

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT
GENERAL COMMITTEES

Public Bill Committee

NATIONAL HEALTH SERVICE (AMENDED DUTIES AND POWERS) BILL

Seventh Sitting

Tuesday 3 March 2015

(Afternoon)

CONTENTS

Bill to be reported, without amendment.
Bill to lie upon the Table.
Special Report agreed to.

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The Committee consisted of the following Members:

Chairs: † SIR DAVID AMESS, MR PETER BONE, MR JIM HOOD, DR WILLIAM MCCREA

† Arbuthnot, Mr James (*North East Hampshire*)
(Con)

Brown, Mr Russell (*Dumfries and Galloway*) (Lab)

Buck, Ms Karen (*Westminster North*) (Lab)

† Burns, Mr Simon (*Chelmsford*) (Con)

† Durkan, Mark (*Foyle*) (SDLP)

† Efford, Clive (*Eltham*) (Lab)

George, Andrew (*St Ives*) (LD)

† Gwynne, Andrew (*Denton and Reddish*) (Lab)

† Kirby, Simon (*Brighton, Kemptown*) (Con)

Knight, Sir Greg (*East Yorkshire*) (Con)

† McInnes, Liz (*Heywood and Middleton*) (Lab)

† Metcalfe, Stephen (*South Basildon and East
Thurrock*) (Con)

† Nuttall, Mr David (*Bury North*) (Con)

† Poulter, Dr Daniel (*Parliamentary Under-Secretary
of State for Health*)

† Rees-Mogg, Jacob (*North East Somerset*) (Con)

Wilson, Phil (*Sedgefield*) (Lab)

Kate Emms, Fergus Reid, *Committee Clerks*

† **attended the Committee**

Public Bill Committee

Tuesday 3 March 2015

(Afternoon)

[SIR DAVID AMESS *in the Chair*]

National Health Service (Amended Duties and Powers) Bill

Clause 1

DUTY ON THE SECRETARY OF STATE TO PROMOTE
COMPREHENSIVE HEALTH SERVICE BASED ON SOCIAL
SOLIDARITY

Amendment proposed (10 February): 38, in clause 1, page 1, line 10, leave out “social solidarity” and insert “medical necessity”.—(*Jacob Rees-Mogg*)

2.30 pm

Question again proposed, That the amendment be made.

The Chair: I remind the Committee that with this we are discussing the following:

Amendment 37, in clause 1, page 1, line 12, at end add “as far as is compatible with the liberties of the people of England and without any additional regulatory burden.”

Amendment 40, in clause 1, page 1, line 15, at end add—

“(c) nothing in this section shall be interpreted as entitling or requiring the Secretary of State to direct people in their personal conduct, nor provide unsolicited advice on diet or behaviour, nor to spend public funds on propaganda, nor to discriminate against specific foodstuffs, nor detrimentally to affect any lawful industry;”

Amendment 1, in clause 1, page 2, leave out lines 1 to 8

Amendment 41, in clause 1, page 2, line 2, leave out “general economic interest” and insert “that ensures value for money”

Amendment 78, in clause 1, page 2, line 2, after “interest”, insert “pursuant to one or more universal service obligations”.

Amendment 39, in clause 1, page 2, line 3, leave out “social solidarity” and insert “medical necessity”

Amendment 79, in clause 1, page 2, line 3, leave out “solidarity” and insert “cohesion”.

Amendment 80, in clause 1, page 2, line 3, leave out “social solidarity” and insert “the public benefit”.

Amendment 42, in clause 1, page 2, line 8, at end add “subject to consultation with relevant local government bodies”

Amendment 49, in clause 1, page 2, line 13, at end add “or is a charge made to a person who is not entitled to free care by virtue of his immigration status.”

Amendment 50, in clause 2, page 2, line 16, leave out “social solidarity” and insert “medical necessity”

Amendment 81, in clause 2, page 2, line 16, leave out “solidarity” and insert “cohesion”.

Amendment 83, in clause 2, page 2, line 16, leave out “social solidarity” and insert “the public benefit”.

