May I start by paying tribute to my predecessor, Anthony Steen, for his tireless work in bringing in a modern slavery Bill?

Today, however, is for talking about health, which is a great passion for me in this place and outside it. The NHS touches people's lives 1 million times every 36 hours, which is a staggering figure. I believe that the NHS is worth every penny of the nearly £110 billion that we spent on it in the last financial year. I am very proud that this Government have protected the health budget, but that does not of course mean that there are not enormous financial pressures. We are now in the fifth year of effectively near-flat funding, and the issues set out by Mike Gapes are part of those pressures. We know that whichever Government were in power, there would have been serious challenges.

If the NHS is to be sustainable, we need to listen to the new chief executive of NHS England, Simon Stevens, who has called on all staff members to think like a patient and act like a taxpayer—we must do that to get every ounce of value out of our NHS—and to address issues of patient safety and of how we keep people out of hospital in the first place and get on with implementing the measures. The nature of the challenge has been set out in exhaustive detail; now we need to get on with the measures that have been put in place to help to prevent hospital admissions, to treat people at the right time in the right place, and to integrate health and social care. I want us to look carefully at the better care fund and the plans for getting best value out of it, and at the issues of patient safety that were mentioned earlier.

Given the absence of much legislation in the Gracious Speech, there is one regret that I want to point out: the absence of the Law Commission's draft Bill on the regulation of health and social care. I hope that in summing up this debate, the Minister will give some reassurance that he can use secondary legislation to bring forward at least some of the measures in that draft Bill. It covers issues that touch 1 million people across 32 professions that are covered by nine regulatory bodies. Unless we clarify the language so that there is a common language in respect of patient safety across all those regulators, it will be difficult to implement some of the core messages from Francis and to act quickly in response to emerging threats to protect the public.

Every year for three years, the Health Committee has called on the Government to allow the General Medical Council to appeal panel decisions that clearly have not protected the public. Likewise, the Nursing and Midwifery Council would like powers to reopen cases in which it has been judged there is "no case to answer" if serious new evidence emerges. Alongside that, the General Pharmaceutical Council would like to implement transparency and to able to take enforcement action. Those are all simple measures that I hope the Minister will mention in summing up. I also want the unacceptable level of delays to be addressed.

Norman Lamb (The Minister of State, Department of Health; North Norfolk, Liberal Democrat)
I want to give a quick confirmation that we will do what we can through secondary legislation to do what the hon. Lady requests.

Sarah Wollaston (Totnes, Conservative)

I am very pleased to hear that.

There will not be an absence of debates on health in this place. Two Bills will probably come here from the Lords in this Session: the Medical Innovation Bill and the Assisted Dying Bill. I will briefly put some of my concerns about the Medical Innovation Bill on the record while there is time for it to be amended. I have no doubt that it was introduced with the best of intentions to bring forward innovative treatments. However, I fear that it will have the reverse effect: it could undermine research and open the door to the exploitation of people when they are at their most vulnerable.

Currently, clinical negligence law provides redress for patients who have been harmed as a result of treatments that would not be supported by anybody of medical opinion. There is insufficient evidence that doctors are not introducing new treatments or are put off from doing so because of the fear of litigation. The NHS Litigation Authority has made it clear that doctors are protected from medical litigation in that respect. However, the briefing note for the Saatchi Bill talks about a doctor being able to use a novel treatment if he is "instinctively impressed" by it. In other words, doctors will be able to use an anecdotal base for treatments, rather than a clear evidence base. There are dangers in going down that route.

There have been some amendments to the Bill. Lord Saatchi has accepted that a doctor should have to consult colleagues and their medical team, but not that they should consider a body of opinion or consult ethics committees. I fear that we could be turning the clock back. We should rightly be proud of the advances that we are making in the field of medical research. We should rightly be proud of the push towards greater transparency, particularly in respect of open data and drug trials. However, I fear that if we allow people to access innovative treatments that have no evidence base, we will open the door to the purveyors of snake oil, rather than those who want to allow patients to enter controlled trials to establish a clear medical evidence base.

We should not underestimate the extent to which the purveyors of snake oil are out there. I put on the record my congratulations to Westminster city council and its trading standards department on fighting two successful prosecutions under the Cancer Act 1939 against two individuals, Errol Denton and Stephen Ferguson, for peddling so-called nutritional microscopy to people who were at their most vulnerable—cancer patients and patients with HIV—and telling them that it was an alternative to evidence-based treatments.

We must therefore be careful in how we move forward with such legislation. We should take more notice of the concerns of the Medical Research Council, the Wellcome Trust and the Academy of Medical Royal Colleges, who feel not only that the Bill is unnecessary, but that it could turn the clock back on evidence-based medicine. I hope that the Government will look at the concerns that have been expressed about the Bill in its current form.

Finally, Lord Falconer's Assisted Dying Bill would enable competent adults who were terminally ill to have assistance to end their lives, but it would require the involvement of a medical practitioner. Although the Bill comes under the responsibility of the Ministry of Justice, it would have profound implications for end-of-life care and medical practice. It would fundamentally change the relationship between doctors and patients. There is a risk
that the right to die would slide into a duty to die. I have seen how often patients who are
towards the end of their lives fear being a burden on their families, and they often go through
periods of profound depression. I do not feel that this Bill is the way forward.

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