
Committee Stage: Wednesday 27 October 2021

Health and Care Bill (Amendment Paper)

This document lists all amendments tabled to the Health and Care Bill. Any withdrawn amendments are listed at the end of the document. The amendments are arranged in the order in which it is expected they will be decided.

This document should be read alongside the Chair's provisional selection and grouping, which sets out the order in which the amendments will be debated.

★ New Amendments.

☆ Amendments which will comply with the required notice period at their next appearance.

New Amendment: NC70

Dr Philippa Whitford 114

Clause 130, page 111, line 15, at beginning insert "Subject to subsection (4),"

Member's explanatory statement

This amendment is consequential on Amendment 115.

Dr Philippa Whitford 115

Clause 130, page 111, line 25, at end insert—

"(4) Regulations may only be made under this section with the consent of—

- (a) the Scottish Ministers insofar as they make provision for any matter which falls within the legislative competence of the Scottish Parliament,
- (b) the Welsh Ministers insofar as they make provision for any matter which falls within the legislative competence of Senedd Cymru, and
- (c) The Northern Ireland Ministers insofar as they make provision for any matter which falls within the legislative competence of the Northern Ireland Assembly."

Member's explanatory statement

This amendment would require the Secretary of State for Health and Social Care to obtain the

consent of the relevant devolved government before powers in this clause falling within the legislative competence of a devolved institution are exercised.

Edward Argar

NC59

To move the following Clause—

“Care Quality Commission reviews etc of integrated care system

- (1) Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care) is amended as follows.
- (2) After section 46A (inserted by section 121 of this Act) insert—

“46B Reviews and performance assessments: integrated care system

- (1) The Commission must, in accordance with this section—
 - (a) conduct reviews of—
 - (i) the provision of relevant health care, and adult social care, within the area of each integrated care board, and
 - (ii) the exercise of the functions of the following in relation to the provision of that care within the area of each integrated care board: the board; its partner local authorities; and registered service providers,
 - (b) assess the functioning of the system for the provision of relevant health care, and adult social care, within the area of each integrated care board (taking into account, in particular, how those mentioned in paragraph (a)(ii) work together), and
 - (c) publish a report of its assessment.
- (2) The Secretary of State—
 - (a) must set, and may from time to time revise, objectives and priorities for the Commission in relation to assessments under this section, and
 - (b) must inform the Commission of the objectives and priorities.
- (3) The Commission—
 - (a) must determine, and may from time to time revise, indicators of quality for the purposes of assessments under this section, and
 - (b) must obtain the approval of the Secretary of State in relation to the indicators.
- (4) The Secretary of State may direct the Commission to revise the indicators under subsection (3).
- (5) Different objectives and priorities may be set, and different indicators of quality may be determined, for different cases.
- (6) The Commission—
 - (a) must prepare, and may from time to time revise, a statement—

- (i) setting out the frequency with which reviews under this section are to be conducted and the period to which they are to relate, and
 - (ii) describing the method that it proposes to use in assessing and evaluating the functioning of the system for the provision of relevant health care, and adult social care, within the area of an integrated care board, and
 - (b) must obtain the approval of the Secretary of State in relation to the statement.
- (7) The statement may—
- (a) make different provision about frequency and period of reviews for different cases, and
 - (b) describe different methods for different cases.
- (8) Before preparing or revising a statement under subsection (6) the Commission must consult—
- (a) NHS England, and
 - (b) any other persons it considers appropriate.
- (9) The Secretary of State may direct the Commission to revise the statement under subsection (6).
- (10) The Commission must publish—
- (a) the objectives and priorities under subsection (2),
 - (b) the indicators of quality under subsection (3), and
 - (c) the statement under subsection (6).
- (11) For the purposes of this section—
- “adult social care” means social care for individuals aged 18 or over;
- “partner local authority”, in relation to an integrated care board, means any English local authority whose area coincides with, or includes the whole or any part of, the area of the integrated care board;
- “registered service provider” means a person registered under Chapter 2 as a service provider;
- “relevant health care” means—
- (a) NHS care, or
 - (b) the promotion and protection of public health.
- (12) Regulations may amend the definition of “relevant health care” to include health care which is provided or commissioned by a public authority (but which does not amount to NHS care).”
- (3) In section 48 (special reviews and investigations), in subsection (2), after “46A” (inserted by section 121 of this Act) insert “or 46B”.
- (4) In section 50 (failings by English local authorities), in subsection (1), after “46A” (inserted by section 121 of this Act) insert “or 46B”.
- (5) In section 162 (orders and regulations: parliamentary control), in subsection (3), after paragraph (c) insert—
- “(c) regulations under section 46B(12) (amendment of definition of relevant health care),”.

Member's explanatory statement

This new clause imposes a duty on the Care Quality Commission to carry out reviews and assessments into the overall functioning of the system for the provision of NHS Care and adult social care services within the area of each integrated care board.

Edward Argar

NC60

To move the following Clause—

“Default powers of Secretary of State in relation to adult social care

- (1) In section 7D of the Local Authority Social Services Act 1970 (default powers of Secretary of State as respects social services functions of local authorities)—
 - (a) in subsection (1), for the words from “imposed” to “2002” substitute “referred to in subsection (4)”;
 - (b) after subsection (3) insert—
- “(4) Subsection (1) does not apply in relation to a duty imposed by or under—
 - (a) the Children Act 1989,
 - (b) section 1 or 2(4) of the Adoption (Intercountry Aspects) Act 1999,
 - (c) the Adoption and Children Act 2002, or
 - (d) Part 1 of the Care Act 2014.”
- (2) The Care Act 2014 is amended in accordance with subsections (3) and (4).
- (3) After section 72 insert—

*“Default by local authority***72A Default power of Secretary of State**

- (1) Where the Secretary of State is satisfied that a local authority is failing, or has failed, to discharge any of its functions under or by virtue of this Part to an acceptable standard, the Secretary of State may give to the local authority any directions that the Secretary of State considers appropriate for the purpose of addressing the failure.
- (2) The directions may include provision requiring the local authority—
 - (a) to act in accordance with advice given by the Secretary of State or a person nominated by the Secretary of State,
 - (b) to collaborate with the Secretary of State or a person nominated by the Secretary of State in taking steps specified in the directions, or
 - (c) to provide the Secretary of State or a person nominated by the Secretary of State with information of a description specified in the directions, on request or otherwise.
- (3) If the Secretary of State considers it necessary for the purpose of addressing the failure, the directions may include provision—
 - (a) for specified functions of the local authority to be exercised by the Secretary of State or a person nominated by the Secretary of State for a period specified in the direction or for so long as the Secretary of State considers appropriate, and

- (b) requiring the local authority to comply with any instructions of the Secretary of State or the nominee in relation to the exercise of the functions.
- (4) So far as is appropriate in consequence of directions given by virtue of subsection (3), a reference (however expressed) in an enactment, instrument or other document to a local authority is to be read as a reference to the person by whom the function is exercisable.
- (5) If directions given by virtue of subsection (3) expire or are revoked without being replaced then, so far as is appropriate in consequence of the expiry or revocation, a reference (however expressed) in an instrument or other document to the person by whom the function was exercisable is to be read as a reference to the local authority to whom the directions were given.
- (6) The Secretary of State may, for the purposes of cases in which directions are given under subsection (3)(a), make regulations disapplying or modifying an enactment which confers a function on the Secretary of State in respect of a function of a local authority.
- (7) Directions under this section may require the local authority to provide financial assistance to the Secretary of State, or a person nominated by the Secretary of State, for the purpose of meeting costs incurred by the Secretary of State or the nominee as a result of the directions.

72B Default power of Secretary of State: supplementary

- (1) Before giving directions under section 72A the Secretary of State must give the local authority concerned an opportunity to make representations about the proposed directions, except so far as the Secretary of State considers that it is impractical to do so for reasons of urgency.
- (2) The power to give directions under section 72A includes a power to vary or revoke the directions by subsequent directions.
- (3) Subsection (1) does not apply in relation to proposed directions varying previous directions if the Secretary of State does not consider the variations to be significant.
- (4) Directions under section 72A must be in writing.
- (5) The Secretary of State must publish—
 - (a) any directions given under section 72A, and
 - (b) the reasons for giving them.
- (6) Directions under section 72A are enforceable, on the Secretary of State's application, by a mandatory order."
- (4) In section 125(4) (regulations and orders subject to affirmative procedure), after paragraph (k) insert—
 - "(ka) regulations under section 72A(6) (modification of enactments where local authority functions are exercised by the Secretary of State or a nominee);"."

Member's explanatory statement

This new clause would create a new power for the Secretary of State to intervene where local

authorities are failing in the exercise of functions under Part 1 of the Care Act 2014 (adult social care) and make consequential amendments.

Edward Argar

NC61

To move the following Clause—

“Care Quality Commission’s powers in relation to local authority failings

- (1) The Health and Social Care Act 2008 is amended as follows.
- (2) In section 48 (special reviews and investigations), in subsection (6) omit “or (3)”.
- (3) In section 50 (failings by English local authorities)—
 - (a) in subsection (2), in the words before paragraph (a), omit “subject to subsection (3)”;
 - (b) for subsections (3) and (4) substitute—

“(3A) Nothing in subsection (2) prevents a report published under section 46(1)(c), 46A(1)(c), 46B(1)(c) or 48(4) from specifying respects in which the Commission considers a local authority to be failing and making recommendations to the local authority for addressing the failure.”

