



## DEBATE PACK

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# Quality of life for patients with heart failure

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## Summary

This briefing has been produced ahead of the debate to be held in Westminster Hall on Thursday 11 March at 3.15pm pm on the quality of life for patients with heart failure. The debate will be opened by Jim Shannon MP.

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# 1. Summary

## 1.1 What is heart failure?

Heart failure is a condition where the heart cannot pump blood around the body as well as it should. This can cause symptoms such as shortness of breath, fatigue and swelling (primarily of the lower limbs).

### How common is heart failure?

Heart failure can occur at any age but is most common in older age groups; the National Institute for Health and Care Excellence (NICE) notes that both the “incidence and prevalence of heart failure increase steeply with age, and the average age at diagnosis is 77”.<sup>1</sup> According to the British Heart Foundation (BHF), this falls to “69 [years] for people from Black and minority ethnic backgrounds” while the average is “in the low 60s for some cohorts, including the most socio-economically deprived”.<sup>2</sup>

Heart failure is one of the conditions that is recorded on GP registers in the NHS [Quality and Outcomes Framework](#) (QOF). Figures from the QOF on heart failure suggest a prevalence of 0.9% (measured against all ages population) in 2019-20.<sup>3</sup> This amounts to 541,000 people in England identified as currently living with symptoms of heart failure. At the UK level, current estimates suggest that the condition affects 920,000 people across the country.<sup>4</sup>

There are approximately 200,000 new diagnoses of heart failure every year in the UK, with evidence published in 2018 indicating that the “burden of heart failure in the UK is increasing, and is now similar to the four most common causes of cancer combined”.<sup>5</sup> The BHF estimates that heart failure accounts for 2% of the total NHS budget, “with 70% of these costs due to hospitalisation”.<sup>6</sup> In 2019/20 there were 94,185 hospital admissions in England where the primary diagnosis was heart failure.<sup>7</sup>

### Causes and symptoms of heart failure

Heart failure is caused by structural or functional abnormalities of the heart. It is one of a “family of diseases” that fall under the umbrella term “cardiovascular disease” (CVD).<sup>8</sup> NHS England notes that heart

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<sup>1</sup> NICE, [Chronic heart failure in adults: diagnosis and management, NICE guideline \[NG106\]](#), 12 September 2018

<sup>2</sup> British Heart Foundation, [Heart Failure: a blueprint for change](#), October 2020

<sup>3</sup> NHS Digital, [Quality and Outcomes Framework, 2019-20](#), 20 August 2020

<sup>4</sup> British Heart Foundation, UK Factsheet, March 2021; see also N Conrad et al. [Temporal trends and patterns in heart failure incidence: a population-based study of 4 million individuals](#), *The Lancet*, 2018; 391, 10120

<sup>5</sup> N Conrad et al. [Temporal trends and patterns in heart failure incidence: a population-based study of 4 million individuals](#), *The Lancet*, 2018; 391, 10120

<sup>6</sup> British Heart Foundation, [An integrated approach to managing heart failure in the community](#), 2015

<sup>7</sup> NHS Digital, [Hospital Admitted Patient Care Activity 2019/20](#), 17 September 2020

<sup>8</sup> Public Health England, Public Health England cardiovascular prevention initiatives, 2018-2019, November 2018, p3

failure is often “the final common pathway for the many cardiac conditions that affect heart pump function”. Coronary artery disease (where the arteries that supply blood to the heart become clogged up with fatty substances) and high blood pressure are two of the most common precursor conditions.<sup>9</sup> Other conditions that can lead to heart failure include:

- [cardiomyopathy](#) – conditions affecting the heart muscle;
- heart rhythm problems ([arrhythmias](#)), such as [atrial fibrillation](#);
- damage or other problems with the heart valves;
- [congenital heart disease](#) – birth defects that affect the normal workings of the heart.<sup>10</sup>

Symptoms of heart failure include breathlessness, fatigue (extreme tiredness) and fluid retention (known as oedema). The NHS notes that symptoms can develop quickly (acute heart failure) or gradually over weeks or months (chronic heart failure).<sup>11</sup>

