 12 months thereafter, the Secretary of State must publish a report on the commissioning and performance of all specialised services.

(2) A report under subsection (1) must include information relating to—
(a) patient outcomes,
(b) access to services,
(c) waiting times,
(d) workforce capacity,
(e) service sustainability,
(f) geographical variation in services,
(g) compliance with national service specifications, and
(h) arrangements for the coordination of specialist, community and neighbourhood care.

(3) A report under subsection (1) must be laid before both Houses of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to publish an annual report on all commissioned specialised services.

LORD SHARKEY
BARONESS SATER
BARONESS CHISHOLM OF OWLPEN

74 After Clause 17, insert the following new Clause—

"Clinical leadership in specialised commissioning

The Secretary of State must make arrangements to ensure that all specialised commissioning, including specialised commissioning at Integrated Board Level, is informed by national clinical leadership and specialist clinical advice in the—
(a) planning of the commissioning arrangements,
(b) design of services and arrangements for service delivery, and
(c) monitoring of the performance of specialist services."

Member's explanatory statement
This new clause requires clinical leadership in the commissioning of specialised services, whether commissioned by the Secretary of State or Integrated Care Boards. This could include, but is not limited to, maintaining NHS England's existing infrastructure of Clinical Reference Groups, National Clinical Directors and National Speciality Advisers.

BARONESS DAVIES OF DEVONPORT

75 After Clause 17, insert the following new Clause—

"Adult gender services: service specification, data and reporting

(1) This section applies to gender dysphoria services for adults which, immediately before the abolition of NHS England, were commissioned by NHS England as specialised services.

(2) The Secretary of State must—

(a) maintain a national service specification for the services described in subsection (1), founded on the principles of evidence-based medicine,

(b) ensure that every provider of such services submits, as a condition of its contract, complete quarterly data to the specialised services quality dashboard or its successor, including outcome and complication measures, and

(c) maintain a single national waiting list for such services.

(3) The Secretary of State must, within 12 months of the day on which this Act is passed, and annually thereafter, lay before Parliament a report on—

(a) implementation of each recommendation of the Operational and Delivery Review of NHS Adult Gender Dysphoria Clinics led by Dr David Levy (published December 2025), including the identity of the body accountable for each recommendation following the abolition of NHS England,

(b) compliance by each provider with the data duty in subsection (2)(b), identifying any provider that has failed to submit complete data, and

(c) waiting times, referral volumes and discharge outcomes for the services described in subsection (1)."

Member's explanatory statement
This new clause seeks to preserve, on the abolition of NHS England, national accountability for adult gender dysphoria services, by requiring an evidence-based national specification, mandatory outcome data as a contractual condition, and annual reporting to Parliament on implementation of the Levy recommendations.

Clause 21

LORD SCRIVEN

76 Clause 21, page 16, line 2, at end insert ", including its progress towards achieving its ICB outcomes (see section 14Z61)"

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, requires ICB performance assessments to cover progress against ICB outcomes.

LORD SCRIVEN

77 Clause 21, page 16, line 5, at end insert—

"(4) The Secretary of State must publish each performance assessment conducted under this section."

Member's explanatory statement
This amendment requires each ICB performance assessment to be published in full.

BARONESS FINLAY OF LLANDAFF
LORD PATEL
BARONESS HOLLINS

78 Clause 21, page 16, line 5, at end insert—

"(4) Performance assessments must include details of the extent to which palliative care services or facilities provided by each integrated care board meet the reasonable requirements of the people for whom the board is responsible.

(5) For the purposes of subsection (4) the following guidances are considered reasonable requirements—

(a) NICE guideline NG31 on care of dying adults in the last days of life;
(b) NICE guideline NG142 on end of life care for adults and service delivery;
(c) NICE quality standard QS13 on end of life care for adults;
(d) NHS England statutory guidance for integrated care boards on palliative and end of life care."

Member's explanatory statement
This amendment would require annual performance assessments to incorporate an assessment of whether each integrated care board is providing a reasonable standard of palliative and end of life care.

BARONESS GERADA
LORD HUNT OF KINGS HEATH
LORD AUSTIN OF DUDLEY

79 Clause 21, page 16, line 5, at end insert—

"(4) A performance assessment must include an assessment of how well the integrated care board has discharged its duty under section (*Antisemitism, racism and extremism: duties of NHS bodies and annual report*) of the Health Act 2026."

Member's explanatory statement
This amendment would require the Secretary of State's annual performance assessment of each integrated care board to cover how well it has prevented and responded to antisemitism, other forms of racism and support for proscribed organisations that affects patients and staff.

BARONESS GREY-THOMPSON

80 Clause 21, page 16, line 5, at end insert—

"(4) In conducting a performance assessment under this section, the Secretary of State must assess the discharge by an integrated care board of any functions relating to specialised services.

(5) An assessment under subsection (4) must consider—

(a) patient outcomes,
(b) access to services,
(c) compliance with national service specifications,
(d) workforce capacity,
(e) service sustainability, and
(f) geographical variation in access to, and outcomes from, services.

(6) The report published under subsection (3) must include a summary of the assessments undertaken under subsections (4) and (5)."

Member's explanatory statement
This amendment would require the Secretary of State to undertake and publish a national assessment of the performance of integrated care boards in relation to specialised services.

Clause 22

LORD LANSLEY

81 Clause 22, page 16, line 16, leave out "mayor of each mayoral"

Member's explanatory statement
This amendment, and others in the name of Lord Lansley, would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

BARONESS FINLAY OF LLANDAFF

81A★ Clause 22, page 16, line 19, at end insert—

"(c) at least one allied health professional member who provides health services within the integrated care board's area."

Member's explanatory statement
The allied health professions play a central role in prevention, rehabilitation and neighbourhood health and this amendment ensures that they are represented within ICB governance arrangements.

BARONESS PIDGEON

82 Clause 22, page 16, line 19, at end insert—

"(2A) The constitution must also provide for the ordinary members appointed as mentioned in sub-paragraph (1)(b) to include at least one member nominated jointly by providers of primary care services in the integrated care board's area, including providers of primary ophthalmic services, and must set out the process for that nomination."

Member's explanatory statement
This amendment would ensure that primary care, including optometry, is represented on each integrated care board.

LORD PATEL
BARONESS FINLAY OF LLANDAFF

83 Clause 22, page 16, line 25, at end insert—

"(4A) The constitution must provide for the ordinary members of the integrated care board to include—

(a) at least one qualified, professionally registered, consultant in public health who provides wholly independent, transparent, leadership and advice to the board on preventing and reducing disease and improving the health of the population it serves,

(b) at least two clinicians with current experience of providing primary care services, at least one of whom is a general practitioner, and

(c) at least one medical practitioner with current experience of providing secondary care services.

(4B) A person appointed under sub-paragraph (5) must not be appointed to represent the interests of a provider organisation whose services are commissioned by the integrated care board."

Member's explanatory statement
This amendment would require every Integrated Care Board to include an independent qualified and registered consultant in public health, at least two clinicians from primary care, and a clinical representative from secondary care.

LORD LANSLEY

84 Clause 22, page 16, leave out lines 30 to 43 and insert—

""strategic authority" has the meaning given by section 1 of the English Devolution and Community Empowerment Act 2026."

Member's explanatory statement
This amendment, and others in the name of Lord Lansley, would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

After Clause 22

LORD HUNT OF KINGS HEATH
BARONESS ROYALL OF BLAISDON
LORD PATEL
THE LORD BISHOP OF GLOUCESTER

85 After Clause 22, insert the following new Clause—

"Women's centres

After section 14Z35 of the National Health Service Act 2006 insert—

"14Z35B Duty to cooperate: integrated care boards and women's centres

(1) Each integrated care board must, in the exercise of its functions, cooperate with women's centres for the purpose of—
  (a) tackling health inequalities affecting women, and
  (b) improving the prevention, diagnosis and treatment including awareness of and access to treatment of women's health needs and wellbeing.

(2) The duty in subsection (1) includes, in particular, a requirement for the integrated care board to—
  (a) secure the involvement of women's centres in the planning of commissioning arrangements and decisions about the provision of services relevant to women's health, including services for women experiencing multiple disadvantage,
  (b) arrangements under subsection (2)(a) may include, in particular—
    (i) delivery of NHS services from, or in connection with, women's centres,
    (ii) the commissioning of services from women's centres,
    (iii) the establishment or enhancement of referral pathways between NHS services and women's centres, and
    (iv) other forms of cooperation which the integrated care board considers likely to improve women's access to health care or reduce health inequalities,

(c) have regard, when exercising its functions under sections 14Z35 (duties as to reducing inequalities) and 14Z45 (public involvement and consultation), to the views of women's centres,

(d) work with women's centres to identify, monitor and review health inequalities and barriers to accessing health care provision affecting women in the integrated care board's boundary, and

(e) have regard, in exercising its functions under this section, to any strategy or policy statement relating to women's health published or approved by the Secretary of State.

(3) In complying with subsection (2), an integrated care board must secure that women's centres are, so far as reasonably practicable—

(a) involved in the preparation and review of any strategy or plan prepared by the integrated care board that relates to women's health, and

(b) consulted on proposals by the integrated care board that may have a significant impact on the provision of services to women in its boundary.

(4) In this section—

"women's centre" means a locally based community organisation within the board's boundaries that specialises in supporting women, that—

(a) is a social purpose body,

(b) provides multi-faceted and therapeutic support to women experiencing multiple disadvantage, and

(c) provides women-only services or facilities appropriate to the needs and safety of the women using those services;

"multiple disadvantage" means a person's experiences of two or more of the following—

(a) poverty or financial exclusion,

(b) homelessness,

(c) victimisation including domestic abuse, sexual violence and exploitation,

(d) contact with the criminal justice system,

(e) mental ill health, physical ill health and substance dependence, and

(f) other circumstances as may be prescribed;

"social purpose body" means any body corporate or unincorporated association whose primary purpose is to advance charitable, community, social, environmental, cultural or other public benefit objectives, and whose governing arrangements ensure that any profits or surpluses are applied wholly or principally in furtherance of those objectives rather than for private distribution;

"therapeutic support services" means services whose principal purpose is to improve or maintain the mental, emotional, physical or social wellbeing of individuals through therapeutic,

rehabilitative, preventative or recovery-focused interventions, and includes services provided in community, residential, educational or healthcare settings.""

Member's explanatory statement
This new clause would require ICBs to work collaboratively with women's centres in assessing needs, planning and commissioning services, and tackling health inequalities affecting women, and to have regard to any strategy or policy statement relating to women's health published or approved by the Secretary of State.

LORD KAMALL
EARL HOWE

86 After Clause 22, insert the following new Clause—

"Integrated care board annual reports: ministerial directions

(1) The National Health Service Act 2006 is amended as follows.

(2) In section 14Z58 (annual report), after subsection 2(d) insert—

"(e) contain, in relation to each relevant direction which had effect in relation to the integrated care board during the financial year—

(i) a copy of, or a reference to the place of publication of, the direction,

(ii) the period during which the direction had effect,

(iii) a description of the decisions taken by the integrated care board which were materially affected by the direction,

(iv) the expenditure incurred by the integrated care board in complying with the direction,

(v) the amount of any additional funding or other resources provided by the Secretary of State in connection with the direction,

(vi) a description of any clinical, financial or operational risks which the integrated care board advised the Secretary of State would arise, or were likely to arise, from the direction,

(vii) a description of any steps taken by the integrated care board or the Secretary of State to mitigate those risks,

(viii) the integrated care board's assessment of the effect of the direction on its ability to discharge its functions,

(ix) the integrated care board's assessment of the effect of the direction on its ability to meet the needs and priorities of its local population,

(x) the integrated care board's assessment of the effect of the direction on the delivery of its plans and priorities for the financial year, and

(xi) a description of any outcome for which the integrated care board considers that responsibility was materially shared

with, or rested wholly or principally with, the Secretary of State by reason of the direction.

(3) Where information required by (2)(e) has been included in another document published by the integrated care board, the annual report may comply with that subsection by—

(a) identifying the document,

(b) stating where the document may be accessed free of charge, and

(c) providing a summary of the information.

(4) In this section, "relevant direction" means a direction given by the Secretary of State under—

(a) section 7B,

(b) section 14Z61,

(c) section 14Z62A, or

(d) section 223GA."

(3) In section 14Z59 (duty to keep experience of members under review), or in such other provision as the Secretary of State considers appropriate, references to the integrated care board's annual report are to be read subject to the requirements inserted by subsection (2)."

Member's explanatory statement

This new clause would require an integrated care board's annual report to identify ministerial directions which applied to it during the year and to explain their effect on the board's decisions, expenditure, risks, local priorities and outcomes.

BARONESS PIDGEON
BARONESS GERADA

87 After Clause 22, insert the following new Clause—

"Duty to engage primary care providers in integrated care boards

(1) An integrated care board must take all reasonable steps to secure the meaningful involvement of primary care providers in the exercise of its functions relating to—

(a) service redesign,

(b) integration of health services,

(c) development of neighbourhood health services, and

(d) population health planning.

(2) In this section, "primary care providers" includes—

(a) providers of primary medical services,

(b) community pharmacy contractors,

(c) providers of primary dental services, and

(d) providers of ophthalmic services and registered medical practitioners with specialist expertise in ophthalmology.

(3) Under subsection (1), "meaningful involvement" includes—

(a) involvement at an early stage in the development of integrated care board proposals,

(b) provision of sufficient information to enable informed participation of primary care providers in integrated care board functions,

(c) opportunities for primary care providers to influence integrated care board decision making, and

(d) opportunities for primary care providers to deliver feedback on how their views have been taken into account in the delivery of integrated care board functions.

(4) An integrated care board must publish an annual statement describing—

(a) how it has complied with this section, and

(b) the impact of primary care providers' involvement on decisions taken by the integrated care board.

(5) The Secretary of State may issue guidance about the application of this section to which integrated care boards must have regard."

Member's explanatory statement

This new clause seeks to ensure that a certain range of primary care providers are consulted by integrated care boards in the development of their healthcare plans.

BARONESS TYLER OF ENFIELD
BARONESS PITKEATHLEY
LORD YOUNG OF COOKHAM

88 After Clause 22, insert the following new Clause—

"Duty to identify and record unpaid carers

After section 14Z44 of the National Health Service Act 2006 insert—

"14Z44A Duty to identify and record unpaid carers

(1) An integrated care board must take reasonable steps to identify persons within its area who are unpaid carers.

(2) An integrated care board must make arrangements to ensure that NHS bodies and providers of NHS services within its area—

(a) maintain appropriate systems for recording whether a person is an unpaid carer,

(b) use consistent coding standards for the recording of unpaid carers in health records,

(c) review and update records relating to unpaid carers at appropriate intervals, and

(d) ensure that the identification and recording of unpaid carers forms part of—

(i) primary care registration processes,

(ii) hospital discharge procedures,

(iii) care planning processes, and

(iv) other relevant patient contact pathways.

(3) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

Member's explanatory statement
This amendment would introduce a duty for integrated care boards to identify and record unpaid carers when they come into contact with NHS services.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS
BARONESS PITKEATHLEY
LORD YOUNG OF COOKHAM

89 After Clause 22, insert the following new Clause—

"Duty to promote the health and wellbeing of carers

After section 14Z44 of the NHS Act 2006 insert—

"14Z44A Duty to promote the health and wellbeing of carers

(1) Each integrated care board must exercise its functions with a view to improving and maintaining the physical health, mental health, and wellbeing of carers within its area.

(2) In exercising its duties under this section, an integrated care board must have regard to—
(a) reduction of health inequalities experienced by carers,
(b) prevention of deterioration in carers' physical and mental health,
(c) involvement of carers in decisions relating to the care of persons for whom they provide care, and
(d) the need to ensure carers are able to access appropriate preventative and other health services and support.

(3) An integrated care board must take reasonable steps to ensure that NHS bodies and providers of NHS services within its area—
(a) consider the health and wellbeing needs of carers in care planning and discharge processes,
(b) involve carers appropriately in decisions relating to care and treatment, and
(c) provide carers with information about support available to them for their health and wellbeing.

(4) In preparing a Joint Forward Plan, an integrated care board must include—
(a) an assessment of the health and wellbeing needs of carers within its area,
(b) steps the integrated care board proposes to take to improve outcomes for carers, and
(c) measures for reducing inequalities experienced by carers.

(5) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

Member's explanatory statement
This amendment would introduce a duty for integrated care boards to promote the health and wellbeing of carers.

LORD FOSTER OF BATH
LORD BRADLEY

90 After Clause 22, insert the following new Clause—

"Integrated care boards: prisons and probation

After section 14Z44 of the National Health Service Act 2006 insert—

"14Z44A Duty as to prisons and probation etc

(1) Each integrated care board must, in the exercise of its functions, comply with the conditions of this section.

(2) The first condition is that they have due regard to the need to improve health outcomes for—
(a) people in custody of the Prison Service, and
(b) people under the supervision of the probation service in the community.

(3) The second condition is that they take reasonable steps to ensure continuity of care for people—
(a) sentenced to a custodial sentence,
(b) moved between prisons,
(c) moved between areas pursuant to a community sentence imposed by a court,
(d) released from secure custody and remaining under the supervision of the probation service, or
(e) leaving the supervision of the probation service.

(4) The third condition is that they take reasonable steps to ensure that people mentioned in subsection (2) have access, in addition to any services commissioned by local authorities, to—
(a) mental health support, including but not limited to acute mental health services and psychiatric treatment,
(b) substance misuse support, including but not limited to opiate and non-opiate and alcohol recovery services,
(c) addiction services, including but not limited to smoking cessation, and gambling disorder services, and
(d) other specialised services determined appropriate by assessment of local community needs or delivered by local providers.

(5) When complying with the conditions set out in this section, an integrated care board must have regard to any guidance issued by the Secretary of State.

(6) The Secretary of State may issue guidance on specific services which must be commissioned by integrated care boards in order to comply with this section.""

Member's explanatory statement
This amendment would require ICBs to have particular regard to improving the provision of healthcare for people in prison, serving community sentences, or under post-release supervision. It would also require that specialist services for these groups be commissioned where needed, and that continuity of care be protected where possible as people move in and out of custody.

BARONESS ROYALL OF BLAISDON
LORD RUSSELL OF LIVERPOOL

91 After Clause 22, insert the following new Clause—

"Duty of integrated care boards to commission stalking-related healthcare services

(1) Each integrated care board must make arrangements to commission, participate in or provide funding for public health services for victims of stalking within its area.

(2) The arrangements referred to in subsection (1) must have the objectives of—
(a) reducing physical and psychological harm to victims and others affected by stalking,
(b) identifying, assessing and addressing the clinical, psychological and psychiatric factors associated with stalking perpetration, and
(c) reducing demand upon health and social care services arising from stalking-related harm.

(3) The arrangements referred to in subsection (1) must include—
(a) specialist healthcare and psychological support for victims of stalking,
(b) specialist clinical assessment, treatment and therapeutic intervention for perpetrators of stalking where indicated,
(c) structured multi-agency physical and mental health risk assessments, and
(d) information sharing between relevant healthcare agencies.

(4) The duties under this section apply regardless of whether the stalking behaviour falls within the definition of domestic abuse under section 1 of the Domestic Abuse Act 2021 (definition of "domestic abuse").

(5) In fulfilling its duties under this section, an integrated care board must cooperate with—
(a) police forces and local policing bodies,
(b) local authorities,
(c) probation services,
(d) mental health providers,

(e) NHS trusts and primary care providers, and
(f) relevant voluntary and community sector organisations.

(6) The Secretary of State must publish guidance concerning the discharge of duties under this section, including guidance on—
(a) evidence-based multi-agency ways of working,
(b) health service responses to stalking victims,
(c) clinical assessment and treatment pathways for stalking perpetrators, and
(d) the collection and publication of outcome data, including health impacts and cost-benefit measures.

(7) In preparing guidance under subsection (6), the Secretary of State must consult organisations with expertise in stalking, mental health and public health.

(8) In this section, "stalking" has the meaning given in section 2A of the Protection from Harassment Act 1997 (offence of stalking)."

Member's explanatory statement
This amendment places a duty on integrated care boards to make arrangements for multi-agency mental and physical healthcare support for stalking victims and in order to prevent stalking through psychological and psychiatric treatment of perpetrators, so as to reduce risk, improve outcomes and achieve cost benefits.

BARONESS HOLLINS
BARONESS TYLER OF ENFIELD
LORD SINGH OF SOLIHULL

92 After Clause 22, insert the following new Clause—

"Mental health workforce sufficiency assessment by integrated care boards

(1) Each integrated care board must conduct a mental health workforce sufficiency assessment every two years to evaluate whether it has sufficient workforce resources to deliver services under this Act effectively.

(2) The assessment may include—
(a) an analysis of current workforce levels across all relevant mental health service areas;
(b) identification of mental health workforce shortfalls;
(c) an evaluation of the impact of mental health staff shortages on patient care and service delivery;
(d) proposals to address mental health workforce challenges.

(3) Integrated care boards may consult any relevant personnel or organisations they deem appropriate when conducting the assessment.

(4) Each integrated care board must publish a report outlining its findings upon completing the assessment.

(5) Each integrated care board must publish its first report under subsection (4) within 12 months of the day on which this Act is passed."

Member's explanatory statement
The amendment requires integrated care boards to produce a biennial report assessing their mental health workforce sufficiency, identifying shortages and proposing measures to address mental health workforce challenges in delivering services.

BARONESS YOUNG OF OLD SCONE
LORD HUNT OF KINGS HEATH

93 After Clause 22, insert the following new Clause—

"Quality and outcomes for people living with inflammatory bowel disease

(1) Each integrated care board must monitor and assess variation in the quality of care, access to services and outcomes for people living with inflammatory bowel disease within its area.

(2) In carrying out an assessment under subsection (1), an integrated care board must assess its performance against the national standards and measures established under section (*National strategy for inflammatory bowel disease*).

(3) For each financial year, an integrated care board must publish a report on its performance against the national standards and measures established under section (*National strategy for inflammatory bowel disease*), including any unwarranted variation identified within its area and the action taken or proposed to reduce it.

(4) In this section, "inflammatory bowel disease" includes Crohn's disease, ulcerative colitis and such related conditions as the Secretary of State may specify in regulations made under section (*National strategy for inflammatory bowel disease*).

(5) The first report under this section must be published within 12 months of the day on which this section comes into force, and subsequent reports must be published annually."

Member's explanatory statement
The amendment would require all ICBs to assess and report against the same national framework for inflammatory bowel disease.

BARONESS BENNETT OF MANOR CASTLE

94 After Clause 22, insert the following new Clause—

"Duty of integrated care boards to promote collaboration

(1) An integrated care board must, in exercising its functions, promote collaboration and integration between NHS bodies and other relevant health and care organisations.

(2) The duty under subsection (1) includes a duty to—
  (a) plan services in collaboration with NHS providers, primary care providers, local authorities and relevant voluntary and community organisations,

(b) consider the effect of commissioning decisions on the integration, continuity and long-term provision of NHS services,

(c) seek opportunities for NHS bodies to provide services collaboratively, rather than through arrangements that unnecessarily fragment service provision, and

(d) have regard to the benefits of cooperation between providers in improving population health and reducing health inequalities.

(3) An integrated care board must publish an assessment of how it has fulfilled the duties under this section in its annual report."

Member's explanatory statement
This new clause requires integrated care boards to promote collaboration across NHS, primary care, local authority, voluntary and community services, supporting a bottom-up approach to decision-making that reflects local needs and encourages joined-up service planning and delivery.

Clause 24

BARONESS BENNETT OF MANOR CASTLE

Baroness Bennett of Manor Castle gives notice of her intention to oppose the Question that Clause 24 stand part of the Bill.

Clause 25

BARONESS TYLER OF ENFIELD

95 Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must set out, by reference to the assessed needs and the respective functions of the responsible local authority and its partner integrated care boards—

(a) the changes proposed in the pattern of health services, care and support to strengthen prevention, early intervention and support in people's homes and communities,

(b) how the bodies propose to exercise their commissioning and other relevant functions to achieve those changes,

(c) the workforce, provider and community capacity required to deliver the proposed changes and the arrangements for developing that capacity,

(d) the resources required, including any proposed reallocation of resources and investment required during transition,

(e) any material difference in financial incentives, costs or benefits between the bodies which could impede the proposed changes, and the arrangements proposed to address it, and

(f) how progress in implementing the changes and their effects on outcomes for people will be assessed.

(2C) In preparing the matters required by subsection (2B), the responsible local authority and its partner integrated care boards must have regard to the need to maintain continuity and safe access to necessary services during transition."

Member's explanatory statement
This amendment would require neighbourhood health plans to explain how the statutory partners intend to develop preventive and community-based models of care and support, and how commissioning, resources, capacity and financial arrangements will support the proposed changes. It would also require attention to transitional investment, service continuity and assessment of progress.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS
BARONESS PITKEATHLEY

96 Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must describe the arrangements which the responsible local authority and its partner integrated care boards propose to make, in the exercise of their respective functions and with relevant providers of health and care services, for—

(a) taking reasonable steps to identify unpaid carers and, where appropriate, record their caring responsibilities,

(b) providing unpaid carers with accessible information and advice about support available to them,

(c) enabling an unpaid carer who may have needs for support to be referred or otherwise connected, as appropriate, to the responsible local authority for consideration of an assessment under section 10 of the Care Act 2014 or sections 17ZA or 17ZD of the Children Act 1989,

(d) recognising unpaid carers' own physical and mental health and wellbeing needs, including in care planning and hospital discharge arrangements, and

(e) ensuring that identification and planning do not proceed on an assumption that an unpaid carer is willing or able to provide or continue providing care.

(2C) In subsection (2B), "unpaid carer" means a person who provides or intends to provide care, including practical or emotional support, for another person otherwise than under or by virtue of a contract or as voluntary work, and includes a young carer within the meaning of section 17ZA of the Children Act 1989 and a parent carer within the meaning of section 17ZD of that Act."

Member's explanatory statement
This amendment would require neighbourhood health plans to describe arrangements for identifying unpaid carers, providing information and advice, connecting carers with relevant assessment and support pathways, and recognising carers' own health and wellbeing needs. It includes young carers and parent carers while preserving existing statutory assessment responsibilities.

BARONESS SCOTT OF NEEDHAM MARKET
LORD LONDESBOROUGH

97 Clause 25, page 18, line 17, at end insert—

"(2B) A neighbourhood health plan must set out how the needs of persons with long-term, complex or fluctuating health conditions are to be met by the exercise of functions of the responsible local authority and its partner integrated care boards."

Member's explanatory statement
This amendment would require neighbourhood health plans to set out how the needs of people with long-term, complex or fluctuating health conditions are to be met.

BARONESS TYLER OF ENFIELD
BARONESS PITKEATHLEY

98 Clause 25, page 18, line 17, at end insert—

"(2B) In preparing a neighbourhood health plan, the responsible local authority and its partner integrated care boards must have regard to the need to improve outcomes for adults with needs for care and to support unpaid carers, including in relation to the matters specified in section 1(2) of the Care Act 2014 (promoting individual well-being).

(2C) A neighbourhood health plan must explain how the arrangements proposed in the plan are expected to contribute to the outcomes of adults with needs for care, including in relation to—

(a) personal dignity and physical and mental health,
(b) independence and control over day-to-day life,
(c) domestic, family and personal relationships,
(d) participation in work, education, training, recreation and community life, and
(e) the suitability of living accommodation."

Member's explanatory statement
This amendment would explicitly connect neighbourhood health planning with the social care purposes of the Care Act 2014. It would require the statutory partners to consider how the joint plan contributes to improving outcomes for adults with care needs and to supporting unpaid carers, beyond NHS activity and service-flow measures.

BARONESS PENN
BARONESS BARRAN
LORD STEVENSON OF BALMACARA
BARONESS BENJAMIN

98A Clause 25, page 18, line 17, at end insert—

"(2B) In preparing a neighbourhood health plan, the responsible local authority and each of its partner integrated care boards must—

(a) consider the effects on health and development, and the risks of harm, of children's digital environment for children of all ages in the authority's area, and in particular for children aged 0 to 5, and

(b) where the assessment of relevant needs identifies needs relating to those effects or risks, set out in the plan how those needs are to be met.

(2C) Guidance issued under subsection (4) must include guidance on how authorities should discharge their duties under subsection (2B), including how to involve health visitors, school nurses and family hubs.

(2D) In subsection (2B)—

"children's digital environment" means the devices, services, content and platforms with which children interact, including screens, online services, social media, games, messaging services and artificial intelligence tools;

"effects on health and development" includes effects on—

(a) language, cognitive, and social and emotional development,

(b) sleep, physical activity and healthy weight,

(c) eyesight, and

(d) mental health and wellbeing;

"risks of harm" means risks of harm to children's health and development arising from harmful or age-inappropriate online content, online contact with adults or other children, online conduct and online advertising."

LORD LONDESBOROUGH
BARONESS SCOTT OF NEEDHAM MARKET

99 Clause 25, page 18, line 22, at end insert—

"(4A) Any guidance issued by the Secretary of State under subsection (4) must include provision on—

(a) identifying unmet need and unwarranted variation in access to services for people with long-term, complex or fluctuating health conditions,

(b) establishing appropriate clinical pathways, including access to specialist advice and arrangements for referral or escalation where necessary,

(c) assessing the workforce and service capacity required to meet identified needs, and

(d) specifying the responsibilities of partner organisations, measurable objectives and arrangements for monitoring progress, using existing reporting mechanisms where appropriate."

Member's explanatory statement
This amendment requires guidance issued by the Secretary of State under clause 25(4) to cover the identification of unmet need, clinical pathways, workforce and service capacity, and accountability arrangements for services supporting people with long-term, complex or fluctuating health conditions.

BARONESS GERADA

100 Clause 25, page 18, line 26, at end insert—

"(5A) In preparing a plan under this section, the responsible local authority and each of its partner integrated care boards must take reasonable steps to reduce health inequalities in the area resulting from differences in respect of general health determinants, including through ensuring the meaningful involvement of communities who face disproportionate barriers to participation."

Member's explanatory statement
This amendment seeks to create a specific requirement for local authorities and ICBs to meaningfully reduce health inequalities arising from the wider determinants of health as part of their neighbourhood health plans. The amendment seeks to ensure that individuals are involved in developing the plans, especially those most affected by health inequalities.

BARONESS FINLAY OF LLANDAFF

100A★ Clause 25, page 18, line 26, at end insert—

"(5A) In preparing a neighbourhood health plan, the responsible local authority and partner integrated care boards must involve local clinicians, including allied health professionals.

(5B) Neighbourhood health plans must consider local ill-health prevention, rehabilitation and independent living needs for people with care needs."

Member's explanatory statement
This amendment would ensure that neighbourhood health plans are developed with input from allied health professionals and other local clinicians, and that they consider rehabilitation, prevention and independent living for people with care needs alongside the provision of healthcare services.

After Clause 25

BARONESS BARKER
LORD BLACK OF BRENTWOOD

101 After Clause 25, insert the following new Clause—

"Voluntary sector role in neighbourhood health plans

(1) In preparing a neighbourhood health plan, a responsible local authority and integrated care board must take and demonstrate reasonable steps to ensure the plan is co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in that area, including the development, design, implementation, monitoring and evaluation of the plan.

(2) In meeting the requirement under subsection (1) a local authority and integrated care board must have regard to—

(a) organisations representing people with lived experience of health conditions,

(b) organisations working with an underserved or marginalised population, and

(c) the role of voluntary, community and social enterprise organisations in delivering community-based services.

(3) The responsible local authority and integrated care board must demonstrate how they have ensured ongoing and meaningful representation of voluntary, community and social enterprise organisations across the governance, decision-making and commissioning arrangements relating to neighbourhood health plans at all stages of the planning process."

Member's explanatory statement
This new clause would require local authorities and integrated care boards to take and demonstrate reasonable steps to ensure neighbourhood health plans are co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in the local area.

BARONESS PIDGEON

102 After Clause 25, insert the following new Clause—

"Joint local health and wellbeing strategies

(1) The Local Government and Public Involvement in Health Act 2007 is amended as set out in subsections (2) and (3).

(2) After section 116A of the insert—

"116AA Joint local health and wellbeing strategies

(1) Where an assessment of relevant needs is prepared under section 116 by a responsible local authority, the responsible local authority and each of its partner integrated care boards must prepare a joint local health and wellbeing strategy setting out priorities for meeting those needs, improving

health and wellbeing and reducing health inequalities in the authority's area, including in relation to the wider determinants of health.

(2) A neighbourhood health plan prepared under section 116A must be consistent with any joint local health and wellbeing strategy for that area.

(3) A neighbourhood health plan may form part of a joint local health and wellbeing strategy."

(3) In section 116B (as substituted by section 25 of this Act), after paragraph (b) insert—

"(c) any joint local health and wellbeing strategy prepared under section 116AA."

(4) In section 196(1) of the Health and Social Care Act 2012 (functions of Health and Wellbeing Boards), for "sections 116 and 116A" substitute "sections 116, 116A and 116AA"."

Member's explanatory statement
This amendment would retain joint local health and wellbeing strategies as the democratically owned strategic framework for local health and wellbeing, require neighbourhood health plans to be consistent with them, restore the duty on local authorities and integrated care boards to have regard to them, and keep preparing them a function of the Health and Wellbeing Board.

Clause 28

BARONESS MERRON

103 Clause 28, page 20, line 27, at end insert—

"(b) after subsection (5) insert—

"(5A) The power under subsection (1) may not be used for the purpose of establishing a body that performs functions only or mainly in respect of Wales.""

Member's explanatory statement
This spells out that the power in section 28 of the NHS Act 2006 cannot be used to create a Wales-only Special Health Authority. It is needed because of the removal of the territorial restriction in section 271, which limited the exercise of the power to England.

BARONESS MERRON

104 Clause 28, page 20, line 30, at end insert—

"(c) after subsection (2) insert—

"(3) In this section a reference to a Special Health Authority is to a Special Health Authority which—

(a) performs functions only or mainly in respect of England, or

(b) neither performs functions only or mainly in respect of England, nor performs functions only or mainly in respect of Wales.""

Member's explanatory statement
This clarifies that the power to make regulations about the delegation of Special Health Authority functions is not exercisable in relation to Wales-only Special Health Authorities. It is needed because of the removal of the territorial restriction in section 271, which limited the exercise of the power to England.

Clause 30

LORD HUNT OF KINGS HEATH
LORD PATEL OF BRADFORD
LORD BLUNKETT
EARL HOWE

The above-named Lords give notice of their intention to oppose the Question that Clause 30 stand part of the Bill.

Member's explanatory statement
This opposition to Clause 30 seeks to probe the reasoning behind abolishing the governing bodies of NHS Foundation Trusts and to find out what alternative accountability arrangements will be made.

Schedule 3

BARONESS FINLAY OF LLANDAFF

104A★ Schedule 3, page 97, line 25, at end insert—

"(c) at least one other person who is a registered allied health professional."

Member's explanatory statement
This amendment requires NHS foundation trust boards to include a registered allied health professional, ensuring that board-level decision-making reflects the expertise of the wider clinical workforce.

LORD KAMALL
EARL HOWE
LORD STEVENS OF BIRMINGHAM

105 Schedule 3, page 99, line 18, at end insert—

"(6) The Secretary of State may appoint a person as chair or another non-executive director only following a recommendation made by an independent appointments panel.

(7) The Secretary of State must by regulations make provision about the composition and operation of independent appointments panels under this paragraph.

(8) Regulations under this paragraph must provide that each panel must include persons with knowledge of, and a connection to, the area principally served by the NHS foundation trust.

(9) Before making regulations under this paragraph, the Secretary of State must consult NHS foundation trusts, persons who are or have been members of councils of governors, patients and such other persons as the Secretary of State considers appropriate.

(10) Regulations under this paragraph must be made by statutory instrument and may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This amendment would require appointments of chairs and non-executive directors of NHS foundation trusts to be made following recommendations by independent appointments panels with local representation. Its purpose is to probe how the Government will prevent the centralisation and politicisation of appointments, and how the Department will manage the practical burden of making appointments across all foundation trusts.

After Clause 37

BARONESS COFFEY

105A★ After Clause 37, insert the following new Clause—

"Removal of licence to operate as a NHS foundation trust

(1) The Secretary of State must rescind the licence of a NHS foundation trust which is in the fifth segment of the NHS Oversight Framework for at least two consecutive quarters or in the fourth segment for at least four consecutive quarters.

(2) The Secretary of State must give notice to the NHS foundation trust of the risk of their licence being rescinded within 28 days of the publication of the framework after the first quarter of being included in the fifth segment or after two quarters in the fourth segment of the NHS Oversight Framework."

Member's explanatory statement
This is a probing amendment which would bring more hospitals potentially into scope of losing foundation trust status but with a "yellow card" approach.

After Clause 39

BARONESS PIDGEON

106 After Clause 39, insert the following new Clause—

"Duty of NHS boards to report medical malpractice

(1) A member of the board of directors of an NHS trust or an NHS foundation trust in England must report any evidence or reports they have seen of systemic medical malpractice within the trust to—
  (a) the Care Quality Commission,
  (b) the Department of Health and Social Care, and
  (c) the Health Services Safety Investigations Body.

(2) The board of directors of an NHS trust or NHS foundation trust in England has a collective duty to—
  (a) refer the trust to the Care Quality Commission, and
  (b) alert the Department of Health and Social Care and the Health Services Safety Investigations Body if staff employed by, or acting on behalf of, the trust raise concerns of systemic medical malpractice.

(3) In this section, "systemic medical malpractice" means an action or omission in the provision of health care that falls below the expected standard of care and indicates a widespread, patterned, or recurring failure within the systems, processes, or governance of the trust."

Member's explanatory statement
This new clause seeks to introduce a mandatory individual duty for members of NHS and Foundation Trust boards to escalate evidence of systemic medical malpractice to the CQC, the Department of Health and Social Care, and the HSSIB. It also seeks to impose a collective duty on the board to formally refer the trust to regulators if staff raise concerns regarding malpractice.

Clause 41

LORD LANSLEY

107 Clause 41, page 30, leave out lines 1 to 3 and insert "a strategic authority as defined in section 1 of the English Devolution and Community Empowerment Act 2026;"."

Member's explanatory statement
This amendment, and others in the name of Lord Lansley would ensure that the NHS can enter into arrangements with local authorities who have social care and other health-related functions and with all the new strategic authorities, including single foundation strategic authorities, and not only those with mayors.

Clause 43

BARONESS JANKE

108 Clause 43, page 31, line 12, at end insert—

"(7) Where the Secretary of State is satisfied that a pharmacy provider has materially failed to comply with contractual, patient-safety or workforce obligations, the Secretary of State may by direction require the relevant integrated care board—

(a) to suspend or terminate arrangements with that provider, where appropriate,

(b) to make arrangements with another provider for the provision of pharmaceutical services,

(c) to secure continuity of the supply of medicines and other pharmaceutical services, and

(d) to take such other emergency measures as may be specified in the direction.