Member’s explanatory statement

This new clause would remove the power of the Care Quality Commission under section 50 of the Health and Social Care Act 2008 to give a notice of failure to an English local authority.

Edward Argar

NC62

To move the following Clause—

“Pharmaceutical services: remuneration in respect of vaccines etc

- (1) Section 164 of the National Health Service Act 2006 (remuneration for persons providing pharmaceutical services) is amended as follows.
- (2) In subsection (8A) for “special medicinal products” substitute “any of the following—
 - (a) drugs or medicines used for vaccinating or immunising people against disease,
 - (b) anything used in connection with the supply or administration of drugs or medicines within paragraph (a),
 - (c) drugs or medicines, not within paragraph (a), that are used for preventing or treating a disease that, at the time the regulations are made, the Secretary of State considers to be a pandemic disease or at risk of becoming a pandemic disease,
 - (d) anything used in connection with the supply or administration of drugs or medicines within paragraph (c), or
 - (e) a product which is a special medicinal product for the purposes of regulation 167 of the Human Medicines Regulations 2012 (S.I. 2012/1916).”
- (3) In subsection (8D)—

- (a) for “special medicinal products are” substitute “anything within subsection (8A)(a) to (e) is”;
 - (b) in paragraph (b), for “special medicinal products” substitute “that thing,”.
- (4) In subsection (8E), omit the definition of “special medicinal product”.
- (5) After subsection (8E) insert—
- “(8F) Where regulations include provision made in reliance on subsection (8A)(c) or (d) and the Secretary of State considers that the disease to which it relates is no longer a pandemic disease or at risk of becoming a pandemic disease, the Secretary of State must revoke that provision within such period as the Secretary of State considers reasonable (taking into account, in particular, the need for any transitional arrangements).”

Member’s explanatory statement

This new clause expands a power to make regulations under section 164 of the National Health Services Act 2006 (which, among other things, provides for circumstances in which no remuneration needs to be paid to persons who provide pharmaceutical services in respect of products because they are supplied by a health service body).

Mr Richard Holden
 Jeremy Hunt
 Dame Meg Hillier
 Jackie Doyle-Price
 Sarah Olney
 Dehenna Davison
 Simon Fell
 Lee Anderson
 Tracey Crouch
 Christian Wakeford
 James Daly
 Mr Robert Goodwill
 Paula Barker
 Mr Virendra Sharma
 David Johnston
 Rosie Cooper
 Crispin Blunt
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Paul Howell
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 Duncan Baker
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 Caroline Lucas
 Sarah Champion
 Mick Whitley
 Shaun Bailey
 Steve Brine
 Tony Lloyd
 Caroline Nokes
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Alexander Stafford
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 Mr Steve Baker
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 Sir Peter Bottomley
 Fiona Bruce
 Chris Loder
 Mrs Emma Lewell-Buck
 Jill Mortimer
 Marsha De Cordova
 Antony Higginbotham
 Mary Kelly Foy
 Jess Phillips
 Sir Roger Gale
 Justin Madders

NC1

To move the following Clause—

“Prohibition of virginity testing

- (1) A person is guilty of an offence if they attempt to establish that another person is a virgin by making physical contact with their genitalia.
- (2) A person is guilty of an offence if they provide another person with a product intended for the purpose, or purported purpose, of establishing whether another person is a virgin.

- (3) A person is guilty of an offence if they aid, abet, counsel or procure a person to establish that another person is a virgin by making physical contact with their genitalia.
- (4) No offence is committed by an approved person who performs—
 - (a) a surgical operation on a person which is necessary for their physical or mental health; or
 - (b) a surgical operation on a female who is in any stage of labour, or has just given birth, for purposes connected with the labour or birth.
- (5) The following are approved persons—
 - (a) in relation to an operation falling within subsection (4)(a), a registered medical practitioner; and
 - (b) in relation to an operation falling within subsection (5)(b), a registered medical practitioner, a registered midwife or a person undergoing a course of training with a view to becoming such a practitioner or midwife.
- (6) There is also no offence committed by a person who—
 - (a) performs a surgical operation falling within subsection (4)(a) or (b) outside the United Kingdom; and
 - (b) in relation to such an operation exercises functions corresponding to those of an approved person.
- (7) For the purpose of determining whether an operation is necessary for the mental health of a girl it is immaterial whether she or any other person believes that the operation is required as a matter of custom or ritual.
- (8) This section applies to any act done outside the United Kingdom by a United Kingdom national or resident.
- (9) A person who is guilty of an offence under this section is liable, on summary conviction, to imprisonment for a term not exceeding 12 months, to a fine, or to both.
- (10) The court must refer the case of any person guilty of an offence under this section who is subject to statutory professional regulation for investigation by the relevant regulator.”

Mr Richard Holden
 Jeremy Hunt
 Dame Meg Hillier
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 Christian Wakeford
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 Jill Mortimer
 Marsha De Cordova
 Antony Higginbotham
 Mary Kelly Foy
 Jess Phillips
 Sir Roger Gale
 Justin Madders

NC2

To move the following Clause—

“Prohibition of hymenoplasty

- (1) A person is guilty of an offence if they undertake a surgical procedure for the purpose of re-attaching membrane tissue, creating scar tissue or otherwise attempting to re-create the hymen in the vagina of a patient.
- (2) A person is guilty of an offence if they advertise the service of hymenoplasty or any service that purports to “re-virginise” or otherwise re-create or re-attach the hymen of a patient by way of surgical procedure.
- (3) A person is guilty of an offence if they aid, abet, counsel or procure a person to undertake a surgical procedure for the purpose of re-attaching membrane tissue, creating scar tissue or otherwise attempting to or re-creating the hymen in the vagina of a patient.
- (4) This section applies to any act done outside the United Kingdom by a United Kingdom national or resident.
- (5) A person who is guilty of an offence under this section is liable, on conviction, to imprisonment for a term not exceeding 5 years.
- (6) The court must refer the case of any person guilty of an offence under this section who is subject to statutory professional regulation for investigation by the relevant regulator.”

Anne Marie Morris
Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Paula Barker

NC3

To move the following Clause—

“Annual parity of esteem report: spending on mental health and mental illness

Within six weeks of the end of each financial year, the Secretary of State must lay before each House of Parliament a report on the ways in which the allotment made to NHS England for that financial year contributed to the promotion in England of a comprehensive health service designed to secure improvement—

- (a) in the mental health of the people of England, and
- (b) in the prevention, diagnosis and treatment of mental illness.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to make an annual statement on how the funding received by mental health services that year from the overall annual allotment has contributed to the improvement of mental health and the prevention, diagnosis and treatment of mental illness.

Anne Marie Morris

NC4

To move the following Clause—

“Annual parity of workforce training report

- (1) The Secretary of State must, annually, publish a report setting out what steps have been taken to integrate and standardise training programmes across health and social care settings.
- (2) NHS England and Health Education England must assist in the preparation of a report under this section, if requested to do so by the Secretary of State.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to make an annual statement on what progress has been made on integrating training across the health and social care workforce.

Anne Marie Morris
Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Paula Barker

NC5

To move the following Clause—

“Support provided by the NHS to victims of domestic abuse

- (1) Each Integrated Care Board must—
 - (a) assess, or make arrangements for the assessment of, the need for support for victims of domestic abuse using their services;
 - (b) prepare and publish a strategy for the provision of such support in its area;
 - (c) monitor and evaluate the effectiveness of the strategy;
 - (d) designate a domestic abuse and sexual violence lead; and
 - (e) publish an annual report on how it has discharged its duties relating to the provision of services to victims of domestic violence under the Care Act 2014.
- (2) An Integrated Care Board that publishes a strategy under this section must, in carrying out its functions, give effect to the strategy.
- (3) Before publishing a strategy under this section, an Integrated Care Board must consult—
 - (a) any local authority for an area within the relevant Integrated Care Board’s area;
 - (b) the domestic abuse local partnership board appointed by the local authority for an area within the relevant clinical commissioning group’s area under section 58 of the Domestic Abuse Act 2021; and
 - (c) such other persons as the relevant local authority considers appropriate.
- (4) For the purposes of subsection (4), “local authority” means—
 - (a) a county council or district council in England; or
 - (b) a London borough council.
- (5) An Integrated Care Board that publishes a strategy under this section—
 - (a) must keep the strategy under review;
 - (b) may alter or replace the strategy; and
 - (c) must publish any altered or replacement strategy.
- (6) The Secretary of State may by regulations make provision about the preparation and publication of strategies under this section.
- (7) The power to make regulations under subsection (7) may, in particular, be exercised to make provision about—
 - (a) the procedure to be followed by an Integrated Care Board in preparing a strategy;

- (b) matters to which an Integrated Care Board must have regard in preparing a strategy;
 - (c) how an Integrated Care Board must publish a strategy;
 - (d) the date by which an Integrated Care Board must first publish a strategy; and
 - (e) the frequency with which an Integrated Care Board must review its strategy or any effect of the strategy on the provision of other provision in its area.
- (8) Before making regulations under this section, the Secretary of State must consult—
- (a) all Integrated Care Boards; and
 - (b) such other persons as the Secretary of State considers appropriate.”

Member’s explanatory statement

This new clause would require Integrated Care Boards to publish a strategy for the provision of support for victims of domestic abuse using their services and designate a domestic abuse and sexual violence lead.