Amendment 51, in clause 2, page 2, line 18, leave out “mutual cooperation”

Amendment 52, in clause 2, page 2, line 19, leave out “social solidarity” and insert “medical necessity”

Amendment 82, in clause 2, page 2, line 19, leave out “solidarity” and insert “cohesion”.

Amendment 84, in clause 2, page 2, line 19, leave out “social solidarity” and insert “the public benefit”.

Mr David Nuttall (Bury North) (Con): It is a pleasure to serve under your chairmanship, Sir David. I believe this is your first opportunity to chair this important Committee.

Jacob Rees-Mogg (North East Somerset) (Con): While my hon. Friend is saying what an enormous privilege it is to have this new Chairman—I think we are all rejoicing that my hon. Friend is with us—would it not be necessary to reprise some of the points that have been made?

The Chair: Order. I have heard what the hon. Gentleman has said, but that will not be necessary.

Mr Nuttall: Your relief, Sir David, is not as great as mine, because it would be a considerable feat for me to attempt to reprise what has been said by my hon. and right hon. Friends in previous sittings of the Committee. Before we adjourned earlier today I was dealing with two of the amendments in the group, specifically amendment 37, with which the Committee took me down the road of amendment 40. Those essentially deal with the issue of public health and the extent to which Government should seek to dictate to individuals the manner in which they should live, in particular what they should eat, put in their own bodies and the degree of exercise they should take. Those are all matters that sometimes are colloquially referred to as the nanny state.

We discussed earlier whether advice given to the public would be caught by amendment 40, tabled by my hon. Friend the Member for North East Somerset. Some on the Committee felt that the advice about AIDS given in the 1980s would have been caught. I took the view, having read all of new subsection (1), that would not be the case. My view was confirmed by my hon. Friend, who said he was trying to deal with the advice given to people about what to eat and how to live every day.

Stephen Metcalfe (South Basildon and East Thurrock) (Con): My hon. Friend mentioned what one eats or puts into one’s body. I earlier raised the issue of smoking. I have looked again at the amendment. Will my hon. Friend comment on whether the amendment would affect advice given on the harmful nature of smoking, or that smoking would have to be made unlawful? Amendment 40 says,

“nor detrimentally to affect any lawful industry”.

As I said earlier, smoking is still lawful.

Mr Nuttall: My hon. Friend raises a good point, to which I was to turn next. I was not going to start a general debate about the merits or otherwise of smoking,

because that would not be appropriate, but I do think there is a point to be made about the way in which what starts off as general advice soon mutates into specific legislation. We have certainly seen that in the case of smoking.

Sir David, I do not know if you or anyone else on the Committee happens to watch a drama broadcast by the BBC on a Sunday evening called “Call the Midwife”. For any who did not see it a couple of Sundays ago, it contained a scene in which a distraught mother of a 17 year-old pregnant girl was advised by the nurses that she ought to settle down and smoke a cigarette. When the nurses were told by the mother that she did not have one, she was advised to go and ask the doctor for one. That is what was happening in real life, I am sure. I also know, as a matter of fact, that not that long ago those serving in Her Majesty’s armed forces were actually given tobacco; it was handed out as a tobacco ration. So there is little wonder that there is a generation within society who have grown up thinking that it cannot be all that bad to smoke, because of the messages that were sent out at the time.

Liz McInnes (Heywood and Middleton) (Lab): I point out to the hon. Gentleman that he is referring to a bygone era and to a work of fiction in “Call the Midwife”. Soldiers were given a tobacco ration before we knew about the health risks of tobacco, so the point, although well made, is not relevant to health advice that is given today.

Mr Nuttall: I am making the point that, quite rightly, things do change, absolutely. Evidence changes.

Jacob Rees-Mogg: My hon. Friend raises a key point that I wanted to bring out in my amendment. I periodically get accused of being in the pay of the tobacco industry, which I am not—my investment business has investments outside, not in, the United Kingdom—but in the 18th century it was thought that smoking was good if you lived in damp air. People who went to my old school were beaten for not smoking, whereas by the 20th century it was the other way around.