(8) A direction under subsection (7) may be given where the Secretary of State considers that there is a significant risk to patient safety, continuity of medicines supply or the provision of pharmaceutical services.

(9) The Secretary of State must ensure that arrangements made under subsection (7) are implemented as soon as reasonably practicable.

(10) A direction under subsection (7) must specify the period for which it has effect and must be published."

Member's explanatory statement
This amendment would enable intervention where a pharmacy provider seriously fails to meet contractual, safety or workforce obligations, ensuring continuity of services and medicines supply.

BARONESS JANKE

109 Clause 43, page 31, line 12, at end insert—

"(7) Where a situation or event has resulted, or is likely to result, in the closure, failure or disruption of a provider of pharmaceutical services, the Secretary of State and the relevant integrated care board must provide such assistance and support as is reasonably necessary to enable a new provider to establish or continue the provision of pharmaceutical services.

(8) Assistance or support under subsection (7) may include facilitating and establishing a relationship between a new provider and the manufacturers or suppliers of medicines and other pharmaceutical products.

(9) The assistance and support under subsection (7) must be available, in particular, where a new provider is—

(a) taking over premises previously operated by a provider of pharmaceutical services that has failed or closed,

(b) taking over premises where there has been evidence of serious misconduct, including malpractice or failure to pay staff, or

(c) an independent provider or a provider which is not part of a large company operating multiple pharmacy premises.

(10) The purpose of assistance and support under this section is to enable the new provider to secure supplies of medicines and other pharmaceutical products as quickly as reasonably practicable and to minimise any interruption in the provision of pharmaceutical services."

Member's explanatory statement
This amendment would require the Government and integrated care boards to support new and independent pharmacy owners taking over failing, closed or disrupted pharmacies, including by helping them establish relationships with pharmaceutical manufacturers and suppliers so that they can secure medicines and other supplies quickly and maintain continuity of service.

After Clause 43

BARONESS JANKE

110 After Clause 43, insert the following new Clause—

"Protection of pharmacy staff during provider failure

(1) The Secretary of State must establish arrangements to protect the pay and essential employment protections of staff employed by a provider of pharmaceutical services where the provider—

(a) becomes insolvent,

(b) ceases to provide pharmaceutical services,

(c) has its arrangements for providing pharmaceutical services suspended or terminated, or

(d) is otherwise unable to meet its obligations to its employees.

(2) Arrangements under subsection (1) must provide for—

(a) the continuation, so far as reasonably practicable, of payment of wages to affected staff,

(b) the preservation of essential employment protections during the period of emergency intervention,

(c) the maintenance of staffing necessary for the safe provision of pharmaceutical services, and

(d) the transfer, continuation or replacement of employment arrangements where necessary to secure continuity of pharmaceutical services.

(3) The Secretary of State may make payments to, or in respect of, affected staff for the purposes of this section.

(4) The Secretary of State may recover from the failed provider any sums paid under subsection (3).

(5) Arrangements under this section must be capable of operating at the same time as arrangements made under section 133 of the National Health Service Act 2006 (inadequate provision of pharmaceutical services) to secure alternative provision of pharmaceutical services.

(6) The Secretary of State must publish guidance about the operation of arrangements under this section."

Member's explanatory statement
This amendment would protect pharmacy staff's pay and essential employment rights when a provider fails, while supporting continuity of services.

After Clause 44

BARONESS FINLAY OF LLANDAFF

111 After Clause 44, insert the following new Clause—

"Hospices: supply and disposal of medicines and medical supplies

(1) The Secretary of State must by regulations made by statutory instrument enable qualifying voluntary hospices providing palliative or end of life care to obtain medicines and medical supplies through the pharmaceutical supply arrangements of the health service.

(2) Regulations under subsection (1) may make provision about—
(a) the meaning of "qualifying hospices", and
(b) the medicines and supplies that may be obtained.

(3) The Secretary of State must by regulations make provision for the disposal of expired, unwanted or surplus medicines and medical supplies by qualifying hospices.

(4) Regulations under subsection (3) may make provision about—
(a) the collection, return and destruction of medicines, and
(b) the meaning of "qualifying hospices".

(5) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
NHS patients in NHS hospitals or at home in the community are eligible for NHS prescribed medications at no additional cost. However, in some hospices, the hospice itself has to purchase the medications for these same patients as the hospice does not have a contract covering NHS supply of medications.

BARONESS BENNETT OF MANOR CASTLE

112 After Clause 44, insert the following new Clause—

"Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing

(1) The Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing may be ratified only if—

(a) a Minister of the Crown has laid before the House of Commons a copy of the Arrangement, and

(b) the Arrangement has been approved by a resolution of the House of Commons on a motion moved by a Minister of the Crown.

(2) Before tabling a motion under subsection (1)(b) the Secretary of State must publish and lay before the House of Commons an impact assessment on the potential effects on the health service of implementation of the Arrangement."

Member's explanatory statement
This new clause would require the Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing to be brought before the House for a vote.

Clause 48

BARONESS TYLER OF ENFIELD
LORD PATEL OF BRADFORD
BARONESS HOLLINS
LORD STEVENS OF BIRMINGHAM

113 Clause 48, page 33, line 10, at end insert—

"(2A) The Secretary of State must give integrated care boards directions to increase spending on mental health services at least in line with the change in level of their total programme funding."

Member's explanatory statement
This amendment would place the original mental health investment standard on a statutory footing, requiring integrated care boards to increase spending on mental health services at least in line with the growth in their total programme (healthcare) funding.

LORD SCRIVEN

114 Clause 48, page 33, line 10, at end insert—

"(2A) A direction under subsection (1) may relate only to—

(a) conditions subject to which sums are paid to the board under section 223G,

(b) limits on expenditure or resource use by the board,

(c) requirements that sums be used only for specified purposes (including requirements of the kind mentioned in section 223GB), and

(d) the payment or repayment of sums to the Secretary of State,

and may not specify how the board is to exercise its commissioning functions (within the meaning given by section 5A(2)).”

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, stops financial directions being used to direct how an ICB commissions services.

BARONESS TYLER OF ENFIELD
LORD PATEL OF BRADFORD

115 Clause 48, page 33, line 14, after “(1)” insert “or (2A)”.

Member's explanatory statement
This amendment is consequential to another in the name of Baroness Tyler of Enfield and would enable the Secretary of State to implement financial penalties if an integrated care board fails to comply with a direction to increase spending on mental health services in line with the growth in their total programme (healthcare) funding.

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS
LORD YOUNG OF COOKHAM

116 Clause 48, page 33, line 37, at end insert—

“(f) require the integrated care board to use a portion of designated amount for the provision of social care services and support for the physical and mental health and wellbeing of unpaid carers.”

Member's explanatory statement
This amendment would allow the Secretary of State to require that certain funds allocated to an integrated care board be used for the provision of social care services and support for the physical and mental health and wellbeing of unpaid carers.

Clause 49

LORD SCRIVEN

117 Clause 49, page 34, line 27, at end insert—

“(2A) Any objectives set under subsection (1) for an integrated care board form part of its ICB outcomes (see section 14Z61), and the Secretary of State must publish them.”

Member's explanatory statement
This amendment, consequential on the amendment in the name of Lord Scriven to replace clause 11, makes joint financial objectives part of each ICB's published outcomes.

After Clause 49

BARONESS PIDGEON
BARONESS GERADA

118 After Clause 49, insert the following new Clause—

"Primary care investment standard

(1) The Secretary of State must by regulations made by statutory instrument establish a primary care investment standard for integrated care boards.

(2) The primary care investment standard must require each integrated care board to increase its spending on primary care services, in each financial year, by at least the same proportion as any increase in the level of its total programme funding for that year.

(3) Regulations under this section may make provision about—
  (a) the description of services that constitute "primary care services" for the purposes of this section;
  (b) how compliance with the primary care investment standard is to be measured, monitored and enforced;
  (c) circumstances in which the standard may be varied or disapplied.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish, by regulations, a primary care investment standard requiring integrated care boards to increase spending on primary care services at least in line with the growth in their total programme funding, with such regulations subject to the affirmative procedure.

After Clause 51

EARL HOWE

118A After Clause 51, insert the following new Clause—

"Principles governing exercise of regulatory functions

After section 14Z62A of the National Health Service Act 2006 insert—

"14Z62B Principles governing exercise of regulatory functions

(1) The Secretary of State must only exercise a regulatory function in relation to—

(a) an integrated care board,

(b) an NHS trust, or

(c) an NHS foundation trust,

on the basis of relevant performance information.

(2) In this section "regulatory function" includes—

(a) the giving of directions to an integrated care board, an NHS trust or an NHS foundation trust,

(b) the exercise of intervention powers, including under section 57B (conversion of failing NHS foundation trust into NHS trust) and section 14Z62A (performance: significant failure),

(c) the imposition or modification of licence conditions under section 111 of the Health and Social Care Act 2012 (imposition of licence conditions on NHS foundation trusts), and

(d) the instigation of any assessment, review or investigation.

(3) "Relevant performance information" means information relating to—

(a) the exercise by an integrated care board of its statutory duties under Part 2 Chapter A3 of this Act (integrated care boards),

(b) the exercise by an NHS trust of its statutory duties under sections 26, 26A and 26B of this Act (duties of NHS trusts),

(c) the exercise by an NHS foundation trust of its statutory duties under sections 63, 63A and 63B of this Act (duties of NHS foundation trusts),

(d) the requirements of any licence issued under this Act,

(e) the requirements of the NHS standard contract, and

(f) compliance with other applicable statutory requirements.

(4) The Secretary of State must not exercise a regulatory function—

(a) on the basis of political considerations, or

(b) on the basis of information that is not relevant performance information.

(5) In exercising regulatory functions, the Secretary of State must have regard to the need to maintain the safety of people who use health care services.

(6) The Secretary of State must, in exercising their functions, also have regard to the following matters in so far as they are consistent with the matters referred to in subsection (5)—

(a) the desirability of securing improvement in the quality of NHS health care services and in the efficiency of their provision,

(b) the need for commissioners of NHS health care services to ensure that the provision of access to those services operates fairly,

(c) the need for commissioners of NHS health care services ensure that people who require those health care services are provided with access to them,

(d) the need for commissioners of NHS health care services to make the best use of resources when doing so,

(e) the desirability of persons who provide NHS health care services to co-operate with each other in order to improve the quality of those services,

(f) the need to promote research into matters relevant to the NHS by persons who provide NHS health care services, and

(g) the need for high standards in the education and training of health care professionals who provide NHS health care services.

14Z62C Operational separation of regulatory functions

(1) The Secretary of State must ensure that regulatory functions are exercised in a manner that is operationally separate from—

(a) the exercise of functions relating to the commissioning of health services,

(b) the allocation or management of financial or other resources,

(c) the formulation of government policy relating to the health service, and

(d) the exercise of powers to give directions or to make regulations or orders under this Act, other than where those powers are themselves regulatory functions.

(2) The Secretary of State must make arrangements to ensure that—

(a) persons principally responsible for exercising regulatory functions are operationally distinct from persons principally responsible for exercising the functions mentioned in subsection (1),

(b) regulatory decisions are made independently of the exercise of the functions mentioned in subsection (1), and

(c) information obtained in the exercise of regulatory functions is subject to appropriate arrangements governing its use and disclosure.

(3) The Secretary of State must ensure that there is not, and could not reasonably be regarded as being, a conflict between—

(a) the exercise of a regulatory function, and

(b) the exercise of any other function of the Secretary of State.

(4) Information obtained solely through the exercise of a regulatory function must not be taken into account in the exercise of a function mentioned in subsection (1) unless—

(a) its use is necessary for the protection of patient safety,

(b) its use is necessary for the continuity of essential health services,

(c) its use is authorised by or under an enactment, or

(d) the information has been published or otherwise lawfully made available for that purpose.

(5) Where the Secretary of State considers that a conflict has arisen, or could reasonably be regarded as having arisen, between the exercise of a regulatory function and the exercise of another function, the Secretary of State must publish a statement setting out—

(a) the nature of the conflict,

(b) the steps taken to manage or resolve it,

(c) the decision reached, and

(d) the reasons for that decision.

(6) The Secretary of State must publish a statement under subsection (5) as soon as reasonably practicable after reaching the decision.

(7) The Secretary of State must, in respect of each financial year, prepare and publish a report setting out—

(a) the arrangements maintained during that year for securing the operational separation of regulatory functions,

(b) the steps taken during that year to comply with the duty under subsection (3),

(c) any conflict in respect of which a statement was required under subsection (5), and

(d) any material change made during that year to the arrangements described in paragraph (a).

(8) The Secretary of State must lay a copy of the report under subsection (7) before Parliament.

(9) In this section, "regulatory function" has the meaning given by section 14Z62B.""

Member's explanatory statement

This new clause seeks to put the principles governing regulatory decisions into statute and create operational separation of regulatory functions from other functions within the Department of Health and Social Care.

Clause 52

LORD CLEMENT-JONES

119 Clause 52, page 36, line 15, after "available" insert "for the purpose of delivering or improving patient health or social care"

Member's explanatory statement
This amendment would limit the purpose of the single patient record system to the delivery or improvement of patients' health care and social care.

BARONESS NOAKES

120 Clause 52, page 36, line 16, after "received", insert "publicly funded"

Member's explanatory statement
This amendment together with others in the name of Baroness Noakes probe the extent to which private health and social care falls within the patient record system.

BARONESS NOAKES

121 Clause 52, page 36, line 17, after "received", insert "publicly funded"

Member's explanatory statement
This amendment together with others in the name of Baroness Noakes probe the extent to which private health and social care falls within the patient record system.

BARONESS NOAKES

122 Clause 52, page 36, line 18, after "of" insert "publicly funded"

Member's explanatory statement
This amendment together with others in the name of Baroness Noakes probe the extent to which private health and social care falls within the patient record system.

LORD CLEMENT-JONES

123 Clause 52, page 36, line 18, leave out "health" and insert "direct patient"

Member's explanatory statement
This amendment clarifies that the Secretary of State's regulation-making powers in respect of the single patient record are limited to the provision of direct patient care and social care.

BARONESS PIDGEON
BARONESS FINLAY OF LLANDAFF

124 Clause 52, page 36, line 19, at end insert—

"(1A) The regulations must make provision for patient information to be readily available to providers of palliative and end-of-life care including voluntary sector providers."

Member's explanatory statement
This amendment would ensure the single patient record is available to all palliative and end-of-life care providers.

LORD CLEMENT-JONES

125 Clause 52, page 36, line 28, leave out "including" and insert "solely for the purposes of"

Member's explanatory statement
This amendment would ensure that regulations requiring or authorising the making available of patient information through the single patient record system can only make provision in respect of the circumstances set out in the Bill.

BARONESS GREY-THOMPSON

126 Clause 52, page 36, line 33, at end insert—

"(ca) enabling a patient, following diagnosis of a health condition, to consent to the sharing of such information as is necessary for the purpose of enabling an approved voluntary, community or charitable organisation to offer or provide condition-specific support services to the patient;

(cb) facilitating referral, where consent has been provided, to such an organisation under subsection (ca);"

Member's explanatory statement
This amendment would ensure that regulations establishing the single patient record may include provision enabling patients, following diagnosis, to consent to referral and information sharing with approved voluntary, community and charitable organisations providing condition-specific support services.

LORD CLEMENT-JONES
LORD TARASSENKO

127 Clause 52, page 36, line 37, at end insert—

"(e) requiring any electronic health records which contribute patient information to, or interoperate with, the system to support interoperable data standards and secure integration through application programming interfaces, so that clinical information, including clinical documentation generated with the assistance of artificial intelligence, can be exchanged securely between systems."

Member's explanatory statement
This amendment would allow regulations establishing the single patient record to require all electronic health record systems contributing to or interoperating with it to support open, standards-based application programming interface (API) integration.

BARONESS MERRON

128 Clause 52, page 36, line 37, at end insert—

"(2A) A requirement by virtue of subsection (2)(b) may be imposed on a person providing health care or social care only if they provide health care or social care in England."

Member's explanatory statement
Regulations can require people to disclose information for the purposes of making it available through the single patient record etc. This ensures that the regulation-making power can only be used to require information from those who provide health care or social care in England.

BARONESS PIDGEON

129 Clause 52, page 36, line 37, at end insert—

"(2A) The regulations must make provision for—

(a) persons providing optometry services to have access to relevant patient information through the system,

(b) the system to be interoperable with the digital systems used by such persons, and

(c) persons providing optometry services to be represented in the governance and implementation of the system."

Member's explanatory statement
This amendment would ensure that optometrists have access to the single patient record, interoperable digital systems and a role in its governance and implementation.

BARONESS NOAKES
BARONESS GERADA

130 Clause 52, page 36, line 37, at end insert—

"(2A) The regulations must provide that any patient may opt out of all or any information relating to them being included in the system."

Member's explanatory statement
This amendment allows patients to opt out of being included in the single patient record system.

LORD KAMALL
EARL HOWE
LORD MARKHAM

131 Clause 52, page 36, line 37, at end insert—

"(2A) Regulations under subsection (1) must require the establishment and maintenance of an electronic register of each occasion on which patient information made available through the system is accessed.

(2B) The register must record—

(a) the identity, organisation and role of the person accessing the information,

(b) the date and time of the access,

(c) the information accessed, and

(d) the purpose of the access.

(2C) Regulations under subsection (1) must provide for a patient—

(a) to inspect, without charge, entries in the register relating to their information, and

(b) to request an investigation of any access which the patient believes was unauthorised or improper.

(2D) The register must record access undertaken for the provision of care and access undertaken for research, planning, commissioning or any other purpose."

Member's explanatory statement
This amendment would require every access to information through the single patient record to be recorded in an electronic register and would give patients the right to inspect the entries relating to their information and challenge potentially improper access.

LORD CLEMENT-JONES

132 Clause 52, page 36, leave out lines 38 to 40

Member's explanatory statement
This amendment would remove the power for regulations to provide that processing information in accordance with them does not breach any obligation of confidence.

LORD PATEL
BARONESS FINLAY OF LLANDAFF

133 Clause 52, page 36, line 38, leave out from "regulations" to "any" in line 39 and insert "must provide that the processing of information in accordance with the regulations complies with"

Member's explanatory statement
This amendment would ensure that regulations made in relation to the disclosure or other processing of patient data must comply with the common law duty of confidentiality owed to the patient by those accessing their data.

BARONESS NOAKES

133A Clause 52, page 36, line 40, at end insert—

"(3A) The regulations must make provision for patient information to include the biological sex of patients."

LORD HUNT OF KINGS HEATH
BARONESS THORNTON

134 Clause 52, page 37, line 3, at end insert—

"(4A) In making the regulations the Secretary of State must have regard to the need to ensure—

(a) that adult social care providers and people drawing on care are represented in the design of shared care records, the single patient record, interoperability standards and the wider analogue-to-digital shift;

(b) that a clear national route for relevant social care data is made available to authorised health and care professionals without requiring separate local integrations for every provider and area."

Member's explanatory statement
The amendment is designed to ensure that in establishing a single patient record, this should embrace relevant social care data and that adult social care providers and people drawing on care are represented in its design.

LORD KAMALL
EARL HOWE

135 Clause 52, page 37, line 3, at end insert—

"(4A) Regulations under subsection (1) must make provision securing that sensitive patient information may not be made available through the system to a person involved in the provision of health care or social care unless—

(a) the patient has given explicit consent to the information being made available to that person or to a specified description of persons, and

(b) that consent remains in force at the time at which the information is accessed.

(4B) Regulations made for the purposes of subsection (4A) must provide for a patient to—

(a) specify the persons, or descriptions of persons, to whom sensitive patient information may be made available,

(b) give, vary or withdraw consent easily and without charge,

(c) restrict consent to specified information, specified purposes or a specified period, and

(d) obtain a record of each occasion on which sensitive patient information relating to the patient has been accessed, including the identity or description of the person accessing it and the date and purpose of the access.

(4C) Regulations under subsection (1) may provide for sensitive patient information to be made available without the consent required by subsection (4A) only where—

(a) access to the information is necessary to prevent death or serious harm to the patient or another person,

(b) it is not reasonably practicable to obtain the patient's consent, and

(c) the access is limited to the information strictly necessary for that purpose.

(4D) Where sensitive patient information is accessed by virtue of subsection (4C)—

(a) the access and the reasons for it must be recorded,

(b) the patient must be notified as soon as reasonably practicable, unless notification would create a serious risk of harm to the patient or another person, and

(c) the access must be subject to subsequent review in accordance with provision made by the regulations.

(4E) In this section, "sensitive patient information" means patient information relating to—

(a) sexual or reproductive health,

(b) termination of pregnancy,

(c) fertility treatment,

(d) mental health diagnosis or treatment,

(e) substance misuse diagnosis or treatment,

(f) genetic information, or

(g) any other description of information prescribed by regulations as requiring enhanced protection by reason of its particularly private or sensitive character.

(4F) Consent for the purposes of this section must be freely given, specific, informed and unambiguous, and must be indicated by a clear affirmative action.

(4G) A patient must not be denied or disadvantaged in the provision of health care or social care solely because the patient has not given consent under subsection (4A)."

Member's explanatory statement

This amendment would require regulations establishing the single patient record to provide enhanced protection for particularly sensitive health information. Such information could ordinarily be viewed only by persons, or descriptions of persons, expressly authorised by the patient. A limited exception would permit access without consent where strictly necessary.

LORD KAMALL
EARL HOWE

136 Clause 52, page 37, line 3, at end insert—

"(4A) Before making regulations under this section, the Secretary of State must lay before Parliament a report setting out—

(a) the person or persons who will be the controller of patient information processed through the system,

(b) the respective responsibilities of any controllers, joint controllers and processors,

(c) the arrangements for the custody, stewardship and security of patient information,

(d) the location of the servers on which patient information will principally be stored and processed,

(e) the circumstances in which patient information may be stored, processed or accessed outside the United Kingdom,

(f) the legal jurisdictions to which the information and the persons processing it may be subject, and

(g) the safeguards that will prevent patient information from being accessed under the law of another jurisdiction in a manner incompatible with the law of the United Kingdom.

(4B) The Secretary of State must consult the Information Commissioner before laying the report required by this subsection."

Member's explanatory statement
This amendment would require the Secretary of State to clarify the governance, control, stewardship, location and legal jurisdiction of data used in the single patient record before making regulations establishing the system.

LORD KAMALL
EARL HOWE

137 Clause 52, page 37, line 3, at end insert—

"(4A) Regulations under this section must make provision for patient information generated in connection with health care provided—

(a) as part of the health service, or

(b) otherwise than as part of the health service, including health care provided by independent healthcare providers.

to be made available through the system to persons providing health care in either setting, where the information is relevant and necessary for the direct care of the patient."

Member's explanatory statement
This amendment would ensure that relevant patient information generated in both NHS and independent healthcare settings can be included in the single patient record and made available to NHS and independent healthcare providers where it is necessary for the patient's direct care.

BARONESS HARDING OF WINSCOMBE
BARONESS SHAWCROSS-WOLFSON

137A Clause 52, page 37, line 3, at end insert—

"(4A) The adequate safeguards under subsection (4) include—

(a) ensuring access is restricted to those involved in the patient's care;

(b) maintaining a comprehensive audit trail, including independent auditing, of who has accessed or disclosed patient information, and allowing patients to see who has accessed their records;

(c) clarity about who controls and is responsible for the data, and appropriate controls on access by contractors and system suppliers;

(d) additional protections for particularly sensitive data, such as sexual and reproductive health, HIV status, mental health, substance abuse and genetic information;

(e) protecting victims and survivors of domestic abuse, coercive control, stalking and exploitation from information being accessed by a perpetrator or used against them;

(f) safeguards governing access by family members, carers and others acting on patients' behalf, including preventing coercion and allowing access to be restricted or withdrawn safely;

(g) protecting the confidentiality of young people who are Gillick competent, and provisions for appropriate access for children in the care system;

(h) protections for people with learning disabilities, dementia or impaired decision-making capacity, including the provision of accessible information and appropriate support to exercise their rights under the single patient record;

(i) ensuring that exceptional access to records is justified, recorded and subsequently reviewed;

(j) enabling patients to express choices or objections about the use of their information, to identify and request correction of inaccurate information, and to exercise their other rights over their data;

(k) ensuring patients who cannot or do not use digital services can exercise their rights in regard to the single patient record on an equal basis;

(l) protecting against cyber attacks, unauthorised access and data breaches."

BARONESS HARDING OF WINSCOMBE
BARONESS SHAWCROSS-WOLFSON

137B Clause 52, page 37, line 8, leave out from "consult" to end of line 9 and insert "—

(a) the National Data Guardian and the Information Commission,

(b) the Domestic Abuse Commissioner,

(c) the Children's Commissioner,

(d) the devolved administrations, and

(e) representatives of the following stakeholders—

(i) doctors, including general practitioners and the medical Royal Colleges,

(ii) nursing, midwifery, pharmacy, allied health and social care professions,

(iii) Caldicott Guardians,

(iv) NHS, independent and voluntary-sector health and social care providers,

(v) patients, including particularly vulnerable patients, young people, disabled people and carers,

(vi) victims and survivors of domestic abuse,

(vii) digitally excluded communities,

(viii) disadvantaged communities who are less likely to engage with civic society, including but not limited to asylum seekers, travellers and rough sleepers, and

(ix) experts in health record standards, clinical safety, data protection, cybersecurity and digital inclusion.

(6A) The Secretary of State must publish a summary of the consultation, including details of how the responses will be taken into account.

(6B) The summary under subsection (6A) must be laid before both House of Parliament before regulations are made under this section."

LORD KAMALL
EARL HOWE

138 Clause 52, page 37, line 9, at end insert—

"(b) lay an assessment before Parliament on the readiness of the National Health Service to implement the single patient record. This assessment must include—

(i) the interoperability, cybersecurity and operational resilience of relevant systems,

(ii) compliance with data protection requirements,

(iii) workforce and training requirements,

(iv) the adequacy of hardware, connectivity and identity-management systems,

(v) the estimated implementation and recurring costs,

(vi) the capital funding to be made available to providers requiring upgrades,

(vii) the measures to be taken to prevent digital exclusion, and

(viii) a summary of any relevant independent technical, cybersecurity and data protection assurance obtained by the Secretary of State."

Member's explanatory statement
This amendment would prevent the first regulations establishing the single patient record from being made until the Secretary of State has laid before Parliament an assessment of the NHS's digital and operational readiness, including infrastructure, cybersecurity, workforce, costs, capital funding and digital exclusion.

BARONESS PIDGEON

139 Clause 52, page 37, line 14, after "condition" insert ", and includes optometry services, including primary ophthalmic services"

Member's explanatory statement
This amendment would make explicit that optometry is included within the single patient record framework.

BARONESS NOAKES

140 Clause 52, page 37, line 23, at end insert—

""publicly funded" care includes care which is partly funded out of public funds;"

Member's explanatory statement
This amendment together with others in the name of Baroness Noakes probe the extent to which private health and social care falls within the patient record system.

LORD MCCOLL OF DULWICH
LORD PRIOR OF BRAMPTON

141 Clause 52, page 37, line 28, at end insert—

"(8) Regulations under this section must make provision for appropriately regulated healthcare providers to be eligible to access relevant patient information through the single patient record system for the purposes of providing direct patient care.

(9) Eligibility for access under subsection (8) must be determined by compliance with such clinical, regulatory, governance, cybersecurity and information assurance requirements as may be prescribed and must not be determined solely by—

(a) whether the provider delivers services under arrangements with the National Health Service, or

(b) whether healthcare services are delivered in person, remotely or through digital means.

(10) Access under subsection (8) must be subject to—

(a) access being limited to information reasonably required for the specific healthcare service being provided to the patient,

(b) compliance with applicable legal and professional requirements relating to confidentiality, data protection and the use of patient information for direct patient care,

(c) secure authentication, role-based access controls and comprehensive audit arrangements recording access to patient information and the purpose of such access,

(d) appropriate professional registration and regulatory oversight by any relevant statutory or professional regulator,

(e) arrangements enabling patients to view an accessible record of access to their information, including through the NHS App where technically practicable,

(f) such safeguards as may be prescribed in relation to particularly sensitive categories of health information, and

(g) safeguards ensuring that any patient controls relating to information sharing do not prevent access to information necessary for safe and effective direct patient care.

(11) Information obtained through access to the single patient record under this section may be used only for the provision of direct patient care and must not be used for commercial, underwriting, marketing or other secondary purposes except where authorised by law.

(12) Regulations under this section may make provision enabling eligible healthcare providers to contribute information relevant to the provision of direct patient care, subject to such governance and quality assurance requirements as may be prescribed.

(13) Nothing in this section requires access to be granted to any provider or healthcare professional who does not meet the requirements prescribed under regulations made under this section"

Member's explanatory statement
This amendment ensures that providers of care that sit outside the NHS, whether physical or digital, can have access to the single patient record so that they can best respond to the medical needs of a patient with complete information to make the best recommendation for their health.

LORD TARASSENKO
BARONESS FINLAY OF LLANDAFF
BARONESS KIDRON

142 Clause 52, page 38, line 16, at end insert—

"250G Duty to bring forward reform of scientific research in the public interest

(1) Before the end of the period mentioned in subsection (2), the Secretary of State must publish a draft of regulations under section 251 making provision for—

(a) the use of confidential patient information held in connection with the single patient record established under section 250E for the purposes of scientific research in the public interest, and

(b) the protection of patient privacy and confidentiality in connection with such use, including respect for any objection by a patient to such use.

(2) The period is 12 months beginning with the day on which section 250E comes into force.

(3) Before publishing the draft regulations required by subsection (1), the Secretary of State must—

(a) carry out a public consultation on the proposals for those regulations, for a period of not less than 12 weeks,

(b) consult the National Data Guardian and such other persons with expertise in the secondary use of health data for research purposes as the Secretary of State considers appropriate, and

(c) publish a response to the consultation carried out under paragraph (a).

(4) In this section—

"confidential patient information" has the same meaning as in section 251;

"National Data Guardian" means the person appointed under section 1 of the Health and Social Care (National Data Guardian) Act 2018;

"patient" includes an individual who needs or receives social care or whose need for such care is being assessed; and

"scientific research" has the same meaning as in Article 4(2) of the UK GDPR."

Member's explanatory statement

This new section seeks to set a timetable for reforming the rules on confidential patient information, so that patient data in the single patient record can be used for scientific research in the public interest, with safeguards for patient privacy and objections, following public consultation.

LORD TARASSENKO
BARONESS KIDRON

143 Clause 52, page 38, line 16, at end insert—

"250G Single patient record: sovereign data asset, national security and parliamentary accountability

(1) Patient information held in, or made available through, the single patient record is a sovereign data asset, held for the benefit of patients, the health service in England and the public.

(2) The Secretary of State must take appropriate steps for securing that—

(a) patient information held in, or made available through, the single patient record is hosted and stored only on servers located in the United Kingdom, and

(b) no person accesses the single patient record from outside the United Kingdom for the purposes of its technical support, maintenance or administration.

(3) The Secretary of State must not establish, or permit the establishment or continuation of, arrangements for the hosting, storage or processing of patient information held in, or made available through, the single patient record unless satisfied that—

(a) such information is encrypted, when stored and when transmitted, using encryption keys held and controlled only by a health service body, so that it cannot be read by any supplier or subcontractor, or any other person, without the authority of that body,

(b) appropriate safeguards are in place to prevent access to such information that is unauthorised, or compelled under a legal, regulatory or judicial requirement of a jurisdiction outside the United Kingdom, by any person, including a foreign state, foreign public authority, or person acting on their behalf, and to prevent the disclosure or transfer of such information pursuant to any such requirement,

(c) the ownership, governance and control arrangements of any supplier or subcontractor with access to such information do not present an unacceptable national security risk, and

(d) appropriate arrangements are in place to ensure the operational resilience, continuity and recoverability of the single patient record.

(4) In relation to arrangements in place immediately before this section comes into force, subsections (2) and (3) apply only from the end of the period of 24 months beginning with the day on which this section comes into force.

(5) The Secretary of State must, as soon as reasonably practicable after any material change of supplier or subcontractor, or of the ownership or control of a supplier or subcontractor, with access to such information—

(a) review whether subsection (3) continues to be met, and

(b) lay before Parliament a statement of the outcome of that review.

(6) Subsection (2) does not apply to—

(a) the temporary storage of patient information on a device used to access it for the purposes of direct care, including direct care provided in the British Islands outside the United Kingdom, or

(b) access from outside the United Kingdom which is necessary to respond to an emergency incident affecting the security or operation of the single patient record, if the access continues only for as long as is necessary for that purpose and is notified to the National Cyber Security Centre, with the reasons for it, within 24 hours of the access beginning.

(7) In determining whether subsection (3)(c) is met, the Secretary of State must have regard to advice from the National Cyber Security Centre and such other persons as the Secretary of State considers appropriate.

(8) This section is without prejudice to the national security exemption under paragraph 25 of Schedule 2 to the Procurement Act 2023 and the national security exclusion ground under paragraph 14 of Schedule 7 to that Act, which continue to apply to any relevant procurement in connection with the single patient record.

(9) Before a draft of the first regulations under section 250E is laid before Parliament or, if earlier, before the single patient record comes into operation or, if it is already in operation, within three months of this section coming into force, the Secretary of State must lay before Parliament a statement setting out—

(a) how the requirements of this section have been satisfied,

(b) the arrangements for governance of the single patient record,

(c) the categories of organisation that will be permitted access to information made available through the single patient record, and

(d) the safeguards applicable to such access.

(10) The Secretary of State must publish and lay before Parliament an updated statement under subsection (9) at least once in every period of 12 months during which the single patient record is in operation; and each updated statement must summarise any change of supplier or subcontractor during that period which was not the subject of a statement under subsection (5).

(11) In this section—

"health service body" has the meaning given in section 9(4);

"patient information" has the meaning given in section 250E(7);

"the single patient record" means the system for making patient information available referred to in section 250E(1), whether or not established by regulations under that section."

Member's explanatory statement

This new section would make single patient record data a sovereign data asset. The Secretary of State would have to take appropriate steps to secure UK-only storage and no overseas support access, and ensure NHS-held encryption keys, safeguards against foreign access and resilience, reporting to Parliament before establishment and annually.

After Clause 52

LORD CLEMENT-JONES

144 After Clause 52, insert the following new Clause—

"NHS ownership of connection software

(1) The Secretary of State must ensure that there is NHS ownership of any data connector software architecture used as part of the delivery of the NHS single patient record under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) or the NHS Federated Data Platform.

(2) In this section, a data connector means an interface or connection between the NHS Federated Data Platform and any other health system."

Member's explanatory statement
This new clause would require the NHS to own any software connecting the NHS Federated Data Platform to other health systems.

LORD CLEMENT-JONES
BARONESS FREEMAN OF STEVENTON

145 After Clause 52, insert the following new Clause—

"Single patient record: right to opt out of use for purposes other than direct care

(1) Regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) must enable a patient to opt out of information relating to them which is made available through the system established under those regulations being used for any purpose other than their direct care.

(2) The regulations must enable a patient to opt out, or to withdraw an opt-out, at any time and free of charge—
  (a) through their GP practice,
  (b) electronically, or
  (c) by other means accessible to persons without internet access.

(3) The regulations may not permit an opt-out to be overridden except where required by an order of a court or where necessary to protect the patient's life."

Member's explanatory statement
This new clause would give patients a statutory right to opt out of their information being used for purposes other than their direct care. Patients could opt out through their GP practice, online (for example through the NHS App) or by other accessible means, and an opt-out could be overridden only by court order or to protect life.

LORD CLEMENT-JONES
BARONESS FREEMAN OF STEVENTON
BARONESS FINLAY OF LLANDAFF

146 After Clause 52, insert the following new Clause—

"Single patient record: access logs and audit

(1) The Secretary of State must ensure that a record is kept of each occasion on which patient information is accessed or otherwise processed by means of the system established under regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) ("the single patient record"), setting out—
  (a) the person or organisation by whom it was accessed or processed,
  (b) the date and time it was accessed or processed,
  (c) the information accessed or processed, and

(d) the purpose for which it was accessed or processed.

(2) The Secretary of State must ensure that a patient is able to view, free of charge and by electronic means, the record kept under subsection (1) in relation to information about them.

(3) The Secretary of State must publish, at least once every three months, a register of each disclosure of patient information obtained from or derived from the single patient record for purposes other than direct care, including research, setting out—

(a) the recipient,

(b) the purpose,

(c) the legal basis for the disclosure,

(d) whether the information disclosed was identifiable, pseudonymised or anonymised, and

(e) the date of the disclosure and the period for which the information may be retained.

(4) The Secretary of State must arrange for an independent audit, at least once in each financial year, of access to and processing of patient information by means of the single patient record, and must lay a report of each audit before Parliament."

Member's explanatory statement

This new clause would require access to the single patient record to be logged and visible to patients, a quarterly published register of disclosures for purposes other than direct care including research, and an annual independent audit reported to Parliament.

LORD CLEMENT-JONES

147 After Clause 52, insert the following new Clause—

"Ownership of data connectors and prevention of supplier lock-in

(1) Any data connector used in connection with the system established under regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) ("the single patient record") or the NHS Federated Data Platform must—

(a) be owned by the Secretary of State or an NHS body, including all intellectual property rights in it, and

(b) conform to open standards published by the Secretary of State.

(2) A contract for the provision of an information system which processes patient information on behalf of the Secretary of State or an NHS body may not—

(a) confer on the supplier any intellectual property right in a data connector, or

(b) restrict the transfer of patient information, or of any data connector, to another supplier.

(3) A contract within subsection (2) must require the supplier, on the expiry or termination of the contract, to provide all patient information and associated

metadata held under it in an open, machine-readable format within 90 days and at no additional cost.

(4) Subsections (2) and (3) apply to any contract entered into or extended after the coming into force of this section.

(5) In this section "data connector" means software, or an interface, which enables patient information to be transferred between the single patient record or the NHS Federated Data Platform and any other information system."

Member's explanatory statement
This new clause would require the NHS to own all data connectors used with the single patient record and the Federated Data Platform, require open standards, and prevent supplier contracts from creating lock-in.

BARONESS BARKER
BARONESS SUGG

148 After Clause 52, insert the following new Clause—

"Single patient record: sexual and reproductive health information

(1) Regulations under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act) must not require or authorise information relating to the provision of sexual and reproductive health services to a patient to be made available through the system established under those regulations, unless the patient has given explicit consent.

(2) A patient may withdraw consent given under subsection (1) at any time.

(3) In this section "sexual and reproductive health services" includes—
(a) testing for and treatment of HIV and other sexually transmitted infections,
(b) contraception, and
(c) the termination of pregnancy."

Member's explanatory statement
This amendment would exclude HIV, sexual health and abortion care information from the single patient record unless the patient gives explicit consent.