## 1.2 Comorbidities of heart failure

Patients with heart failure typically have one or more comorbidities (meaning that more than one disease or condition is present in the same person, at the same time). These can be cardiovascular, such as those outlined above, or non-cardiovascular. The BHF estimates that “98% of those diagnosed in the UK live with at least one other long-term condition, such as diabetes or chronic obstructive pulmonary disease (COPD)”.<sup>12</sup>

Research published in 2020, from a team of researchers in Spain, indicated that while most deaths in patients with chronic heart failure (CHF) are due to cardiovascular causes, “non-cardiovascular causes (chronic renal failure, anaemia, diabetes) are responsible for most hospitalizations”. It cites different studies which have observed that non-cardiovascular comorbidities with the highest prevalence among patients with CHF include:

- iron deficiency (prevalence of 53–65%);
- anaemia (prevalence of up to 37%);
- diabetes (prevalence of between 23% and 47%);
- renal failure (prevalence of up to 55%);
- depression (prevalence of up to 61%) and;
- respiratory diseases (prevalence of up to 63%), among others.<sup>13</sup>

<sup>9</sup> NHS England, [End of life care in heart failure A framework for implementation](#), October 2014

<sup>10</sup> NHS, [Overview, Heart failure](#), 26 October 2018

<sup>11</sup> NHS, [Overview, Heart failure](#), 26 October 2018

<sup>12</sup> British Heart Foundation, [Heart Failure: a blueprint for change](#), October 2020

<sup>13</sup> Josep Comin-Colet et al, [Impact of non-cardiovascular comorbidities on the quality of life of patients with chronic heart failure: a scoping review](#), *Health and Quality of Life Outcomes*, volume 18, Article number: 329 (2020)

The presence of comorbidities has been linked to the age of those experiencing heart failure: as noted above, the prevalence of heart failure continues to increase which has been argued to reflect “improving survival rates and an ageing population [such that] people with heart failure are increasingly old and have a rising burden of major comorbidity”.<sup>14</sup>

### 1.3 Diagnosis and management of heart failure

Diagnosis of heart failure may occur when a “patient is admitted to hospital with a life-threatening episode of breathlessness” though NHS England highlights that, for other patients, the onset of symptoms is more gradual, and they may present to their GP with “slowly progressive fluid retention and/or breathlessness”.<sup>15</sup> The NHS lists the following tests for heart failure which a patient may have to help diagnose the condition:

- [blood tests](#) – to check whether there's anything in your blood that might indicate heart failure or another illness
- an [electrocardiogram \(ECG\)](#) – this records the electrical activity of your heart to check for problems
- an [echocardiogram](#) – a type of [ultrasound scan](#) where sound waves are used to examine your heart
- breathing tests – you may be asked to blow into a tube to check whether a lung problem is contributing to your [breathlessness](#); common tests include [spirometry](#) and a [peak flow test](#)
- a chest [X-ray](#) – to check whether your heart's bigger than it should be, whether there's fluid in your lungs (a sign of heart failure), or whether a lung condition could be causing your symptoms.<sup>16</sup>

The National Institute for Health and Care Excellence has also published guidelines, see [Chronic heart failure in adults: diagnosis and management](#), NICE guideline [NG106], 12 September 2018.<sup>17</sup> The British Heart Foundation, however, reports that while the NICE guideline has been in place for over a decade:

it has not been universally implemented, and heart failure services remain variable across the country. Upon admission to hospital, there is significant regional variation in the quality of care patients receive.<sup>18</sup>

The most recent National Heart Failure Audit (based on 73,616 admissions to hospitals in England and Wales between April 2016 and

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<sup>14</sup> M Drozd et al, [Association of heart failure and its comorbidities with loss of life expectancy](#), *Heart*, Published Online First: 5 November 2020. doi: 10.1136/heartjnl-2020-317833