Mr Nuttall: I think that further emphasises the point that there are people of a certain generation who were told by those who were medically qualified that it was a good thing to do and that it had merits. The hon. Member for Heywood and Middleton rightly points out that the example I gave was taken from a work of fiction, but I suggest that it is quite likely to have happened. It is, after all, a programme which I believe is based on real-life diaries. For all we know, that could have been a specific entry in a diary that was made contemporaneously. However, we do not have to go back that far to find another rather confusing and similar case to do with the intake of alcohol. We only have to go back to 2010, when it was reported:

“Cleverest women are the heaviest drinkers. Women who went to university consume more alcohol than their less highly educated counterparts. Those with degrees are almost twice as likely to drink daily, and they are also more likely to admit to having a drinking problem.”

This report came from a comprehensive study by a fairly august body, the London School of Economics.

Jacob Rees-Mogg: Lefties.

Mr Nuttall: From a sedentary position it is said that they may be lefties. I am merely reporting the facts; I know not their political persuasion. The fact is that the report concluded:

“The more educated women are, the more likely they are to drink alcohol on most days and to report having problems due to their drinking patterns.”

Mr James Arbuthnot (North East Hampshire) (Con): Does that not say more about universities than about women?

Mr Nuttall: I will admit to not knowing why the researchers conducted such an investigation, but I do know that they found:

“The better-educated appear to be the ones who engage the most in problematic patterns of alcohol consumption.”

They found that women’s alcohol consumption can even be predicted from their scores in school tests taken when they are as young as five.

Jacob Rees-Mogg: I am fascinated by this argument. Is my hon. Friend suggesting that there is a causal link and that the more people drink, the cleverer they are? Ought we to amend the Standing Orders of the House and have a tot of rum sent round immediately?

Mr Nuttall: I think that is an admirable idea. As a fellow member of the Procedure Committee, I would certainly support my hon. Friend if he proposed an amendment to Standing Orders along such lines, although perhaps we could add Scotch whisky to the tot of rum.

The report went on to say that women who achieved medium or high test marks as schoolgirls are up to 2.1 times more likely to drink daily as adults. The authors of the report, Francesca Borgonovi and Maria Huerta, suggested several possible explanations as to why better educated women drink more. They believe that they tend to have children later, postponing the responsibilities of parenthood, and they may have more active social lives or work in male-dominated workplaces with a drinking culture. As girls, they may have grown up in middle-class families and seen their parents drink regularly.

The study was not done on the back of a fag packet, as we sometimes say. It was a study of between 9,665 and 17,287 people, so it was an extremely large scientific sample. Women with some educational qualifications were 71% more likely to drink on most days than women with no qualifications. Women with degree-level qualifications were 86% more likely to do so. So one would think that that was pretty conclusive. I will not go on with the evidence, but it is there for anybody to check it out. I am not making it up; it is all there in the report.

Jacob Rees-Mogg: It would be helpful if my hon. Friend were to place a copy of the report in the Library for other Members to study at greater length once our sitting has finished.

Mr Nuttall: I can certainly provide the reference to the article if anybody wants to chase it up. As I said, the LSE’s report was authored by Francesca Borgonovi and

[Mr Nuttall]

Maria Huerta not so long ago. We are not going back in history, but back to 2010—merely the start of this Parliament.

One would think the report was pretty conclusive, so the Committee can imagine my surprise when just a few days ago another article was produced, this time headed, “Heavy drinkers have the lowest IQs”. Oh yes. Published on 24 February, it reported:

“New findings show a link between a lower IQ and alcohol consumption”.

It continued:

“People with low IQs are more likely to consume higher amounts of alcohol than those with higher IQs, a new study has claimed.

The study, which was carried out by researchers at the Karolinska Institutet in Sweden, surveyed 49,321 Swedish men who were born between 1949 to 1951 and were conscripted for Swedish military service from 1969 to 1971. IQ tests done upon conscription, alcohol intake, pattern of drinking, tobacco use, and medical conditions were all examined”.