Anne Marie Morris

NC6

To move the following Clause—

“Report on assessing and meeting parity of outcomes

- (1) The Secretary of State must publish an annual report describing the system in place for assessing and achieving parity of esteem between care types.
- (2) In this section “care types” means—
 - (a) care for physical health;
 - (b) care for mental health; and
 - (c) social care.
- (3) The report must contain an assessment of how parity of esteem between care types has been pursued in the measurement and tackling of—
 - (a) excess mortality;
 - (b) burden of disease;
 - (c) number of patients with a diagnosis who are receiving treatment;
 - (d) waiting times;
 - (e) readmission rates; and
 - (f) any other matters the Secretary of State considers appropriate.”

Member’s explanatory statement

This new clause would require the Secretary of State to set out how parity of esteem has been achieved between physical health, mental health and social care.

Karin Smyth

NC7

To move the following Clause—

“Transparency of decision-making by NHS bodies

- (1) All meetings of NHS bodies must be held in public and reasonable provision must be made for access to meetings other than by physical attendance.
- (2) All—
 - (a) agendas; and
 - (b) other papersto be considered at meetings of NHS bodies must be published at least 10 days before the date of the meeting.
- (3) For the purposes of this section an NHS body is—
 - (a) NHS England;
 - (b) an Integrated Care Board;
 - (c) an NHS Trust;
 - (d) an NHS Foundation Trust; and
 - (e) a Special Health Authority.
- (4) An NHS body may, by resolution, exclude the public from the whole or part of a meeting if it considers that publicity would be prejudicial to the public interest because confidential business is to be transacted at the meeting or for other reasons stated in the resolution.
- (5) A resolution to exclude the public from a meeting under subsection (4) must be published at least five days before the date of the meeting and must explain—
 - (a) what is covered by the resolution; and
 - (b) the reason publication is not in the public interest.
- (6) Any responses from the public to the publication of the resolution under subsection (5) must be considered in public at the meeting.
- (7) All major decisions taken by an NHS body must be based on—
 - (a) a business case prepared to the standards required by HM Treasury and published at least one month before the decision is to be considered;
 - (b) a Stage Gate Review or similar external independent assurance review, the summary of which must be published at least one month before the decision is to be considered; and
 - (c) consideration of any responses from the public, patients or staff representatives to the business case.
- (8) For the purposes of subsection (7) neither the business case nor any part of it nor any record of the consideration of the case by the NHS body may be considered to be commercially confidential under the Freedom of Information Act 2000.
- (9) For the purposes of subsection (7) a “major decision” includes, but is not restricted to, any proposal for—

- (a) capital expenditure in excess of £5m;
 - (b) the award of any contract with a value in excess of £1m to any organisation that is not an NHS Trust or NHS Foundation Trust; and
 - (c) any change in the organisation of the provision of services that will involve or may involve—
 - (i) more than 10 staff; or
 - (ii) more than 10 patients or service users.
- (10) NHS England may publish guidance on the consideration of major decisions under subsections (7) to (9)."

Member's explanatory statement

This new clause requires all NHS organisations to hold meetings and make decisions in an open and transparent manner and allows the public and patients to express views on important proposals.

Karin Smyth

NC8

To move the following Clause—

"NHS Good Governance Commission

- (1) Regulations must provide for the establishment of an NHS Good Governance Commission as a Special Health Authority.
- (2) The Commission has responsibility for ensuring that anyone appointed to, or elected into, a non-executive role on an NHS body—
 - (a) is a fit and proper person for that role; and
 - (b) has been appointed or elected by a process that the Commission considers appropriate.
- (3) For the purposes of subsection (2) a Chair or ordinary member of an Integrated Care Board must be considered to be a non-executive role.
- (4) NHS England may publish guidance, which must be approved by the Commission, about how appointments are made to NHS bodies.
- (5) The Commission must publish an annual assessment of diversity and inclusion in decision-making by NHS bodies and in appointments to executive and non-executive roles in NHS bodies.
- (6) For the purposes of subsection (2) an NHS body is—
 - (a) NHS England;
 - (b) an Integrated Care Board;
 - (c) an NHS Trust;
 - (d) an NHS Foundations Trust; and
 - (e) a Special Health Authority."

Member's explanatory statement

This new clause returns to the position prior to 2012 by recreating a body with independent oversight of important NHS appointments.

Chris Skidmore
Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Anne Marie Morris

NC9

To move the following Clause—

“Duty to promote research

For Section 1E of the National Health Service Act 2006 substitute—

“Duty to promote research

The Secretary of State must—

- (a) support the conduct of research on matters relevant to the health and care system,
- (b) provide funding for research on matters relevant to the health and care system, via ring-fenced funding for the National Institute for Health Research, and
- (c) promote the use in the health and care system of evidence obtained from research.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to have a duty to support, fund and promote the use of research in the health and care system in England, via ring-fenced funding for the National Institute for Health Research.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

NC11

To move the following Clause—

“Consultation with staff and patients on service changes

- (1) The Secretary of State must consult staff, staff representatives and patient representatives on any changes in services which fall within the definition of reconfiguration of services or which impact on the roles of more than 20 staff and publish the results of the consultation.
- (2) NHS England, ICBs, NHS Trusts and FTs must publish a response to the results of consultations undertaken under subsection (1) and have due regard to the outcome of any consultation.
- (3) Where significant changes to services are proposed by any NHS body, that body must produce a business case using the Five Case Model recommended by Her Majesty’s Treasury, or other requirements as set out in guidance prepared and published by the Secretary of State under this section.
- (4) The business case mentioned in subsection (3) must be published for consultation and the responses to the consultation taken into account when a decision is taken whether to implement the change.”

Justin Madders

NC12

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Dr Philippa Whitford

Margaret Greenwood

Paula Barker

To move the following Clause—

“NHS as the preferred provider of NHS contracts

- (1) The NHS is the preferred provider of NHS contracts.
- (2) NHS contracts must be provided by NHS suppliers unless the NHS supplier is unable to fulfil the terms of that contract.
- (3) Where the NHS is unable to fulfil the terms of a contract, a competitive tender must be held to identify an alternative provider.
- (4) For the purposes of this section—
 - (a) “alternative provider” means private companies and independent sector treatment centres, and
 - (b) general practice and GP-led community services are NHS suppliers.”

Member’s explanatory statement

This new clause would establish NHS suppliers of services as the preferred providers of NHS contracts. Independent sector providers could hold NHS contracts after winning a competitive tender.

Justin Madders

NC13

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Secretary of State’s duty to set targets on population health and reduction of inequalities

- (1) The Secretary of State must, at least every five years, publish a report setting targets on—
 - (a) the improvement of the physical and mental health of the population, and
 - (b) the reduction of health inequalities.
- (2) The Secretary of State must publish an annual report recording progress against the targets in subsection (1).”

Alex Norris

NC14

To move the following Clause—

“Appropriate consent to transplantation activities when travelling abroad

The Human Tissue Act 2004 is amended as follows—

- (1) Section 32 (prohibition of commercial dealings in human material for transplantation) is amended as follows.
- (2) In subsection (1), after paragraph (e) insert—
 - “(f) travels outside the United Kingdom and receives any controlled material, for the purpose of transplantation, where the material was obtained without—
 - (i) the free, informed and specific consent of a living donor, or
 - (ii) the free, informed and specific consent of the donor’s next of kin, where the donor is unable to provide consent;
 - (g) receives any controlled material for the purpose of transplantation for which, in exchange for the removal of organs—
 - (i) the living donor, or a third party, receives a financial gain or comparable advantage, or
 - (ii) from a deceased donor, a third party receives financial gain or comparable advantage.
- (1A) For the purposes of paragraphs (f) and (g) in subsection (1), it is immaterial whether the offence of dealing in controlled material for transplantation is caused by an act or an omission.
- (1B) For the purposes of paragraph (g) in subsection (1), it is immaterial whether the acts or omissions which form part of the offence take place in the United Kingdom or elsewhere.
- (1C) In subsection (1)(g), the expression “financial gain or comparable advantage” does not include compensation for loss of earnings and any other justifiable expenses caused by the removal or by the related medical examinations, or compensation in case of damage which is not inherent to the removal of organs.
- (1D) Subsection (1F) applies if—
 - (a) no act which forms part of an offence under subsection (1) takes place in the United Kingdom, but
 - (b) the person committing the offence has a close connection with the United Kingdom.
- (1E) For the purposes of subsection (1D)(b), a person has a close connection with the United Kingdom if, and only if, the person was one of the following at the time the acts or omissions concerned were done or made—
 - (a) a British citizen,
 - (b) a British overseas territories citizen,

- (c) a British National (Overseas),
 - (d) a British Overseas citizen,
 - (e) a person who under the British Nationality Act 1981 was a British subject,
 - (f) a British protected person within the meaning of that Act,
 - (g) an individual ordinarily resident in the United Kingdom,
 - (h) a body incorporated under the law of any part of the United Kingdom,
 - (i) a Scottish partnership.
- (1F) In such a case, proceedings for the offence may be taken in any criminal court in England and Wales or Northern Ireland.”
- (3) In subsection (3), after “subsection (1)” insert “(a) to (e)”.
- (4) In subsection (4), after “subsection (1)” insert “(a) to (e)”.
- (5) After subsection (4) insert—
- “(4A) A person guilty of an offence under subsection (1)(f) or (1)(g) shall be liable—
- (a) on summary conviction—
 - (i) to imprisonment for a term not exceeding 12 months,
 - (ii) to a fine not exceeding the statutory maximum, or
 - (iii) to both;
 - (b) on conviction on indictment—
 - (i) to imprisonment for a term not exceeding 9 years,
 - (ii) to a fine, or
 - (iii) to both.”
- (6) Section 34 (information about transplant operations) is amended as follows.
- (7) After subsection (2) insert—
- “(2A) Regulations under subsection (1) must require specified persons to—
- (a) keep patient identifiable records for all instances of UK citizens who have received transplant procedures performed outside the United Kingdom; and
 - (b) report instances of transplant procedures performed on UK citizens outside the United Kingdom to NHS Blood and Transplant.
- (2B) Regulations under subsection (1) must require NHS Blood and Transplant to produce an annual report on instances of UK citizens receiving transplant procedures outside the United Kingdom.””

