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## Weekly Political Update

Week ending 2 March 2012

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### Westminster

Deafness, hearing loss and tinnitus

*Click on link for full transcript*

Item	Summary
<a href="#">PQ on video relay service</a>	Ben Bradshaw MP (Lab, Exeter) asked the Government what recent representations it has received from telecommunications companies on the video relay service for British Sign Language users.

Health/NHS issues

*Click on link for full transcript*

Item	Summary
<a href="#">Health and Social Care Bill – Report Stage</a>	Peers continued to scrutinise the Health and Social Care Bill during the fourth day of its report stage in the House of Lords.
<a href="#">Urgent Question on passage of the Health and Social Care Bill</a>	Shadow Health Secretary Andy Burnham MP (Lab, Leigh) asked an urgent question on the Health and Social Care Bill, following a letter from the Deputy Prime Minister, co-signed by Baroness Williams (Lib Dem), to MPs and Peers in which he set out amendments he wanted to see which would limit competition and the role of the private sector in the NHS.
<a href="#">Debate in the House of Lords – Health and Social Care Bill</a>	Peers later debated the answer given by the Health Secretary.
<a href="#">Press release – health and wellbeing boards</a>	The Department of Health issued a short guide to health and wellbeing boards.

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#### Disability issues – employment and welfare

*Click on link for full transcript*

<b>Item</b>	<b>Summary</b>
<a href="#"><u>PQ on employment and support allowance reassessment</u></a>	Sheila Gilmore MP (Lab, Edinburgh East) asked the Government how regularly individuals in receipt of employment and support allowance are required to undergo reassessment.
<a href="#"><u>PQ on research into experiences of ESA claimants</u></a>	Sheila Gilmore MP (Lab, Edinburgh East) asked when the Government plans to publish research into what happens to people found fit for work and those placed in work-related activity and support groups following work capability assessments.
<a href="#"><u>PQ on entitlement to ESA</u></a>	Sheila Gilmore MP (Lab, Edinburgh East) asked what proportion of final decisions on entitlement to employment and support allowance differed from the original advice provided by Atos between 2009-11.
<a href="#"><u>PQ on benefit tribunals</u></a>	John Spellar (Lab, Warley) asked how many cases are on the waiting list for tribunal hearings for disability living allowance and employment and support allowance.
<a href="#"><u>PQ on work capability assessments</u></a>	In response to a question from Tom Greatrex MP (Lab/Co-op, Rutherglen and Hamilton West), Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that there are currently 37,909 people who have waited in excess of 13 weeks for a work capability assessment.

#### Disability issues – social care

*Click on link for full transcript*

<b>Item</b>	<b>Summary</b>
<a href="#"><u>Report publication</u></a>	The Joseph Rowntree Foundation published a report titled ' <a href="#"><u>The Right to Take Risks: Service Users' Views of Risk in Adult Social Care</u></a> ', part of a programme of papers which aims to explore how risk features in the lives of adults who use care and support.

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#### Disability issues – transport

*Click on link for full transcript*

<b>Item</b>	<b>Summary</b>
<a href="#"><u>PQ on assisting disabled passengers with train travel</u></a>	In response to a question from Julian Huppert MP (Lib Dem, Cambridge), Transport Minister Norman Baker MP (Lib Dem, Lewes) confirmed that the passenger assistance service for train travel is now being administered through a call centre. He said that station staff will still give free advice and assistance to passengers to plan journeys and can, if required, contact the call centre on behalf of the passenger.

#### Disability issues – other

*Click on link for full transcript*

<b>Item</b>	<b>Summary</b>
<a href="#"><u>Lords question on abuse towards disabled people</u></a>	Lord Kennedy of Southwark (Lab) asked what action the Government plans to take to prevent abuse directed at disabled people in receipt of benefits.
<a href="#"><u>Report publication - Joint Committee on Human Rights</u></a>	Government reforms to benefits and services risk leaving disabled people without the support they need to live independently, a new report by the Joint Committee on Human Rights has found.

#### Biomedical research

*Click on link for full transcript*

<b>Item</b>	<b>Summary</b>
<a href="#"><u>PQ on the UK life sciences strategy</u></a>	Adam Afriyie MP (Con, Windsor) asked the Government what recent progress it has made in implementing the Strategy for UK Life Sciences.

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## **Consultations**

Title: Personal Independence Payment: assessment thresholds and consultation

Source: Department for Work and Pensions

Deadline: 30 April 2012

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### **PQ on video relay service (1)**

**Mr Bradshaw:** To ask the Secretary of State for Culture, Olympics, Media and Sport what recent representations he has received from (a) BSkyB, (b) O2 and (c) Everything Everywhere on the video relay service for British Sign Language users.[95839]

**Mr Vaizey:** This Department has received correspondence from BskyB, O2 and Everything Everywhere on next steps following the roundtable discussions that were held in autumn 2011 with industry and British Sign Language representatives.

**Mr Bradshaw:** To ask the Secretary of State for Culture, Olympics, Media and Sport what recent representations he has received from (a) Virgin Media, (b) Vodafone, (c) BT, (d) Kingston Communications and (e) 3 on the video relay service for British Sign Language users.[95633]

**Mr Vaizey:** The Department has received an update from BT about the Video Relay Service pilot it has recently introduced for its British Sign Language (BSL) customers. Correspondence has also been received from Virgin Media, Vodafone and Kingston Communications on next steps following the roundtable discussions that were held in autumn 2011 with industry and BSL representatives.

### **Health and Social Care Bill – Report Stage**

The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Report stage for the fourth day today.

During the day's debate on the Health and Social Care Bill Clauses several Government amendments were made and numerous non-Government amendments were agreed to without vote. One division was held on amendment 76, which was rejected.

### **Divisions and debates**

#### **Amendment 75 to Clause 24**

Liberal Democrat peer Baroness Williams of Crosby moved amendment 75, stating that concerns had been raised on all sides of the House about the need to ensure that Clinical Commissioning Groups (CCGs) always covered every resident individual so that the services of CCGs were available to all residents.

Shadow Deputy Leader of the House of Lords Lord Hunt of King's Heath felt that HealthWatch England being wholly independent of CQC was important to ensure that the voices of patients were heard as effectively as possible.

Responding, Health Quality Minister Earl Howe confirmed that CCGs must exercise their responsibilities so that services were commissioned to meet the reasonable requirements of all their

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patients. He added that every person registered with a GP practice or usually resident in England would be the responsibility of a CCG, so amendment 75 was unnecessary.

*Amendment 75 was withdrawn*

#### **Amendment 76 to Clause 24**

Moving amendment 76, Shadow Deputy Leader of the House of Lords Lord Hunt of King's Heath said that if power was given to professionals who could take advantage financially from their decisions, then strong corporate governance safeguards were needed. He felt that the best safeguard was to have independent appointment of non-execs, who should be in a majority on a board.

*Amendment 76 was rejected by 282 to 185*

#### **Amendment 136A to create a New Clause after Clause 39**

In moving amendment 136A, Labour peer Lord Patel of Bradford said that his amendment had the support of many leading mental health organisations, such as Mind, Rethink, the Mental Health Foundation, the Centre for Mental Health, the Law Society and the Royal College of Psychiatrists.

Lord Patel felt that Clause 39, as it stood, have profound effects on how aftercare of those who had been detained in hospital for mental health reasons was delivered and paid for, and his amendment would retain a "clear and unambiguous responsibility" on CCGs and local authorities to provide appropriate aftercare.

Lords Government Whip Baroness Northover did not feel that there was anything in the clauses that would bring in charging for any NHS or social care services that were currently provided free under Section 117, and the Government had no plans to change the position on charging. She conceded that "tidying up" sometimes caused concerns, stating that the Government would not oppose the amendment.

*The amendment was agreed without vote*

#### **Full list of H amendments made**

*Clause 22*

Amendments 72 and 73

*Clause 24*

Amendment 74

*Schedule two*

Amendment 92A

*Clause 25*

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Amendments 97 and 98  
Amendments 103 and 104  
Amendment 112  
Amendment 115  
Amendment 117

*Clause 29*

Amendment 120  
Amendment 124

*Clause 30*

Amendments 127 and 128

*Clause 31*

Amendment 129

*Clause 35*

Amendments 131 to 136

*Clause 48*

Amendments 137 to 140

*Clause 52*

Amendment 144

*Schedule 4*

Amendment 145  
Amendments 146 to 148A  
Amendments 149 and 150

*Schedule 5*

Amendments 151 to 159

*Schedule 6*

Amendment 160

**Non-Government amendments agreed without vote**

*Clause 22*

Amendment 71 moved by Liberal Democrat peer Lord Marks of Henley-on-Thames

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#### *Clause 24*

Amendment 79a moved by Liberal Democrat peer Baroness Barker

#### *Schedule 2*

Amendment 82A moved by Liberal Democrat peer Baroness Barker

Amendment 86A moved by Liberal Democrat peer Baroness Barker

Amendment 86B moved by Liberal Democrat peer Baroness Barker

#### *Clause 25*

Amendment 113 moved by Liberal Democrat peer Lord Marks of Henley-on-Thames

Amendment 114 moved by Liberal Democrat peer Lord Marks of Henley-on-Thames

#### *New after Clause 39*

Amendment 136A moved by Labour peer Lord Patel of Bradford

#### *Clause 51*

Amendment 141 moved by Conservative peer Baroness Cumberlege

#### *Schedule 4*

Amendment 148B moved by Crossbench peer Baroness Murphy

### **Full list of probing amendments**

#### *Clause 24*

Amendment 75 moved by Liberal Democrat peer Baroness Williams of Crosby

#### *Clause 25*

Amendment 107 moved by Crossbench peer the Earl of Sandwich

#### *Clause 35*

Amendment 130 moved by Deputy Leader of the House of Lords Lord Hunt of King's Heath

#### *New Clause after Clause 59*

Amendment 161 moved by Conservative peer Lord Fowler

#### *New Clause after Clause 59*

Amendment 162 moved by Conservative peer Baroness Cumberlege

Amendment 162A moved by Deputy Leader of the House of Lords Lord Hunt of King's Heath

### **Full list of amendments not moved**

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Amendments 77 and 78

Amendment 79

Amendments 80 to 82

Amendments 83 and 84

Amendments 85 and 86 not moved

Amendments 87 to 89

Amendment 90

Amendments 91 and 92

Amendment 93

Amendments 94 to 96

Amendments 99 to 102

Amendments 105 and 106

Amendment 107

Amendments 108 to 111

Amendment 112A

Amendment 116

Amendments 118 and 119

Amendments 121 to 123

Amendment 125

Amendment 126

Amendment 142

Amendment 143

Amendment 161A

Amendment 162B

Amendments 163 and 163A

The Health and Social Care Bill will return to the Lords for the fifth day of Report debate on the sixth March.

