

Access to Palliative Care Bill [HL] HL Bill 33 of 2017–19

The Access to Palliative Care Bill [HL] is a private member's bill introduced by Baroness Finlay of Llandaff (Crossbench). The bill had its first reading in the House of Lords on 5 July 2017. It is scheduled to receive its second reading on 14 June 2019.¹

Key Provisions

The bill aims to “make provision for clinical commissioning groups [CCGs] to ensure that persons in their area have access to specialist and generalist palliative care and appropriate support services”.² If enacted, the bill would:

- Require CCGs to ensure that individuals with palliative care needs have access to “appropriate health services”. This obligation would include, but not be limited to ensuring:
 - access to pain and symptom management;
 - psychological support for individuals and their relatives; and
 - information regarding an individual's condition and palliative care.
- Place a duty on CCGs to prepare and publish a strategy on providing for such palliative care needs. The strategy would have to set out information including the expected palliative care needs of adults and children in the relevant CCG's area. Also, how these needs would be met; and under what circumstances and how specialist palliative care services would be provided.

Definitions: The bill would define “palliative care” and “specialist palliative care services” as follows:

- **Palliative Care:** care which is delivered to seek to improve the quality of life of persons with life-limiting illness or approaching the end of life, through the prevention and relief of suffering by means of early identification, assessment, treatment and management of pain and other problems whether physical, psychological, social or spiritual.
- **Specialist Palliative Care Services:** care services provided by multi-disciplinary teams of specialists in palliative medicine, palliative nursing and allied health professionals who have undergone specialist training in palliative care.

The bill's provisions would extend to England only.

Background and Recent Developments

Baroness Finlay introduced iterations of her Access to Palliative Care Bill [HL] in previous sessions. They were wider in scope than the current bill.³ The 2006–07 and 2015–16 versions completed their stages in the House of Lords before falling in the House of Commons. The 2016–17 version of the bill, meanwhile, did not progress beyond first reading.

Speaking during the 2015–16 bill’s second reading debate, Baroness Finlay cited evidence that provision of palliative care in England was “unacceptably patchy”. She observed wide variation in the commissioned levels of palliative care services across the country.⁴ Baroness Finlay set out the case for a statutory duty on CCGs in relation to palliative care needs as follows:

The demands on CCGs are great. They are well intentioned, but drowning. They need a clear, simple template to bring up the standard of services. Importantly, patients and their families, faced with all the fears and uncertainties of discovering that this is likely to be their final illness, need and deserve the assurance that their care will be good and that they will not be abandoned or failed in their hour of need, wherever they are, whatever the time or day of the week.⁵

Lord Hunt of King’s Heath, speaking in the debate on behalf of the Opposition, “warmly welcome[d]” the bill. However, Lord Prior of Brampton, Parliamentary Under Secretary at the Department of Health, stated that the Government could not support the bill. He said this was despite the Government being in “full agreement” with its underlying intentions. The “most important reason” for this was the Government’s view that palliative care was an issue “best tackled by clinicians, ideally together with patients, carers and loved ones”. This would be “based on a combination of the patient’s individual condition, [their] preferences and the clinician’s professional expertise”.⁶ Lord Prior added that the bill went “against the whole concept and principle of local autonomy that was established in primary legislation through the Health and Social Care Act 2012”.⁷

More recently, the NHS Long Term Plan, published in January 2019, committed that the NHS would “introduce proactive and personalised care planning for everyone identified as being in their last year of life”.⁸ This would support a “reduction in avoidable emergency admissions and more people being able to die in a place they have chosen”. To deliver on this commitment, the Government has reiterated its view that ultimately the “funding and commissioning of palliative and end of life care is a local matter, over which individual NHS commissioners have responsibility”.⁹

Further Information

- UK Parliament, ‘[Access to Palliative Care Bill \[HL\] 2017–19](#)’, accessed 3 June 2019
- [QSD on ‘End of Life Care’](#), HL *Hansard*, 14 March 2017, cols 1831–54

¹ UK Parliament, ‘[Access to Palliative Care Bill \[HL\] 2017–19](#)’, accessed 3 June 2019; and [HL Hansard, 5 July 2017, col 887](#).

² Access to Palliative Care Bill [HL], HL Bill 33 of 2017–19.

³ UK Parliament, ‘[Palliative Care Bill \[HL\] 2006–07](#)’, accessed 3 June 2019; ‘[Access to Palliative Care Bill \[HL\] 2015–16](#)’, accessed 3 June 2019; and ‘[Access to Palliative Care Bill \[HL\] 2016–17](#)’, accessed 3 June 2019.

⁴ [HL Hansard, 23 October 2015, cols 909–10](#).

⁵ *ibid*, col 909.

⁶ *ibid*, col 942.

⁷ *ibid*, col 943.

⁸ NHS England, [NHS Long Term Plan](#), January 2019, p 25. See also ‘[Personal Health Budgets in End of Life Care](#)’, accessed 3 June 2019.

⁹ House of Commons, ‘[Written Question: Palliative Care](#)’, 14 May 2019, 252553.

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