LORD MARKHAM

149 After Clause 52, insert the following new Clause—

"Single patient record: review of data minimisation

(1) Before making regulations under section 250E of the National Health Service Act 2006 (single patient record), the Secretary of State must undertake a review of—
(a) the patient information to be provided to or processed through the system established under that section,

(b) the identifiable patient information to be held by suppliers, contractors, partners and service providers whose information or services will be used to establish, populate or operate the system,

(c) whether that identifiable patient information can be anonymised, pseudonymised or processed using a unique identifier before it is disclosed to or processed by those persons,

(d) the periods for which identifiable patient information will be retained by those persons,

(e) whether the establishment of the system will result in unnecessary duplication of identifiable patient information, and

(f) the cybersecurity risks of the unnecessary retention, disclosure or duplication of identifiable patient information.

(2) The review must make recommendations for reducing the amount of identifiable patient information held by persons participating in the system and increasing the use of anonymisation, pseudonymisation and unique identifiers.

(3) The Secretary of State must lay before Parliament a report setting out the findings and recommendations of the review."

Member's explanatory statement
This new clause would require a review of data minimisation in relation to the single patient record, including identifiable information held by suppliers, partners, contractors, diagnostic laboratories and other service providers, and whether greater use could be made of anonymisation, pseudonymisation and unique identifiers.

BARONESS FINLAY OF LLANDAFF

150 After Clause 52, insert the following new Clause—

"Single patient record: development and implementation

(1) The Secretary of State must consult Scottish Ministers, Welsh Ministers and Northern Ireland Ministers on the development and implementation of the single patient record under section 250E of the National Health Service Act 2006 (as inserted by section 52 of this Act).

(2) The Secretary of State must publish an annual report in each calendar year on the progress of the development and implementation of the single patient record."

Schedule 8

BARONESS MERRON

151 Schedule 8, page 116, line 26, at end insert—

"(2A) But the Secretary of State may establish and operate an information system under subsection (2) for the purposes of, or in connection with, the provision of health care or adult social care in Scotland, Wales or Northern Ireland only if the appropriate national authority consents.

(2B) Consent under subsection (2A) may be given subject to conditions relating to the following so far as relating to the information system to which the consent applies—

(a) the making of requests for information under section 259(1)(c);

(b) the publication of information under section 260;

(c) the disclosure of information under section 261."

Member's explanatory statement
The effect of this amendment is that the Secretary of State can establish information systems relating to Scotland, Wales or Northern Ireland only with the consent of the devolved administrations. Consent may be given subject to conditions as to certain matters.

BARONESS MERRON

152 Schedule 8, page 116, line 27, at end insert—

""appropriate national authority"—

(a) in relation to Scotland, means the Scottish Ministers;

(b) in relation to Wales, means the Welsh Ministers;

(c) in relation to Northern Ireland, means the Department of Health;"

Member's explanatory statement
This is consequential on my amendment to Schedule 8, page 116, line 26.

BARONESS KIDRON
BARONESS BARKER

152A Schedule 8, page 116, line 33, at end insert—

"254A Duty to promote transparency of deaths

(1) The Secretary of State must publish an information system named the "National Coronial Database" which contains information in inquest files which pertains to public health.

(2) The purpose of the National Coronial Database is to improve public health and enable analysis of public health trends.

(3) The National Coronial Database will make available and allow the analysis of coroners' inquest files.

(4) At the conclusion of an inquest a coroner may register with the database operator the inquest files in subsection (5).

(5) The inquest files that may be made available to the National Coronial Database are—

(a) the disclosure bundle,

(b) the record of inquest,

(c) the findings of fact,

(d) Form 99, otherwise known as a coroner's certificate after inquest, and

(e) the court transcript,

where those files contain information which pertains to public health.

(6) Within six months of the day on which the Health Act 2026 is passed, the Secretary of State must promote disclosures by the Senior Coroner as set out in subsection (4) by—

(a) writing to the Chief Coroner, and

(b) publishing guidance distributed to—

(i) the Chief Coroner,

(ii) Senior Coroners in England and Wales,

(iii) the Coroners' Society of England and Wales, and

(iv) coroners and members of the public by the GOV.UK website.

(7) The Secretary of State may make payments to the database operator to promote public transparency about coronial inquests where those deaths relate to matters of public health.

(8) The Secretary of State may establish a committee that oversees the database operator to ensure the database has necessary features, functionalities and reporting requirements."

Member's explanatory statement

This amendment seeks to require the Secretary of State to establish a central database of coroners' inquest files where they pertain to public health, to enable improvements to public health and analysis of public health trends and to bring the UK in line with Australia and Canada.

BARONESS MERRON

153 Schedule 8, page 118, line 19, at end insert—

"(3A) After subsection (2) insert—

"(2A) The power under subsection (1)(c) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent to establishment and operation of an information system subject to conditions).""

Member's explanatory statement

This provides that the Secretary of State's power to request information for purposes relating to the establishment or operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

BARONESS MERRON

154 Schedule 8, page 119, line 16, at end insert—

"(2A) The power under subsection (1) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent to establishment and operation of an information system subject to conditions)."

Member's explanatory statement
This provides that the Secretary of State's power to publish information obtained in the operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

BARONESS MERRON

155 Schedule 8, page 120, line 20, at end insert—

"(3A) The power under subsection (1) is subject to any conditions imposed by virtue of section 254(2B) (power for devolved administrations to give consent to establishment and operation of an information system subject to conditions)."

Member's explanatory statement
This provides that the Secretary of State's power to disclose information obtained in the operation of an information system relating to Scotland, Wales or Northern Ireland is subject to any conditions imposed by the appropriate national authority when it gave its consent to the system.

LORD CLEMENT-JONES

156 Schedule 8, page 122, line 1, leave out paragraph 23 and insert—

"23 For section 274A (Secretary of State's guidance about NHS England data functions) substitute—

"274A Secretary of State's guidance in respect of their data functions

(1) The Secretary of State must publish guidance about the exercise of—
(a) their relevant data functions, and
(b) their other functions in connection with their relevant data functions.

(2) Before publishing guidance under this section the Secretary of State must consult any other persons that the Secretary of State considers appropriate in relation to the guidance.

(3) The Secretary of State must have regard to the guidance published under this section.""

Member's explanatory statement
This amendment would transfer the existing statutory requirement for published guidance about data functions from NHS England to the Secretary of State.

BARONESS MERRON

157 Schedule 8, page 122, line 10, at end insert—

""""appropriate national authority" has the meaning given by section 254(3);";"

Member's explanatory statement
This is consequential on my amendment to Schedule 8, page 116, line 27.

After Clause 56

LORD CLEMENT-JONES

158 After Clause 56, insert the following new Clause—

"Privacy by design in NHS Federated Data Platform architecture

(1) The Secretary of State must ensure that there is privacy by design as part of the delivery of the NHS Federated Data Platform architecture.

(2) For the purposes of subsection (1), privacy by design includes—
  (a) patient data anonymisation outside its usage by clinicians and within the National Data Integration Tenant; and
  (b) patient consent for the processing of personal information by NHS."

Member's explanatory statement
This new clause would require the Secretary of State to ensure that the NHS Federated Data Platform is designed to protect privacy. This would include anonymising patient data outside clinical use and requiring patient consent to the processing of personal information.

LORD CLEMENT-JONES

159 After Clause 56, insert the following new Clause—

"Retendering of contract for the NHS Federated Data Platform

The Secretary of State must, before February 2027, commence a competitive retendering for the contract to provide the NHS Federated Data Platform."

Member's explanatory statement
This new clause would require the Secretary of State to begin a competitive retendering process for the NHS Federated Data Platform contract before February 2027.

LORD CLEMENT-JONES
BARONESS KIDRON

160 After Clause 56, insert the following new Clause—

"NHS contracting for IT or data services

(1) The Secretary of State must, within six months of the day on which this Act is passed, by regulations made by statutory instrument establish a governance framework for the contracting of any IT or data services by any NHS organisation or by the Department of Health and Social Care for the purposes of the provision of health and social care services.

(2) The framework established under subsection (1) must include the following provisions—

(a) a party may not bid for any contract for services where such services have previously been provided by the party on a free trial basis;

(b) the automatic extension of contracts is subject to audit by the National Audit Office;

(c) contract terms must include provision for the department or NHS organisation to take ownership of any bespoke system built or developed by the contractor during the delivery of the contract;

(d) the department or NHS organisation must, at the end of the contract period (or following any extensions) conduct a competitive retendering process;

(e) where a retendering process takes place under subsection (2)(d), the contractor may not assist in the preparation of the contract specification.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish by regulations a governance framework for IT and data contracts in the Department of Health and Social Care and the NHS.

THE LORD BISHOP OF LEICESTER
LORD YOUNG OF COOKHAM
BARONESS MORGAN OF DREFELIN
BARONESS CASS

161 After Clause 56, insert the following new Clause—

"Retention of NHS number on following adoption

(1) The Secretary of State must ensure that, where a person is the subject of an adoption order, the person's NHS number is not changed by reason only of the making of that order.

(2) The Secretary of State must ensure that a person's health record is maintained as a single and continuous record under that NHS number after the making of an

adoption order, to the same extent as it was maintained immediately before the order was made.

(3) The duties in subsections (1) and (2) apply in relation to—

(a) an adoption order made in public law proceedings, and

(b) an adoption order made in private law proceedings, including an order made in favour of a step-parent or the partner of a parent.

(4) In this section—

"adoption order" has the meaning given by section 46 of the Adoption and Children Act 2002;

"health record" has the meaning given by section 205 of the Data Protection Act 2018;

"NHS number" has the same meaning as "consistent identifier" in section 251A of the Health and Social Care Act 2012."

BARONESS HOLLINS
BARONESS HODGSON OF ABINGER
LORD HAMILTON OF EPSOM
LORD SINGH OF SOLIHULL

162 After Clause 56, insert the following new Clause—

"Protection of confidential psychological therapy records

(1) The Secretary of State must by regulations made by statutory instrument provide for safeguards governing the inclusion of information relating to psychotherapy, counselling or other psychological therapies in the single patient record.

(2) The regulations must provide that detailed narrative records of psychotherapy, counselling or other psychological therapies may not be routinely disclosed through the single patient record to health or social care professionals unless the patient has given explicit and informed consent to the disclosure.

(3) Subsection (2) does not apply where disclosure is necessary to address an immediate risk to the life, safety or wellbeing of the patient or another person.

(4) Any disclosure under subsection (3) must be limited to the information reasonably necessary for that purpose, and the reasons for the disclosure must be recorded.

(5) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

BARONESS BARKER
BARONESS BENNETT OF MANOR CASTLE

163 After Clause 56, insert the following new Clause—

"Right to receive sexual health services anonymously

(1) A person seeking testing for, or treatment of, HIV or any other sexually transmitted infection from a sexual health service must not be required, as a condition of receiving that service, to give their name or any other information which identifies them.

(2) Information identifying a person who receives a service under subsection (1) must not be disclosed without that person's consent, except where necessary to prevent a serious risk of harm to the person or to others."

Member's explanatory statement
This amendment would put on a statutory footing the existing right to use sexual health services anonymously.

BARONESS FINLAY OF LLANDAFF

164 After Clause 56, insert the following new Clause—

"Unauthorised access to patient information

(1) A person commits an offence if the person knowingly accesses patient information and the access is not authorised.

(2) A person who commits an offence under subsection (1) is liable on summary conviction to imprisonment for a term not exceeding 3 months or a fine (or both).

(3) In this section—

"patient information" has the same meaning as section 251(10) of the National Health Service Act 2006 (definition of "patient information");

"authorised" means in the proper exercise of the person's functions."

BARONESS CASH

165 After Clause 56, insert the following new Clause—

"Recording of ethnicity in health and care information

(1) The Secretary of State must ensure that any information standard, and any specification of the single patient record, made or maintained under this Act requires the ethnicity of every patient to be recorded as a standard data field—

(a) as stated by the patient,

(b) using the ethnic group classification used in the most recent census of England and Wales, recorded at the most detailed level of that classification and reportable at each higher level of aggregation, and

(c) subject to correction at the patient's request.

(2) The Secretary of State must, within 12 months of the day on which this Act is passed, publish updated standards and guidance for the recording of ethnicity in health and care information, superseding any standards or guidance based on a classification other than that described in subsection (1)(b).

(3) The Secretary of State must publish annually an assessment of the completeness, consistency and accuracy of ethnicity recording in NHS records, including variation by region and type of provider, together with the steps being taken to improve it.

(4) The duty in subsection (1) includes ensuring that data relating to conditions with marked differential prevalence or outcomes by ethnicity, including sickle cell disease and thalassaemia, can be planned for, analysed and published by reference to the field recorded under that subsection."

Member's explanatory statement
This new clause ensures that the single patient record established by this Act records every patient's ethnicity as the patient states it, using current census categories in place of guidance based on the 2001 census, so that conditions such as sickle cell disease can be planned, costed and audited and ethnic inequalities in care identified.

BARONESS CASH

166 After Clause 56, insert the following new Clause—

"Recording of sex in health and care information

(1) The Secretary of State must ensure that any information standard, and any specification of the single patient record, made or maintained under this Act requires—
  (a) the sex of every patient to be recorded accurately as a mandatory data field,
  (b) that field to record sex at birth, meaning male or female only, and
  (c) where a patient so wishes, and where lawful under the data protection legislation and the Gender Recognition Act 2004, gender identity or acquired gender to be recorded as a separate and additional data field.

(2) The data field in subsection (1)(a) may be altered only—
  (a) to correct a clerical error, or
  (b) to correct the record of a patient with a medically verified difference of sexual development.

(3) Within 12 months of the passing of this Act the Secretary of State must publish a review of the accuracy of sex data held in NHS records, and a plan for its correction, having regard to the recommendations of the independent review of data, statistics and research on sex and gender led by Professor Alice Sullivan (March 2025).

(4) In this section "sex" has the same meaning as in the Equality Act 2010, as interpreted by the Supreme Court in For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16."

Member's explanatory statement
This new clause ensures that the single patient record established by this Act records every patient's biological sex accurately as a mandatory field, with gender identity recordable separately, giving statutory effect to the recommendations of the Sullivan Review, which the Secretary of State has accepted, and to the change made to the NHS Core Information Standard in April 2026.

BARONESS CASH

167 After Clause 56, insert the following new Clause—

"Recording and publication of diagnostic data

(1) The Secretary of State must ensure that any information standard, and any specification of the single patient record, made or maintained under this Act requires, in respect of any diagnosis of attention deficit hyperactivity disorder, autism or a common mental health condition, the recording of—

(a) the assessment pathway and type of provider, including whether the assessment was carried out by an independent provider under the NHS right to choose, to be recorded, and

(b) the diagnostic criteria and assessment standards applied to be recorded.

(2) The Secretary of State must publish annually data on diagnoses of the conditions described in subsection (1), disaggregated by age, sex, region, provider type and assessment route, together with waiting times for assessment.

(3) In this section "sex" has the same meaning as in the Equality Act 2010, as interpreted by the Supreme Court in For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16."

Member's explanatory statement
This new clause ensures that the single patient record and information standards established by this Act record how and by whom diagnoses of ADHD, autism and common mental health conditions are made, and requires annual publication of disaggregated data, so that Parliament, clinicians and researchers can establish whether variation in diagnosis rates reflects need or differences in assessment practice.

BARONESS BENNETT OF MANOR CASTLE

168 After Clause 56, insert the following new Clause—

"Prohibition on commercial access to identifiable NHS patient data

(1) A commercial entity, or any employee, officer or subcontractor of such an entity, must not be granted access to identifiable patient data held by or on behalf of the NHS.

(2) Subsection (1) applies to all forms of access, including—

(a) direct access to patient records,

(b) administrative, privileged or system-wide access to databases or data environments containing identifiable patient data,

(c) access through software, analytics platforms, application programming interfaces or other technical systems, and

(d) access to identifiable patient data for the purposes of technical support, system maintenance, development or testing.

(3) A commercial entity may provide technical services involving NHS data only where the service can be performed using anonymised data or, where necessary, pseudonymised data within an environment controlled by the NHS.

(4) The Secretary of State must ensure that existing contractual arrangements are brought into compliance with this section within six months of the day on which this Act is passed.

(5) The Secretary of State must publish an annual report identifying any exceptions to subsection (1), the reasons for them, the duration of the access and the safeguards applied."

Member's explanatory statement
This amendment prohibits commercial entities and their personnel from accessing identifiable NHS patient data, including through administrative access to systems, and requires technical services to be delivered using anonymised or pseudonymised data wherever possible.

BARONESS BENNETT OF MANOR CASTLE

169 After Clause 56, insert the following new Clause—

"Public control of NHS data infrastructure

(1) The Secretary of State must ensure that the digital infrastructure used nationally to integrate, store, access and analyse NHS patient data is owned, operated and controlled by the NHS or another public authority.

(2) No relevant NHS body may enter into or continue an arrangement under which a private company has operational control of national NHS patient-data infrastructure.

(3) A private company may provide technical goods or services to the NHS only where—

(a) the NHS retains ownership and effective control of the infrastructure and all NHS data,

(b) the company has no independent right to access, use, disclose or retain NHS data,

(c) the arrangement does not prevent the NHS from operating, modifying or transferring the infrastructure independently of that company, and

(d) the arrangement includes enforceable provisions for the transfer of systems, data and technical documentation to the NHS or a replacement provider.

(4) The Secretary of State must take all reasonable steps to bring existing arrangements into compliance with this section.

(5) Within six months of the day on which this Act is passed, the Secretary of State must publish a plan, with a timetable, for the establishment of publicly controlled NHS data infrastructure."

Member's explanatory statement
This amendment requires critical NHS data infrastructure to be publicly owned, operated and controlled, while permitting private suppliers to provide technical services without acquiring control over NHS systems or data.

BARONESS DAVIES OF DEVONPORT

170 After Clause 56, insert the following new Clause—

"Women's health: data and communications

(1) In exercising functions under this Act relating to the collection, analysis or publication of information, the Secretary of State must ensure that data relating to health and care is collected and published disaggregated by sex and age, including in relation to—
  (a) maternity and neonatal services,
  (b) screening programmes for cervical, breast and ovarian cancer,
  (c) conditions that present differently in, or predominantly affect, women, and
  (d) clinical research and audit.

(2) Data within subsection (1)(a) and (b) must also be published disaggregated by ethnicity, recorded in accordance with section (*Recording of ethnicity in health and care information*).

(3) The Secretary of State must ensure that public communications by NHS bodies concerning maternity services and female-specific conditions and screening use clear, accurate, sex-based terminology (including "woman" and "mother"), which may be supplemented by additional terms where an NHS body considers it appropriate.

(4) In this section "sex" has the same meaning as in the Equality Act 2010, as interpreted by the Supreme Court in For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16."

Member's explanatory statement
This new clause requires health data to be collected and published disaggregated by sex and age, with maternity and screening data also published by ethnicity, and requires NHS communications on maternity care and female-specific conditions and screening to use clear sex-based language, while permitting additional terms.

LORD TARASSENKO
BARONESS KIDRON

171 After Clause 56, insert the following new Clause—

"NHS Digital Sovereignty Strategy

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish and lay before Parliament a strategy ("the NHS Digital Sovereignty Strategy") setting out the Government's approach to—

(a) treating NHS patient data as a sovereign data asset, including where such data is stored and from where it may be accessed,

(b) maintaining the security and resilience of relevant NHS information systems by assessing, managing and mitigating risks—

(i) associated with foreign interference, and

(ii) arising from reliance on foreign-supplied technologies,

(c) preventing over-reliance on health care suppliers that are not UK suppliers by building domestic capability, and

(d) enabling access to NHS patient data for scientific research and the development of artificial intelligence models in a manner that maintains public trust.

(2) The strategy must include—

(a) an assessment of the risks associated with—

(i) hardware,

(ii) software,

(iii) supply chains, and

(iv) procurement processes

in the NHS;

(b) a specific focus on security and resilience in NHS digital procurement processes, detailing how the Government intends to reduce strategic dependencies on foreign-owned service providers to mitigate the risk of systemic disruption, and how capability within the United Kingdom, and the extent to which data, control and support remain within the jurisdiction of the United Kingdom, will be taken into account in assessing value for money;

(c) options to prioritise the use of technologies developed in the United Kingdom by UK suppliers in relevant NHS information systems, consistent with the international obligations of the United Kingdom, to reduce reliance on foreign technologies;

(d) the arrangements for publishing and maintaining information standards under section 250 of the Health and Social Care Act 2012 (powers to publish information standards) for the single patient record, including standards for interoperability, and for securing compliance with those standards by persons providing information technology for the single patient record;

(e) the arrangements the Government intends to put in place for a hierarchy of access to pseudonymised patient data from the single patient record for

scientific research and the development of artificial intelligence models, including—

(i) preferential access, in descending order of preference, for—

(A) researchers in universities and other public research bodies in the United Kingdom, charities whose purposes include medical or health research, and the health service, including the National Institute for Health and Care Research, when conducting its own research,

(B) UK suppliers, and

(C) other persons;

(ii) the basis on which the health service will share in the value created by such access, which may differ between, and need not involve any charge to, the categories of person in sub-paragraph (i), and how any returns will be reinvested in the health service;

(iii) conditions of access, including a requirement of public benefit and a requirement that data is accessed only within a trusted research environment located in the United Kingdom, with outputs checked before release; and

(iv) how those arrangements build on the model of access operated by the Medicines and Healthcare products Regulatory Agency for the Clinical Practice Research Datalink;

(f) proposals for developing sovereign artificial intelligence model capability for the health service using longitudinal data from the single patient record linking primary care, secondary care and outcome data;

(g) the steps the Government intends to take, and the timetable for taking them, to address barriers to access to NHS patient data for scientific research, including—

(i) reform of the Health Service (Control of Patient Information) Regulations 2002 (S.I. 2002/1438),

(ii) arrangements for linking NHS patient data, including coded primary care data, with other research datasets, including those held by UK Biobank and Our Future Health, and

(iii) arrangements agreed or proposed with the Scottish Ministers, the Welsh Ministers and the Department of Health in Northern Ireland for access to patient data for scientific research across the United Kingdom;

(h) arrangements for transparency about access to NHS patient data and for patients to opt out, including through the NHS App, of the use of their pseudonymised data for scientific research, and how those arrangements relate to the national data opt-out;

(i) the steps the Government intends to take to support and develop sufficient domestic capability in the NHS where it does not currently exist; and

(j) where risks are identified, how the Government intends to address those risks by supporting the use or development of domestic technologies or systems.

(3) In preparing the strategy, the Secretary of State must consult—

(a) the National Cyber Security Centre,
(b) the Information Commissioner,
(c) the National Data Guardian,
(d) persons representing the interests of patients,
(e) the Scottish Ministers, the Welsh Ministers and the Department of Health in Northern Ireland, and
(f) such other persons as the Secretary of State considers appropriate.

(4) The Secretary of State must—
(a) lay before Parliament a report on progress in implementing the strategy at least once in every period of 12 months, and
(b) review the strategy at least once in every period of three years and publish and lay before Parliament any revised strategy.

(5) In this section—
"National Data Guardian" means the person appointed under section 1 of the Health and Social Care (National Data Guardian) Act 2018;
"NHS patient data" means patient information (within the meaning given in section 250E(7) of the National Health Service Act 2006) relating to persons who have received health care or social care in England;
"pseudonymised", in relation to data, means processed by way of pseudonymisation within the meaning given in Article 4(1)(5) of the UK GDPR;
"relevant information system" means an information or communications system which forms part of the single patient record or is used to hold or process patient information for the purposes of it;
"the single patient record" means the system for making patient information available referred to in section 250E(1) of the National Health Service Act 2006, whether or not established by regulations under that section;
"UK supplier" means a company incorporated in the United Kingdom which either has no parent undertaking or each of whose parent undertakings (within the meaning of section 1162 of the Companies Act 2006) is incorporated, and has its head office, in the United Kingdom."

Member's explanatory statement
This new clause would require an NHS Digital Sovereignty Strategy within 12 months of Royal Assent, on treating NHS patient data as a sovereign data asset, reducing reliance on foreign technology, building UK capability, and research access to pseudonymised data, including preferential access, NHS benefit-sharing and confidential patient information reform.

BARONESS KIDRON
LORD TARASSENKO

172 After Clause 56, insert the following new Clause—

"NHS data as a sovereign data asset

(1) NHS patient and public health data is to be treated as a "sovereign data asset" according to the standards in subsection (2).

(2) Treating NHS data as a "sovereign data asset" means—
  (a) that data is stored in the United Kingdom;
  (b) that any use of the data for research and innovation purposes must be in the public interest;
  (c) that the economic and technical value of any intellectual property or technology or information system built using the data must be retained in the UK and shared with the NHS;
  (d) that any use of the data must comply with UK data protection laws;
  (e) that application programming interfaces must be used as bridges between the data asset and client software of authorised license holders.

(3) The Secretary of State must make the following provisions in relation to NHS data—
  (a) provisions to enable priority access to NHS data to researchers based in the United Kingdom;
  (b) provisions to ensure that any researcher who builds intellectual property or a technology or information system using NHS data is based in the UK;
  (c) provisions to restrict access to intellectual property or a technology or information system built using NHS data, if ownership of the intellectual property is to be transferred from a researcher based in the UK to a researcher based overseas."

Member's explanatory statement
This amendment seeks to establish NHS data as a sovereign data asset. It includes protections to ensure that NHS patient data remains in the UK, and that the benefits and value of technology built using NHS data is retained in the UK for the NHS and patient care.

BARONESS FINLAY OF LLANDAFF
BARONESS HARDING OF WINSCOMBE

172A After Clause 56, insert the following new Clause—

"Guidance on anonymisation and pseudonymisation of patient information

Within 12 months of the day on which this Act is passed, the Information Commission must publish guidance applicable to health services in England, Wales, Scotland and Northern Ireland on the anonymisation and pseudonymisation of patient information."

BARONESS BENNETT OF MANOR CASTLE

172B After Clause 56, insert the following new Clause—

"Termination of the NHS Federated Data Platform contract

(1) The Secretary of State must take all necessary steps to ensure that the contract with Palantir Technologies UK Limited ("Palantir") for the provision of the NHS Federated Data Platform is not extended beyond its initial contractual term ending on 15 February 2027.

(2) The Secretary of State must ensure that the first available contractual right to terminate or decline to extend that contract is exercised.

(3) The Secretary of State must not enter into, or permit any relevant NHS body to enter into, a replacement agreement with Palantir Technologies UK Limited or an associated undertaking for the provision of substantially the same national NHS data infrastructure.

(4) Within three months of the day on which this Act is passed, the Secretary of State must publish a plan for the transfer of the functions of the Federated Data Platform to infrastructure under public control.

(5) The plan must include arrangements to ensure continuity of NHS services, the secure transfer of data and the termination of the access to NHS systems and data of Palantir and its subcontractors, subject only to access strictly necessary for a time-limited transition.

(6) The Secretary of State must report to Parliament every three months on progress in implementing the plan until the transfer is complete."

Member's explanatory statement
This amendment requires the Government to end the NHS Federated Data Platform contract with Palantir at the first available contractual opportunity, prevents substantially equivalent replacement arrangements, and requires a transition to publicly controlled infrastructure.

LORD TARASSENKO
LORD CLEMENT-JONES

172C After Clause 56, insert the following new Clause—

"Health service AI adoption framework

(1) The Secretary of State must, within six months of the day on which this Act is passed, lay before Parliament a framework for the evaluation, procurement, deployment and monitoring of AI-enabled technologies in the health service in England ("the health service AI adoption framework").

(2) In preparing the health service AI adoption framework, the Secretary of State must consult—

(a) the National Institute for Health and Care Excellence (NICE),

(b) the Medicines and Healthcare products Regulatory Agency (MHRA),

(c) the Care Quality Commission,
(d) persons representing the interests of patients, and
(e) such other persons as the Secretary of State considers appropriate.

(3) Each relevant health service body must—
(a) publish, and keep up to date, a record of the AI-enabled technologies it uses in the provision of clinical care, in such form as the framework may specify, and
(b) report to the MHRA any adverse incident involving such a technology of which it becomes aware.

(4) The Secretary of State must, at least once in every period of 12 months—
(a) identify the priority needs of the health service in England which AI-enabled technologies could address,
(b) take such steps as the Secretary of State considers appropriate to secure that those needs are set as challenges in any programme of the Government for investment in, or research and development procurement from, UK AI developers for the health service, and
(c) set out the arrangements by which persons undertaking such challenges may obtain access to pseudonymised NHS patient data within a trusted research environment located in the United Kingdom.

(5) Where an AI-enabled technology developed under such a programme to address a need identified under subsection (4) reaches demonstrator stage, the Secretary of State must set out—
(a) how it will be evaluated, including by NICE, by the MHRA, or through evaluation in use in the health service, and
(b) whether, and if so how, it will be made available across the health service in England, including through national procurement arrangements.

(6) The Secretary of State must, at least once in every period of 12 months, lay before Parliament a report setting out—
(a) the needs identified and the challenges set under subsection (4),
(b) the number and total value of contracts awarded to UK artificial intelligence developers under any programme mentioned in subsection (4)(b) in respect of those challenges,
(c) the technologies evaluated, and those made available, under subsection (5), and
(d) a summary of the adverse incidents reported under subsection (3)(b).

(7) A report under subsection (6) may omit information the publication of which would be reasonably likely to prejudice national security or the commercial interests of any person, but must state that information has been omitted.

(8) Nothing in this section requires the Secretary of State to incur expenditure under any programme mentioned in subsection (4)(b).

(9) In this section—
"AI-enabled", in relation to a technology, means using machine learning or another artificial intelligence technique;

"the health service in England" has the meaning given by section 275(1) of the National Health Service Act 2006;

"NHS patient data" means patient information (within the meaning given in section 250E(7) of the National Health Service Act 2006) relating to persons who have received health care or social care in England;

"pseudonymised", in relation to data, means processed by way of pseudonymisation within the meaning given in Article 4(1)(5) of the UK GDPR;

"relevant health service body" means an NHS trust, an NHS foundation trust or an integrated care board;

"UK artificial intelligence developer" means a company incorporated in the United Kingdom which develops AI-enabled technologies and which either has no parent undertaking or each of whose parent undertakings (within the meaning of section 1162 of the Companies Act 2006) is incorporated, and has its head office, in the United Kingdom."

Member's explanatory statement

This new clause would require the Secretary of State to publish a framework for the evaluation, procurement, deployment and monitoring of AI in the health service in England, and require NHS trusts and integrated care boards to publish a record of AI use in clinical care and adverse incidents.

LORD TARASSENKO
LORD CLEMENT-JONES

172D After Clause 56, insert the following new Clause—

"Implementation of recommendations: National Commission into the Regulation of AI in Healthcare

(1) The Secretary of State must, within six months of the day on which this Act is passed, lay before Parliament a statement setting out—

(a) the steps the Secretary of State intends to take to implement the recommendations of the National Commission into the Regulation of AI in Healthcare,

(b) which of those steps require—

(i) regulations under section 15(1) of the Medicines and Medical Devices Act 2021,

(ii) other secondary legislation, or

(iii) primary legislation,

(c) a timetable for each of those steps, including the dates by which the Secretary of State intends—

(i) to begin and to conclude the public consultation required by section 45 of the Medicines and Medical Devices Act 2021, and

(ii) to lay before Parliament a draft of any regulations, and

(d) how the safety and performance of AI-enabled technologies used in the health service in England will be monitored, including the reporting of adverse incidents involving them.

(2) The Secretary of State must, at least once in every period of 12 months beginning with the day on which the statement under subsection (1) is laid, lay before Parliament a report on progress against the timetable, giving reasons for any delay and setting out any revised timetable.

(3) Regulations under section 15(1) of the Medicines and Medical Devices Act 2021 which implement accepted recommendations relating to software and AI-enabled medical devices must, so far as that power permits, include provision for—

(a) post-market surveillance proportionate to the risk presented by the device, including monitoring of its performance across different groups of patients,

(b) a publicly accessible register of software and AI-enabled medical devices authorised for supply in Great Britain, and

(c) public access to information about adverse incidents reported in relation to such devices.

(4) Where the regulation-making power under section 15(1) of the Medicines and Medical Devices Act 2021 does not permit any provision as set out in subsection (3), the statement under subsection (1) must set out any further legislation required.

(5) If a draft of the regulations under section 15(1) of the Medicines and Medical Devices Act 2021 which implement accepted recommendations has not been laid before Parliament within 24 months of the day on which this Act is passed, the Secretary of State must lay before Parliament a statement giving the reasons and the date by which the Secretary of State intends to lay it.

(6) The duty in subsection (2) ends when the Secretary of State lays before Parliament a report stating that the accepted recommendations have been implemented.

(7) In this section—

"AI-enabled", in relation to a technology or device, means using machine learning or another artificial intelligence technique;

"the health service in England" has the meaning given by section 275(1) of the National Health Service Act 2006;

"software and AI-enabled medical device" means a medical device within the meaning of the Medical Devices Regulations 2002 (S.I. 2002/618) which is, or which incorporates, software, including software which is AI-enabled."

Member's explanatory statement

This new clause would require the Secretary of State to lay before Parliament, within six months, a timetable for implementing the accepted recommendations of the National Commission into the Regulation of AI in Healthcare, and to report annually on progress.

Clause 57

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF
BARONESS BARKER

173 Clause 57, page 42, line 9, after "the" insert "physical access to the individual,"

Member's explanatory statement
This amendment, and another in the name of Lord Hunt of Kings Heath, seeks to ensure that people who are asked to help with discussion and decision-making during someone's care have direct personal access to that individual.

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF
BARONESS BARKER

174 Clause 57, page 42, line 17, at end insert—

"(fc) the importance of the individual having physical access to others including health and care partners;"."

Member's explanatory statement
This amendment, and another in the name of Lord Hunt of Kings Heath, seeks to ensure that people who are asked to help with discussion and decision-making during someone's care have direct personal access to that individual.

After Clause 57

BARONESS TYLER OF ENFIELD
BARONESS HOLLINS
LORD YOUNG OF COOKHAM

175 After Clause 57, insert the following new Clause—

"National respite care scheme

(1) Within six months of the day on which this Act is passed, the Secretary of State must establish a national respite care scheme.

(2) The scheme under subsection (1) must make provision for—

(a) where a local authority carries out an assessment of the needs of an unpaid carer under any enactment for the time being in force in England, an assessment by the local authority of whether the unpaid carer is able to take sufficient breaks from their caring responsibilities;

(b) unpaid carers to receive support to take breaks from their caring responsibilities to—

(i) maintain their physical and mental health and emotional wellbeing,

(ii) participate in work, education, training or recreation, and
(iii) participate in family and community life;

(c) a carer to receive appropriate support if a local authority carrying out an assessment under subsection (2)(a) determines that a carer is unable to take sufficient breaks from caring.

(3) Under subsection (2), "support" may include—
(a) replacement care for the cared-for person;
(b) respite services;
(c) any other steps a local authority considers appropriate as support.

(4) The Secretary of State must provide sufficient support to local authorities to ensure the scheme under subsection (1) is delivered in every local authority.

(5) For the purposes of this section, "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work."

Member's explanatory statement
This amendment would require the Secretary of State to establish a National Respite Care Scheme.

BARONESS TYLER OF ENFIELD
LORD YOUNG OF COOKHAM

176 After Clause 57, insert the following new Clause—

"A right to a break for unpaid carers

(1) The Secretary of State must establish a national scheme to provide breaks for unpaid carers.

(2) The scheme under subsection (1) must make provision for—
(a) where a local authority carries out an assessment of the needs of an unpaid carer under any enactment for the time being in force in England, an assessment by the local authority of whether the unpaid carer is able to take sufficient breaks from their caring responsibilities;
(b) unpaid carers to receive support to take breaks from their caring responsibilities to—
(i) maintain their physical and mental health and emotional wellbeing,
(ii) participate in work, education, training or recreation, and
(iii) participate in family and community life;
(c) a carer to receive appropriate support if a local authority carrying out an assessment under subsection (2)(a) determines that a carer is unable to take sufficient breaks from caring.

(3) Under subsection (2), "support" may include—
(a) replacement care for the cared-for person;
(b) respite services;
(c) any other steps a local authority considers appropriate as support.

(4) The Secretary of State must make arrangements to provide financial assistance to local authorities for the purposes of delivering the scheme under subsection (1).

(5) In this section "unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work."

Member's explanatory statement
This amendment would require the Secretary of State to establish a national scheme giving unpaid carers a right to breaks from caring, with local authorities assessing whether carers can take sufficient breaks and the Secretary of State providing financial assistance to local authorities to deliver it.

LORD LANSLEY

177 After Clause 57, insert the following new Clause—

"Cap on care costs

(1) Sections 15 (cap on care costs) and 16 (cap on care costs: annual adjustment) of the Care Act 2014 come into force at the end of the period of two months beginning with the day on which this Act is passed.

(2) The Secretary of State must make regulations under section 15(4) of the Care Act 2014 to take effect no later than 12 months after the entry into force of sections 15 and 16 of the Care Act 2014."

Member's explanatory statement
This amendment would bring into force the cap on care costs which was recommended by the Dilnot Commission in 2011 and passed into law in the Care Act 2014, but which has not been brought into force.

LORD LANSLEY
BARONESS CAMPBELL OF SURBITON

178 After Clause 57, insert the following new Clause—

"Integrated personal health and care budgets

(1) The National Health Service Act 2006 is amended as follows.

(2) After section 12DB (inserted by Schedule 12 to this Act) insert—

"12DC Right to an integrated personal health and care budget

(1) This section applies where—

(a) The Secretary of State or an integrated care board ('the relevant NHS body') is responsible for arranging the provision to an adult of one or more community-based health services,

(b) the relevant NHS body has identified an amount which is sufficient to secure the provision of those services in accordance with an agreed care plan, and

(c) a local authority is required, or has decided, to meet needs of that adult under Part 1 of the Care Act 2014 and the adult has a personal budget under section 26 of that Act.

(2) The adult, or an authorised representative acting on the adult's behalf, may request that the amounts available from the relevant NHS body and the local authority be provided as an integrated personal health and care budget.

(3) Where a request is made under subsection (2), the relevant NHS body and the local authority must—

(a) grant the request unless one of the grounds in subsection (8) applies,

(b) prepare, with the adult or authorised representative, a single personalised health and care plan,

(c) identify in that plan—

(i) the adult's assessed health needs and care and support needs,

(ii) the outcomes which the arrangements are intended to achieve,

(iii) the amount to be provided by the relevant NHS body,

(iv) the amount to be provided by the local authority,

(v) any amount which the adult is required to pay following a financial assessment under the Care Act 2014, and

(vi) the total amount of the integrated personal health and care budget,

(d) designate one of them as the lead body responsible for administering the budget, and

(e) establish a single system for payment, management, monitoring and review of the budget.

(4) An integrated personal health and care budget may be managed by—

(a) a direct payment to the adult or an authorised representative,

(b) a direct payment to a person nominated by the adult or authorised representative,

(c) a managed account administered by a person or body independent of the relevant NHS body and the local authority,

(d) a notional budget administered by the lead body in accordance with the personalised health and care plan, or

(e) a combination of the arrangements in paragraphs (a) to (d).

(5) The relevant NHS body and the local authority must give effect to the adult's preferred method of management under subsection (4), except to the extent that a ground in subsection (8) applies.