Alex Norris

NC15

To move the following Clause—

“Regulation of the public display of imported cadavers

The Human Tissue Act 2004 is amended as follows—

In subsections (5)(a), (6)(a) and (6)(b) of section 1 (authorisation of activities for scheduled purposes) after “imported” insert “other than for the purpose of public display”.

Caroline Nokes
 Carolyn Harris
 Anne Marie Morris
 Sarah Champion
 Judith Cummins
 Mr Kevan Jones
 Peter Dowd
 Justin Madders
 Mary Kelly Foy

NC16

Caroline Lucas
 Alex Norris

Kim Johnson
 Karin Smyth

To move the following Clause—

“Licensing of beauty and aesthetics treatments

- (1) No person may carry on an activity to which this subsection applies—
 - (a) except under the authority of a licence for the purposes of this section, and
 - (b) other than in accordance with specified training.
- (2) Subsection (1) applies to an activity relating to the provision of beauty or aesthetics treatments which is specified for the purposes of the subsection by regulations made by the Secretary of State.
- (3) A person commits an offence if that person contravenes subsection (1).
- (4) The Secretary of State may by regulations make provision about licences and conditions for the purposes of this section.
- (5) Before making regulations under this section, the Secretary of State must consult the representatives of any interests concerned which the Secretary of State considers appropriate.
- (6) Regulations may, in particular—
 - (a) require a licensing authority not to grant a licence unless satisfied as to a matter specified in the regulations; and
 - (b) require a licensing authority to have regard, in deciding whether to grant a licence, to a matter specified in the regulations.”

Member’s explanatory statement

This new clause gives the Secretary of State the power to introduce a licensing regime for cosmetic treatments and makes it an offence for someone to practise without a licence. The list of treatments, detailed conditions and training requirements would be set out in regulations after consultation with relevant stakeholders.

Justin Madders

NC17

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Paula Barker

To move the following Clause—

“Secretary of State’s duty to maintain safe staffing levels

After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

“1GA Secretary of State’s duty to maintain safe staffing levels

The Secretary of State has a duty to maintain safe staffing levels in the health and care service in England.””

Justin Madders

NC18

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Paula Barker

To move the following Clause—

“Workforce responsibilities of integrated care boards

- (1) Each integrated care board must at least every two years publish a report setting out an analysis of the current workforce, the workforce requirements to enable the Board to fulfil its duties over the following 2, 5 and 10 years, and the plans the Board has to close any gaps identified.
- (2) In drawing up the report the Board must consult—
 - (a) the Trusts and Foundation Trusts that provide services in its area,
 - (b) providers of primary care in its area, and
 - (c) the recognised trade unions.”

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC19

To move the following Clause—

“Secretary of State’s duty to provide access to occupational health services to NHS staff

After section 1G of the National Health Service Act 2006 (but before the italic heading after it) insert—

“1GA Secretary of State’s duty to provide access to occupational health services to NHS staff

The Secretary of State must provide access to occupational health services to meet the reasonable requirements of all persons who are employed in an activity which involves or relates to the provision of services as part of the health service in England.””

Member’s explanatory statement

This new clause would place a new duty on the Secretary of State to provide access to OH services to meet the reasonable requirements of all NHS staff. The duty would apply to all healthcare professionals delivering health care including doctors, dentists, nurses, midwives, pharmacists, healthcare scientists and the allied health professions.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC20

To move the following Clause—

“Secretary of State’s duty to promote health service

- (1) The National Health Service Act 2006 is amended as follows.
- (2) For section 1 (Secretary of State’s duty to promote comprehensive health service) substitute the following—

“Secretary of State’s duty to promote health service

- (1) The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement—
 - (a) in the physical and mental health of the people of England, and
 - (b) in the prevention, diagnosis and treatment of illness.
- (2) The Secretary of State must for that purpose provide or secure the provision of services in accordance with this Act.
- (3) The services so provided must be free of charge except in so far as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed.”

Member's explanatory statement

This new clause would restore the wording of section 1 of the NHS Act 2006, concerning the duties of the Secretary of State regarding the promotion of the health service, to its original form, before it was amended by section 1 of the Health and Social Care Act 2012.

Justin Madders

NC21

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

Paula Barker

To move the following Clause—

“Duties on the Secretary of State to provide services

- (1) The Secretary of State must provide, in England, to such extent as he considers necessary to meet all reasonable requirements—
 - (a) hospital accommodation,
 - (b) other accommodation for the purpose of any service provided under this Act,
 - (c) medical, dental, ophthalmic, nursing and ambulance services,
 - (d) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as he considers are appropriate as part of the health service,
 - (e) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as he considers are appropriate as part of the health service,
 - (f) such other services or facilities as are required for the diagnosis and treatment of illness.
- (2) For the purposes of the duty in subsection (1), services provided under—
 - (a) section 82A (primary medical services), section 98C (primary dental services) or section 114C (primary ophthalmic services), of the NHS Act 2006, and
 - (b) a general medical services contract, a general dental services contract or a general ophthalmic services contract,
 must be regarded as provided by the Secretary of State.”

Anne Marie Morris

NC22

To move the following Clause—

“Obligation on integrated care boards to ensure appropriate uptake of all NICE approved products according to population need

- (1) An integrated care board must promote uptake of all NICE approved medicines and medical devices in accordance with the need of the population it serves.

- (2) An integrated care board must, in each financial year, prepare a report on the uptake of all NICE approved medicines and medical devices, including the number of patients that have accessed each product.”

Member’s explanatory statement

This new clause would require ICBs to ensure that all NICE approvals are available and promoted to their population, and report on this uptake annually.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth
Paula Barker

NC23

To move the following Clause—

“Cap on private charges

- (1) Section 43 of the National Health Service Act 2006 is amended as follows.
- (2) Leave out subsection (2A) and insert—
- “(2A) An NHS foundation trust does not fulfil its primary purpose if the proportion of the total income of the NHS foundation trust in any financial year derived from private charges is greater than the proportion of the total income of the NHS trust derived from such charges in the financial year ending 31 March 2022.
- (2B) For the purposes of subsections (2A) and (2C) “private charges” means charges imposed in respect of goods and services provided to patients other than patients being provided with goods and services for the purposes of the health service.
- (2C) An NHS foundation trust does not fulfil its principal purpose if in any year the proportion of the total income derived from private charges is greater than the proportion of the total income of the NHS trust derived from such charges in the previous financial year unless—
- (a) the appropriate integrated care boards and integrated care partnerships have been notified of the intention that this increase will occur;
 - (b) that intention has been published with a statement of the reasons why it is considered to benefit the NHS;
 - (c) the appropriate integrated care boards and integrated care partnerships have used reasonable endeavours to consider any responses to the publication mentioned in (b); and
 - (d) any integrated care board which has commissioned services from the trust, and the integrated care partnership for the board, have informed the NHS foundation trust that the proposed increase is justified.””

Member’s explanatory statement

This new clause would prevent NHS foundation trusts increasing their income from private patients year on year unless the conditions set in subsection (2C) are met.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC24

To move the following Clause—

“Requirement for NHS trusts to publish Royal College invited review reports

Each NHS Trust in England must publish the reports produced by Royal Colleges of invited reviews of the Trust, including any conclusions and recommendations.”

Member’s explanatory statement

This new clause would require Trusts to publish Royal College invited review reports.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC25

To move the following Clause—

“Secretary of State’s duty to report on disparities in maternal mortality rates

The Secretary of State must prepare and publish a report each year on variation in the quality and safety of England’s maternity services and disparities in maternal mortality rates in England, including the steps being taken to address these disparities and improve outcomes for patients.”

Member’s explanatory statement

This new clause lays a duty on the Secretary of State to prepare and publish a report on variation in the quality and safety of England’s maternity services and disparities in maternal mortality rates in England, including what steps his department is taking to address these disparities and improve outcomes for patients.

Anne Marie Morris

NC26

To move the following Clause—

“Access to approved treatments

After section 3A of the National Health Service Act 2006 (inserted by section 15 of this Act) insert—

“3AA Duty of integrated care boards to commission approved treatments

(1) This section applies where—

- (a) a treatment has been approved by the National Institute for Health and Care Excellence, and
 - (b) an integrated care board has not arranged for the provision of that treatment under section 3 or 3A of this Act, and
 - (c) a clinician has recommended that treatment for a person for whom that integrated care board has responsibility.
- (2) The integrated care board referred to in subsection (1) must arrange for the provision of that treatment to the person for whom it has responsibility.
- (3) In subsection (1) “clinician” means a medical professional employed by or acting on behalf of an NHS Trust, NHS Foundation Trust or primary care service from whom the integrated care board has arranged for the provision of services.””