### [Urgent Question on passage of the Health and Social Care Bill](#)

**Andy Burnham** (Leigh) (Lab) (Urgent Question): To ask the Secretary of State for Health if he will make a statement on the Health and Social Care Bill following a letter from the Deputy Prime Minister to MPs and peers and the Government's response.

The Secretary of State for Health (Mr Andrew Lansley): I am glad to have this opportunity again to set out the purposes of the Health and Social Care Bill. It will give patients more information and choice, so that they can share in decision-making about their care. It empowers front-line doctors and nurses to lead the delivery of care for their patients. It cuts out two tiers of bureaucracy and strengthens the voice of patients and the role of local government in integrating services and strengthening public health.

The values of the Bill are simple: putting patients first, trusting doctors and nurses, focusing on results for patients and maintaining the founding values of the NHS. We are constantly looking to reinforce those values, strengthening the NHS to meet the challenges it faces. We know change is essential; we will not let the NHS down by blocking change. Throughout the development and progress of this Bill, we have engaged extensively with NHS staff, the public, and parliamentarians.

The Health and Social Care Bill is the most scrutinised public Bill in living memory—[ Interruption. ] With over 200 hours of debate between the two Chambers and 35 days in Committee, we have



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ensured that Members and peers have had every opportunity to examine, understand and amend the Bill to—[ Interruption. ]

**Mr Speaker:** Order. I granted this question because I want Members to have the chance to scrutinise the Government of the day, but courtesy dictates that the Secretary of State's statement must be heard.

**Mr Lansley:** Thank you, Mr Speaker.

We have made this legislation better and stronger. We have made significant changes to the Bill, including in response to the NHS Future Forum's work and we have been open to any further changes that would improve or clarify the Bill. For example, so far in the Lords, the Government have accepted amendments tabled by a number of Cross-Bench, Liberal Democrat and Labour peers.

Yesterday, my right hon. Friend the Deputy Prime Minister and Baroness Williams wrote to their Liberal Democrat colleagues explaining their support for the Bill, with those changes and some further amendments they wish to see. They said, for example, how we must

“rule out beyond doubt any threat of a US-style market in the NHS”.

I wholeheartedly agree. The Bill is about quality, not competition on price. It will not permit any NHS organisation to be taken over by the private sector. It will put patients' interests first. The Bill does not permit any extension of charging, and care will be free, based on need. Where the doctors and nurses on the ground know that competition is in the best interests of their patients—where it is based entirely on the quality of the care and treatment provided and not in any way on the price of that care and treatment—then competition can play an important role in driving up standards throughout the NHS.

We will not see a market free-for-all or a “US-style” insurance system in this country. I believe in the national health service. I am a passionate supporter of our NHS, and that is why I understand the passionate debate it arouses. It is also why I resent those Opposition Members who seek to misrepresent the NHS, its current achievements and its future needs. We—and I do mean all of us on the Government Benches—are using the debates in the Lords further to reassure all those who care about the NHS. I am grateful for this chance to reassure all my hon. Friends regarding the positive and beneficial effects of debate in the other place and about the work we are all doing to secure a positive future for the NHS.

**Andy Burnham:** On Friday, the Prime Minister promised there would be no more amendments, and yesterday lunch time the Minister of State, Department of Health, the right hon. Member for Chelmsford (Mr Burns) said that the whole Government backed the Bill as it stood, but hours later the Deputy Prime Minister called for changes to a flagship Bill that he has supported all the way. The Government appear to be in complete disarray—or perhaps this was pre-agreed coalition choreography for the Deputy Prime Minister to save face. Either way, this House is entitled to ask, “What is going on?” The NHS matters too much for us to allow it to be carved up in the unelected House in cosy coalition deals, so we are grateful, Mr Speaker, that you have brought Ministers here today to start providing some answers.

First, on the process, will the Secretary of State tell the House when he was first made aware of the Deputy Prime Minister's letter? Was he consulted about its contents in advance and did he consent

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to the apparent change of policy or was he overruled by the Deputy Prime Minister? Who is in charge of health policy? Is anyone in charge?

Secondly, on policy, will the Secretary of State update the House on the precise detail of the changes that the Deputy Prime Minister is seeking in the five areas he identifies? For instance, we hear that the Deputy Prime Minister, having previously defended the 49% private patient income cap for foundation trusts, now wants “additional safeguards”. What are those safeguards? Are the changes still under discussion or do they now represent Government policy? Yesterday, the Liberal Democrats played up the changes, but the Secretary of State’s Department has dismissed them as minor. Is his view the same as ours that the amendments do not affect the substance of his Bill but rather are cosmetic changes designed to make the Deputy Prime Minister look good in advance of his spring conference?

The Prime Minister has been clear: this Bill is about competition at the heart of the health service. The Deputy Prime Minister has supported it all the way. Are not these just empty gestures designed to save face? This is a bad Bill that cannot be amended. Last week, the president of the Lib Dems spoke for his party when he admitted that the Bill should have been dropped. Does that not explain what this posturing is all about? In their heart of hearts the Liberal Democrats hate this Bill but have not had the guts to stand up to the Prime Minister and say so. Both coalition parties are putting

their political pride before the best interests of the NHS. Is it not time for them to do what they said they would do at the start—listen to doctors and nurses and drop this Bill?

**Mr Lansley:** I am not sure the right hon. Gentleman even read the Deputy Prime Minister’s letter, judging from what he has just said. I will tell him exactly what the process is. The process is for detailed discussion in another place. There were 15 days of debate in Committee in another place. It is the habit in another place not to amend the Bill in Committee, but to use those debates in Committee as a basis for amendment on Report. The process is straightforward. My right hon. Friend the Deputy Prime Minister, together with Baroness Shirley Williams, explained to their Liberal Democrat colleagues some of the amendments on which we have been working together in order to make sure that there is further reassurance. [Interruption.] That is literally true.

Let me put the right hon. Gentleman right about something. What is at the heart of the Bill is improving the quality of care for patients. I note that he did not quote me or represent that he was quoting me. I have never said that competition is at the heart of the Bill. Competition is a means to an end, not an end in itself. The purpose of the Bill is to achieve quality. Where competition enables us to deliver better quality for patients, we should use it. Where integration of services and an absence of competition is in the interests of patients in delivering quality, that is the basis upon which the NHS should proceed. The Bill has been tremendously strengthened and is now a long-term sustainable basis for the NHS to deliver the quality of care for patients that we are looking for, while maintaining all the values of the NHS.

**Mr Stephen Dorrell (Charnwood) (Con):** Has my right hon. Friend yet been able to understand how it can be that a party which, when in government, promoted practice-based commissioning that involved GPs in commissioning, promoted private sector investment in NHS institutions, and promoted the commissioning of care from private sector providers where that was in the best interests of patients now thinks all those principles undermine the national health service to which he, we and presumably the Opposition are still committed?

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**Mr Lansley:** My right hon. Friend makes extremely good points. It is interesting that the right hon. Member for Leigh (Andy Burnham) appears to be trying to represent us as not agreeing about matters. He is chronically incapable of agreeing with himself. In June 2006 the then Prime Minister, Tony Blair, said that what the NHS needed in future was foundation trusts, practice-based commissioning, more involvement for the private sector and payment by results. The thing is that Labour in office did not achieve any of those things. It is only through the mechanism of the legislation that we are putting together that we are going to enable the NHS to achieve those things in a way that does not entail all the difficulties that Labour had, such as getting the private sector involvement with the NHS wrong. We are going to get those things right.

**Frank Dobson** (Holborn and St Pancras) (Lab): Does the Secretary of State agree that the Salisbury convention requires the House of Lords not to reject a measure if it has an electoral mandate? As all the parties in the House were mandated not to totally reorganise the national health service, would it not be wholly proper for the Liberal Democrats in the Lords to have some guts, join with Labour and Cross Benchers and vote the whole measure down?

**Mr Lansley:** The right hon. Gentleman is completely wrong about that. Perhaps he was not here last Wednesday when we debated health matters. [Hon. Members: "He was."] Well, then he did not listen. I set out very clearly how the Bill was responding to the manifesto mandate that we in our party had, and it was a manifesto mandate that the Liberal Democrats brought to the coalition Government, not least in relation to the role of local government, bringing greater democratic accountability, which is precisely how some of these things have been achieved. If the right hon. Gentleman is talking about a mandate in the Lords, he might like to tell his colleagues that at the last election his party was elected on the basis of supporting foundation trusts, for example, to be able to be free to increase their private income.

Several hon. Members rose —

**Mr Speaker:** Order. If I am to accommodate anywhere near the level of interest in this important matter, I shall require brevity—to be led, as so often, by Mr John Redwood.

**Mr John Redwood** (Wokingham) (Con): Am I right to tell my constituents that the purpose of this reform is to give more choice of care to patients, and to give more power to GPs to deliver better free treatment?

**Mr Lansley:** Yes, absolutely right.

**Mr Ben Bradshaw** (Exeter) (Lab): Given that the right hon. Gentleman inherited an NHS with record short waiting times, record high public satisfaction and improving competitiveness, does he ever in his darkest moments wish that he had not embarked on this damaging and costly upheaval?

**Mr Lansley:** At the last election the average waiting time for in-patient treatment was 8.4 weeks. In December 2001, when the most recent data were published, it had come down to 7.7 weeks. The right hon. Gentleman might like to reflect on the fact that the number of people waiting more than a year for treatment in the NHS is now more than half what it was at the last election.

**Simon Hughes** (Bermondsey and Old Southwark) (LD): I thank the Secretary of State for accepting many of the amendments to the Bill proposed by our colleagues and others and thank his colleague in the House of Lords for accommodating not only Liberal Democrat and Cross-Bench peers, but

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Labour peers who have joined us in bringing forward such amendments. Will he give an undertaking to continue to work collaboratively to improve the Bill to the very end and reject Labour's allegations that it did not force privatisation on the NHS, which we are definitely not doing?

**Mr Lansley:** I am grateful to my right hon. Friend and thank him for his positive remarks about my noble Friend Earl Howe. I attach to that my appreciation to Baroness Northover for the work she has been doing in another place and to the Minister of State, Department of Health, my hon. Friend the Member for Sutton and Cheam (Paul Burstow), who is responsible for care services, who has been heavily engaged in discussing some of the amendments. I recall that nearly a year ago there was a clear expression of interest from the Liberal Democrats, as a party, on how they felt the Bill should be improved. I was pleased that we were able to bring forward changes that reflected virtually all those. Indeed, they are reflected directly in what my right hon. Friend the Deputy Prime Minister said in his letter yesterday.

**Mr Kevin Barron (Rother Valley) (Lab):** If the competition in the Bill is just an extension of what the previous Government did by introducing independent sector treatment centres and everything else, why are more than 90 clauses writing into the law of the land that competition policy should run the NHS, not the NHS, as has been the case in the past?