(6) Amounts comprised in an integrated personal health and care budget may be applied to any service, support, item or arrangement specified in the personalised health and care plan where the bodies are satisfied that it

will contribute to meeting one or more of the needs or outcomes specified in that plan.

(7) Expenditure under subsection (6) need not be classified exclusively as expenditure on health care or on care and support, but the personalised health and care plan must make provision sufficient to meet all the needs which the relevant NHS body and the local authority are respectively required to meet.

(8) A request, or a preferred method of managing the budget, may be refused only where—

(a) the proposed arrangement would be unlawful,

(b) it would give rise to a material risk to the health, safety or welfare of the adult or another person which cannot reasonably be mitigated,

(c) the adult, authorised representative or nominee would be unable to manage the arrangement safely or effectively notwithstanding any support which could reasonably be provided,

(d) the requested arrangement relates to a service which regulations expressly exclude from integrated personal budgets, or

(e) the proposed expenditure would not contribute to meeting a need or outcome specified in the personalised health and care plan.

(9) Where a request is refused in whole or in part, the relevant NHS body and the local authority must—

(a) give the adult and any authorised representative written reasons,

(b) identify any alternative arrangement which they propose,

(c) inform them of the right to require a review, and

(d) continue to secure the services required to meet the adult's assessed needs while the review is determined.

(10) A review under subsection (9) must—

(a) be undertaken by a person who was not involved in the original decision,

(b) involve the adult and any authorised representative,

(c) be completed within the prescribed period, and

(d) result in a written decision with reasons.

(11) Nothing in this section—

(a) transfers from the relevant NHS body or the local authority responsibility for any function or duty for which that body is otherwise responsible,

(b) permits a charge to be imposed for any service which must be provided free of charge as part of the health service,

(c) permits an amount payable by the relevant NHS body to be taken into account as resources of the adult for the purposes of a financial assessment under the Care Act 2014,

(d) permits either body to reduce the amount it would otherwise be required to provide solely because the other body is contributing to the integrated budget, or

(e) affects the right of the adult to have services arranged directly instead of receiving or managing a personal budget.

(12) To the extent that an integrated personal health and care budget consists of—

(a) NHS funding, a payment made under this section is to be treated as a direct payment under section 12A;

(b) money payable by a local authority to meet needs under Part 1 of the Care Act 2014, the payment is to be treated as a direct payment under section 31 or 32 of that Act, as appropriate.

(13) In this section "authorised representative" means—

(a) where the adult has capacity to make the relevant decision, a person whom the adult has authorised to act on the adult's behalf,

(b) a donee of a lasting power of attorney, or a deputy appointed by the Court of Protection, who has authority to make the relevant decision,

(c) a person nominated by the adult before the adult lost capacity to make the relevant decision, or

(d) where there is no person within paragraphs (b) or (c), a suitable person approved jointly by the relevant NHS body and the local authority to act in the adult's best interests.

(14) An authorised representative may nominate a person or organisation to administer a managed account where the authorised representative does not have authority, or does not wish, personally to receive and manage the money.

(15) In this section "community-based health services" means health services arranged for an adult in the adult's home or in a community setting, including—

(a) NHS Continuing Healthcare,

(b) community nursing, therapy, rehabilitation and mental-health services,

(c) equipment and other support required to enable the adult to live in the community, and

(d) such other services as may be prescribed.

(16) The Secretary of State must make regulations providing for—

(a) the period within which a request must be determined and implemented,

(b) the calculation and sufficiency of the NHS contribution,

(c) support for adults and authorised representatives in preparing and managing a budget,

(d) monitoring, review, audit and recovery of payments,

(e) resolution of disputes between responsible bodies without interruption to the adult's care, and

(f) the limited descriptions of service which may be excluded under subsection (8)(d)."

(3) In section 75 of the National Health Service Act 2006, after subsection (3) insert—

"(3A) Regulations under this section must make provision enabling NHS bodies and local authorities to discharge their duties under section 12DC.

(3B) The absence of arrangements under this section does not relieve an NHS body or local authority of a duty imposed by section 12DC.""

Member's explanatory statement
This amendment and another in the name of Lord Lansley integrate funding after NHS and Care Act eligibility have been determined. They would give a statutory right to one plan, one total budget and one administrative arrangement, but do not merge the statutory responsibilities of the NHS body and local authority.

LORD LANSLEY

179 After Clause 57, insert the following new Clause—

"Consequential amendments to the Care Act 2014

(1) The Care Act 2014 is amended as follows.

(2) In section 25, after subsection (2) insert—

"(2A) Where section 12DC of the National Health Service Act 2006 applies, the requirements of this section may be satisfied by a single personalised health and care plan prepared under that section."

(3) For section 26(3) substitute—

"(3) Where section 12DC of the National Health Service Act 2006 applies, the personal budget must—

(a) specify the amount of NHS money available in the adult's case,

(b) form part of the integrated personal health and care budget prepared under that section, and

(c) identify separately the amounts provided by the local authority, the relevant NHS body and the adult.

(3A) In any other case, a personal budget may specify other amounts of public money available in the adult's case, including amounts relating to housing, healthcare or welfare."

(4) In sections 31 and 32, after subsection (3) insert—

"(3A) Where a direct payment forms part of an integrated personal health and care budget under section 12DC of the National Health Service Act 2006, the local authority must coordinate the payment, account, conditions and review arrangements with the relevant NHS body and must not require

a separate account or administrative process unless this is necessary for the protection of the adult.""

Member's explanatory statement
This amendment and another in the name of Lord Lansley integrate funding after NHS and Care Act eligibility have been determined. They would give a statutory right to one plan, one total budget and one administrative arrangement, but do not merge the statutory responsibilities of the NHS body and local authority.

LORD KAMALL
EARL HOWE

180 After Clause 57, insert the following new Clause—

"National Care Service: implementation plan

(1) The Secretary of State must, within six months of the day on which this Act is passed, lay before Parliament a report setting out the Government's proposals for the establishment of a National Care Service.

(2) The report must include—
  (a) the intended functions and scope of the National Care Service,
  (b) a statement of how the National Care Service would work alongside—
    (i) the National Health Service,
    (ii) local authorities,
    (iii) charities and voluntary organisations,
    (iv) social enterprises, and
    (v) existing public and independent social care providers,
  (c) a statement of how the establishment of the National Care Service would affect the statutory responsibilities of NHS bodies and local authorities,
  (d) the arrangements for the commissioning and provision of services by the organisations listed in subsection (2)(b),
  (e) the Government's estimate of the costs of establishing and operating the National Care Service,
  (f) the proposed sources and levels of funding for the National Care Service,
  (g) the period for which funding settlements are expected to be made,
  (h) the expected timetable for the establishment and implementation of the National Care Service, and
  (i) the arrangements for transitional funding and for maintaining continuity of existing social care services.

(3) In preparing the report, the Secretary of State must consult—
  (a) NHS bodies,
  (b) local authorities,
  (c) persons receiving social care and their carers,
  (d) representatives of the social care workforce,

(e) charities and voluntary organisations involved in the provision of social care, and

(f) other persons providing social care services whom the Secretary of State considers appropriate.

(4) The report must include a summary of the consultation undertaken under subsection (3) and explain how the views expressed have informed the Government's proposals."

Member's explanatory statement
This new clause would require the Secretary of State to publish an implementation plan for a National Care Service, including its relationship with the NHS, local authorities, charities and existing social care providers, together with details of its funding, commissioning arrangements and implementation timetable.

Clause 58

BARONESS MERRON

181 Clause 58, page 43, line 9, at end insert—

"(1A) Before making arrangements under subsection (1)(a) with a Scottish health body the Secretary of State must obtain the consent of the Scottish Ministers."

Member's explanatory statement
This requires the Secretary of State to obtain the consent of the Scottish Ministers before making arrangements with a Scottish health body about information services etc under the provision inserted by clause 58.

Clause 59

BARONESS MERRON

182 Clause 59, page 43, leave out line 29 and insert—

"(1A) Omit section 295 (arrangements between NHS England and Northern Ireland Ministers to commission services).

(2) After section 294B (inserted by section 58 of this Act) insert—"

Member's explanatory statement
This is consequential on my amendment to clause 87, page 65, line 6. The repeal of existing section 295 of the Health and Social Care Act 2012 will extend to England and Wales (since that section extends to England and Wales only) but the new section 295 will have UK extent.

BARONESS MERRON

183 Clause 59, page 43, line 40, at end insert—

"(1A) Before making arrangements under subsection (1)(a) with a Scottish health body the Secretary of State must obtain the consent of the Scottish Ministers."

Member's explanatory statement
This requires the Secretary of State to obtain the consent of the Scottish Ministers before making arrangements to commission services etc with a Scottish health body under the provision inserted by clause 59.

Clause 62

BARONESS COFFEY

183A Clause 62, page 45, leave out lines 2 to 10 and insert—

"Omit section 298 of the Health and Social Care Act 2012."

Member's explanatory statement
This amendment seeks to probe removing the interaction with a Crown dependency, which is not part of the United Kingdom.

BARONESS COFFEY

183B Clause 62, page 45, line 10, at end insert—

"(3) All such advice or assistance is subject to the Freedom of Information Act 2000 with no exemptions.

(4) A register of advice or assistance provided must be published annually within three months of the end of each calendar year.

(5) The register of advice under subsection (4) must also include the amount charged to the recipient of such advice or assistance."

Member's explanatory statement
This amendment seeks to provide transparency on any interaction with the governments of Crown dependencies regarding the provision of health care.

Clause 64

BARONESS PIDGEON

184 Clause 64, page 46, line 37, at end insert—

"(8B) Provision made by virtue of subsection (8A) for the period to be determined by NICE or the Secretary of State may only apply—

(a) in relation to a particular recommendation, and

(b) where NICE or the Secretary of State (as the case may be) is satisfied that exceptional circumstances make it appropriate for a different period to that specified in subsection (8C) to apply to that recommendation.

(8C) Except in the case of a determination in relation to a particular recommendation under subsection (8B), regulations under this section may not provide for the period within which a recommendation, or recommendations of a specified description, are to be complied with to exceed 90 days.

(8D) Provision made by virtue of subsection (8A) for the period to be determined by NICE or the Secretary of State must require NICE or the Secretary of State, before making a determination in relation to a recommendation, to—

(a) follow a process consistent with the procedures established by NICE under subsection (7)(a) for making that recommendation,

(b) consult the manufacturer or supplier of any health technology to which the recommendation relates and such other persons, including organisations representing patients and clinicians, as NICE or the Secretary of State considers appropriate, and

(c) publish the determination and the reasons for it."

Member's explanatory statement

This amendment seeks to limits any power to vary the standard 90-day period for complying with a NICE recommendation to individual recommendations in exceptional circumstances. It requires any decision to vary the standard period to follow a process aligned with NICE procedures.

After Clause 64

BARONESS PIDGEON

185 After Clause 64, insert the following new Clause—

"NICE recommendations: integrated care board financial duties

In section 237 of the Health and Social Care Act 2012 (advice, guidance, information and recommendations), after subsection (8A) (inserted by section 64 of this Act) insert—

"(8B) Where provision made under subsection (8)(b) requires an integrated care board to comply with a recommendation, an integrated care board may not rely on a financial objective set under section 223L of the National Health Service Act 2006 (joint financial objectives for integrated care boards etc), or on section 223GC of that Act (financial duties of integrated care boards: expenditure limits), as grounds for refusing or delaying compliance with the recommendation, unless the Secretary of State has given a direction under subsection (8C) permitting it to do so.

(8C) The Secretary of State may give an integrated care board a direction permitting it to defer compliance with a recommendation with which it is required to comply by virtue of provision made under subsection (8)(b)

for a specified period, but only if satisfied that there are exceptional circumstances which justify the deferral.

(8D) A direction under subsection (8C) must—

(a) specify the exceptional circumstances on which it is based, and

(b) be published, together with the Secretary of State's reasons for giving it.""

Member's explanatory statement

This amendment would provide that an integrated care board's financial duties cannot be grounds for refusing or delaying funding for NICE-recommended treatments, unless the Secretary of State has directed otherwise in exceptional circumstances and by published direction.

Clause 65

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD SCRIVEN
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 65 stand part of the Bill.

Schedule 9

BARONESS MERRON

Baroness Merron gives notice of her intention to oppose the Question that Schedule 9 be the Ninth Schedule to the Bill.

Member's explanatory statement

This leaves out Schedule 9. Schedule 9 transfers the Health Services Safety Investigations Body's functions to the Care Quality Commission.

Clause 66

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD SCRIVEN
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 66 stand part of the Bill.

Clause 67

LORD KAMALL
EARL HOWE
BARONESS MERRON

The above-named Lords give notice of their intention to oppose the Question that Clause 67 stand part of the Bill.

After Clause 69

LORD SCRIVEN

186 After Clause 69, insert the following new Clause—

"Health Services Safety Investigations Body: recommendations, monitoring and powers

(1) The Health and Care Act 2022 is amended as follows.

(2) In section 110(1) (investigation of incidents with safety implications)—

(a) in paragraph (a), after "health care services" insert "or adult social care services", and

(b) in paragraph (b), after "patients" insert "or of persons receiving adult social care services".

(3) After section 116 insert—

"116A Monitoring of recommendations by the Care Quality Commission

(1) The Care Quality Commission must monitor and review the implementation of recommendations contained in final reports published by the HSSIB under section 113, so far as those recommendations relate to—

(a) providers of health care services, or

(b) providers of adult social care services.

(2) The Care Quality Commission must integrate its assessment of the implementation of recommendations under subsection (1) into its exercise of functions under Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care).

(3) The Care Quality Commission must publish an annual report on the implementation of recommendations made by the HSSIB by providers of health care services and adult social care services.

(4) For the purposes of exercising its functions under this section, the Care Quality Commission—

(a) may rely only on information contained in final reports published under section 113 or other publicly available information, and

(b) may not have access to, or require the disclosure of, any protected material.

116B Implementation of recommendations by the Secretary of State

(1) Where a final report published under section 113 contains a recommendation for action by the Secretary of State, the Secretary of State must, so far as is practicable, implement that recommendation.

(2) Within three months of the publication of the final report, the Secretary of State must lay before Parliament a plan setting out—

(a) the steps to be taken to implement the recommendation,

(b) the timetable for taking those steps, and

(c) where the Secretary of State considers that it is not practicable to implement the recommendation in full, the reasons for that view.

(3) The Secretary of State must lay before Parliament an annual report setting out, for each recommendation under this section that has not been fully implemented—

(a) the progress made against the plan under subsection (2), and

(b) the reasons for any delay."

(4) In section 135 (Interpretation of Part 4), at the appropriate place insert—

"adult social care services" means services which consist of or include the provision of social care, within the meaning of section 9(3) of the Health and Social Care Act 2008, to adults."

Member's explanatory statement

This amendment would extend the remit of the Health Services Safety Investigations Body to adult social care, and require the Care Quality Commission to monitor providers' implementation of its recommendations without access to protected material

Clause 70

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD LANSLEY
LORD KAMALL

The above-named Lords give notice of their intention to oppose the Question that Clause 70 stand part of the Bill.

Member's explanatory statement

This amendment removes the Clause abolishing Healthwatch England.

Schedule 10

LORD KAMALL
EARL HOWE
BARONESS PIDGEON
LORD LANSLEY

The above-named Lords give notice of their intention to oppose the Question that Schedule 10 be the tenth Schedule to the Bill.

Clause 71

BARONESS PIDGEON
LORD LANSLEY
LORD HUNT OF KINGS HEATH

The above-named Lords give notice of their intention to oppose the Question that Clause 71 stand part of the Bill.

Member's explanatory statement
This amendment removes the Clause abolishing arrangements with Local Healthwatch organisations.

After Clause 71

BARONESS MERRON

187 After Clause 71, insert the following new Clause—

"Maternity and Neonatal Commissioner for England

(1) The Secretary of State must appoint a person as the Maternity and Neonatal Commissioner for England ("the Commissioner").

(2) Schedule (*Maternity and Neonatal Commissioner for England*) makes provision about the Commissioner."

Member's explanatory statement
This amendment would require the Secretary of State to appoint a Maternity and Neonatal Commissioner for England, and would also introduce a new schedule (after Schedule 11) setting out how the Commissioner will operate.

BARONESS MERRON

188 After Clause 71, insert the following new Clause—

"Functions of the Commissioner

(1) The Maternity and Neonatal Commissioner for England must promote improvements in maternity and neonatal care in England.

(2) In the discharge of that function the Commissioner may, among other things—

(a) scrutinise the effectiveness of programmes designed to improve maternity and neonatal care;

(b) carry out reviews into the provision of maternity and neonatal care;

(c) facilitate or otherwise promote discussion about how maternity and neonatal care can be improved (including discussion involving people providing or receiving care);

(d) advise the Secretary of State on the provision of maternity and neonatal care;

(e) carry out reviews into the connection between the general health care needs of women and any potential future pregnancy of theirs;

(f) carry out reviews into how the health care needs of women are affected by pregnancy;

(g) carry out reviews into how to better meet the health care needs of newborn children;

(h) prepare and publish reports relating to any matter reviewed or considered by the Commissioner in the exercise of any of their functions;

(i) make recommendations (whether in a report or otherwise).

(3) A person to whom a recommendation is made under subsection (2)(i) must respond to that recommendation within such period and in such manner as the Commissioner may require (and the Commissioner may publish details of any failure to comply).

(4) The Commissioner must send to the Secretary of State a copy of any report published by the Commissioner in the exercise of functions conferred under this section.

(5) The Commissioner must, when exercising their functions, have regard to the need to reduce inequalities between the people of England with respect to the provision of maternity and neonatal care.

(6) When exercising their functions, the Commissioner must take reasonable steps to find out the views of women and others with an interest in maternity and neonatal care.

(7) In this section—

(a) a reference to maternity care includes—

(i) the provision of services to family members of a woman in connection with her pregnancy or childbirth;

(ii) health care needed by a woman as a consequence of a past pregnancy;

(b) a reference to neonatal care includes the provision of services to family members of a newborn child in connection with the health care needs of the child.

(8) The Secretary of State may by regulations made by statutory instrument exclude particular descriptions of care from the meaning of maternity or neonatal care in this section.

(9) A statutory instrument containing regulations under subsection (8) is subject to annulment in pursuance of a resolution of either House of Parliament.

(10) Section 9(1) of the Gender Recognition Act 2004 is to be disregarded for the purposes of construing this section."

Member's explanatory statement
This amendment would set out the functions of the Maternity and Neonatal Commissioner for England.

BARONESS DAVIES OF DEVONPORT

As an amendment to Amendment 188

189 After subsection (4) insert—

"(4A) Any report published by the Commissioner must present data on maternity and neonatal outcomes disaggregated by—

(a) the age, ethnicity and area deprivation of the mother, and

(b) the sex of the baby,

so far as such data is held, with ethnicity recorded in accordance with section (*Recording of ethnicity in health and care information*)."

Member's explanatory statement
This amendment ensures the Commissioner reports outcomes by the factors known to drive maternal and neonatal risk, including the near-threefold higher maternal mortality of Black women and the doubled rate in the most deprived areas reported by MBRRACE-UK.

BARONESS DAVIES OF DEVONPORT

As an amendment to Amendment 188

190 After subsection (5) insert—

"(5A) In communications to patients and the public, the Commissioner must use clear and accurate sex-based terminology, including "woman" and "mother", which may be supplemented by additional terms where the Commissioner considers it appropriate."

Member's explanatory statement
This amendment requires the Commissioner to communicate in clear language about women and mothers, while permitting additional terms.

BARONESS DAVIES OF DEVONPORT

As an amendment to Amendment 188

191 After subsection (10) insert—

"(11) In this section—

"woman" has the meaning given by section 212(1) of the Equality Act 2010, as interpreted by the Supreme Court in For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16;

"mother", in relation to a child, means the woman who is carrying or has carried the child."

Member's explanatory statement
This amendment defines "woman" consistently with the Equality Act 2010 as interpreted by the Supreme Court, and "mother" consistently with section 33 of the Human Fertilisation and Embryology Act 2008, for the purposes of the Commissioner's functions.

BARONESS MERRON

192 After Clause 71, insert the following new Clause—

"Duty to co-operate with Commissioner

(1) The Maternity and Neonatal Commissioner for England may request a public authority to co-operate with the Commissioner in any way that the Commissioner considers necessary for the purposes of the Commissioner's functions.

(2) The ways in which a public authority may be requested to co-operate include allowing entry onto premises.

(3) A public authority must, so far as reasonably practicable, comply with a request made to it under this section.

(4) The Commissioner may publish details of any failure to comply with a request.

(5) The Commissioner may make a request under this section only to a public authority that performs functions wholly or partly in relation to England."

Member's explanatory statement
This amendment would allow the Maternity and Neonatal Commissioner for England to request that a public authority co-operate with the Commissioner (including by permitting entry onto premises). The Commissioner would be able to publish details of any failure to comply.

BARONESS MERRON

193 After Clause 71, insert the following new Clause—

"Provision of information to Commissioner

(1) The Maternity and Neonatal Commissioner for England may require a person to provide the Commissioner with information.

(2) A requirement may specify when and how the information is to be provided.

(3) The only information that a person may be required to provide is information which the person could, apart from this section, lawfully disclose to the Commissioner.

(4) The Commissioner may publish details of any failure to comply with a requirement.

(5) The Commissioner may require the provision of information by a person only if they provide services in connection with the provision of maternity or neonatal care in England or, in the case of a public authority, they perform functions wholly or partly in relation to England.

(6) A reference in this section to maternity care or neonatal care has the same meaning as in section (*Functions of the Commissioner*)."

Member's explanatory statement
This amendment would allow the Maternity and Neonatal Commissioner for England to require a person to supply information to the Commissioner. The Commissioner would be able to publish details of any failure to comply.

BARONESS MERRON

194 After Clause 71, insert the following new Clause—

"Power to carry out clinical case reviews when directed

(1) The Secretary of State may direct the Maternity and Neonatal Commissioner for England to carry out a review into the maternity or neonatal care that has been provided to a particular person or class of people.

(2) A direction may specify matters to be addressed as part of a review.

(3) The Secretary of State must consult the Commissioner before giving a direction.

(4) A reference in this section to maternity care or neonatal care has the same meaning as in section (*Functions of the Commissioner*)."

Member's explanatory statement
This amendment would allow the Secretary of State to direct the Maternity and Neonatal Commissioner for England to review the maternity or neonatal care provided to a particular person or class of people.

BARONESS PIDGEON

195 After Clause 71, insert the following new Clause—

"National Maternity Commissioner

(1) The Secretary of State must, within six months of the day on which this Act is passed, appoint a National Maternity Commissioner, based within the Department of Health and Social Care.

(2) The functions of the National Maternity Commissioner are to—
  (a) oversee NHS maternity services,
  (b) act as an independent voice for women and families,

(c) ensure lessons are learned from identified failures and that the recommendations of maternity reviews are acted upon,

(d) promote consistency, safety and accountability across NHS maternity services, and

(e) advise the Secretary of State on matters relating to the safety, quality and provision of maternity services in England.

(3) The person appointed as Commissioner must—

(a) be a person with knowledge, expertise and experience relevant to the discharge of functions of the role,

(b) have first-hand experience of working in maternity services, so far as reasonably possible, and

(c) not be a Member of Parliament."

Member's explanatory statement

This new clause would require the Secretary of State to appoint a maternity commissioner within the Department of Health and Social Care to oversee national maternity services. This person should be someone with experience and expertise of maternity services, and not a political appointment.

BARONESS PIDGEON

196 After Clause 71, insert the following new Clause—

"Maternity safety

(1) The Secretary of State must ensure that every NHS maternity unit is rated "good" or "outstanding" by the Care Quality Commission.

(2) The Secretary of State must, within 6 months of the day on which this Act is passed, establish a scheme to support NHS trusts to deliver the requirement under subsection (1), which includes—

(a) 24/7 consultant obstetrician cover on every labour ward,

(b) one-to-one midwifery care,

(c) a Director of Midwifery in every maternity service,

(d) ringfenced maternity service development funding, and

(e) a dedicated neonatal workforce plan.

(3) Within 12 months of the commencement of the scheme under subsection (2), and every 12 months thereafter, an annual report should be laid before both Houses of Parliament on the effectiveness of the scheme."

Member's explanatory statement

This new clause would place a duty on the Secretary of State to create a scheme to ensure that every maternity unit in the country achieves a "good" or "outstanding" rating by the CQC.

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD PATEL

197 After Clause 71, insert the following new Clause—

"Healthwatch funding

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, bring forward a scheme to fund Healthwatch England and Local Healthwatch organisations for the 2027/2028 financial year to the level estimated by the Department for Health and Social Care in 2013/14.

(2) The Secretary of State must consider uprating this funding in line with 2026/2027 inflation rates."

Member's explanatory statement
This new clause would ensure that Healthwatch England and Local Healthwatch organisations are funded to the level estimated by the Department for Health and Social Care in 2013/14.

LORD HUNT OF KINGS HEATH

198 After Clause 71, insert the following new Clause—

"National patient experience and feedback function

(1) The Secretary of State must secure arrangements for the exercise of a national patient experience and feedback function in relation to health services and social care services in England.

(2) The national patient experience and feedback function is to—
  (a) gather, analyse and publish evidence about the experiences of patients, carers and service users of health services and social care services;
  (b) identify and report on recurring concerns arising from those experiences;
  (c) identify and report on inequalities in access, experience and outcomes;
  (d) identify and report on the extent to which the views obtained reflect the diversity of the population served, including groups whose views have not been adequately captured;
  (e) make recommendations for improvement to the Secretary of State, integrated care boards, local authorities, the Care Quality Commission and such other bodies as the Secretary of State considers appropriate;
  (f) provide a route for concerns arising from local patient, carer and service user voice arrangements to be escalated to national bodies.

(3) Arrangements under subsection (1) must secure—
  (a) accessible routes for patients, carers, service users and the public to share views and concerns;
  (b) specific arrangements to obtain and consider the views of people and communities who experience health inequalities, social exclusion, multiple disadvantage or other barriers to engagement and participation;

(c) arrangements for working with voluntary, community and social enterprise organisations;

(d) arrangements enabling findings, reports and recommendations to be published without prior approval by any body to which they relate;

(e) arrangements for recommendations made under subsection (2)(e) to receive a published response from the body to which the recommendation is made.

(4) The Secretary of State must lay before Parliament, at least once in each financial year, a report setting out—

(a) the principal findings of the national patient experience and feedback function;

(b) recurring concerns identified under subsection (2)(b);

(c) inequalities identified under subsection (2)(c);

(d) groups whose views have not been adequately captured;

(e) recommendations made under subsection (2)(e);

(f) responses received and action taken in response to those recommendations;

(g) cases where no response, or no sufficient response, has been received;

(h) an assessment of the impact of action taken in response to recommendations made in previous financial years."

Member's explanatory statement
This new clause would require the Secretary of State to secure a national function for gathering, publishing and escalating patient, carer and service-user experience evidence, and would require bodies receiving recommendations to publish a response.

BARONESS COFFEY

199 After Clause 71, insert the following new Clause—

"Health Service Commissioner

In section 1 of the Health Service Commissioners Act 1993 (the Commissioner), after subsection (1) insert—

"(1A) The office of Health Service Commissioner for England cannot be held by the person who holds the office of Parliamentary Commissioner (as defined by the Parliamentary Commissioner Act 1967).""

Member's explanatory statement
This amendment seeks separate out the posts of Parliamentary Service Commissioner and Health Service Commissioner.

BARONESS HODGSON OF ABINGER

200 After Clause 71, insert the following new Clause—

"Powers for coroners and medical examiners to review suspected failings in obstetric, neonatal and paediatric care

(1) The Secretary of State must, by regulations made by statutory instrument, establish a standard mechanism whereby coroners and medical examiners must review cases of deaths, brought to them by patients, medical staff or other relevant whistleblowers, where there are suspected failings in the provision of obstetric, neonatal and paediatric care.

(2) A coroner or a medical examiner has a duty to review cases using the mechanism established under subsection (1) if, in the course of their duties, there are reasonable grounds to suspect that a death or incident involved systemic failings or clinical negligence in a health care setting.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to establish a standard mechanism for coroners and medical examiners to review cases involving suspected failings in obstetric, neonatal and paediatric care.

BARONESS COFFEY

200A After Clause 71, insert the following new Clause—

"Transfer of Healthwatch England functions to the Health Service Commissioner

(1) The functions of Healthwatch England, and its national branding, are transferred to the Health Service Commissioner for England.

(2) The Secretary of State must by regulations made by statutory instrument make provision for the transfer of functions under section (1).

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament.

(4) The Health Service Commissioners Act 1993 is amended as set out in subsections (5) and (6).

(5) In section 14 (reports by Commissioners), after subsection (5) insert—

"(6) The Health Service Commissioner for England must publish an annual report on the exercise of Healthwatch England functions and lay it before Parliament."

(6) After section 14C insert—

"14D Provision of national Healthwatch England functions and social care jurisdiction

(1) The Commissioner must maintain arrangements to assist Local Healthwatch organisations in England in the provision of their statutory functions.

(2) For the purposes of fulfilling the Healthwatch England functions, the Commissioner's jurisdiction to receive, process, and report on trends is extended to cover adult social care services within the meaning of Part 1 of the Care Act 2014.

(3) The Commissioner may issue statutory recommendations to the Secretary of State, the National Health Service Commissioning Board, or local authorities regarding systemic failures or consumer trends identified through Healthwatch England intelligence.""

Member's explanatory statement
This would move Healthwatch England from being an independent committee within the Care Quality Commission to under the Health Service Commissioner – which reports to Parliament and also can interact with government directly. By reporting directly to Parliament Healthwatch gains institutional independence, aligning consumer advocacy directly with parliamentary scrutiny.

BARONESS COFFEY

200B After Clause 71, insert the following new Clause—

"Collaborative Data-Sharing Protocol

(1) The Health Service Commissioner for England and the Care Quality Commission must establish a joint protocol ("the Collaborative Data-Sharing Protocol") to govern the timely and reciprocal exchange of intelligence, data, and information.

(2) The Protocol must ensure that—

(a) Local Healthwatch intelligence collected by the Commissioner is shared with the Commission to inform its regulatory, inspection, and rating functions under Part 1 of the Health and Social Care Act 2008;

(b) the Commission shares relevant inspection data, enforcement notifications, and market oversight indicators with the Commissioner to support national Healthwatch England policy interventions.

(3) The Commissioner and the Commission must review the Protocol biennially and lay a copy of the revised Protocol before Parliament."

BARONESS BERGER

200C★ After Clause 71, insert the following new Clause—

"Perinatal mental health assessments and support

(1) The NHS must make arrangements to ensure that every woman receiving NHS antenatal care is offered a repeated structured assessment of her mental health and emotional wellbeing during pregnancy.

(2) An assessment under subsection (1) must—
  (a) be conducted in accordance with guidance issued by the National Institute for Health and Care Excellence;
  (b) utilise evidence-based screening and assessment tools approved for use in maternity services;
  (c) be undertaken by appropriately trained healthcare professionals;
  (d) take account of any history of mental illness, trauma, abuse, deprivation, substance misuse or other risk factors associated with adverse perinatal mental health outcomes.

(3) Integrated care boards must ensure that maternity services within their area maintain clear referral pathways to appropriate perinatal mental health services and other sources of support for any woman identified as being at risk of, or experiencing, perinatal mental health difficulties.

(4) In fulfilling their duties under this section, integrated care boards must have regard to the need to reduce inequalities in access to and outcomes from perinatal mental health services, including inequalities associated with ethnicity, age, disability, sexuality, socioeconomic disadvantage or experience of domestic abuse.

(5) The NHS must publish guidance on minimum standards of training and professional support relating to the identification and management of perinatal mental health conditions for healthcare professionals involved in maternity care.

(6) The NHS must collect and publish information relating to—
  (a) the provision of mental health assessments during pregnancy,
  (b) referrals to specialist perinatal mental health services, maternal mental health services, talking therapies and other relevant support services,
  (c) access to treatment and support following referral, and
  (d) outcomes, including variations between geographic areas and population groups."

Member's explanatory statement
This amendment would require the routine provision of evidence-based mental health assessments during NHS antenatal care, establish clear referral pathways into specialist support, improve training for maternity professionals, reduce inequalities in access to care, strengthen accountability through data collection and reporting, and support earlier identification of women at risk of perinatal mental health problems.

Schedule 11

BARONESS PIDGEON
LORD HUNT OF KINGS HEATH
LORD PATEL

The above-named Lords give notice of their intention to oppose the Question that Schedule 11 be the eleventh Schedule to the Bill.

Member's explanatory statement
This amendment removes the Schedule abolishing Local Healthwatch organisations.

After Schedule 11

BARONESS MERRON

201 After Schedule 11, insert the following new Schedule—

"SCHEDULE 11A

MATERNITY AND NEONATAL COMMISSIONER FOR ENGLAND

Appointment and tenure of office

1 (1) The Maternity and Neonatal Commissioner for England holds and vacates office in accordance with the terms of their appointment, subject to the provisions of this paragraph.

(2) The Commissioner must be appointed for a term of no more than three years.

(3) A person cannot be appointed as the Commissioner more than twice.

(4) The Commissioner may resign by giving written notice to the Secretary of State.

(5) The Secretary of State may by written notice remove the Commissioner from office on the grounds that—

(a) the Commissioner has without reasonable excuse failed to carry out their functions, or

(b) in the opinion of the Secretary of State, the Commissioner is otherwise unable, unfit or unwilling to carry out their functions.

Crown status

2 The Commissioner is not to be regarded as the servant or agent of the Crown or as enjoying any status, immunity or privilege of the Crown.

Staff and facilities

3 (1) The Secretary of State may provide staff, facilities or other assistance to the Commissioner.

(2) The Commissioner may authorise any member of staff to exercise any of the Commissioner's functions.

Remuneration etc

4 (1) The Secretary of State may pay remuneration to the Commissioner.

(2) The Secretary of State may pay such pensions or allowances as they may determine to or in respect of the Commissioner.

Annual reports

5 (1) The Commissioner must, as soon as possible after the end of each financial year, publish a report on the exercise of their functions during that year.

(2) The Secretary of State may give the Commissioner directions as to matters that must be addressed in the annual report.

(3) The Commissioner must send a copy of their annual report to the Secretary of State.

(4) The Secretary of State must lay a copy of the annual report before Parliament.

(5) In this paragraph, "financial year" means—

(a) the period beginning with the day on which the first Commissioner takes office and ending with the following 31 March, and

(b) each successive period of 12 months.

Business plans

6 (1) The Commissioner must publish a business plan which sets out—

(a) the main activities that the Commissioner proposes to undertake during the period covered by the plan, and

(b) the Commissioner's strategic priorities for that period.

(2) A business plan must cover a period of at least 12 months beginning with the date of publication.

(3) The Commissioner must publish a new business plan before the end of the period covered by the preceding business plan.

(4) The Commissioner must send a copy of the business plan to the Secretary of State before it is published."

Member's explanatory statement
This Schedule would contain detailed provisions relating to the functioning of the Maternity and Neonatal Commissioner for England.

Clause 74

BARONESS MERRON

202 Clause 74, page 52, line 12, at end insert—

"(4) After section 8, insert—

"8A Offences relating to information

(1) A person to whom information is disclosed under section 8 commits an offence if the person uses or discloses that information in contravention of subsection (3C) of that section.

(2) A person guilty of an offence under subsection (1) is liable—

(a) on summary conviction in England and Wales, to imprisonment for a term not exceeding the maximum term for summary offences or a fine (or both), or

(b) on summary conviction in Scotland or Northern Ireland, to imprisonment for a term not exceeding 6 months or a fine not exceeding level 5 on the standard scale (or both).

(3) In subsection (2)(a) "the maximum term for summary offences" means—

(a) if the offence is committed before the time when section 281(5) of the Criminal Justice Act 2003 comes into force, six months;

(b) if the offence is committed after that time, 51 weeks.""

Member's explanatory statement

This amendment would make it an offence to disclose information received from a relevant authority without that authority's agreement or a court or tribunal order. The offence mirrors the existing offence of disclosing information in relation to medical devices under section 40 of the Medicines and Medical Devices Act 2021.

After Clause 78

BARONESS RITCHIE OF DOWNPATRICK
BARONESS GOUDIE
BARONESS GERADA

203 After Clause 78, insert the following new Clause—

"Reclassification of injectable medicinal products

(1) The Human Medicines Regulations 2012 (S.I. 2012/1916) are amended as follows.

(2) In regulation 62 (classification of UK marketing authorisation or parallel import licence), after paragraph (3), insert—

"(3A) Paragraph (3)(d) does not prevent the licensing authority from considering or granting an application to vary a UK marketing authorisation so as to classify a medicinal product intended and authorised for

self-administration by parenteral administration as a pharmacy medicine, where the licensing authority is satisfied that the product does not meet any of the criteria for prescription-only classification specified in paragraph (3)(a) to (c).

(3B) Any application for reclassification under paragraph (3A) must be assessed individually by the licensing authority in accordance with the applicable regulatory requirements."

(3) In Schedule 1 (further provisions for classification of medicinal products), in Part 1, paragraph 1(a), after "administration" insert ", unless the licensing authority is satisfied that the conditions in regulation 62(3A) are met"."

Member's explanatory statement
This new clause would amend the Human Medicines Regulations 2012 to enable medicines intended and authorised for self-administration by parenteral administration, e.g. self-injectable medicines, to be considered for reclassification from prescription-only to pharmacy status on a case-by-case basis. Any reclassification would remain subject to assessment and approval by the licensing authority under the applicable regulatory requirements.

BARONESS BOYCOTT
BARONESS BENNETT OF MANOR CASTLE

204 After Clause 78, insert the following new Clause—

"Infant feeding bottles: materials

(1) A relevant NHS body must, when procuring or supplying infant feeding bottles for use by infants in its care, procure or supply bottles which are not made wholly or partly of plastic.

(2) The duty in subsection (1) does not apply where the responsible clinician considers that the use of a bottle not made of plastic would be contrary to the clinical interests of a particular infant.

(3) A relevant NHS body satisfies the duty in subsection (1) by procuring or supplying bottles the container of which is made of a safe alternative material.

(4) The Secretary of State may by regulations specify a material as a safe alternative material, or remove a material previously so specified, but may only specify a material where satisfied, on the basis of the best available scientific and clinical evidence and applying a precautionary approach, that in normal conditions of use the material does not release into the contents of the bottle—

(a) microplastic particles,
(b) bisphenols or their derivatives,
(c) phthalates or other plasticisers, or
(d) any other substance having endocrine-disrupting properties,

in quantities which may pose a risk to the health of an infant.

(5) In subsection (4), "normal conditions of use" includes sterilisation, the preparation of feed with water at temperatures used in clinical and domestic settings, repeated washing, and the expected service life of the bottle.

(6) The Secretary of State must make the first regulations under subsection (4) within 12 months of the day on which this section comes into force.