<sup>15</sup> NHS England, [End of life care in heart failure A framework for implementation](#), October 2014, p6

<sup>16</sup> NHS, [Diagnosis. Heart failure](#), 26 October 2018

<sup>17</sup> Healthcare Improvement Scotland has also published [SIGN 147: Management of chronic heart failure](#), March 2016

<sup>18</sup> British Heart Foundation, [Heart Failure: a blueprint for change](#), October 2020

March 2017) found that more than 89% of patients hospitalised for heart failure receive an echocardiogram, but that rates were higher for those admitted to Cardiology (96%) rather than General Medical (84%) wards.<sup>19</sup> It also reported that the number of patients seen by heart failure specialists in hospital increased to over 80% in 2016-17.

Heart failure cannot be cured, but there are treatments that can keep the symptoms under control. These include:

- healthy lifestyle changes;
- medication;
- devices implanted in your chest to control your heart rhythm (such as a pacemaker or Implantable cardioverter-defibrillators - ICD);
- surgery.<sup>20</sup>

The treatments prescribed by a doctor are typically related to the stage of heart failure that a person is in, which is graded from 1 to 4 (1 is the less severe and 4 is the most).<sup>21</sup>

## 1.4 Quality of life in patients with heart failure

There is an increasing focus in medicine on considering the quality of life a patient experiences, rather than simply measuring 'health' in very narrow terms according to morbidity and mortality. In this context, the goal of treatment is not only to prolong life, but to relieve symptoms and improve overall, day to day function. Defining quality of life, however, can be challenging. It has different meanings to different people – from a purely clinical perspective to a patient's view on the impact on their lives.

It has been suggested that the common clinical symptoms of heart failure (breathlessness, fatigue and fluid retention) can affect quality of life through:

their limiting effect on physical functioning, but may also give rise to psychological problems, adverse treatment effects and social limitations. These factors may lead to individuals withdrawing from activities and social contact, and consequently experiencing a loss of social relationships and social support. Increasing severity of CHF leads to the individual being aware of their own mortality, which contributes to depression, sleep disturbances and anxiety. Personal relationships, eating, sexual activity and the ability to work are all limited while paralleled by an increasing dependence on others.<sup>22</sup>

<sup>19</sup> National Cardiac Audit Programme, [National Heart Failure Audit 2016/17 Summary Report](#), 2017

<sup>20</sup> British Heart Foundation, [Heart failure](#), January 2021; NHS, [Treatment. Heart failure](#), 26 October 2018

<sup>21</sup> British Heart Foundation, [Heart failure](#), January 2021

<sup>22</sup> Karen Dunderdale et al, [Health-related quality of life from the perspective of patients with chronic heart failure](#), *The British Journal of Cardiology*, 2007, 14: 207–12

## 1.5 Government policy

### England

Government policy in this area tends to be focused on cardiovascular disease (CVD) more broadly. The [NHS Long Term Plan](#), published in 2019, identifies [cardiovascular disease as a clinical priority](#) and “single biggest area where the NHS can save lives over the next 10 years”.<sup>23</sup> On heart failure, the Long Term Plan commits to supporting people better through:

multi-disciplinary teams as part of primary care networks. 80% of heart failure is currently diagnosed in hospital, despite 40% of patients having symptoms that should have triggered an earlier assessment. When admitted to hospital, we will improve rapid access to heart failure nurses so that more patients with heart failure, who are not on a cardiology ward, will receive specialist care and advice. Better, personalised planning for patients will reduce nights spent in hospital and reduce drug spend. Greater access to echocardiography in primary care will improve the investigation of those with breathlessness, and the early detection of heart failure and valve disease.<sup>24</sup>

NHS England has established the “[national CVD Prevention programme](#)” which aims to deliver the commitments set out in the Long Term Plan. It emphasises that it is “increasing the proportion of patients with heart failure and heart valve disease who complete a course of cardiac rehabilitation, a programme of exercise and information to help people recover following a heart attack, heart surgery or procedure”.<sup>25</sup>