**Mr Lansley:** I would not characterise this as an extension of the independent sector treatment centres programme. That is precisely what we do not need to do with the private sector. Under the Labour Government, the private sector was paid 11% more than the NHS, which was wrong, and in another place there is a legislative provision that will prevent discrimination in favour of the private sector. The Bill will carry forward exactly the principles and rules of co-operation and competition, as reflected in the panel set up under the previous Government. As NHS Future Forum set out, the reason for having that in the Bill, with Monitor exercising those responsibilities, is so that there will be a health sector regulator, rather than that being done without health expertise by the Office of Fair Trading.

**Nadine Dorries (Mid Bedfordshire) (Con):** Some Conservative Members never criticised, and in fact supported, the previous Government when they introduced private health care providers into the NHS. In his letter, the Deputy Prime Minister said that the use of private health care firms has been explicitly prevented as a result of his involvement. Is that really true? If so, should someone not tell him who is running this Government?

**Mr Lansley:** My hon. Friend knows perfectly well that we are a coalition Government and, therefore, this is a coalition Bill that reflects the views of the whole coalition. To that extent, I reiterate to her and to the House that, as the Deputy Prime Minister has quite rightly said, the legislation will not allow discrimination in favour of the private sector in the way that the Labour party did.

**Mr Dennis Skinner (Bolsover) (Lab):** All those royal colleges, all those nurses and all those doctors know that this Bill is about privatisation. Along come these tin-pot Liberals, who put forward an idea to make a few marginal shifts. It is the biggest con trick of all time. This is about trying to save the face of those people, who should have opposed the Bill from the very beginning. Drop this lousy Bill.

**Mr Lansley:** I will tell the hon. Gentleman exactly what the Bill is about: improving care for patients. That is what I care about, and it ought to be what he cares about. [ Interruption. ]

Several hon. Members rose—

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**Mr Speaker:** Order. May I say to the hon. Member for Colne Valley (Jason McCartney) who is chuntering inanely from a sedentary position, to no obvious benefit or purpose, that the Chair is perfectly capable of adjudicating upon what is and is not in order and that it does not behove an hon. Member to seek to intervene in such matters? These proceedings have thus far been entirely orderly. That is the beginning and the end of the matter.

**Mr Peter Bone** (Wellingborough) (Con): There is an old political saying that the Liberal Democrats say one thing at one end of their constituency and another thing at the other end. Will the Secretary of State lay that rumour absolutely to rest—that they are not saying one thing at this end of Parliament and another thing at the other end?

**Mr Lansley:** I am happy to be able to tell my hon. Friend that I, with my colleagues, have had very constructive engagement with my Liberal Democrat colleagues in government and, indeed, during the course of our debates in another place.

**Ms Gisela Stuart** (Birmingham, Edgbaston) (Lab): Following the question from the hon. Member for Mid Bedfordshire (Nadine Dorries), can the Secretary of State tell us when he was aware of the letter, whether he was consulted on it and whether he had any input?

**Mr Lansley:** I believe that I answered that question. The point of the letter was to reflect the discussions that we have been having.

**Mr John Baron** (Basildon and Billericay) (Con): Does my right hon. Friend accept that the debate so far risks ignoring the importance of the Bill's renewed outcomes? In cancer, for example, such focus is instrumental in driving forward earlier diagnosis, which in itself could save quite literally thousands of lives.

**Mr Lansley:** My hon. Friend is absolutely right, and I am sure that in that context he shares with me the appreciation of the benefit that will come from campaigns to promote the early awareness of cancer, such as, following piloting, the roll-out of the national campaign for the awareness of bowel cancer symptoms.

**John Healey** (Wentworth and Dearne) (Lab): Is not this another attempted PR and political fix for a mismanaged health Bill that is again in chaos? Which of the changes set out in the Deputy Prime Minister's letter was not agreed in government first?

**Mr Lansley:** Would that be the same Bill that the right hon. Gentleman described as "consistent, coherent and comprehensive"?

Conor Burns (Bournemouth West) (Con): May I ask the Secretary of State today to confirm again that when the Bill becomes law the national health service will remain funded through taxation and free at the point of use regardless of ability to pay? Opposition Front Benchers should stop scaring our constituents with grossly inappropriate scare stories.

**Mr Lansley:** My hon. Friend is absolutely right, and I share his deep resentment at the way in which Opposition Members misrepresent and distort what is in the legislation and then, when people write to us concerned about what is in the legislation, accuse us of not listening to them. Opposition Members should read what is in the Bill, find out that it achieves the purposes that my hon. Friend describes and not distort it.

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**Mr Speaker:** Order. I simply say to the Secretary of State that to refer to somebody “distorting” something is perfectly in order, but I know that he would not want to use an unparliamentary term and talk about anything being “misrepresented”. I think he is accusing a Member of being erroneous. I think that is what he has in mind.

**Mr Lansley:** You are absolutely right, Mr Speaker. They are very erroneous.

Grahame M. Morris (Easington) (Lab): There is clearly no mandate, either in this House or in the other place, for these huge changes and massive top-down reorganisation. Some 162,000 people have signed an e-petition calling on the Government to drop the Bill, so may I remind the Secretary of State that his own party’s election manifesto stated that

“any petition that secures 100,000 signatures will be eligible for formal debate”?

Does he not think that it is time for us to have a full debate about the issue, to find out who is in favour and who is against and to drop the Bill?

**Mr Lansley:** The hon. Gentleman, himself, was present at 40 sittings in Committee, during which his hon. Friend the Member for Halton (Derek Twigg), the shadow spokesman, said that the Bill had been thoroughly scrutinised. We have debated it; in another place they continue to debate it very fully and very constructively; and I believe that that will deliver us the right Bill for the NHS.

**Andrea Leadsom** (South Northamptonshire) (Con): Will my right hon. Friend confirm that this Bill is superb news for patients, and that under the Secretary of State’s new Bill, my constituent who requires less invasive hip treatment in a neighbouring county will be able to choose to go to that other provider for a less expensive operation that will do him less harm and more good?

**Mr Lansley:** Yes, indeed. For the first time, not just through the legislation but through the modernisation of the national health service, patients will be able to see, through the data, the quality of the service provided in the NHS by a range of providers. When patients are asked whether they want—on that basis, as NHS patients with a free service based on their need—to be able to choose who should provide them with care, 81% say that they want that choice. We will give them that choice; Labour would not. Barbara Keeley (Worsley and Eccles South) (Lab): The Deputy Prime Minister’s letter promised

“additional safeguards to the private income cap”.

Will the Secretary of State explain what are these additional safeguards aimed at ensuring that foundation trusts cannot focus on private profits before patients?

**Mr Lansley:** We have already made it very clear in another place that the legislation will ensure that foundation trusts should have the freedom to increase their private income, not least in relation to international work. However, their principal legal purpose is for the benefit of NHS patients, and so they already have to make sure that they reflect that in their annual reports and in their annual plans. As the letter indicates, we are, with my hon. Friends in another place, working on a further corporate governance mechanism to ensure that foundation trusts reflect their principal legal purpose in all that they do. [ Interruption. ]

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**Mr Speaker:** Order. I want to hear the questions and the answers. Members are a little overexcited and they need to calm down just a tad. A good example of such calm will now, I am sure, be provided by Mr John Hemming.

**John Hemming** (Birmingham, Yardley) (LD): Under Labour, local democratic accountability in the NHS was reduced by the abolition, without consultation, of the community health councils. The letter refers to the creation of the health and wellbeing boards, which will increase local democratic accountability for the health service. Will the Secretary of State explain how that will ensure that local services in the health service better fit local health needs?

**Mr Lansley:** That is a very powerful and positive step forward. Through the joint strategic needs assessment and the strategy derived from that, local authorities and the NHS will now increasingly work together to deliver integrated services extending across health, social care and public health.

**Luciana Berger** (Liverpool, Wavertree) (Lab/Co-op): Will the Secretary of State please confirm whether all the changes outlined in the Deputy Prime Minister's letter now represent Government policy?

**Mr Lansley:** The Deputy Prime Minister's letter accurately reflects the discussions that we have been having in another place—[ Interruption ] I do not see why that is funny; it is very simple—in anticipation of the amendments that will be debated there on Report.

**Dr Phillip Lee** (Bracknell) (Con): The previous Labour Government, of whom the shadow Secretary of State for Health was an active member, negotiated private finance initiative contracts that are costing the NHS almost £3,000 per minute. Will the Secretary of State detail what his Department and the Treasury are doing to help to alleviate this enormous level of debt, which has risked the viability of some NHS services?

**Mr Lansley:** We are helping all trusts with PFI contracts to manage the costs of those contracts. Seven trusts were left with unsustainable PFI contracts, and we have made it clear that we are willing to help support them. Labour Members—they are not even listening—are distorting the nature of this legislation, which does not permit privatisation. Given that during their time in office they left the NHS with 102 hospital projects owned, in effect, by the private sector, with a PFI debt of £67 billion, it is outrageous for them to sit there pointing fingers at us.

**Mr David Winnick** (Walsall North) (Lab): If this is such a marvellous measure that protects the NHS, as the Secretary of State has been saying, why is it opposed by virtually all those in the medical profession and by most of the public, to the extent that he has become almost a hate figure? Is it because he lacks persuasiveness or because this is a worthless Bill that will undermine the NHS?

**Mr Lansley:** The hon. Gentleman should go and talk to the clinical commissioning groups across the country that are delivering on the clinical leadership that will modernise and improve the NHS rather than simply sitting reading the newspapers and imagining that he knows what is going on in the NHS.

**Philip Davies** (Shipley) (Con): Does my right hon. Friend agree that when she was in government, Baroness Williams was one of the chief architects of ruining the state education system in this country? Given that, why would a Conservative-dominated Government wish to dance to her tune?

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**Mr Lansley:** My right hon. and noble Friend Baroness Williams is now a member of the Liberal Democrat party, and in that respect I am not aware that she has ever transgressed in government.

**Paul Goggins** (Wythenshawe and Sale East) (Lab): Last year, when the Bill was in its infancy, the Minister of State, Department of Health, the right hon. Member for Chelmsford (Mr Burns), gave me an assurance that NHS services in Trafford undergoing changes would not be privatised. In the light of all the amendments, is the Secretary of State able to offer me the same assurance, especially given that the Co-operation and Competition Panel in his Department has instructed the local NHS to devise a contract that is divided into six separate lots, with a warning that competition must be prosecuted, otherwise there will be severe consequences?

**Mr Lansley:** I can give the right hon. Gentleman the same reassurance that the Minister of State gave.

**Mrs Anne Main** (St Albans) (Con): Will my right hon. Friend confirm that the previous Government were, in 2006, given the advice that it was neither possible nor desirable to ensure that competition was not allowed in the NHS because it is subject to EU competition rules?