(7) Before making regulations under subsection (4), the Secretary of State must consult—

(a) the United Kingdom Health Security Agency,
(b) the Food Standards Agency,
(c) the Health and Safety Executive,
(d) such organisations representing paediatric, neonatal and maternity clinicians as the Secretary of State considers appropriate, and
(e) such other persons as the Secretary of State considers appropriate.

(8) The Secretary of State must issue guidance to relevant NHS bodies about the discharge of the duty in subsection (1), including guidance on cleaning, sterilisation and safe handling, and a relevant NHS body must have regard to that guidance.

(9) Within 12 months of the day on which this section comes into force, and annually thereafter, the Secretary of State must lay before Parliament a report on compliance with the duty in subsection (1), including an estimate of the number of infant feeding bottles procured or supplied by relevant NHS bodies in the reporting period and the materials of which they were made.

(10) In this section—

"infant" means a child under the age of 24 months;

"infant feeding bottle" means the container from which an infant is fed, and does not include the teat, valve or collar;

"relevant NHS body" means—

(a) an integrated care board,
(b) an NHS trust, or
(c) an NHS foundation trust;

"responsible clinician" means the registered medical practitioner or registered nurse with responsibility for the care of the infant."

BARONESS BENNETT OF MANOR CASTLE

205 After Clause 78, insert the following new Clause—

"Environmental impact of NHS medicines and medical products

(1) The Secretary of State must take all reasonable steps to ensure that NHS bodies, when procuring medicines, medical devices and other healthcare products, assess and take account of their environmental impact.

(2) The duty in subsection (1) includes consideration of environmental impacts arising from the manufacture, transport, use and disposal of those products, including their supply chains.

(3) The Secretary of State must issue guidance setting out standardised environmental information to be provided by manufacturers and suppliers for the purposes of subsection (1).

(4) The guidance under subsection (3) must, in particular, address—
(a) greenhouse gas emissions,
(b) the use of natural resources, including water and raw materials,
(c) pollution and waste arising from manufacture, use and disposal, and
(d) the environmental impacts of supply chains.

(5) The Secretary of State must publish a report on the implementation of this section within two years of its coming into force and at intervals of no more than three years thereafter."

Member's explanatory statement
This new clause would require the Secretary of State to ensure that NHS procurement bodies assess and take account of the environmental impacts of medicines, medical devices and other healthcare products when making procurement decisions.

BARONESS FINLAY OF LLANDAFF

205A After Clause 78, insert the following new Clause—

"Reusing medication in care homes and hospices

(1) If a resident in a care home or hospice has been prescribed medication and that resident no longer needs that medication, the medication can be reused for the symptom control or treatment of another patient, providing that—
(a) the medicine is suitable for reuse;
(b) the medicine is in an unopened pack or blister that has not been tampered with;
(c) the medicine is in date;
(d) the medicine has been stored appropriately, including refrigeration if required;
(e) the medicine is a licensed medicine that has been prescribed by a registered healthcare professional with prescribing rights;
(f) the medicine is being administered on the advice of the prescriber with a valid written prescription;
(g) the medicine has been stored in a locked cupboard;
(h) consent has been given by the patient for whom the medicine was originally prescribed, or the next of kin if the patient has died;
(i) the patient to whom the medication is now to be given is informed that a returned medicine is being used.

(2) When the medicine is a controlled drug, it must be entered as a reused medication in the controlled drugs register.

(3) All such medication must be entered in a "reused medication register", recording the—

(a) date;
(b) name of the original owner;
(c) details of the medicine;
(d) generic name of the medicine;
(e) strength of the medicine;
(f) formulation of the medicine;
(g) expiry date of the medicine;
(h) quantity of the medicine.

(4) When a controlled drug is reused, the controlled drug reused register must be updated to record the—
(a) date;
(b) patient's name;
(c) dose and quantity of the medicine;
(d) reason for reusing.

(5) All records must be available for all inspecting bodies.

(6) Any clinical adverse effects must be recorded using the yellow card scheme, via national reporting and learning systems, and to the Integrated Commissioning Board."

After Clause 84

BARONESS HAYTER OF KENTISH TOWN
BARONESS PIDGEON
BARONESS CASS
LORD BLACK OF BRENTWOOD

206 After Clause 84, insert the following new Clause—

"Fracture prevention services: implementation plan and reporting

(1) The Secretary of State must, within six months of the day on which this Act is passed, publish and lay before Parliament an implementation plan for securing universal access in England by 2030 to services for the prevention of secondary fragility fractures.

(2) The implementation plan must include—
(a) a baseline assessment of current access to, and quality of, such services in each integrated care board area,
(b) the minimum standards expected of such services,
(c) measurable annual milestones towards universal access by 2030, including milestones relating to the identification, assessment, treatment and follow-up of people who have sustained a fragility fracture,
(d) the steps the Secretary of State proposes to take to reduce unwarranted variation in access to, and quality of, such services, and

(e) the outcomes by reference to which the effectiveness of implementation will be assessed, including the incidence of further fragility fractures and hip fractures.

(3) The Secretary of State must, within six months of the publication of the implementation plan under subsection (1), and at intervals of no more than 12 months thereafter until 2030, lay before Parliament a report setting out—

(a) progress against the milestones in the implementation plan,

(b) changes in access to services for the prevention of secondary fragility fractures, and

(c) the number and proportion of eligible people identified, assessed, treated and followed up through such services, including variation between integrated care board areas.

(4) In this section, "services for the prevention of secondary fragility fractures" means services which provide for the systematic identification, assessment, treatment and follow-up of people who have sustained a fragility fracture, including services commonly known as fracture liaison services."

Member's explanatory statement
This new clause would require the Secretary of State to publish an implementation plan for securing universal access in England by 2030 to services which systematically identify, assess, treat and follow up people who have sustained a fragility fracture, including fracture liaison services, and to report annually to Parliament on progress.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE
BARONESS FINLAY OF LLANDAFF

207 After Clause 84, insert the following new Clause—

"Review of Organ Donation (Deemed Consent) Act 2019

Within twelve months of the day on which this Act is passed, the Secretary of State must publish a review on progress made in increasing organ transplants since the passage of the Organ Donation (Deemed Consent) Act 2019."

Member's explanatory statement
This new clause would require the Secretary of State to undertake a review of the Organ Donation (Deemed Consent) Act 2019.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE

208 After Clause 84, insert the following new Clause—

"Standards of care for NHS transplant patients' services

(1) Within twelve months of the day on which this Act is passed, the Secretary of State must publish a review on the standards of NHS care for transplant patients.

(2) The review under subsection (1) may cover the following matters—

(a) analysis of the comparative performance, outcomes, waiting times and organ utilisation, including variation between transplant centres and international comparisons in relation to lung transplants, hearts transplants, kidney transplants, liver transplants and other appropriate transplants;

(b) analysis of workforce requirements and funding for 24/7 on call teams and centres providing transplant services;

(c) such other matters as may be specified by the Secretary of State.

(3) The review under subsection (1) must be taken in collaboration with patients, and families of patients together with practising clinicians in transplant services.

(4) The review under subsection (1) must be laid before both Houses of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to undertake a review of NHS transplantation services.

LORD HUNT OF KINGS HEATH
BARONESS BLACKSTONE
LORD PATEL

209 After Clause 84, insert the following new Clause—

"Human Tissue Authority: guidance and code of practice

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, by order under section 14(4) of the Human Tissue Act 2004, require the Authority to amend its guidance and codes of practice to ensure they—

(a) reflect the passage of the Organ Donation (Deemed Consent) Act 2019, and

(b) adopt a best interests decision-making approach in relation to a potential donor.

(2) Best interests decision-making approach in (1) is defined as a duty to seek out and consider a person's wishes, feelings, beliefs, and values."

Member's explanatory statement
This amendment is designed to ensure that the approach of the Human Tissue Authority on consent for retrieval of organs and tissues is consistent with the Organ Donation (Deemed Consent) Act 2019.

LORD HUNT OF KINGS HEATH

210 After Clause 84, insert the following new Clause—

"Report on the duty to cooperate

(1) Within twelve months of the day on which this Act is passed, the Secretary of State must lay a report before both Houses of Parliament on—

(a) the operation of the duty to co-operate under section 72 of the National Health Service Act 2006 (co-operation between NHS bodies) and section 82 of that Act (co-operation between NHS bodies and local authorities), and

(b) the impact of those duties on the integration of health and social care in England.

(2) The report under subsection (1) must consider co-operation between—

(a) relevant NHS bodies, and

(b) relevant NHS bodies and local authorities in the delivery and commissioning of health and social care.

(3) Within twelve months of the report under subsection (1) being laid, the Secretary of State must—

(a) make provision to update guidance on the duty to co-operate, and

(b) implement actions to strengthen integration in the report which the Secretary of State considers most appropriate."

Member's explanatory statement
The amendment would place a requirement on the Secretary of State to report to Parliament, within twelve months of the Act passing, on how well NHS bodies and local authorities are working together to integrate health and social care in England, and would require the Secretary of State to update the related guidance six months later.

LORD HUNT OF KINGS HEATH
BARONESS FINLAY OF LLANDAFF
LORD MARKHAM

211 After Clause 84, insert the following new Clause—

"Value-based procurement

The Secretary of State must produce an annual report to Parliament on progress made in the adoption in England of value-based procurement of medical devices, consumables and services by the National Health Service and the social care sector."

Member's explanatory statement
The amendment would require the Secretary of State to produce an annual report to parliament on progress made in the adoption of value-based procurement.

LORD HUNT OF KINGS HEATH
LORD PATEL

212 [*Withdrawn*]

LORD HUNT OF KINGS HEATH
BARONESS PIDGEON

213 After Clause 84, insert the following new Clause—

"State of NHS dentistry report

(1) The Secretary of State must publish and lay before Parliament a report on the state of NHS dentistry in England ("the State of Dentistry Report") at least once every three years.

(2) The State of Dentistry Report must include an assessment of—

(a) access to NHS dental services and levels of unmet need,

(b) the adequacy, distribution and sustainability of the NHS dental workforce, including general dental services, community dental services, hospital dental services, dental public health consultants and dental academia,

(c) geographical inequalities in access to NHS dental services and oral health outcomes,

(d) inequalities in access to NHS dental services and oral health outcomes between different socioeconomic groups and populations, including but not limited to people living in care homes and people experiencing homelessness,

(e) demand and waiting times for dental treatment in community dental services and secondary care,

(f) the extent to which inadequate access to NHS dental services contributes to avoidable pressure on other parts of the NHS, including primary medical care, urgent and emergency care, hospital services and the prescribing of medicines, and

(g) the measures required to address any deficiencies or inequalities identified under paragraphs (a) to (f).

(3) The report must include such indicators as the Secretary of State considers appropriate for assessing each of the matters set out in subsection (2), and those indicators must, wherever appropriate, be presented in a manner that enables comparisons to be made between different areas and populations and over time, including by reference to population size, full-time equivalent workforce and other relevant measures.

(4) In preparing the report, the Secretary of State must have regard to the need to ensure that NHS dental services are sufficient to meet the current and projected need for dental care in England.

(5) The Secretary of State must, within six months of publishing a State of Dentistry Report, set out the measures the Government intends to take in response to the findings of the report.

(6) The Secretary of State must make arrangements for each State of Dentistry Report, and the Government's response to it, to be debated in each House of Parliament.

(7) The first State of Dentistry Report must be published within 24 months of the day on which this Act is passed."

Member's explanatory statement
This new clause would require the Secretary of State to publish and lay before Parliament a regular report on the state of NHS dentistry in England and require the Government to respond to each report and ensure that both the report and response are debated in Parliament.

LORD HUNT OF KINGS HEATH
THE LORD BISHOP OF NEWCASTLE
BARONESS FINLAY OF LLANDAFF
BARONESS BARKER

214 After Clause 84, insert the following new Clause—

"Health and care partners

After section 242A National Health Service Act 2006 insert—

"242B Involvement of health and care partners

(1) A service user has a right to personal contact, without physical barriers or time limits, including contact in private, and to be accompanied in person by at least one health and care partner.

(2) Each health and care provider must make arrangements, as respects health or care services for which it is responsible, which secure that users of those services may be accompanied by at least one health and care partner during any period during which health or care services are provided to the service user or the service user is under the care or supervision of the health and care provider.

(3) For the purposes of this section a "health and care partner" is a named person chosen by the service user who provides care and support whether unpaid or paid to the service user.

(4) The following are "health and care providers" for the purposes of this section—

(a) an NHS Trust or NHS Foundation Trust,
(b) an integrated care board,
(c) an English local authority,
(d) a care home in England within the meaning of section 8 (3) Care Act 2014,
(e) a person or company providing health care or care services registered with the Care Quality Commission, or
(f) a person or company who provides care services to another person in return for payment.""

Member's explanatory statement
This amendment is aimed at offering all users of health and care services the opportunity to nominate someone close to them as their health and care partner. This would be a purely voluntary role, distinct from the role of visitor. The access of the health and care partner would be protected and their opinion respected when health and care decisions are being made.

BARONESS PIDGEON

215 After Clause 84, insert the following new Clause—

"Independence of appointments

The Secretary of State must make provision to ensure that operational decisions regarding the appointment, suspension or removal of—

(a) chairs, directors and non-executive directors of NHS trusts and NHS foundation trusts, and

(b) chief executives of integrated care boards,

are made exclusively by persons employed in the Civil Service, upon strictly merit-based criteria."

Member's explanatory statement
This new clause would ensure that any decisions over NHS trusts and ICB leadership are made by civil servants, rather than the Secretary of State, and are made on merit.

BARONESS PIDGEON

216 After Clause 84, insert the following new Clause—

"Access to dental provision: dental deserts

(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must establish a scheme to improve access to dental provision ("the scheme").

(2) The purpose of the scheme is to end dental deserts.

(3) A "dental desert" is any local authority area with fewer than ten active dental practices per 100,000 people.

(4) The scheme must make provision to support integrated care boards to—

(a) guarantee emergency access to an NHS dentist,

(b) provide free dental check ups for—

(i) children,

(ii) mothers within one year of having given birth,

(iii) pregnant women, and

(iv) low-income households, and

(c) guarantee dental appointments for persons commencing—

(i) surgery,

(ii) chemotherapy, or

(iii) transplant procedures.

(5) The Secretary of State must, before publishing the scheme, issue a reformed dental contract.

(6) The Secretary of State must, within six months of the establishment of the scheme, publish a dental workforce plan to support delivery of the scheme."

Member's explanatory statement
This new clause seeks to establish a scheme to support integrated care boards to end dental deserts.

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN

217 After Clause 84, insert the following new Clause—

"Cancer survival research programme

(1) Within 12 months beginning on the day on which this Act is passed, the Secretary of State must by regulations made by statutory instrument establish a Cancer Survival Research Programme.

(2) Regulations under this section must—
  (a) require government co-ordination and funding for research into cancers with a five-year survival rate below 20%, and
  (b) establish a fellowship programme for foreign academics in cancer research.

(3) Any programme established under paragraph (2)(b) must make provision to waive visa fees for entry into the UK for participating academics.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to introduce regulations requiring the government to coordinate research into cancers with the lowest survival rate.

BARONESS PIDGEON

218 After Clause 84, insert the following new Clause—

"Right to a GP appointment

(1) The Secretary of State must by regulations made by statutory instrument, within six months of the day on which this Act is passed, establish a scheme to provide every patient with the right to receive a GP appointment within seven days of seeking one, or 24 hours if urgent.

(2) The Secretary of State must, by regulations made by statutory instrument, amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996) to make the right described in subsection (1) a right in the NHS constitution.

(3) The Secretary of State may review the scheme every three years from the day on which this Act is passed and amend it through regulations made by statutory instrument.

(4) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament.

(5) For the purposes of this section—

"GP appointment" means an appointment with an appropriate clinician within a GP practice;

"urgent" has the current definition provided under general practitioner triaging protocols."

Member's explanatory statement

This new clause requires the Secretary of State to give patients a new right in the NHS constitution to receive a GP appointment in 7 days, or 24 hours if urgent, and to establish a scheme to deliver this.

BARONESS PIDGEON
BARONESS GERADA

219 After Clause 84, insert the following new Clause—

"Corridor care

(1) The Secretary of State must end the practice of corridor care in NHS hospitals within one year of the day on which this Act is passed.

(2) If the requirement under subsection (1) is not met, the Secretary of State must commission an independent inquiry into the Government's handling of corridor care.

(3) The inquiry under subsection (2) must—

(a) investigate the effectiveness of policies, funding and guidance relating to corridor care in the Department of Health and Social Care,

(b) assess the impact on patient safety and staff morale of the continued practice of corridor care, and

(c) recommend steps the Secretary of State should take to end the practice of corridor care.

(4) The inquiry under subsection (1) should be supported by patient safety professionals from the Health Services Safety Investigations Body and the Care Quality Commission.

(5) The inquiry must publish and lay before Parliament a final report within 6 months of the day on which the inquiry is established."

Member's explanatory statement

This new clause places a duty on the Secretary of State to end corridor care within 12 months; if they fail to do so they must order an independent inquiry into corridor care and the failure to eradicate the practice.

LORD CLEMENT-JONES
BARONESS GERADA

220 After Clause 84, insert the following new Clause—

"Prioritising British citizens for the UK foundation programme

(1) Section 4 of the Medical Training (Prioritisation) Act 2026 is amended as follows.

(2) In subsection (2) for "(4)" substitute "(4A)"

(3) After subsection (4) insert—

"(4A) A person is within this subsection if they—

(a) are a British citizen,

(b) have indefinite leave to remain under the Immigration Act 1971, or

(c) have settled status under the EU Settlement Scheme, and

hold a primary medical qualification from an international branch campus of a higher education institution in the United Kingdom.""

Member's explanatory statement
This new clause amends the Medical Training (Prioritisation) Act 2026 so that British citizens, people with indefinite leave to remain, or settled status who have studied at international branch campuses of UK higher education institutions can be prioritised for foundation programme training places.

LORD SCRIVEN
BARONESS BROWNING

221 After Clause 84, insert the following new Clause—

"Health strategy for people with learning disabilities

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish a health strategy for people with learning disabilities in England.

(2) The Secretary of State must appoint a co-national director with a learning disability to lead on its development.

(3) The strategy must be set out in, and aligned to, a new modern service framework, comprising—

(a) an evidence-based description of the standards of care that should be available across the health service in England for people with learning disabilities of all ages,

(b) the interventions and service models that must be implemented to improve outcomes for people with learning disabilities, including in particular (but not limited to)—

(i) the steps to be taken to reduce early and avoidable mortality and close the gap in life expectancy for people with learning disabilities,

(ii) the steps to be taken to reduce variation in the quality of and access to healthcare experienced by people with learning disabilities across integrated care board areas,

(iii) the steps to be taken to improve the outcomes and experiences of people with learning disabilities, including their experiences of joined-up health and social care, being able to live healthier lives, and the support available to unpaid carers of people with learning disabilities, and

(iv) the workforce requirements for delivering high-quality care, and the actions to be taken on workforce capacity, capability and training standards relevant to learning disability healthcare,

(c) measurable outcomes and milestones against which progress will be assessed, including the collection and publication of an annual dataset at national and local level covering the matters in paragraph (b), and

(d) clear accountability for delivery at national and local level, including the appointment of one or more members of each integrated care board with responsibility for people with learning disabilities, and the publication of their details.

(4) The strategy must be accompanied by a plan for research to develop the evidence base for improving the health and life expectancy of people with learning disabilities.

(5) In preparing the strategy the Secretary of State must consult—

(a) people with learning disabilities, their carers and supporters, and organisations representing the interests of people with learning disabilities,

(b) clinicians from across the healthcare system and across all professional groups with expertise in supporting people with learning disabilities,

(c) integrated care boards,

(d) NHS trusts and NHS foundation trusts, and

(e) such other persons as the Secretary of State considers appropriate.

(6) The Secretary of State must lay the strategy before Parliament on the day on which it is published.

(7) The Secretary of State must publish a report on national and local progress against the strategy at intervals of not more than 12 months following its initial publication."

Member's explanatory statement

This amendment would require the Secretary of State to publish a health strategy for people with learning disabilities, focused on reducing the health inequalities and life expectancy gap they experience.

LORD SCRIVEN
LORD BIRT

222 After Clause 84, insert the following new Clause—

"Non-therapeutic male circumcision

(1) The Secretary of State must, within six months of the day on which this Act is passed, make regulations made by statutory instrument relating to non-therapeutic male circumcision (NTMC).

(2) Regulations made under subsection (1) must make provision for—
  (a) a requirement that NTMC may only be performed by a suitably qualified healthcare professional regulated by the Care Quality Commission,
  (b) the inclusion of NTMC as a regulated activity under the Health and Social Care Act 2008,
  (c) the creation of a statutory duty for Integrated Care Boards to produce annual data on prevalence and complications of NTMC,
  (d) a requirement that NTMC be included in the Single Patient Record, and
  (e) any other matter that the Secretary of State deems appropriate.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require the Secretary of State to introduce regulation of non-therapeutic male circumcision, following several prevention of future death reports issued by coroners as a result of deaths arising from this procedure.

BARONESS WALMSLEY

223 After Clause 84, insert the following new Clause—

"Annual report on immunisation programmes

(1) The Secretary of State must, in respect of each financial year, prepare a report on the performance of the national immunisation programme.

(2) The report must be laid before Parliament, and published, in a timely and comprehensive manner.

(3) The report must cover the performance of—
  (a) routine immunisation programmes,
  (b) seasonal immunisation programmes, and
  (c) targeted immunisation programmes,
forming part of the national immunisation programme.

(4) The report must cover the performance of those programmes in relation to all cohorts eligible for immunisation under the national immunisation programme.

(5) The report must use consistent measures of performance across the programmes reported on under this section.

(6) The report must include information that enables the tracking of inequalities in immunisation coverage and uptake—

(a) between different geographical areas in England, and

(b) between different population groups.

(7) In this section "national immunisation programme" means the programme of immunisation for England provided for in the exercise of functions of the Secretary of State, NHS England or an integrated care board (however the programme is described)."

Member's explanatory statement
This amendment would require the Secretary of State to report annually to Parliament on the performance of routine, seasonal and targeted immunisation programmes, covering all eligible cohorts, using consistent measures across programmes, and enabling tracking of inequalities by geography and population group.

BARONESS WALMSLEY

224 After Clause 84, insert the following new Clause—

"Duty to promote public health

All Ministers of the Crown have a duty to consider health outcomes and the promotion and protection of public health when exercising their duties."

Member's explanatory statement
This new clause will place a duty on all ministers to consider health outcomes and the promotion of public health when exercising their duties.

LORD RENNARD
LORD STEVENS OF BIRMINGHAM

225 After Clause 84, insert the following new Clause—

"Continuity of specified national diabetes programmes

(1) The Secretary of State must secure that the programmes listed in subsection (2) continue to be provided, to at least the same extent as immediately before the abolition of NHS England.

(2) The programmes referred to in subsection (1) are—

(a) the NHS Diabetes Prevention Programme;

(b) the NHS Type 2 Diabetes Path to Remission Programme;

(c) national provision for continuous glucose monitoring (CGM) for people with diabetes;

(d) the national roll-out of hybrid closed loop ("artificial pancreas") technology for people with type 1 diabetes;

(e) the National Diabetes Audit Programme, including the National Diabetes Footcare Audit and the National Diabetes Inpatient Safety Audit;

(f) any other programme specified for the purposes of this section in regulations made by statutory instrument made by the Secretary of State.

(3) Before making a scheme under section 2 for the transfer of property, rights or liabilities relating to a programme listed in subsection (2) the Secretary of State must publish a statement explaining how continuity of that programme is to be maintained.

(4) Before the end of the period of 12 months beginning with the day on which this section comes into force, and at least once every subsequent period of 12 months, the Secretary of State must lay before Parliament a report on the provision of the programmes listed in subsection (2), including information on patient access, waiting times and outcomes.

(5) A statutory instrument containing regulations under subsection (2)(f) is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to maintain existing national diabetes prevention, treatment and audit programmes following the abolition of NHS England, to explain how continuity will be secured before transferring related functions, and to report annually to Parliament on their provision.

LORD RENNARD
LORD STEVENS OF BIRMINGHAM

226 After Clause 84, insert the following new Clause—

"Report on effect of abolition of NHS England on diabetes services

(1) Before the end of the period of 12 months beginning with the day on which section 1 comes into force, and no less frequently than every 12 months thereafter for the following 3 years, the Secretary of State must publish and lay before Parliament a report assessing the effect of the abolition of NHS England on the planning, funding and delivery of diabetes prevention, treatment and care services in England.

(2) A report under subsection (1) must include an assessment of—

(a) any change in funding allocated to diabetes prevention, treatment and care programmes;

(b) any change to the operation or continuation of national clinical audits relating to diabetes;

(c) the impact on patient access to diabetes technology, including glucose monitoring and insulin delivery systems;

(d) the impact on workforce capacity in specialist diabetes services."

Member's explanatory statement
This new clause would require the Government to monitor and report to Parliament on the impact of NHS England's abolition specifically on diabetes services.

LORD HUNT OF KINGS HEATH
LORD STEVENS OF BIRMINGHAM

227 After Clause 84, insert the following new Clause—

"Wheelchair services: standards, performance and outcomes

(1) Each integrated care board must adopt national standards in accordance with section (*National wheelchairs standards*) which apply in its area in relation to the assessment for and supply of wheelchair services.

(2) Each integrated care board must monitor its performance against the standards under subsection (1).

(3) Each integrated care board must publish an annual report including—
  (a) its performance against the standards under subsection (1),
  (b) waiting times for the assessment for and supply of NHS wheelchair services,
  (c) the number and proportion of people waiting longer than 18 weeks for such equipment or services,
  (d) outcomes achieved for people by the provision of NHS wheelchair services, and
  (e) steps taken by the integrated care board to improve the assessment for, and supply of, NHS wheelchair services."

Member's explanatory statement
This new clause would require each integrated care board to adopt national standards which apply in its area in relation to the assessment for and supply of wheelchair services and publish an annual report on their adherence to these.

BARONESS PIDGEON
BARONESS MORGAN OF DREFELIN
LORD PATEL
LORD STEVENS OF BIRMINGHAM

228 After Clause 84, insert the following new Clause—

"Cancer treatment: waiting times

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must make provision for every patient to have access to cancer treatment within 62 days following referral for such treatment.

(2) Provision under subsection (1) must by regulations made by statutory instrument amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to place a right in the NHS constitution for England for every patient to have access to cancer treatment within 62 days following referral for such treatment.

(3) The Secretary of State must establish a scheme to support NHS hospital trusts in meeting the requirement under subsection (1).

(4) As part of the scheme, the Secretary of State must expand the capacity of the Medicines and Healthcare products Regulatory Agency.

(5) The Secretary of State must make an annual statement to Parliament on progress on meeting the requirement under subsection (1).

(6) Any statement made under subsection (5) should be made as close as reasonably practicable to 4 February.

(7) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would give patients a right under the NHS constitution to start cancer treatment within 62 days of referral and requires the Secretary of State to establish a scheme to deliver this. It also requires the Secretary of State to update the House on progress against the target on or around the time of World Cancer Day.

BARONESS PIDGEON

229 After Clause 84, insert the following new Clause—

"Accident and Emergency: waiting times

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must make provision relating to Accident and Emergency Department admission.

(2) Provision under subsection (1) must by regulations made by statutory instrument amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to place a right in the NHS Constitution for England for every patient to be admitted into an Accident and Emergency Department within 12 hours of approval of their admission being made.

(3) The Secretary of State must establish and implement an Accident and Emergency Scheme ("the Scheme") to support NHS hospital trusts to achieve the requirement referred to in subsection (2).

(4) The Scheme must consider—
(a) creating safety-net social care beds,
(b) increasing step-down care,
(c) publishing a dedicated accident and emergency care workforce plan, and
(d) mandating that a qualified clinician must be present in every Accident and Emergency waiting room.

(5) The Secretary of State must have due regard to the final report of the Independent Commission on Adult Social Care in establishing the scheme.

(6) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause gives patients a new right in the NHS constitution to be admitted into A&E within 12 hours from a decision to admit and requires the Secretary of State to introduce a scheme to achieve this.

BARONESS PIDGEON

230 After Clause 84, insert the following new Clause—

"Terminal illness: end of life care needs

(1) The Secretary of State must by regulations made by statutory instrument impose a duty on integrated care boards to make provision for any person with a terminal illness diagnosis to be offered a conversation with a relevant healthcare professional about their needs for end-of-life care, including their—
  (a) mental and physical health support needs, and
  (b) financial support needs.

(2) For the purposes of subsection (1), if a person with a terminal illness diagnosis is unable to have the conversation, an integrated care board must ensure that the person's next-of-kin are offered a conversation.

(3) Regulations under this section must make provision for any relevant authorities to have regard to the needs identified in a conversation under subsection (1).

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require the Secretary of State to make regulations which make provision for any person with a terminal illness diagnosis to be offered a conversation with a relevant authority about their needs for end-of-life care.

BARONESS WALMSLEY
BARONESS CASS
LORD STEVENS OF BIRMINGHAM

231 After Clause 84, insert the following new Clause—

"Medical disinformation strategy

(1) The Secretary of State must, within six months beginning with the day on which this Act is passed, publish a strategy on anti-vaccine and medical disinformation ("the strategy").

(2) The strategy must consider support for medical professionals to build trust and engage with patients who are vaccine-hesitant or have questions about vaccination.

(3) The Secretary of State must lay a copy of this strategy before Parliament upon publication."

Member's explanatory statement
This new clause places a duty on the Secretary of State to publish a strategy to combat anti-vaccine and medical disinformation.

BARONESS TYLER OF ENFIELD
LORD RUSSELL OF LIVERPOOL

232 After Clause 84, insert the following new Clause—

"Reporting on outcomes for children

(1) The National Health Service Act 2006 is amended as follows.

(2) In section 14Z58 (integrated care boards: annual report), after subsection (4) insert—

"(4A) An annual report must also include—

(a) a statement of outcomes for children in the board's area during the financial year, by reference to the indicators specified under section (*Reporting on outcomes for children*)(4)(a) of the Health Act 2026,

(b) a statement of the targeted investment made by the board during the financial year, by reference to the guidance specified under section (*Reporting on outcomes for children*)(4)(b) of the Health Act 2026, setting out the purposes for which it was allocated and the indicators to which it relates,

(c) an explanation of the statement under paragraphs (a) and (b), including changes to outcomes and targeted investment from the previous financial year and any steps the board proposes to take as a result, and

(d) an explanation of the relationship between the board's targeted investment and outcomes for children.

(4B) In subsection (4A)—

"children" means persons under the age of 18;

"targeted investment" means expenditure allocated by the Secretary of State or an integrated care board for the purpose of improving outcomes for children by reference to the indicators specified under subsection (4) of section (*Reporting on outcomes for children*) of the Health Act 2026."

(3) The Secretary of State must, as soon as practicable after the end of each financial year, prepare and lay before Parliament a report on health-related outcomes of and targeted investment for children in England.

(4) The Secretary of State must specify and publish—

(a) indicators of outcomes for children, and

(b) the expenditure that is, or is not, to be treated as targeted investment,

for the purposes of this section and section 14Z58(4A) of the National Health Service Act 2006.

(5) A report under subsection (3) must include—

(a) a statement of outcomes for children in England, and in each integrated care board area, by reference to the indicators specified under subsection (4),

(b) a statement of the amount of targeted investment made during the financial year by the Secretary of State and by each integrated care board, and of the change from the previous financial year,

(c) an assessment of the relationship between targeted investment and outcomes for children,

(d) an assessment of variation in outcomes and targeted investment between integrated care board areas, and of changes since the previous financial year, and

(e) a statement of any steps the Secretary of State proposes to take as a result.

(6) Before specifying indicators under subsection (4)(a) or publishing guidance under subsection (4)(b), the Secretary of State must consult such persons as the Secretary of State considers appropriate, including persons with expertise in child health.

(7) The first report under subsection (3) must relate to the first full financial year beginning after the day on which this section comes into force."

Member's explanatory statement
This new clause would require integrated care boards and the Secretary of State to report annually on outcomes for children in their area against nationally specified indicators and on the investment they make specifically to improve those outcomes.

BARONESS ROYALL OF BLAISDON
LORD MOTT
THE LORD BISHOP OF MANCHESTER

233 After Clause 84, insert the following new Clause—

"Prostate cancer early detection programme: implementation plan

The Secretary of State must, within 12 months of the day on which this Act is passed, lay before Parliament a prostate cancer early detection programme implementation plan, including a funding assessment, service specification, workforce implications, and an equality impact assessment."

Member's explanatory statement
This amendment would require the Secretary of State to lay before Parliament, within 12 months, an implementation plan for a prostate cancer early detection programme. It would not commit to a single screening method.

LORD HUNT OF KINGS HEATH

234 After Clause 84, insert the following new Clause—

"National Wheelchairs Commissioner

(1) The Secretary of State must, within six months of the day on which this Act is passed, appoint a National Wheelchairs Commissioner.

(2) The functions of the National Wheelchairs Commissioner are to—

(a) advise the Secretary of State on matters relating to the safety, quality, procurement and provision of NHS wheelchair services;

(b) provide leadership to NHS wheelchair services;

(c) maintain a database of the NHS provision of wheelchairs;

(d) monitor integrated care boards' adoption of national standards established by the Secretary of State under section (*National wheelchairs standards*);

(e) encourage the adoption of good practices in NHS wheelchair commissioning;

(f) encourage the introduction of innovative wheelchair equipment in the NHS;

(g) liaise with the National Wheelchairs Advisory committee as established under section (*National Wheelchairs Advisory Committee*);

(h) perform such other duties as may be prescribed in regulations made by the Secretary of State by statutory instrument.

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to appoint a National Wheelchairs Commissioner to oversee NHS wheelchair services.

LORD HUNT OF KINGS HEATH

235 After Clause 84, insert the following new Clause—

"National Wheelchairs Advisory Committee

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, establish an independent advisory committee for NHS wheelchair commissioning and provision to be known as the National Wheelchairs Advisory Committee ("the Committee").

(2) The responsibilities of the Committee are to advise the Secretary of State and the National Wheelchairs Commissioner on all aspects of NHS wheelchair commissioning and provision, as prescribed in regulations made by the Secretary of State by statutory instrument.

(3) The Secretary of State may refer specific matters to the Committee for consideration and advice.

(4) Schedule (*National Wheelchairs Advisory Committee*) sets out the arrangements regarding membership, terms of office and other governance matters.

(5) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

BARONESS RITCHIE OF DOWNPATRICK

236 After Clause 84, insert the following new Clause—

"Fixed recoverable costs in clinical negligence claims

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must decide whether to proceed with the introduction of fixed recoverable costs for clinical negligence claims in which the value of damages is £25,000 or less.

(2) Within the period specified in subsection (1), the Secretary of State must lay before each House of Parliament a statement setting out the decision made under that subsection.

(3) The statement must confirm that the Secretary of State has decided either—

(a) to proceed with the introduction of fixed recoverable costs for such claims, or

(b) not to proceed with the introduction of fixed recoverable costs for such claims.

(4) Where the Secretary of State has decided to proceed with the introduction of fixed recoverable costs, the statement must set out—

(a) the principal features of the proposed scheme, and

(b) the proposed timetable for its implementation.

(5) In this section, "fixed recoverable costs" means provision fixing the amount of legal costs recoverable in respect of a clinical negligence claim."

Member's explanatory statement

This would require the Secretary of State, within six months of Royal Assent, to decide whether to proceed with the introduction of fixed recoverable costs for NHS clinical negligence claims in which the value of damages is £25,000 or less, and to lay a statement setting out that decision before both Houses of Parliament. If the Secretary of State decides to proceed, the statement must also set out the principal features of the proposed scheme and the proposed timetable for its implementation.

BARONESS HOLLINS
LORD HAMILTON OF EPSOM
LORD SINGH OF SOLIHULL

237 After Clause 84, insert the following new Clause—

"Research into innovative treatments involving controlled substances

(1) The Secretary of State must by regulations made by statutory instrument take steps to enable and support the development of research relating to innovative treatments, which use substances listed in Schedule 1 to the Misuse of Drugs Regulations 2001 (S.I. 2001/3998).

(2) Regulations made under this section must make provision, for—
  (a) the lawful possession, supply, administration, production and importation of such substances for the purposes of clinical trials or other research activities approved in accordance with regulations made by the Secretary of State, notwithstanding any prohibition or restriction imposed by or under the Misuse of Drugs Act 1971 or the Misuse of Drugs Regulations 2001, and
  (b) proportionate and timely arrangements relating to the approval, licensing and oversight of authorised research activities under this section.

(3) Provision under subsection (2) applies to—
  (a) approved research bodies,
  (b) authorised researchers,
  (c) participating healthcare providers, and
  (d) specified substances used for approved research purposes,

and does not alter the schedule or classification of a substance.

(4) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to take steps to enable and support the development of research relating to innovative treatments, which use substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001.

BARONESS HOLLINS
LORD SINGH OF SOLIHULL

238 After Clause 84, insert the following new Clause—

"Compassionate access to innovative treatments

(1) In exercising their functions in relation to the health service, the Secretary of State must by regulations make provision for compassionate access to innovative treatments, involving substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001 (S.I. 2001/3998), for patients with serious or life-threatening

conditions in circumstances where conventional treatments have been unsuccessful, unsuitable, or unavailable.

(2) Regulations made by statutory instrument under this section must make provision for the authorisation, supply, possession, administration and supervision of such treatments, notwithstanding any restriction imposed by or under the Misuse of Drugs Act 1971 or the Misuse of Drugs Regulations 2001, including provision for—

(a) appropriate clinical and regulatory safeguards,

(b) approval arrangements for participating clinicians, providers and pharmacies, and

(c) case-by-case decision-making having regard to clinical need, patient safety, and available evidence.

(3) For the purposes of this section, a serious or life-threatening condition is defined as a condition involving a substantial risk to life or serious impairment of health or functioning.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
This new clause would require the Secretary of State to make provision for compassionate access to innovative treatments, involving substances listed in Schedule 1 of the Misuse of Drugs Regulations 2001, for patients with serious or life-threatening conditions in certain circumstances.

LORD SCRIVEN
BARONESS HOLLINS
LORD STEVENS OF BIRMINGHAM

239 After Clause 84, insert the following new Clause—

"Reducing inequalities in mortality for people with a learning disability and autistic people

(1) The Secretary of State must make and maintain arrangements under this section for identifying and reducing inequalities in life expectancy or avoidable mortality experienced by people with a learning disability or autistic people compared with the general population, including arrangements for—

(a) detailed reviews of the deaths of people with a learning disability and autistic people,

(b) the identification and annual publication, by each integrated care board, of themes, inequalities, service failures and learning arising from those reviews,

(c) the annual national aggregation, analysis and independent academic audit of findings from those reviews and integrated care board reports to identify national themes, systemic failures, opportunities for improvement and data gaps, and

(d) annual public reporting and oversight by the Secretary of State of the operation and effectiveness of arrangements under this section.

