

Council

6 November 2014

Health and Social Care (Safety and Quality) Private Member's Bill

Classification Public

Purpose For noting

Issue A Private Member's Bill currently before Parliament

could lead to a redefinition of the GOsC's statutory

objectives.

Recommendation To note the content of this report.

Financial and resourcing None

implications

Equality and diversity

implications

None

Communications

implications

None at present although these will become clearer as

the Bill proceeds

Annex The Health and Social Care (Safety and Quality) Bill (to

follow as not available as at 22 October 2014)

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Background

- 1. Council is aware that the draft Health and Social Care Professions Bill prepared by the Law Commissions did not feature in the legislative programme for the current and final term of this Parliament.
- 2. In June Jeremy Lefroy MP came fifth in the annual ballot for Private Members Bills. Mr Lefroy, the MP for Stafford, has chosen to introduce a Bill on healthcare regulation which is titled the Health and Social Care (Safety and Quality) Bill.
- 3. Mr Lefroy is a Conservative MP who has a particular interest in patient safety issues not least because his constituency contains Mid Staffordshire Hospital.
- 4. The Bill had its First Reading on 2 July 2014 although at that time there was no clear detail as to the content of the Bill. The Bill is due to have its Second Reading on 7 November 2014. At the time of drafting of this paper the Bill had not been published.

Discussion

Content of the Bill

- 5. Although the content of a Private Member's Bill is a matter for the individual MP promoting it, it is common for there to be close cooperation between the member and the relevant government department.
- 6. We are aware that there have been considerable discussions with the Department on this Bill over the summer and autumn; in turn the Department has held some informal discussions with the regulators.
- 7. The result of these discussions have reduced the scope of the Bill considerably. Initially, the Bill was very wide-ranging in its scope including provisions on:
 - a. integration of information relating to users of health and social care services in England
 - b. the sharing of information relating to an individual for the purposes of providing that individual with health or social care services in England
 - c. removing individuals convicted of certain offences from the registers kept by the regulatory bodies for health and social care professions
 - d. the objectives of the regulatory bodies for health and social care professions and the Professional Standards Authority for Health and Social Care
 - e. the disposal of cases concerning a person's fitness to practise a health or social care profession.
- 8. As we currently understand it, the major part of the Bill is now concerned with unifying the over-arching objective of each regulator as follows:

- 'A. The over-arching objective of the General Council in exercising its functions is the protection of the public.
- B. The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives—
 - (a) to protect, promote and maintain the health, safety and wellbeing of the public;
 - (b) to promote and maintain public confidence in the profession of osteopathy; and
 - (c) to promote and maintain proper professional standards and conduct for members of that profession."
- 9. The Bill would also provide for fitness to practise panels (in the case of the GOsC the Professional Conduct and Health Committees) to have regard to the overarching objective of the Council in exercising their functions.
- 10. This over-arching objective and the three objectives that sit beneath it are those recommended by the Law Commissions in their report. These new objectives are also due to be enshrined in the Medical Act (which covers the GMC) through a forthcoming Section 60 Order. The Lefroy Bill would therefore bring all the regulators into line. The inclusion of explicit references to patients and the public would be a helpful addition to our legislation.
- 11. One issue that might be of wider concern is the relationship between the GOsC's current statutory duties to regulate and develop the profession of osteopathy and this new over-arching duty. In fact, the new objective sits below the current duty and would not supersede or override it.

Prospects for the Bill

- 12. It is always very difficult to judge whether a Private Member's Bill (PMB) will become law and this can depend on a number of different factors:
 - a. Support for, or opposition to, the content of the Bill from the Government, parliamentarians and others
 - b. The availability of time in the Parliamentary schedule
 - c. Identifying a Bill sponsor in the House of Lords
 - d. The degree to which the Bill is amended during its passage through Parliament
 - e. Opposition to other PMBs which can impact on the time available for debate.
- 13. It appears that the Bill will be given a 'fair wind' by the Government and it is likely that opposition to it will be minimal. It is also the case that there are

- relatively few Government Bills before Parliament in this pre-election session and that the availability of Parliamentary time may not be a problem.
- 14. At present our best estimate is that the Bill is more likely than not to gain Royal Assent before Parliament is dissolved for the General Election which must take place in May 2015.

Potential impact of the Bill should it be enacted

15. The new over-arching objective appears to be a helpful clarification given there is no explicit reference to patients and the public in the Osteopaths Act. However, our principal concern would be that the Bill as it currently stands (or more likely as it is amended by Parliament) will have as yet unforeseen and unintended consequences. Therefore it will be important to maintain a watching brief on the Bill and remain in dialogue with the Department of Health and other regulators as it passes through Parliament.

Recommendation: to note the content of this report.