

Access to Palliative Care Bill [HL]

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TO

Make provision for equitable access to palliative care services; for advancing education, training and research in palliative care; and for connected purposes.

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

1 Palliative care support

A clinical commissioning group, in exercising functions under section 3 of the National Health Service Act 2006, must ensure that health and social care providers provide appropriate support to people with palliative care needs, including but not limited to—

- (a) access to pain and symptom control;
- (b) support to meet their preferences in care;
- (c) advance decisions to refuse treatment under section 24 of the Mental Capacity Act 2005;
- (d) information regarding their condition.

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2 Duty to commission palliative care services

(1) A clinical commissioning group must make arrangements so as to ensure that specialist palliative care services are available to people with palliative care needs for whom the clinical commissioning group is responsible under section 3 of the National Health Service Act 2006 (duties of clinical commissioning groups as to commissioning certain health services).

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(2) The arrangements in subsection (1) must include the provision of—

- (a) support to people with complex palliative care needs in their own homes, in hospitals, in hospices, in care homes and elsewhere within the local community;
- (b) direct admission of people with palliative care needs to hospice beds, including on an urgent basis when reasonably required;

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- (c) support to other health and social care providers who are caring for people with palliative care needs;
 - (d) specialist palliative care and hospice services which are available on every day of the week;
 - (e) sufficient specialist professionals who are available to deliver services to meet all reasonable requirements; 5
 - (f) sufficient equipment for any specialist professionals to enable the delivery of services to meet all reasonable requirements;
 - (g) telephone advice from a healthcare professional who is qualified as a specialist in palliative care which is available at all times to professionals providing care to people with palliative care needs; 10
 - (h) facilities to enable healthcare professionals to access essential medication at all times for palliative care patients being cared for in their own homes;
 - (i) a point of contact which is available at all times for people with palliative care needs who are being cared for in their own home or usual place of residence, and those important to them, in the event that such persons are unable to access their usual sources of support; and 15
 - (j) appropriate systems to ensure that appropriate information about people who have palliative care needs can be made available with the consent of the person to relevant health and social care providers and to the ambulance services. 20
- (3) Clinical commissioning groups must co-operate with all relevant commissioners and health and social care providers so as to ensure that specialist palliative care services are delivered in an integrated manner. 25

3 Education and training

- (1) Health Education England must require health and social care providers to ensure that each employee working as a healthcare professional is trained in –
- (a) the importance of pain control and that neglect of a person’s analgesic requirements can be a failure of a duty of care; 30
 - (b) communication skills to be able to offer discussion about a person’s needs and preferences;
 - (c) the importance of the Mental Capacity Act 2005 with relation to people with palliative care needs; and
 - (d) ways to support families and carers (including children and vulnerable adults) of people with palliative care needs, to involve them in appropriate decision making and provide practical and emotional support during bereavement. 35
- (2) Any person who provides training to individuals who are working or are anticipated to work providing health or social care must have due regard to the need to ensure that the importance of pain control and palliative care is appropriately included in training for those individuals with a view to ensuring that all such persons have the necessary knowledge, skills, attitudes and behaviours needed to care for people with palliative care needs. 40
- (3) The duty under subsection (2) shall apply in particular to anyone engaged in relevant training as part of any – 45
- (a) university undergraduate curriculum;
 - (b) university postgraduate curriculum; and
 - (c) national vocational qualifications courses in health and social care.

- (4) Persons providing training to which subsection (2) applies must ensure that any assessments or examinations appropriately test that the recipient of such training has attained adequate competence in that training.

4 Research

The arrangements referred to in section 2(1) shall ensure that specialist palliative care teams have the ability to participate in relevant research, to advance innovations in palliative care and to ensure that employees are aware of innovations in palliative care. 5

5 Care Quality Commission

The Care Quality Commission must evaluate the provision of palliative care when it carries out an inspection of a service provider. 10

6 Effect on other legal obligations

Except to the extent necessary to discharge the obligations set out in this Act, nothing in this Act shall affect any obligation which is owed by a health and social care provider at common law or under any other statutory provision. 15

7 Definitions

In this Act –

“employee” means an employee, agent, office-holder or a person who is contracted to provide health or social care services or that person’s employee; 20

“health and social care provider” means a person or organisation which provides health or social care services;

“palliative care” means care which is delivered so as to seek to improve the quality of life of people and those important to them facing the problems associated with life-limiting illness or at the end of life, through the prevention and relief of suffering by means of early identification, assessment, treatment and management of pain and other problems whether physical, psychological, social or spiritual; 25

“palliative medicine” is medical care provided by a doctor who has undergone specialist training in palliative medicine and is licensed and registered to practise as a palliative care specialist by the General Medical Council; 30

“specialist palliative care services” means care services provided by professionals who have undergone specialist training in palliative care and who are members of a specialist palliative care team which includes specialists in palliative medicine, palliative nursing and allied health professionals. 35

8 Extent, commencement and short title

- (1) This Act extends to England only.
- (2) This Act comes into force on the day on which it is passed. 40
- (3) This Act may be cited as the Access to Palliative Care Act 2016.

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To make provision for equitable access to palliative care services; for advancing education, training and research in palliative care; and for connected purposes.

Baroness Finlay of Llandaff

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