Member’s explanatory statement

This new clause would require an integrated care board to arrange for the provision of a NICE-approved treatment to any patient whose NHS clinician has recommended it, even if that treatment is not otherwise available to patients in that ICB area.

Chris Skidmore

NC27

To move the following Clause—

“Duty as to workforce and training innovation

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 1F(1) insert—

“(1A) The Secretary of State must support the transformation of the health and social care workforce for integrated care systems, working with universities and colleges to train the future workforce through investment in technological and interprofessional innovation.””

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to support the transformation of the health and social care workforce, including by working with universities and colleges and through investment in technological and interdisciplinary innovation.

Chris Skidmore

NC28

To move the following Clause—

“Duty as to education placement capacity and innovation

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 1F(1) insert—

“(1A) To meet the integrated workforce requirements of integrated care systems, the Secretary of State must—

- (a) ensure that there is sufficient placement capacity in the health and social care system in England to educate and develop a sustainable health and social care workforce,
- (b) support, fund and promote the use of innovation in healthcare higher education to meet health and social care workforce needs, including new approaches to interdisciplinarity, digital technology and simulation, and
- (c) consult universities, health and social care service employers, providers and other persons deemed necessary to develop practice placement capacity and innovation in higher education for health and social care to meet the needs of the health and social care workforce.””

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to develop and support education practice placement capacity across integrated systems and to support innovation in higher education for health and social care.

Mary Kelly Foy

Alex Norris

Justin Madders

Karin Smyth

Jonathan Ashworth

Bob Blackman

Alex Cunningham

Kate Osborne

Paula Barker

Dr Philippa Whitford

Ian Mearns

John McDonnell

Mr Clive Betts

Barbara Keeley

Hywel Williams

Peter Dowd

Tony Lloyd

NC29

To move the following Clause—

“Health warnings on cigarettes and cigarette papers

The Secretary of State may by regulations require tobacco manufacturers to print health warnings on individual cigarettes and cigarette rolling papers.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to require manufacturers to print health warnings on individual cigarettes.

Mary Kelly Foy
 Alex Norris
 Justin Madders
 Karin Smyth
 Jonathan Ashworth
 Bob Blackman
 Alex Cunningham
 Kate Osborne
 Paula Barker
 Dr Philippa Whitford

Ian Mearns
 John McDonnell
 Mr Clive Betts
 Barbara Keeley

Hywel Williams
 Peter Dowd
 Tony Lloyd

NC30

To move the following Clause—

“Cigarette pack inserts

The Secretary of State may by regulations require tobacco manufacturers to display a health information message on a leaflet inserted in cigarette packaging.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to require manufacturers to insert leaflets containing health information and information about smoking cessation services inside cigarette packaging.

Mary Kelly Foy
 Alex Norris
 Justin Madders
 Karin Smyth
 Jonathan Ashworth
 Bob Blackman
 Alex Cunningham
 Kate Osborne
 Paula Barker
 Dr Philippa Whitford

Ian Mearns
 John McDonnell
 Mr Clive Betts
 Barbara Keeley

Hywel Williams
 Peter Dowd
 Tony Lloyd
 Charlotte Nichols

NC31

To move the following Clause—

“Packaging and labelling of nicotine products

The Secretary of State may by regulations make provision about the retail packaging and labelling of electronic cigarettes and other novel nicotine products including requirements for health warnings and prohibition of branding elements attractive to children.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to prohibit branding on e-cigarette packaging which is appealing to children.

Mary Kelly Foy
 Alex Norris
 Justin Madders
 Karin Smyth
 Jonathan Ashworth
 Bob Blackman
 Alex Cunningham
 Kate Osborne
 Paula Barker
 Barbara Keeley

Ian Mearns
 John McDonnell
 Mr Clive Betts

Hywel Williams
 Peter Dowd
 Tony Lloyd

NC32

To move the following Clause—

“Sale and distribution of nicotine products to children under the age of 18 years

- (1) The Secretary of State may by regulations prohibit the free distribution of nicotine products to those aged under 18 years, and prohibit the sale of all nicotine products to those under 18.
- (2) Regulations under subsection (1) must include an exception for medicines or medical devices indicated for the treatment of persons aged under 18.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to prohibit the free distribution or sale of any consumer nicotine product to anyone under 18, while allowing the sale or distribution of nicotine replacement therapy licensed for use by under 18s.

Mary Kelly Foy
 Alex Norris
 Justin Madders
 Karin Smyth
 Jonathan Ashworth
 Bob Blackman
 Alex Cunningham
 Kate Osborne
 Paula Barker
 Dr Philippa Whitford

Ian Mearns
 John McDonnell
 Mr Clive Betts
 Barbara Keeley

Hywel Williams
 Peter Dowd
 Tony Lloyd

NC33

To move the following Clause—

“Flavoured tobacco products

The Secretary of State may by regulations remove the limitation of the prohibition of flavours in cigarettes or tobacco products to “characterising” flavours, and extend the flavour prohibition to all tobacco products as well as smoking accessories including filter papers, filters and other products designed to flavour tobacco products.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to prohibit any flavouring in any tobacco product or smoking accessory.

Mary Kelly Foy

NC34

Alex Norris

Justin Madders

Karin Smyth

Jonathan Ashworth

Bob Blackman

Alex Cunningham

Ian Mearns

Hywel Williams

Kate Osborne

John McDonnell

Peter Dowd

Paula Barker

Mr Clive Betts

Tony Lloyd

Dr Philippa Whitford

Barbara Keeley

To move the following Clause—

“Tobacco supplies: statutory schemes

- (1) The Secretary of State may make a scheme (referred to in this section and section [*Tobacco supplies: statutory schemes (supplementary)*]) as a statutory scheme) for one or more of the following purposes—
 - (a) regulating the prices which may be charged by any manufacturer or importer of tobacco products for the supply of any tobacco products,
 - (b) limiting the profits which may accrue to any manufacturer or importer in connection with the manufacture or supply of tobacco products, or
 - (c) providing for any manufacturer or importer of tobacco products to pay to the Secretary of State an amount calculated by reference to sales or estimated sales of those products (whether on the basis of net prices, average selling prices or otherwise).
- (2) A statutory scheme may, in particular, make any provision mentioned in subsections (3) to (6).
- (3) The scheme may provide for any amount representing sums charged by any manufacturer or importer to whom the scheme applies, in excess of the limits determined under the scheme, for tobacco products covered by the scheme to be paid by that person to the Secretary of State within a specified period.
- (4) The scheme may provide for any amount representing the profits, in excess of the limits determined under the scheme, accruing to any manufacturer or importer to whom the scheme applies in connection with the manufacture or importation of tobacco products covered by the scheme to be paid by that person to the Secretary of State within a specified period.
- (5) The scheme may provide for any amount payable in accordance with the scheme by any manufacturer or importer to whom the scheme applies to be paid to the Secretary of State within a specified period.
- (6) The scheme may—
 - (a) prohibit any manufacturer or importer to whom the scheme applies from varying, without the approval of the Secretary of State, any price charged by him for the supply of any tobacco product covered by the scheme, and
 - (b) provide for any amount representing any variation in contravention of that prohibition in the sums charged by that

person for that product to be paid to the Secretary of State within a specified period.”

Member’s explanatory statement

This new clause and NC35, NC36 and NC37 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

Mary Kelly Foy

Alex Norris

Justin Madders

Karin Smyth

Jonathan Ashworth

Bob Blackman

Alex Cunningham

Kate Osborne

Paula Barker

Dr Philippa Whitford

Ian Mearns

John McDonnell

Mr Clive Betts

Barbara Keeley

Hywel Williams

Peter Dowd

Tony Lloyd

NC35

To move the following Clause—

“Tobacco supplies: statutory schemes (supplementary)

- (1) The Secretary of State may make any provision the Secretary of State considers necessary or expedient for the purpose of enabling or facilitating—
 - (a) the introduction of a statutory scheme under section [*Tobacco supplies: Statutory schemes*], or
 - (b) the determination of the provision to be made in a proposed statutory scheme.
- (2) The provision may, in particular, require any person to whom such a scheme may apply to—
 - (a) record and keep information,
 - (b) provide information to the Secretary of State in electronic form.
- (3) The Secretary of State must—
 - (a) store electronically the information which is submitted in accordance with subsection (2);
 - (b) ensure that information submitted in accordance with this provision is made publicly available on a website, taking the need to protect trade secrets duly into account.
- (4) Where the Secretary of State is preparing to make or vary a statutory scheme, the Secretary of State may make any provision the Secretary of State considers necessary or expedient for transitional or transitory purposes which could be made by such a scheme.”