Again, this is a very authoritative study.

2.45 pm

Jacob Rees-Mogg: It is the second authoritative study. This is extremely encouraging, because it supports my amendment, does it not? Because of all this great weight of evidence, of which I hope there is a good deal more, it would be wise to stop the Secretary of State interfering in people’s lives.

Mr Nuttall: If I may say so, the point is that I have drawn the Committee’s attention of the Committee to two clear examples. I agree that one is historical, but it is certainly a fact that our armed forces were given tobacco. There is no doubt about that. Whether the incident in the fictional programme was accurate is a point of debate, but there is no doubt about the findings of these two studies.

Mr Simon Burns (Chelmsford) (Con): My hon. Friend is making a fascinating point. I would question only one point: if I was listening to him correctly, the first report that he talked about was about women, whereas the second report, which showed directly opposite results, was about male members of the Swedish armed forces. Is that comparing like with like?

Mr Nuttall: Well, my right hon. Friend is right that one report was about males and one about females. I am sure that at this very moment there are teams of researchers who, having heard that intervention, will be scurrying off to study females in the armed forces and to see whether male graduates are as likely to drink excess alcohol as female graduates appear to be. The point remains that the evidence is contradictory. That is a fact, and mine are just two examples.

Jacob Rees-Mogg: I have been contemplating this issue deeply, and I wonder whether it is contradictory, or whether it turns out that clever women and not very clever men are inclined to drink more heavily. Both could possibly be true.

Mr Nuttall: We must assume that the researchers who carried out these studies—[*Interruption.*]

The Chair: Order. I have noticed a colleague in the room who is not a member of the Committee.

Mr Nuttall: What is not in dispute is that these are two authoritative academic studies.

Mr Burns: I understand exactly the point that my right hon. Friend is making. Does he accept that over the past 30 years we have been told at times that butter is good for us, and then that we should not eat butter, because it is not good for us. We thought that eggs were good for us, then we were told that they were not, and then that they were again. There is a considerable amount of confusion as to exactly what is good for one.

Mr Nuttall: That is right. We have seen a similar thing with red wine. I seem to remember that it was not that long ago that some studies—these things all merge in the consciousness, do they not?—told us that we should not be drinking at all, but then another study said that it was quite a good idea to have a glass of red wine every day. The point is that people can understandably get confused.

Jacob Rees-Mogg: Did the study say a glass of red wine every day, or every hour?

Mr Nuttall: I rather suspect that it was every day, but we had better not pursue that point.

Mr Burns: Of course, in the past it was common practice in NHS hospitals to give certain patients a bottle of stout each night before they went to bed.

Mr Nuttall: My right hon. Friend has knowledge that I was not previously aware of. It just backs up the point that I am making. Times change—I accept that—but one can understand that members of the public can become a bit confused by all this.

Andrew Gwynne (Denton and Reddish) (Lab): Perhaps the hon. Member for North East Somerset can confirm or deny whether there is any stipulation in “Erskine May” that stout may be brought into the Committee.

Mr Nuttall: Ah, well, I think the shadow Minister has set my hon. Friend a task.

Jacob Rees-Mogg: In earlier times, it was permissible to bring refreshments into Committees, and indeed into the House. There used to be orange sellers in the Members’ Lobby for that purpose, but that is not the modern practice.

Mr Nuttall: The good old healthy orange—would it were the same today. If we need to quench our thirst, we will make do with simple H₂O.

The point I am making is that it is understandable that in the face of all these confusing, even contradictory reports and expert analyses, the public tend to treat all

such public messages with a pinch of salt, if I can mix the metaphors. Maybe I might get on to salt, but I do not intend to.

Jacob Rees-Mogg: There was a recent report that the study on salt that had said that it was so dangerous had given rats 8 lb of salt a day—or the equivalent of 8 lb for a human. It would have been 8 lb for a human when grossed up, because otherwise they would never have fitted the salt into the beastly rat. Therefore, the rat had died—well, it is not surprising. It is one of these idiotic studies.