**Mr Lansley:** I am glad that my hon. Friend has made that important point. People such as the former Chair of the Select Committee on Health, the right hon. Member for Rother Valley (Mr Barron), who is no longer in his place, are fond of asking why we are introducing competition into the NHS. We are not. The Bill does not introduce competition to or extend competition within the NHS. The legal advice disclosed in one of today's national newspapers makes it clear that the previous Labour Government introduced the reach of competition law into the NHS by introducing the elective choice programme in 2006.

**Angela Smith** (Penistone and Stocksbridge) (Lab): If the Health Secretary believes so much in the value of his Bill, why did he not take the time to explain it to voters before the general election, instead of promising that there would be no top-down reorganisation of the NHS?

**Mr Lansley:** I refer the hon. Lady to pages 46 and 47 of the Conservative party manifesto and, to understand the Bill fully, to the Liberal Democrat manifesto.

**David Tredinnick** (Bosworth) (Con): I encourage my right hon. Friend to read the minutes of the Hinckley and Bosworth health and wellbeing partnership meeting. He will see that clinical commissioning groups are in place and that there is a priority on early intervention. There is support for the health and wellbeing board and its priorities. Does that not go completely against what we are hearing from Opposition Members?

**Mr Lansley:** I had the pleasure—before Christmas, I think—of meeting the local authority, the director of public health and the three clinical commissioning groups from across Leicestershire, who are all enthusiastic about the opportunities presented by the modernisation of the NHS legislation.

**Mr Dave Watts** (St Helens North) (Lab): Is it not clear to even this Secretary of State that the Bill is now a dog's breakfast? Given that doctors, nurses, the public, the Lords and many Government Members oppose the Bill, what mandate does he have for such a radical change of the NHS?

**Mr Lansley:** I refer the hon. Gentleman to the point I made about the mandate. Beyond the mandate, staff across the NHS have been clear for years that they want more clinical leadership and



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clinically led commissioning; they want local authorities to integrate health and social care services more effectively; and they support the transfer of leadership in health improvement into the hands of local authorities. The Bill achieves those principles. That is why all through last year, the Royal College of Nursing told me that it supported the Bill.

**Penny Mordaunt** (Portsmouth North) (Con): The Secretary of State is not the only one who has noticed a shift in the Opposition's stance on independent sector provision. I have started to receive letters from constituents who are concerned that Labour will next call for much-loved NHS services that are currently provided by the independent and charitable sectors to be shut down. Will he assure me that if those calls are made, he will fight them?

**Mr Lansley:** My hon. Friend makes an important point about what would happen if we followed the apparent views of the Labour party. More than 11% of mental health services in this country are provided by the private and charitable sectors. Recently, I was in Northampton, where St Andrew's Healthcare provides important services. I opened its new building, which will provide first-rate, state-of-the-art care for mental health patients. The attitude of the Labour party is that all that should be shut down.

**Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): Up and down the country, thousands of NHS staff have already been laid off—so much for no top-down reorganisation—and many of them are being re-employed at vast expense. When will the Secretary of State publish the costs to date, before the Bill is even law, of this overarching reorganisation?

**Mr Lansley:** I do not know whether the hon. Lady has read the latest monthly data on the NHS work force, but since the election the number of non-clinical staff has gone down by 15,000, including the number of managers by 5,800, and the number of clinical staff has risen, including more than 4,500 more doctors.

Several hon. Members rose —

**Mr Speaker:** Order. I would like to accommodate a few more questions, but from now on I really do require single-sentence questions without preamble and comparably pithy replies.

**Jane Ellison** (Battersea) (Con): My constituency has considerable health inequalities, so I very much welcome the fact that tackling health inequalities is at the heart of the Bill. Does the Secretary of State share my surprise that the Opposition do not similarly welcome that?

**Mr Lansley:** I have to tell my hon. Friend that nothing much about the Opposition surprises me any more.

**Alex Cunningham** (Stockton North) (Lab): Will the Secretary of State now accept that, contrary to the impression he is trying to create, the opposition to his muddled bill is not some plot by health workers or trade unions with vested interests, but is coming from many Liberal Democrats, the majority of the British public and almost the entire health community, to whom his Government promised to listen?

**Mr Lansley:** Opposition Members distort what is in the Bill and tell their constituents that it is something other than what it is, and then they come to the House and say, "Oh, it's muddled." It is not muddled at all; it is they who are muddled.

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**Dr Sarah Wollaston** (Totnes) (Con): I do not know any GPs who want to see inappropriate use of the private sector. They will be doing the commissioning and the public will be able to see what they are doing. Should we not let them get on with it?

**Mr Lansley:** My hon. Friend is absolutely right. I was very pleased to hear what was said by Dr Sam Barwell—I think her name is Barwell.

**Dr Wollaston:** Barrell.

**Mr Lansley:** Barrell. One had only to listen to how Dr Sam Barrell and her colleagues in the Baywide clinical commissioning group in my hon. Friend's constituency are providing clinical leadership in south Devon and Torbay to be absolutely clear that the Bill is right to give them that responsibility and that they will use it extremely well.

**Catherine McKinnell** (Newcastle upon Tyne North) (Lab): If the Deputy Prime Minister's letter agreed with the Secretary of State, as the Secretary of State has confirmed today, can he explain why the Minister of State, Department of Health, the right hon. Member for Chelmsford, said on Radio 4 yesterday that there would be no further changes to the Government's Bill?

**Mr Lansley:** My right hon. Friend and I are very clear that, as I explained—really quite carefully, I thought—it is customary in another place for some of the issues that have been debated to be reflected in amendments on Report, and that is what will happen.

**Charlie Elphicke** (Dover) (Con): Can the Secretary of State confirm that the principles underpinning the Bill are that the NHS is and will remain free for all patients; that a person's GP knows them and their needs best; and that although we are spending billions of pounds more than Labour would have done, every pound needs to work as hard as possible if the NHS is to be modern and provide care for the future?

**Mr Lansley:** My hon. Friend is right, not least on his point that the coalition Government are investing in the NHS, with real-terms increases each year. That contrasts with the Labour Government in Wales, who in the course of this Parliament intend to reduce spending on the NHS by more than 6% in real terms.

**Jim Shannon** (Strangford) (DUP): At a very lively Conservative away-day last Friday, a document was issued that stated:

"If we changed or altered the bill now, we would end up in a no man's land, and chaos."

Four days later, can the Secretary of State confirm the Government's position?

**Mr Lansley:** The Government's position is that there has been very constructive debate in Committee in the Lords, and I look forward to that being reflected in equally constructive debates on Report.

**Duncan Hames** (Chippenham) (LD): Liberal Democrats hate Labour's health reforms, which result in hospitals being paid for operations whether they happen or not. Does the Secretary of State consider that the NHS, for which he remains responsible, would be in better health had Labour's reforms been subjected to the parliamentary scrutiny that his have?

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**Mr Lansley:** My hon. Friend makes an extremely good point. Many of the issues that have been the subject of some of the most heated debate on the Bill have been raised because Labour never addressed them. He is absolutely right that one result will be that in future, it will no longer be possible for £250 million to be paid to the private sector for operations that never take place.

**Helen Jones** (Warrington North) (Lab): Can the Secretary of State explain why he is prepared to get into further discussions with the Liberal Democrats to help them to save seats in May, but not to do so with doctors, nurses and midwives, who all oppose the Bill? Is he engaged in patching up the coalition rather than in providing proper health care?

**Mr Lansley:** I think I made that perfectly clear not only in the course of the initial consultation on the White Paper, but then through the NHS Future Forum. Many thousands of NHS staff contributed their views to the NHS Future Forum, which made many recommendations and we accepted them all.

**Chris Skidmore** (Kingswood) (Con): Is it not the case that the text of the letter merely reflects the Government's amendments on Lords Report? The Opposition really should have done their homework, because it has been on the website since 1 February. They are four weeks out of date.

**Mr Lansley:** My hon. Friend is right up to a point. On Report in the other House, amendments reflecting the debate in Committee will be tabled. They might not all be Government amendments, but I am looking forward to constructive amendments. As I have said, if amendments from Liberal Democrat or indeed Labour peers are constructive and will help to improve the Bill, we will accept them.

**Thomas Docherty** (Dunfermline and West Fife) (Lab): Will the Secretary of State clarify whether the changes are significant, as stated by the Deputy Prime Minister, or merely reassurance, as stated by the Prime Minister's official spokesperson?

**Mr Lansley:** The amendments on Report that we will support will, by their nature, be significant.

**Mr Rob Wilson** (Reading East) (Con): Will my right hon. Friend assure my constituents that our NHS reforms will outlaw the practice common under the previous Government of the private sector being paid more than the NHS for exactly the same operation?

**Mr Lansley:** Yes, that is absolutely correct. For the first time, we will have a provision in law that prevents the kind of discrimination in favour of the private sector that was practised in government by the Labour party.

**Derek Twigg** (Halton) (Lab): In an article in The Guardian on 13 February, Baroness Williams said:

"The way out of this mess is not hard to find... What that would mean for the bill would be dropping the chapter on competition".

Will the Secretary of State clarify whether he is willing to accept such an amendment from Baroness Williams?

**Mr Lansley:** As I understand it, I have come to the House to answer questions about a letter, jointly signed by the Deputy Prime Minister and Baroness Shirley Williams, which does not say that.

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**Christopher Pincher** (Tamworth) (Con): In 2007, when he was Secretary of State, the shadow Secretary of State waxed eloquent, saying that he celebrated the private sector in the NHS. Has my right hon. Friend any clue to what changed the right hon. Gentleman's mind?

**Mr Lansley:** I think opposition changed his mind.

**Kate Green** (Stretford and Urmston) (Lab): The Secretary of State said this afternoon that competition will not be allowed to get in the way of sensible integration of services, so why is Trafford Healthcare proceeding with the commissioning of provider services in six penny packets, as described by my right hon. Friend the Member for Wythenshawe and Sale East (Paul Goggins)? How can that support the sensible integration of services?

**Mr Lansley:** The hon. Lady must be aware that under the Bill, we will move from primary care trusts that, under current public procurement rules, are very often not capable of integrating services as they would want, to clinical commissioning groups, which will have the freedom and power to do so.

**Andrew Selous** (South West Bedfordshire) (Con): Will my right hon. Friend confirm that clauses 22 and 25 of the Bill remain, which for the first time ever put a duty on the Government to deal with health inequality.

**Mr Lansley:** I am grateful to my hon. Friend. That is indeed true, and it gives the lie, if you will forgive me, Mr Speaker, not to anybody in the House, but to those who would represent the legislation as having the effect of widening health inequalities. Health inequalities widened under the Labour Government. For the first time, our legislation will place on all NHS bodies and the Secretary of State a duty to tackle and reduce health inequalities.