### Calls for change

In the wake of the Covid-19 pandemic, the British Heart Foundation published [Heart Failure: a blueprint for change](#) in October 2020. It outlines the steps it thinks the Government and NHS need to take in order to address what it describes as the “depletion” and, in some instances, “disappearance” of heart failure services following the redeployment of clinical staff to address the pandemic. According to the BHF, there is currently a “unique opportunity” to lay the foundation for more resilient heart failure services “that are built around the needs of the patients they serve”. Key recommendations include:

- **Focusing on people, not structures** (NHS England (NHSE) and NHS Improvement (NHSI), and devolved-nation equivalents, should prioritise a full pathway approach to improving heart failure services – resourcing systems and holding them accountable to understand and improve their whole service from diagnosis through to end-of-life care, instead of focusing on individual parts of the pathway);
- **Reframing heart failure as a long term condition** (HEE [Health Education England], and relevant bodies in the devolved nations, should offer enhanced education and

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<sup>23</sup> NHS Long Term Plan, [Chapter 3: Further progress on care quality and outcomes](#), para 3.66, January 2019, p62

<sup>24</sup> NHS Long Term Plan, [Chapter 3: Further progress on care quality and outcomes](#), para 3.70, January 2019, p62

<sup>25</sup> NHS England, [Cardiovascular disease \(CVD\)](#), not dated

quality improvement skills training to generalist health and care professionals to help them effectively and sustainably recognise, diagnose, code and manage heart failure);

- **Driving change with data** (NHSX should collaborate with others to accelerate the joining up of heart failure data across settings, identify gaps and develop a comprehensive data set that is accessible and useable for clinicians in a timely manner).
- **Leading across the pathway** (NHSE, and devolved-nation equivalents, should identify and recruit heart failure champions at regional and national levels to work together and drive a full pathway approach to heart failure care).<sup>26</sup>

## Scotland

The Scottish Government published its [Heart Disease Improvement Plan](#) in August 2014. This committed to improving the “journey of care for patients with heart failure by developing a whole system approach to the delivery of care” through the following actions:

- Improve identification, diagnosis and long-term management of patients with heart failure.
- Improve patient centred flow into, through, between and out of hospital.
- Develop palliative care pathway for patients with heart failure.<sup>27</sup>

A recent article in the *Glasgow Times* highlighted that the Scottish Government’s plans to tackle heart disease have not been updated since 2014, despite changes to the healthcare system taking place in Scotland during this time.<sup>28</sup>

## Wales

A [Heart Conditions Delivery Plan](#) was published by the Welsh Government in January 2017, with the implementation period covering 2017-20. It focused on the detection and treatment of all major heart conditions including:

- Heart failure (predominantly caused by coronary heart disease)
- Rhythm management, including arrhythmia management and atrial fibrillation
- Congenital heart disease (in children and adults)
- Inherited or idiopathic cardiac conditions, including cardiomyopathies.<sup>29</sup>

<sup>26</sup> British Heart Foundation, [Heart Failure: a blueprint for change](#), October 2020

<sup>27</sup> Scottish Government, [Heart Disease Improvement Plan](#), August 2014, p15

<sup>28</sup> [Scottish Government urged to address 'underinvestment' in heart disease](#), *Glasgow Times*, 1 February 2021

<sup>29</sup> Welsh government, [Heart Conditions Delivery Plan](#), January 2017, p8

## Northern Ireland

In December 2019, it was reported that there was “no strategic approach” to tackle CVD in Northern Ireland.<sup>30</sup> The British Heart Foundation Northern Ireland (BHF NI) CVD Taskforce [was reported](#) to be working with the Department of Health in Northern Ireland, and other stakeholders, focusing on a wide range of issues from prevention and early detection through to rehabilitation and palliative care. Guidance has been produced on the [Management of symptoms in adults with Heart Failure at the end of life](#) in Northern Ireland.