Member’s explanatory statement

This new clause and NC34, NC36 and NC37 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

Mary Kelly Foy

NC36

Alex Norris

Justin Madders

Karin Smyth

Jonathan Ashworth

Bob Blackman

Alex Cunningham

Ian Mearns

Hywel Williams

Kate Osborne

John McDonnell

Peter Dowd

Paula Barker

Mr Clive Betts

Tony Lloyd

Dr Philippa Whitford

Barbara Keeley

To move the following Clause—

“Tobacco supplies: enforcement

- (1) Regulations may provide for a person who contravenes any provision of regulations or directions under section [*Tobacco supplies: statutory schemes*] to be liable to pay a penalty to the Secretary of State.
- (2) The penalty may be—
 - (a) a single penalty not exceeding £5 million,
 - (b) a daily penalty not exceeding £500,000 for every day on which the contravention occurs or continues.
- (3) Regulations may provide for any amount required to be paid to the Secretary of State by virtue of section [*Tobacco supplies: statutory schemes*] (4) or (6)(b) to be increased by an amount not exceeding 50 per cent.
- (4) Regulations may provide for any amount payable to the Secretary of State by virtue of provision made under section [*Tobacco supplies: statutory schemes*] (3), (4), (5) or (6)(b) (including such an amount as increased under subsection (3)) to carry interest at a rate specified or referred to in the regulations.
- (5) Provision may be made by regulations for conferring on manufacturers and importers a right of appeal against enforcement decisions taken in respect of them in pursuance of [*Tobacco supplies: statutory schemes*], [*Tobacco supplies: statutory schemes (supplementary)*] and this section.
- (6) The provision which may be made by virtue of subsection (5) includes any provision which may be made by model provisions with respect to appeals under section 6 of the Deregulation and Contracting Out Act 1994 (c. 40), reading—
 - (a) the references in subsections (4) and (5) of that section to enforcement action as references to action taken to implement an enforcement decision,
 - (b) in subsection (5) of that section, the references to interested persons as references to any persons and the reference to any decision to take enforcement action as a reference to any enforcement decision.
- (7) In subsections (5) and (6), “enforcement decision” means a decision of the Secretary of State or any other person to—
 - (a) require a specific manufacturer or importer to provide information to him,

- (b) limit, in respect of any specific manufacturer or importer, any price or profit,
- (c) refuse to give approval to a price increase made by a specific manufacturer or importer,
- (d) require a specific manufacturer or importer to pay any amount (including an amount by way of penalty) to the Secretary of State,

and in this subsection “specific” means specified in the decision.

- (8) A requirement or prohibition, or a limit, under section [*Tobacco supplies: statutory schemes*], may only be enforced under this section and may not be relied on in any proceedings other than proceedings under this section.
- (9) Subsection (8) does not apply to any action by the Secretary of State to recover as a debt any amount required to be paid to the Secretary of State under section [*Tobacco supplies: statutory schemes*] or this section.
- (10) The Secretary of State may by order increase (or further increase) either of the sums mentioned in subsection (2).”

Member’s explanatory statement

This new clause and NC34, NC35 and NC37 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

Mary Kelly Foy

Alex Norris

Justin Madders

Karin Smyth

Jonathan Ashworth

Bob Blackman

Alex Cunningham

Kate Osborne

Paula Barker

Dr Philippa Whitford

Ian Mearns

John McDonnell

Mr Clive Betts

Barbara Keeley

Hywel Williams

Peter Dowd

Tony Lloyd

NC37

To move the following Clause—

“Tobacco supplies: controls: (supplementary)

- (1) Any power conferred on the Secretary of State by section [*Tobacco supplies: statutory schemes*] and [*Tobacco supplies: statutory schemes (supplementary)*] may be exercised by—
 - (a) making regulations, or
 - (b) giving directions to a specific manufacturer or importer.
- (2) Regulations under subsection (1)(a) may confer power for the Secretary of State to give directions to a specific manufacturer or importer; and in this subsection “specific” means specified in the direction concerned.
- (3) In this section and section [*Tobacco supplies: statutory schemes*] and [*Tobacco supplies: statutory schemes (supplementary)*] and [*Tobacco supplies: enforcement*]—

“tobacco product” means a product that can be consumed and consists, even partly, of tobacco;

“manufacturer” means any person who manufactures tobacco products;

“importer” means any person who imports tobacco products into the UK with a view to the product being supplied for consumption in the United Kingdom or through the travel retail sector, and contravention of a provision includes a failure to comply with it.”

Member’s explanatory statement

This new clause and NC34, NC35 and NC36 would enable the Secretary of State for Health and Social Care to regulate prices and profits of tobacco manufacturers and importers.

Mary Kelly Foy			NC38
Bob Blackman			
Alex Cunningham			
Ian Mearns			
Hywel Williams			
Kate Osborne			
John McDonnell	Peter Dowd	Paula Barker	
Mr Clive Betts	Tony Lloyd		

To move the following Clause—

“Age of sale of tobacco

The Secretary of State may by regulations substitute the age of 21 for the age of 18 for the sale of tobacco and make consequential amendments to the Children and Young Persons Act 1933, the Children and Young Persons (Protection from Tobacco) Act 1991 and the Children and Families Act 2014.”

Member’s explanatory statement

This new clause would give powers to the Secretary of State to raise the age of sale for tobacco products to 21.

Justin Madders			NC39
Alex Norris			
Karin Smyth			
Mary Kelly Foy			
Jonathan Ashworth			

To move the following Clause—

“Strategies to manage the needs of carers

- (1) Each integrated care board must have in place a strategy to collect information on the needs of patients’ carers and respond to those needs to promote the health and wellbeing of carers.
- (2) In this section “carers” has the meaning of Section 10 of the Care Act 2014, Sections 96 and 97 of the Children and Families Act 2014 and Section 1 of the Carers (Recognition and Services) Act 1995.”

Member's explanatory statement

This new clause creates an obligation on integrated care boards to understand and respond to the needs of carers with regard to their health and wellbeing.

Justin Madders

NC40

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Definition of carers

- (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 275 (Interpretation) insert—

“ “carer” includes carers as defined by Section 10(3) and 10(9) of the Care Act 2014; parents of disabled children with reference to Section 97 of the Children and Families Act 2014; unpaid carers of disabled children as in Section 1 of the Carers (Recognition and Services) Act 1995; young carers with reference to Section 96 of the Children and Families Act 2014; and young carers with reference to Section 63 (6) and Section 63 (7) of the Care Act 2014.” ”

Member's explanatory statement

This new clause inserts a definition of carers into the National Health Service Act 2006 which includes parent carers and young carers as well as adults caring for adults.

Justin Madders

NC41

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Review of implementation of NHS continuing healthcare by integrated care systems

- (1) Chapter 3 of Part 1 of the Health and Social Care Act 2008 (quality of health and social care) is amended as follows.
- (2) After section 46A insert—

“46B Review and performance assessments: integrated care systems

The Commission must, each year—

- (a) conduct a review of the implementation of NHS continuing healthcare by integrated care systems,
- (b) assess the performance of these systems following the review, and
- (c) publish a report of its assessment.” ”

Member's explanatory statement

This new clause would require the review and assessment of NHS continuing healthcare systems.

Justin Madders

NC42

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Alcohol product labelling

The Secretary of State must by regulations make provision to ensure alcoholic drinks, as defined by the Department for Health and Social Care's Low Alcohol Descriptors Guidance, published in 2018, or in future versions of that guidance, display—

- (a) the Chief Medical Officers' low risk drinking guidelines,
- (b) a warning that is intended to inform the public of the danger of alcohol consumption,
- (c) a warning that is intended to inform the public of the danger of alcohol consumption when pregnant,
- (d) a warning that is intended to inform the public of the direct link between alcohol and cancer,
- (e) a full list of ingredients and nutritional information.”

Member's explanatory statement

This new clause requires the Secretary of State to introduce secondary legislation on alcohol product labelling.

Justin Madders

NC43

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Annual report on alcohol treatment services: assessment of outcomes

- (1) The Secretary of State must lay before each House of Parliament at the start of each financial year a report on—
 - (a) the ways in which alcohol treatment providers have been supported in tackling excess mortality, alcohol related hospital admissions, and the burden of disease resulting from alcohol consumption, and
 - (b) the number of people identified as requiring support who are receiving treatment.
- (2) Alongside the publication of the report, the Secretary of State must publish an assessment of the impact of the level of funding for alcohol

treatment providers on their ability to deliver a high-quality service that enables patient choice.”

Member’s explanatory statement

This new clause would require the Secretary of State for Health and Social Care to make an annual statement on how the funding received by alcohol treatment providers has supported their work to improve treatment and reduce harm.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC44

To move the following Clause—

“Directors of public health

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 73A, insert the following section—

“73AA Powers and duties of directors of public health

A director of public health appointed under section 73A—

- (a) is an officer of the local authority and has responsibility for its public health functions;
- (b) must be an NHS consultant in public health responsible for giving independent professional public health advice and for promoting public debate on health matters;
- (c) is a corporation sole and NHS body for working with others to initiate measures to improve the health of the people;
- (d) is an officer of the Crown responsible for such functions as the Secretary of State may specify;
- (e) as an officer of the Crown has power to draw the attention of the Chief Medical Officer and the Attorney General to events within the area of the local authority creating circumstances in which it might be appropriate to bring proceedings in the name of the Crown for public health purposes;
- (f) is an officer of the National Health Service responsible for promoting the provision of services which are outcome-focused, are provided following a proper needs assessment and pay attention to the promotion of health and the prevention of illness;
- (g) as an officer of the NHS, has power either personally (in the case of a body which primarily serves the population of the local authority which appointed the DPH) or through joint arrangements with other Directors of Public Health (in the case of a body which primarily serves the population of several local authorities) or through a collective arrangement established by the Chief Medical Officer (in the case of a body with a national remit) to appoint, or approve arrangements for the body to appoint, a consultant in public health to serve on the governing

body of any NHS body, any NHS Foundation Trust, any of the bodies established under this Act or any of the bodies established under the Health & Social Care Act 2012. For the avoidance of doubt the consultant so appointed may be, but need not be, the Director of Public Health personally;

- (h) must be contractually required, subject to law, to carry out the functions in paragraphs (b), (c), (e), (f), and (g) as an independent health professional treating a population as a patient and pursuing the improvement of its health and must be contractually entitled not to be subject to any detriment by the local authority or by the Crown for so doing.””