**Rushanara Ali** (Bethnal Green and Bow) (Lab): The Secretary of State will know that Tower Hamlets clinical commissioning group in my constituency has decided today to ask the Government to drop the Bill, citing the bureaucracy it will generate as a key reason. When the structures he has established to advise him tell him that they want no part in the nightmare that he is creating, is it not time to think again and drop the Bill?

**Mr Lansley:** I have been to Sam Everington's practice in Bromley-by-Bow, which has been gearing itself up. It will use the powers in the Bill and will do so very effectively.

**Harriett Baldwin** (West Worcestershire) (Con): Foundation trusts will be given the freedom to increase private services and patients will have the right to choose any provider that meets NHS standards. Was the Secretary of State as surprised as I was to learn that that was in the Labour party's 2010 manifesto?

**Mr Lansley:** I am grateful to my hon. Friend. I suppose that we should not be surprised that the Labour party in opposition has abandoned everything it said in government, but for it to abandon so quickly so many of the things it said even in its manifesto is pretty dramatic.

**Jonathan Ashworth** (Leicester South) (Lab): If I may say so, I think that the Secretary of State and the Government have been at sixes and sevens over this issue in recent weeks and they would be better off dropping this disastrous Bill. However, may I press the right hon. Gentleman on the answer he gave to my hon. Friend the Member for Dunfermline and West Fife (Thomas Docherty)? If he now

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agrees that the amendments are significant, as the Deputy Prime Minister has boasted, does that mean that the Prime Minister's spokesperson was wrong to downplay them as a mere reassurance?

**Mr Lansley:** I am clear that sometimes we need to ensure through amendments that we not only achieve the effect that we intend, but reinforce it in legislation. Some of them will reassure, and some will have significant effects directly on the governance of the NHS.

**Brandon Lewis (Great Yarmouth) (Con):** To avoid the continuation of the erroneous—that is the word, I think—statements from the Opposition, will my right hon. Friend confirm that the GP survey continually referred to was filled in and returned by about 6% of GPs only, and therefore is not reflective of the views of GPs across the country, such as those at HealthEast, who are keen to get on with commissioning quality health care for their patients?

**Mr Lansley:** Yes, I have the benefit, as do many of my colleagues on the Government Benches, of talking to GPs across the country, individually and in clinical commissioning groups. The issue to address is not the distortion of legislation and its effects but realising benefits for patients. That is where we are. We want to achieve and improve quality for patients. That is where GPs are, where nurses are and where doctors and health professionals are. The legislation is part of the broader process of devolving responsibility to them and patients to allow that to happen.

**Caroline Lucas (Brighton, Pavilion) (Green):** What is the Secretary of State most worried about: the frightening chaos of the £1 billion commissioning underpinning the reforms that will benefit Circle health care, United Health, PricewaterhouseCoopers, KPMG, McKinsey and the rest at the expense of patients; or the personal embarrassment that he would feel if he did what he should do—if he listened to the professionals and the thousands of people who have signed the e-petition—and dropped the Bill?

**Mr Lansley:** I will tell the hon. Lady what most frightens me: it is that if we had carried on the inheritance from Labour, with waste and bureaucracy escalating and a year-on-year reduction in productivity in the NHS, in a financially challenged environment the quality of patient care would have suffered. At the moment, we have an NHS that is doing magnificently well at raising performance across the service while transforming itself to meet future challenges.

**Angie Bray (Ealing Central and Acton) (Con):** This feels like groundhog day—nothing ever seems to change. Every time the Labour party brings this issue to the House, we hear the same statements, questions and scaremongering. Does the Secretary of State agree that we hear nothing new from the Labour party? All we hear is the same scaremongering—nothing new, no new thinking.

**Mr Lansley:** I bring good news to my hon. Friend. Out there in the real world, things are changing: there are clinicians, doctors and nurses across the country who are taking the opportunity of this responsibility to improve services for patients; there are patients who realise that they will get additional voice and choice; and there are local authorities that realise that, through their health and well-being boards, they can use this to drive improvements in health for their population. Those are the things that are changing. Unfortunately, not only is the Labour party not changing but it is going backwards.

**Diana Johnson (Kingston upon Hull North) (Lab):** I listened carefully to the Secretary of State's answer to my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley), but it struck me as gobbledegook. Will he spell out in plain English the additional safeguards to the private

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income cap that the Deputy Prime Minister is seeking to ensure that foundation trusts cannot focus on private profit before patients?

**Mr Lansley:** The hon. Lady will have to look at the amendments tabled in the other place tomorrow.

**Jeremy Lefroy (Stafford) (Con):** Will my right hon. Friend detail for the House how the Bill will help to improve patient safety and quality of care, which are so important to my constituents and those of everybody in the House?

**Mr Lansley:** I am grateful to my hon. Friend, because there are a number of ways in which I think this issue will be important. First, for the first time, how we improve patient safety will be published in a consistent way, as one of the five domains of the outcomes framework. Secondly, that will be demonstrated by achievement—for example, we have the lowest ever levels of methicillin-resistant *Staphylococcus aureus* and *clostridium difficile* infection. Thirdly, the NHS Commissioning Board, which will be established under the legislation, will take national responsibility for the delivery of patient safety, linking it directly to commissioning, whereas in the past the National Patient Safety Agency was an organisation on its own and was not directly linked to the exercise of commissioning responsibility.

**Stephen Mosley (City of Chester) (Con):** In Chester, we are seeing the effects of tens of thousands of patients fleeing the NHS in Wales to seek better treatment in England. Will my right hon. Friend reassure my constituents that there is nothing in the Bill that will cause the English NHS to be as bad as what we see over the border in north Wales?

**Mr Lansley:** Not only are the Labour Government in Wales cutting the budget of the NHS, where we are increasing it, but the situation is as my hon. Friend describes, with 91.6% of patients in England being seen and treated within 18 weeks, whereas in Wales the comparable figure is just 68%.

**Jason McCartney (Colne Valley) (Con):** This urgent question has been very much a repeat of last Wednesday's lengthy debate. Does my right hon. Friend agree that the last 50 or so minutes has been more about spiteful politics than about policy and patient care?

**Mr Lansley:** I agree with my hon. Friend, but fortunately this urgent question has given me another opportunity to remind everybody in this House and beyond that this Government's purpose is to empower patients, get front-line doctors and nurses in charge in the NHS, cut our tiers of bureaucracy and improve the quality of care for patients.

### [Debate in the House of Lords – Health and Social Care Bill](#)

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe):** My Lords, I shall now repeat as a Statement the Answer given by my right honourable friend the Secretary of State for Health to an Urgent Question tabled in another place earlier today about the Health and Social Care Bill. The Statement is as follows:

"Mr Speaker, I am glad to have this opportunity again to set out the purposes of the Health and Social Care Bill. It is to give patients more information and choice, so that they share in decision-making about their care. It empowers front-line doctors and nurses to lead the delivery of care for their patients. It cuts out two tiers of bureaucracy, and strengthens the voice of patients and the role of local government in integrating services and strengthening public health.

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The values of the Bill are simple: putting patients first, trusting doctors and nurses, focusing on results for patients, and maintaining the founding values of the NHS. We are constantly looking to reinforce those values, strengthening the NHS to meet the challenges it faces. We know change is essential: we will not let the NHS down by blocking change.

Throughout the development and progress of this Bill, we have engaged extensively with NHS staff, the public and parliamentarians. The Health and Social Care Bill is the most scrutinised public Bill in living memory. With over 200 hours of debate between the two Chambers and 35 days in Committee, we have ensured that Members and Peers have had every opportunity to examine, understand and amend the Bill to ensure it does the best possible job for patients.

We have made this legislation better and stronger. We have made significant changes to the Bill, including in response to the NHS Future Forum's work and we will be open to any further changes that will improve or clarify the Bill. For example, so far in the Lords, the Government have accepted amendments tabled by a number of Cross-Bench, Liberal Democrat and Labour Peers.

Yesterday, my right honourable friend the Deputy Prime Minister and the noble Baroness, Lady Williams, wrote to their Liberal Democrat colleagues explaining their support for the Bill with those changes and some further amendments they wish to see. They said, for example, how we must,

'rule out beyond doubt any threat of a US-style market in the NHS'.  
I wholeheartedly agree.

The Bill is about quality, not competition on price. It will not permit any NHS organisation to be taken over by the private sector. It will put patients' interests first. We will not permit any extension of charging. Care will be free and based on need. Where the doctors and nurses on the ground know that competition is in the best interests of their patients and where it is based entirely on the quality of the care and treatment provided and not in any way on the price of that care and treatment, then competition can play an important role in driving up standards throughout the NHS.

We will not see a market free-for-all or a US-style insurance system in this country. I believe in the NHS. I am a passionate supporter of our NHS. That is why I understand the passionate debate it arouses. But it is also why I resent those on the Benches opposite who seek to misrepresent the NHS, its current achievements and future needs.

We are using the debates in the Lords further to reassure all those who care about the NHS. I am grateful for the chance to reassure all my honourable friends in the House of the positive and beneficial effects of debate in the House of Lords, and of the work we are doing to secure a positive future for the NHS".

My Lords, that concludes the Statement.

**Baroness Thornton:** My Lords, I thank the Minister for that Statement. We are in a slightly odd situation here. We have a letter from the Deputy Prime Minister and a distinguished Member of your Lordships' House to MPs and Peers in their party concerning a matter of public policy involving a major piece of legislation currently before this House. I thought that we could not be further surprised by the parliamentary twists and turns of this Bill, but it is really a case of "Whatever next?". Is it the first time that a serving Deputy Prime Minister has decided to send a letter suggesting amendments to his own Government's legislation? This letter seems largely to concern Mr Clegg

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saying that he wants more amendments to the Bill and expects this House to deliver them so that Liberal Democrat MPs can support the said amendments in the Commons. It is not clear to me whether the Minister in the Commons, or even Conservative MPs, will do so as well. Remarkable!

I appreciate that it may be difficult for the Minister to answer this question, but I am going to ask it anyway. How exactly does he think that the Liberal Democrats propose to achieve this target set by Mr Clegg in this House when they are part of a coalition wedded to this Bill in all its glory-and Part 3, too-and the Lib Dems command 70 to 80 votes in the House on a good day? Who will deliver Mr Clegg's amendments to Part 3 of the Bill, I wonder? Will it be done by consent with the Government or will it be by Division?

I would like to ease Mr Clegg's dilemma in this matter and make a very generous offer. The Liberal Democrats can have our amendments to Part 3 of this Bill. We have a great set of amendments to Part 3 which would serve to deliver what Mr Clegg and the noble Baroness, Lady Williams, say that they seek on competition and, indeed, more. So I look forward to the Minister's response to my offer.