(2) The arrangements under subsection (1) must require integrated care boards to—

(a) identify deaths falling within the scope of the arrangements,

(b) ensure detailed reviews are carried out in accordance with the standard set out in subsection (3), covering at least a nationally specified minimum proportion of deaths set out in subsection (4),

(c) ensure deaths meeting the criteria for enhanced scrutiny set out in subsection (5) undergo detailed review,

(d) produce, publish, and implement an annual action plan specifying concrete steps and measurable targets to address learning and service failures,

(e) provide findings from reviews for national analysis, and

(f) publish an annual report in accordance with subsection (6).

(3) A detailed review must—

(a) be carried out by a reviewer who is independent of any body that provided health or social care to the person in the year before their death,

(b) be completed within six months of the integrated care board being notified of the death,

(c) include examination of the person's health and care records,

(d) seek the views of a family member, carer or advocate of the person,

(e) assess—

(i) the quality of the health and social care the person received,

(ii) whether reasonable adjustments were made to that care,

(iii) whether the death was potentially avoidable, and

(iv) any learning for the integrated care board, providers or other bodies, and

(f) be recorded in a format common to all integrated care boards, so that reviews are consistent and comparable nationally.

(4) In each financial year, each integrated care board must ensure that the number of deaths subject to detailed review is not less than one half of the deaths it identifies under subsection (2)(a), and deaths reviewed under subsection (2)(c) count towards that proportion.

(5) The criteria for enhanced scrutiny are that—

(a) the person was from an ethnic minority background,

(b) the person was autistic and did not have a learning disability,

(c) a family member, carer or advocate of the person has requested a detailed review,

(d) at the time of their death, the person was detained under the Mental Health Act 1983, deprived of their liberty under the Mental Capacity Act 2005, or an inpatient in a mental health or learning disability setting, or

(e) a concern has been raised by any person about the care or treatment the person received.

(6) Each integrated care board must produce and publish an annual report setting out in relation to deaths of people with a learning disability or autistic people—

(a) the number and proportion of identified deaths subject to detailed review,

(b) recurring themes, service failures, and health inequalities,

(c) measurable progress made against previous action plans, and

(d) significant data gaps and actions required to rectify them.

(7) The Secretary of State must ensure that—

(a) findings from individual reviews and integrated care board reports are aggregated and analysed nationally at least annually, and

(b) the national aggregated findings, data and analysis are audited by an independent academic body to verify their accuracy and ensure independent evaluation prior to publication.

(8) The Secretary of State must publish, at least annually, a national report setting out in relation to deaths of people with a learning disability or autistic people—

(a) national mortality data, recurring themes, systemic failures, and inequalities,

(b) the findings and verification assessment of the independent academic audit conducted under subsection (7)(b),

(c) national priorities, mandatory targets, and system-wide actions required for improvement,

(d) actions taken or proposed by the Secretary of State, NHS bodies, providers, and regulators, and

(e) steps taken to address identified data gaps.

(9) Where a report under subsection (6) or (8), or a performance assessment under section 14Z59 of the National Health Service Act 2006 (performance assessment of integrated care boards), indicates recurring service failures, persistent mortality inequalities, or a failure by an integrated care board or NHS body to implement required improvements, the Secretary of State may issue binding directions to that board or body specifying—

(a) the mandatory improvement actions required, and

(b) the time frame within which those actions must be completed.

(10) An integrated care board, NHS trust or NHS foundation trust must comply with any direction given under subsection (9).

(11) The Secretary of State must, in respect of each financial year—

(a) conduct a review of the operation, effectiveness and impact of arrangements under this section,

(b) assess the extent to which relevant bodies have implemented learning and complied with directions,

(c) lay the national report and statutory review before Parliament, and

(d) make an oral statement to Parliament on the findings of the review and overall progress in reducing avoidable mortality.

(12) In conducting a performance assessment of an integrated care board under section 14Z59 of the National Health Service Act 2006 (performance assessment of

integrated care boards), the Secretary of State must evaluate the board's compliance with this section and its implementation of directions issued under subsection (9).

(13) The Secretary of State must issue statutory guidance on the operation of these arrangements, and integrated care boards and relevant NHS bodies must act in accordance with that guidance.

(14) Guidance under subsection (13)—

(a) must make provision about—

(i) the notification of deaths to integrated care boards,

(ii) the training and independence of reviewers,

(iii) support for families, carers and advocates during reviews, and

(iv) the common format required by subsection (3)(f)

(b) may make further provision about the matters in subsections (3) to (5), but may not disapply or reduce any requirement of those subsections,

(c) must be published following consultation with people with a learning disability, autistic people, their families and carers, and organisations representing them, and

(d) must be laid before Parliament."

Member's explanatory statement

This amendment requires independent reviews of the deaths of people with a learning disability and autistic people, with annual reporting by integrated care boards and the Secretary of State, to identify and reduce inequalities in avoidable mortality.

LORD BLENCATHRA
LORD PATEL

240 After Clause 84, insert the following new Clause—

"De-registration of doctors and health care professionals found to have committed sexual misconduct

(1) The Secretary of State must make regulations made by statutory instrument requiring a statutory regulator of a health or care profession to remove from its register any person found to have committed sexual misconduct.

(2) Regulations under subsection (1) must provide that removal from the register is the mandatory sanction and may not be replaced by a lesser sanction.

(3) In this section, "sexual misconduct" includes sexual abuse, sexual assault, sexual harassment, sexually motivated conduct, and any sexual conduct involving an abuse of a position of professional trust.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment seeks to require statutory regulators of health and care professions to permanently remove from their professional register any person found to have committed sexual misconduct and would prevent regulators from imposing a lesser sanction in such cases.

LORD PATEL

241 After Clause 84, insert the following new Clause—

"Periodic review of public health system

(1) The Secretary of State must ensure that an independent review of the state of the public health system is conducted at intervals of no more than three years.

(2) The Secretary of State must lay a report of each review before Parliament."

Member's explanatory statement
This amendment seeks to probe the Government on whether it would support a statutory requirement for regular independent reviews of the public health system in order to assess its overall condition, identify emerging provisions and ensure parliamentary scrutiny.

BARONESS FINLAY OF LLANDAFF
BARONESS HOLLINS
LORD PATEL

242 After Clause 84, insert the following new Clause—

"Integration of voluntary sector and health and social care services in the provision of palliative care

(1) An integrated care board must take all reasonable steps to integrate the specialist palliative care provided by the voluntary sector with such services provided by the NHS.

(2) Such integration must include, but is not limited to—
  (a) provision of specialist palliative care support,
  (b) provision of in-patient palliative care beds when required,
  (c) sharing of equipment,
  (d) availability of NHS pharmacy services and supply of medication,
  (e) collaboration in education and training of the health and social care workforce, and
  (f) provision of honorary contracts across different providers, to ensure staff mobility as required for patient care.

(3) An integrated care board must publish an annual statement specifying how it has complied with this section.

(4) The Secretary of State may issue guidance about the application of this section to which integrated care boards must have regard."

Member's explanatory statement
This amendment seeks to ensure streamlined provision of services for patients receiving specialist palliative care irrespective of where they are being cared for.

BARONESS FINLAY OF LLANDAFF
LORD PATEL

243 After Clause 84, insert the following new Clause—

"Communication with parents of children who are near to death

(1) The Secretary of State must, within the period of 12 months beginning with the day on which this Act is passed, publish guidance about communication between relevant NHS bodies and the parents of critically ill children in relation to decisions concerning their child's treatment and care.

(2) Guidance issued under subsection (1) must make provision for—
  (a) parents to be consulted and informed, at all stages, about decisions concerning the care or treatment of their child and the reasons for those decisions,
  (b) facilitating access to an independent specialist second opinion in cases involving potentially life-ending or life-changing decisions,
  (c) access to an independent mediator where there is disagreement between parents and clinicians regarding the care or treatment of a child,
  (d) the transfer of a child to another hospital where an independent specialist second opinion supports such transfer and appropriate clinical safeguards are satisfied, and
  (e) arrangements to fulfil parent's wishes for family members to visit a child before the child's death, whether in the hospital, a children's hospice or under clinical or hospice supervision the family home.

(3) In preparing guidance under this section, the Secretary of State must have regard to Article 2 of the European Convention on Human Rights."

Member's explanatory statement
This new clause seeks to require the Secretary of State to issue guidance to integrated care boards and hospitals concerning their role in communicating with parents of critically ill children near to death, and involving them in decision-making.

BARONESS BLOOMFIELD OF HINTON WALDRIST
BARONESS FINLAY OF LLANDAFF
LORD PATEL

244 After Clause 84, insert the following new Clause—

"Review of interoperability of NHS digital applications across the United Kingdom

Within 12 months of the day on which this Act is passed, the Secretary of State must—

(a) undertake and publish a review of the interoperability of patient-facing digital applications used by the health services in England, Scotland, Wales and Northern Ireland,

(b) consult the relevant health authorities in each part of the United Kingdom regarding the interoperability of patient-facing digital applications, and

(c) lay before Parliament a report setting out the findings of the review and any proposals for improving interoperability."

Member's explanatory statement
This amendment seeks to require the Secretary of State to review the interoperability of patient-facing digital health applications used across the United Kingdom, and to report on opportunities to improve the sharing of information between them.

BARONESS GERADA
BARONESS PIDGEON

245 After Clause 84, insert the following new Clause—

"Integrated frailty pathways

(1) Integrated care boards must make arrangements to ensure the provision of an integrated frailty pathway for adults attending an accident and emergency department who are identified as living with, or at risk of, frailty.

(2) The pathway must support—

(a) early identification of frailty,

(b) timely assessment, including comprehensive geriatric assessment where clinically appropriate,

(c) access to appropriate multidisciplinary care and coordination, and

(d) effective coordination between hospital services, general practices, community health services and adult social care, including to support safe discharge and alternatives to hospital admission where clinically appropriate.

(3) In discharging its duty under this section, an integrated care board must have regard to relevant national guidance, standards and frameworks relating to frailty and urgent and emergency care."

Member's explanatory statement
This new clause seeks to require integrated care boards to ensure integrated frailty pathways, supporting early identification, appropriate assessment, coordinated multidisciplinary care and integration across hospital, primary, community and social care, having regard to relevant national guidance and future developments in frailty and urgent and emergency care policy.

BARONESS HODGSON OF ABINGER

246 After Clause 84, insert the following new Clause—

"Review of clinical negligence model

(1) Within six months beginning with the day on which this Act is passed, the Secretary of State must set up a commission to review the current framework and process used by the NHS to respond to clinical negligence claims.

(2) The review under subsection (1) must consider proposals for improving the process and framework used by the NHS to respond to clinical negligence claims, including—
  (a) reducing the time from incident to resolution,
  (b) reducing legal costs for individuals and organisations, and
  (c) providing support for patients and their families where an incident has occurred.

(3) The commission must consist of—
  (a) an independent chair, and
  (b) representative of patients, clinicians and legal entities.

(4) The commission must—
  (a) complete its review within the period of 18 months beginning with the day on which this Act is passed, and
  (b) publish a report which must be laid before Parliament."

Member's explanatory statement
This amendment seeks to require a review of the current clinical negligence system, looking particularly into proposals for reducing legal costs and providing an improved resolution for patients.

BARONESS FINLAY OF LLANDAFF
LORD PATEL

247 After Clause 84, insert the following new Clause—

"Cancer genomic testing and personalised medicines

(1) In exercising functions in relation to the health service in England, the Secretary of State must take all reasonable steps to ensure that—

(a) timely and comprehensive molecular and genomic testing (including for rarer actionable drivers) is provided as a standard part of cancer diagnostic pathways,

(b) integrated care boards and NHS providers have appropriate tissue collection, processing and storage facilities to facilitate personalised treatments,

(c) integrated care boards and NHS providers put in place consistent operational arrangements for the safe and effective delivery of personalised cancer medicines, and

(d) regional and demographic variation in access to genomic testing, specialist cancer treatments and supporting data infrastructure is reduced.

(2) In discharging the duty under subsection (1) the Secretary of State must have regard to the objectives of the National Cancer Plan for England."

Member's explanatory statement
This new clause would strengthen requirements on the Secretary of State to put in place timely, comprehensive molecular and genomic testing, to ensure integrated care boards put in place consistent operational arrangements for the delivery of personalised cancer treatments and to reduce regional and demographic variation, consistent with the National Cancer Plan's goals.

BARONESS BOYCOTT
BARONESS RITCHIE OF DOWNPATRICK
BARONESS SHEEHAN
LORD CRISP

248 After Clause 84, insert the following new Clause—

"Resilience to climate and environmental degradation risks

Each NHS trust and NHS foundation trust must publish plans setting out—

(a) an assessment of the risks to its premises, workforce and services from current and predicted impacts of climate change and environmental degradation, and

(b) details of plans to implement measures which can address those risks."

BARONESS CASS
LORD RUSSELL OF LIVERPOOL

249 After Clause 84, insert the following new Clause—

"Health improvement and health inequalities outcome targets for children

(1) Within six months of the day on which this Act is passed, the Secretary of State must—

(a) make regulations made by statutory instrument to set long term outcome targets for improving the health of children in England and reducing inequalities in health between children in England, and

(b) publish a cross-government strategy to set out how the target set by regulations under paragraph (a) will be achieved.

(2) In preparing the strategy under subsection (1)(b) the Secretary of State must consult any relevant bodies which they consider appropriate.

(3) A Minister of the Crown must have regard to the strategy when exercising functions of the Minister.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This new clause requires the Secretary of State to set statutory long-term targets for improving children's health and reducing health inequalities, publish a cross-government strategy for meeting those targets, and secure parliamentary approval of the targets through the affirmative procedure.

BARONESS FINLAY OF LLANDAFF
LORD PATEL
LORD STEVENS OF BIRMINGHAM
LORD TARASSENKO

250 After Clause 84, insert the following new Clause—

"Radiotherapy services: national planning and improvement

(1) The Secretary of State must exercise functions in relation to the health service in England with a view to securing effective arrangements for planning and delivering improvements to radiotherapy services.

(2) For the purposes of subsection (1), the Secretary of State must publish a national delivery programme, informed by an assessment of clinical need and service capacity, setting out measures to—

(a) improve access to radiotherapy services and reduce avoidable treatment delays,

(b) address shortfalls in workforce, equipment and treatment capacity, including geographical inequalities in access, and

(c) improve access to evidence-based modern radiotherapy techniques.

(3) The programme must identify the actions required, the bodies responsible for their delivery and the timescales for implementation.

(4) The Secretary of State must make arrangements for implementing the programme through the exercise of relevant statutory functions and keep the effectiveness of those arrangements under review.

(5) The programme may form part of the National Cancer Plan for England, or any successor plan, provided that the requirements of this section are met."

Member's explanatory statement
This new clause would require the Secretary of State to secure effective arrangements for planning and delivering improvements to radiotherapy services, supported by a national delivery programme addressing access, waiting times, capacity and modern treatments.

BARONESS YOUNG OF OLD SCONE
LORD HUNT OF KINGS HEATH

251 After Clause 84, insert the following new Clause—

"National strategy for inflammatory bowel disease

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, prepare and publish a national strategy for improving treatment, care and outcomes of persons living with inflammatory bowel disease.

(2) The strategy must—
  (a) establish nationally consistent standards of care and performance measures, informed by nationally recognised clinical guidelines, quality standards and service specifications,
  (b) set measurable objectives for improving patient outcomes and quality of life, supported by consistent data that enables comparison between areas and over time,
  (c) promote workforce planning and training sufficient to meet the needs of persons living with inflammatory bowel disease, and
  (d) address inequalities in access to care and outcomes.

(3) In preparing the strategy, the Secretary of State must consult—
  (a) persons living with inflammatory bowel disease and their carers,
  (b) organisations representing persons living with inflammatory bowel disease,
  (c) healthcare professionals with expertise in inflammatory bowel disease, and
  (d) such other persons as the Secretary of State considers appropriate.

(4) The Secretary of State must review and, if considered appropriate, revise the strategy at intervals not exceeding five years.

(5) In this section, "inflammatory bowel disease" includes Crohn's disease, ulcerative colitis and such related conditions as the Secretary of State may specify in regulations made by statutory instrument.

(6) Regulations under this section may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

Member's explanatory statement
The amendment seeks to establish a clear national framework for improving inflammatory bowel disease care, including an agreed set of standards and measures against which local performance can be assessed consistently.

BARONESS HOLLINS
BARONESS TYLER OF ENFIELD
LORD SINGH OF SOLIHULL

252 After Clause 84, insert the following new Clause—

"NHS mental health workforce plan

(1) Within 12 months of the publication of the first NHS workforce plan since the 2023 NHS workforce plan, the Secretary of State must publish a follow-up mental health workforce plan.

(2) The plan should include but not be limited to detail on—
  (a) how the mental health workforce will be effectively retained and recruited to meet the scale of the mental health demand, including for people with learning disabilities and autistic people;
  (b) investment required to achieve the commitments in the plan.

(3) The Secretary of State must produce an annual report to Parliament on the achievements made in delivering the plan."

Member's explanatory statement
The amendment requires the Government to publish a follow-up mental health workforce plan within 12 months of the publication of the next NHS workforce plan.

BARONESS PIDGEON
LORD STEVENS OF BIRMINGHAM
BARONESS GERADA

253 After Clause 84, insert the following new Clause—

"Health and care workforce strategy

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish a health and care workforce strategy for England.

(2) The strategy must set out—
  (a) an assessment of the number of staff, including registered nurses and primary care practitioners, needed to meet current and projected demand for health and care services, and
  (b) a funded plan to close any gap between that number and the staff available.

(3) In this section "primary care practitioners" includes general practitioners, dentists, optometrists and pharmacists.

(4) The Secretary of State must lay before Parliament an annual report on progress in implementing the strategy."

Member's explanatory statement
This amendment would require the Secretary of State to assess health and care staffing needs, including for nursing and primary care, publish a funded plan to close any gaps, and report annually to Parliament.

BARONESS LEAMAN

254 After Clause 84, insert the following new Clause—

"Autism, ADHD and learning disabilities: responsibility following abolition of NHS England

(1) No regulations may be made under section 88 (commencement) bringing section 1 into force unless the Secretary of State has published, and laid before Parliament, a statement under this section.

(2) A statement under this section must set out—

(a) how each function exercised by NHS England in relation to the assessment, diagnosis, treatment and support of autistic people and people with ADHD will be exercised following the abolition of NHS England, and by which person or body,

(b) how the functions exercised by NHS England in connection with its national programme for people with a learning disability and autistic people will be exercised following that abolition, and by which person or body,

(c) the senior officer of the Department of Health and Social Care with lead responsibility for the matters in paragraphs (a) and (b), and

(d) how the Secretary of State will monitor, and report to Parliament on, waiting times for autism and ADHD assessment.

(3) In this section—

"ADHD" means attention deficit hyperactivity disorder;

"autistic people" includes people with any autism spectrum condition."

Member's explanatory statement
This new clause would prevent NHS England from being abolished until the Government has published who will be responsible for its autism, ADHD and learning disability functions, and how assessment waiting times will be monitored.

BARONESS LEAMAN

255 After Clause 84, insert the following new Clause—

"Autism and ADHD: publication of information and prevalence surveys

(1) The Secretary of State must publish information about the assessment of autism and ADHD in England, including—

(a) the number of people referred for an autism assessment, and the number of people referred for an ADHD assessment, who are waiting for that assessment,

(b) the length of time for which those people have been waiting, and

(c) information disaggregated by integrated care board area, age group and sex.

(2) Information under subsection (1) must be published—

(a) at intervals no longer than those at which equivalent information was published by NHS England immediately before the day on which section 1 comes into force, and

(b) in a form which allows comparison with the information published by NHS England before that day.

(3) The Secretary of State must arrange for surveys to be carried out to estimate the prevalence of autism and ADHD among children and adults in England.

(4) The first survey under subsection (3) must be commissioned within two years of the day on which this Act is passed and further surveys must be commissioned at intervals of not more than five years.

(5) The Secretary of State must publish the results of each survey under subsection (3) and lay a copy before Parliament.

(6) In this section "ADHD" means attention deficit hyperactivity disorder, and "autism" includes any autism spectrum condition."

Member's explanatory statement
This new clause would ensure that published statistics on autism and ADHD assessment waiting lists continue, on the same timetable and in comparable form, after NHS England's information functions transfer to the Secretary of State, and would require regular surveys of the prevalence of autism and ADHD.

LORD MARKHAM
BARONESS GREY-THOMPSON
BARONESS EVANS OF BOWES PARK

256 After Clause 84, insert the following new Clause—

"Treatment at sporting and cultural events

(1) The Secretary of State must, within six months of the day on which this Act is passed, by regulations made by statutory instrument establish an exception from registration under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (registration in respect of provision of health or social care) for the provision of treatment of disease, disorder or injury by a listed healthcare professional where—

(a) the treatment is provided to—

(i) an athlete or performer, or

(ii) a person providing essential support to an athlete or performer,

(b) the treatment is provided in connection with preparation for, travel to or from, or participation in a sporting competition, sporting event or cultural performance,

(c) the healthcare professional is registered with the professional regulator relevant to their profession,

(d) the treatment is provided in accordance with relevant quality and clinical governance standards recognised by the Secretary of State, and

(e) the healthcare professional has notified the Care Quality Commission that they intend to operate under the exception.

(2) For the purposes of this section, "athlete" includes—
  (a) a professional or elite athlete;
  (b) an amateur athlete;
  (c) a child or young person participating in sport;
  (d) a person participating in a grassroots, community, school or recreational sporting competition or event.

(3) Regulations under subsection (1) must make provision in relation to—
  (a) elite and professional competitions and performances,
  (b) amateur and non-elite competitions and performances,
  (c) grassroots and community sporting events,
  (d) school and youth sporting events, and
  (e) competitions and events involving disabled athletes or performers.

(4) The standards recognised under subsection (1)(d) must include standards relating to—
  (a) safeguarding, including the safeguarding of children and vulnerable adults,
  (b) clinical governance,
  (c) professional competence,
  (d) indemnity,
  (e) medicines management,
  (f) record keeping, and
  (g) emergency escalation.

(5) The Care Quality Commission must maintain a register of listed healthcare professionals who have notified it under subsection (1)(e).

(6) Entry in the register under subsection (5)—
  (a) does not constitute registration under Chapter 2 of Part 1 of the Health and Social Care Act 2008, and
  (b) may be suspended or removed where the Care Quality Commission is satisfied that the professional no longer meets the conditions in subsection (1).

(7) Before making regulations under this section, the Secretary of State must consult—
  (a) the Care Quality Commission,
  (b) relevant professional regulators,
  (c) national governing bodies for sport and cultural activities,
  (d) bodies representing sport and exercise medicine and pre-hospital care, and
  (e) bodies representing grassroots, community, school and youth sport.

(8) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

LORD KAMALL
EARL HOWE
LORD STEVENS OF BIRMINGHAM
LORD HUNT OF KINGS HEATH

257 After Clause 84, insert the following new Clause—

"Review of clinical negligence legislation

The Secretary of State must within 12 months of the day on which this Act is passed, publish and lay before Parliament a review of the operation of section 2(4) of the Law Reform (Personal Injuries) Act 1948 in relation to clinical negligence cases."

Member's explanatory statement
This amendment seeks to probe a review of section 2(4) of the Law Reform (Personal Injuries) Act to ask judges to consider, when determining the level of compensation to be awarded to patients, the provisions provided via the NHS and whether claimants are utilising services for remedial treatment, as current legislation does not take into account the existence of the NHS.

BARONESS GERADA
LORD HUNT OF KINGS HEATH
LORD AUSTIN OF DUDLEY

258 After Clause 84, insert the following new Clause—

"Antisemitism, racism and extremism: duties of NHS bodies and annual report

(1) Each integrated care board, NHS trust and NHS foundation trust must, in the exercise of its functions, have regard to the need to—
  (a) prevent antisemitism and other forms of racism affecting patients and staff,
  (b) prevent conduct by persons working for or on behalf of the body which constitutes an offence under any of sections 11 to 13 of the Terrorism Act 2000 (offences relating to proscribed organisations), and
  (c) respond effectively where antisemitic or racist conduct occurs, including by supporting patients and staff affected by it.

(2) The Secretary of State must, before the end of the period of 12 months beginning with the day on which this Act is passed, and in each subsequent year, lay before Parliament a report on—
  (a) how integrated care boards, NHS trusts and NHS foundation trusts have discharged the duty in subsection (1),
  (b) the incidences of antisemitism and other forms of racism reported by patients and staff in the health service in England, including in the NHS staff survey, with that information disaggregated by ethnicity and by religion or belief,
  (c) how those bodies have discharged the duty in section 26 of the Counter-Terrorism and Security Act 2015 (general duty on specified authorities), and

(d) progress in implementing the recommendations of the independent review of antisemitism and other forms of racism in the NHS and healthcare regulatory system, published in June 2026.

(3) In preparing a report under subsection (2), the Secretary of State must consult—

(a) the Care Quality Commission,

(b) the Professional Standards Authority for Health and Social Care, and

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

(4) In this section "NHS trust" and "NHS foundation trust" have the same meanings as in the National Health Service Act 2006."

Member's explanatory statement
This new clause would require integrated care boards and NHS trusts to have regard to the need to prevent and respond to antisemitism, other forms of racism and support for proscribed organisations. The duty is intended complement the public sector equality duty and existing race equality standards.

BARONESS GERADA
LORD HUNT OF KINGS HEATH
LORD AUSTIN OF DUDLEY

259 After Clause 84, insert the following new Clause—

"Performers lists: suitability conditions

(1) Within six months of the day on which this Act is passed, the Secretary of State must lay before Parliament a statement setting out whether the Secretary of State intends to amend the National Health Service (Performers Lists) (England) Regulations 2013 to enable conditions to be imposed on a practitioner's inclusion in a performers list on grounds of suitability, including in cases of racist conduct or conduct constituting an offence under any of sections 11 to 13 of the Terrorism Act 2000.

(2) If the Secretary of State does not intend to make such amendments, the statement must give reasons."

Member's explanatory statement
This amendment seeks to set out the government's plans to implement recommendation 26 of the Lord Mann review, allowing conditions to be placed on primary care practitioners on suitability grounds, including racist or extremist conduct, not only on efficiency grounds.

BARONESS CASH

260 After Clause 84, insert the following new Clause—

"Single sex facilities

(1) The Secretary of State is required to ensure that there are single sex—

(a) changing rooms for NHS staff,

(b) toilets and washing facilities for NHS staff,
(c) wards for NHS patients, and
(d) toilets and washing facilities for NHS patients.

(2) The Secretary of State may make exemptions to the duty in subsection (1)(c) and (1)(d) where necessary for—
(a) children,
(b) intensive care units,
(c) critical care, and
(d) specialist high observation areas such as resuscitation in Accident and Emergency and the initial recovery area in theatres."

Member's explanatory statement
This new clause creates a requirement for the Secretary of State to ensure certain single sex facilities are made available for NHS staff and patients. It provides exemptions in certain circumstances. It restates New Clause 143, divided upon in the House of Commons on 8 September 2026.

BARONESS CASH

261 After Clause 84, insert the following new Clause—

"Intimate examinations and intimate care: same-sex practitioners and chaperones

(1) A patient may request—
(a) that an intimate examination of the patient, or intimate care provided to the patient, be carried out by a practitioner of the same sex as the patient, and
(b) that any chaperone present be of the same sex as the patient,
and either or both requests may be made.

(2) A relevant NHS provider must meet each request so far as reasonably practicable, having regard to clinical urgency, patient safety and the availability of appropriately qualified staff.

(3) A patient need not give reasons for a request, and a request must not by itself be treated as a refusal of care.

(4) Where a request cannot be met, the provider must, unless immediate treatment makes this impracticable, explain why before the examination or care, discuss a clinically safe alternative time or provider where available, and respect applicable consent requirements.

(5) The provider must record each request, any decision not to meet it and the reasons, and must publish anonymised annual totals of requests not met, with appropriate small-number safeguards.

(6) The provider must hold only such information about the sex of practitioners as is necessary to respond to requests under this section, restrict access to it to authorised persons, and process and disclose it only where lawful and necessary.

(7) Nothing in this section requires the delay of treatment where delay would create a risk of death or serious harm, or authorises care without consent.

(8) Within 12 months of the day on which this Act is passed the Secretary of State must report to Parliament on whether professional registers and employer records adequately support the safe handling of requests under this section, including the confidentiality and data-protection implications.

(9) In this section—

"intimate care" includes personal care involving washing, bathing, toileting or dressing, or such exposure or touching;

"intimate examination" means examination involving exposure or touching of the breasts, genitalia or rectum;

"practitioner" includes any person providing that examination or care;

"sex" has the same meaning as in the Equality Act 2010, as interpreted by the Supreme Court in For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16."

Member's explanatory statement

This new clause gives every patient the right to request that intimate examinations and intimate care be carried out by a practitioner of the same sex, with a same-sex chaperone, to be met so far as reasonably practicable, and requires unmet requests to be explained, recorded and reported.

BARONESS COFFEY
LORD STEVENS OF BIRMINGHAM

262 After Clause 84, insert the following new Clause—

"Minimum expenditure on mental health

The Secretary of State must ensure that, in each financial year, expenditure on mental health services commissioned or provided as part of the health service in England is not less than 10 per cent of total expenditure on the health service in England for that year."

BARONESS COFFEY

263 After Clause 84, insert the following new Clause—

"Minimum expenditure on primary care

The Secretary of State must ensure that, in each financial year, expenditure on primary care services commissioned or provided as part of the health service in England is not less than 12 per cent of total expenditure on the health service in England for that year."

BARONESS COFFEY

264 After Clause 84, insert the following new Clause—

"Single sex provision of hospital accommodation

(1) The Secretary of State must ensure that the provision of single-sex hospital accommodation, including wards and other sleeping accommodation, is organised on the basis of a patient's biological sex.

(2) In this section, "biological sex" means the sex recorded at birth.

(3) NHS bodies must have regard to this section in the exercise of their functions."

BARONESS SUGG
BARONESS WATKINS OF TAVISTOCK
BARONESS THORNTON

265 After Clause 84, insert the following new Clause—

"Implementation of the Women's Health Strategy

(1) The Secretary of State must, within 90 days of the day on which this Act is passed, publish a women's health implementation plan (the "implementation plan") setting out how the commitments in the document entitled "The Renewed Women's Health Strategy for England" published on 15 April 2026 (or any successor document) will be delivered.

(2) The implementation plan must include, in particular—
  (a) a timetable for delivering simpler access to long-acting reversible contraception (LARC),
  (b) a trajectory for reducing the gynaecology waiting list and for reducing average diagnosis times for endometriosis,
  (c) a plan for establishing the regional specialist centres for group-based women's health pathways, including contraception, heavy periods, urogynaecology and menopause, and
  (d) measurable targets and milestones for each commitment in the strategy, including a baseline and timetable for delivery.

(3) The Secretary of State must lay the implementation plan before Parliament on the day it is published.

(4) In preparing the implementation plan, the Secretary of State must consult—
  (a) the Royal College of Obstetricians and Gynaecologists,
  (b) the College of Sexual and Reproductive Healthcare, and
  (c) patient organisations representing women affected by the conditions addressed by the strategy."

Member's explanatory statement
This new clause would require the Secretary of State to publish a women's health implementation plan setting out how the commitments in the document entitled "The Renewed Women's Health Strategy for England" will be delivered.

LORD CRISP

266 After Clause 84, insert the following new Clause—

"Discussion of potential harms before prescribing antidepressants

(1) A registered healthcare professional must, before prescribing an antidepressant medicinal product to a patient—

(a) explain, in a manner appropriate to the patient's age, needs and circumstances, the nature and intended purpose of the proposed treatment,

(b) discuss the reasonably foreseeable benefits, material risks and potential adverse effects of the medicinal product, including, where relevant, its effects on sexual function, sleep, emotional experience and the risk of increased suicidal thoughts or behaviour,

(c) explain the possibility of withdrawal symptoms or other difficulties associated with reducing or discontinuing the medicinal product, including the importance of seeking appropriate clinical advice before changing or stopping treatment,

(d) discuss reasonable alternative treatment options, including psychological therapies, other clinically appropriate interventions, and the option of declining or deferring medication where clinically appropriate,

(e) provide the patient with an opportunity to ask questions, express preferences and consider the information provided, and

(f) confirm, so far as reasonably practicable, that the patient has understood the material information relevant to the decision.

(2) The healthcare professional must take reasonable steps to ensure that the information provided is accessible and understandable to the patient and must allow reasonable time for consideration of the information, taking account of the patient's circumstances and clinical needs.

(3) The healthcare professional must record in the patient's clinical record—

(a) that the discussion of potential harms has taken place,

(b) the material benefits, risks and alternatives discussed,

(c) the patient's decision and any material preferences expressed, and

(d) any reasonable adjustments, additional support or further discussion required to facilitate informed decision-making.

(4) The requirements of this section apply whether the prescription is issued in primary care, secondary care, a community setting or another healthcare setting in which the medicinal product is prescribed."

BARONESS BENNETT OF MANOR CASTLE

267 After Clause 84, insert the following new Clause—

"Public Health Committee

(1) The Secretary of State must establish a Public Health Committee within six months of the day on which this Act is passed to ensure a cross-governmental focus and consideration of the promotion of public health in government policy and address national health inequalities.

(2) The Public Health Committee under subsection (1) must—
  (a) include at least one minister from each government Department in its membership,
  (b) include all cabinet ministers in its membership,
  (c) be chaired by the Prime Minister, and
  (d) meet once in each annual quarter.

(3) Under subsection (2)(b), cabinet members must attend at least three quarters of the Public Health Committee's meetings each year.

(4) Each government department must publish an annual report on their department's consideration of public health in its policy and the extent of joint policy formulation with other government departments.

(5) The Secretary of State must establish a Health Creation Unit to support the Public Health Committee.

(6) The Health Creation Unit must submit an annual report on its activities, decision-making and cross-government progress to the Liaison Committee."

Member's explanatory statement
This new clause would establish a Public Health Committee and Health Creation Unit to promote public health and cross-government policy making.

BARONESS BENNETT OF MANOR CASTLE

268 After Clause 84, insert the following new Clause—

"Commercial interests and integrity in health policy

(1) The Secretary of State must take all reasonable steps to ensure that the development and implementation of health policy is independent of undue commercial influence and serves the public interest.

(2) For the purposes of this section, undue commercial influence includes—
  (a) attempts by a commercial entity to influence health policy in a manner that conflicts with the public interest,
  (b) financial, contractual or other arrangements that create an actual or perceived conflict of interest for a person involved in health policy decision-making, and

(c) lobbying, sponsorship or partnership activity that could reasonably be expected to compromise the independence, integrity or impartiality of health policy.

(3) The Secretary of State must publish and lay before Parliament an annual report setting out—

(a) interactions between the Department of Health and Social Care and relevant NHS bodies on the one hand and commercial entities on the other hand relating to the development of health policy,

(b) the steps taken to identify, manage and mitigate conflicts of interest arising from those interactions, and

(c) any breaches of duties under this section and the action taken in response.

(4) Integrated care boards and other relevant NHS bodies must—

(a) maintain and publish registers of interests for members, officers and advisers involved in policy development, commissioning or procurement,

(b) ensure that persons with a material conflict of interest do not participate in relevant decisions unless the conflict has been effectively managed, and

(c) ensure that commissioning, procurement and partnership decisions are made in the interests of patients and the public, on the basis of relevant evidence and transparent criteria.

(5) The Secretary of State must issue statutory guidance on identifying commercial determinants of health, assessing and managing undue commercial influence, and ensuring transparency in commercial interactions relating to health policy.

(6) Relevant NHS bodies must have regard to the guidance issued under subsection (5)."

Member's explanatory statement
This amendment seeks to protect health policy from undue commercial influence by strengthening transparency, conflict-of-interest safeguards and public accountability in policy development, commissioning and procurement.

BARONESS COFFEY

269 After Clause 84, insert the following new Clause—

"Health improvement plans

(1) The Secretary of State must prepare a health improvement plan within 12 months of the date on which this Act is passed.

(2) A "health improvement plan" is a plan for significantly improving the health of the nation in the period to which the plan relates.

(3) That period must be no shorter than 10 years and no longer than 20 years.

(4) A health improvement plan must set out the steps His Majesty's Government intends to take to improve the provision of health services and overall quality of health of the nation in the period to which the plan relates.

(5) The Secretary of State must prepare a workforce plan alongside the health improvement plan."

Member's explanatory statement
This is to put the Health Improvement Plan on a statutory footing, including the workforce plan with annual reporting and regular review.

BARONESS COFFEY

270 After Clause 84, insert the following new Clause—

"Annual reports on health improvement plans

(1) The Secretary of State must prepare annual reports on the implementation of the current health improvement plan under section (*Health improvement plans*).

(2) An annual report must—
  (a) describe what has been done, in the period to which the report relates, to implement the health improvement plan, and
  (b) consider whether the health of the nation and the provision of the service has, or particular aspects of it have, improved during that period.

(3) In considering the matters in subsection (2)(b)—
  (a) all data and other information used to create the report must be published in full;
  (b) the progress that has been made towards achieving any targets, or any relevant targets, included in the NHS constitution must be included, and
  (c) the progress on the workforce plan produced under section (*Health improvement plans*) should be included.

(4) The first annual report on the first health improvement plan may relate to any 12 month period that includes the day on which this section comes into force.

(5) The first annual report on a subsequent health improvement plan must relate to the first 12 months of the period to which the plan relates.

(6) Subsequent annual reports on an health improvement plan must relate to the 12 month period immediately following the 12 month period to which the previous annual report relates.

(7) An annual report must be laid before Parliament before the end of the four month period beginning immediately after the last day of the period to which the report relates."

Member's explanatory statement
This is to put the Health Improvement Plan on a statutory footing, including the workforce plan with annual reporting and regular review.

BARONESS COFFEY

271 After Clause 84, insert the following new Clause—

"Reviewing and revising health improvement plans

(1) The Secretary of State must review the current health improvement plan under section (*Health improvement plans*) at least every five years.

(2) In reviewing a health improvement plan, the Secretary of State must consider—

(a) what has been done to implement the plan in the period since it was published, or (if it has been reviewed before) last reviewed,

(b) whether His Majesty's Government should take further or different steps to improve the quality of health (compared to those set out in the plan) in the remainder of the period to which the plan relates.

(3) If as a result of a review the Secretary of State does not revise the health improvement plan, the Secretary of State must lay before Parliament a statement explaining that and the reasons for it.

(4) If as a result of a review the Secretary of State of State considers it appropriate to revise the plan as a result of the review, it must revise the plan within 6 months of that review.

(5) If as a result of a review the Secretary of State revises the health improvement plan, the Secretary of State must lay before Parliament—

(a) the revised health improvement plan, and

(b) a statement explaining the revisions and the reasons for them.

(6) The period to which a revised plan relates must end at the same time as the period to which the plan it revises relates.

(7) The first review of the first health improvement plan must be completed by 31 May 2033.

(8) The first review of a subsequent health improvement plan must be completed before the end of the 5 year period beginning with the day on which it replaces the previous plan.

