Access to Medical Treatments (Innovation) Bill

Sarah Wollaston Chair, Health Committee  Click here to watch Sarah speak

On a point of order, Madam Deputy Speaker. Is it in order for the Government to be neutral on a Bill if the payroll vote is whipped for that vote?

Natascha Engel Second Deputy Chairman of Ways and Means

That is a matter for the Government, rather than for the Chair.

Sarah Wollaston Chair, Health Committee

Does the Minister accept, however, that the Association of Medical Research Charities, the Academy of Royal Medical Colleges, the British Medical Association, and an A to Z of other organisations involved with medical research are very clear that this does undermine participation in medical research? He should listen to those concerns and acknowledge that they are genuine.

Sarah Wollaston Chair, Health Committee  3:46 pm, 3rd November 2015

I rise to oppose the money resolution because this is bad legislation. It is unnecessary and could undermine essential protections for our patients. That is why an A to Z of medical royal colleges and research charities oppose the Bill, as does Action against Medical Accidents, the British Medical Association and so on—the list goes on. This is the time at which the House must bring the legislation to an end.

I am concerned at the selective misquoting of a number of bodies. Many of the medical royal colleges have objected to being selectively misquoted during debates on the Bill. I will quote from just one of the royal colleges; the president of the Royal College of Physicians, Jane Dacre, would like to put the college's views on the record. She says: "The RCP does not support the progression of the Access to Medical Treatments Bill through Parliament. The primary objective of the Bill to create a parallel innovation process may result in unforeseen consequences that negatively impact on patient safety. The Bill may further undermine and overcomplicate the established existing process for conducting innovation, damaging the UK's innovation process. As the RCP has previously stated prior to previous readings of the Access to Medical Treatment Bill and the Medical Innovation Bill it is unclear how the legislation will improve upon the existing innovation process or address the real barriers to
conducting innovation. The RCP does not support the Bill's progress through Parliament."

We should also be clear that the Minister does not need the legislation in order to introduce the processes that all hon. Members would support to facilitate communication between research bodies about genuine innovations. We need to simplify the processes by which patients understand which research trials are out there from which they could benefit. When I started in medicine 24 years ago, many of the children I treated for leukaemia were dying. Children today with the same conditions survive not as a result of a series of unconnected, anecdotal, have-a-go treatments, but because of the medical research that built the foundation for the treatments from which they now benefit.

Our patients and our constituents want to contribute to research that benefits future generations, but they cannot do so through an unconnected database of anecdotal treatments. A series of anecdotes does not constitute evidence. We need to be careful of that. I thank my hon. Friend Chris Heaton-Harris. He has good intentions, but I simply do not agree with the Bill.

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