However odd the mode of delivery, it is important to ask whether this is a major announcement of a change in government policy and, indeed, was the text of the letter discussed with and agreed by No. 10 and Mr Andrew Lansley? This development has added to the considerable confusion about what government policy around the Bill is exactly, and I think that Ministers need urgently to clarify what precise changes are being proposed, what discussions have been held with the Deputy Prime Minister and whether these policy changes now represent government policy. I ask this because we know that Mr Clegg has to manage the challenge of the Lib Dem spring conference-and a challenge it is certainly shaping up to be. According to today's media, the Liberal Democrat health activists are planning to put an emergency motion to the party's spring conference urging their leadership to reject the provisions of the NHS reform Bill despite, presumably, the final changes advanced by Mr Clegg and the noble Baroness, Lady Williams, in this joint letter. Certainly this letter and that conference, combined with the growing tumult against the Bill-another royal college might bite the bullet and say that it wants the Bill to be withdrawn again; I think that there are only about two more to go-put the discussions that we will have on Part 3 in your Lordships' House next week in an interesting light.

This is an odd way to develop and announce policy-or is it shift in policy? Yesterday morning, the Minister, Simon Burns, was insisting the whole Government backed the Bill "as amended now". At the same time sources close to Mr Clegg, whoever they may be, were insisting the changes that he is demanding are,

"significant and not simply reassurances".

However, at the same time the PM's spokesperson said,

"we do not see any need for further significant changes to the Bill".

We need to know which of these is correct. I hope that the noble Earl will be able to enlighten the House.

This letter states that,

"we want to rule out beyond doubt any threat of a US-style market in the NHS. That is why we want to see changes made to this bill that have been put forward by our Liberal Democrat team in the



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House of Lords to make sure that the NHS can never be treated like the gas, electricity, or water industry".

That is exactly what I have been saying all the way through this Bill. The letter proposes four broad changes. The first is that we should remove the reviews by the Competition Commission from the Bill. In fact, amendments to that effect were tabled by the Labour Party. Imitation being the greatest form of flattery, I am very happy that the Liberal Democrats are tabling them again. Secondly, the letter suggests that we keep the independent regulator for foundation trusts, Monitor,

"to make sure hospitals always serve NHS patients first and foremost."

Well, hurrah! We have an amendment down that does exactly that. Thirdly, the letter proposes to,

"introduce measures to protect the NHS from ... threat of takeover from US-style healthcare providers by insulating the NHS from the full force of competition".

Mr Clegg might just have noticed the threat that competition posed when he signed this Bill a year ago. Finally, it proposes,

"additional safeguards to the private income cap to make sure that foundation trusts cannot focus on private profits before patients".

Well, the amendments that the Liberal Democrats have promoted so far on this certainly need some thought and some change. We would agree with them and we shall see. This is all familiar to us on the Labour side, because those proposals were part of the substance of our amendments in Committee which were so soundly and roundly rejected by the Minister. Is he about to resile from his earlier position and embrace the Labour amendments? I would appreciate some notice if that is what he intends to do.

I have a few questions. The document issued at the Conservative away day last Friday said:

"If we changed or altered the bill now, we would end up in a no man's land, and chaos".

Can the Minister confirm that this is still the Government's position? Can he clarify whether the changes outlined in the Deputy Prime Minister's letter now represent government policy? His letter promises,

"additional safeguards to the private income cap".

Can the Minister explain what these additional safeguards are, and why the Deputy Prime Minister feels that they are necessary? Why does the Secretary of State seem to have no regard for the views of health professionals and the public when it comes to making changes to this health Bill, but is quite happy to make concessions to accommodate the Liberal Democrats before their spring conference? Will the Minister clarify whether these amendments to the Health and Social Care Bill are "significant", as stated by the Deputy Prime Minister, or a "reassurance", as stated by the Prime Minister's official spokesperson?

In 2009, the Prime Minister said:

"There will be no more of those pointless re-organisations that aim for change but instead bring chaos".

It seems to me that the Secretary of State has seen a clear example of unmitigated chaos in the latest incarnation of his Health and Social Care Bill. Really, this is a most unloved and unwanted

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piece of legislation and the Bill should be dropped. In conclusion, the Minister has my deepest sympathy in dealing with this Statement, because it seems that it puts him between the rock of Andrew Lansley and the hard place of the noble Baronesses, Lady Jolly and Lady Williams, and their colleagues—probably not a comfortable place to be. Actually, this is not the way to treat Parliament and its consideration of this Bill. It is not the way to treat the people who work so hard for the NHS and, indeed, it is not the way to treat our NHS.

**Earl Howe:** My Lords, the noble Baroness said that she was surprised by the letter in question. I can tell her that nothing in the letter was in any way a surprise to me, for the simple reason that it reflects the very constructive discussions that I have had with my Liberal Democrat colleagues, which are a natural part of good government. I can only conclude that she does not recognise that such discussions are a part of good government, but it certainly is the case with the coalition. As far as I am concerned, Mr Clegg needs no permission to bring members of his party up to date with progress on the Bill or to make it clear, as he does, that he is fully behind it.

The noble Baroness asked about the changes that Mr Clegg and my noble friend Lady Williams have outlined in the letter that they would like to see. I simply direct the noble Baroness's attention to the Marshalled List for the Bill; there are a number of amendments already tabled and discussions continue on a number of other issues. Are the changes that have been made significant? I say to her that any amendments we accept are significant, and the amendments made to the Bill are largely about reassurance to those noble Lords who are unclear, uncertain or worried about the Bill and what it says. They are about delivering greater clarity and making sure that the Bill delivers on its intentions. I have been very happy to accommodate the concerns of Peers of all parties who have come to speak to me—not simply my Liberal Democrat colleagues—because the function of this House is to make Bills better, and we are certainly doing that with the Health and Social Care Bill. A prime example of that, surely, was the fruitful discussion that we had across the party divide on the Secretary of State's powers and duties, and I believe that the resolution of that matter was very satisfactory.

With regard to the issues themselves, it would not be appropriate for me to give a running commentary. The place for debate on each issue is surely our debates on Report. We are in the middle of the Bill; we should not attempt to engage in substantive discussion on matters of policy now when we still have four more days of Report ahead of us. We are open to constructive discussions with Peers of any party to make the Bill better, just as we listened, contrary to the assertion of the noble Baroness, to members of the public and members of the medical profession in their thousands during the listening exercise last year. We listened, paused, reflected and amended the Bill extensively. I am sure that the noble Baroness knows that nothing has changed in that respect, and my door is open to her as it is to anyone else.

**Baroness Jolly:** My Lords, I thank the Minister for his ever-open door and his willingness to listen. Will he further explain to the House how he believes that the NHS will be stronger for the scrutiny from all sides of the House? How does he believe that the objections of the Royal Colleges, such as the Royal College of Nursing, the BMA and other professional bodies have been met as a result of this cross-party scrutiny?

**Earl Howe:** My Lords, I completely agree with my noble friend. I feel that the debate and discussions that we have had in your Lordships' House have made this a better Bill, as I said a moment ago. Again, a prime example of that is the clauses relating to ministerial accountability. With regard to the Royal Colleges, we have made all sorts of improvements, such as those in response to concerns

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about the integration of services, education and training, research, health inequalities, ensuring that competition is never an end in itself and a number of other important issues. I am glad that these changes were all welcomed by a wide range of Royal Colleges.

**Lord Campbell-Savours:** My Lords, in the light of what the Minister has just said, if I came to him over the next couple of days and handed him a document about the problems that it is felt will be experienced in specialist services, would he then deal with it before the completion of Report and let me have an answer?

**Earl Howe:** I would be happy to talk to the noble Lord about specialised services, and I speak as the Minister in charge of that policy area. If he would like to contact my office, I would be very glad to see him.

**Lord Crisp:** My Lords, like, I suspect, every other Member of your Lordships' House, I very much respect the way in which the Minister has handled the Bill and his willingness to engage in debate. I sit here as a Cross-Bencher listening to what seems to be the healing of a rift between the coalition parties, if I may put it like that, but I also see—my postbag is full of this, as I'm sure everyone else's is—a rift with the medical profession, the nursing profession, midwives and others. Even though this approach may deal with some of the issues that they have wished to raise, I do not see that it will deal with the much more fundamental issue of the loss of trust and unity that seems to have been created as part of the passage of the Bill. Can the Minister say something about how he believes that that will be handled? These issues go far beyond your Lordships' House, as we all understand.

**Earl Howe:** The noble Lord is right. The stance taken by a number of medical bodies and members of the medical profession is of course a matter of great regret to me and my ministerial colleagues. I say to them and to the noble Lord that once the Bill has been approved by Parliament, as I sincerely hope it will be, that will be the time to re-engage with the medical profession and work with it to ensure that the Bill delivers on the promise that we have held out for it and that we still believe in. The principles that the Bill embodies, which the medical profession has always said that it supports, can then be given substance in the form of the improvements that we would like to see delivered to patients. From all the comments that I have heard from doctors and others who are in doubt about the Bill, most of their concerns revolve around its implementation and what it will mean in practice, rather than the principles that it enshrines. We need to look forward collectively and work together to make the NHS work better.

**Baroness Meacher:** My Lords, I, too, applaud the noble Earl for the way that he handles this very difficult Bill in very difficult circumstances. I am sure he is aware that there is a lot of concern about the Bill in the field of mental health, particularly as private provision gathers pace. Can he give any assurance to mental health professionals and services up and down the country about what in the Bill might protect mental health services in the future?

**Earl Howe:** Several things in the Bill are new. One is the duty to reduce health inequalities, which is very important in mental health. Another is the duty to promote integration of services. Again, we have had many debates on that and there are mechanisms that we propose to use to support greater integration of services.

I also believe that the worries about competition are misplaced. Competition is a tool that commissioners can use, or decide not to use, in the interests of patients. It is no more than that. The Bill does not change competition law or increase the scope for competition to be used in the NHS. It

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leaves the decision-making to commissioners on whether competition does or does not serve the interests of patients. There is a lot of misapprehension about what the Bill does, not just among those in the mental health world but more widely. I hope that that reassurance is helpful.

**Baroness Williams of Crosby:** I apologise to the Minister for being the cause of another late night for him. I apologise because, obviously, the Statement relates to some extent to the letter that I co-signed with the Deputy Prime Minister. I simply say, as have many in the House, that the Minister has shown amazing patience. Indeed, his door is always open; a number of us stumble our way through it and we are extremely grateful.

I shall say just two more things about the point raised by the noble Lord, Lord Crisp. First, a great deal of the concern that has been expressed in public was expressed before some of the very recent changes, which are not widely realised or well understood among the public or the media.

Secondly, it is probably fair to say that Chapter 3 has been the centre of much of the concern about the Bill. There are other things in it that many people will widely recognise and accept, not least the work on education, training and research. This is not yet widely known, even within the medical profession. It may be that there is a great deal to be said for making a further attempt to get across exactly what changes have been made to the Bill. I think that would carry with it a rather different attitude among the public and the media from what has existed in the past few weeks.