(9) Subsequent reviews of a health improvement plan must be completed before the end of the 5 year period beginning with the day on which the previous review was completed.

(10) The Secretary of State must publish the documents laid under subsection (3) or (5).

(11) A review is completed when the Secretary of State has laid and published the documents mentioned in subsection (3) or (5).

(12) References in this Act to a health improvement plan include a revised health improvement plan."

Member's explanatory statement
This is to put the Health Improvement Plan on a statutory footing, including the workforce plan with annual reporting and regular review.

BARONESS OWEN OF ALDERLEY EDGE
BARONESS DEECH
BARONESS PIDGEON

272 After Clause 84, insert the following Clause—

"Regulation of online fertility services

(1) The Human Fertilisation and Embryology Act 1990 is amended as follows.

(2) After section 5 (the Human Fertilisation and Embryology Authority) insert—

"5A Regulation of online fertility services

(1) The Human Fertilisation and Embryology Authority shall be responsible for the licensing of organisations providing online fertility services in England and Wales.

(2) In this section "online fertility services" include but are not limited to related concierge services which provide clinical and non-clinical advice related to the provision of clinical services.

(3) The Secretary of State may by regulations make further provision regarding the arrangements for the licensing of organisations under subsection (1)."

(3) In section 45(4A) (provisions to which the affirmative procedure applies) after the entry for section 4A(5) or (11), insert—

"section 5A;"."

Member's explanatory statement
This new clause would implement a recommendation of the Human Fertilisation and Embryology Authority to extend its regulatory remit to include organisations providing online fertility services.

BARONESS BENNETT OF MANOR CASTLE

273 After Clause 84, insert the following new Clause—

"Review of the regulation and advertising of private diagnostic tests

(1) The Secretary of State must undertake a review of the regulation and advertising of diagnostic tests offered directly to consumers by private providers.

(2) The review must consider—

(a) the adequacy of existing arrangements for ensuring the accuracy and clinical validity of private diagnostic tests,

(b) whether advertising claims about the accuracy, reliability and clinical significance of test results are adequately substantiated,

(c) whether consumers are adequately informed about the limitations of tests and the risks of false positive and false negative results,

(d) the respective roles of the Care Quality Commission, the United Kingdom Accreditation Service, the Medicines and Healthcare products Regulatory Agency and the Advertising Standards Authority in protecting consumers in relation to at-home diagnostic tests, and

(e) whether changes made to the regulation of private testing services during the coronavirus pandemic have implications for the current regulatory framework.

(3) In conducting the review, the Secretary of State must consult relevant regulatory bodies, healthcare professionals and organisations representing patients and consumers.

(4) The Secretary of State must publish the findings of the review and any proposed action within 12 months of the day on which this section comes into force."

Member's explanatory statement
This new clause requires a review of the regulation and advertising of private diagnostic tests, including whether claims about their accuracy and clinical usefulness are supported by evidence.

BARONESS BENNETT OF MANOR CASTLE

274 After Clause 84, insert the following new Clause—

"Review on deaths related to antimicrobial resistant infection

Within six months of the day on which this Act is passed, the Secretary of State must conduct and publish a review into the number of yearly deaths in the UK which are related to antimicrobial resistant infection."

Member's explanatory statement
This new clause would require the Secretary of State to conduct and publish a review into the number of yearly deaths in the UK which are related to antimicrobial resistant infection.

BARONESS DAVIES OF DEVONPORT

275 After Clause 84, insert the following new Clause—

"Gender services: disclosure of data for research

(1) This section applies to any person providing, by or on behalf of the health service in England, assessment or treatment for gender dysphoria or gender incongruence to persons of any age ("a gender service provider").

(2) A gender service provider must disclose to the persons conducting an approved study such information about persons referred to or treated by it as the persons conducting an approved study reasonably require for the purposes of the study, within such period as they reasonably specify.

(3) An "approved study" is—

(a) the data linkage study recommended by the Independent Review of Gender Identity Services for Children and Young People (published April 2024) ("the Cass study"), and

(b) any other study of the outcomes of assessment or treatment for gender dysphoria or gender incongruence which has received a favourable opinion from a research ethics committee and is commissioned by, or approved for the purposes of this section by, the Secretary of State.

(4) It is a condition of any contract to provide services to which this section applies that the provider complies with subsection (2).

(5) A disclosure required by subsection (2) does not breach any obligation of confidence owed by the provider, and is to be treated as necessary for compliance with a legal obligation for the purposes of data protection legislation.

(6) Information disclosed under this section must be pseudonymised so far as is consistent with the purposes of the study, may be disclosed only to the persons conducting the study, and may not be used for any other purpose.

(7) The Secretary of State must exercise the power conferred by section 22(5) of the Gender Recognition Act 2004 so as to secure that no disclosure required by subsection (2) for the purposes of an approved study constitutes an offence under that section.

(8) Where a person's NHS number or other identifier has been changed in connection with a change of gender, the Secretary of State must ensure that records held under the former and current identifiers can be linked for the purposes of an approved study.

(9) In relation to the Cass study, the Secretary of State must—

(a) within three months of the day on which this Act is passed, publish a timetable for its completion,

(b) ensure that it includes all persons who, before reaching the age of 25, were referred to or treated by the Gender Identity Development Service or any successor service for children and young people, or by any adult gender dysphoria service in England, and

(c) lay the Cass study's findings before Parliament within three months of the day of its completion.

(10) Any function relating to the Cass study exercisable by NHS England immediately before its abolition is exercisable by the Secretary of State.

(11) The Secretary of State must, within six months of the day on which this Act is passed, and every six months thereafter until the Cass study is completed, and annually after that, lay before Parliament a report setting out—

(a) the progress of each approved study against its timetable,

(b) any gender service provider that has failed to comply with subsection (2), and the steps taken in response, and

(c) any legal, technical or data-access barrier to an approved study, and the steps taken to remove it."

Member's explanatory statement
This new clause seeks to turn the Government's expectation that gender clinics will share data into a legal duty. The clause requires every NHS-funded children's and adult gender service to disclose pseudonymised data, extends the legal protection to every such study, requires the Cass study to be completed on a published timetable and requires six-monthly reports to Parliament.

BARONESS DAVIES OF DEVONPORT

276 After Clause 84, insert the following new Clause—

"Specialist detransition service

(1) The Secretary of State must, before the end of the period of two years beginning with the day on which this Act is passed, arrange for the provision of a specialist service for persons who wish to detransition ("the detransition service").

(2) The detransition service must—
  (a) be provided separately from any service which provides gender-related treatment,
  (b) be available to any person who wishes to detransition, whether that person's gender-related treatment (if any) was provided—
    (i) by or on behalf of the health service in England,
    (ii) by any other provider in the United Kingdom, or
    (iii) by a provider outside the United Kingdom, including a provider operating online, and
  (c) provide such psychological, medical, endocrine, surgical and other care as is appropriate to meet the needs of persons who wish to detransition, including care in relation to the physical effects of previous gender-related treatment.

(3) The Secretary of State must ensure that the detransition service records the following, in respect of each person who uses it and consents to the information being recorded for the purposes of this section—
  (a) the reasons the person gives for wishing to detransition,
  (b) the nature of any gender-related treatment the person received, the age at which they received it, and which of the descriptions in subsection (2)(b)(i) to (iii) applies to the provider of that treatment, and
  (c) whether the person reports any concerns about assessment, diagnosis, the consideration of co-occurring conditions, the process of obtaining informed consent, or safeguarding as part of their experience.

(4) The Secretary of State must prepare a report and lay it before each House of Parliament before the end of the period of 12 months beginning with the day on which the detransition service begins to operate, and in each subsequent 12-month period, setting out—
  (a) the number of persons who have used the detransition service,
  (b) an aggregated analysis of the information recorded under subsection (3), and

(c) any recurring themes identified from information recorded under subsection (3)(c), and the steps the Secretary of State has taken or intends to take in response, including in relation to commissioning, guidance or regulation.

(5) A report under subsection (4) must not include information from which an individual patient, practitioner or provider could be identified.

(6) In this section—

"gender-related treatment" means any of the following, provided for the purpose of a gender transition: puberty-suppressing hormones; masculinising or feminising hormones; surgery;

"puberty-suppressing hormones" means gonadotrophin-releasing hormone analogues;

a person "wishes to detransition" if the person has undergone a social or medical gender transition and wishes to stop that transition, or to reverse, or receive care in respect of, its effects."

Member's explanatory statement

This new clause requires a specialist detransition service within two years, separate from gender services and open to anyone regardless of where they were treated, as recommended by the Cass Review, with aggregated annual reporting to Parliament on the reasons people seek it and the lessons for commissioning and regulation.

BARONESS NEVILLE-ROLFE

277 After Clause 84, insert the following new Clause—

"Procurement by NHS bodies: patient care, resilience and the United Kingdom economy

(1) Within six months of the day on which this Act is passed, the Secretary of State must lay before Parliament a report on procurement by and on behalf of NHS bodies.

(2) The report must set out how procurement policy applicable to NHS bodies supports, consistently with the United Kingdom's international obligations—

(a) the provision of safe and effective care to patients,

(b) value for money, including whole-life value,

(c) the resilience and security of supply chains,

(d) opportunities for businesses operating in the United Kingdom, including small and medium-sized enterprises, and

(e) the creation and retention of employment, skills, manufacturing capacity and research capability in the United Kingdom.

(3) The report must explain how the matters in subsection (2) are addressed in relation to—

(a) the procurement of goods, works and services under the Procurement Act 2023,

(b) the arrangement of healthcare services under the Health Care Services (Provider Selection Regime) Regulations 2023, and

(c) procurements undertaken centrally or collaboratively for or on behalf of one or more NHS bodies.

(4) The report must also assess whether environmental, social-value or other non-clinical procurement requirements—

(a) are proportionate to the subject matter and value of the contract,

(b) create barriers to participation by small and medium-sized enterprises,

(c) materially reduce competition or the resilience of supply, or

(d) risk delaying or reducing access to products or services required for patient care.

(5) In carrying out procurement, an NHS body must have regard to the need to secure safe and effective patient care, value for money and continuity of supply.

(6) In this section, "NHS body" means NHS England, an integrated care board, an NHS trust, an NHS foundation trust or a Special Health Authority."

Member's explanatory statement

This probing amendment would require the Secretary of State to report on how NHS procurement supports patient care, value for money, resilient supply chains and economic activity in the United Kingdom, consistently with international procurement obligations. It would cover both procurement under the Procurement Act 2023 and the arrangement of healthcare services under the Provider Selection Regime.

BARONESS KIDRON
LORD TARASSENKO

278 After Clause 84, insert the following new Clause—

"Health Data Research Service strategy

(1) Within six months of the day this Act is passed, the Secretary of State must publish a Health Data Research Service strategy.

(2) The Health Data Research Service strategy must include proposals for—

(a) making all patient and public health data that is available for research and innovation either interoperable, or available in the same location;

(b) making new health data available for access quickly, including streamlined processes for data handling and cleaning, and real time public health data;

(c) establishing consistent standards for researcher approval to access health datasets, including across England and Wales, Scotland, and Northern Ireland;

(d) ensuring that data used by research and innovation improves patient care and provides fair value to the NHS;

(e) establishing proportionate standards and governance processes based upon—

(i) whether research has been conducted by organisations headquartered in the UK or abroad;
(ii) the location of those accessing patient and public health data;
(iii) the research and commercial profile of those accessing patient and public health data;
(iv) the risk profile of the data.

(f) ensuring transparency of how data will be used, including, but not limited to—
(i) transparency of process for patient and public approval;
(ii) mandatory reporting on outcomes of research;
(iii) logging of every data request;
(iv) safeguards to protect patients and the public;
(v) a strategy for promoting understanding of how patient data will be used for research and innovation;

(g) annual reporting on progress in patient care and technological developments from the use of Health Data Research Service data;

(h) accelerating deployment of research and innovation conducted using data from the Health Data Research Service.

(3) In preparing a strategy, the Secretary of State must give consideration to—
(a) patient privacy and existing data protection laws;
(b) the short and long-term costs to the NHS of providing high-quality patient care;
(c) the costs of conducting research and innovation;
(d) the strategic importance of the NHS to the UK's national security;
(e) the fact that patient and public health data may be held by different organisations;
(f) how data from the single patient record could be integrated into the Health Data Research Service.

(4) The strategy must be laid before both Houses of Parliament upon publication."

Member's explanatory statement
This amendment would require the Secretary of State to publish a strategy for the Health Data Research Service which explains how the service will address issues with researcher access to health data, whilst maintaining privacy and public trust.

LORD BRADLEY
BARONESS TYLER OF ENFIELD
BARONESS WATKINS OF TAVISTOCK

279 After Clause 84, insert the following new Clause—

"Mental Health Commissioner

(1) The Secretary of State must, within six months of the day on which this Act is passed, appoint a Mental Health Commissioner, based within the Department of Health and Social Care.

(2) The functions of the Mental Health Commissioner must include—

(a) overseeing the implementation and operability of functions discharged by relevant bodies and persons regarding the provision of treatment, care, and detention of people with a mental disorder.

(b) overseeing the implementation and operability of functions discharged by relevant bodies and persons which relate to the Mental Capacity Act 2005, the Mental Health Act 2007 and the Mental Health Act 2025.

(3) The Mental Health Commissioner must publish an annual report which must assess—

(a) the quality of mental health care treatment provided by relevant services;

(b) the accessibility of mental health care treatment services;

(c) mental health service provision in the criminal justice system;

(d) inequalities in mental health care provision regarding protected characteristics under the Equality Act 2010;

(e) the use and effectiveness of detention measures under the Mental Health Act 1983, including but not limited to Community Treatment Orders, for the purposes of therapeutic benefit outlined in section 1(2B) of that Act;

(f) challenges surrounding stigma of mental health conditions;

(g) the accessibility of advice and support to mental health service users, their families and carers on their legal rights;

(h) other issues deemed appropriate by the Mental Health Commissioner.

(4) In fulfilling their duties under subsection (2)(a), the Mental Health Commissioner may review, and monitor the operation of, arrangements falling within subsection (2) and (3) for the purpose of ascertaining whether, and to what extent, the arrangements are effective in promoting the principles in section 118(2B) of the Mental Health Act 1983.

(5) The person appointed as Commissioner must—

(a) be a person with knowledge, expertise and experience relevant to the discharge of functions of the role,

(b) have first-hand experience of working in mental health services, so far as reasonably possible, and

(c) not be a Member of Parliament."

LORD AUSTIN OF DUDLEY

279A After Clause 84, insert the following new Clause—

"Procurement objectives: medical devices, consumables and services

(1) The Secretary of State must lay before each House of Parliament an annual report on the extent to which procurement by the NHS and the social care sector in England of medical devices, consumables and services has adhered to the objectives set out in section 12(1) of the Procurement Act 2023 (covered procurement: objectives).

(2) The report under subsection (1) must be limited to the objectives specified in section 12(1) of the Procurement Act 2023 and must not report on any procurement objective not provided for in that section.

(3) Nothing in this section applies to a procurement contract or framework agreement to which the Defence and Security Public Contracts Regulations 2011 (S.I. 2011/1848), Public Contracts Regulations 2015 (S.I. 2015/102), Concession Contract Regulations 2016 (S.I. 2016/273) or Utilities Contracts Regulations 2016 (S.I. 2016/274) continue to apply under the Procurement Act 2023 (Commencement No. 3 and Transitional and Saving Provisions) Regulations 2024 (S.I. 2024/716)."

Member's explanatory statement
The amendment seeks to require the Secretary of State to report annually on the extent to which NHS and social care procurement has adhered to objectives under the Procurement Act 2023. It seeks to avoid the report inadvertently giving legislative force to extraneous concepts not prescribed under the 2023 Act, including concepts that might otherwise be used to assess suppliers by reference to ill-defined or subjective criteria.

BARONESS FINLAY OF LLANDAFF
BARONESS HOLLINS

279B After Clause 84, insert the following new Clause—

"Specialist palliative care

(1) Each integrated care board must commission sufficient specialist palliative care services to meet the needs of their population.

(2) Such services specified in subsection (1) must include the provision of access to—

(a) specialist palliative care support, working with local clinical teams, in all relevant settings, including private homes, care homes, hospitals, hospices and other community settings,

(b) specialist level in-patient palliative care beds when required, including admission on an urgent basis,

(c) specialist palliative care advice, available at all times, to support health and social care professionals who are providing care to the person and their family, to include face to face specialist palliative care review between 9 am and 5 pm on each day of the week,

(d) support to ensure the appropriate workforce, equipment and medication is available to deliver specialist palliative care,

(e) a single point of contact, available for people with palliative and end of life care in the community, for advice, access to equipment and to rapid response nursing,

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

(g) support to ensure patients are able to have open conversations about their personal needs and concerns, and that these are documented in the single patient record to the extent that the patient desires,

(h) support for the education and training of the health and social care workforce regarding palliative care,

(i) support to enable staff to participate in relevant research and to disseminate evidence-based innovations in palliative care, and

(j) agreed outcomes data for national level benchmarking."

Member's explanatory statement
This amendment seeks to provide clarity about the specialist palliative care services that are to be commissioned and ensure that generalist services are appropriately supported with the knowledge and skills required to deliver high-quality palliative and end of life care to all patients for whom they are responsible.

LORD BLENCATHRA

279C After Clause 84, insert the following new Clause—

"De-registration of doctors and health care professionals found to have expressed antisemitic behaviour or speech

(1) The Secretary of State must make regulations made by statutory instrument requiring a statutory regulator of a health or care profession to immediately remove from its register any person found to have expressed antisemitic behaviour or speech.

(2) Regulations under subsection (1) must provide that removal from the register is the mandatory sanction and may not be replaced by a lesser sanction.

(3) In this section, "antisemitic behaviour or speech" means behaviour or speech which expresses a certain perception of Jews, which may be hatred toward Jews, and which is directed toward Jewish or non-Jewish individuals or their property or Jewish community institutions and religious facilities, including but not limited to—

(a) calling for, aiding, or justifying the killing or harming of Jews in the name of a radical ideology or an extremist view of religion,

(b) making mendacious, dehumanizing, demonizing or stereotypical allegations about Jews as such or the power of Jews as collective, such as, especially but not exclusively, the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government or other societal institutions,

(c) accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews,

(d) denying the fact, scope, mechanisms (e.g. gas chambers) or intentionality of the genocide of the Jewish people at the hands of Nazi Germany and its supporters and accomplices during World War II (the Holocaust),

(e) accusing the Jews as a people, or Israel as a State, of inventing or exaggerating the Holocaust,

(f) using the symbols and images associated with classic antisemitism (e.g. claims of Jews killing Jesus or blood libel) to characterize Israel or Israelis,

(g) using derogatory terms for Jewish people (such as "kike" or "yid"),

(h) using stereotypical and negative physical depictions or descriptions or character traits for Jewish people, such as references to wealth or avarice or, in the political arena, equating Jews with capitalists or the ruling class, or

(i) holding Jews collectively responsible for actions of the State of Israel.

(4) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment seeks to require statutory regulators of health and care professions to permanently remove from their professional register any person found to have expressed antisemitic behaviour or speech and would prevent regulators from imposing a lesser sanction in such cases.

BARONESS GRIFFIN OF PRINCETHORPE
LORD HUNT OF KINGS HEATH

279D After Clause 84, insert the following new Clause—

"Community equipment services: national data collection and reporting

(1) The Secretary of State must make arrangements to ensure that consistent national information is collected and published in relation to the assessment for and supply of community equipment services in England.

(2) The information collected under subsection (1) must include—

(a) the number of people assessed as requiring community equipment,

(b) waiting times for assessment for and supply of community equipment,

(c) the number of people awaiting community equipment, and

(d) the number of people receiving community equipment.

(3) The information must, so far as reasonably practicable, distinguish between—

(a) provision for adults and children,

(b) different local authority areas, and

(c) referrals originating from hospital and community settings.

(4) The Secretary of State must ensure that information collected under this section includes community equipment services commissioned or arranged by NHS bodies and local authorities, including through joint arrangements.

(5) The Secretary of State must publish the information collected under this section at least annually.

(6) For the purposes of this section, "community equipment services" means the assessment for and supply of equipment, aids or appliances to support a person's independence, safety, care or daily living at home or in the community but does not include specialist NHS wheelchair services."

Member's explanatory statement
This amendment would require the Secretary of State to ensure consistent national collection and publication of information on community equipment provision and waiting times, covering NHS and local authority services, including provision for adults and children.

BARONESS GRIFFIN OF PRINCETHORPE

279E After Clause 84, insert the following new Clause—

"Community equipment services: annual report to Parliament

(1) The Secretary of State must lay before both Houses of Parliament an annual report on the provision of community equipment services in England.

(2) The report must include—
  (a) available information on community equipment provision and waiting times,
  (b) variation in provision and waiting times between local areas,
  (c) differences in provision for adults and children,
  (d) gaps in the national information available on community equipment services, and
  (e) steps taken or proposed to improve national monitoring and accountability for community equipment services.

(3) The report must cover community equipment services commissioned or arranged by NHS bodies and local authorities, including through joint arrangements.

(4) For the purposes of this section, "community equipment services" means the assessment for and supply of equipment, aids or appliances to support a person's independence, safety, care or daily living at home or in the community but does not include specialist NHS wheelchair services."

Member's explanatory statement
This amendment would require the Secretary of State to report annually to Parliament on community equipment provision, waiting times and local variation, including gaps in available national data and action being taken to improve monitoring.

BARONESS PENN
BARONESS BARRAN
LORD STEVENSON OF BALMACARA
BARONESS BENJAMIN

279F After Clause 84, insert the following new Clause—

"Children's digital environment: guidance and training for health professionals in England

(1) The Secretary of State must, within six months of the day on which this Act is passed, publish guidance for health professionals on the effects on health and development, and the risks of harm, of children's digital environment.

(2) The guidance must apply to children of all ages and must in particular address children aged 0 to 5.

(3) The guidance must draw on advice from health professionals, researchers and academics, must be consistent with any guidance for parents and carers on screen use published by the Secretary of State, and must address—

(a) the effects of children's digital environment on health and development at different ages, including for children with special educational needs or disabilities,

(b) recommended limits on screen time, screen-free times and places to promote children's health,

(c) the effect of parents' and carers' own use of devices on children's health, and

(d) how to raise these matters with children, parents and carers in a supportive, non-judgemental way, and where to refer or signpost them for further support.

(4) The Secretary of State must exercise functions under section 1F of the National Health Service Act 2006 (duty as to education and training) with a view to ensuring that education and training on the guidance is available to health professionals who work with children and their families, including health visitors, general practitioners, practice nurses, midwives, school nurses, speech and language therapists, community paediatricians, optometrists and staff of family hubs.

(5) Before publishing or revising the guidance, the Secretary of State must consult such persons as the Secretary of State considers appropriate, including relevant professional bodies and royal colleges.

(6) The Secretary of State must review the guidance at least every three years.

(7) The Secretary of State must, within two years of the day on which this Act is passed, lay before Parliament a report on the availability and uptake of the education and training under subsection (4).

(8) In this section—

"children's digital environment" means the devices, services, content and platforms with which children interact, including screens, online services, social media, games, messaging services and artificial intelligence tools;

"effects on health and development" includes effects on—

(a) language, cognitive, and social and emotional development,

(b) sleep, physical activity and healthy weight,

(c) eyesight, and

(d) mental health and wellbeing;

"risks of harm" means risks of harm to children's health and development arising from harmful or age-inappropriate online content, online contact with adults or other children, online conduct and online advertising."

BARONESS PENN
BARONESS BARRAN
LORD STEVENSON OF BALMACARA
BARONESS BENJAMIN

279G After Clause 84, insert the following new Clause—

"Children's digital environment: universal health reviews in England

(1) The Secretary of State must, within six months of the day on which this Act is passed, ensure that the Healthy Child Programme guidance, and any successor to it, includes provision on the effects on health and development, and the risks of harm, of children's digital environment.

(2) The guidance must provide that, as part of the universal health and development reviews offered to children aged 0 to 5 and their parents and carers, health professionals offer—

(a) information on guidance for parents and carers on screen use and online safety published by the Secretary of State;

(b) an opportunity to discuss—

(i) the child's use of screens and digital technology,

(ii) parents' and carers' own use of devices,

(iii) screen-free routines, and

(iv) the risks of harm to the child's health and development of their digital environment;

(c) where appropriate, further support or signposting.

(3) The guidance must make provision of a similar kind, appropriate to their age, for the health and development contacts offered to school-age children under the Healthy Child Programme.

(4) The Secretary of State must ensure that information on the matters in subsection (2)(b) is included in the personal child health record, in whatever form it is provided.

(5) In this section—

"children's digital environment" means the devices, services, content and platforms with which children interact, including screens, online services, social media, games, messaging services and artificial intelligence tools;

"effects on health and development" includes effects on—

(a) language, cognitive, and social and emotional development,
(b) sleep, physical activity and healthy weight,
(c) eyesight, and
(d) mental health and wellbeing;

"risks of harm" means risks of harm to children's health and development arising from harmful or age-inappropriate online content, online contact with adults or other children, online conduct and online advertising."

BARONESS RITCHIE OF DOWNPATRICK
LORD WEIR OF BALLYHOLME
LORD BLUNKETT

279H After Clause 84, insert the following new Clause—

"Report on dementia care

(1) Within 12 months of the day on which this Act is passed and every 12 months thereafter, the Secretary of State must publish and lay before both Houses of Parliament a report on—
(a) the provision of NHS care in relation to dementia;
(b) the provision of social care in relation to dementia.

(2) A report under subsection (1) must have regard to—
(a) any targets or standards set out in any national plan, guidance or framework relating to dementia services, and
(b) any other information the Secretary of State considers appropriate.

(3) A report under subsection (1) must include—
(a) an assessment of variation in dementia services and outcomes between integrated care board areas,
(b) information on workforce capacity, capability and training standards relevant to dementia care,
(c) information on access to ongoing post-diagnostic support services, including support for unpaid carers of dementia patients,
(d) information on continuity and coordination of care for people living with dementia, including access to a named professional responsible for coordinating support across services,
(e) outcomes and experiences for people living with dementia and unpaid carers, including crisis prevention, carer wellbeing, and experiences of joined-up care,
(f) progress on dementia prevention and risk reduction, and
(g) dementia research activity in the NHS."

Member's explanatory statement
This new clause would require the Secretary of State to publish an annual report on the provision of NHS care and social care in relation to dementia.

BARONESS RAFFERTY

279J After Clause 84, insert the following new Clause—

"Review of continued professional development for nurses and midwives

(1) Within six months of the day on which this Act is passed, the Secretary of State must carry out a review of continued professional development for nurses and midwives.

(2) The review must in particular assess—

(a) the level of funding available for continued professional development for nurses and midwives, and

(b) the protected time available to nurses and midwives for continued professional development.

(3) The Secretary of State must publish a report of the findings of the review."

BARONESS FINLAY OF LLANDAFF

279K After Clause 84, insert the following new Clause—

"Oversight of funeral service provider premises and practices connected to the storage, preparation and movement of human remains

(1) The Secretary of State may by regulations made by statutory instrument establish a body corporate, or confer functions on an existing public authority ("the regulator"), to provide oversight of the premises and practices connected to the storage, preparation and movement of human remains by funeral service providers in England.

(2) The purpose of the regulator is to ensure that the activities undertaken under subsection (1) are consistent with the protection of public health.

(3) The regulator is independent in the exercise of its functions and is not to be regarded as a servant or agent of the Crown.

(4) Regulations under this section may, in particular, make provision for—

(a) a scheme for the registration of funeral service providers,

(b) the inspection of premises, vehicles and other facilities used by registered providers for the storage, preparation, care or transportation of deceased persons, or from which funeral services are arranged or conducted,

(c) the publication and enforcement of a code of practice for the funeral services sector, and

(d) the imposition of sanctions, including suspension or removal from the register, for breach of that code.

(5) Before making regulations under this section, the Secretary of State must consult—

(a) providers of funeral services,

(b) such persons representing the interests of bereaved people as the Secretary of State considers appropriate, and

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

(6) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

BARONESS FINLAY OF LLANDAFF

279L After Clause 84, insert the following new Clause—

"Remit of the Human Tissue Authority

(1) The Secretary of State must, within six months of the day on which this Act is passed, by order under section 14(4) of the Human Tissue Act 2004, amend the remit of the Human Tissue Authority to include the regulation of funeral directors, private mortuaries, direct cremation services and other organisations which transport or hold the bodies of deceased persons for the purposes of ensuring that the carrying out of their functions is consistent with the protection of public health.

(2) The Authority must establish and maintain a register of the bodies subject to its oversight under subsection (1).

(3) The Secretary of State may by regulations made by statutory instrument make further provision regarding the establishment and operation of the register under subsection (2).

(4) A statutory instrument containing regulations under subsection (3) may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

BARONESS DEECH

279M After Clause 84, insert the following new Clause—

"Amendments to the Human Fertilisation and Embryology Act 1990

Schedule (*Amendments to the Human Fertilisation and Embryology Act 1990*) amends the Human Fertilisation and Embryology Act 1990 to make provision about the Human Fertilisation and Embryology Authority."

Member's explanatory statement
This amendment is consequential to others in the name of Baroness Deech.

BARONESS PIDGEON

279N After Clause 84, insert the following new Clause—

"NHS-funded in vitro fertilisation

(1) Within six months of the day on which this Act is passed, the Secretary of State must by regulations make arrangements for the standardised provision of NHS-funded in vitro fertilisation (IVF).

(2) Provision under this section must, in accordance with any existing NICE guidelines, set requirements for all integrated care boards in England relating to NHS-funded IVF.

(3) Requirements under subsection (2) must include—

(a) standardisation of the minimum number of rounds of IVF available to one individual, and

(b) standardisation of the maximum and minimum age at which an individual can access IVF."

Member's explanatory statement

This new clause would require the Secretary of State to make regulations standardising NHS-funded IVF provision across all integrated care boards in England, in accordance with existing NICE guidelines, including the number of rounds available to an individual and the age limits for access.

BARONESS BARRAN
BARONESS CASS
BARONESS BENJAMIN

279P★ After Clause 84, insert the following new Clause—

"Safety of digital health technologies provided to children

(1) An NHS body may only provide, prescribe or recommend a digital health technology for use by a child where it is satisfied that there is evidence that the technology is effective and safe for use by children of the relevant age, having regard to any relevant standards or guidance issued by the National Institute for Health and Care Excellence.

(2) Before an NHS body provides, prescribes or recommends a digital health technology for use by a child, it must carry out an assessment of the risks of harm to that child arising from the use of the device on which the technology operates.

(3) An assessment under subsection (2) must consider, in particular—

(a) the extent to which use of the technology requires or encourages access to a digital technology device (especially during the night),

(b) the risk that the device gives the child access to social media, messaging services, AI chatbots or companions, the internet or other content or services not needed for the technology to work, and

(c) the age and needs of the child.

(4) Where an NHS body provides, prescribes or recommends a digital health technology for use by a child, it must give the child's parent or carer written advice on its safe use, including—

(a) how to restrict access to other functions and content on the device,

(b) the safe management of overnight use and alerts, and

(c) the risks to children's wellbeing associated with unrestricted digital technology device use.

(5) Where the child is under the age of 16, the NHS body must take reasonable steps to ensure that the digital health technology is made available on—

(a) a device dedicated solely to the use of that technology, or

(b) a device configured so that access is restricted to that technology and to functions needed for the child's safety, such as emergency calls.

(6) Subsection (5) does not apply where—

(a) a responsible clinician considers that compliance would be clinically inappropriate or would compromise the effective operation of the technology, or

(b) the child's parent or carer, having received the advice described in subsection (4), declines the arrangements described in subsection (5).

(7) A decision under subsection (6) must be recorded in the child's health record.

(8) The Secretary of State must, within 12 months of the day on which this section comes into force, issue guidance to NHS bodies on the discharge of their duties under this section, having consulted such persons as the Secretary of State considers appropriate, including representatives of children, parents and clinicians.

(9) Subsection (1) does not apply, for a period of two years beginning with the day on which this section comes into force, to a digital health technology that was being provided, prescribed or recommended for use by children by an NHS body immediately before that day, provided that during that period the NHS body—

(a) informs the child's parent or carer that evidence of the technology's effectiveness and safety for children of the relevant age has not yet been established, and

(b) keeps the use of the technology under review.

(10) In this section—

"child" means a person under the age of 18;

"digital health technology" means software, including a mobile application, provided for the purpose of monitoring, managing, diagnosing or treating a physical or mental health condition, including but not limited to continuous glucose monitoring and insulin management applications and mental health applications;

"NHS body" has the meaning given in section 275 of the National Health Service Act 2006."

Member's explanatory statement

This new clause would require that any digital health technology the NHS recommends for children is supported by evidence that it is effective and safe for children of the relevant age. NHS bodies would also have to risk assess such tools, give parents advice on safe use, and, for under-16s, provide them on a dedicated or locked-down device. Technologies already in use would have a two-year transitional period to meet the evidence requirement.

BARONESS KIDRON

279Q After Clause 84, insert the following new Clause—

"Neural data

The UK GDPR (Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data) is amended as follows—

(a) in paragraph 1 of Article 4 (definitions), after subparagraph (14) insert—

"(14A) "neural data" means personal data generated by measuring the activity of the central or peripheral nervous system of a natural person, including any inferences from that data, including information that can be used to provide information about the thoughts or health of that person;";

(b) in Article 9 (processing of special categories of personal data), paragraph 1, after "person," insert "neural data,"."

Member's explanatory statement
This amendment seeks to add neural data to the list of 'special categories' of data protected by GDPR, alongside other categories of data related to health including genetic data, and data on a person's mental and physical health.

LORD RENNARD

279QA After Clause 84, insert the following new Clause—

"Funding for NHS stop smoking services

(1) The Secretary of State must, within the period of 12 months beginning with the day on which this Act is passed, carry out a review of the funding available for NHS stop smoking services in England.

(2) The review required under subsection (1) must assess whether further funding is required for NHS stop smoking services and, if so, the means by which such funding may be provided.

(3) The review must include consideration of options for funding NHS stop smoking services, including contributions from the tobacco industry.

(4) The Secretary of State must publish the review and lay a copy of it before Parliament."

LORD BLENCATHRA

279QB After Clause 84, insert the following new Clause—

"Restriction on re-employment following redundancy

(1) This section applies to a person whose employment by NHS England is terminated by reason of redundancy arising wholly or mainly from provisions made under sections 1 to 3 of this Act.

(2) A person to whom this section applies may not within the period of five years beginning on the date of that redundancy—
  (a) be employed by an NHS body;
  (b) provide services to an NHS body for remuneration, whether directly or indirectly, including through a consultancy, agency, partnership or corporate vehicle.

(3) In this section, "NHS body" means—
  (a) NHS England,
  (b) an integrated care board,
  (c) an NHS trust,
  (d) an NHS foundation trust, and
  (e) any other body exercising functions as part of the health service in England."

Member's explanatory statement
This amendment would seek to stop the process of NHS managers who are made redundant being re-employed immediately afterward within the health service as a consultant or in a different role.

LORD HUNT OF KINGS HEATH

279QC After Clause 84, insert the following new Clause—

"Competitive market in wheelchair provision

The Secretary of State must, within twelve months of the day on which this Act is passed, publish a report setting out steps to be taken to support the provision of a competitive market in wheelchair provision to ensure a high quality of service and choice available to integrated care boards to commission services."

Member's explanatory statement
The amendment is intended to promote competition in the market for wheelchair provision.

LORD HUNT OF KINGS HEATH
LORD PATEL
This amendment is intended to replace Amendment 212

279QD After Clause 84, insert the following new Clause—

"National wheelchairs standards

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish a set of national standards for wheelchair commissioning and provision to be implemented by integrated care boards in their commissioning of wheelchair services.

(2) The national standards for wheelchair commissioning and provision must be revised at least once every five years from the date of the previous publication.

(3) The national standards for wheelchair commissioning and provision may cover the following areas as determined by the Secretary of State—

(a) wheelchair pathways embracing assessment and provision of wheelchairs, including seating and associated accessories to support people's mobility and postural needs;

(b) the steps to be taken to engage with users of wheelchair services to ensure that lived experience is fully taken account;

(c) steps to be taken to ensure that responsive roadside assistance is available to ensure that no user is left stranded when away from their place of residence;

(d) the principles of quality to be used to develop local service specifications and to benchmark current commissioning and provision;

(e) eligibility criteria to ensure consistent access to wheelchair services in England;

(f) such other matters as may be specified by the Secretary of State."

Member's explanatory statement
This new clause would require the Secretary of State to publish a set of national standards for wheelchair commissioning and provision to be followed by Integrated Care Boards in their commissioning of wheelchair services.

LORD HARLECH

279QE After Clause 84, insert the following new Clause—

"Health bodies: members of the reserve forces

After section 343AZA of the Armed Forces Act 2006 insert—

"343AZAA Health bodies: members of the reserve forces

(1) This section applies where a health body exercises a public function relating to health and social care in relation to an individual.

(2) Nothing in this section requires a health body to provide any assessment, examination or treatment otherwise than in accordance with clinical need.

(3) The health body must make arrangements to establish and record whether the individual is a service person and, in particular, whether the individual is a current member of the reserve forces.

(4) The arrangements under subsection (3) must enable the individual to correct or update that information.

(5) No individual is required to provide that information, and a refusal to provide it must not affect any entitlement to, or the provision of, any service.

(6) Where the individual is a member of the reserve forces, the health body must have due regard to that individual's need to attain and maintain the standards of medical and dental fitness required for the purposes of a call-out order or a recall order, and to the consequences of any delay for that individual's availability for service under Part 6 of RFA 1996.

(7) Where two or more individuals are of equivalent clinical priority, the matters in subsection (6) may be taken into account.

(8) The Defence Council must publish the standards referred to in subsection (6) in such manner as it thinks appropriate.

(9) The Secretary of State must, after consulting the Welsh Ministers, the Scottish Ministers and the relevant Northern Ireland department, issue guidance about the operation of this section, including the form of words to be used for the purposes of subsection (3), and a health body must have regard to that guidance.

(10) The Secretary of State must lay before Parliament an annual report on the operation of this section.

(11) In this section—

"health body" has the meaning given by section 343AZB(5);

"member of the reserve force" has the meaning given by section 1 of RFA 1996;

"service person" means a person falling within the definition of "service people" in section 343B(1).""

Member's explanatory statement

This new clause would require health bodies subject to the covenant duty to record whether a patient is a current member of the reserve forces, and to have due regard to that person's need to meet the medical and dental fitness standards required. Answering would remain voluntary, and clinical need continues to govern throughout.

LORD SINGH OF SOLIHULL

279QF After Clause 84, insert the following new Clause—

"Review of the therapeutic role of work in health and recovery

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, commission an independent review of the relationship between work and health, with particular regard to—

(a) the role of good work as a therapeutic intervention in the prevention of, treatment of and recovery from mental ill health,

(b) the health and recovery of young people with mental health conditions, and

(c) the principle that supporting such young people into good work, education or training is a matter of their health and is not to be pursued primarily for the purpose of reducing public expenditure on social security.