Mr Nuttall: I shall briefly recite something that is pertinent to my hon. Friend's point. It is that a few years ago, when I was in practice, we had a mature articulated clerk. His previous profession was that of a doctor, but he was not a medical doctor like my hon. Friend the Minister—

Mr Burns: The Minister is a consultant.

Mr Nuttall: A consultant? I do not want to get the Minister's status wrong.

The Parliamentary Under-Secretary of State for Health (Dr Daniel Poulter): For the record, I practise as a middle-grade doctor and still practice on a part-time basis. However, while I am a Minister, I accept a ministerial salary but not a salary for the work I do for the NHS.

Mr Nuttall: I was right—my hon. Friend the Minister is a doctor, and of course he certainly has been previously in his career.

My colleague when I was in practice had been a doctor; not a medical doctor, but a doctor of nutrition. I do not know why he had decided to change from academia to the law, but he had. One day, I questioned him about his previous career. We are probably going back to the late '80s and early '90s. I said to him, "Look, John"—because his name was John—"You tell me...I hear all this conflicting advice about what I should eat, and you're an expert." This was an opportunity for a bit of free advice, and as a Yorkshireman I am always up for trying to get some free advice. I said, "Tell me, quite simply, how do I know what I should be eating and drinking?" He said, "Look, David, it's quite simple. A little bit of what you fancy does you good." I have stuck by that maxim, which most sensible people would stick by. They know that feeding a rat the equivalent of 8 lb of salt will probably not have a happy outcome. Indeed, for the poor rat it was not a happy outcome.

Jacob Rees-Mogg: It may be a happy outcome, because rats are pests.

Mr Nuttall: Yes. The serious point, though, is that as my hon. Friend suggests in speaking to his amendment 40, it is sensible for people to make their own minds up about often conflicting evidence.

Mr Burns: If I have understood my hon. Friend correctly, the conclusion he is coming to is that the individual knows best. If that is correct, why are there so many obese people?

Mr Nuttall: I think that it was my right hon. Friend the Member for North East Hampshire who kept mentioning that someone had read his speech.

Mr Burns: We all have.

Mr Nuttall: We have now, but we hadn't read it previously—at least, I had not. My right hon. Friend might have read it.

One point that has been raised frequently is that obesity has increased in recent decades because of the increase in calories. Yet there is evidence to demonstrate that people take in many fewer calories today on average than 50 or 60 years ago. Between 1950 and 2010, daily per capita butter consumption fell from 129 grams to 40 grams; whole milk consumption fell from 2.72 litres to 0.35 litres; and sugar consumption fell from 287 grams to 90 grams. People are obese not because they are eating more, but because they are moving less. I always have thought that. When people ask, "What shall we do about trying to keep ourselves in trim?", I simply say that they should eat less and move more.

Mr Burns: My hon. Friend is right to say that it is not that people are eating more, but that they are exercising less. Has he ever been to the United States, which particularly suffers from obesity, where it is clear that people are eating far more than they used to?

Mr Nuttall: Having visited the USA a couple of years ago, I noticed that they have what I call American portions, and that has rather a lot to do with it. Suffice it to say that I have put on record my views about the nanny state. I am four-square behind the amendment tabled by my hon. Friend the Member for North East Somerset.

3 pm

I conclude by touching on one or two of the other amendments, and in particular on the issue of consultation. Amendment 42 deals with that issue by providing that the Secretary of State must consult with "relevant local government bodies". I would suggest that my hon. Friend has raised more questions than answers with that amendment, because we are not told how often or in what form we should consult. That is perhaps something for others to consider as we proceed with our deliberations. We have dealt with the amendments fairly comprehensively for the moment, and I look forward to hearing what the Minister has to say.

Andrew Gwynne: It is a pleasure to serve under your chairmanship, Sir David, even at this late stage of our deliberations. I hope that Members will forgive me if I speak not just to the amendments but in support of clause 1, which is an important starting point for the most excellent Bill tabled by my hon. Friend the Member for Eltham.