Member’s explanatory statement

This new clause would clarify the roles, powers and duties of directors of public health and put them on a statutory footing.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC45

To move the following Clause—

“Duty on integrated care boards to have regard to net zero commitment

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 14Z43 (inserted by section 19 of this Act) insert—

“14Z43 Duty to have regard to net zero commitment

When procuring or commissioning goods and services on behalf of the NHS, integrated care boards must have regard to NHS England’s commitment to reach net zero by 2040.””

Member’s explanatory statement

This new clause would place a duty on integrated care boards to have regard to NHS England’s commitment to reach net zero by 2040.

Justin Madders

NC46

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Exclusion of NHS bodies from ability to withhold information requested under the Freedom of Information Act 2000 on commercial grounds

- (1) Section 43 of the Freedom of Information Act 2000 is amended as follows.
- (2) After subsection (3), insert—
 - “(4) Subsection (2) does not apply to information held by NHS England, integrated care boards, NHS Trusts and NHS Foundation Trusts except to the extent that subsection (5) applies.
 - (5) Subsection (2) applies to information held by NHS England, integrated care trusts, NHS Trusts and NHS Foundation Trusts relating to another organisation if disclosure of the information would in the opinion of the organisation pose a real and significant risk to the commercial interests of that organisation.””

Member’s explanatory statement

This new clause would prevent NHS bodies from withholding information on commercial grounds unless the information related to another organisation and that organisation considered that its disclosure would pose a real and significant risk to the commercial interests of that organisation.

Justin Madders

NC47

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Registration of tertiary prevention activities in respect of provision of social care

- (1) Section 9 of the Health and Social Care Act 2008 is amended in accordance with subsection (2).
- (2) In subsection (3), at end insert “or any form of reablement and rehabilitation provided under section 2 of the Care Act 2014 to reduce the need for care and support”.

Member’s explanatory statement

This new clause would bring reablement and rehabilitation provided under section 2 of the Care Act 2014 to reduce the need for care and support into the purview of the Care Quality Commission.

Anne Marie Morris

NC48

To move the following Clause—

“Duty on integrated care boards and their providers to update their formularies to include all NICE-approved products

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 14Z43 (inserted by section 19 of this Act) insert—

“14Z43A Duty to update formularies to include all NICE-approved products

- (1) Within 28 days of any medicine or device receiving market authorisation from NICE, an integrated care board must update its formulary to include that medicine or device.
- (2) On receipt of notice of the market authorisation by NICE of any medicine or device, an integrated care board must immediately instruct providers of health and care services commissioned by the board to update their formularies in such a way that all NICE-approved medicines and devices are available to patients on the recommendation of a healthcare practitioner within 28 days of market authorisation.””

Member’s explanatory statement

This new clause would mandate integrated care boards and healthcare providers (e.g. hospital trusts) to update their formularies to include all NICE-approved medicines or devices within 28 days of market authorisation to ensure they are available for healthcare practitioners (e.g. physician or prescribing pharmacist) to make available for suitable patients.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC49

To move the following Clause—

“Protection of the title of “nurse”

- (1) A person may not practise or carry on business under any name, style or title containing the word “nurse” unless that person is registered with the Nursing and Midwifery Council and entered in sub part 1 or 2 of the register as a Registered Nurse or in the specialist community public health nursing part of the register.
- (2) Subsection (1) does not prevent any use of the designation “veterinary nurse”, “dental nurse” (for which see section 36K of the Dentists Act 1984) or “nursery nurse”.
- (3) A person who contravenes subsection (1) is guilty of an offence and liable on summary conviction to a fine not exceeding level four on the standard scale.”

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC50

To move the following Clause—

“Access to innovative medicines and medicinal products review

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

Member’s explanatory statement

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

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC51

To move the following Clause—

“Duty on integrated care partnerships to prepare and deliver a Best Start for Life strategy

- (1) The Local Government and Public Involvement in Health Act 2007 is amended in accordance with subsection (2).
- (2) After section 116B (substituted by section 20 of this Act) insert—

“116C Duty on integrated care partnerships to prepare and deliver a Best Start for Life strategy

- (1) Each integrated care partnership must—
 - (a) assess the needs of expectant parents, infants and young children in its area;
 - (b) prepare and publish a strategy to improve outcomes and reduce inequalities among expectant parents, infants and young children;

- (c) consult parents and carers in the area when developing the strategy;
 - (d) monitor and evaluate the effectiveness of the strategy.
- (2) Local authorities, NHS bodies and other relevant partners must—
- (a) cooperate on delivering the strategy;
 - (b) have regard to the strategy when exercising their functions.””

Member’s explanatory statement

This new clause would require each Integrated Care Partnership to prepare and deliver a “Best Start for Life” strategy, in cooperation with relevant bodies.

Justin Madders

NC52

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Plan for implementing recommendations of the Independent Medicines and Medical Devices review

The Secretary of State must, within six months, publish a report containing a plan for the implementation in full of the recommendations of the Independent Medicines and Medical Devices review that have hitherto not been implemented.”

Member’s explanatory statement

This new clause would require the implementation of any remaining recommendations from the IMMDS report.

Justin Madders

NC53

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Women’s representation in reproductive healthcare planning

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 14Z42 (inserted by section 19 of this Act) insert—

“14Z24A Duties regarding reproductive healthcare planning

Integrated care boards, when making policy decisions regarding the delivery of reproductive healthcare, must—

- (a) conduct regular and ongoing consultation to ensure that women are meaningfully involved in, and inform these decisions; and

- (b) work in partnership with non-profit sector partners and local community groups with existing expertise in this area.””

Member’s explanatory statement

This new clause ensures that women, and partners with relevant expertise, are involved in ICB decision-making related to reproductive healthcare.

Justin Madders

NC54

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Enhanced data collection

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 14Z43 (inserted by section 19 of this Act) insert—

“14Z43A Duty to develop data collection systems

Integrated care boards must—

- (a) develop single whole-system IT systems across the whole of their integrated care system with the explicit purpose of supporting data collection and sharing;
- (b) prioritise the use of those data systems for streamlining patient pathways;
- (c) establish mandatory standards for patient-initiated follow ups; and
- (d) use the data systems developed under paragraph (a) to report on a regular basis performance against improving patient outcomes in line with the standards established under paragraph (c).””

Member’s explanatory statement

This new clause requires ICSs to develop digital data collection and sharing systems, and use them to track performance against mandatory standards, with specific regard to patient-initiated follow ups.

Justin Madders

NC55

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

To move the following Clause—

“Nutrient profiling model

Before making any adjustments to the nutrient profiling model used for the purposes of regulations under the Communications Act 2003, or of

any other enactment, the Secretary of State must undertake a full and open formal consultation.”

Member’s explanatory statement

This new clause would insert a requirement for a consultation before any changes can be made to the Nutrient Profiling Model.

Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

NC56

To move the following Clause—

“Domestic violence training for GPs

- (1) The National Health Service Act 2006 is amended as follows.
- (2) After section 83B (inserted by paragraph 3 of Schedule 3 of this Act) insert—

“83C Duty concerning domestic violence and abuse

Integrated care boards must ensure that specialist domestic violence and abuse training, support and referral programmes are universally available to all general practitioners.””

Member’s explanatory statement

This new clause adds a requirement for specialist domestic violence and abuse programmes to be available universally throughout general practice.

Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

NC57

To move the following Clause—

“Cancer strategy

Within 12 months the Secretary of State must—

- (a) publish a new cancer strategy; and
- (b) either designate a minister or appoint a national lead with responsibility for enacting its implementation.”

Member’s explanatory statement

This new clause requires the publication of a new cancer strategy, with a minister or other person made responsible for its delivery.

Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

NC58

To move the following Clause—

“Duty on NHS England to promote evidence-based public health programmes

- (1) NHS England must promote to integrated care boards the value of evidence-based public health programmes.
- (2) NHS England must publish a report each year on the state of evidence-based public health programmes within England and their impact.”

Karin Smyth

NC63

To move the following Clause—

“Young carers’ needs assessments following hospitalisation

In the Children Act 1989, after section 17ZC, insert—

“17ZCA Young carers’ needs assessments following hospitalisation

- (1) An NHS trust or NHS foundation trust must ascertain during hospitalisation whether a patient when discharged will be cared for primarily by a young carer.
- (2) Where an NHS trust or NHS foundation trust ascertains that a patient when discharged will be cared for primarily by a young carer then the NHS trust or NHS foundation trust must give the local authority where the patient lives notice that a young carer will require a needs assessment.
- (3) The local authority receiving notice under subsection (2) must carry out a needs assessment, and in doing so must—
 - (a) ascertain whether it is appropriate for the young carer to provide care, and
 - (b) identify what support or services need to be in place for safe discharge of the patient.
- (4) The needs assessment required by subsection (3) must be conducted before the patient is discharged.””

