

## Health and Care Bill

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House of Commons, Ping-Pong

Consideration of [Lords' Amendment 29B in lieu](#) & [Lords' Amendments 30B and 108B](#)

April 2022

### About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### Key points

The BMA believes the Health & Care Bill is the wrong bill at the wrong time. The NHS is still under huge pressure from the pandemic; it is not the right time for the health and care system, or patients, for the biggest reorganisation in a decade. We are calling for crucial amendments to the Bill to address our concerns with the legislation as it stands:

1. **We urge MPs to support Baroness Cumberlege's [Amendment 29B in lieu](#): we must not lose the opportunity to legislate for a collective, national picture of the health and care staff numbers that are needed to ensure the healthcare system can deliver the care that patients expect, now and into the future.**
2. **We also urge MPs to support Baroness Thornton's [Amendments 30B and 108B to Motion C](#): decisions over service reconfigurations must be made in the best interests of patients and led by clinical expertise, and we call on peers to ensure essential safeguards to this effect are added to the Bill.**

### 1. Workforce planning: accountability – Amendment 29B in lieu

The BMA [estimates](#) that the NHS is currently facing a shortfall of around 50,000 full time equivalent doctors. COVID-19 has highlighted and exacerbated the demands on the workforce, with burnout leading to significant numbers of doctors considering leaving the profession or reducing their hours. There is urgent need for drastic action to address the huge workforce shortages across the NHS and the original drafting of the Bill falls short; it only requires the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs, it does not tell us how many health and social care staff we need to meet demand.

To this end, alongside [over 100 organisations](#), the BMA has championed [an amendment to the Health and Care Bill on workforce planning](#) throughout the Bill's passage in Parliament. [The inclusion of a legal duty](#) for the Government to be transparent about current and future numbers of health and care staff versus how many are needed is essential to understanding the levels of staffing needed to meet national, population-based demand in England.

The Government says we do not need this amendment because DHSC has commissioned NHS England to produce a 'long-term workforce strategy'. However, there is little detail on whether this strategy will be regularly refreshed, or if it will include modelling on the numbers of staff needed across the health and care

system to meet population demand for services. A one-off plan without numbers doesn't get us very far – and what we *do* know is that the last DHSC-commissioned NHS workforce strategy, the 'People Plan', did not include forecasts on staffing numbers. [According to Baroness Harding](#), who chaired the plan, this was not because 'Government disagreed with the numbers...[but] because we could not get approval to publish the document with any forecasts in it'.

The non-legislative approach for tackling unsafe staffing has not worked. That is why this new legal duty for workforce planning has been consistently, and vocally, backed by those who have formerly been at the helm of the NHS, including [by Lord Simon Stevens](#) (former NHS chief exec), [Baroness Dido Harding](#) (former NHS Improvement chair who led the NHS' People Plan), [Rt Hon Jeremy Hunt MP](#) (former Secretary of State for Health & Social Care), and [Baroness Cumberlege](#) (former Health Minister). Their [experience is clear](#) that the Government's workforce planning will continue to omit this vital component unless it is 'expressly required' to be 'honest about the mismatch between supply and demand of healthcare workers'.

Moreover, there is overwhelming cross-party support for this amendment in the House of Commons, despite the Government's majority voting it down previously – it has been [backed by the Shadow Secretary of State](#) and [Shadow Workforce Minister](#), [the Liberal Democrat Health Spokesperson](#) and [the DUP Health Spokesperson](#). They were supported by notable Conservative MPs including the aforementioned [former Secretary of State and current chair of the Health & Social Care Select Committee](#), a [former DHSC minister](#), and current chair of the [brain tumour APPG](#).

**[Amendment 29B in lieu](#) makes important compromises in response to the Government's stated position during early stages about the regularity and timeframe of this reporting duty. We urge MPs to support and vote for [Amendment 29B in lieu](#) to make sure that the opportunity presented by this Bill to address the existing accountability gap for workforce planning is not lost. Regular, independent public workforce projection data will not solve the workforce crisis, but a national assessment of the health and care staff numbers needed now and in future to meet demand *will* provide strong foundations to begin putting the workforce back on a sustainable footing and support more strategic spending decisions.**

## **[2. Secretary of State powers – Amendments 30B and 108B](#)**

The BMA has [joined](#) NHS Confederation, The Kings Fund, the Nuffield Trust and others in calling for safeguards to limit the new powers for the Secretary of State to intervene in service reconfigurations.

As highlighted by peers and MPs during previous debates on the issue, powers for the Secretary of State to intervene in service reconfigurations risk decisions being made according to political, rather than clinical priorities. In the context of the huge backlog of care facing the NHS, it is more vital than ever that decisions over local services are made in the best interests of patients and are led by clinical expertise.

Whilst the BMA supports clear lines of political accountability for the NHS at Secretary of State level, power must be balanced with responsibility, and we have consistently raised concern that the measures in the Bill focus much more on affording new powers to the Secretary of State without the necessary accountability. Unchecked, we are concerned the powers within the Bill could result in undue political influence in NHS decision making and undermine long-term planning.

**We call on peers to support [Amendments 30B and 108B](#), which would ensure any intervention must first be subject to approval by both sides of the House and be considered to be in the best interests of patients.**

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