**Earl Howe:** I am very grateful to my noble friend and agree with everything that she said. Many of the changes that the Government have made to the Bill—not just those made in your Lordships' House but those that were made last year—have not been fully appreciated, or appreciated at all in some quarters. The changes that we have made are not sufficiently understood even by those who recognise that amendments have been made to the Bill. Without naming names, I have spoken to very senior members of the medical profession who have had no idea at all about some of the amendments that we have made to bring greater clarity to the Bill and change it substantively. As my noble friend knows, we did that in particular with Part 3 of the Bill. There is no doubt that there is a job of work to do to put over the correct messages to the medical profession and to reassure its members that this Bill does not represent a threat to them or to the NHS—quite the reverse.

**Lord Patel:** My Lords, although many of the comments that have been made relate to amendments that have yet to be presented to the House, particularly to Part 3 of the Bill relating to competition, does the Minister agree that there are other amendments relating to other parts of the Bill that are of broad concern to people outside the House: namely, those relating to public health issues and how public health will be delivered, and that we also need to address those amendments?

**Earl Howe:** Of course, I acknowledge the point made by the noble Lord. It is a matter of regret to me that the commentary on the Bill hardly ever focuses on the proposals it makes for public health, which have generally commanded widespread approval. However, I recognise that there are concerns around the detail of those proposals. That is why we are here as a Chamber to address those concerns. I am sure that when we come to the amendments referred to by the noble Lord, this House will not be found wanting in the way that it explores those issues and resolves them.

**Lord Martin of Springburn:** The noble Earl has repeated a Statement made in the other House by a Cabinet Minister responsible for health. We have also heard mention of the Deputy Prime Minister supporting the noble Baroness's amendments. The Deputy Prime Minister is clearly a Cabinet Minister. Therefore, we have two Cabinet Ministers in the picture. If everyone is so enthusiastic

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about the Liberal Democrat amendments -the noble Baroness, Lady Thornton, was kind enough to tell us that those follow her proposals, and imitation is the best form of flattery-does it mean that everybody is happy? However, the only piece of the jigsaw that I am concerned about is whether that means that the Conservative Party will support the relevant amendments. If that is the case, they will all go through on the nod and everybody will be happy. Perhaps the noble Earl can tell me whether I am wrong and I have missed something.

**Earl Howe:** Far be it from me to say that the noble Lord, Lord Martin, would ever miss anything; he is too wise a head for that. I see nothing strange or amiss in a party leader wishing to address his parliamentary colleagues on the eve of a party conference to bring them up to date on a major Bill and its progress in the House and to set out some of the remaining concerns that he has that we need to settle. These concerns came as no news to me as I have been talking about them regularly not only with Liberal Democrat colleagues but with other Members of your Lordships' House and members of the medical profession. I see nothing amiss in the letter spelling out those concerns. How we arrive at a resolution of those issues is yet to be seen. As I have said, amendments have already been tabled which we shall debate. It is possible that more will be tabled over the days ahead-I do not rule that out at all. However, the noble Lord should not forget that there are non-legislative ways of reaching the destination that some of my noble friends would like to get to. There are many ways of achieving some of these objectives. It is entirely possible that we shall agree amendments to do that but that is not by any means the only course open to us.

**Lord Greaves:** My Lords, I am a little confused about all this, and I wonder if my noble friend the Minister can help me. I received the letter yesterday. At the top it stated, "Keep this completely secret and do not tell anybody". I switched on the television and there it was. I am confused because I watched and listened to the exchanges in the House of Commons this afternoon, which, I have to say, were a great deal more vigorous and bad-tempered in many ways than the exchanges here; and I congratulate the noble Baroness on the Labour Front Bench who did a much better job of responding on this matter than her colleagues in the House of Commons.

However, here we have the Labour Party, which in government made major strides towards introducing competition, privatisation and commercialisation of the health service, and now has been very strong indeed in opposing those matters when it comes to the Bill. I do not understand that. The other thing that I do not understand is that if what the noble Baroness says is correct-that many of the things she and her colleagues have been putting forward at Committee stage and have been saying outside this House are now being put forward by Liberal Democrats in the amendments that we were told about in the letter from my noble friend and my party leader-why is she not standing up and offering her help, with some enthusiasm, instead of being so grumpy about it all and the way in which this has been done? There seems to be huge confusion on the Opposition Front Bench and in the opposition party, and I wonder if my noble friend can suggest any gentle therapy that it might take up to help it with this problem.

**Earl Howe:** I am very happy to pick up that challenge from my noble friend; in fact, I have been using all my charms and skills on the Benches opposite without any effect at all. I feel that I may have arrived at an impasse. My noble friend is absolutely right because the situation that we inherited from the previous Government was in many ways one that we embraced-it was they who opened up choice in the NHS and indeed put a right of choice into the NHS constitution.

However, they did not roll out competition and choice in the way that was appropriate and right, because it cannot be right to impose competition on the NHS whether it wants it or not. It cannot be right for there to be preferential prices for the private sector, with the NHS being disadvantaged. It

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cannot be right to have an explicit target of increasing private sector provision in the NHS, which is what the previous Government had. It cannot be right for private providers to cherry-pick the easy cases and leave the NHS with the hard cases. We do not approve of fragmenting care pathways.

We do not think that the previous Government thought nearly hard enough about how this was all to be regulated, which is why we want a sector-specific health regulator. That is the reason for having Monitor and is why we think the provisions of Part 3 make sense because they are in the interests of patients and the NHS. I still hope that in our debates I can engender some movement on the Benches opposite to recognise that we are actually trying to improve the situation that we inherited for the benefit of everyone.

### **Press release – health and wellbeing boards**

What are health and wellbeing boards?

Subject to parliamentary passage, health and wellbeing boards will be a forum for key leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Health and wellbeing boards are a key part of broader plans to modernise the NHS to:

§ ensure stronger democratic legitimacy and involvement

§ strengthen working relationships between health and social care, and,

§ encourage the development of more integrated commissioning of services.

The boards will help give communities a greater say in understanding and addressing their local health and social care needs.

What will they do?

§ Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care.

§ Boards will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards will also provide a forum for challenge, discussion, and the involvement of local people.

§ Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best

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addressed. This will include recommendations for joint commissioning and integrating services across health and care.

§ Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

When will the boards be established?

By April 2012, health and wellbeing boards will need to be able to operate effectively in shadow form during 2012-13. Boards will take on their statutory functions from April 2013.

Who will sit on the boards?

§ The Health and Social Care Bill mandates a minimum membership of:

- one local elected representative
- a representative of local Healthwatch organisation
- a representative of each local clinical commissioning group
- the local authority director for adult social services
- the local authority director for children's services
- the director of public health for the local authority

§ Local boards will be free to expand their membership to include a wide range of perspectives and expertise, such as representatives from the charity or voluntary sectors.

§ Membership is not the only way to engage with the work of the boards, all boards regardless of their political or geographic make-up will be expected to ensure that the needs of local people as a whole are taken into account.

How will local communities be able to get involved?

§ Boards will be under a statutory duty to involve local people in the preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies.

§ Each health and wellbeing board will have a local Healthwatch representative member. Local Healthwatch will have a formal role of involving the public in major decision making around health and social care and its work is expected to feed into that of the health and wellbeing boards. To find out more about Healthwatch click [here](#)

§ All health and wellbeing boards will be accountable to local people through having local councillors as members of the board.

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## Supporting emerging health and wellbeing boards

Out of 152 local authorities, 138 already have emerging health and wellbeing boards, which are being supported to develop in the following ways:

§ The Government is developing statutory guidance and wider resources to support boards in performing Joint Strategic Needs Assessments and developing joint health and wellbeing strategies. Click here to read JSNAs and joint health and wellbeing strategies explained

§ The Department of Health, together with the Local Government Association and early implementer health and wellbeing boards, has set up a National Learning Network that brings together emerging health and wellbeing boards online to share their thinking and experiences with peers. Follow this link to sign up: <http://www.communities.idea.gov.uk/c/10113659/home.do>

§ In November 2011, a National Accelerated Learning Programme was launched. To find out about each learning set's progress watch their video diaries

A number of resources are available to support health and wellbeing boards:

New Partnerships, New Opportunities – a resource to assist setting up and running health and wellbeing boards

Operating Principles for Health and Wellbeing Boards – to help board members consider how to create really effective partnerships across local government and the NHS.

The role of local government in promoting wellbeing – this report focuses on the core purpose of local government: supporting people to improve their lives and helping to build resilient communities, now and over the longer term.

### [PQ on employment and support allowance reassessment](#)

**Sheila Gilmore:** To ask the Secretary of State for Work and Pensions how regularly individuals in receipt of employment and support allowance are required to undergo reassessment to determine their continued entitlement to the benefit.[97218]

**Chris Grayling:** Claimants are assessed at the start of a claim to employment and support allowance to determine entitlement to the benefit.

Further assessments will then be carried out over the duration of the claim to determine continued entitlement and whether a claimant should remain in the same group. The frequency of these repeat assessments will depend on the prognosis given by the health care professional at the previous assessment. It is important that claimants have regular assessments, so that we can ensure that they are receiving the support they need for their current capabilities and needs, we can determine whether the impact of their health condition or disability has improved or worsened, and can determine whether they have adapted to their condition.

### [PQ on research into experiences of ESA claimants](#)

**Sheila Gilmore:** To ask the Secretary of State for Work and Pensions pursuant to the answer to the



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hon.Member for Rutherglen and Hamilton West of 18 January 2012, Official Report, column 845W, on work capability assessments, on what date he plans to publish part one of his Department's research into what happens to people found fit for work and those placed in work-related activity and support groups.[97286]

**Chris Grayling:** We are currently completing the quality assurance process for this report and expect to be able to publish it in due course.

#### [PQ on entitlement to ESA](#)

**Sheila Gilmore:** To ask the Secretary of State for Work and Pensions what proportion of final decisions on entitlement to employment and support allowance differed from the original advice provided by Atos between (a) June 2009 and May 2010 and (b) June 2010 and May 2011.[97290]

**Chris Grayling:** Between June 2009 and May 2010 2% of final decisions on entitlement to employment and support allowance differed from the original advice provided by Atos. Between June 2010 and May 2011 6% of decisions differed. This increase is likely to reflect the implementation of Professor Harrington's first Independent review of the WCA. These proportions do not include clerical assessments where the Atos recommendation cannot be readily determined but the claimants subsequently received a decision from DWP.