Member’s explanatory statement

This new clause would ensure that the needs of young carers are assessed before a patient who they care for can be discharged.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC64

☆ To move the following Clause—

“Cancer treatment data reporting

- (1) Beginning within 6 months of the passage of this Act, the Secretary of State must publish each month data on—
 - (a) the number of patients awaiting treatment for cancer,
 - (b) the number of patients with a cancer diagnosis, and
 - (c) what NHS’s previous estimate was of the number of patients who would have a cancer diagnosis at that point in time.
- (2) Six months after the publication of the first report under subsection (1), and every six months thereafter, the Secretary of State must publish a report on the action being taken to reduce the number of patients awaiting treatment for cancer.”

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC65

☆ To move the following Clause—

“Review of the surgical consultant appointment process

The Secretary of State must review the National Health Service (Appointment of Consultants) Regulations 1996 and its most recent guidance and, within six months of the passage of this Act, publish a report on the surgical consultant appointment process.”

Member’s explanatory statement

This new clause requires a review of the legislation which governs the NHS surgical consultant appointment process.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC66

☆ To move the following Clause—

“Support provided by the NHS to populations at risk of malnutrition

- (1) Each integrated care board must—
 - (a) assess, or make arrangements for the assessment of, the need for support for patients and/or populations at risk of malnutrition, including social and clinical/disease related malnutrition, using their services;
 - (b) prepare and publish a strategy for the provision of such support in its area;
 - (c) monitor and evaluate the effectiveness of the strategy; and
 - (d) designate a malnutrition lead.
- (2) An integrated care board that publishes a strategy under this section must, in carrying out its functions, give effect to the strategy.
- (3) Before publishing a strategy under this section, an integrated care board must consult—
 - (a) any local authority for an area within the relevant Integrated care board’s area; and
 - (b) such other persons as the relevant local authority considers appropriate.
- (4) For the purposes of subsection (3), “local authority” means—
 - (a) a county council or district council in England; or
 - (b) a London borough council.
- (5) An integrated care board that publishes a strategy under this section—
 - (a) must keep the strategy under review;
 - (b) may alter or replace the strategy; and
 - (c) must publish any altered or replacement strategy.
- (6) The Secretary of State may by regulations make provision about the preparation and publication of strategies under this section.
- (7) The power to make regulations under subsection (6) may, in particular, be exercised to make provision about—
 - (a) the procedure to be followed by an integrated care board in preparing a strategy;
 - (b) matters to which an integrated care board must have regard in preparing a strategy;
 - (c) how an integrated care board must publish a strategy;
 - (d) the date by which an integrated care board must first publish a strategy; and

- (e) the frequency with which an integrated care board must review its strategy or any effect of the strategy on the provision of other provision in its area.
- (8) Before making regulations under this section, the Secretary of State must consult—
 - (a) all integrated care boards; and
 - (b) such other persons as the Secretary of State considers appropriate.”

Member’s explanatory statement

This new clause would require integrated care boards to publish a strategy for the provision of support for patients and/or populations at particular risk of malnutrition using their services, and designate a malnutrition lead.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC67

☆ To move the following Clause—

“Review of the capacity of the dental laboratory sector

The Secretary of State must within six months of the passage of this Act publish a report assessing the capacity of the dental laboratory sector in the UK to meet the needs of patients.”

Member’s explanatory statement

This new clause would require the Secretary of State to review the capacity of the UK’s dental laboratory sector.

Justin Madders
Alex Norris
Karin Smyth
Mary Kelly Foy
Jonathan Ashworth

NC68

☆ To move the following Clause—

“Access to NHS dentistry

The Secretary of State must within one year of the passage of this Act publish a statement setting out what measures the Government is taking to ensure universal access to NHS dentistry.”

Member’s explanatory statement

This new clause would require the Secretary of State to publish a statement of what measures it is taking to ensure universal access to NHS dentistry.

Justin Madders

Alex Norris

Karin Smyth

Mary Kelly Foy

Jonathan Ashworth

NC69

☆ To move the following Clause—

“National lead for policy related to allergies

Within 6 months of the passage of this Act the Secretary of State must direct NHS England to designate a national lead for policy related to allergies.”

Member’s explanatory statement

This new clause brings in a requirement for the Secretary of State to ensure the appointment of a NHS England allergy lead.

Dr Philippa Whitford

NC70

★ To move the following Clause—

“Appointment of surgical consultants

- (1) The National Health Service (Appointment of Consultants) Regulations 1996 (S.I. 1996/701) are amended in accordance with subsection (2).
- (2) In paragraph (1) of regulation 2, in the entry for “relevant college”, in sub-paragraph (d), for “and its associated Faculty of Dental Surgery”, substitute “, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and each of their associated Dental Faculties”.

Member’s explanatory statement

This new clause would add the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and each of their associated dental faculties to the colleges who may be involved in the appointment of NHS consultants.

Order of the House

[14 July 2021]

That the following provisions shall apply to the Health and Care Bill:

Committal

1. The Bill shall be committed to a Public Bill Committee.

Proceedings in Public Bill Committee

2. Proceedings in the Public Bill Committee shall (so far as not previously concluded) be brought to a conclusion on Tuesday 2 November 2021.

3. The Public Bill Committee shall have leave to sit twice on the first day on which it meets.

Proceedings on Consideration and Third Reading

4. Proceedings on Consideration shall (so far as not previously concluded) be brought to a conclusion one hour before the moment of interruption on the day on which proceedings on Consideration are commenced.
5. Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion at the moment of interruption on that day.
6. Standing Order No. 83B (Programming committees) shall not apply to proceedings on Consideration and Third Reading.

Other proceedings

7. Any other proceedings on the Bill may be programmed.

Order of the Committee

[7 September 2021, as amended 21 October 2021]

That—

1. the Committee shall (in addition to its first meeting at 9.25 am on Tuesday 7 September) meet—
 - (a) at 2.00 pm on Tuesday 7 September;
 - (b) at 11.30 am and 2.00 pm on Thursday 9 September;
 - (c) at 9.25 am and 2.00 pm on Tuesday 14 September;
 - (d) at 11.30 am and 2.00 pm on Thursday 16 September;
 - (e) at 9.25 am and 2.00 pm on Tuesday 21 September;
 - (f) at 11.30 am and 2.00 pm on Thursday 23 September;
 - (g) at 9.25 am and 2.00 pm on Tuesday 19 October;
 - (h) at 11.30 am on Thursday 21 October;
 - (i) at 9.25 am and 2.00 pm on Tuesday 26 October;
 - (j) at 9.25 am and 2.00 pm on Wednesday 27 October;
 - (k) at 11.30 am and 2.00 pm on Thursday 28 October;
 - (l) at 9.25 am and 2.00 pm on Tuesday 2 November;
2. the Committee shall hear oral evidence in accordance with the following Table:

Date	Time	Witness
Tuesday 7 September	Until no later than 10.30 am	NHS Employers; Health Education England
Tuesday 7 September	Until no later than 11.25 am	NHS England and NHS Improvement
Tuesday 7 September	Until no later than 2.30 pm	NHSX

Date	Time	Witness
Tuesday 7 September	Until no later than 3.15 pm	NHS Providers; NHS Confederation
Tuesday 7 September	Until no later than 4.00 pm	Care Quality Commission; Healthcare Safety Investigation Branch
Tuesday 7 September	Until no later than 4.45 pm	Local Government Association; Faculty of Public Health
Tuesday 7 September	Until no later than 5.15 pm	Welsh Government
Thursday 9 September	Until no later than 12.15 pm	UNISON; British Medical Association
Thursday 9 September	Until no later than 1.00 pm	Royal College of General Practitioners; Royal College of Nursing; Academy of Medical Royal Colleges
Thursday 9 September	Until no later than 2.45 pm	The King's Fund; Nuffield Trust
Thursday 9 September	Until no later than 3.15 pm	Gloucestershire Integrated Care System; NHS Confederation's ICS Network Advisorate
Thursday 9 September	Until no later than 4.00 pm	Centre for Governance and Scrutiny; Centre for Mental Health
Thursday 9 September	Until no later than 4.30 pm	Healthwatch England
Thursday 9 September	Until no later than 5.15 pm	Association of Directors of Adult Social Services; British Association of Social Workers;

3. proceedings on consideration of the Bill in Committee shall be taken in the following order: Clause 1; Schedule 1; Clauses 2 to 13; Schedule 2; Clauses 14 to 16; Schedule 3; Clauses 17 to 25; Schedule 4; Clause 26; Schedule 5; Clauses 27 to 38; Schedule 6; Clauses 39 to 41; Schedule 7; Clauses 42 to 59; Schedule 8; Clauses 60 and 61; Schedule 9; Clauses 62 to 66; Schedule 10; Clause 67; Schedule 11; Clauses 68 to 72; Schedule 12; Clauses 73 to 93; Schedule 13; Clauses 94 to 106; Schedule 14; Clauses 107 to 118; Schedule 15; Clauses 119 to 125; Schedule 16; Clauses 126 to 135; new Clauses; new Schedules; remaining proceedings on the Bill; and
4. the proceedings shall (so far as not previously concluded) be brought to a conclusion at 6.00 pm on Tuesday 2 November.

Notices Withdrawn

The following notices were withdrawn on 9 September 2021:

5 and NC10

The following notices were withdrawn on 13 September 2021:

44

The following notices were withdrawn on 15 September 2021:

9