You have missed out, Sir David, on a good 12 hours of deliberation on clause 1. Had you been in the Chair for the duration of our proceedings, you would have heard about candles and creme eggs. I hope that the hon. Member for North East Somerset enjoyed his creme egg.

Jacob Rees-Mogg: May I place on record my gratitude to the hon. Gentleman for promising me a creme egg in the Committee and for delivering? He is a politician who delivers on his promises.

Andrew Gwynne: There you go, Sir David. Let it never be said that the Labour party does not stick to its promises. However, we have not just heard about creme eggs. We have heard about chocolate in general. I know that the hon. Gentleman has a liking of chocolate, not least Cadbury's chocolate, which I believe is made very close to his constituency.

Jacob Rees-Mogg: Was.

Andrew Gwynne: Was—a touchy subject, perhaps. We have heard about pizza—we have had product placement writ large. We have had papal bulls. We have had Durkheim's "The Division of Labour in Society". We have had nannies. We have had EU articles read out at length. We had a good debate, I have to say, on clinical and medical necessity. That is one area where the Committee has drawn some substance out in its deliberations. We have had a dissertation on "Erskine May", and we have had, from the hon. Member for Bury North, much-appreciated concern for my late cat, Delilah.

Mr Nuttall: It was genuine.

Andrew Gwynne: I fully appreciate that, and so will my children.

This private Member's Bill, which was introduced by my hon. Friend the Member for Eltham, is aimed at setting the NHS in a different direction from the one that the Health and Social Care Act 2012 set it in. Clause 1 is an important aspect of that, not least because many of the debates during the House's deliberations on the Health and Social Care Bill centred around the accountability of the Secretary of State to Members of Parliament and of Members of Parliament to their constituents. When things go wrong in the national health service, constituents will rightly come and see their Member of Parliament to try to put things right, and Members of Parliament will go to Ministers, who can intervene if necessary.

We have touched on some of those debates in our deliberations over the past 13 hours and on whether the 2012 Act waters down the Secretary of State's accountability. I accept that there are different views. However, on the Labour Front Bench, we think that it is very important to clearly set out the Secretary of State's responsibility for the national health service, for setting its direction and for being accountable to the House of Commons for what happens in the national health service. That is why clause 1 is so important and why Labour will not support the amendments that have been tabled. It is clear that a number of them are wrecking amendments. Some of them might be probing amendments, as the right hon. Member for Chelmsford likes to call them. It is clear that some of the amendments would substantially alter the intention of my hon. Friend the Member for Eltham in setting out the changes he proposes in his 15-clause Bill.

It is clear the Bill does not have Government support, despite the backing of an overwhelming majority of Members on Second Reading. Many Government Members could not find the time to come to the Chamber

on that occasion. I appreciate that Fridays can be quite busy for Members of Parliament, but the NHS is the No. 1 priority of the public. That has been proven in all recent opinion polls. It is telling that Government Members did not oppose my hon. Friend's Bill on Second Reading, yet now have spoken for 13 hours on one clause. They have tried to postpone proper debate on these issues but they will not be able to hide from the public on 7 May. Labour will adopt much of what is in my hon. Friend's Bill, including explicitly exempting the NHS from the Transatlantic Trade and Investment Partnership. I know that is not the clause we are debating now. We will also restore the Secretary of State's accountability, which is the subject of the clause we are now debating.

In closing, I want to take up the Minister on one thing. He implied that a left-wing Government might not be committed to support our armed forces, particularly in the remit of future health care. Whatever the Minister thinks, let me assure Members of this House and the public that the next Labour Government will prioritise care and support for our armed forces personnel. We will make the armed forces covenant a reality, not just in local government but throughout all public services. With that, I would like to support clause 1 of my hon. Friend's Bill.

Dr Poulter: It is a great pleasure to serve under your chairmanship, Sir David. I will keep my remarks very brief. We have had a wide-ranging discussion with some excellent contributions from my right hon. and hon. Friends. I learned a lot about the history of the medicinal purposes of port from my hon. Friend the Member for North East Somerset, and heard an excellent contribution from my right hon. Friend the Member for North East Hampshire about the potential impact of European competition law. I am sure my right hon. and hon. Friends will forgive me for not going into greater detail in reply to those.

