Health Bill

AMENDMENTS

TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

[Supplementary to the Second Marshalled List]

Amendment No.

Schedule 1

BARONESS GERADA

61A★ Schedule 1, page 73, line 6, at end insert—

"(2) The Secretary of State must by regulations prescribe matters in relation to which information is to be published including—

(a) the availability within the integrated care board's area of primary ophthalmic services provided in community settings for the assessment and management of urgent and minor eye conditions,

(b) the needs of the population within the integrated care board's area for such services and the extent to which those needs are met by the services commissioned by the integrated care board,

(c) any variation in the availability of, or access to, such services between different areas or population groups, and any resulting inequalities in access to, or outcomes from, such services,

(d) the reasons for any decisions by the integrated care board not to commission, or to discontinue, such services, having regard to the needs of its population, and

(e) steps taken or proposed by the integrated care board to address any identified unmet need or unwarranted variation in the availability of, or access to, such services.

(3) A statutory instrument containing regulations under this section may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament."

Member's explanatory statement
This amendment would require integrated care boards to publish information on access to community-based urgent and minor eye care services and how local need is being met.

Clause 52

BARONESS NOAKES

133A★ Clause 52, page 36, line 40, at end insert—

"(3A) The regulations must make provision for patient information to include the biological sex of patients."

BARONESS HARDING OF WINSCOMBE
BARONESS SHAWCROSS-WOLFSON

137A★ Clause 52, page 37, line 3, at end insert—

"(4A) The adequate safeguards under subsection (4) include—

(a) ensuring access is restricted to those involved in the patient's care;

(b) maintaining a comprehensive audit trail, including independent auditing, of who has accessed or disclosed patient information, and allowing patients to see who has accessed their records;

(c) clarity about who controls and is responsible for the data, and appropriate controls on access by contractors and system suppliers;

(d) additional protections for particularly sensitive data, such as sexual and reproductive health, HIV status, mental health, substance abuse and genetic information;

(e) protecting victims and survivors of domestic abuse, coercive control, stalking and exploitation from information being accessed by a perpetrator or used against them;

(f) safeguards governing access by family members, carers and others acting on patients' behalf, including preventing coercion and allowing access to be restricted or withdrawn safely;

(g) protecting the confidentiality of young people who are Gillick competent, and provisions for appropriate access for children in the care system;

(h) protections for people with learning disabilities, dementia or impaired decision-making capacity, including the provision of accessible information and appropriate support to exercise their rights under the single patient record;

(i) ensuring that exceptional access to records is justified, recorded and subsequently reviewed;

(j) enabling patients to express choices or objections about the use of their information, to identify and request correction of inaccurate information, and to exercise their other rights over their data;

(k) ensuring patients who cannot or do not use digital services can exercise their rights in regard to the single patient record on an equal basis;

(l) protecting against cyber attacks, unauthorised access and data breaches."

BARONESS HARDING OF WINSCOMBE
BARONESS SHAWCROSS-WOLFSON

137B★ Clause 52, page 37, line 8, leave out from "consult" to end of line 9 and insert "—

(a) the National Data Guardian and the Information Commission,
(b) the Domestic Abuse Commissioner,
(c) the Children's Commissioner,
(d) the devolved administrations, and
(e) representatives of the following stakeholders—
(i) doctors, including general practitioners and the medical Royal Colleges,
(ii) nursing, midwifery, pharmacy, allied health and social care professions,
(iii) Caldicott Guardians,
(iv) NHS, independent and voluntary-sector health and social care providers,
(v) patients, including particularly vulnerable patients, young people, disabled people and carers,
(vi) victims and survivors of domestic abuse,
(vii) digitally excluded communities,
(viii) disadvantaged communities who are less likely to engage with civic society, including but not limited to asylum seekers, travellers and rough sleepers, and
(ix) experts in health record standards, clinical safety, data protection, cybersecurity and digital inclusion.

(6A) The Secretary of State must publish a summary of the consultation, including details of how the responses will be taken into account.

(6B) The summary under subsection (6A) must be laid before both House of Parliament before regulations are made under this section."

Schedule 8

BARONESS KIDRON

152A★ Schedule 8, page 116, line 33, at end insert—

"254A Duty to promote transparency of deaths

(1) The Secretary of State must publish an information system named the "National Coronial Database" which contains information in inquest files which pertains to public health.

(2) The purpose of the National Coronial Database is to improve public health and enable analysis of public health trends.

(3) The National Coronial Database will make available and allow the analysis of coroners' inquest files.

(4) At the conclusion of an inquest a coroner may register with the database operator the inquest files in subsection (5).

(5) The inquest files that may be made available to the National Coronial Database are—

(a) the disclosure bundle,

(b) the record of inquest,

(c) the findings of fact,

(d) Form 99, otherwise known as a coroner's certificate after inquest, and

(e) the court transcript,

where those files contain information which pertains to public health.