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<sup>30</sup> [Research at the heart of better health outcomes](#), AgendaNI, December 2019



## 2. Press articles

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**Telegraph, 20 January 2021**

[Number of patients admitted to hospital for heart attack in steep decline, figures show](#)

**Guardian, 10 December 2020**

[Heart disease, cancer and diabetes among biggest killers of 2019, says WHO](#)

**FT, 19 October 2020**

[Why do diabetes and heart disease boost Covid risk?](#)

Scientists are probing the link between coronavirus and pre-existing co-morbidities

**HSJ, 19 October 2020**

[Heart Failure: Accelerating change to alleviate the burden on healthcare systems](#)

**Telegraph, 23 September 2020**

[I'm a cardiologist, and we should all be concerned about the link between Covid-19 and heart failure](#)

**BMJ (British Medical Journal), 26 August 2020**

[50% drop in patients attending cardiology services during coronavirus lockdown](#)

**Health Service Journal (HSJ), 29 June 2020**

[Improving the pathway for people with severe heart valve disease](#)

**HSJ, 29 January 2020**

[The case for fighting heart failure](#)

**BMJ, 13 February 2019**

[Trends in survival after a diagnosis of heart failure in the United Kingdom 2000-2017: population based cohort study](#)

## 3. Parliamentary material

### 3.1 Statement

#### [Healthy Weight Programme](#)

Last year, in response to growing numbers across the country living with excess weight and obesity, the Government published our new strategy, 'Tackling obesity: empowering adults and children to live healthier lives'. Worryingly, during the Covid-19 pandemic, evidence has shown that people with obesity are more likely to be admitted to hospital, to an intensive care unit and, sadly, to die compared to those of a healthy body weight. This is as well as being at a heightened risk of other diseases such as diabetes, heart disease and some cancers.

So, today I am delighted to announce that the Government is committing an additional £100 million over 2021/22 to support people living with obesity, to lose weight and maintain a healthier lifestyle.

More than £70 million will be invested into weight management services available through the NHS and Local Authorities. The funding announced today will mean up to 700,000 adults have access to support that can help them to lose weight, from access to digital apps, weight management groups or individual coaches, to specialist clinical support. This funding will also support GPs and other health professionals to help make weight management an integral part of routine care. It will encourage clinicians to have conversations about weight with their patients and enable them to refer patients to new services.

£30 million will be used to fund a variety of initiatives that will help individuals maintain a healthy weight. This includes providing access to the free NHS 12 week weight loss plan app and continuing the successful Better Health marketing campaign to motivate people to make healthier choices. Some of the funding will go towards improving services and tools to support healthy growth in early years and childhood. This will assist up to 6,000 children, and their families, to grow, develop and maintain a healthier weight whilst providing many more with advice on lifestyle changes to promote a healthy weight.

Evidence suggests that people who have access to structured weight management services are more successful in losing weight than people who try to manage alone. Losing weight reduces the risk of developing diabetes, high blood pressure, heart disease and some cancers. This funding will support a breadth of new services so that people can find an approach that works for them.

I am also very pleased to announce that Sir Keith Mills, who has pioneered reward programmes through Airmiles and Nectar points, has been appointed to advise on developing a new approach, 'Fit Miles', to supporting people to eat well and move more, using incentives and rewards.

Drawing on a wealth of experience and best practice from around the world, Sir Keith will support the Government to develop and test innovative approaches with public and private partners that use incentives and rewards to help people make healthier choices.

This additional funding will complement other policies announced in last year's obesity strategy that will change the wider environment and empower people to make the healthier choices. From restricting advertisements for food and drinks high in fat, salt and sugar, banning unhealthy promotions, consulting on alcohol calorie labelling, requiring large businesses to provide calorie information- these actions are helping us all make healthier choices.

The Department of Health and Social Care is working closely with NHS England and Improvement and Public Health England ensure this programme of funding helps those who need it most. This funding will support people across the country achieve a healthier lifestyle. The Department of Health and Social Care will provide further detail on this programme of work in the coming weeks and months.