There was also another great contribution from my right hon. Friend the Member for Chelmsford who outlined as always his breadth of understanding of our NHS, and the importance of putting patients first and ensuring that we have a clinically led NHS run by doctors and nurses for the benefit of their patients. My hon. Friend the Member for Bury North also made some thoughtful comments more broadly about the impact of the Bill and the need for appropriate services at a local level. He also pointed out that competition is very different from privatisation. Allowing clinicians to choose the best services for their patients is something that all Members of this House should support. That direction of travel was set by the previous Labour Government and has been pursued further by this Government, ensuring that we now have, in Monitor, a stronger regulator to make sure that it is not just about competition, but also about integration of services where that is appropriate and in the best interests of patients.

I shall be brief, but I want to give just one example of the potential damage that the Bill could do to our health service. It is unfortunate that the hon. Member for St Ives is not with us for this part of proceedings, but it is important to highlight a real-life example of how the Bill could damage and disrupt the role of the voluntary sector and the valuable contribution that it makes to our NHS. In Kernow CCG in the constituency of the hon. Member for St Ives the Living Well project provides for the transformation of services. It means

that the CCG can turn its ambition to put people at the centre of everything it does to work in reality and treat people as active participants rather than passive recipients of care.

The CCG knows that empowering people to become actively engaged and to own the care they receive can have positive and long-lasting mental and physical health effects. The CCG confirms that this work is not about reducing acute care activity but seeking to make sure that people are brought to the centre of their own care and that care is provided better in the community. I understand that GPs embrace this way of working and find that, by asking different questions and addressing the person rather than the symptom, big changes are beginning to happen locally. The CCG is continuing to work with people who are committed to changing the system and is actively finding more of these people to become pioneers.

The success of this programme is largely down to a joint working relationship between the NHS and the voluntary and charitable sectors on the ground. It is exactly that sort of programme that could potentially be badly disrupted by the Bill. I hope that when the hon. Gentleman reflects on this when he reads *Hansard*, he may consider his support for the Bill to be misguided, in that it could hugely disrupt very successful programmes run by the voluntary sector and supported by organisations such as Age UK in Cornwall.

Clive Efford (Eltham) (Lab): Will the Minister explain what part of the Bill threatens that arrangement? There is nothing in here to prevent any CCG contracting with a voluntary organisation. It is a completely false accusation.

Dr Poulter: I will restrict my remarks to clause 1, but that is not my reading of the Bill. The hon. Gentleman is on record during discussion of this clause expressing his concern about competition in the NHS. Competition is not restricted to private organisations coming in to provide NHS care. This would also restrict the ability of the voluntary sector and the charitable sector to provide NHS services. He has made his concerns very clear on the record during the debate of this clause. I warn him, as well, of the huge damage this could do to the ability of the voluntary sector to provide services in his local area and more broadly. I am very happy to give him examples if he would like.

Clive Efford: I would be very pleased if he would, because this is completely erroneous and what the Minister is saying has no basis in fact. There is nothing to prevent a CCG contracting with a voluntary organisation. If it wants to go to a specific charitable, not-for-profit organisation, it can give them a grant. If he is saying that in order to be able to contract with voluntary organisations, we have to have the competition legislation that is incorporated into the 2012 Act, that is a risk for the NHS that is not worth taking.

Dr Poulter: It was the Labour party that introduced competition into the NHS. The competition and co-operation panel was one of the hallmarks of the previous Government's legislation in their final years in power, encouraging private sector providers to come into the NHS and encouraging a sensible approach to supporting the right services to commission for local patients, be that from the voluntary sector or from

private providers who could potentially come in and provide care, perhaps when there are longer waiting lists. That is something that I hope both sides of the House will support. We cannot say on the one hand that we do not like competition, and then say, as the hon. Gentleman is now trying to say, that competition would mean that the voluntary and charitable sector would be prevented from providing services. That is clearly not the case. It is against the law. As my right hon. Friend the Member for North East Hampshire outlined in his remarks, it is against some of the principles of European law, which the previous Government signed up to.