#### [PQ on benefit tribunals](#)

**Mr Spellar:** To ask the Secretary of State for Justice how many cases are on the waiting list for tribunal hearings for (a) disability living allowance and (b) employment and support allowance.[96165]

**Mr Djanogly:** Her Majesty's Courts and Tribunals Service (HMCTS) hears appeals against Department for Work and Pensions decisions on entitlement to disability living allowance (DLA) and employment and support allowance (ESA). There are always a number of 'live' appeals at the various stages of processing before being listed for a tribunal hearing. The following table shows the total number of 'live' DLA and ESA appeals at 31 March 2011, and at 31 October 2011, the most recent period for which statistics have been published.

'Live' disability living allowance and employment and support allowance appeals		
	31 March 2011	31 October 2011
DLA	45,900	42,200
ESA	88,200	74,800

Source: These data are taken from management information.

#### [PQ on assisting disabled passengers with train travel](#)

**Dr Huppert:** To ask the Secretary of State for Transport what assessment she has made of the decision by train operating companies to charge disabled passengers for booking services.[93740]

**Norman Baker**[holding answer 6 February 2012] : The Association of Train Operating Companies has introduced improvements to the passenger assistance service which is now administered through a new call centre.

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Depending on the train company number used, calls are free or charged at local rates. Station staff will still give free advice and assistance to passengers to plan journeys and can, if required, contact the call centre on behalf of the passenger.

Under the new arrangements passengers can also book assistance online. If my hon. Friend has specific concerns, I would ask him to write to me about these.

#### [PQ on work capability assessments](#)

**Tom Greatrex:** To ask the Secretary of State for Work and Pensions how many people are presently waiting longer than 13 weeks to undergo a work capability assessment since completing the ESA 50 questionnaire.[95556]

**Chris Grayling:** There are currently 37,909 ESA initial referrals open and awaiting an assessment that are in excess of 13 weeks from the date that the questionnaire was returned. However, Atos Healthcare and the Department are negotiating a realignment plan to ensure the increases in outstanding referrals are cleared as soon as possible and additional practitioners are being recruited and trained to address this.

#### [Lords question on abuse towards disabled people](#)

**Lord Kennedy of Southwark** - To ask Her Majesty's Government what action they plan to take to prevent abuse directed at disabled people in receipt of benefits.[HL15435]

**The Parliamentary Under-Secretary of State, Department for Work and Pensions (Lord Freud):** We are working with the police and other partners to encourage more victims to come forward and report hate crime.

We seconded a member of the Office for Disability Issues staff to Disability Rights UK to help take forward, the Let's Stop Hate Crime Project. We are considering the recommendations made by the Equality and Human Rights Commission inquiry into disability related harassment and continue to work with them on their Manifesto for Change.

We have amended the legal aid and sentencing Bill to raise the minimum sentence length for murders motivated by hatred of disabled people to 30 years. The Government are committed to ensuring that all disabled people are able to live their lives free from fear of targeted hostility or harassment, regardless of whether they are in receipt of benefit or not. We are determined to tackle negative attitudes and to improve opportunities for disabled people to fulfil their potential. We are working in partnership with disabled people to develop a new cross-government disability strategy.

We published a discussion document Fulfilling Potential on 1 December 2011, which seeks practical suggestions in three main areas: realising aspirations, individual control and changing attitudes and behaviours.

The latter area is particularly important as promoting positive attitudes and behaviours towards disabled people is fundamental to achieving the full participation of disabled people in society.

We aim to publish the final strategy in the spring. We are also developing a new Hate Crime Action

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Plan that will aim to capture the current and emerging issues across all forms of hate crime, including disability hate crime, and set out actions focused on prevention, support and improving the response to hate crime. The Government are also taking a range of other actions to encourage positive images of disabled people.

For example, we are maximising the opportunities given by the 2012 Olympic and Paralympic Games.

### [Report publication – Joint Committee on Human Rights](#)

Rights of disabled people may be at risk, says Human Rights Committee

The Joint Committee on Human Rights (JCHR) today publishes its Report on the implementation of the right of disabled people to independent living in the context of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which was ratified by the UK in 2009. The Report draws attention to a number of significant human rights issues, including:

- the need for freestanding legislation to protect the right to independent living in UK law,
- the effect of current reforms to benefits and services on the ability of disabled people to enjoy independent living,
- the role played by the UNCRPD in policy development and decision making at all levels of government,
- the use of equality impact assessments,
- the effects of devolution on implementation of the UNCRPD, and
- hate crime

The right to independent living does not exist as a freestanding right in UK law. Although it is protected and promoted to some extent by a matrix of rights, the Committee believes that this is not enough. It argues that the Government and other interested parties should immediately assess the need for, and feasibility of, legislation to establish independent living as a freestanding right. In addition, the Committee concludes that the UNCRPD is hard law, not soft law, and that the Government should fulfil their obligations under the Convention on that basis, and counter any public perception that it is soft law.

The Committee finds that:

- reforms to benefits and services risk leaving disabled people without the support they need to live independently;
- restrictions in local authority eligibility criteria for social care support, the replacement of the Disability Living Allowance with Personal Independence Payment, the closure of the Independent Living Fund and changes to housing benefit risk interacting in a particularly harmful way for disabled people;

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- some people fear that the cumulative impact of these changes will force them out of their homes and local communities and into residential care.

It also finds that:

- the Government had not conducted an assessment of the cumulative impact of current reforms on disabled people. The Report urges them to do so, and to report on the extent to which these reforms are enabling them and local authorities to comply with their obligations under the UNCRPD.

- the UNCRPD did not appear to have played a significant role in the development of policy and legislation, as is required by the Convention. The Committee therefore argues that the Government should make a commitment to Parliament that they will give due consideration to the articles of the Convention when making legislation.

Further, the Committee deprecates changes to the duties of public authorities in England under the Equality Act 2010, which no longer require the production of equality impact assessments of changes in policy, nor the involvement of disabled people in developing policies which will affect them.

The Committee finds variations in the manner in which the devolved administrations have implemented the Convention, and uncertainty as to the role the UK Government should play in ensuring implementation. The Report notes with disappointment the lack of a strategy in Northern Ireland to promote independent living and reminds the UK Government to acknowledge their responsibility to ensure implementation.

The Committee also considers a range of other issues relating to independent living. It recommends that the Government should take further action to ensure that assessments for care needs are portable across the country in order to ensure disabled people's right to choose their place of residence. It also expresses concern over a growing incidence of hate crime against disabled people and urges the Government to take action to foster respect for the rights and dignity of disabled people.

Dr Hywel Francis MP, Chair of the Committee, said: "We are concerned to learn that the right of disabled people to independent living may be at risk through the cumulative impact of current reforms. Even though the UK ratified the UNCRPD in 2009 with cross-party support, the Government is unable to demonstrate that sufficient regard has been paid to the Convention in the development of policy with direct relevance to the lives of disabled people. The right to independent living in UK law may need to be strengthened further, and we call on the Government and other interested organisations to consider the need for a freestanding right to independent living in UK law."

#### [PQ on the UK life sciences strategy](#)

**Adam Afriyie:** To ask the Secretary of State for Business, Innovation and Skills what recent progress his Department has made in implementing the Strategy for UK Life Sciences.[96761]

**Mr Willetts:** The Department for Business, Innovation and Skills is working closely with other Government Departments and Regulators to drive the Strategy forward. Progress to date includes: The appointment of two independent Life Sciences Champions: Professor Sir John Bell and Chris Brinsmead.

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They will act as advocates of the UK life sciences industry; provide support and challenge on implementation of the Strategy; and report bi-annually to Ministers and No. 10 on progress. We have commenced a review of the existing governance structures across the life sciences sector to identify whether a suitable group already exists to act as the Life Sciences Advisory Board.

My officials are working with the Life Sciences Champions and key Departments to develop appropriate programme management and metrics. The Medical Research Council and the Technology Strategy Board are working on details of the Biomedical Catalyst which is expected to be launched later in the spring. The Medicines and Health Care products Regulatory Agency (MHRA) is bringing forward consultation proposals for an 'Earlier Access Scheme'.

The MHRA is currently finalising the consultation documents for the month of March. Additionally, an Impact Assessment is being carried out for the scheme, with input from my Department. Nine apprenticeships at post A-level education commenced on 7 February 2012. These apprenticeships form the first tranche of a programme led by Cogent to provide an alternative pathway for entry into industry at the technician level.

Our ambition is to deliver 420 apprenticeships over the next five years. A Technical Apprenticeship Service (TAS) which acts as a one stop shop for life sciences employers to access the apprenticeship programme has been up and running since January 2012. To increase the uptake of industry placements in the UK an initial proposal for an industrial placement strategy has been drawn up.

## **Parliamentary terms**

### **Early Day Motion (EDM)**

Early Day Motions are formal motions for debate submitted by MPs in the House of Commons. There is usually no time available to actually debate an EDM, but they are useful for drawing attention to specific events or campaigns and demonstrating the extent of parliamentary support for a particular cause or point of view. MPs register their support by signing individual motions.

### **Parliamentary Question (PQ)**

Parliamentary questions are oral or written questions to Ministers in the House of Commons and the House of Lords. They are used to seek information, and Ministers are obliged to explain and defend the work, policy, decisions and actions of their departments. Parliamentary questions are a vital tool in holding the Government to account. The Prime Minister answers to the House of Commons every Wednesday at midday.

### **Debates**

Both the House of Commons and the House of Lords hold debates in which Members discuss government policy, proposed new laws and current issues. All debates are recorded in a publication called 'Hansard' which is available online or in print.

### **All-Party Parliamentary Group (APPG)**

All-Party Parliamentary Groups (APPGs) are informal groups composed of politicians from all political parties. They provide an opportunity for cross-party discussion and co-operation on particular issues. All-party groups sometimes act as useful pressure groups for specific causes helping to keep the Government, the opposition and MPs informed of parliamentary and outside opinion.

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### Select Committees

House of Commons Select Committees exist to scrutinise the work of government departments. Most committees have about 11 members and reflect the relative size of each party in the Commons. They conduct enquiries on a specific issue, and gather evidence from expert witnesses. Findings are reported to the Commons, printed, and published on the Parliament website. The Government then usually has 60 days to reply to the committee's recommendations.

Select Committees in the House of Lords concentrate on four main areas: Europe, science, economics, and the UK constitution.

### Written ministerial statements

Government ministers can make written statements to announce:

- The publication of reports by government agencies
- Findings of reviews and inquiries and the government's response
- Financial and statistical information
- Procedure and policy initiatives of government departments

### Private Members' Bills

Private Members' Bills allow backbench MPs or Peers to introduce their own legislation. There are three types of Private Members' Bills:

- **Ballot Bills:** A ballot is held at the beginning of each parliamentary year the 20 MPs whose names come out top are allowed to introduce legislation on a subject of their choice.
- **Ten Minute Rule Bills:** The sponsoring MP is given a slot in which they may make a speech lasting up to 10 minutes in support of his or her bill
- **Presentation Bill:** a Member is not able to speak in support of it and it stands almost no chance of becoming law