04 Mar 2021 | Written statements | House of Commons | HCWS823

**Member:** Jo Churchill

**Department:** Department of Health and Social Care

## 3.2 PQs

[Cardiovascular System: Coronavirus](#)

**Asked by:** McGinn, Conor | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what additional financial support he is providing to the NHS to tackle the adverse effects of the covid-19 outbreak on the (a) detection and (b) treatment of heart and circulatory conditions.

**Answering member:** Jo Churchill | **Party:** Conservative Party |

**Department:** Department of Health and Social Care

The recently announced Spending Review included funding of £1 billion for all health conditions to address backlogs, tackle long waiting lists and facilitating up to one million extra checks, scans and additional operations.

The NHS Long Term Plan also includes work to raise awareness of the symptoms of heart failure and to ensure early and rapid access to diagnostic tests and treatment. This remains a priority for NHS England and NHS Improvement during the COVID-19 pandemic.

22 Feb 2021 | Written questions | Answered | House of Commons | 151758

[Heart Diseases: Diagnosis](#)

**Asked by:** West, Catherine | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, if his Department will put in place steps to ensure that everyone (a) with suspected heart failure has access to a BNP or NT-proBNP test within the NHS to support accurate diagnosis and (b) with a confirmed diagnosis of heart failure has access to specialist NHS care, as set out in NICE guidelines NG106.

**Answering member:** Jo Churchill | **Party:** Conservative Party |  
**Department:** Department of Health and Social Care

NHS England and NHS Improvement are committed to working with regions and networks to increase access to the B-type natriuretic peptide (BNP) blood test and echocardiography, to improve the early detection and optimum management of heart failure.

Heart failure is a key priority in the NHS Long Term Plan which aims to raise awareness of the symptoms of heart failure and to ensure early and rapid access to diagnostic tests and treatment. This remains a priority during the COVID-19 pandemic and NHS England and NHS Improvement have a programme of work to support this.

27 Jan 2021 | Written questions | Answered | House of Commons | 133098

[Heart Diseases: Health Education](#)

**Asked by:** Sharma, Mr Virendra | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) raise awareness of heart failure as a long-term condition amongst (i) system leaders and (ii) generalist healthcare professionals and (b) support them to deliver services that support people to live well with their condition.

**Answering member:** Jo Churchill | **Party:** Conservative Party |  
**Department:** Department of Health and Social Care

To raise awareness of heart failure as a long term condition, NHS England and NHS Improvement are working with Health Education England to develop e-learning to support health care professionals to better recognise the symptoms of heart failure and to improve heart failure diagnosis, management and support.

In addition, NHS Long Term Plan work on heart failure, including raising awareness of heart failure symptoms, remains a priority for NHS England and NHS Improvement during the COVID-19 pandemic. NHS England and NHS Improvement's work includes improving the early diagnosis and management of patients with heart failure in primary care.

The National Institute for Health and Care Excellence (NICE) has also published guidance, advice and quality standard products relating to heart failure that are aimed at commissioners, providers and healthcare professionals. NICE recognises the importance of this topic and has further plans to publish an impact report on cardiovascular disease management, including priority areas within heart failure diagnosis and management in the new year.

14 Dec 2020 | Written questions | Answered | House of Commons | 126810

[Heart Diseases: Health Services](#)

**Asked by:** Sharma, Mr Virendra | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve heart failure services.

**Answering member:** Jo Churchill | **Party:** Conservative Party |

**Department:** Department of Health and Social Care

Heart failure is a key priority in the NHS Long Term Plan and NHS England and NHS Improvement are taking action to improve heart failure services in line with this.

One of the ambitions of the NHS Long Term Plan is to raise awareness of the symptoms of heart failure and to ensure early and rapid access to diagnostic tests and treatment.

NHS England and NHS Improvement has a programme of work to support this ambition, overseen by the National Clinical Director for Heart Disease and supported by an Expert Advisory Group of clinical experts from across the country. This work remains a priority during the COVID-19 pandemic.

14 Dec 2020 | Written questions | Answered | House of Commons | 126806



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