3.15 pm

Clive Efford: The 2012 Act introduced the Competition Act 1998 into health service contracts, but the Minister is wrong about what this Bill attempts to do. It would allow anyone who wants to remain within an NHS contract to do so without external regulation being imposed to require a competitive tendering process to be gone through. If they are using NHS contracts, the NHS is protected. There are voluntary organisations that are outside that, but if a local CCG wants to contract with a local charity, there are ways within the Bill that that can be done. We looked at that and it specifically was not excluded.

Dr Poulter: I am afraid the hon. Gentleman is grasping at straws. Frankly, his Bill is poorly drafted. He would make it very difficult for the voluntary and charitable sector to continue to contribute in the way that they currently do to our NHS, which would be damaging to patient care in many areas. I am sure that the voluntary organisations that provide care in Eltham would be concerned about that, as I am sure they would be in Cornwall, given the support of the hon. Member for St Ives for the Bill. It is not good enough for the hon. Member for Eltham to stand up in Committee and say that he is against competition, and then say that somehow there will be legal protection for the voluntary sector. That is not in the Bill, and it does not make sense. It is poor drafting on his behalf.

Clive Efford: The Minister can check my entry in the Register of Members' Financial Interests. The person who helped me draft my Bill is an expert in this field. He is one of the leading QCs in the country. I would back my lawyer against the Minister's any day.

The purpose of the Bill has been to describe the NHS as a service of social solidarity and general economic interest in order to protect the National Health Service from private enterprise being forced into it. *[Interruption.]* The complexity around that is that the National Health Service does have private sector providers, and always has had since Nye Bevan created it. That creates the complexity, which is why there is a duality in the contracting process in the sense that if people stay within the NHS family—social solidarity and service of general economic interest—they do not have to comply with competition rules. If they step outside of that, competition rules have to apply. That is what the Bill does.

Dr Poulter: The hon. Gentleman is perhaps confusing himself. There is a misunderstanding of the law by his lawyer. I would certainly ask for a second legal opinion if I were him. I have made my points on the record. It is a confused Bill. It would do damage to the voluntary

[Dr Poulter]

and charitable sector in the NHS and would not necessarily be in the best interests of patients. What matters, as was once famously said, is what works, and what works is what works for patients. It should not be an ideological, false debate about the fact that the private sector is bad and the public sector is always good. We have a publicly funded health service that we believe in, but we need to make sure the money is used in a way that supports patients in the best possible way. That was the policy of the previous Labour Government, and it is a policy that we have further developed. We have also had a much greater focus on integration. Since the 2012 Act we have seen the voluntary and the charitable sector being able to contribute to the NHS in a much more meaningful way, and that has brought benefits for patients throughout the country.

In conclusion, I hope my right hon. and hon. Friends will also forgive me for the fact that because in principle I am unable to support the Bill, I will be unable to support what would otherwise have been amendments of great potential merit. I thank all hon. Members of the Committee for their contributions to the debate, but in particular my right hon. and hon. Friends for their speeches, which were very informative and amusing but, more importantly, showed the care and compassion that Government Members have and the fact that we will always act in the best interest of patients as a Conservative-led Government.

Jacob Rees-Mogg: Having listened to the Minister and the Opposition spokesmen and the broad compass of the debate, the Government's opposition to the clause means that it is unnecessary for me to press the amendment to a Division. I beg to ask leave to withdraw my amendment.

Amendment, by leave, withdrawn.

Resolved, That the Committee do not proceed further with consideration of the Bill.—(Clive Efford.)

Bill to be reported, without amendment; to lie upon the Table.

Ordered, That the Chairman be directed to apply to the House for leave to make a Special Report.

Chair's draft Special Report brought up, read the First and Second time, and agreed to.

Resolved, That the draft Special Report be the Special Report of the Committee to the House.

Clive Efford: It is not debateable?

The Chair: It is not debateable at this stage.

3.23 pm

Committee rose.