



# In Focus

## Access to Palliative Care Bill [HL] HL Bill 13 of 2015–16

### Key Provisions

The [Access to Palliative Care Bill \[HL\]](#) is a private member's bill introduced by Baroness Finlay of Llandaff (Crossbench). The Bill received its first reading in the House of Lords on 1 June 2015 and is scheduled to receive its second reading on 23 October 2015.

The Bill seeks to make provision for equitable access to palliative care services, and for advancing education, training and research in palliative care. The provisions would extend to England only. If enacted, the Bill would:

- Require clinical commissioning groups to ensure that health and social care providers deliver appropriate support to people with palliative care needs, such as access to pain and symptom control.
- Require clinical commissioning groups to ensure that specialist palliative care services were available to people with palliative care needs, and to co-operate with commissioners and health and social care providers to deliver specialist services in an integrated manner.
- Compel Health Education England to ensure that health and social care providers train all employees working as a healthcare professional in palliative care; and would require that the importance of pain control and palliative care is appropriately included in training for individuals who are working or are anticipated to work in health or social care.
- Ensure that specialist palliative care teams have the ability to participate in relevant research to advance innovations, and require all employees to be aware of new methods in palliative care.
- Place a responsibility on the Care Quality Commission to evaluate the provision of palliative care when it conducts an inspection of a service provider.

Baroness Finlay has stated that the Bill marks the start of a “comprehensive discussion” on end of life care which she has argued is “long overdue”.<sup>1</sup>

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### Background

Palliative and end of life care refers to the care of people who have an incurable and progressive illness.<sup>2</sup> It includes the management of physical symptoms such as pain, as well as social and psychological support to the patient and to their family and friends. [Palliative care pathways or frameworks](#) have been used as tools to manage quality, co-ordinate services, and allow standard setting and monitoring of care processes.<sup>3</sup> The Office for National Statistics survey of bereaved people found that 75 percent of respondents rated the care that their relative or friends received in the last three months of life as excellent, outstanding or good.<sup>4</sup> However, 69 percent of bereaved people surveyed whose relative or friend died in a hospital, rated care as outstanding, excellent or good, which was lower than the outstanding, excellent or good ratings of care for those who died in a hospice (83 percent), care home (82 percent) or at home (79 percent). The Care Quality Commission has also stated that there is evidence of “huge variation in the quality of end of life care”.<sup>5</sup>

## Developments

In January 2013, following concerns about the quality of care provided, Baroness Neuberger led an independent review into the widely used [Liverpool Care Pathway \(LCP\)](#). The panel published its report, *More Care, Less Pathway*, in July 2013, and found that whilst the LCP could provide a model of good practice, it was not being applied properly in all cases.<sup>6</sup> The report concluded that generic protocols which were intended to be applicable for all patients was the wrong approach. It recommended that LCP was replaced over six to twelve months with end of life care plans for each patient, supported by condition-specific good practice guidance. In response to the panel's recommendations, the Leadership Alliance for the Care of Dying People (LACDP),<sup>7</sup> chaired by NHS England, was set up to lead and provide a focus for improving palliative care.<sup>8</sup> It consulted patients, carers, the public and professionals on a set of draft outcomes and guiding principles for high quality end of life care. In June 2014, the LACPD published its report, *One Chance to Get it Right*, in which it set out a new approach based on ['Five Priorities for Care'](#), as well guidance on education and training, audit and research.<sup>9</sup> The LACPD also published the Alliance members' commitment to implement the Priorities for Care.

In March 2015, the House of Commons Health Committee published the report, *End of Life Care*, which examined the state of palliative care since the review of the LCP. The Committee argued that all clinicians and providers who care for people at the end of life should be aware of the Five Priorities of Care.<sup>10</sup> Furthermore, it advocated that a named clinician should be given the responsibility to monitor how end of life care was being delivered within their organisation. The Parliamentary and Health Service Ombudsman also investigated the quality of end of life care in its report, *Dying Without Dignity*. It identified a number of key issues, including poor symptom control and communication, and inadequate out-of-hours services.<sup>11</sup>

In July 2014, the Government commissioned an independent programme board to consider and advise how the quality and experience of care for adults at the end of life could be improved by expanding choice.<sup>12</sup> The programme board, chaired by Claire Henry, Chief Executive of the National Council for Palliative Care, published the review in February 2015. The board made a number of recommendations to the Government which included: establishing by April 2020, a 'national choice offer' which focussed on the individual's end of life care needs; providing an additional £130 million funding for end of life health and social care services; establishing 24/7 community end of life care by 2019; implementing shared electronic end of life care records by April 2018; and requiring that all people approaching the end of life had a named responsible senior clinician.<sup>13</sup> The Government has stated that it supports "the greater choice" outlined by the board, and that it would respond in full later in 2015.<sup>14</sup>

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<sup>1</sup> Baroness Finlay of Llandaff, ['Palliative Care Bill: We Need More Efficient and Equitable Care and Support for Those Most in Need'](#), Huffington Post blog, 1 June 2015.

<sup>2</sup> Parliamentary Office of Science and Technology, [Palliative and End of Life Care](#), October 2014, PN481, p 1.

<sup>3</sup> *ibid*, p 3.

<sup>4</sup> Office for National Statistics, [National Survey of Bereaved People \(VOICES\), 2014](#), 9 July 2015, p 1.

<sup>5</sup> Care Quality Commission, [Themed Review of End of Life Care](#), 7 May 2015.

<sup>6</sup> Independent Review of the Liverpool Care Pathway, [More Care, Less Pathway: A Review of the Liverpool Care Pathway](#), July 2013, p 47.

<sup>7</sup> [LACDP](#) is a coalition of 21 national health and care organisations.

<sup>8</sup> NHS England, [Leadership Alliance for the Care of Dying People: Engagement with Patients, Families, Carers and Professionals](#), 25 October 2015.

<sup>9</sup> Leadership Alliance for the Care of Dying People, [One Chance to Get it Right: Improving People's Experience of Care in the Last Few Days and Hours of Life](#), June 2014.

<sup>10</sup> House of Commons Health Committee, [End of Life Care](#), 15 March 2015, HC 805 of session 2014–15, p 3.

<sup>11</sup> Parliamentary and Health Service Ombudsman, [Dying Without Dignity: Investigations by the Parliamentary and Health Service Ombudsman into Complaints about End of Life Care](#), May 2015, pp 2–3.

<sup>12</sup> GOV.UK, [Choice in End of Life Care: Independent Review—Terms of Reference](#), accessed 8 October 2015.

<sup>13</sup> Choice in End of Life Care Programme Board, [What's Important to Me. A Review of Choice in End of Life Care](#), February 2015, pp 2–8.

<sup>14</sup> House of Commons, 'Written Question: Palliative Care', 17 September 2015, [9747](#).

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