(6) Within six months of the day on which the Health Act 2026 is passed, the Secretary of State must promote disclosures by the Senior Coroner as set out in subsection (4) by—

(a) writing to the Chief Coroner, and

(b) publishing guidance distributed to—

(i) the Chief Coroner,

(ii) Senior Coroners in England and Wales,

(iii) the Coroners' Society of England and Wales, and

(iv) coroners and members of the public by the GOV.UK website.

(7) The Secretary of State may make payments to the database operator to promote public transparency about coronial inquests where those deaths relate to matters of public health.

(8) The Secretary of State may establish a committee that oversees the database operator to ensure the database has necessary features, functionalities and reporting requirements."

Member's explanatory statement

This amendment seeks to require the Secretary of State to establish a central database of coroners' inquest files where they pertain to public health, to enable improvements to public health and analysis of public health trends and to bring the UK in line with Australia and Canada.

After Clause 71

BARONESS COFFEY

200A★ After Clause 71, insert the following new Clause—

"Transfer of Healthwatch England functions to the Health Service Commissioner

(1) The functions of Healthwatch England, and its national branding, are transferred to the Health Service Commissioner for England.

(2) The Secretary of State must by regulations made by statutory instrument make provision for the transfer of functions under section (1).

(3) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament.

(4) The Health Service Commissioners Act 1993 is amended as set out in subsections (5) and (6).

(5) In section 14 (reports by Commissioners), after subsection (5) insert—

"(6) The Health Service Commissioner for England must publish an annual report on the exercise of Healthwatch England functions and lay it before Parliament."

(6) After section 14C insert—

"14D Provision of national Healthwatch England functions and social care jurisdiction

(1) The Commissioner must maintain arrangements to assist Local Healthwatch organisations in England in the provision of their statutory functions.

(2) For the purposes of fulfilling the Healthwatch England functions, the Commissioner's jurisdiction to receive, process, and report on trends is extended to cover adult social care services within the meaning of Part 1 of the Care Act 2014.

(3) The Commissioner may issue statutory recommendations to the Secretary of State, the National Health Service Commissioning Board, or local authorities regarding systemic failures or consumer trends identified through Healthwatch England intelligence.""

Member's explanatory statement
This would move Healthwatch England from being an independent committee within the Care Quality Commission to under the Health Service Commissioner – which reports to Parliament and also can interact with government directly. By reporting directly to Parliament Healthwatch gains institutional independence, aligning consumer advocacy directly with parliamentary scrutiny.

BARONESS COFFEY

200B★ After Clause 71, insert the following new Clause—

"Collaborative Data-Sharing Protocol

(1) The Health Service Commissioner for England and the Care Quality Commission must establish a joint protocol ("the Collaborative Data-Sharing Protocol") to govern the timely and reciprocal exchange of intelligence, data, and information.

(2) The Protocol must ensure that—

(a) Local Healthwatch intelligence collected by the Commissioner is shared with the Commission to inform its regulatory, inspection, and rating functions under Part 1 of the Health and Social Care Act 2008;

(b) the Commission shares relevant inspection data, enforcement notifications, and market oversight indicators with the Commissioner to support national Healthwatch England policy interventions.

(3) The Commissioner and the Commission must review the Protocol biennially and lay a copy of the revised Protocol before Parliament."

After Clause 84

LORD RENNARD

279QA★ After Clause 84, insert the following new Clause—

"Funding for NHS stop smoking services

(1) The Secretary of State must, within the period of 12 months beginning with the day on which this Act is passed, carry out a review of the funding available for NHS stop smoking services in England.

(2) The review required under subsection (1) must assess whether further funding is required for NHS stop smoking services and, if so, the means by which such funding may be provided.

(3) The review must include consideration of options for funding NHS stop smoking services, including contributions from the tobacco industry.

(4) The Secretary of State must publish the review and lay a copy of it before Parliament."

LORD BLENCATHRA

279QB★ After Clause 84, insert the following new Clause—

"Restriction on re-employment following redundancy

(1) This section applies to a person whose employment by NHS England is terminated by reason of redundancy arising wholly or mainly from provisions made under sections 1 to 3 of this Act.

(2) A person to whom this section applies may not within the period of five years beginning on the date of that redundancy—

(a) be employed by an NHS body;

(b) provide services to an NHS body for remuneration, whether directly or indirectly, including through a consultancy, agency, partnership or corporate vehicle.

(3) In this section, "NHS body" means—

(a) NHS England,

(b) an integrated care board,

(c) an NHS trust,

(d) an NHS foundation trust, and

(e) any other body exercising functions as part of the health service in England."

Member's explanatory statement
This amendment would seek to stop the process of NHS managers who are made redundant being re-employed immediately afterward within the health service as a consultant or in a different role.

LORD HUNT OF KINGS HEATH

279QC★ After Clause 84, insert the following new Clause—

"Competitive market in wheelchair provision

The Secretary of State must, within twelve months of the day on which this Act is passed, publish a report setting out steps to be taken to support the provision of a competitive market in wheelchair provision to ensure a high quality of service and choice available to integrated care boards to commission services."

Member's explanatory statement
The amendment is intended to promote competition in the market for wheelchair provision.

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2 November 2026
