A BILL TO

Make provision for clinical commissioning groups to ensure that persons in their area have access to specialist and generalist palliative care and appropriate support services; 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(1)(c) of the National Health Service Act 2006, must ensure that persons in their area with palliative care needs have access to appropriate health services, including, but not limited to—

(a) access to pain and symptom management;
(b) psychological support for the person and their relatives; and
(c) information regarding the person’s condition and palliative care.

2 Duty to produce a strategy on provision of palliative care support

(1) A clinical commissioning group must prepare and publish a strategy on providing for palliative care needs as required by section 1.

(2) The strategy must set out, but not be limited to—

(a) the expected palliative care needs of adults and children in their area;
(b) how the expected palliative care needs will be met;
(c) under what circumstances specialist palliative care services will be provided and how; and
(d) the methods of data collection and reporting.

(3) The strategy must—

(a) be published no later than 9 months after the commencement of this Act; and
(b) be reviewed, revised as necessary, and republished at intervals of not more than 3 years.
3 Interpretation

In this Act—

“clinical commissioning group” has the same meaning as in section 11 of the National Health Service Act 2006 (clinical commissioning groups and their general functions);

“health services” has the same meaning as in the National Health Service Act 2006;

“palliative care” means care which is delivered to seek to improve the quality of life of persons with life-limiting illness or approaching 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;

“specialist palliative care services” means care services provided by multi-disciplinary teams of specialists in palliative medicine, palliative nursing and allied health professionals who have undergone specialist training in palliative care;

“relative”, in relation to any person, means—

(a) the spouse or civil partner of that person; and
(b) donee of a lasting power of attorney for health and welfare decisions as registered with the Office of the Public Guardian;

or

(c) any other adult or child designated by the patient as being important to them.

4 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.

(3) This Act may be cited as the Access to Palliative Care Act 2017.
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Baroness Finlay of Llandaff

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