(2) The review must in particular consider—

(a) the evidence on the effects of good work, and of worklessness, on the mental and physical health of the population,

(b) the health and wellbeing of young people who are not in education, employment or training and who have a mental health condition, including the long-term effects of early worklessness on their health,

(c) the extent to which entry into, or return to, good work, education or training is recognised and recorded as a clinical and recovery outcome in NHS mental health services,

(d) the availability, quality and integration of evidence-based employment support, including Individual Placement and Support, in children and young people's mental health services, clinical care, Early Intervention in Psychosis services, NHS Talking Therapies and community mental health services,

(e) the training and guidance given to health professionals on the therapeutic value of work, including the use of fit notes and the giving of advice on work as part of treatment,

(f) the role of integrated care boards in commissioning services that treat work, education and training as part of a young person's care and recovery, and

(g) inequalities in access to such support between different groups of young people, including those with special educational needs, those leaving care, and those from areas of high deprivation.

(3) In conducting the review, the Secretary of State must consult—

(a) young people with lived experience of mental health conditions and of being out of education, employment or training, and their families and carers,

(b) health professionals and the relevant medical Royal Colleges,

(c) integrated care boards and NHS trusts,

(d) local authorities, education and training providers and employers, and

(e) such other persons as the Secretary of State considers appropriate.

(4) The Secretary of State must lay before Parliament a report of the findings and recommendations of the review within 18 months of the day on which this Act is passed, and must publish the Government's response to that report within six months of the report being laid.

(5) In this section—

"good work" means paid employment, self-employment or an apprenticeship that offers reasonable security, fair reward, a degree of autonomy and control, and support for the health and wellbeing of the worker;

"young people" means persons aged 16 to 25."

Member's explanatory statement

This new clause would require an independent review of the relationship between work and health, including the place of good work in prevention, treatment and recovery within NHS mental health services. Its particular concern is young people with mental health conditions. The intention is to improve health and recovery, rather than to make reductions in social security expenditure the main objective.

BARONESS CASS
BARONESS KIDRON

279QG After Clause 84, insert the following new Clause—

"Monitoring of emerging risks to the health and development of children from the digital environment

(1) The Secretary of State must establish and maintain a system enabling registered health professionals to report observations of physical, developmental, sensory, psychological or behavioural effects in children which they consider may be associated with the digital environment.

(2) The system under subsection (1) must—

(a) be open to all registered health professionals, including but not limited to, general practitioners, paediatricians and paediatric nurses, audiologists, speech and language therapists, optometrists, dentists, physiotherapists, psychiatrists, radiologists, health visitors and school nurses,

(b) allow reports to be made without the need for established evidence that the digital environment caused the effect observed, and

(c) ensure that reports are collated and analysed centrally.

(3) The Secretary of State must designate a body ("the designated body") which must—

(a) analyse reports made under the system to identify emerging trends,

(b) where a trend is identified, commission or recommend research into it,

(c) advise the Secretary of State on any identified risk of harm to the health and development of children, and

(d) report any harms it identifies to Ofcom.

(4) Where the designated body advises that there is a credible risk of harm to the health and development of children, the Secretary of State must take such measures as are proportionate to protect children from that risk, which may include issuing guidance to health professionals, parents, carers and schools, as well as adjusting research priorities.

(5) A lack of full scientific certainty must not be used as a reason for postponing measures under subsection (4).

(6) NHS bodies must take reasonable steps to make registered health professionals they employ or commission aware of the system under subsection (1) and to encourage its use.

(7) The Secretary of State must, at least once a year, lay before Parliament a report setting out—

(a) the trends identified by the designated body,

(b) any research commissioned or recommended, and

(c) the measures taken under subsection (4), or, where no measures were taken in response to advice from the designated body, the reasons why.

(8) In this section—

"child" means a person under the age of 18;

"digital environment" means devices, software, online services and digital content, including smartphones, tablets, computers, games consoles and personal audio devices such as headphones;

"NHS body" has the meaning given in section 275 of the National Health Service Act 2006;

"registered health professional" means a person registered with a regulatory body listed in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002."

Member's explanatory statement

This amendment would create a central reporting system for frontline health professionals, who are usually the first to see particular trends, to flag emerging effects on children linked to the digital environment, similar to the Yellow Card scheme for medicines.

LORD MOHAMMED OF TINSLEY

279QH After Clause 84, insert the following new Clause—

"Death certification: public health and health inequalities

(1) The Secretary of State must, within 12 months of the day on which this Act is passed, carry out and publish an assessment of the adequacy of arrangements for the scrutiny and certification of the cause of death in England in supporting—

(a) the accurate and timely collection of information about deaths for the purposes of public health surveillance and the monitoring of mortality,

(b) the identification of risks to the safety of patients, and

(c) the reduction of inequalities in accordance with section 1C of the National Health Service Act 2006 (duty as to reducing inequalities).

(2) The assessment must consider—

(a) the capacity of medical examiners, and of medical practitioners providing services as part of the health service, including general practitioners, to scrutinise deaths and certify the cause of death promptly, including at weekends and on public holidays,

(b) the time taken to scrutinise deaths and certify the cause of death, and

(c) whether delays in certification disproportionately affect particular communities.

(3) If the assessment finds that the arrangements are inadequate, the Secretary of State must, within six months of its publication, publish and lay before Parliament a plan setting out the steps to be taken to remedy them.

(4) In this section—

"medical examiner" means a medical examiner appointed by an English NHS body under section 18A of the Coroners and Justice Act 2009;

"general practitioner" means a medical practitioner providing primary medical services under Part 4 of the National Health Service Act 2006."

Member's explanatory statement

This new clause would require the Secretary of State to assess whether death certification by medical examiners, GPs and other NHS doctors supports public health surveillance, patient safety and the reduction of health inequalities, and to publish a plan to remedy any inadequacy.

LORD BABUDU

279QJ After Clause 84, insert the following new Clause—

"Transparency of prevention spending

(1) The National Health Service Act 2006 is amended as follows.

(2) After section 12F (expected mental health spending), insert—

"12FA Expected prevention spending

(1) The Secretary of State must, in respect of each financial year, publish and lay before Parliament a document—

(a) stating, by comparison with the previous financial year—

(i) whether the Secretary of State expects there to be an increase in the amount of expenditure incurred by the Secretary of State and integrated care boards (taken together) in relation to preventive health services, and

(ii) whether the Secretary of State expects there to be an increase in the proportion of the expenditure incurred by the Secretary of State and integrated care boards (taken together) that relates to preventive health services, and

(b) explaining the basis for the statements made under paragraph (a).

(2) The Secretary of State must publish and lay the document before the financial year to which it relates.

(3) As soon as practicable after the end of each financial year, the Secretary of State must publish and lay before Parliament—

(a) a statement of the amount of expenditure incurred by the Secretary of State and integrated care boards during the year (taken together) in relation to preventive health services,

(b) a calculation of the proportion of the expenditure incurred by the Secretary of State and integrated care boards during the year (taken together) that relates to preventive health services, and

(c) an explanation of the statement and calculation.

(4) For the purposes of this section, expenditure incurred by the Secretary of State in relation to preventive health services includes any grant paid by the Secretary of State to a local authority, within the meaning given by section 2B(5), towards expenditure incurred by it in the exercise of its functions under section 2B(1).

(5) In this section, "preventive health services" means—

(a) services provided as part of the health service that are classified as preventive care in the UK Health Accounts published by the UK Statistics Authority,

(b) services provided, and other steps taken, by local authorities in the exercise of their functions under section 2B(1),

(c) services provided as part of the health service, expenditure on which is classified by the Treasury as preventative in setting departmental expenditure limits, and

(d) such other services provided as part of the health service for the prevention of ill health as the Secretary of State may specify in a document under subsection (1), having consulted the UK Statistics Authority."

(3) In section 14Z58 (annual report), after subsection (4) insert—

"(4A) An annual report must also include—

(a) a statement of the amount of expenditure incurred by the integrated care board during the financial year in relation to preventive health services (within the meaning given by section 12FA),

(b) a calculation of the proportion of the expenditure incurred by the integrated care board during the financial year that relates to preventive health services, and

(c) an explanation of the statement and calculation.""

Member's explanatory statement

This new clause would require the Secretary of State to state each year whether NHS and ICB spending on prevention, including the public health grant, is expected to rise, and to report on spending. Each ICB would be required to report its own figure.

BARONESS FINLAY OF LLANDAFF

279QK★ After Clause 84, insert the following new Clause—

"Right to rehabilitation

(1) The Secretary of State must by regulations made by statutory instrument, within 12 months of the day on which this Act is passed, establish a scheme to provide every patient with the right to rehabilitation.

(2) The scheme should include a right contained in the NHS Constitution for a patient to receive rehabilitation where required.

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament."

Member's explanatory statement
This new clause requires the Secretary of State to introduce a scheme to ensure that patients have the right to receive rehabilitation where appropriate.

BARONESS MONCKTON OF DALLINGTON FOREST

279QL★ After Clause 84, insert the following new Clause—

"Review: access to care for people with speech and language disabilities

(1) Within six months of the day on which this Act is passed, the Secretary of State must publish a report on the challenges faced by people with speech, hearing, language or learning disabilities in accessing NHS care.

(2) In preparing the report under subsection (1) the Secretary of State must consult—
  (a) patients with speech, hearing, language or learning disabilities,
  (b) the parents of children with speech, hearing, language or learning disabilities,
  (c) carers who work with people with speech, hearing, language or learning disabilities, and
  (d) medical professionals."

Member's explanatory statement
This probing amendment would require a review of the challenges faced by people with speech, hearing, language or learning disabilities in accessing NHS healthcare services.

BARONESS MONCKTON OF DALLINGTON FOREST

279QM★ After Clause 84, insert the following new Clause—

"Review: Do Not Resuscitate (DNR) orders for people with disabilities

(1) Within six months of the day on which this Act is passed, the Secretary of State must publish a report on the misuse of Do Not Resuscitate (DNR) orders for patients who have disabilities.

(2) In preparing the report under subsection (1) the Secretary of State must consider—
(a) the appropriateness of current guidance for NHS healthcare professionals,
(b) the appropriateness of current training provided to NHS healthcare professionals, and
(c) the impact of high-profile cases of the misuse of DNR orders on the confidence of patients, their families and their carers in the NHS."

Member's explanatory statement
This probing amendment would require a review of the misuse of DNR orders for patients who have disabilities.

Before Schedule 12

BARONESS DEECH
BARONESS NARGUND

279R Before Schedule 12, insert the following new Schedule—

"SCHEDULE

AMENDMENTS TO THE HUMAN FERTILISATION AND EMBRYOLOGY ACT 1990

Introduction

1 The Human Fertilisation and Embryology Act 1990 is amended in accordance with this Schedule.

Duties

2 For section 8ZA, substitute—

"8ZA Duties in relation to carrying out its functions

(1) In exercising its functions under this Act, the Authority must have regard to the need to protect the health, safety, welfare and interests of—
(a) persons receiving, or considering receiving, treatment services;
(b) persons providing gametes or embryos for use in activities governed by this Act;
(c) persons who may be born as a result of treatment services;
(d) any other persons whose health, safety, welfare or interests may be materially affected by activities governed by this Act.

(2) In discharging its functions, the Authority must have regard, in particular, to the need to—
(a) promote safe and evidence-based treatment;
(b) protect persons from avoidable harm arising from treatment services;
(c) ensure that persons receiving or considering treatment services are provided with accurate and comprehensible information about the nature, risks, benefits and limitations of those services;

(d) promote compliance with the requirements of this Act and any regulations or licence conditions made under it.

(3) The Authority must exercise its regulatory functions effectively, proportionately, efficiently and economically having regard to the—

(a) nature and seriousness of any actual or potential risk to persons referred to in subsection (1);

(b) likelihood of that risk materialising;

(c) steps reasonably available to prevent or mitigate that risk;

(d) need to avoid imposing unnecessary regulatory burdens on persons carrying on activities governed by this Act."

Enforcement

3 After section 19C, insert—

"19D Enforcement notices

(1) Where the Authority is satisfied that a person has failed, or is failing, as described in section 18(2) (revocation of licence), the Authority may give the person a written notice (an "enforcement notice") which requires the person to—

(a) take steps specified in the notice, or

(b) refrain from taking steps specified in the notice,

or both (see also section 19E).

(2) An enforcement notice specified under subsection (1) may only impose requirements which the Authority considers appropriate having regard to the failure (whether or not for the purpose of remedying the failure).

19E Enforcement notices: supplementary

(1) An enforcement notice must—

(a) state what the person has failed or is failing to do, and

(b) give the Authority's reasons for reaching that opinion.

(2) In deciding whether to provide an enforcement notice specified under section 19D(1), the Authority must consider whether the failure has caused, or is likely to cause, any person damage or distress.

(3) An enforcement notice may specify the time or times at which, or period or periods within which, a requirement imposed by the notice must be complied with, subject to the restrictions in subsections (5) to (7).

(4) An enforcement notice must provide information about the—

(a) consequences of failure to comply with it, and

(b) rights under sections 21 (appeal on a point of law).

(5) An enforcement notice must not specify a time for compliance with a requirement in the notice which falls before the end of the period within which an appeal can be brought against the notice.

(6) If an appeal is brought against an enforcement notice, a requirement in the notice need not be complied with pending the determination or withdrawal of the appeal.

(7) If an enforcement notice—

(a) states that, in the Authority's opinion, it is necessary for a requirement to be complied with urgently, and

(b) gives the Authority's reasons for reaching that opinion,

subsections (5) and (6) do not apply but the notice must not require the requirement to be complied with before the end of the period of 24 hours beginning when the notice is given.

(8) In this section, "specified" means specified in an enforcement notice.

19F Enforcement notices: cancellation and variation

(1) The Authority may cancel or vary an enforcement notice by giving written notice to the person to whom it was given.

(2) A person to whom an enforcement notice is given may apply in writing to the Authority for the cancellation or variation of the notice.

(3) An application under subsection (2) may be made only—

(a) after the end of the period within which an appeal can be brought against the notice, and

(b) on the ground that, by reason of a change of circumstances, one or more of the provisions of that notice need not be complied with in order to remedy the failure identified in the notice."

"Penalties

19G Penalty notices

(1) If the Authority is satisfied that a person has—

(a) failed or is failing as described in section 19D(1) (enforcement notices), or

(b) failed to comply with an enforcement notice,

the Authority may, by written notice (a "penalty notice"), require the person to pay the Authority an amount in sterling specified in the notice.

(2) When deciding whether to give a penalty notice to a person and determining the amount of the penalty, the Authority must have regard to the following, so far as relevant to the extent that the notice concerns another matter, matters listed in subsection (3).

(3) Matters which the Authority must have regard to in issuing a penalty notice include—

(a) the nature, gravity and duration of the failure;

(b) the intentional or negligent character of the failure;

(c) any action taken by the person to mitigate the damage or distress suffered by persons;

(d) any relevant previous failures by the person;

(e) the degree of co-operation with the Authority, in order to remedy the failure and mitigate the possible adverse effects of the failure;

(f) the categories of the failure in regards to licensable activities;

(g) the manner in which the infringement became known to the Authority, including whether, and if so to what extent, the person notified the Authority of the failure;

(h) the extent to which the person has complied with previous enforcement notices or penalty notices;

(i) adherence to approved codes of conduct or certification mechanisms;

(j) any other aggravating or mitigating factor applicable to the case, including financial benefits gained, or losses avoided, as a result of the failure (whether directly or indirectly);

(k) whether the penalty would be effective, proportionate and dissuasive.

(4) Schedule 4AZA makes further provision about penalty notices, including provision requiring the Authority to give a notice of intent to impose a penalty and provision about payment, variation, cancellation and enforcement.

(5) The Secretary of State may by regulations—

(a) confer power on the Authority to give a penalty notice in respect of other failures to comply with the requirements of licensable activities, and

(b) provide for the maximum penalty that may be imposed in relation to such failures to be either the standard maximum amount or the higher maximum amount.

(6) Regulations under this section may—

(a) make provision about the giving of penalty notices in respect of the failure, and

(b) amend this section and section 19H (maximum amount of penalty).

(7) In this section, "higher maximum amount" and "standard maximum amount" have the same meaning as in section 19H.

19H Maximum amount of penalty

(1) In relation to a failure to comply with an enforcement notice, the maximum amount of the penalty that may be imposed by a penalty notice is the higher maximum amount.

(2) In relation to an infringement of a provision of this Act where subsection (1) does not apply the maximum amount of the penalty that may be imposed by a penalty notice is the standard maximum amount.

(3) The "higher maximum amount" is—

(a) in the case of an undertaking, £17,500,000 or 4% of the undertaking's total annual worldwide turnover in the preceding financial year, whichever is higher, or

(b) in any other case, £17,500,000.

(4) The "standard maximum amount" is—

(a) in the case of an undertaking, £8,700,000 or 2% of the undertaking's total annual worldwide turnover in the preceding financial year, whichever is higher, or

(b) in any other case, £8,700,000.

(5) The Secretary of State may by regulations—

(a) provide that a person of a description specified in the regulations is or is not an undertaking, and

(b) make provision about how an undertaking's turnover is to be determined.

(6) The Secretary of State may by regulations provide that a period is or is not a financial year."

4 Before section 20 insert—

"Appeals etc"

5 In section 20 (right to reconsideration of licensing decisions), in subsections (1), (2) and (4), for "require" substitute "request".

6 For section 21, substitute—

"21 Rights of appeal

(1) A person aggrieved by a decision on reconsideration in pursuance of a notice under section 20 (right to reconsideration of licensing decisions) may appeal to the court.

(2) A person who is given any of the following notices may appeal to the court—

(a) an enforcement notice;

(b) a penalty notice;

(c) a penalty variation notice.

21A Determination of appeals

(1) Subsections (2) to (4) apply where a person appeals to the court under section 21(1) or (2).

(2) The court may review any determination of fact on which the notice or decision against which the appeal is brought was based.

(3) If the court considers—

(a) that the notice or decision against which the appeal is brought is not in accordance with the law, or

(b) to the extent that the notice or decision involved an exercise of discretion by the Authority, that the Authority ought to have exercised the discretion differently,

the court must allow the appeal or substitute another notice or decision which the Authority could have given or made.

(4) Otherwise, the court must dismiss the appeal.

21B Applications in respect of urgent notices

(1) This section applies where an enforcement notice given to a person contains an urgency statement.

(2) The person may apply to the court for either or both of the following—

(a) the disapplication of the urgency statement in relation to some or all of the requirements of the notice;

(b) a change to the time at which, or the period within which, a requirement of the notice must be complied with.

(3) On an application under subsection (2), the court may do any of the following—

(a) direct that the notice is to have effect as if it did not contain the urgency statement;

(b) direct that the inclusion of the urgency statement is not to have effect in relation to a requirement of the notice;

(c) vary the notice by changing the time at which, or the period within which, a requirement of the notice must be complied with;

(d) vary the notice by making other changes required to give effect to a direction under paragraph (a) or (b) or in consequence of a variation under paragraph (c).

(4) The decision of the court on an application under this section is final.

(5) In this section, "urgency statement" means a statement under section 19E(7)(a).

21C Jurisdiction

(1) The jurisdiction conferred on a court by section 21 (rights of appeal) is exercisable—

(a) in England and Wales, by the High Court or the county court,

(b) in Scotland, by the Court of Session or the sheriff,

(c) in Northern Ireland, by the High Court or a county court,

subject to subsection (2).

(2) The jurisdiction conferred on a court by section 21B (applications in respect of urgent notices) is exercisable only by the High Court or, in Scotland, the Court of Session."

7 In section 45(4A) (regulations), insert at the appropriate place— "sections 19G (penalty notices) and 19H (maximum amount of penalty);".

8 After Schedule 3A insert—

"SCHEDULE 3AZA Section 19G

PENALTIES

Meaning of "penalty"

1 In this Schedule, "penalty" means a penalty imposed by a penalty notice.

Notice of intent to impose penalty

2 Before giving a person a penalty notice, the Authority must, by written notice (a "notice of intent") inform the person that the Authority intends to give a penalty notice.

Contents of notice of intent

3 (1) A notice of intent must contain the following information—

(a) the name and address of the person to whom the Authority proposes to give a penalty notice;

(b) the reasons why the Authority proposes to give a penalty notice (see sub-paragraph (2));

(c) an indication of the amount of the penalty the Authority proposes to impose, including any aggravating or mitigating factors that the Authority proposes to take into account.

(2) The information required under sub-paragraph (1)(b) includes—

(a) a description of the circumstances of the failure, and

(b) the nature, gravity and duration of the failure.

(3) A notice of intent must also—

(a) state that the person may make written representations about the Authority's intention to give a penalty notice, and

(b) specify the period within which such representations may be made.

(4) The period specified for making written representations must be a period of not less than 21 days beginning when the notice of intent is given.

(5) If the Authority considers that it is appropriate for the person to have an opportunity to make oral representations about the Authority's intention to give a penalty notice, the notice of intent must also—

(a) state that the person may make such representations, and

(b) specify the arrangements for making such representations and the time at which, or the period within which, they may be made.

Giving a penalty notice

4 (1) This paragraph applies where the Authority gives a notice of intent to a person.

(2) Within the period of six months beginning when the notice is given, or as soon as reasonably practicable thereafter, the Authority must give to the person—

(a) a penalty notice, or

(b) written notice that the Authority has decided not to give a penalty notice to the person.

(3) The Authority may not give a penalty notice to the person before a time, or before the end of a period, specified in the notice of intent for making oral or written representations.

(4) When deciding whether to give a penalty notice to the person and determining the amount of the penalty, the Authority must consider any oral or written representations made by the person in accordance with the notice of intent.

Contents of a penalty notice

5 (1) A penalty notice must contain the following information—

(a) the name and address of the person to whom it is addressed;

(b) details of the notice of intent given to the person;

(c) whether the Authority received oral or written representations in accordance with the notice of intent;

(d) the reasons why the Authority proposes to impose the penalty (see sub-paragraph (2));

(e) the reasons for the amount of the penalty, including any aggravating or mitigating factors that the Authority has taken into account;

(f) details of how the penalty is to be paid;

(g) details of the rights of appeal under section 21;

(h) details of the Authority's enforcement powers under this Schedule.

(2) The information required under sub-paragraph (1)(d) includes—

(a) a description of the circumstances of the failure, and

(b) the nature, gravity and duration of the failure.

Period for payment of penalty

6 (1) A penalty must be paid to the Authority within the period specified in the penalty notice.

(2) The period specified must be a period of not less than 28 days beginning when the penalty notice is given.

Variation of penalty

7 (1) The Authority may vary a penalty notice by giving written notice (a "penalty variation notice") to the person to whom it was given.

(2) A penalty variation notice must specify—

(a) the penalty notice concerned, and

(b) how it is varied.

(3) A penalty variation notice may not—

(a) reduce the period for payment of the penalty;

(b) increase the amount of the penalty;

(c) otherwise vary the penalty notice to the detriment of the person to whom it was given.

(4) If—

(a) a penalty variation notice reduces the amount of the penalty, and

(b) when that notice is given, an amount has already been paid that exceeds the amount of the reduced penalty,

the Authority must repay the excess.

Cancellation of penalty

8 (1) The Authority may cancel a penalty notice by giving written notice to the person to whom it was given.

(2) If a penalty notice is cancelled, the Authority—

(a) may not take any further action under section 19G or this Schedule in relation to the failure to which that notice relates, and

(b) must repay any amount that has been paid in accordance with that notice.

Enforcement of payment

9 (1) The Authority must not take action to recover a penalty unless—

(a) the period specified in accordance with paragraph 6 has ended,

(b) any appeals against the penalty notice have been decided or otherwise ended,

(c) if the penalty notice has been varied, any appeals against the penalty variation notice have been decided or otherwise ended, and

(d) the period for the person to whom the penalty notice was given to appeal against the penalty, and any variation of it, has ended.

(2) In England and Wales, a penalty is recoverable—

(a) if the county court so orders, as if it were payable under an order of that court;

(b) if the High Court so orders, as if it were payable under an order of that court.

(3) In Scotland, a penalty may be enforced in the same manner as an extract registered decree arbitral bearing a warrant for execution issued by the sheriff court of any sheriffdom in Scotland.

(4) In Northern Ireland, a penalty is recoverable—

(a) if a county court so orders, as if it were payable under an order of that court;

(b) if the High Court so orders, as if it were payable under an order of that court."

9 (1) Schedule 3B is amended in accordance with this paragraph.

(2) In paragraph 2, after sub-paragraph (1) insert—

"(1A) If requested to do so by the Secretary of State, the Authority must arrange for a duly authorised person to inspect any of the premises mentioned in sub-paragraph (3).

(1B) The Authority may arrange for a duly authorised person to inspect any of the premises referred to in sub-paragraph (3) in circumstances where it is not required to do so by sub-paragraph (1) or (1A)."

(3) After paragraph 2 insert—

"Considerations relating to inspection frequency

2A (1) In determining the frequency, timing and scope of inspections, the Authority must have regard to the risks associated with the activities authorised by the licence.

(2) The matters to which the Authority must have regard include—

(a) the nature and seriousness of any incident or suspected breach of a licence condition;

(b) complaints or concerns received from patients, donors, persons born as a result of treatment, or staff;

(c) the history of compliance by the licence holder;

(d) the adequacy of action taken in response to previous inspection findings;

(e) the risks to the health, safety or welfare of persons receiving or providing treatment, and to the security and integrity of gametes and embryos.

(3) The Authority must maintain and periodically review a database for assessing the risks referred to in this paragraph.

(4) The Secretary of State may by regulations make further provision about the contents and information standards of the database."

(4) After paragraph 8 insert—

"Action following an inspection"

(5) In paragraph 9 for sub-paragraph (5), substitute—

"(5) The Authority must give a copy of the report or information to—

(a) the person requesting it, unless the Authority considers that it would be inappropriate to do so in the particular circumstances of the case, and

(b) the Secretary of State.

(6) The Authority must include in its annual report information about the exercise of its inspection and enforcement functions.

(7) The Secretary of State may by regulations make further provision about the contents of reports under this paragraph."

(6) After paragraph 9 insert—

"9A (1) Where an inspection identifies a material deficiency in the operation of licensed activities, the Authority must determine what further action is necessary and proportionate.

(2) The Authority may require the licence holder to submit and implement a corrective action plan within a specified period.

(3) A corrective action plan must specify—

(a) he deficiency to be addressed;

(b) the steps to be taken to address it;

(c) the person responsible for each step;

(d) the date by which each step to be complied.

(e) any other condition as may be specified in regulations made by the Secretary of State.

(4) A corrective action plan must be sent to the Authority by such period as the Authority may specify.

(5) After receiving the corrective action plan, the Authority must within 28 days consider whether a further inspection is necessary under paragraph 2 to determine whether the deficiency has been remedied.

9B The Secretary of State may by regulations make provision for the contents of an inspection report."

10 In section 7 (reports to the Secretary of State), after subsection (2), insert—

"(2A) A report prepared under this section must include information about—

(a) inspections carried out by the Authority,

(b) a corrective action plan in place under paragraph 9A of Schedule 3B, and

(c) the improvements made to remedy any deficiencies in relation to such corrective action plan."

Complaints

11 After section 8D, insert—

"8DA Complaints relating to licensed activities

(1) The Authority must establish and maintain procedures for receiving, assessing and investigating complaints relating to activities governed by this Act.

(2) The Authority must investigate a complaint where it has reasonable grounds to suspect—

(a) a serious breach of a requirement imposed by or under this Act;

(b) a material failure to comply with a licence condition;

(c) conduct presenting a significant risk to the health, safety or welfare of a person;

(d) a systemic failure affecting patients, donors or other persons materially affected by activities governed by this Act.

(3) The Authority must, as soon as reasonably practicable after receiving a complaint, determine whether any of the circumstances in subsection (2) apply.

(4) Where the Authority decides not to investigate a complaint, it must give the complainant a statement of reasons for that decision.

(5) Where the Authority investigates a complaint, it must—

(a) conduct the investigation as soon as reasonably practicable;

(b) keep the complainant reasonably informed of the progress of the investigation;

(c) notify the complainant of the outcome;

(d) give reasons for its findings and any regulatory action taken, subject to any lawful restriction on disclosure.

(6) The Authority may decline to investigate, or may suspend an investigation, where it considers that doing so is necessary and proportionate having regard to—

(a) the availability of a more appropriate procedure for determining the matter;

(b) ongoing civil or criminal proceedings;

(c) the vexatious or excessive use of the complaints procedure.

(7) The Authority must give a statement of reasons for a decision under subsection (6)."

Reporting in relation to licensable activities

12 (1) Section 17 (the person responsible) is amended in accordance with this paragraph.

(2) In subsection (1)(g), at end insert "; and of any prescribed near miss which indicates a material risk to the health, safety or welfare of a person or to the security or integrity of gametes or embryos."

(3) After subsection (2) insert—

"(2A) In subsection (1)(g) "prescribed" means prescribed in regulations made by the Secretary of State.""

13 After section 31B, insert—

"31C Reporting and investigation of serious adverse events

(1) The Authority must issue a code of practice establishing requirements governing the notification, recording and investigation of serious adverse events, serious adverse reactions and prescribed near misses arising in connection with licensable activities.

(2) The requirements must include provision about—

(a) the circumstances in which an incident or near miss must be notified to the Authority;

(b) the period within which notification must be given;

(c) the information to be included in a notification;

(d) the investigation and analysis of the causes of an incident or near miss;

(e) the identification and implementation of measures to prevent recurrence;

(f) the preservation of relevant records and electronic audit trails.

(3) The Authority must monitor notifications received under this section for the purpose of identifying recurring incidents, systemic failures and emerging risks.

(4) The Authority must publish information about significant trends identified under subsection (3), subject to the protection of personal data and confidential information.

(5) Requirements under this section must be proportionate to the seriousness and nature of the incident or near miss.

(6) The Authority may revise or revoke a code issued under this section.

(7) The Authority must send a copy of the code to the Secretary of State.

(8) The Secretary of State must lay a copy of the code before each House of Parliament."

14 In section 12 (general conditions), in subsection (1), after paragraph (g), insert—

"(h) that the responsible person will comply with any requirements of a code of practice issued under section 31C."

Continuity plans

15 In Schedule 2, after paragraph 4, insert—

"Continuity plans

4A (1) The Authority must ensure that the conditions of a licence authorising the storage of gametes or embryos require the licence holder to maintain a continuity plan.

(2) A continuity plan must make provision for the safe and lawful management, transfer or disposal of gametes and embryos where—

(a) the licence expires or is revoked;

(b) the licence holder ceases to carry on the licensed activities;

(c) the licence holder becomes unable to carry on those activities safely;

(d) the Authority determines that urgent arrangements are necessary to protect persons or stored gametes or embryos.

(3) A continuity plan must also include provision for—

(a) the identification of an appropriately licensed facility to which storage activities may be transferred;

(b) the preservation and transfer of records, consent documentation and information necessary to maintain traceability;

(c) the notification of affected persons, so far as reasonably practicable;

(d) the maintenance of appropriate storage conditions pending transfer or other lawful disposition;

(e) the allocation of responsibility for implementing the plan.

(4) The Authority must assess the adequacy of a continuity plan when considering an application for a licence or its renewal and may require the plan to be revised.

(5) The Authority may require a licence holder to implement a continuity plan, in whole or in part, where it considers that this is necessary to protect the health, safety or welfare of persons or to secure the safe and lawful management of stored gametes or embryos.

(6) The Secretary of State may by regulations make further provision in relation to the contents or requirements of continuity plans.""

Member's explanatory statement

This new Schedule amends the Human Fertilisation and Embryology Act 1990 to make provision about the Human Fertilisation and Embryology Authority.

Schedule 12

BARONESS MERRON

280 Schedule 12, page 150, line 8, at end insert—

"Public Records Act 1958

1A In Schedule 1 to the Public Records Act 1958 (definition of public records), in Part 2 of the Table in paragraph 3, at the appropriate place insert—

"Maternity and Neonatal Commissioner for England.""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

281 Schedule 12, page 157, line 25, at end insert—

"(c) in Part 6 (other public bodies and offices: general), at the appropriate place insert—

"The Maternity and Neonatal Commissioner for England.""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

282 Schedule 12, page 172, line 2, at end insert—

"(ba) after paragraph (ga), insert—

"(gb) the Maternity and Neonatal Commissioner for England,""

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

283 Schedule 12, page 186, line 8, at end insert—

"(c) at the appropriate place, insert "The Maternity and Neonatal Commissioner for England"."

Member's explanatory statement
This amendment is consequential on my amendment to introduce a new clause after clause 71.

BARONESS MERRON

284 Schedule 12, page 212, line 11, at end insert—

"400A In section 126 (co-operation with HSSIB), in subsection (3)—

(a) omit paragraph (b);

(b) after paragraph (n) insert—

"(o) the Maternity and Neonatal Commissioner for England."

400B (1) Section 127 (assistance of NHS bodies) is amended as follows.

(2) In subsection (1) omit paragraph (b).

(3) In subsection (2)—

(a) omit paragraph (c);

(b) after paragraph (d) insert—

"(e) a Special Health Authority."

400C In section 135 (interpretation of Part 4), in the definition of "NHS trust" omit "section 25 of"."

Member's explanatory statement
This adds consequential amendments to the Bill.

BARONESS MERRON

285 Schedule 12, page 212, line 12, at end insert—

"401A In Schedule 13 (the Health Services Safety Investigations Body), omit Part 2 (transfer schemes)."

Member's explanatory statement
This adds a consequential amendment to the Bill.

After Schedule 12

LORD HUNT OF KINGS HEATH
LORD PATEL

286 After Schedule 12, insert the following new Schedule—

"SCHEDULE Section

NATIONAL WHEELCHAIRS ADVISORY COMMITTEE

1 The Committee must consist of a chairman appointed by the Secretary of State and not less than 10 nor more than 13 other members so appointed.

2 Each member of the Committee may be appointed to hold office for such a period of not more than 5 years, nor less than 3 years, as the Secretary of State may determine.

3 The Secretary of State may, at any time before the expiration of the term of office of any member, extend or further extend that member's term of office, but no one extension may be for a period of more than 5 years from the date when the term of office would otherwise expire.

4 Any member—

(a) is eligible for reappointment from time to time on or after the expiration of their term of office;

(b) may by notice in writing to the Secretary of State resign office at any time, while remaining eligible for reappointment.

5 At least one third of the members of the Committee must be users of NHS wheelchair services.

6 The Secretary of State may remove a member of the Committee on the ground of incapacity or misbehaviour.

7 The Secretary of State must appoint a secretary to the Committee and may appoint such other officers as necessary to the Committee, and there may be paid to them by the Secretary of State such salaries and allowances as the Secretary of State may with the consent of the Treasury determine.

8 The expenses of the Committee to such an amount as approved by the Treasury must be paid by the Secretary of State.

9 There may be paid as part of the expenses of the Committee—

(a) to all or any of the members of the Committee, such salaries or other remuneration and travelling and other allowances, and

(b) to persons attending its meetings at the request of the Committee, such travelling and other allowances (including compensation for loss of remunerative time),

as the Secretary of State may with the consent of the Treasury determine.

10 The Secretary of State may pay or make provision for paying, to or in respect of any member of the Committee, such sums by way of pensions, superannuation allowances and gratuities as the Secretary of State may determine with the consent of the Treasury.

11 Where a person ceases to be a member of the Committee otherwise than on the expiry of their term of office and it appears to the Secretary of State that there are special circumstances which allow for the person to receive compensation, the Secretary of State may make to the person a payment of such amount as the Secretary of State may determine with the consent of the Treasury.

12 The Committee may act notwithstanding any vacancy among the members.

13 The Committee may make rules for regulating its procedure (including the quorum of the Committee)."

Member's explanatory statement

This new clause would require the Secretary of State to establish an advisory committee for NHS wheelchair commissioning and provision to be known as the National Wheelchairs Advisory Committee.

Clause 87

BARONESS MERRON

287 Clause 87, page 65, line 6, at end insert—

"(da) section 59(2) (arrangements to commission services for devolved authorities);"

Member's explanatory statement
This changes the extent of new section 295 of the Health and Social Care Act 2012 (inserted by clause 59) so as to allow the Secretary of State to make arrangements with the devolved administrations to commission services anywhere in the United Kingdom.

BARONESS MERRON

288 Clause 87, page 65, line 10, leave out paragraph (g)

Member's explanatory statement
This is consequential on my amendment to leave out Schedule 9.

BARONESS DEECH

288A Clause 87, page 65, line 11, at the end insert—

"(ga) section (*Amendments to the Human Fertilisation and Embryology Act 1990*) (Amendments to the Human Fertilisation and Embryology Act 1990) and Schedule (*Amendments to the Human Fertilisation and Embryology Act 1990*) (Amendments to the Human Fertilisation and Embryology Act 1990);"

Member's explanatory statement
This amendment is consequential to others in the name of Baroness Deech.

Clause 88

LORD TARASSENKO
BARONESS KIDRON

289 Clause 88, page 65, line 19, after "Sections" insert "(*NHS Digital Sovereignty Strategy*), (*Duty as to UK suppliers and sovereign capability*),"

Member's explanatory statement
This amendment would bring the new clauses on an NHS Digital Sovereignty Strategy and a duty as to UK suppliers and sovereign capability into force on Royal Assent, so the deadline for publishing the strategy runs from then and the supplier duty applies immediately to contracts involving NHS patient data.

LORD TARASSENKO
LORD CLEMENT-JONES

289A Clause 88, page 65, line 19, after "Sections" insert "(*Health service AI adoption framework*), (*Implementation of recommendations: National Commission into the Regulation of AI in Healthcare*),"

LORD LANSLEY

290 Clause 88, page 65, line 22, at end insert—

"(za) section (*Cap on care costs*) (cap on care costs);"

Member's explanatory statement
This amendment is consequential on my amendment inserting a new clause after Clause 57 to commence the cap on care costs under the Care Act 2014. It provides for that clause to be brought into force two months after Royal Assent.

BARONESS DEECH

290A Clause 88, page 65, line 25, at the end insert—

"(c) section (*Amendments to the Human Fertilisation and Embryology Act 1990*) (Amendments to the Human Fertilisation and Embryology Act 1990) and Schedule (*Amendments to the Human Fertilisation and Embryology Act 1990*) (Amendments to the Human Fertilisation and Embryology Act 1990)."

Member's explanatory statement
This amendment is consequential to others in the name of Baroness Deech.

BARONESS LEAMAN

291 Clause 88, page 65, line 27, at end insert ", subject to the provisions of section (*Autism, ADHD and learning disabilities: responsibility following abolition of NHS England*) (autism, ADHD and learning disabilities: responsibility following abolition of NHS England)."

Member's explanatory statement
This amendment is consequential on another amendment in the name of Baroness Leaman.

Health Bill

THIRD MARSHALLED
LIST OF AMENDMENTS
TO BE MOVED
IN COMMITTEE OF THE WHOLE HOUSE

5 November 2026

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